

California

Ambetter by Health Net 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 All previous versions are no longer in effect.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

Updated July 1, 2025



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

Table of Contents

What If I Have Questions Regarding My Pharmacy Benefit?	iii
What is the Drug List?	iii
How do I find a drug in the Drug List?	iii
How are the drugs listed in the categorical list?.....	iv
How much will I pay for my drugs?.....	iv
Tier Descriptions.....	v
Nonpreferred Generic Drugs	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?	x
Can I go to any pharmacy?	x
Can I use a mail order pharmacy?	x
How can I save money on my prescription drugs?.....	x
<i>Definitions</i>	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)

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

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 TABS (*glecaprevir-pibrentasvir*)

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.

Tier Descriptions

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

Nonpreferred Generic Drugs

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

Tier	Descriptions
1	Tier one consists of most generic drugs and low-cost preferred brand name drugs.
2	Tier two consists 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 consists of nonpreferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Tier four consists of drugs that the Food and Drug Administration 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	Tier 5 includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available 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:

Abbreviation	Definition	Description
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.

Abbreviation	Definition	Description
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 \$600 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	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	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). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over the Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

Abbreviation	Definition	Description
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.

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 plan may not deny the request thereafter.

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

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

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

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

authorization may be submitted electronically or by telephone or fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

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

Step Therapy Exception:

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

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

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

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

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

- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

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

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

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

Are all contraceptives covered?

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

What blood glucose supplies 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.

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders			DEXEDRINE CP24 10 MG, 15 MG <i>(dextroamphetamine sulfate)</i>	NF	
Amphetamines			<i>dextroamphetamine sulfate CP24</i>	1	
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1		<i>dextroamphetamine sulfate SOLN</i>	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG	1		<i>dextroamphetamine sulfate TABS 10 MG</i>	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG	1		<i>dextroamphetamine sulfate TABS 5 MG</i>	1	
ADDERALL XR CP24 <i>(amphetamine-dextroamphetamine)</i>	NF	QL(2 EA daily; 90 Day(s) limit)	<i>lisdexamfetamine dimesylate CAPS</i>	2	QL(1 EA daily)
ADDERALL TABS 10 MG <i>(amphetamine-dextroamphetamine)</i>	NF		<i>lisdexamfetamine dimesylate CHEW</i>	1	Limited to 1 per day; QL(1 EA daily)
ADDERALL TABS 7.5 MG, 15 MG <i>(amphetamine-dextroamphetamine)</i>	NF	QL(90 EA per fill retail)	<i>methamphetamine hcl</i>	2	PA
ADDERALL TABS 5 MG, 12.5 MG, 20 MG, 30 MG <i>(amphetamine-dextroamphetamine)</i>	NF		Analeptics		
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)	<i>caffeine citrate SOLN PO</i>	1	
<i>amphetamine-dextroamphetamine TABS 10 MG</i>	1		Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG</i>	1	QL(90 EA per fill retail)	<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)
<i>amphetamine-dextroamphetamine TABS 5 MG, 12.5 MG, 20 MG, 30 MG</i>	1		<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)
DESOXYN <i>(methamphetamine hcl)</i>	NF	PA	<i>clonidine hcl (adhd) TB12</i>	1	QL(4 EA daily)
			<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)
			<i>INTUNIV (guanfacine hcl (adhd))</i>	NF	QL(1 EA daily)
			<i>KAPVAY TB12 (clonidine hcl (adhd))</i>	NF	QL(4 EA daily)
			<i>STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)</i>	NF	QL(1 EA daily)
			<i>STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)</i>	NF	QL(2 EA daily)
			Stimulants - Misc.		
			<i>APTENSIO XR CP24 (methylphenidate hcl)</i>	NF	QL(1 EA daily)

Updated July 1, 2025

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
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	PA	<i>methylphenidate hcl SOLN</i>	1	
<i>armodafinil 50 MG</i>	1	PA	<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
CONCERTA TBCR 18 MG <i>(methylphenidate hcl)</i>	NF	QL(1 EA daily; 90 EA per fill retail)	<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
CONCERTA TBCR 54 MG <i>(methylphenidate hcl)</i>	NF	QL(2 EA daily; 180 EA per fill retail)	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
CONCERTA TBCR 27 MG, 36 MG <i>(methylphenidate hcl)</i>	NF	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)	<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)
DAYTRANA PTCH <i>(methylphenidate)</i>	NF	QL(1 EA daily)	<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily; 180 EA per fill retail)
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily; 90 EA per 90 day(s) retail)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)	<i>methylphenidate hcl TBCR 54 MG</i>	2	QL(2 EA daily; 180 EA per fill retail)
FOCALIN XR CP24 <i>(dexmethylphenidate hcl)</i>	NF	QL(1 EA daily; 90 EA per 90 day(s) retail)	<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
FOCALIN TABS <i>(dexmethylphenidate hcl)</i>	NF	QL(2 EA daily)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	2	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)
METADATE CD CPCR 20 MG, 30 MG <i>(methylphenidate hcl)</i>	NF	QL(2 EA daily)	<i>methylphenidate PTCH</i>	1	QL(1 EA daily)
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG <i>(methylphenidate hcl)</i>	NF		<i>modafinil</i>	1	QL(1 EA daily); ST
METHYLIN SOLN <i>(methylphenidate hcl)</i>	NF		<i>NUVIGIL 50 MG (armodafinil)</i>	NF	PA
<i>methylphenidate hcl CHEW</i>	1		<i>NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)</i>	NF	PA
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	<i>PROVIGIL (modafinil)</i>	NF	QL(1 EA daily); ST
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)	<i>QUILLICHEW ER CHER 30 MG</i>	3	QL(2 EA daily); PA
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1		<i>QUILLICHEW ER CHER 20 MG, 40 MG</i>	3	QL(1 EA daily); PA
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 EA daily)	<i>QUILLIVANT XR SRER</i>	3	QL(12 ML daily); PA
			<i>RELEXXII TBCR 18 MG (methylphenidate hcl)</i>	NF	QL(1 EA daily; 90 EA per fill retail)

Updated July 1, 2025

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
RELEXXII TBCR 27 MG, 36 MG (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily; 90 Day(s) limit; 90 EA per fill retail)	XELJANZ XR TB24	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA
RELEXXII TBCR 54 MG (<i>methylphenidate hcl</i>)	NF	QL(2 EA daily; 180 EA per fill retail)	XELJANZ SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily)	XELJANZ TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
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			Antirheumatic Antimetabolites		
Aminoglycosides			OTREXUP SOAJ 10 MG/0.4ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
ARIKAYCE	SP	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
BETHKIS NEBU (<i>tobramycin</i>)	SP	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
HUMATIN	2		RASUVO SOAJ 20 MG/0.4ML	SP	PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	NF				
<i>neomycin sulfate TABS</i>	1		Anti-TNF-alpha - Monoclonal Antibodies		
<i>paromomycin sulfate</i>	1		ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	SP	QL(0.143 ML daily); PA
<i>streptomycin sulfate SOLR</i>	SP	PA	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	SP	QL(0.072 ML daily); PA
TOBI PODHALER CAPS	SP	PA			
TOBI NEBU (<i>tobramycin</i>)	NF				
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	SP	PA			
<i>tobramycin NEBU</i>	SP	PA			
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions					
Antirheumatic - Enzyme Inhibitors					
RINVOQ LQ SOLN	SP	QL(12 ML daily); PA			
RINVOQ TB24	SP	QL(1 EA daily); PA			

Updated July 1, 2025

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
ADALIMUMAB-ADAZ SOSY	SP	QL(0.143 ML daily); PA	HUMIRA-PED>/=40KG UC STARTER AJKT	SP	Check plan documents for coverage; QL(0.072 EA daily); PA
HADLIMA PUSHTOUCH SOAJ	SP	QL(0.143 ML daily); PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA
HADLIMA SOSY	SP	QL(0.143 ML daily); PA	HUMIRA-PSORIASIS/UVEIT STARTER AJKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	SP	Check plan documents for coverage; QL(0.143 EA daily); PA	Gold Compounds		
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 EA daily); PA	AURANOFIN 3 MG	SP	
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA	RIDAURA	SP	
HUMIRA (2 SYRINGE) PSKT	SP	Check plan documents for coverage; QL(0.143 EA daily); PA	Interleukin-1 Blockers		
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA	ARCALYST	SP	PA;ST; Must Use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 EA daily); PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-PED<40KG CROHNS STARTER PSKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA	KEVZARA SOAJ	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
HUMIRA-PED>/=40KG CROHNS START PSKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA	KEVZARA SOSY	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)					
(Flurbiprofen) LURBIPR TABS 100 MG			1		
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG			1		

Updated July 1, 2025

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	
(Indomethacin) INDOCIN SUPP	SP		<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)	
ANAPROX DS TABS (<i>naproxen sodium</i>)	NF		LODINE TABS (<i>etodolac</i>)	NF		
ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	NF		<i>meclofenamate sodium CAPS</i>	1		
CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	NF	QL(2 EA daily)	<i>mefenamic acid CAPS</i>	1		
CELEBREX 400 MG (<i>celecoxib</i>)	NF	QL(2 EA daily); PA	<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)	
<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA	<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)	<i>nabumetone 500 MG</i>	1	QL(4 EA daily)	
DAYPRO TABS (<i>oxaprozin</i>)	NF		<i>nabumetone 750 MG</i>	1	QL(3 EA daily)	
<i>diclofenac potassium TABS 50 MG</i>	1		NAPROSYN SUSP (<i>naproxen</i>)	NF		
<i>diclofenac sodium TB24</i>	1		NAPROSYN TABS 500 MG (<i>naproxen</i>)	NF		
<i>diclofenac sodium TBEC</i>	1		<i>naproxen sodium TABS 275 MG, 550 MG</i>	1		
<i>diclofenac w/ misoprostol TBEC</i>	1		<i>naproxen SUSP</i>	1		
<i>etodolac CAPS</i>	1		<i>naproxen TABS</i>	1		
<i>etodolac TABS</i>	1		<i>oxaprozin TABS</i>	1		
<i>etodolac TB24</i>	1	QL(2 EA daily)	<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)	
FELDENE CAPS 20 MG (<i>piroxicam</i>)	NF	QL(1 EA daily)	<i>piroxicam CAPS 10 MG</i>	1		
FELDENE CAPS 10 MG (<i>piroxicam</i>)	NF		<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)	
<i>flurbiprofen TABS</i>	1		<i>sulindac TABS 200 MG</i>	1		
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1		Phosphodiesterase 4 (PDE4) Inhibitors			
INDOCIN SUSP (<i>indomethacin</i>)	NF		OTEZLA TABS	SP	QL(2 EA daily); SP; PA	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1		OTEZLA TBPK	SP	QL(2 EA daily); SP; PA	
<i>indomethacin CPCR</i>	1		OTEZLA TBPK	SP	QL(55 EA per 365 day(s) retail); SP; PA	
<i>indomethacin SUPP</i>	SP		Pyrimidine Synthesis Inhibitors			
<i>indomethacin SUSP</i>	2		ARAVA 20 MG (<i>leflunomide</i>)	NF	QL(1 EA daily)	
<i>ketoprofen CP24</i>	1		ARAVA 10 MG (<i>leflunomide</i>)	NF	QL(2 EA daily)	
			<i>leflunomide 20 MG</i>	1	QL(1 EA daily)	
			<i>leflunomide 10 MG</i>	1	QL(2 EA daily)	
			Soluble Tumor Necrosis Factor Receptor Agents			

Updated July 1, 2025

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
ENBREL MINI SOCT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); PA	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
ENBREL SURECLICK SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
ENBREL SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
ENBREL SOSY 25 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA	<i>butalbital-acetaminophen TABS 40 MG-300 MG</i>	1	
ENBREL SOSY 50 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ML daily); SP; PA	<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	2	
			<i>butalbital-aspirin-caffeine CAPS</i>	1	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	NF	
Analgesic Combinations			FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	NF	
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2		Salicylates		
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1				

Updated July 1, 2025

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

Updated July 1, 2025

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
<i>codeine sulfate TABS</i>	1	First fill opioids limited to 7 days.	<i>methadone hcl SOLN PO</i>	1	
<i>CONZIP CP24 (tramadol hcl)</i>	3		<i>methadone hcl TABS</i>	1	QL(12 EA daily)
<i>DILAUDID LIQD (hydromorphone hcl)</i>	NF	First fill opioids limited to 7 days.	<i>methadone hcl TBSO</i>	1	
<i>DILAUDID TABS (hydromorphone hcl)</i>	NF	First fill opioids limited to 7 days.	METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	NF	
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA	METHADOSE CONC (<i>methadone hcl</i>)	NF	
<i>fentanyl citrate LPOP 1600 MCG</i>	2	QL(4 EA daily); PA	<i>morphine sulfate beads</i>	2	QL(1 EA daily)
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)	<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
<i>hydromorphone hcl LIQD</i>	1	First fill opioids limited to 7 days.	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	First fill opioids limited to 7 days.
<i>hydromorphone hcl TABS</i>	1	First fill opioids limited to 7 days.	<i>morphine sulfate SUPP</i>	2	First fill opioids limited to 7 days.
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)	<i>morphine sulfate TABS 15 MG</i>	1	First fill opioids limited to 7 days.
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 EA daily)	<i>morphine sulfate TABS 30 MG</i>	1	
<i>levorphanol tartrate TABS 3 MG</i>	SP	PA	<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>levorphanol tartrate TABS 2 MG</i>	SP	First fill opioids limited to 7 days.; PA	MS CONTIN TBCR (<i>morphine sulfate</i>)	NF	QL(3 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	First fill opioids limited to 7 days.	OXAYDO TABS 7.5 MG	3	First fill opioids limited to 7 days.; QL(4 EA daily)
<i>meperidine hcl TABS 50 MG</i>	1	First fill opioids limited to 7 days.	OXAYDO TABS 5 MG	2	First fill opioids limited to 7 days.
<i>methadone hcl CONC</i>	1		<i>oxycodone hcl CAPS</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.

Updated July 1, 2025

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
<i>oxycodone hcl SOLN</i>	1	First fill opioids limited to 7 days.	(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	First fill opioids limited to 7 days.; QL(6 EA daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 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>oxycodone hcl TABS 30 MG</i>	1	First fill opioids limited to 7 days.; QL(4 EA daily)	<i>acetaminophen w/ codeine SOLN</i>	1	First fill opioids limited to 7 days.
<i>oxymorphone hcl TABS 10 MG</i>	2	First fill opioids limited to 7 days.; QL(8 EA daily)	<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)
<i>oxymorphone hcl TABS 5 MG</i>	2	First fill opioids limited to 7 days.	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	First fill opioids limited to 7 days.
<i>oxymorphone hcl TB12</i>	2	QL(2 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.
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	NF	First fill opioids limited to 7 days.; QL(4 EA daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	First fill opioids limited to 7 days.; PA
ROXICODONE TABS 15 MG (<i>oxycodone hcl</i>)	NF	First fill opioids limited to 7 days.	<i>butalbital-aspirin-caffeine w/cod</i>	1	First fill opioids limited to 7 days.
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1		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
<i>tramadol hcl TABS 50 MG</i>	1	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.
<i>tramadol hcl TABS 100 MG</i>	1		<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)
<i>tramadol hcl TB24 100 MG</i>	1	QL(3 EA daily)			
<i>tramadol hcl TB24</i>	1				
<i>tramadol hcl TB24 200 MG</i>	1	QL(1 EA daily)			
Opioid Combinations					
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	First fill opioids limited to 7 days.			
(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)			

Updated July 1, 2025

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
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	First fill opioids limited to 7 days.	<i>tramadol-acetaminophen</i>	1	First fill opioids limited to 7 days.; QL(8 EA daily)
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)	Opioid Partial Agonists		
<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2	First fill opioids limited to 7 days.	<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>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	First fill opioids limited to 7 days.	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
NALOCET TABS	3		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	First fill opioids limited to 7 days.	<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)	<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<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>buprenorphine PTWK 7.5 MCG/HR</i>	2	QL(4 EA per 28 day(s) retail)
OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	3	First fill opioids limited to 7 days.	<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	2	QL(4 EA per 28 day(s) retail)
OXYCODONE-ACETAMINOPHEN TABS 300 MG-2.5 MG	3		<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
PERCOSET 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)	<i>BUTTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (buprenorphine)</i>	NF	QL(4 EA per 28 day(s) retail)
PERCOSET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.; QL(6 EA daily)	<i>BUTTRANS PTWK 7.5 MCG/HR (buprenorphine)</i>	NF	QL(4 EA per 28 day(s) retail)
PERCOSET 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	
PROLATE TABS	3	First fill opioids limited to 7 days.	SUBLOCADE SOSY	SP	Covered under Medical Benefit; PA
			<i>SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)</i>	NF	QL(3 EA daily)

Updated July 1, 2025

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
SUBOXONE FILM SL 3 MG-12 MG <i>(buprenorphine hcl-naloxone hcl dihydrate)</i>	NF	QL(2 EA daily)	<i>budesonide (intrarectal)</i>	2	PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			CORTENEMA <i>(hydrocortisone (intrarectal))</i>	NF	QL(60 ML daily)
Androgens			CORTIFOAM EX 10 %	2	
(Methyltestosterone) METHITEST TABS	SP		<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML daily)	UCERIS <i>(budesonide (intrarectal))</i>	NF	PA
ANDROGEL PUMP GEL TD <i>(testosterone)</i>	NF	Limited to 300 gms per month; QL(10 GM daily)	Rectal Combinations		
<i>danazol CAPS</i>	1		ANALPRAM-HC LOTN EX	3	
FORTESTA GEL TD <i>(testosterone)</i>	NF	QL(4 GM daily)	PROCTOFOAM HC FOAM EX	2	
<i>methyltestosterone CAPS</i>	1		Rectal Steroids		
TESTIM GEL TD <i>(testosterone)</i>	3	QL(10 GM daily); PA	(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML daily)	ANUSOL-HC EX <i>(hydrocortisone (rectal))</i>	NF	
<i>testosterone enanthate SOLN IM</i>	1		<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
<i>testosterone GEL TD</i>	1	Limited to 300 gms per month; QL(10 GM daily)	Vasodilating Agents		
<i>testosterone GEL TD 1 %</i>	1	QL(10 GM daily)	<i>nitroglycerin (intra-anal)</i>	2	
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)	RECTIV <i>(nitroglycerin (intra-anal))</i>	NF	
<i>testosterone SOLN</i>	1	QL(6 ML daily)	ANTHELMINTICS - Drugs to Treat Worm Infections		
VOGELXO PUMP GEL TD <i>(testosterone)</i>	NF	QL(10 GM daily)	Anthelmintics		
VOGELXO GEL TD <i>(testosterone)</i>	NF	QL(10 GM daily)	<i>albendazole</i>	SP	
ANOORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
Intrarectal Steroids			<i>BILTRICIDE (praziquantel)</i>	NF	
			<i>ivermectin</i>	1	
			<i>praziquantel</i>	2	

Updated July 1, 2025

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
STROMECTOL <i>(ivermectin)</i>	NF		<i>hydroxyzine hcl SOLN 50 MG/ML</i>	SP	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>hydroxyzine hcl SYRP</i>	1	
Antianginals-Other			<i>hydroxyzine hcl TABS</i>	1	
<i>ranolazine TB12 1000 MG</i>	1		<i>hydroxyzine pamoate CAPS</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)	VISTARIL CAPS <i>(hydroxyzine pamoate)</i>	NF	
Nitrates			Benzodiazepines		
GONITRO PACK	3	PA	(Alprazolam) ALPRAZOLAM XR TB24	1	
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	NF		(Diazepam) DIAZEPAM INTENSOL CONC	1	
<i>isosorbide dinitrate TABS 40 MG</i>	2		(Lorazepam) LORAZEPAM INTENSOL CONC	1	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1		ALPRAZOLAM INTENSOL CONC	3	
<i>isosorbide mononitrate TABS</i>	1		<i>alprazolam TABS</i>	1	
ISOSORBIDE MONONITRATE TABS	2		<i>alprazolam TB24</i>	1	
<i>isosorbide mononitrate TB24</i>	1		<i>alprazolam TBDP</i>	2	
NITRO-BID OINT	2		ATIVAN TABS <i>(lorazepam)</i>	NF	
NITRO-DUR PT24 <i>(nitroglycerin)</i>	NF	QL(1 EA daily)	<i>chlordiazepoxide hcl CAPS</i>	1	
NITRO-DUR PT24	2	QL(1 EA daily)	<i>clorazepate dipotassium TABS</i>	1	
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)	<i>diazepam CONC</i>	1	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1		<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>nitroglycerin SUBL</i>	1		<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
NITROLINGUAL SOLN TL <i>(nitroglycerin)</i>	NF		<i>diazepam TABS 2 MG, 5 MG</i>	1	
NITROSTAT SUBL <i>(nitroglycerin)</i>	NF		<i>lorazepam CONC</i>	1	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			<i>lorazepam TABS</i>	1	
Antianxiety Agents - Misc.			<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>buspirone hcl</i>	1		<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
			VALIUM TABS 10 MG <i>(diazepam)</i>	NF	QL(4 EA daily)

Updated July 1, 2025

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
VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	NF		FASENRA PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
XANAX XR TB24 (<i>alprazolam</i>)	NF		FASENRA SOSY 30 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
XANAX TABS (<i>alprazolam</i>)	NF		FASENRA SOSY 10 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms					
Antiarrhythmics Type I-A					
<i>disopyramide phosphate CAPS</i>	2		NUCALA SOAJ	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); PA
NORPACE CR CP12	3		NUCALA SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 EA daily); PA
NORPACE CAPS (<i>disopyramide phosphate</i>)	NF		NUCALA SOSY 40 MG/0.4ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0144 ML daily); PA
<i>quinidine gluconate TBCR</i>	2		NUCALA SOSY 100 MG/ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); PA
Antiarrhythmics Type I-B					
<i>mexiletine hcl</i>	1		Anti-Inflammatory Agents		
Antiarrhythmics Type I-C					
<i>flecainide acetate</i>	1		<i>cromolyn sodium NEBU</i>	2	
<i>propafenone hcl CP12</i>	2				
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)			
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)			
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	NF				
Antiarrhythmics Type III					
(Amiodarone Hcl) PACERONE TABS	1				
<i>amiodarone hcl TABS</i>	1				
<i>dofetilide</i>	2				
<i>TIKOSYN (dofetilide)</i>	NF				
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions					
Antiasthmatic - Monoclonal Antibodies					

Updated July 1, 2025

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
Bronchodilators - Anticholinergics					
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)	DALIRESP (<i>roflumilast</i>)	NF	QL(1 EA daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)	<i>roflumilast</i>	1	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1		Steroid Inhalants		
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	NF	QL(1 EA daily)	ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	2	QL(1 EA daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	ARNUITY ELLIPTA 50 MCG/ACT	2	Limit 1 inhaler per month; QL(1 EA daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ML daily)
<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 EA daily)	<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
Leukotriene Modulators			<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ML daily)
ACCOLATE 10 MG (<i>zafirlukast</i>)	NF		FLOVENT DISKUS AEPB 50 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(40 EA daily)
ACCOLATE 20 MG (<i>zafirlukast</i>)	NF	QL(2 EA daily)	FLOVENT DISKUS AEPB 100 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(20 EA daily)
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)	FLOVENT DISKUS AEPB 250 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(8 EA daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	NF	QL(0.8 GM daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)	FLOVENT HFA 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	NF	QL(0.36 GM daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	NF	QL(1 EA daily)	<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	NF	QL(1 EA daily)	<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	NF	QL(1 EA daily)	<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
<i>zafirlukast 10 MG</i>	1		<i>fluticasone propionate hfa</i>	1	
<i>zafirlukast 20 MG</i>	1	QL(2 EA daily)			
<i>zileuton TB12</i>	SP	ST			
ZYFLO TABS	3	ST			

Updated July 1, 2025

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
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)	<i>albuterol sulfate AERS</i>	1	QL(0.6 GM daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(2 ML daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(8 ML daily)	<i>albuterol sulfate AERS</i>	1	1 package(s) per fill retail; 2 max fill(s) per 30 day(s) retail
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(4 ML daily)	<i>albuterol sulfate NEBU</i>	1	
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)	ALBUTEROL SULFATE NEBU	2	
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)	<i>albuterol sulfate SYRP</i>	1	
Sympathomimetics			<i>albuterol sulfate TABS</i>	1	
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	NF	QL(2 EA daily)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NF	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(2 EA daily)	BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	NF	QL(0.4 GM daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)	COMBIVENT RESPIMAT AERS	2	Limit 1 inhaler per month; QL(0.16 GM daily)
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)	DULERA	2	
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)	<i>fluticasone furoate-vilanterol</i>	1	
			<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)
			<i>fluticasone-salmeterol AERO</i>	1	QL(0.4 GM daily)
			<i>ipratropium-albuterol SOLN</i>	1	
			<i>levalbuterol hcl</i>	1	
			<i>levalbuterol tartrate</i>	1	1 inhaler per month; QL(0.6 GM daily)

Updated July 1, 2025

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
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)	(Warfarin Sodium) JANTOVEN TABS	1	
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	NF		<i>warfarin sodium TABS</i>	1	
SEREVENT DISKUS	2	QL(2 EA daily)	Direct Factor Xa Inhibitors		
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	ELIQUIS TABS	2	QL(2 EA daily)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	NF		<i>rivaroxaban TABS 2.5 MG</i>	1	QL(1 EA daily)
<i>terbutaline sulfate TABS</i>	1		XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
TRELEGY ELLIPTA	2	QL(2 EA daily)	XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)
<i>umeclidinium-vilanterol</i>	1	QL(2 EA daily)	XARELTO TABS	2	QL(1 EA daily)
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	NF	Limit 2 inhalers per month; QL(0.6 GM daily)	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NF		Heparins And Heparinoid-Like Agents		
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NF	QL(0.6 GM daily)	ARIIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	SP	PA
Xanthines			ARIIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	SP	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
(Theophylline) ELIXOPHYLLIN ELIX	1		<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ML daily); PA
THEO-24 CP24	2		<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	2	Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail
<i>theophylline ELIX</i>	1		<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	2	Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail
<i>theophylline SOLN</i>	1				
<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					

Updated July 1, 2025

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
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	2	Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	2	Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	2	Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	SP	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail
<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	SP	PA	LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail
FRAGMIN SOLN 95000 UNIT/3.8ML	SP	PA	Thrombin Inhibitors		
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	<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)
FRAGMIN SOSY 2500 UNIT/0.2ML	SP		<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	SP	PA			
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NF	QL(0.1 ML daily); PA			

Updated July 1, 2025

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
PRADAXA CAPS 75 MG <i>(dabigatran etexilate mesylate)</i>	NF		KLONOPIN TABS <i>(clonazepam)</i>	NF	
PRADAXA CAPS 110 MG <i>(dabigatran etexilate mesylate)</i>	NF	QL(4 EA daily)	NAYZILAM	SP	QL(10 EA per 30 day(s) retail); PA
PRADAXA CAPS 150 MG <i>(dabigatran etexilate mesylate)</i>	NF	QL(2 EA daily)	ONFI SUSP <i>(clobazam)</i>	NF	
ANTICONVULSANTS - Drugs to Treat Seizures			ONFI TABS 10 MG <i>(clobazam)</i>	NF	QL(1 EA daily)
AMPA Glutamate Receptor Antagonists			ONFI TABS 20 MG <i>(clobazam)</i>	NF	QL(2 EA daily)
FYCOMPA SUSP	SP	QL(24 ML daily)	VALTOCO 10 MG DOSE LIQD	SP	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 6 MG <i>(perampanel)</i>	SP	QL(2 EA daily)	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	SP	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 4 MG <i>(perampanel)</i>	SP	QL(3 EA daily)	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	SP	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 8 MG, 10 MG, 12 MG <i>(perampanel)</i>	SP	QL(1 EA daily)	VALTOCO 5 MG DOSE LIQD	SP	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 2 MG <i>(perampanel)</i>	SP	QL(6 EA daily)	Anticonvulsants - Misc.		
<i>perampanel TABS 6 MG</i>	SP	QL(2 EA daily)	(Carbamazepine) EPITOL TABS	1	
<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	SP	QL(1 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2	
<i>perampanel TABS 4 MG</i>	SP	QL(3 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2	
<i>perampanel TABS 2 MG</i>	SP	QL(6 EA daily)	(Lamotrigine) SUBVENITE TABS	1	
Anticonvulsants - Benzodiazepines			(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
<i>clobazam SUSP</i>	2		APTIOM 200 MG, 400 MG, 600 MG, 800 MG <i>(eslicarbazepine acetate)</i>	NF	QL(2 EA daily); PA
<i>clobazam TABS 20 MG</i>	2	QL(2 EA daily)			
<i>clobazam TABS 10 MG</i>	2	QL(1 EA daily)			
<i>clonazepam TABS</i>	1				
<i>clonazepam TBDP</i>	1				
DIASTAT ACUDIAL GEL <i>(diazepam (anticonvulsant))</i>	NF	Limit 4 per month; QL(0.14 EA daily)			
DIASTAT PEDIATRIC GEL <i>(diazepam (anticonvulsant))</i>	NF	Limit 4 per month; QL(0.14 EA daily)			
<i>diazepam (anticonvulsant) GEL</i>	2	QL(0.14 EA daily)			

Updated July 1, 2025

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
BANZEL SUSP <i>(rufinamide)</i>	SP		<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)
BANZEL TABS 200 MG <i>(rufinamide)</i>	SP		<i>lacosamide TABS</i>	1	QL(2 EA daily)
BANZEL TABS 400 MG <i>(rufinamide)</i>	SP	QL(8 EA daily)	LAMICTAL ODT KIT <i>(lamotrigine)</i>	NF	PA
<i>carbamazepine CHEW 100 MG</i>	1		LAMICTAL ODT TBDP <i>(lamotrigine)</i>	3	PA
<i>carbamazepine CP12</i>	1		LAMICTAL STARTER KIT 25 MG <i>(lamotrigine)</i>	NF	
<i>carbamazepine SUSP</i>	1		LAMICTAL XR KIT	3	PA
<i>carbamazepine TABS</i>	1		LAMICTAL XR TB24 300 MG <i>(lamotrigine)</i>	NF	QL(2 EA daily)
<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG <i>(lamotrigine)</i>	NF	QL(1 EA daily); PA
<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)	LAMICTAL XR TB24 250 MG <i>(lamotrigine)</i>	NF	PA
<i>carbamazepine TB12 100 MG</i>	1		LAMICTAL CHEW <i>(lamotrigine)</i>	3	
CARBATROL CP12 <i>(carbamazepine)</i>	3		LAMICTAL TABS <i>(lamotrigine)</i>	3	
DIACOMIT CAPS 250 MG	SP	QL(12 EA daily); PA	<i>lamotrigine CHEW</i>	1	
DIACOMIT CAPS 500 MG	SP	QL(6 EA daily); PA	<i>lamotrigine KIT</i>	1	PA
DIACOMIT PACK 250 MG	SP	QL(12 EA daily); PA	<i>lamotrigine KIT 25 MG</i>	2	
DIACOMIT PACK 500 MG	SP	QL(6 EA daily); PA	<i>lamotrigine TABS</i>	1	
EPIDIOLEX	SP	PA	<i>lamotrigine TB24 250 MG</i>	2	PA
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1	QL(2 EA daily); PA	<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>gabapentin CAPS</i>	1		<i>lamotrigine TB24 300 MG</i>	2	QL(2 EA daily)
<i>gabapentin SOLN</i>	1		<i>lamotrigine TBDP</i>	1	PA
<i>gabapentin TABS 600 MG, 800 MG</i>	1		<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	
KEPPRA XR TB24 <i>(levetiracetam)</i>	3	QL(4 EA daily)	<i>levetiracetam TABS</i>	1	QL(6 EA daily)
KEPPRA SOLN PO 100 MG/ML <i>(levetiracetam)</i>	3		<i>levetiracetam TB24</i>	1	QL(4 EA daily)
KEPPRA TABS <i>(levetiracetam)</i>	3	QL(6 EA daily)	LYRICA CAPS 225 MG, 300 MG <i>(pregabalin)</i>	NF	QL(2 EA daily)
			LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG <i>(pregabalin)</i>	NF	QL(3 EA daily)

Updated July 1, 2025

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
LYRICA SOLN <i>(pregabalin)</i>	NF	QL(30 ML daily)	TEGRETOL SUSP <i>(carbamazepine)</i>	3	
MYSOLINE <i>(primidone)</i>	3		TEGRETOL TABS <i>(carbamazepine)</i>	3	
NEURONTIN CAPS <i>(gabapentin)</i>	3		TEGRETOL-XR TB12 200 MG <i>(carbamazepine)</i>	NF	QL(8 EA daily)
NEURONTIN SOLN <i>(gabapentin)</i>	3		TEGRETOL-XR TB12 400 MG <i>(carbamazepine)</i>	NF	QL(4 EA daily)
NEURONTIN TABS <i>(gabapentin)</i>	3		TEGRETOL-XR TB12 100 MG <i>(carbamazepine)</i>	3	
<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)	TOPAMAX SPRINKLE CPSP <i>(topiramate)</i>	3	
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)	TOPAMAX TABS 100 MG <i>(topiramate)</i>	3	QL(4 EA daily)
<i>oxcarbazepine TABS 150 MG</i>	1		TOPAMAX TABS 200 MG <i>(topiramate)</i>	3	QL(2 EA daily)
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)	TOPAMAX TABS 50 MG <i>(topiramate)</i>	3	QL(8 EA daily)
<i>oxcarbazepine TB24 600 MG</i>	1	QL(4 EA daily); ST	TOPAMAX TABS 25 MG <i>(topiramate)</i>	3	
<i>oxcarbazepine TB24 150 MG, 300 MG</i>	1	ST	<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA
OXTELLAR XR TB24 150 MG, 300 MG <i>(oxcarbazepine)</i>	NF	ST	<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA
OXTELLAR XR TB24 600 MG <i>(oxcarbazepine)</i>	NF	QL(4 EA daily); ST	<i>topiramate CPSP 15 MG, 25 MG</i>	1	
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)	<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)	<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA
<i>pregabalin SOLN</i>	1	QL(30 ML daily)	<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)
<i>primidone 50 MG, 250 MG</i>	1		<i>topiramate TABS 25 MG</i>	1	
QUDEXY XR CS24 25 MG, 50 MG <i>(topiramate)</i>	NF	QL(2 EA daily); PA	<i>topiramate TABS 200 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>topiramate TABS 100 MG</i>	1	QL(4 EA daily)
<i>rufinamide SUSP</i>	2		TRILEPTAL SUSP <i>(oxcarbazepine)</i>	3	QL(40 ML daily)
<i>rufinamide TABS 400 MG</i>	2	QL(8 EA daily)	TRILEPTAL TABS 150 MG <i>(oxcarbazepine)</i>	3	
<i>rufinamide TABS 200 MG</i>	2		TRILEPTAL TABS 300 MG <i>(oxcarbazepine)</i>	3	QL(8 EA daily)
			TRILEPTAL TABS 600 MG <i>(oxcarbazepine)</i>	3	QL(4 EA daily)

Updated July 1, 2025

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
TROKENDI XR CP24 25 MG, 50 MG, 100 MG (<i>topiramate</i>)	NF	PA	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
TROKENDI XR CP24 200 MG (<i>topiramate</i>)	NF	QL(2 EA daily); PA	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
VIMPAT SOLN PO 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		DILANTIN SUSP (<i>phenytoin</i>)	3	
<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
Carbamates			<i>phenytoin CHEW</i>	1	
<i>felbamate SUSP</i>	1		<i>phenytoin SUSP</i>	1	
<i>felbamate TABS</i>	1		Succinimides		
FELBATOL SUSP (<i>felbamate</i>)	3		CELONTIN (<i>methsuximide</i>)	3	
FELBATOL TABS (<i>felbamate</i>)	NF		<i>ethosuximide CAPS</i>	1	
GABA Modulators			<i>ethosuximide SOLN</i>	1	
(Vigabatrin) VIGADRONE, VIGPODER PACK	SP	QL(6 EA daily)	<i>methsuximide</i>	1	
(Vigabatrin) VIGADRONE TABS	SP		ZARONTIN CAPS (<i>ethosuximide</i>)	3	
GABITRIL (<i>tiagabine hcl</i>)	NF		ZARONTIN SOLN (<i>ethosuximide</i>)	3	
SABRIL PACK (<i>vigabatrin</i>)	SP	QL(6 EA daily)	Valproic Acid		
SABRIL TABS (<i>vigabatrin</i>)	SP		DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3	
<i>tiagabine hcl</i>	2		DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3	
<i>vigabatrin PACK</i>	SP	QL(6 EA daily)	DEPAKOTE TBEC (<i>divalproex sodium</i>)	3	
<i>vigabatrin TABS</i>	SP		<i>divalproex sodium CSDR</i>	1	
Hydantoins			<i>divalproex sodium TB24</i>	1	
			<i>divalproex sodium TBEC</i>	1	

Updated July 1, 2025

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
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1		SPRAVATO (56 MG DOSE)	SP	PA
<i>valproic acid CAPS</i>	1		SPRAVATO (84 MG DOSE)	SP	PA
ANTIDEPRESSANTS - Drugs to Treat Depression					
Alpha-2 Receptor Antagonists (Tetracyclics)					
<i>mirtazapine TABS</i>	1		CELEXA TABS <i>(citalopram hydrobromide)</i>	NF	QL(1 EA daily)
<i>mirtazapine TBDP</i>	1		<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	NF		<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NF		<i>escitalopram oxalate SOLN</i>	1	
Antidepressants - Misc.			<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)
<i>bupropion hcl TABS</i>	1		<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)
<i>bupropion hcl TB12</i>	1		<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)	<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
<i>bupropion hcl TB24 450 MG</i>	1	QL(1 EA daily); ST	<i>fluoxetine hcl CPDR</i>	2	
FORFIVO XL TB24 (<i>bupropion hcl</i>)	3	QL(1 EA daily); ST	<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NF		<i>fluoxetine hcl TABS 10 MG</i>	1	
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NF		<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA daily)
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NF	QL(1 EA daily)	FLUOXETINE HCL TABS <i>(fluoxetine hcl)</i>	NF	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluvoxamine maleate CP24 150 MG</i>	2	
EMSAM	3	QL(1 EA daily)	<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 EA daily)
MARPLAN	3		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
NARDIL (<i>phenelzine sulfate</i>)	NF		<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)
PARNATE (<i>tranylcypromine sulfate</i>)	NF		LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	NF	QL(1 EA daily)
<i>phenelzine sulfate</i>	1				
<i>tranylcypromine sulfate</i>	2				
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists					

Updated July 1, 2025

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

Updated July 1, 2025

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
<i>trimipramine maleate CAPS</i>	1		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
ANTIDIABETICS - Drugs to Regulate Blood Sugar			SYNJARDY TABS	2	QL(2 EA daily)
Alpha-Glucosidase Inhibitors			TRIJARDY XR	2	
<i>acarbose</i>	1		XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
<i>miglitol</i>	1		XIGDUO XR <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL(1 EA daily)
Antidiabetic Combinations			XIGDUO XR <i>(dapagliflozin propanediol-metformin hcl)</i>	2	QL(2 EA daily)
ACTOPLUS MET TABS 850 MG-15 MG <i>(pioglitazone hcl-metformin hcl)</i>	NF		XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily)	Biguanides		
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 EA daily)	<i>metformin hcl SOLN</i>	2	
DUETACT <i>(pioglitazone hcl-glimepiride)</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
<i>glipizide-metformin hcl</i>	1		<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
<i>glyburide-metformin</i>	1		<i>RIOMET SOLN (metformin hcl)</i>	NF	
GLYXAMBI	2		Diabetic Other		
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)	<i>diazoxide</i>	2	
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)	<i>glucagon (rdna)</i>	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
JANUMET TABS	2	QL(2 EA daily)	GLUCAGON EMERGENCY <i>(glucagon (rdna))</i>	NF	Use NDC 00548-5850-00; QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
KOMBIGLYZE XR <i>(saxagliptin-metformin hcl)</i>	NF	QL(1 EA daily)			
<i>pioglitazone hcl-glimepiride</i>	2				
<i>pioglitazone hcl-metformin hcl TABS</i>	1				
<i>saxagliptin-metformin hcl</i>	2	QL(1 EA daily)			
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)			

Updated July 1, 2025

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
PROGLYCEM <i>(diazoxide)</i>	NF		HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(0.8 ML daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors					
<i>alogliptin benzoate</i>	2	QL(2 EA daily)	HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month
JANUVIA	2	QL(1 EA daily)	HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
NESINA <i>(alogliptin benzoate)</i>	NF	QL(2 EA daily)	HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
ONGLYZA <i>(saxagliptin hcl)</i>	NF		HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
<i>saxagliptin hcl</i>	1	QL(2 EA daily)	HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
Incretin Mimetic Agents					
<i>liraglutide</i>	2	QL(9 ML per 28 day(s) retail); PA	HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(3 ML per 28 day(s) retail); PA	HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(1.5 ML per 28 day(s) retail); PA	HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(3 ML per 28 day(s) retail); PA	HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
OZEMPIC (2 MG/DOSE) SOPN	2	QL(3 ML per 28 day(s) retail); PA	HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
RYBELSUS TABS	2	Not available through mail order; QL(1 EA daily); PA	HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
TRULICITY	2	QL(2 ML per 28 day(s) retail); PA	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)
VICTOZA <i>(liraglutide)</i>	NF	QL(9 ML per 28 day(s) retail); PA	HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)
Insulin					
AFREZZA POWD	3	QL(6 EA daily)	HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)
AFREZZA POWD	3		INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
AFREZZA POWD	3	QL(3 EA daily)	SEMGLEE (YFGN) SOLN	2	QL(1.5 ML daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)			

Updated July 1, 2025

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	
SEMGLEE (YFGN) SOPN	2	QL(1.5 ML daily)	GLUCOTROL XL TB24 (<i>glipizide</i>)	NF		
TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ML daily)	<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1		
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)	<i>glyburide TABS</i>	1		
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	QL(0.9 ML daily)	GLYNASE (<i>glyburide micronized</i>)	NF		
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	QL(1.5 ML daily)	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea			
TRESIBA SOLN	2	QL(1.5 ML daily)	Antidiarrheal - Chloride Channel Antagonists			
Insulin Sensitizing Agents			MYTESI	3	QL(2 EA daily); PA	
ACTOS 15 MG (<i>pioglitazone hcl</i>)	NF		Antiperistaltic Agents			
ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	QL(1 EA daily)	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC	
<i>pioglitazone hcl 15 MG</i>	1		<i>diphenoxylate w/ atropine LIQD</i>	2		
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)	<i>diphenoxylate w/ atropine TABS</i>	1		
Meglitinide Analogues			IMODIUM A-D CAPS (<i>loperamide hcl</i>)	NF	RX/OTC	
<i>nateglinide</i>	1		LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	NF		
<i>repaglinide</i>	1		<i>loperamide hcl CAPS</i>	1	RX/OTC	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			ANTIDOTES AND SPECIFIC ANTAGONISTS			
<i>dapagliflozin propanediol</i>	2	QL(1 EA daily)	Antidotes - Chelating Agents			
FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)	CHEMET	3		
JARDIANCE	2	QL(1 EA daily)	<i>deferasirox PACK</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	
Sulfonylureas			<i>deferasirox TABS</i>	SP	PA	
(Glipizide) GLIPIZIDE XL TB24	1		<i>deferasirox TBSO</i>	SP	PA	
AMARYL (<i>glimepiride</i>)	NF					
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1					
<i>glipizide TABS</i>	1					
<i>glipizide TB24</i>	1					

Updated July 1, 2025

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
deferiprone TABS 500 MG	SP	PA	ondansetron hcl TABS 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 EA daily)
EXJADE TBSO (deferasirox)	SP	PA	ondansetron TBDP 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 EA daily)
FERRIPROX SOLN	SP	PA	SANCUSO PTCH	SP	Limit 1 patch per month; QL(0.04 EA daily); PA
FERRIPROX TABS 500 MG (deferiprone)	SP	PA	Antiemetics - Anticholinergic		
JADENU SPRINKLE PACK (deferasirox)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC
JADENU TABS (deferasirox)	SP	PA	ANTIVERT CHEW (meclizine hcl)	NF	RX/OTC
Antidotes and Specific Antagonists			ANTIVERT TABS 50 MG (meclizine hcl)	NF	
ANDEXXA 200 MG	SP	PA	meclizine hcl CHEW	1	RX/OTC
VISTOGARD	SP		meclizine hcl TABS 50 MG	1	
Opioid Antagonists			scopolamine	1	
(Naloxone Hcl) FT NALOXONE HCL LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC	TRANSDERM-SCOP (scopolamine)	NF	
KLOXXADO LIQD	2		trimethobenzamide hcl CAPS	1	
naloxone hcl LIQD	1	QL(4 EA per 30 day(s) retail); RX/OTC	Antiemetics - Miscellaneous		
naloxone hcl SOSY 2 MG/2ML	1		AKYNZEO	3	QL(2 EA per 28 day(s) retail)
naltrexone hcl	1		DICLEGIS TBEC (doxylamine-pyridoxine)	NF	QL(4 EA daily)
NARCAN LIQD (naloxone hcl)	NF	QL(4 EA per 30 day(s) retail); RX/OTC	doxylamine-pyridoxine TBEC	1	QL(4 EA daily)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			dronabinol CAPS	2	PA
5-HT3 Receptor Antagonists			MARINOL CAPS (dronabinol)	NF	PA
ANZEMET TABS 50 MG	3	Limit 2 per month; QL(0.07 EA daily); PA	SYNDROS SOLN	SP	PA
granisetron hcl TABS	1	Limit 2 tablets per day; QL(2 EA daily); PA			
ondansetron hcl SOLN PO 4 MG/5ML	1	Limit 50mls per month; QL(1.67 ML daily)			

Updated July 1, 2025

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
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			DIFLUCAN TABS 100 MG, 150 MG, 200 MG (<i>fluconazole</i>)	NF	
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)	<i>fluconazole SUSR</i>	1	
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 EA daily)	<i>fluconazole TABS</i>	1	
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 EA daily)	<i>itraconazole CAPS</i>	1	PA
<i>aprepitant MISC</i>	1	Limit 3 per month; QL(0.1 EA daily)	<i>itraconazole SOLN</i>	1	PA
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NF	Limit 1 per year; QL(0.04 EA daily)	<i>ketoconazole</i>	1	
EMEND TRIPACK CAPS (<i>aprepitant</i>)	NF	Limit 3 per month; QL(0.1 EA daily)	NOXAFL SUSP (<i>posaconazole</i>)	NF	
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)	NOXAFL TBEC (<i>posaconazole</i>)	NF	
VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)	<i>posaconazole SUSP</i>	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections					
Antifungals					
ANCOBON (<i>flucytosine</i>)	SP		<i>posaconazole TBEC</i>	1	
<i>flucytosine</i>	SP		SPORANOX CAPS (<i>itraconazole</i>)	NF	PA
<i>griseofulvin microsize SUSP</i>	1		SPORANOX SOLN (<i>itraconazole</i>)	NF	PA
<i>griseofulvin microsize TABS</i>	1		TOLSURA CAPS	SP	PA
<i>griseofulvin ultramicrosize</i>	1		VFEND SUSR (<i>voriconazole</i>)	NF	
<i>nystatin TABS</i>	1		VFEND TABS (<i>voriconazole</i>)	NF	QL(2 EA daily)
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)	<i>voriconazole SUSR</i>	1	
Imidazole-Related Antifungals			<i>voriconazole TABS</i>	1	QL(2 EA daily)
CRESEMBA CAPS 186 MG	3	Not available through mail order	ANTIHISTAMINES - Drugs to Treat Allergies		
DIFLUCAN SUSR (<i>fluconazole</i>)	NF		Antihistamines - Alkylamines		
			(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
			Antihistamines - Ethanolamines		
			<i>carbinoxamine maleate SOLN</i>	1	
			<i>carbinoxamine maleate TABS 4 MG</i>	1	
			CARBINOXAMINE MALEATE TABS	3	
			<i>clemastine fumarate TABS 2.68 MG</i>	1	

Updated July 1, 2025

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			
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	SP	PA	<i>promethazine hcl TABS 12.5 MG</i>	1				
RYVENT TABS	3		<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)			
Antihistamines - Non-Sedating								
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS	1	QL(1 EA daily); RX/OTC	<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)			
CLARINEX TABS (<i>desloratadine</i>)	NF	QL(1 EA daily); PA	Antihistamines - Piperidines					
<i>desloratadine TABS</i>	1	QL(1 EA daily); PA	<i>cypreheptadine hcl SYRP</i>	1				
<i>desloratadine TBDP</i>	1	PA	<i>cypreheptadine hcl TABS</i>	1				
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC	ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol					
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 EA daily); RX/OTC	Antihyperlipidemics - Combinations					
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	NF	PA; RX/OTC	<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)			
XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	NF	QL(1 EA daily); RX/OTC	<i>VYTORIN (ezetimibe-simvastatin)</i>	NF	QL(1 EA daily)			
Antihistamines - Phenothiazines								
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)	Antihyperlipidemics - Misc.					
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2		<i>icosapent ethyl</i>	2	PA			
PHENERGAN SOLN IJ (<i>promethazine hcl</i>)	SP	PA	LOVAZA (<i>omega-3-acid ethyl esters</i>)	NF	QL(4 EA daily)			
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1		<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)			
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	SP	PA	<i>VASCEPA (icosapent ethyl)</i>	2	PA			
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2		Bile Acid Sequestrants					
(Cholestyramine Light) PREVALITE PACK								
(Cholestyramine Light) PREVALITE POWD								
<i>cholestyramine light PACK</i>								
<i>cholestyramine light POWD</i>								
<i>cholestyramine PACK</i>								
<i>cholestyramine POWD</i>								
<i>colesevelam hcl PACK</i>								
<i>colesevelam hcl TABS</i>								
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)								

Updated July 1, 2025

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
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	NF		FIBRICOR 35 MG (<i>fenofibric acid</i>)	2	
COLESTID GRAN (<i>colestipol hcl</i>)	NF		FIBRICOR 105 MG (<i>fenofibric acid</i>)	NF	
COLESTID PACK (<i>colestipol hcl</i>)	NF		<i>gemfibrozil TABS</i>	1	
COLESTID TABS (<i>colestipol hcl</i>)	NF		LIPOFEN CAPS (<i>fenofibrate</i>)	NF	
<i>colestipol hcl GRAN</i>	1		LOPID TABS (<i>gemfibrozil</i>)	NF	
<i>colestipol hcl PACK</i>	2		TRICOR TABS 145 MG (<i>fenofibrate</i>)	NF	QL(1 EA daily)
<i>colestipol hcl TABS</i>	1		TRICOR TABS 48 MG (<i>fenofibrate</i>)	NF	
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NF		TRILIPPIX 135 MG (<i>choline fenofibrate</i>)	NF	QL(1 EA daily)
QUESTRAN PACK (<i>cholestyramine</i>)	NF		TRILIPPIX 45 MG (<i>choline fenofibrate</i>)	NF	
QUESTRAN POWD (<i>cholestyramine</i>)	NF		HMG CoA Reductase Inhibitors		
WELCHOL PACK (<i>colesevelam hcl</i>)	NF	QL(1 EA daily)	<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)
WELCHOL TABS (<i>colesevelam hcl</i>)	NF	QL(6 EA daily)	CRESTOR TABS (<i>rosuvastatin calcium</i>)	NF	QL(1 EA daily)
Fibric Acid Derivatives			<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)
ANTARA 90 MG (<i>fenofibrate micronized</i>)	NF		<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)
<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)	LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NF	QL(1 EA daily)
<i>choline fenofibrate 45 MG</i>	1		LIPITOR TABS (<i>atorvastatin calcium</i>)	NF	QL(1 EA daily)
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)	LIVALO (<i>pitavastatin calcium</i>)	NF	QL(1 EA daily); ST
<i>fenofibrate micronized 67 MG, 90 MG, 134 MG</i>	1		<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV
<i>fenofibrate CAPS</i>	1		<i>pitavastatin calcium</i>	1	QL(1 EA daily); ST
<i>fenofibrate TABS 145 MG</i>	1	QL(1 EA daily)	<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 EA daily); PV
<i>fenofibrate TABS 48 MG, 160 MG</i>	1		<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)	<i>simvastatin TABS</i>	1	QL(1 EA daily)
<i>fenofibric acid 105 MG</i>	2				
FENOGLIDE TABS (<i>fenofibrate</i>)	NF				

Updated July 1, 2025

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			
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NF	QL(1 EA daily)	<i>moexipril hcl</i>	1				
Intestinal Cholesterol Absorption Inhibitors								
<i>ezetimibe</i>	1		<i>perindopril erbumine</i>	1				
ZETIA (<i>ezetimibe</i>)	NF		QBRELIS SOLN	3	QL(5 ML daily)			
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors								
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	SP	PA	<i>quinapril hcl</i>	1				
Nicotinic Acid Derivatives			<i>ramipril CAPS</i>	1	QL(2 EA daily)			
(Niacin (Antihyperlipidemic)) NIACOR TABS	1		<i>trandolapril</i>	1				
<i>niacin (antihyperlipidemic) TABS</i>	1		VASOTEC TABS (<i>enalapril maleate</i>)	NF	QL(2 EA daily)			
<i>niacin (antihyperlipidemic) TBCR</i>	1		ZESTRIL TABS 40 MG (<i>lisinopril</i>)	NF	QL(2 EA daily)			
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	NF				
PRALUENT SOAJ	SP	PA	Agents for Pheochromocytoma					
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			DEMSER (<i>metyrosine</i>)	SP				
ACE Inhibitors			DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	NF	Not available through mail			
ACCUPRIL (<i>quinapril hcl</i>)	NF		<i>metyrosine</i>	SP				
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NF	QL(2 EA daily)	<i>phenoxybenzamine hcl</i>	1	Not available through mail			
<i>benazepril hcl</i>	1		Angiotensin II Receptor Antagonists					
<i>captopril</i>	1		ATACAND 32 MG (<i>candesartan cilexetil</i>)	NF	QL(1 EA daily)			
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)	ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	NF				
<i>fosinopril sodium</i>	1		AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NF				
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		BENICAR 40 MG (<i>olmesartan medoxomil</i>)	NF	QL(1 EA daily)			
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)	BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	NF				
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NF		<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)			
			<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1				
			<i>COZAAR (losartan potassium)</i>	NF				
			DIOVAN TABS 160 MG (<i>valsartan</i>)	NF	QL(2 EA daily)			

Updated July 1, 2025

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
DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	NF		<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	
EDARBI 80 MG	3	QL(1 EA daily)	<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)
EDARBI 40 MG	3		<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>irbesartan</i>	1		<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)
<i>losartan potassium</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	NF		ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NF	
MICARDIS 80 MG (<i>telmisartan</i>)	NF	QL(1 EA daily)	<i>atenolol & chlorthalidone</i>	1	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1		AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)	<i>benazepril & hydrochlorothiazide</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 EA daily)	BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF	
<i>telmisartan 20 MG, 40 MG</i>	1		BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF	QL(1 EA daily)
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)	<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			<i>captopril & hydrochlorothiazide</i>	1	
CARDURA (<i>doxazosin mesylate</i>)	NF		DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	QL(1 EA daily)
<i>clonidine hcl TABS</i>	1				
<i>doxazosin mesylate</i>	1				
<i>guanfacine hcl</i>	1				
<i>methyldopa TABS</i>	1				
MINIPRESS CAPS (<i>prazosin hcl</i>)	NF				
<i>prazosin hcl CAPS</i>	1				
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1				
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)			
Antihypertensive Combinations					
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NF				

Updated July 1, 2025

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
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		MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NF	
EDARBYCLOR	3	QL(1 EA daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>enalapril maleate & hydrochlorothiazide</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	NF	QL(1 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	NF		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NF		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	1		<i>telmisartan-amlodipine</i>	1	
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NF		<i>telmisartan-hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1		TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NF	
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NF	
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)	<i>trandolapril-verapamil hcl</i>	2	
<i>losartan potassium & hydrochlorothiazide</i>	1		TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NF		<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NF	QL(1 EA daily)	<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS</i>	1		VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NF	

Updated July 1, 2025

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
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NF		XIFAXAN 200 MG	3	QL(9 EA per fill retail); PA
ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NF	QL(2 EA daily)	XIFAXAN 550 MG	3	QL(2 EA daily); PA
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	NF		Anti-infective Misc. - Combinations		
Antihypertensives - Misc.					
VECAMYL	3		(Sulfamethoxazole-Trimethoprim)	1	
Direct Renin Inhibitors			SULFATRIM PEDIATRIC SUSP		
<i>aliskiren fumarate</i>	1		BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NF	
TEKTURNA (<i>aliskiren fumarate</i>)	NF		BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NF	
Selective Aldosterone Receptor Antagonists (SARAs)			<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>eplerenone</i>	1		<i>sulfamethoxazole-trimethoprim TABS</i>	1	
INSPRA (<i>eplerenone</i>)	NF		Antiprotozoal Agents		
Vasodilators			ALINIA SUSR	3	
<i>hydralazine hcl TABS</i>	1		ALINIA TABS (<i>nitazoxanide</i>)	NF	
<i>minoxidil 2.5 MG, 10 MG</i>	1		<i>atovaquone</i>	2	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			LAMPIT	SP	AC; PA
Anti-infective Agents - Misc.			MEPRON (<i>atovaquone</i>)	NF	
FLAGYL CAPS (<i>metronidazole</i>)	NF		<i>nitazoxanide TABS</i>	2	
<i>metronidazole CAPS</i>	2		Carbapenems		
<i>metronidazole TABS 250 MG, 500 MG</i>	1		<i>ertapenem sodium IJ</i>	SP	PA
NEBUPENT IN (<i>pentamidine isethionate</i>)	NF		<i>imipenem-cilastatin IV 250 MG</i>	SP	PA
<i>pentamidine isethionate IN</i>	2		<i>imipenem-cilastatin IV 500 MG</i>	2	PA
<i>tinidazole 250 MG</i>	1	PA	INVANZ IJ (<i>ertapenem sodium</i>)	SP	PA
<i>tinidazole 500 MG</i>	1		<i>meropenem 500 MG</i>	SP	PA
<i>trimethoprim TABS</i>	1		PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	SP	PA
Glycopeptides					

Updated July 1, 2025

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			
VANCOCIN CAPS (<i>vancomycin hcl</i>)	NF	QL(2 EA daily)	MONUROL (<i>fosfomycin tromethamine</i>)	NF				
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)	<i>nitrofurantoin</i>	1				
Leprostatics								
<i>dapsone 25 MG</i>	1		<i>nitrofurantoin macrocrystal</i>	1				
<i>dapsone 100 MG</i>	1	QL(4 EA daily)	<i>nitrofurantoin monohyd macro</i>	1				
Lincosamides								
CLEOCIN (<i>clindamycin hcl</i>)	NF		ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)					
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	NF		Antimalarial Combinations					
<i>clindamycin hcl</i>	1		<i>atovaquone-proguanil hcl</i>	1				
<i>clindamycin palmitate hydrochloride</i>	1		COARTEM	2	Limit 24 doses per month; QL(0.8 EA daily)			
Monobactams								
CAYSTON	SP	PA	MALARONE (<i>atovaquone-proguanil hcl</i>)	NF				
Oxazolidinones								
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)	Antimalarials					
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)	<i>chloroquine phosphate TABS</i>	1				
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)	<i>hydroxychloroquine sulfate 200 MG</i>	1				
ZYVOX SUSR (<i>linezolid</i>)	NF	QL(210 ML per 90 day(s) retail)	KRINTAFEL	2	QL(2 EA per 30 day(s) retail)			
ZYVOX TABS (<i>linezolid</i>)	NF	QL(20 EA per 90 day(s) retail)	<i>mefloquine hcl</i>	1	QL(6 EA per fill retail; 6 per fill mail)			
Urinary Anti-infectives								
<i>fosfomycin tromethamine</i>	1		PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	NF				
HIPREX (<i>methenamine hippurate</i>)	NF		<i>primaquine phosphate TABS</i>	1				
MACROBID (<i>nitrofurantoin monohyd macro</i>)	NF		PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	NF				
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	NF		QUALAQUN CAPS (<i>quinine sulfate</i>)	NF	QL(2 EA daily); PA			
<i>methenamine hippurate</i>	1		<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA			
<i>methenamine mandelate 1 GM</i>	1		ANTIMYASTHENIC/CHOLINERGIC AGENTS					
Antimyasthenic/Cholinergic Agents								

Updated July 1, 2025

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
FIRDAPSE	SP	PA	Alkylating Agents		
MESTINON SOLN PO <i>(pyridostigmine bromide)</i>	SP	PA	ALKERAN IV (<i>melphalan hcl</i>)	SP	PA
MESTINON TABS <i>(pyridostigmine bromide)</i>	NF		ALKERAN (<i>melphalan</i>)	NF	AC
MESTINON TBCR <i>(pyridostigmine bromide)</i>	NF		<i>busulfan SOLN</i>	SP	PA
NEOSTIGMINE METHYLSULFATE RFID SOSY (<i>neostigmine methylsulfate</i>)	SP	PA	BUSULFEX SOLN <i>(busulfan)</i>	SP	PA
<i>neostigmine methylsulfate SOSY</i>	SP	PA	<i>cyclophosphamide CAPS</i>	1	AC
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	SP	PA	<i>cyclophosphamide CAPS</i>	1	
<i>pyridostigmine bromide SOLN PO</i>	SP	PA	CYCLOPHOSPHAMIDE TABS	2	
<i>pyridostigmine bromide TABS 60 MG</i>	1		GLEOSTINE 10 MG, 40 MG, 100 MG	2	
<i>pyridostigmine bromide TBCR</i>	2		LEUKERAN	2	AC
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			<i>melphalan</i>	1	AC
Antimycobacterial Agents			<i>melphalan hcl IV</i>	SP	PA
<i>cycloserine</i>	SP		MYLERAN TABS	2	AC
<i>ethambutol hcl TABS</i>	1		<i>temozolomide CAPS</i>	2	AC
<i>isoniazid SYRP</i>	1		Antimetabolites		
<i>isoniazid TABS</i>	1		<i>capecitabine</i>	2	AC
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NF		<i>fludarabine phosphate SOLR</i>	SP	PA
MYCOBUTIN (<i>rifabutin</i>)	NF		<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AL(Up to 13 yrs old); AC
PRIFTIN	3		<i>mercaptopurine TABS</i>	1	AC
<i>pyrazinamide</i>	1		<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>rifabutin</i>	2		<i>methotrexate sodium SOLR</i>	1	
<i>rifampin CAPS</i>	1		<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
TRECATOR	2		ONUREG TABS	SP	AC; PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer			PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	NF	AL(Up to 13 yrs old); AC
			TABLOID	2	AC
			TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC

Updated July 1, 2025

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
XATMEP SOLN PO	SP	AC; PA	LENVIMA (24 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
XELODA (<i>capecitabine</i>)	NF	AC	LENVIMA (4 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
Antineoplastic - Angiogenesis Inhibitors					
INLYTA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 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 (10 MG 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 (12 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 (14 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	TUKYSA	SP	PA
Antineoplastic - BCL-2 Inhibitors					
LENVIMA (18 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 (20 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
Antineoplastic - EGFR Inhibitors					
<i>erlotinib hcl</i>			<i>erlotinib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>gefitinib</i>			<i>gefitinib</i>	2	AC; PA

Updated July 1, 2025

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
GILOTrif	SP	Must use Accredo SP pharmacy; AC; PA	CASODEX <i>(bicalutamide)</i>	NF	QL(1 EA daily); AC
IRESSA <i>(gefitinib)</i>	NF	AC; PA	ELIGARD SC	3	PA
TAGRISSO	SP	AC; PA	EMCYT	2	AC
TARCEVA 25 MG <i>(erlotinib hcl)</i>	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661	ERLEADA 60 MG	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	ERLEADA 240 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
VIZIMPRO	SP	AC; PA	EULEXIN	2	AC
Antineoplastic - Hedgehog Pathway Inhibitors					
DAURISMO	SP	AC; PA	<i>exemestane</i>	PV	AC
ERIVEDGE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	FARESTON <i>(toremifene citrate)</i>	NF	AC
ODOMZO	SP	AC; PA	FEMARA <i>(letrozole)</i>	NF	AC
Antineoplastic - Hormonal and Related Agents			<i>letrozole</i>	1	AC
(Abiraterone Acetate) ABIRTEGA 250 MG	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA
<i>abiraterone acetate</i>	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	3	covered w- gender transformation diagnosis; PA required for other diagnosis
<i>anastrozole</i>	PV	AC	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	2	covered w- gender transformation diagnosis; PA required for other diagnosis
ARIMIDEX <i>(anastrozole)</i>	PV	AC	LYSODREN	2	AC
AROMASIN <i>(exemestane)</i>	PV	AC	<i>megestrol acetate SUSP</i>	1	AC
<i>bicalutamide</i>	1	QL(1 EA daily); AC	<i>megestrol acetate TABS</i>	1	AC
NILANDRON <i>(nilutamide)</i>					
<i>nilutamide</i>					

Updated July 1, 2025

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
NUBEQA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	XPOVIO (40 MG TWICE WEEKLY) 40 MG	SP	PA
ORGOVYX	SP	PA	XPOVIO (60 MG ONCE WEEKLY) 60 MG	SP	PA
SOLTAMOX SOLN	PV	PV; AC	XPOVIO (60 MG TWICE WEEKLY)	SP	PA
<i>tamoxifen citrate TABS</i>	PV	PV; AC	XPOVIO (80 MG ONCE WEEKLY) 40 MG	SP	PA
<i>toremifene citrate</i>	2	AC	XPOVIO (80 MG TWICE WEEKLY)	SP	AC; PA
XTANDI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	Antineoplastic Antibiotics		
XTANDI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>mitoxantrone hcl 25 MG/12.5ML</i>	2	SP; PA
YONSA	SP	SP; AC; PA	Antineoplastic Combinations		
ZYTIGA (<i>abiraterone acetate</i>)	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	INQOVI	SP	PA
Antineoplastic - Immunomodulators			KISQALI FEMARA (200 MG DOSE)	SP	QL(2 EA daily); SP; AC; PA
POMALYST	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	KISQALI FEMARA (400 MG DOSE)	SP	QL(2.5 EA daily); SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors			KISQALI FEMARA (600 MG DOSE)	SP	QL(3.25 EA daily); SP; AC; PA
AYVAKIT 25 MG, 50 MG	SP	PA	LONSURF	SP	AC; PA
AYVAKIT 100 MG, 200 MG, 300 MG	SP	QL(1 EA daily); SL; PA	Antineoplastic Enzyme Inhibitors		
Antineoplastic - XPO1 Inhibitors			(Everolimus) TORPENZ TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
XPOVIO (100 MG ONCE WEEKLY) 50 MG	SP	PA	AFINITOR DISPERZ TBSO (<i>everolimus</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	SP	PA	AFINITOR TABS (<i>everolimus</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
			ALECENSA	SP	AC; PA

Updated July 1, 2025

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
ALUNBRIG TABS	SP	AC; PA	COPIKTRA	SP	SP; AC; PA
ALUNBRIG TBPK	SP	AC; PA	COTELLIC	SP	AC; PA
BALVERSA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>dasatinib</i>	SP	SP; AC; PA
<i>bortezomib SOLR IJ</i>	SP	PA	<i>dasatinib 80 MG</i>	SP	LA; AC; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	SP	PA	<i>everolimus TABS</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
BOSULIF CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>everolimus TBSO</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
BOSULIF TABS 100 MG, 400 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	GLEEVEC TABS 400 MG (<i>imatinib mesylate</i>)	NF	QL(2 EA daily); AC; PA
BOSULIF TABS 500 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	GLEEVEC TABS 100 MG (<i>imatinib mesylate</i>)	NF	QL(3 EA daily); AC; PA
BRAFTOVI 75 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	IBRANCE CAPS	SP	QL(1 EA daily); SP; AC; PA
BRUKINSA	SP	AC; PA	IBRANCE TABS	SP	QL(1 EA daily); SP; AC; PA
CABOMETYX TABS	SP	QL(1 EA daily); AC; PA	ICLUSIG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
CALQUENCE	SP	QL(2 EA daily); AC; PA	IDHIFA	SP	AC; PA
CAPRELSA	SP	AC; PA	<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); AC; PA
COMETRIQ (100 MG DAILY DOSE) KIT	SP	AC; PA	<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	SP	AC; PA	IMBRUVICA CAPS 70 MG	SP	QL(1 EA daily); AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	SP	AC; PA	IMBRUVICA CAPS 140 MG	SP	QL(3 EA daily); AC; PA
			IMBRUVICA SUSP	SP	QL(8 ML daily); AC; PA
			IMBRUVICA TABS	SP	QL(1 EA daily); AC; PA
			INREBIC	SP	AC; PA

Updated July 1, 2025

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
ISTODAX SOLR <i>(romidepsin)</i>	SP	PA	MEKTOVI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
JAKAFI	SP	QL(2 EA daily); AC; PA	NERLYNX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
KISQALI (200 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; AC; PA	NEXAVAR <i>(sorafenib tosylate)</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
KISQALI (400 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; AC; PA	<i>nilotinib hcl 150 MG, 200 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
KISQALI (600 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2.5 EA daily); SP; AC; PA	<i>nilotinib hcl 50 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
KOSELUGO	SP	PA	NINLARO	SP	Limited to 3 capsules per month;; QL(0.1 EA daily); AC; PA
<i>lapatinib ditosylate</i>	SP	AC; PA	<i>pazopanib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
LORBRENA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	PIQRAY (200 MG DAILY DOSE)	SP	AC; PA
LUMAKRAS 240 MG, 320 MG	SP	QL(2 EA daily); AC; PA	PIQRAY (250 MG DAILY DOSE)	SP	QL(2 EA daily); AC; PA
LUMAKRAS 120 MG	SP	QL(3 EA daily); AC; PA	PIQRAY (300 MG DAILY DOSE)	SP	QL(2 EA daily); AC; PA
LYNPARZA TABS	SP	Refer to Accredo SP Rx; QL(4 EA daily); AC; PA	QINLOCK	SP	PA
MEKINIST SOLR	SP	PA	RETEVMO CAPS	SP	PA
MEKINIST TABS	SP	AC; PA	<i>romidepsin SOLR</i>	SP	PA

Updated July 1, 2025

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
ROZLYTREK CAPS	SP	AC; PA	TAFINLAR TBSO	SP	PA
RUBRACA	SP	AC; PA	TALZENNA 0.25 MG, 1 MG	SP	AC; PA
RYDAPT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	TASIGNA 50 MG (<i>nilotinib hcl</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
SCEMBLIX	SP	PA	TASIGNA 150 MG, 200 MG (<i>nilotinib hcl</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
<i>sorafenib tosylate</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	TAZVERIK	SP	PA
SPRYCEL (<i>dasatinib</i>)	NF	SP; AC	<i>temsirolimus</i>	SP	PA
STIVARGA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	TIBSOVO	SP	AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA	TORISEL (<i>temsirolimus</i>)	SP	PA
<i>sunitinib malate 25 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	TYKERB (<i>lapatinib ditosylate</i>)	SP	AC; PA
SUTENT 25 MG (<i>sunitinib malate</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	VELCADE SOLR IJ (<i>bortezomib</i>)	SP	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	VERZENIO	SP	QL(2 EA daily); SP; AC; PA
TABRECTA	SP	PA	VITRAKVI CAPS	SP	AC; PA
TAFINLAR CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	VITRAKVI SOLN	SP	AC; PA
			VOTRIENT (<i>pazopanib hcl</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
			XALKORI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
			XOSPATA	SP	AC; PA
			ZEJULA TABS	SP	PA
			ZELBORAF	SP	AC; PA
			ZOLINZA	SP	AC; PA
			ZYDELIG	3	AC; PA
			ZYKADIA TABS	SP	SP; AC; PA
Antineoplastics Misc.					

Updated July 1, 2025

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
ACTIMMUNE 100 MCG/0.5ML	SP	PA	<i>carbidopa</i>	2	
ALFERON N	SP	PA	LODOSYN (<i>carbidopa</i>)	NF	
BESREMI	SP	PA	Antiparkinson Anticholinergics		
<i>bexarotene</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>benztropine mesylate SOLN</i>	SP	PA
HYDREA (<i>hydroxyurea</i>)	NF	AC	<i>benztropine mesylate TABS</i>	1	
<i>hydroxyurea</i>	1	AC	<i>trihexyphenidyl hcl SOLN</i>	1	
MATULANE	SP	AC; PA	<i>trihexyphenidyl hcl TABS</i>	1	
TARGRETIN (<i>bexarotene</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	Antiparkinson COMT Inhibitors		
<i>tretinoin (chemotherapy)</i>	2	AC	COMTAN (<i>entacapone</i>)	NF	
Chemotherapy Rescue/Antidote/Protective Agents			<i>entacapone</i>	1	
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	SP	PA	TASMAR (<i>tolcapone</i>)	SP	
<i>leucovorin calcium TABS</i>	1	AC	<i>tolcapone</i>	SP	
<i>leucovorin calcium TABS</i>	1		Antiparkinson Dopaminergics		
<i>mesna TABS</i>	1	AC	<i>amantadine hcl CAPS</i>	1	
MESNEX TABS	3	AC	<i>amantadine hcl TABS</i>	1	
Mitotic Inhibitors			<i>bromocriptine mesylate CAPS</i>	1	
ETOPOPHOS	3	PA	<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>etoposide CAPS</i>	2		<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2	
Topoisomerase I Inhibitors			<i>carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG</i>	1	
HYCAMTIN CAPS	SP	AC; PA	<i>carbidopa-levodopa TABS</i>	1	
HYCAMTIN SOLR (<i>topotecan hcl</i>)	SP	PA	<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)
<i>topotecan hcl SOLR</i>	SP	PA	<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			<i>carbidopa-levodopa TBDP</i>	2	
Antiparkinson Adjunctive Therapy			DHIVY TABS	2	
			DUOPA SUSP	3	PA

Updated July 1, 2025

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	
INBRIJA CAPS	3	PA	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NF		
MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>)	NF	QL(1 EA daily)	STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NF		
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		STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NF		
NEUPRO	3		STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NF		
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NF		STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	NF		
PARLODEL TABS (<i>bromocriptine mesylate</i>)	NF		STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NF		
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1		STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NF		
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)	Antiparkinson Monoamine Oxidase Inhibitors			
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)	AZILECT (<i>rasagiline mesylate</i>)	NF		
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 EA daily)	<i>rasagiline mesylate</i>	1		
<i>pramipexole dihydrochloride TB24 3.75 MG</i>	1		<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)	
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i>	2		<i>selegiline hcl TABS</i>	1	QL(2 EA daily)	
<i>ropinirole hydrochloride TABS</i>	1		XADAGO	3	PA	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)	ZELAPAR TBDP	3		
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			
RYTARY CPCR	3	QL(10 EA daily); PA	Antimanic Agents			
			<i>lithium</i>	1		
			<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)	
			<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1		
			<i>lithium carbonate TABS</i>	1		
			<i>lithium carbonate TBCR</i>	1		
			LITHOBID TBCR (<i>lithium carbonate</i>)	3		
			Antipsychotics - Misc.			

Updated July 1, 2025

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
EQUETRO	3		Dibenzapines		
GEODON 20 MG, 40 MG <i>(ziprasidone hcl)</i>	NF		<i>asenapine maleate</i>	2	
GEODON 60 MG, 80 MG <i>(ziprasidone hcl)</i>	NF	QL(2 EA daily)	<i>clozapine TABS</i>	1	
LATUDA <i>(lurasidone hcl)</i>	NF		<i>clozapine TBDP 12.5 MG</i>	1	
<i>lurasidone hcl</i>	2		CLOZARIL TABS <i>(clozapine)</i>	NF	
NUPLAZID CAPS	SP	QL(1 EA daily); PA	<i>loxapine succinate</i>	1	
NUPLAZID TABS 10 MG	SP	QL(1 EA daily); PA	<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
VRAYLAR CAPS	SP		<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
VRAYLAR CPPK	SP		<i>olanzapine TBDP</i>	1	
<i>ziprasidone hcl 20 MG, 40 MG</i>	1		<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)	<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)
Benzisoxazoles			<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)
FANAPT	SP	QL(2 EA daily)	<i>quetiapine fumarate TB24</i>	1	
FANAPT TITRATION PACK	SP		SAPHRIS <i>(asenapine maleate)</i>	NF	
INVEGA <i>(paliperidone)</i>	NF		SECUADO	3	QL(1 EA daily)
<i>paliperidone</i>	1		SEROQUEL XR TB24 <i>(quetiapine fumarate)</i>	NF	
PERSERIS PRSY	SP	PA	SEROQUEL TABS 25 MG, 50 MG, 100 MG <i>(quetiapine fumarate)</i>	NF	
RISPERDAL SOLN <i>(risperidone)</i>	NF		SEROQUEL TABS 200 MG <i>(quetiapine fumarate)</i>	NF	QL(4 EA daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG <i>(risperidone)</i>	NF		SEROQUEL TABS 300 MG, 400 MG <i>(quetiapine fumarate)</i>	NF	QL(2 EA daily)
RISPERDAL TABS 3 MG <i>(risperidone)</i>	NF	QL(2 EA daily)	VERSACLOZ SUSP	SP	QL(18 ML daily)
<i>risperidone SOLN</i>	1		ZYPREXA ZYDIS TBDP <i>(olanzapine)</i>	NF	
<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)	ZYPREXA TABS 15 MG, 20 MG <i>(olanzapine)</i>	NF	QL(1 EA daily)
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1		ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG <i>(olanzapine)</i>	NF	
<i>risperidone TBDP</i>	1				
Butyrophenones					
<i>haloperidol lactate CONC</i>	1				
<i>haloperidol TABS</i>	1				

Updated July 1, 2025

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
Dihydroindolones		
<i>molindone hcl</i>	1	
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
<i>chlorpromazine hcl TABS</i>	2	
<i>fluphenazine hcl CONC</i>	1	
<i>fluphenazine hcl ELIX</i>	2	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>ariPIPRAZOLE</i>)	NF	
ABILIFY TABS 15 MG (<i>ariPIPRAZOLE</i>)	NF	QL(2 EA daily)
ABILIFY TABS 20 MG (<i>ariPIPRAZOLE</i>)	NF	QL(1 EA daily)
<i>ariPIPRAZOLE SOLN PO</i>	2	
<i>ariPIPRAZOLE TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>ariPIPRAZOLE TABS 20 MG</i>	1	QL(1 EA daily)
<i>ariPIPRAZOLE TABS 15 MG</i>	1	QL(2 EA daily)
<i>ariPIPRAZOLE TBDP</i>	1	PA
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR (<i>lamivudine-zidovudine</i>)	NF	
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	NF	
<i>darunavir TABS</i>	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	PV	
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	
<i>emtricitabine CAPS</i>	1	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	PV	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)

Updated July 1, 2025

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
EMTRIVA CAPS <i>(emtricitabine)</i>	NF		ODEFSEY	2	
EMTRIVA SOLN	2		PIFELTRO	2	
EPIVIR SOLN <i>(lamivudine)</i>	NF		PREZCOBIX	2	
EPIVIR TABS <i>(lamivudine)</i>	NF		PREZISTA SUSP	2	
EPZICOM <i>(abacavir sulfate-lamivudine)</i>	NF		PREZISTA TABS <i>(darunavir)</i>	NF	
<i>etravirine</i>	1		PREZISTA TABS 75 MG, 150 MG	2	
EVOTAZ	2		RETROVIR CAPS <i>(zidovudine)</i>	NF	
<i>fosamprenavir calcium TABS</i>	1		RETROVIR SYRP <i>(zidovudine)</i>	NF	
FUZEON SOLR	SP	PA	REYATAZ CAPS 200 MG, 300 MG <i>(atazanavir sulfate)</i>	NF	
GENVOYA	2		REYATAZ PACK	2	
INTELENCE 25 MG	2		<i>ritonavir TABS</i>	1	
INTELENCE <i>(etravirine)</i>	NF		RUKOBIA	SP	
ISENTRESS HD TABS	2		SELZENTRY SOLN	2	
ISENTRESS CHEW	2		SELZENTRY TABS <i>(maraviroc)</i>	NF	
ISENTRESS PACK	2		STRIBILD	2	
ISENTRESS TABS	2		<i>symfi (efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	NF	
JULUCA	2		<i>symfi lo (efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	NF	
KALETRA SOLN	2		SYMTUZA	2	
KALETRA TABS <i>(lopinavir-ritonavir)</i>	NF		<i>tenofovir disoproxil fumarate TABS</i>	1	
<i>lamivudine SOLN</i>	1		TIVICAY TABS 50 MG	2	
<i>lamivudine TABS</i>	1		TRIUMEQ PD TBSO	2	
<i>lamivudine-zidovudine</i>	1		TRIUMEQ TABS	2	
LEXIVA TABS <i>(fosamprenavir calcium)</i>	NF		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG <i>(emtricitabine-tenofovir disoproxil fumarate)</i>	NF	QL(1 EA daily)
<i>lopinavir-ritonavir SOLN</i>	1				
<i>lopinavir-ritonavir TABS</i>	1				
<i>maraviroc TABS</i>	1				
<i>nevirapine SUSP</i>	1				
<i>nevirapine TABS</i>	1				
<i>nevirapine TB24</i>	1				
NORVIR PACK	3				
NORVIR TABS <i>(ritonavir)</i>	NF				

Updated July 1, 2025

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
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	PV	QL(1 EA daily)	<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ML daily)
TYBOST	2		<i>valganciclovir hcl TABS</i>	1	
VIRACEPT TABS	2		Hepatitis Agents		
VIREAD POWD	2		<i>adefovir dipivoxil</i>	2	
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NF		BARACLUDE TABS (<i>entecavir</i>)	NF	
VIREAD TABS 150 MG, 200 MG, 250 MG	2		<i>entecavir TABS</i>	2	
ZIAGEN SOLN (<i>abacavir sulfate</i>)	NF		EPCLUSA PACK	2	SP; PA
ZIAGEN TABS (<i>abacavir sulfate</i>)	NF		EPCLUSA TABS	2	SP; PA
<i>zidovudine CAPS</i>	1		<i>EPCLUSA TABS</i>	2	SP; PA
<i>zidovudine SYRP</i>	1		<i>lamivudine (hbv) TABS</i>	2	
<i>zidovudine TABS</i>	1		MAVYRET TABS	SP	PA
Antiviral Combinations			PEGASYS SOLN	3	SP; PA
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)	<i>ribavirin (hepatitis c) CAPS</i>	1	PA
PAXLOVID (150/100)	PV		VEMLIDY	SP	SP; ST
PAXLOVID (300/100)	PV	PV	VOSEVI	2	SP; PA
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)	Herpes Agents		
TPOXX (TECOVIRIMAT)	5		<i>acyclovir CAPS</i>	1	
CMV Agents			<i>acyclovir SUSP</i>	1	
VALCYTE SOLR (<i>valganciclovir hcl</i>)	NF	Limit 630mls per month; QL(21 ML daily)	<i>acyclovir TABS PO 400 MG</i>	1	
VALCYTE TABS (<i>valganciclovir hcl</i>)	NF		<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
Influenza Agents			<i>famciclovir</i>	1	
			<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)
			<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)
			VALTREX 1 GM (<i>valacyclovir hcl</i>)	NF	QL(4 EA daily)
			VALTREX 500 MG (<i>valacyclovir hcl</i>)	NF	QL(8 EA daily)
			oseltamivir phosphate CAPS 75 MG		
			oseltamivir phosphate CAPS 30 MG, 45 MG	1	QL(10 EA per fill retail)

Updated July 1, 2025

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
<i>oseltamivir phosphate</i> SUSR	1	QL(75 ML daily; 5 Day(s) limit)	<i>bisoprolol fumarate</i>	1	QL(1 EA daily)
RELENZA DISKHALER	3		BYSTOLIC (<i>nebivolol hcl</i>)	NF	
<i>rimantadine hydrochloride</i> TABS	1		LOPRESSOR TABS (<i>metoprolol tartrate</i>)	NF	
TAMIFLU CAPS 30 MG, 45 MG (<i>oseltamivir phosphate</i>)	NF		<i>metoprolol succinate</i> TB24	1	
TAMIFLU CAPS 75 MG (<i>oseltamivir phosphate</i>)	NF	QL(10 EA per fill retail)	<i>metoprolol tartrate TABS</i>	1	
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NF	QL(75 ML daily; 5 Day(s) limit)	<i>nebivolol hcl</i>	1	
Misc. Antivirals					
LAGEVRIA	PV		TENORMIN TABS (<i>atenolol</i>)	NF	
TPOXX CAPS	PV		TOPROL XL TB24 (<i>metoprolol succinate</i>)	NF	
Respiratory Syncytial Virus (RSV) Agents					
<i>ribavirin</i>	1		Beta Blockers Non-Selective		
VIRAZOLE (<i>ribavirin</i>)	NF		(Sotalol Hcl) SORINE TABS	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure			BETAPACE AF (<i>sotalol hcl (afib/afl)</i>)	NF	
Alpha-Beta Blockers			BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NF	
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1		CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	NF	
<i>carvedilol 3.125 MG</i>	1	QL(2 EA daily)	HEMANGEOL SOLN PO	3	AL(Up to 1 yrs old); PA
<i>carvedilol phosphate</i>	1		INDERAL LA CP24 (<i>propranolol hcl</i>)	NF	
COREG 3.125 MG (<i>carvedilol</i>)	NF	QL(2 EA daily)	INDERAL XL	3	
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	NF		INNOPRAN XL	3	
COREG CR (<i>carvedilol phosphate</i>)	NF		<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1		<i>pindolol TABS</i>	1	
Beta Blockers Cardio-Selective			<i>propranolol hcl CP24</i>	1	
<i>acebutolol hcl CAPS</i>	1		<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	
<i>atenolol TABS</i>	1		<i>propranolol hcl TABS</i>	1	
<i>betaxolol hcl</i>	1		<i>sotalol hcl (afib/afl)</i>	1	
			<i>sotalol hcl TABS</i>	1	
			SOTYLIZE SOLN PO	3	
			<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)

Updated July 1, 2025

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
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)	<i>diltiazem hcl TB24</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure					
Calcium Channel Blockers					
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)	<i>felodipine 2.5 MG, 5 MG</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>felodipine 10 MG</i>	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>isradipine CAPS</i>	1	
(Diltiazem Hcl) DILT-XR CP24	1		<i>nicardipine hcl CAPS</i>	2	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>nifedipine CAPS</i>	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)	<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)	<i>nifedipine TB24</i>	1	QL(1 EA daily)
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	NF	QL(1 EA daily)	<i>nimodipine CAPS</i>	2	
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	NF		<i>nimodipine SOLN</i>	1	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	NF		<i>nisoldipine</i>	2	
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)	NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	NF	QL(1 EA daily)
<i>diltiazem hcl extended release beads</i>	1		NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	NF	QL(2 EA daily)
<i>diltiazem hcl CP12</i>	1		PROCARDIA XL TB24 (<i>nifedipine</i>)	NF	QL(1 EA daily)
<i>diltiazem hcl CP24</i>	1		SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NF	
<i>diltiazem hcl TABS</i>	1		TIAZAC (<i>diltiazem hcl extended release beads</i>)	NF	
			VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NF	
			<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
			<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
			<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)
			<i>verapamil hcl TABS</i>	1	
			<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
			<i>verapamil hcl TBCR 120 MG</i>	1	
			VERELAN PM CP24 (<i>verapamil hcl</i>)	3	
			VERELAN CP24 180 MG (<i>verapamil hcl</i>)	NF	QL(2 EA daily)

Updated July 1, 2025

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		
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	NF		ENTRESTO TABS	3	QL(2 EA daily); PA		
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 EA daily)	<i>isosorbide dinitrate-hydralazine hcl</i>	1			
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					<i>sacubitril-valsartan TABS</i>		
Cardiac Glycosides					2 QL(2 EA daily); PA		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1		Impotence Agents				
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1		CIALIS 2.5 MG (<i>tadalafil</i>)	NF	QL(1 EA daily); PA		
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3		CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	NF	QL(0.27 EA daily); AL(At least 21 yrs old); PA		
LANOXIN TABS 62.5 MCG (<i>digoxin</i>)	NF		<i>sildenafil citrate</i>	1	QL(0.27 EA daily); PA		
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			<i>tadalafil 2.5 MG</i>	1	QL(1 EA daily); PA		
Cardiovascular Agents Misc. - Combinations			<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	QL(0.27 EA daily); AL(At least 21 yrs old); PA		
<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>	2	PA	VIAGRA (<i>sildenafil citrate</i>)	NF	QL(0.27 EA daily); PA		
<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	2		Prostaglandin Vasodilators				
<i>BIDIL (isosorbide dinitrate-hydralazine hcl)</i>	NF		ORENITRAM MONTH 1 TEPK	SP	PA		
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	ORENITRAM MONTH 2 TEPK	SP	PA		
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF		ORENITRAM MONTH 3 TEPK	SP	PA		
ENTRESTO CPSP	3		ORENITRAM TBCR	SP	PA		
			TYVASO DPI INSTITUTIONAL KIT POWD	SP	QL(4 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 KIT SOLN IN	SP	PA		

Updated July 1, 2025

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	
TYVASO STARTER KIT SOLN IN	SP	PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 EA daily); PA	
TYVASO SOLN IN	SP	PA	<i>tadalafil (pulmonary hypertension) TABS</i>	SP	QL(2 EA daily); PA	
VENTAVIS IN	SP	PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist			
Pulmonary Hypertension - Endothelin Receptor Antagonists						
<i>ambrisentan</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA	UPTRAVI TITRATION TBPK	SP	PA	
<i>bosentan TABS</i>	SP	PA	UPTRAVI TABS	SP	QL(2 EA daily); PA	
LETAIRIS (<i>ambrisentan</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator			
OPSUMIT	SP	PA	ADEMPAS	SP	PA	
TRACLEER TABS 125 MG (<i>bosentan</i>)	NF		Sinus Node Inhibitors			
TRACLEER TABS 62.5 MG (<i>bosentan</i>)	NF	USE BOSENTAN TABS	CORLANOR SOLN	3	QL(15 ML daily); ST	
TRACLEER TBSO	SP	PA	CORLANOR TABS (<i>ivabradine hcl</i>)	NF	QL(2 EA daily); ST	
Pulmonary Hypertension - Phosphodiesterase Inhibitors						
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	SP	QL(2 EA daily); PA	<i>ivabradine hcl TABS</i>	2	QL(2 EA daily); ST	
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	SP	QL(2 EA daily); PA	Transthyretin Stabilizers			
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	SP	PA	VYNDAMAX	SP	QL(1 EA daily); PA	
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(3 EA daily); PA	VYNDAQEL	SP	QL(4 EA daily); PA	
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	SP	PA	CEPHALOSPORINS - Drugs to Treat Bacterial Infections			
Cephalosporins - 1st Generation						
<i>cefadroxil CAPS</i>	1		<i>cefadroxil SUSR</i>	1		
<i>cefadroxil TABS</i>	1		<i>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		CEFAZOLIDINE SUSP	3		

Updated July 1, 2025

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
<i>cefaclor CAPS</i>	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	PV	PV
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1		(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	PV	PV
<i>CEFOTAN IJ (cefotetan disodium)</i>	SP	PA	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	PV	PV
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	SP	PA	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	PV	PV
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	SP	PA	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	PV	PV
<i>CEFOXITIN SODIUM-DEXTROSE</i>	SP	PA	(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	PV	PV
<i>cefprozil SUSR</i>	1		(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	PV	PV
<i>cefprozil TABS</i>	1		(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	PV	PV
<i>cefuroxime axetil TABS</i>	1				
Cephalosporins - 3rd Generation					
<i>cefdinir CAPS</i>	1				
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
<i>SUPRAX CAPS (cefixime)</i>	NF				
<i>SUPRAX CHEW</i>	3				
<i>SUPRAX SUSR 200 MG/5ML (cefixime)</i>	NF				
<i>SUPRAX SUSR 500 MG/5ML</i>	3				
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	PV	PV			

Updated July 1, 2025

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
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	PV	PV	(Norethrin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	PV	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	PV	PV			

Updated July 1, 2025

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

Updated July 1, 2025

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
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	PV	PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	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 TABS 1 MG-20 MCG	PV	PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 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 TABS 1.5 MG-30 MCG	PV	PV	BALCOLTRA <i>(levonorgestrel-ethinyl estradiol-iron)</i>	PV	PV
(Norethindrone Acet- Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	PV	PV	BEYAZ <i>(drospirenone-ethinyl estradiol-levomefolate calcium)</i>	PV	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASSETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	PV	PV	desogestrel-ethinyl estradiol (biphasic)	PV	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA	PV	PV	drospirenone-ethinyl estradiol	PV	PV
			drospirenone-ethinyl estradiol-levomefolate calcium	PV	PV
			ethynodiol diacet & eth estrad	PV	PV
			GENERESESS FE <i>(norethindrone & ethinyl estradiol-fe)</i>	PV	PV
			levonorgestrel & eth estradiol TABS	PV	PV
			levonorgestrel-eth estradiol (triphasic)	PV	PV
			levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	PV	PV
			levonorgestrel-ethinyl estradiol (continuous)	PV	PV
			levonorgestrel-ethinyl estradiol-iron	PV	PV
			LO LOESTRIN FE TABS	PV	PV
			LOSEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	PV	PV

Updated July 1, 2025

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
MINASTRIN 24 FE CHEW <i>(norethin acet & estrad-fe)</i>	PV	PV	Combination Contraceptives - Transdermal		
MIRCETTE <i>(desogestrel-ethinyl estradiol (biphasic))</i>	PV	PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	PV	PV
NATAZIA	PV	PV	<i>norelgestromin-ethinyl estradiol</i>	PV	PV
NEXTSTELLIS	PV	PV	TWIRLA	PV	PV
<i>norethin acet & estrad-fe CAPS</i>	PV	PV	Combination Contraceptives - Vaginal		
<i>norethin acet & estrad-fe CHEW</i>	PV	PV	(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	PV	PV
<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>etongestrel-ethinyl estradiol</i>	PV	PV
<i>norethindrone acet & ethesta TABS</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 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 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR	5	Available through the Medical Benefit
TYBLUME CHEW	PV	PV			
YASMIN 28 <i>(drospirenone-ethinyl estradiol)</i>	PV	PV			
YAZ <i>(drospirenone-ethinyl estradiol)</i>	PV	PV			

Updated July 1, 2025

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
DEPO-SUBQ PROVERA 104 SUSY SC	PV	Provided under the Medical Benefit; PA	<i>hydrocortisone TABS</i>	1	
Progestin Contraceptives - Oral			MEDROL TABS	2	
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, SHAROBEL	PV	PV	MEDROL TABS 4 MG, 8 MG, 16 MG <i>(methylprednisolone)</i>	NF	
<i>norethindrone (contraceptive)</i>	PV	PV	MEDROL TBPK <i>(methylprednisolone)</i>	NF	
OPILL	PV		<i>methylprednisolone TABS</i>	1	
SLYND	PV	PV	<i>methylprednisolone TBPK</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			ORAPRED ODT TBDP <i>(prednisolone sodium phosphate)</i>	NF	
Glucocorticosteroids			PEDIAPIRED SOLN <i>(prednisolone sodium phosphate)</i>	NF	
(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPK	1		<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1	
(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPK	1		<i>prednisolone sodium phosphate TBDP</i>	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK	1		<i>prednisolone SOLN</i>	1	
(Prednisolone) MILLIPRED TABS	1		<i>prednisolone TABS</i>	1	
AGAMREE	SP	SP; PA	PREDNISONE INTENSOL CONC	2	
<i>budesonide CPEP</i>	2	QL(3 EA daily)	<i>prednisone SOLN</i>	1	
<i>budesonide TB24</i>	1	PA	<i>prednisone TABS</i>	1	
CORTEF TABS <i>(hydrocortisone)</i>	NF		<i>prednisone TBPK</i>	1	
DEXAMETHASONE INTENSOL CONC	2		UCERIS TB24 <i>(budesonide)</i>	NF	PA
<i>dexamethasone ELIX</i>	1		Mineralocorticoids		
<i>dexamethasone SOLN</i>	1		<i>fludrocortisone acetate TABS</i>	1	
<i>dexamethasone TABS</i>	1		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>dexamethasone TBPK</i>	1		Antitussives		

Updated July 1, 2025

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
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1		<i>guaifenesin-codeine SOLN</i>	1	
<i>benzonataate</i>	1		<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
HYCODAN SOLN <i>(hydrocodone bitartrate-homatropine methylbromide)</i>	NF		NEOTUSS PLUS LIQD	3	
HYCODAN TABS 1.5 MG-5 MG <i>(hydrocodone bitartrate-homatropine methylbromide)</i>	NF		<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1		<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
Cough/Cold/Allergy Combinations			PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
(Guaiifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
(Guaiifenesin-Codeine) GUAIFENESIN AC SYRP	1		TUSNEL TABS	3	
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1		TUSSLIN PEDIATRIC LIQD	3	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		TUSSLIN LIQD	3	
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 %	2	
			HYPERSAL NEBU	3	
			HYPERSAL NEBU <i>(sodium chloride (inhalant))</i>	NF	
			NEBUSAL NEBU	3	
			<i>sodium chloride (inhalant) NEBU 7 %</i>	2	

Updated July 1, 2025

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
sodium chloride (inhalant) NEBU 0.9 %, 3 %	1		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG	1	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
Mucolytics			(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2	
acetylcysteine SOLN	1		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
Acne Products			(Tretinoin) AVITA CREA 0.025 %	1	
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC	ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	NF	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1		ABSORICA 20 MG (<i>isotretinoin</i>)	NF	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1		ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	NF	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		ABSORICA 30 MG (<i>isotretinoin</i>)	NF	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Erythromycin (Acne Aid)) ERY PADS	1				
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG	1	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail			
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG	1	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail			
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail			

Updated July 1, 2025

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
ACZONE 5 % (<i>dapsone (topical)</i>)	NF	PA	<i>clindamycin phosphate-tretinoin</i>	1	
ACZONE 7.5 % (<i>dapsone (topical)</i>)	NF	QL(2 GM daily)	<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily)
<i>adapalene-benzoyl peroxide GEL</i>	1		<i>dapsone (topical) 5 %</i>	1	PA
<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)	<i>DIFFERIN CREA (adapalene)</i>	NF	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>DIFFERIN GEL 0.1 % (adapalene)</i>	NF	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC	<i>DIFFERIN GEL 0.3 % (adapalene)</i>	NF	QL(45 GM per fill retail; 135 per fill mail)
<i>ATRALIN GEL (tretinoin)</i>	NF		<i>DIFFERIN LOTN</i>	2	
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	NF	QL(2 GM daily)	<i>EPIDUO FORTE GEL (adapalene-benzoyl peroxide)</i>	NF	
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)	<i>EPIDUO GEL (adapalene-benzoyl peroxide)</i>	NF	
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NF		<i>ERYGEL GEL (erythromycin (acne aid))</i>	NF	
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)	<i>erythromycin (acne aid) GEL</i>	1	
<i>clindamycin phosphate (topical) FOAM</i>	1		<i>erythromycin (acne aid) SOLN</i>	1	
<i>clindamycin phosphate (topical) GEL</i>	1	AL(At least 12 yrs old)	<i>FABIOR FOAM</i>	3	Limit 50gms per month; QL(1.67 GM daily)
<i>clindamycin phosphate (topical) LOTN</i>	1		<i>isotretinoin 30 MG</i>	1	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
<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				

Updated July 1, 2025

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	
<i>isotretinoin 20 MG</i>	1	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail	SULFACETAMIDE-SULFUR IN UREA EMUL	3		
<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail	TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	
			<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 GM daily)	
			<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 GM daily)	
			<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		
			<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1		
KLARON (<i>sulfacetamide sodium (acne)</i>)	NF		VELTIN (<i>clindamycin phosphate-tretinoin</i>)	NF		
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NF		ZIANA (<i>clindamycin phosphate-tretinoin</i>)	NF		
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	NF	PA	Agents for External Genital and Perianal Warts			
RETIN-A MICRO 0.1 % (<i>tretinoin microsphere</i>)	NF	QL(1.67 GM daily)	VEREGEN	3	QL(30 GM per fill retail)	
RETIN-A MICRO 0.04 % (<i>tretinoin microsphere</i>)	NF	Limit 45gms per month; QL(1.7 GM daily)	Antibiotics - Topical			
RETIN-A MICRO PUMP 0.04 % (<i>tretinoin microsphere</i>)	NF	Limit 45gms per month; QL(1.7 GM daily)	ALTABAX	3		
RETIN-A MICRO PUMP 0.1 % (<i>tretinoin microsphere</i>)	NF	QL(1.67 GM daily)	<i>gentamicin sulfate (topical) CREA</i>	1		
RETIN-A CREA (<i>tretinoin</i>)	NF		<i>gentamicin sulfate (topical) OINT</i>	1		
RETIN-A GEL (<i>tretinoin</i>)	NF		<i>mupirocin OINT</i>	1		
<i>sulfacetamide sodium (acne)</i>	1		Antifungals - Topical			
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		(Ciclopirox) CICLODAN SOLN	1		
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 GM daily)	(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1		
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA	(Ketoconazole (Topical)) KETODAN FOAM	2		
			(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		

Updated July 1, 2025

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
ciclopirox olamine CREA	1		oxiconazole nitrate CREA	1	
ciclopirox olamine SUSP	1		OXISTAT CREA (<i>oxiconazole nitrate</i>)	NF	
ciclopirox GEL	1		OXISTAT LOTN	3	
ciclopirox SHAM	2		<i>sulconazole nitrate</i> CREA	1	
ciclopirox SOLN	1		<i>sulconazole nitrate</i> SOLN	1	
clotrimazole w/ betamethasone CREA	1	Limit 1 tube per month; QL(1.5 GM daily)	VYTONE 1.9 %-1 % (<i>iodoquinol-hydrocortisone in aloe vehicle</i>)	NF	
clotrimazole w/ betamethasone LOTN	1	QL(2 ML daily)	Anti-inflammatory Agents - Topical		
econazole nitrate CREA	1		(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
ERTACZO	SP	QL(1 GM daily); PA			
EXELDERM CREA (<i>sulconazole nitrate</i>)	3				
EXELDERM SOLN	2				
EXODERM	3				
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1				
ketoconazole (topical) CREA	1	QL(2 GM daily)			
ketoconazole (topical) FOAM	2				
ketoconazole (topical) SHAM 2 %	1		<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
LOPROX SHAM (<i>ciclopirox</i>)	NF		<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 GM daily); PA
LOPROX SUSP (<i>ciclopirox olamine</i>)	NF		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)
naftifine hcl CREA	1				
naftifine hcl GEL 2 %	1				
NAFTIN GEL (<i>naftifine hcl</i>)	NF				
nystatin (topical) CREA	1				
nystatin (topical) OINT	1				
nystatin (topical) POWD EX	1				
nystatin-triamcinolone CREA	1				
nystatin-triamcinolone OINT	1				

Updated July 1, 2025

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
PENNSAID SOLN EX 2 % <i>(diclofenac sodium (topical))</i>	NF	QL(4 GM daily); PA	<i>calcipotriene SOLN</i>	1	
VOLTAREN ARTHRITIS PAIN GEL EX <i>(diclofenac sodium (topical))</i>	NF	RX/OTC	<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)
Antineoplastic or Premalignant Lesion Agents - Topical					
<i>bexarotene (topical)</i>	SP	SP; PA	COSENTYX (300 MG DOSE) SOSY	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA
CARAC CREA	SP	QL(1 GM daily)	COSENTYX SENSOREADY (300 MG) SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA	COSENTYX SENSOREADY PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA
EFUDEX CREA <i>(fluorouracil (topical))</i>	NF		COSENTYX UNOREADY SOAJ	SP	QL(0.072 ML daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1		COSENTYX SOSY 150 MG/ML	SP	QL(0.036 ML daily); PA
<i>fluorouracil (topical) CREA 0.5 %</i>	SP	QL(1 GM daily)	COSENTYX SOSY 75 MG/0.5ML	SP	QL(0.18 ML daily); PA
<i>fluorouracil (topical) SOLN</i>	1		<i>methoxsalen rapid</i>	2	
PANRETIN	3	PA	SKYRIZI PEN SOAJ	SP	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
TARGRETIN <i>(bexarotene (topical))</i>	SP	SP; PA	SKYRIZI SOSY	SP	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
VALCHLOR	SP	PA	SORILUX FOAM	SP	PA
Antipruritics - Topical			STELARA SOLN 45 MG/0.5ML	SP	PA
<i>doxepin hcl (antipruritic)</i>	2		STELARA SOSY 90 MG/ML	SP	QL(0.04 ML daily); PA
PRUDOXIN <i>(doxepin hcl (antipruritic))</i>	NF		STELARA SOSY 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
ZONALON <i>(doxepin hcl (antipruritic))</i>	NF		<i>tazarotene CREA</i>	1	
Antipsoriatics					
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)			
<i>acitretin 25 MG</i>	2	QL(2 EA daily)			
<i>acitretin 10 MG</i>	2	QL(1 EA daily)			
<i>acitretin 17.5 MG</i>	2				
<i>calcipotriene CREA</i>	2	QL(5 GM daily)			
CALCIPOTRIENE FOAM	SP	PA			
<i>calcipotriene OINT</i>	1	QL(5 GM daily)			

Updated July 1, 2025

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	
<i>tazarotene GEL</i>	1		ZOVIRAX CREA <i>(acyclovir topical)</i>	NF		
TAZORAC CREA <i>(tazarotene)</i>	NF		ZOVIRAX OINT <i>(acyclovir topical)</i>	NF	QL(1 GM daily)	
TAZORAC GEL <i>(tazarotene)</i>	NF		Burn Products			
TREMFYA ONE-PRESS SOAJ 100 MG/ML	SP	QL(0.018 ML daily); PA	(Silver Sulfadiazine) SSD	1		
TREMFYA PEN SOAJ 100 MG/ML	SP	QL(0.018 ML daily); PA	<i>mafenide acetate PACK</i>	1		
TREMFYA SOSY 100 MG/ML	SP	QL(0.018 ML daily); PA	SILVADENE <i>(silver sulfadiazine)</i>	NF		
USTEKINUMAB SOLN 45 MG/0.5ML	SP	PA	<i>silver sulfadiazine</i>	1		
USTEKINUMAB SOSY 45 MG/0.5ML	SP	QL(0.17 ML daily); PA	SULFAMYLON CREA	3		
USTEKINUMAB SOSY 90 MG/ML	SP	QL(0.04 ML daily); PA	SULFAMYLON PACK 5 % <i>(mafenide acetate)</i>	NF		
VECTICAL <i>(calcitriol topical)</i>			Corticosteroids - Topical			
<i>(calcitriol topical)</i>	NF	Limit 100gms per month; QL(3.4 GM daily)	(Clobetasol Propionate Emollient Base)	1		
			CLOBETASOL PROPIONATE E 0.05 %			
Antiseborrheic Products			(Clobetasol Propionate Emulsion) TOVET	1		
OVACE PLUS WASH LIQD <i>(sulfacetamide sodium)</i>	NF		(Clobetasol Propionate) CLODAN SHAM	1		
OVACE PLUS SHAM <i>(sulfacetamide sodium)</i>	NF		(Desonide) DESRX GEL	1		
OVACE WASH LIQD <i>(sulfacetamide sodium)</i>	NF		(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1		
<i>selenium sulfide LOTN 2.5 %</i>	1		(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1		
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		
<i>sulfacetamide sodium LIQD</i>	1		<i>alclometasone dipropionate CREA</i>	1		
<i>sulfacetamide sodium SHAM 10 %</i>	1		<i>alclometasone dipropionate OINT</i>	1		
Antivirals - Topical			<i>amcinonide LOTN</i>	1		
<i>acyclovir topical CREA</i>	1		APEXICON E CREA	2		
<i>acyclovir topical OINT</i>	1	QL(1 GM daily)	<i>betamethasone dipropionate (topical) CREA</i>	1		

Updated July 1, 2025

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
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LOTN</i>	2	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>CLOBEX SPRAY LIQD (clobetasol propionate)</i>	NF	
<i>betamethasone dipropionate augmented OINT</i>	1		<i>CLOBEX LOTN 0.05 % (clobetasol propionate)</i>	NF	
<i>betamethasone valerate CREA</i>	1		<i>CLOBEX SHAM (clobetasol propionate)</i>	NF	
<i>betamethasone valerate FOAM</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone valerate LOTN</i>	1		<i>CLODERM (clocortolone pivalate)</i>	NF	
<i>betamethasone valerate OINT</i>	1		<i>CORDRAN CREA (flurandrenolide)</i>	NF	
<i>calcipotriene- betamethasone dipropionate OINT</i>	1	ST	<i>CORDRAN TAPE</i>	SP	
<i>calcipotriene- betamethasone dipropionate SUSP</i>	1	QL(2 GM daily)	<i>CORTANE-B</i>	3	
<i>clobetasol propionate emollient base 0.05 %</i>	1		<i>DERMA-SMOOTH/FS BODY OIL (fluocinolone acetoneide)</i>	NF	
<i>clobetasol propionate emulsion</i>	1		<i>DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetoneide)</i>	NF	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>desonide CREA</i>	1	
<i>clobetasol propionate FOAM</i>	1		<i>desonide GEL</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>desonide LOTN</i>	1	
<i>clobetasol propionate LIQD</i>	2		<i>desonide OINT</i>	1	
			<i>DESOWEN CREA (desonide)</i>	NF	
			<i>desoximetasone CREA 0.25 %</i>	1	
			<i>desoximetasone CREA 0.05 %</i>	2	
			<i>desoximetasone GEL</i>	1	
			<i>desoximetasone LIQD</i>	2	ST
			<i>desoximetasone OINT</i>	1	

Updated July 1, 2025

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
<i>diflorasone diacetate CREA</i>	2		<i>hydrocortisone (topical) SOLN 2.5 %</i>	1	
<i>diflorasone diacetate OINT</i>	1		<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>DIPROLENE OINT (betamethasone dipropionate augmented)</i>	NF		<i>hydrocortisone butyrate CREA</i>	1	
<i>EPIFOAM FOAM</i>	3		<i>hydrocortisone butyrate OINT</i>	1	
<i>fluocinolone acetonide CREA</i>	1		<i>hydrocortisone butyrate SOLN</i>	1	
<i>fluocinolone acetonide OIL</i>	1		<i>hydrocortisone valerate CREA</i>	1	
<i>fluocinolone acetonide OINT</i>	1		<i>hydrocortisone valerate OINT</i>	1	
<i>fluocinolone acetonide SOLN</i>	1		<i>KENALOG AERS (triamcinolone acetonide (topical))</i>	NF	
<i>fluocinonide emulsified base</i>	1		<i>LOCOID LIPOCREAM</i>	3	
<i>fluocinonide CREA</i>	1		<i>LUXIQ FOAM (betamethasone valerate)</i>	NF	
<i>fluocinonide GEL</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinonide OINT</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinonide SOLN</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>flurandrenolide CREA</i>	1		<i>NUCORT LOTN</i>	3	
<i>fluticasone propionate CREA 0.05 %</i>	1		<i>OLUX-E (clobetasol propionate emulsion)</i>	NF	
<i>fluticasone propionate LOTN</i>	1		<i>PRAMOSONE LOTN</i>	3	
<i>fluticasone propionate OINT</i>	1		<i>PRAMOSONE OINT</i>	3	
<i>halcinonide SOLN 0.1 %</i>	1		<i>SYNALAR CREA (fluocinolone acetonide)</i>	NF	
<i>halobetasol propionate CREA</i>	1		<i>SYNALAR OINT (fluocinolone acetonide)</i>	NF	
<i>halobetasol propionate OINT</i>	1		<i>SYNALAR SOLN (fluocinolone acetonide)</i>	NF	
<i>HALOG SOLN</i>	3		<i>TACLONEX OINT (calcipotriene-betamethasone dipropionate)</i>	NF	ST
<i>hydrocortisone (topical) CREA 2.5 %</i>	1				
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1				
<i>hydrocortisone (topical) OINT 2.5 %</i>	1				

Updated July 1, 2025

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
TACLONEX SUSP <i>(calcipotriene-betamethasone dipropionate)</i>	NF	QL(2 GM daily)	DUPIXENT SOSY 300 MG/2ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA
TOPICORT SPRAY LIQD <i>(desoximetasone)</i>	NF	ST	DUPIXENT SOSY 200 MG/1.14ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
TOPICORT CREA <i>(desoximetasone)</i>	NF		Emollient/Keratolytic Agents		
TOPICORT GEL <i>(desoximetasone)</i>	NF		(Urea) CEROVEL LOTN 40 %	1	
TOPICORT OINT <i>(desoximetasone)</i>	NF		<i>urea LOTN 40 %</i>	1	
<i>triamcinolone acetonide (topical) AERS</i>	1		Emollients		
<i>triamcinolone acetonide (topical) CREA</i>	1		<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC
<i>triamcinolone acetonide (topical) LOTN</i>	1		Enzymes - Topical		
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1		SANTYL OINT	3	
TRIDESILON CREA 0.05 % <i>(desonide)</i>	NF		Immunomodulating Agents - Topical		
VANOS CREA <i>(fluocinonide)</i>	NF		<i>imiquimod 5 %</i>	1	
Eczema Agents			ZYCLARA <i>(imiquimod)</i>	NF	QL(1 EA daily)
DUPIXENT SOAJ 200 MG/1.14ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA	ZYCLARA PUMP <i>(imiquimod)</i>	NF	QL(1 GM daily)
DUPIXENT SOAJ 300 MG/2ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA	Immunosuppressive Agents - Topical		
DUPIXENT SOSY 100 MG/0.67ML	SP	QL(0.048 ML daily); PA	ELIDEL <i>(pimecrolimus)</i>	NF	QL(2 GM daily)
			<i>pimecrolimus</i>	1	QL(2 GM daily)
			<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/Vesicant Agents			Keratolytic/Antimitotic/Vesicant Agents		
			(Salicylic Acid) KERALYT SHAM 6 %	1	
			BENSAL HP OINT	3	RX/OTC

Updated July 1, 2025

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
CONDYLOX GEL <i>(podofilox)</i>	NF		<i>doxycycline (rosacea)</i>	1	QL(1 EA daily); PA
MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC	FINACEA FOAM	3	
PODOCON-25 SOLN	3		FINACEA GEL <i>(azelaic acid)</i>	NF	
<i>podofilox GEL</i>	2		<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
<i>podofilox SOLN</i>	1		METROCREAM CREA <i>(metronidazole (topical))</i>	NF	
SALICYLIC ACID OINT	3	RX/OTC	METROGEL GEL 1 % <i>(metronidazole (topical))</i>	NF	
<i>salicylic acid SHAM 6 %</i>	1		METROLOTION LOTN <i>(metronidazole (topical))</i>	NF	QL(2 ML daily)
SALIMEZ CREA	3		<i>metronidazole (topical) CREA</i>	1	
SALYCIM CREA	3		<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
Local Anesthetics - Topical			<i>metronidazole (topical) GEL 1 %</i>	1	
(Lidocaine) LIDOCAN, TRIDACAIN II, TRIDACAIN III PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)	<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)
CETACAIN AERO	3		MIRVASO <i>(brimonidine tartrate (topical))</i>	NF	PA
<i>lidocaine hcl SOLN</i>	1		NORITATE CREA	SP	PA
<i>lidocaine-prilocaine CREA</i>	1		ORACEA <i>(doxycycline (rosacea))</i>	3	QL(1 EA daily); PA
<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 EA daily)	RHOFADE	3	PA
LIDODERM PTCH <i>(lidocaine)</i>	NF	Limited to 3 patches per day; QL(3 EA daily)	SOOLANTRA <i>(ivermectin (rosacea))</i>	NF	QL(1.5 GM daily); PA
PREMIUM SCAR	3		Scabicides & Pediculicides		
Misc. Topical			ELIMITE CREA <i>(permethrin)</i>	NF	QL(2 GM daily)
DRYSOL SOLN	2		<i>malathion</i>	2	
XERAC AC	3		OVIDE <i>(malathion)</i>	NF	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			<i>permethrin CREA</i>	1	QL(2 GM daily)
EUCRISA	3	Limited to 60 gm per month; QL(2 GM daily); PA	Wound Care Products		
Rosacea Agents			REGRANEX	3	QL(0.5 GM daily)
<i>azelaic acid GEL</i>	1		DIAGNOSTIC PRODUCTS		
<i>brimonidine tartrate (topical)</i>	1	PA			

Updated July 1, 2025

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
Diagnostic Drugs					
METOPIRONE	3		FREESTYLE LITE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
Diagnostic Tests					
ADVIN COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV	FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
BINAXNOW COVID-19 AG HOME TEST KIT	PV	QL(8 EA per fill retail); PV	FREESTYLE PRECISION NEO TEST STRP	2	QL(6.7 EA daily); RX/OTC
CARESTART COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV	FREESTYLE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
CLEARDETECT COVID-19 AG HOME KIT	PV	QL(8 EA per fill retail); PV	FREESTYLE TEST STRP	2	QL(6.7 EA daily); RX/OTC
CLINITEST RAPID COVID-19 TEST KIT	PV	QL(8 EA per fill retail); PV	GENABIO COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 AT HOME ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	PV	QL(8 EA per fill retail); PV
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month	IHEALTH COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 AT-HOME TEST KIT	PV	QL(8 EA per fill retail); PV	INDICAID COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 FLU A&B 3-IN-1 TEST	PV		INTELISWAB COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 OTC ANTIGEN 1-PACK KIT	PV	QL(8 EA per fill retail); PV	OHC COVID-19 ANTIGEN SELF TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 OTC ANTIGEN 2-PACK KIT	PV	QL(8 EA per fill retail); PV	ON/GO COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
CVS COVID-19 AT HOME TEST KIT KIT	PV	QL(8 EA per fill retail); PV	ON/GO ONE COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV
DIATRUST COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV	ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
ELLUME COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV	ONETOUCH ULTRA TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
FASTEP COVID-19 ANTIGEN 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
FLOWFLEX COVID-19 AG HOME TEST KIT	PV	QL(8 EA per fill retail); PV			
FLOWFLEX PLUS COVID-19/FLU A/B	PV				
FREESTYLE INSULINX TEST STRP	2	QL(6.7 EA daily); RX/OTC			
FREESTYLE LITE TEST STRP	2	QL(6.7 EA daily); RX/OTC			

Updated July 1, 2025

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
ONETOUCH VERIO STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC	Carbonic Anhydrase Inhibitors		
ONETOUCH VERIO STRP	2	QL(6.7 EA daily); RX/OTC	(Dichlorphenamide) ORMALVI	SP	PA
PILOT COVID-19 AT-HOME TEST KIT	PV	QL(8 EA per fill retail); PV	<i>acetazolamide CP12</i>	1	QL(2 EA daily)
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC	<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)
PRECISION XTRA BLOOD GLUCOSE STRP	2	QL(6.7 EA daily); RX/OTC	<i>acetazolamide TABS 125 MG</i>	1	
PRECISION XTRA KETONE	2	QL(0.36 EA daily)	<i>dichlorphenamide</i>	SP	PA
QUICKVUE AT-HOME COVID-19 TEST KIT	PV	QL(8 EA per fill retail); PV	KEVEYIS <i>(dichlorphenamide)</i>	SP	PA
RAPIDGO FLU A/B COVID-19 HOME	PV		<i>methazolamide TABS</i>	1	
SPEEDY SWAB COVID-19 ANTIGEN KIT	PV	QL(8 EA per fill retail); PV	Diuretic Combinations		
SPEEDY SWAB COVID-19/FLU HOME	PV		ALDACTAZIDE <i>(spironolactone & hydrochlorothiazide)</i>	NF	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			<i>amiloride & hydrochlorothiazide</i>	1	
Digestive Enzymes			MAXZIDE-25 TABS <i>(triamterene & hydrochlorothiazide)</i>	NF	QL(2 EA daily)
CREON CPEP	2		MAXZIDE TABS <i>(triamterene & hydrochlorothiazide)</i>	NF	QL(1 EA daily)
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		<i>spironolactone & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<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	

Updated July 1, 2025

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
EDECRIN (<i>ethacrynic acid</i>)	NF	ST	<i>alendronate sodium SOLN</i>	1	
<i>ethacrynic acid</i>	2	ST	<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 EA daily)
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1		<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>furosemide TABS</i>	1		<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 EA daily)
LASIX TABS (<i>furosemide</i>)	NF		BONSITY SOPN 560 MCG/2.24ML	3	SP; PA
SOAANZ TABS 20 MG	3		<i>calcitonin (salmon) NA</i>	1	
<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1		<i>calcitonin (salmon) IJ</i>	SP	PA
<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)	FORTEO SOPN (<i>teriparatide</i>)	NF	SP; PA
Potassium Sparing Diuretics			FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NF	Limit 1 tab per week; QL(0.15 EA daily)
ALDACTONE TABS (<i>spironolactone</i>)	NF		<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
<i>amiloride hcl TABS</i>	1		MIACALCIN IJ (<i>calcitonin (salmon)</i>)	SP	PA
DYRENIUM CAPS (<i>triamterene</i>)	NF		PROLIA SOSY	SP	PA
<i>spironolactone TABS</i>	1		<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
<i>triamterene CAPS</i>	2		<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 EA daily); ST
Thiazides and Thiazide-Like Diuretics			<i>teriparatide SOPN</i>	2	SP; PA
<i>chlorthalidone 25 MG, 50 MG</i>	1		TYMLOS	SP	PA
DIURIL SUSP	3		Growth Hormone Receptor Antagonists		
<i>hydrochlorothiazide CAPS</i>	1		SOMAVERT	SP	PA
<i>hydrochlorothiazide TABS</i>	1		Growth Hormone Releasing Hormones (GHRH)		
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1		EGRIFTA SV	SP	PA
<i>metolazone</i>	1		Growth Hormones		
THALITONE	2		HUMATROPE CART IJ	SP	PA
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones			NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML	SP	PA
Bone Density Regulators					
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NF	ST			
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NF	Limited to 1 per month; QL(0.04 EA daily); ST			

Updated July 1, 2025

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
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML	SP	PA	<i>calcitriol SOLN PO</i>	1	
SEROSTIM SC 4 MG, 5 MG, 6 MG	SP	PA	CARNITOR SF SOLN PO (<i>levocarnitine (metabolic modifiers)</i>)	NF	
ZOMACTON SOLR SC 10 MG	SP	PA	CARNITOR SOLN PO 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NF	
ZORBTIVE SC	SP	PA	CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	NF	
Hormone Receptor Modulators			<i>cinacalcet hcl</i>	2	PA
EVISTA (<i>raloxifene hcl</i>)	PV	PV	CYSTADANE (<i>betaine</i>)	SP	PA
OSPHENA	3	QL(1 EA daily)	<i>doxercalciferol CAPS</i>	2	
<i>raloxifene hcl</i>	PV	PV	GALAFOLD	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.5 EA daily); SP; PA
Insulin-Like Growth Factors (Somatomedins)			KUVAN PACK (<i>sapropterin dihydrochloride</i>)	SP	Specialty Drug refer to Caremark SP RX
INCRELEX	SP	PA	KUVAN TABS (<i>sapropterin dihydrochloride</i>)	SP	Specialty Drug refer to Caremark SP RX
LHRH/GnRH Agonist Analog Pituitary Suppressants			<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
FENSOLVI (6 MONTH) SC	3	PA	<i>levocarnitine (metabolic modifiers) TABS</i>	2	
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w- gender transformation diagnosis; PA required for other diagnosis	MYALEPT	SP	PA
SYNAREL	2		<i>nitisinone CAPS</i>	1	PA
Metabolic Modifiers			NITYR TABS	SP	PA
(Sapropterin Dihydrochloride) JAVYGTOR PACK	SP	Specialty Drug refer to Caremark SP RX	ORFADIN CAPS (<i>nitisinone</i>)	NF	PA
(Sapropterin Dihydrochloride) JAVYGTOR TABS	SP	Specialty Drug refer to Caremark SP RX	ORFADIN SUSP	SP	PA
<i>betaine</i>	SP	PA	PALYNZIQ	SP	SP; PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	SP	PA	<i>paricalcitol CAPS</i>	1	
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	SP	PA	ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	NF	QL(4 EA daily)
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)			
<i>calcitriol CAPS 0.25 MCG</i>	1				

Updated July 1, 2025

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
ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	NF		<i>cabergoline</i>	1	
ROCALTROL SOLN PO (<i>calcitriol</i>)	NF		Somatostatic Agents		
<i>sapropterin dihydrochloride PACK</i>	SP	Specialty Drug refer to Caremark SP RX	<i>octreotide acetate SOLN</i>	SP	PA
<i>sapropterin dihydrochloride TABS</i>	SP	Specialty Drug refer to Caremark SP RX	<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	SP	PA
SENSIPAR (<i>cincalcet hcl</i>)	NF	PA	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661
<i>sodium phenylbutyrate POWD</i>	SP	PA	SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	SP	PA
<i>sodium phenylbutyrate TABS</i>	SP	PA	SIGNIFOR	SP	PA
STRENSIQ	SP	PA	Vasopressin Receptor Antagonists		
XURIDEN	SP		JYNARQUE TBPK 15 MG (<i>tolvaptan</i>)	SP	PA
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF		JYNARQUE TBPK (<i>tolvaptan</i>)	SP	SP; PA
Posterior Pituitary Hormones			<i>tolvaptan TBPK 15 MG</i>	SP	PA
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	NF		ESTROGENS - Hormone Replacement/Modifying Drugs		
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	NF	QL(6 EA daily)	Estrogen Combinations		
<i>desmopressin acetate spray</i>	1		(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1		(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
DESMOPRESSIN ACETATE SOLN NA	3		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
<i>desmopressin acetate TABS 0.1 MG</i>	1		ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	NF	
Progesterone Receptor Antagonists					
MIFEPREX (<i>mifepristone</i>)	PV				
<i>mifepristone</i>	PV				
Prolactin Inhibitors					

Updated July 1, 2025

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	
ANGELIQ	3		ESTROGEL GEL <i>(estradiol)</i>	NF	Limit 50gms per month; QL(1.67 GM daily)	
CLIMARA PRO	2		EVAMIST SOLN	3		
COMBIPATCH PTTW	3		MENEST	2		
DUAVEE	3		MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)	
<i>estradiol & norethindrone acetate TABS</i>	1		MINIVELLE PTTW <i>(estradiol)</i>	NF	QL(0.29 EA daily)	
<i>norethindrone acetate-ethinyl estradiol</i>	1		PREMARIN TABS 0.9 MG	2		
ORIAHNN	SP	PA	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)	
PREMPHASE	2		VIVELLE-DOT PTTW <i>(estradiol)</i>	NF	QL(0.29 EA daily)	
PREMPRO	2		FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			
Estrogens			Fluoroquinolones			
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)	<i>ciprofloxacin hcl TABS</i>	1		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)	CIPRO SUSR	2		
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR <i>(estradiol)</i>	NF	Limit 4 patches per month; QL(0.143 EA daily)	CIPRO TABS 250 MG, 500 MG <i>(ciprofloxacin hcl)</i>	NF		
DELESTROGEN <i>(estradiol valerate)</i>	NF	QL(5 ML daily)	<i>levofloxacin SOLN PO</i>	1		
DIVIGEL GEL <i>(estradiol)</i>	NF		<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)	
ELESTRIN GEL	3		<i>moxifloxacin hcl TABS</i>	1		
ESTRACE TABS <i>(estradiol)</i>	NF		<i>ofloxacin 400 MG</i>	1	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)	
<i>estradiol valerate</i>	1	QL(5 ML daily)	<i>ofloxacin 300 MG</i>	1		
<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)	GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			
<i>estradiol GEL</i>	1		5-HT4 Receptor Agonists			
<i>estradiol PTTW</i>	1	QL(0.29 EA daily)	MOTEGRITY <i>(prucalopride succinate)</i>	NF	QL(1 EA daily)	
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 EA daily)	<i>prucalopride succinate</i>	1	QL(1 EA daily)	
<i>estradiol TABS</i>	1		Agents for Chronic Idiopathic Constipation (CIC)			

Updated July 1, 2025

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
TRULANCE	2	QL(1 EA daily)	DELZICOL CPDR <i>(mesalamine)</i>	NF	QL(6 EA daily)
Farnesoid X Receptor (FXR) Agonists					
OCALIVA	SP	QL(1 EA daily); PA	DIPENTUM	3	
Gallstone Solubilizing Agents					
(Chenodiol) CHENODAL	SP	PA	INFLECTRA SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP; PA
CTEXLI 250 MG	SP	PA	LIALDA TBEC <i>(mesalamine)</i>	NF	QL(4 EA daily)
URSO 250 TABS <i>(ursodiol)</i>	NF		<i>mesalamine CP24</i>	2	QL(4 EA daily)
URSO FORTE TABS <i>(ursodiol)</i>	NF		<i>mesalamine CPCR</i>	1	QL(8 EA daily); PA
<i>ursodiol CAPS</i>	2		<i>mesalamine CPDR</i>	2	QL(6 EA daily)
<i>ursodiol TABS</i>	1		<i>mesalamine ENEM</i>	2	QL(60 ML daily)
Gastrointestinal Chloride Channel Activators			<i>mesalamine SUPP</i>	2	QL(1 EA daily)
AMITIZA (<i>lubiprostone</i>)	NF		<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 EA daily)
<i>lubiprostone</i>	1		<i>mesalamine TBEC 800 MG</i>	1	
Gastrointestinal Stimulants			PENTASA CPCR 250 MG	3	PA
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2		PENTASA CPCR 500 MG	3	QL(8 EA daily); PA
<i>metoclopramide hcl TABS</i>	1		RENFLEXIS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>metoclopramide hcl TBDP</i>	2		SKYRIZI SOCT 180 MG/1.2ML	SP	Check Plan Documents for coverage; QL(0.043 ML daily); PA
REGLAN TABS <i>(metoclopramide hcl)</i>	NF		SKYRIZI SOCT 360 MG/2.4ML	SP	Check Plan Documents for coverage; QL(0.086 ML daily); PA
Inflammatory Bowel Agents			<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
APRISO CP24 <i>(mesalamine)</i>	NF	QL(4 EA daily)	<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
AZULFIDINE EN-TABS <i>TBEC (sulfasalazine)</i>	NF	QL(8 EA daily)	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA
AZULFIDINE TABS <i>(sulfasalazine)</i>	NF	QL(8 EA daily)			
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 EA daily)			
CANASA SUPP <i>(mesalamine)</i>	NF	QL(1 EA daily)			
COLAZAL CAPS <i>(balsalazide disodium)</i>	NF	Limit 280 caps per month; QL(9 EA daily)			

Updated July 1, 2025

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
TREMFYA PEN SOAJ SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA	<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 EA daily)
TREMFYA SOSY SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA	<i>lanthanum carbonate CHEW 500 MG</i>	2	
Intestinal Acidifiers					
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1		<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 EA daily)
<i>lactulose (encephalopathy)</i>	1		RENAGEL (<i>sevelamer hcl</i>)	NF	QL(16 EA daily)
Irritable Bowel Syndrome (IBS) Agents					
<i>alosetron hcl</i>	2		RENELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	NF	QL(5 EA daily)
LINZESS	2	QL(1 EA daily)	RENELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	NF	
LOTRONEX (<i>alosetron hcl</i>)	NF		RENELA TABS (<i>sevelamer carbonate</i>)	NF	
VIBERZI	3	QL(2 EA daily); PA	<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
Peripheral Opioid Receptor Antagonists			<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>alvimopan</i>	SP		<i>sevelamer carbonate TABS</i>	1	
ENTEREG (<i>alvimopan</i>)	SP		<i>sevelamer hcl 800 MG</i>	2	QL(16 EA daily)
MOVANTIK	3	QL(1 EA daily)	<i>sevelamer hcl 400 MG</i>	1	
Phosphate Binder Agents			Short Bowel Syndrome (SBS) Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC	GATTEX	SP	Specialty Drug refer to Caremark SP RX; PA
<i>calcium acetate (phosphate binder) CAPS</i>	1		Tryptophan Hydroxylase Inhibitors		
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC	XERMELO	SP	Not available through mail; PA
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	NF	QL(3 EA daily)	GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	NF	QL(4 EA daily)	Acidifiers		
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	NF		K-PHOS NO 2	2	
FOSRENOL PACK	3		Alkalinizers		

Updated July 1, 2025

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	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1		<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC	JALYN (<i>dutasteride-tamsulosin hcl</i>)	NF		
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC	PROSCAR (<i>finasteride</i>)	NF	QL(1 EA daily); AL(At least 40 yrs old)	
CYTRA-3 SYRP	3		RAPAFLO 8 MG (<i>silodosin</i>)	NF	QL(1 EA daily)	
ORACIT	3		RAPAFLO 4 MG (<i>silodosin</i>)	NF		
ORAL CITRATE	3		<i>silodosin 4 MG</i>	1		
<i>pot & sod citrates w/citric ac SOLN</i>	1		<i>silodosin 8 MG</i>	1	QL(1 EA daily)	
<i>potassium citrate (alkalinizer) TBCR</i>	1		<i>tamsulosin hcl</i>	1	QL(2 EA daily)	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC	UROXATRAL (<i>alfuzosin hcl</i>)	NF	QL(1 EA daily)	
<i>sodium citrate & citric acid</i>	1	RX/OTC	Urinary Stone Agents			
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF		(Tiopronin) VENXXIVA TBEC	1		
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF		LITHOSTAT	3		
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF		THIOLA EC TBEC (<i>tiopronin</i>)	NF		
Cystinosis Agents			THIOLA TABS (<i>tiopronin</i>)	NF		
CYSTAGON CAPS	SP	PA	<i>tiopronin TABS</i>	1		
PROCYSBI CPDR	SP		<i>tiopronin TBEC</i>	1		
PROCYSBI PACK	SP	PA	GOUT AGENTS - Drugs to Treat Gout			
Interstitial Cystitis Agents			Gout Agent Combinations			
ELMIRON CAPS	3	QL(3 EA daily); PA	<i>colchicine w/ probenecid</i>	1		
Prostatic Hypertrophy Agents			Gout Agents			
<i>alfuzosin hcl</i>	1	QL(1 EA daily)	<i>allopurinol 300 MG</i>	1	QL(2 EA daily)	
AVODART (<i>dutasteride</i>)	NF	AL(At least 40 yrs old)	<i>allopurinol 100 MG</i>	1	QL(3 EA daily)	
CARDURA XL	3		<i>colchicine CAPS</i>	1		
<i>dutasteride</i>	1	AL(At least 40 yrs old)	<i>colchicine TABS</i>	1		
<i>dutasteride-tamsulosin hcl</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)	

Updated July 1, 2025

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
MITIGARE CAPS <i>(colchicine)</i>	1		ALTUVIPIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	SP	PA
ULORIC 80 MG <i>(febuxostat)</i>	NF	QL(1 EA daily)	BENEFIX KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ULORIC 40 MG <i>(febuxostat)</i>	NF	QL(2 EA daily)	COAGADEX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
ZYLOPRIM 100 MG <i>(allopurinol)</i>	NF	QL(3 EA daily)	CORIFACT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ZYLOPRIM 300 MG <i>(allopurinol)</i>	NF	QL(2 EA daily)	ELOCTATE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Uricosurics			ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	SP	PA
<i>probencid</i>	1		FEIBA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Antihemophilic Products			HUMATE-P SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ADVATE	SP	PA	IDELVION	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ADYNOVATE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA			
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	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			
ALPROLIX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA			

Updated July 1, 2025

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
IXINITY SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	OBIZUR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	SP	PA	PROFILNINE	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	RECOMBINATE SOLR	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	RIXUBIS SOLR	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	TRETEN	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	VONVENDI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOVALTRY	SP	PA	WILATE KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOEIGHT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	XYNTHA	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	XYNTHA SOLOFUSE	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	Bradykinin B2 Receptor Antagonists		
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Icatibant Acetate)	SP	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	SAJAZIR SOSY		

Updated July 1, 2025

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			
FIRAZYR SOSY (<i>icatibant acetate</i>)	SP	PA	(Miglustat) YARGESA	SP	PA			
<i>icatibant acetate SOSY</i>	SP	PA	CERDELGA	SP	PA			
Complement Inhibitors								
FABHALTA	SP	PA	CEREZYME 400 UNIT	SP	PA			
HAEGARD A SOLR SC	SP	PA	<i>miglustat</i>	SP	PA			
Hemataologic - Tyrosine Kinase Inhibitors								
TAVALISSE	SP	QL(2 EA daily); PA	ZAVESCA (<i>miglustat</i>)	SP	PA			
Hematorheologic Agents								
<i>pentoxifylline</i>	1	QL(3 EA daily)	DROXIA CAPS	2				
Human Protein C			ENDARI (<i>glutamine (sickle cell)</i>)	NF	PA			
CEPROTIN	SP	PA	<i>glutamine (sickle cell)</i>	2	PA			
Plasma Kallikrein Inhibitors			SIKLOS TABS	SP	PA			
ORLADEYO	SP	PA	SIKLOS TABS	SP	AC; PA			
TAKHZYRO SOLN	SP	PA	Folic Acid/Folates					
TAKHZYRO SOSY	SP	PA	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	PV	PV			
Platelet Aggregation Inhibitors			(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	PV	PV			
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	NF		(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	PV	PV			
<i>anagrelide hcl</i>	1							
<i>aspirin-dipyridamole</i>	1							
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	NF	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							
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)						
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders								
Agents for Gaucher Disease								

Updated July 1, 2025

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
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC	AMICAR SOLN PO (<i>aminocaproic acid</i>)	NF	
<i>folic acid TABS 1 MG</i>	1	RX/OTC	AMICAR TABS (<i>aminocaproic acid</i>)	NF	
<i>folic acid TABS 400 MCG, 800 MCG</i>	PV	PV	<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	2	
Hematopoietic Growth Factors			<i>aminocaproic acid TABS</i>	2	
DOPTELET	SP	QL(3 EA daily); PA	CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	SP	PA
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	SP	QL(1 EA daily); PA	<i>tranexamic acid SOLN 1000 MG/10ML</i>	SP	PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	SP	QL(1 EA daily); PA	<i>tranexamic acid TABS</i>	1	QL(6 EA daily; 5 Day(s) limit)
MULPLETA	SP	QL(1 EA daily); PA	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NYVEPRIA	SP	PA	Barbiturate Hypnotics		
PROMACTA PACK 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	SP	QL(1 EA daily); PA	<i>phenobarbital ELIX</i>	1	
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	SP	QL(1 EA daily); PA	<i>phenobarbital TABS</i>	1	
RETACRIT	SP	PA	Non-Barbiturate Hypnotics		
UDENYCA ONBODY SOSY	SP	PA	AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NF	QL(1 EA daily)
UDENYCA SOAJ	SP	PA	AMBIEN TABS (<i>zolpidem tartrate</i>)	NF	QL(1 EA daily)
UDENYCA SOSY	SP	PA	DORAL (<i>quazepam</i>)	NF	
ZARXIO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	<i>estazolam</i>	1	
Hematopoietic Mixtures			<i>eszopiclone</i>	1	QL(1 EA daily)
FOLIVANE-F	2		HALCION 0.25 MG (<i>triazolam</i>)	NF	QL(1 EA daily)
INTEGRA F	2		LUNESTA (<i>eszopiclone</i>)	NF	QL(1 EA daily)
IRON FOLATE-F	2		<i>midazolam hcl SYRP</i>	1	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			<i>quazepam</i>	3	
Hemostatics - Systemic			RESTORIL 7.5 MG (<i>temazepam</i>)	NF	
			RESTORIL 22.5 MG, 30 MG (<i>temazepam</i>)	NF	QL(1 EA daily)
			RESTORIL 15 MG (<i>temazepam</i>)	NF	QL(2 EA daily)
			<i>temazepam 7.5 MG</i>	1	
			<i>temazepam 15 MG</i>	1	QL(2 EA daily)

Updated July 1, 2025

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
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)	PEG-PREP	PV	QL(1 EA per fill retail); PV
<i>triazolam 0.125 MG</i>	1		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	PV	PV
<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)	SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	PV	PV
<i>zaleplon</i>	1	QL(1 EA daily)	Laxatives - Miscellaneous		
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)	(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily)	(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, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 GM daily)
LAXATIVES - Bowel Treatment Drugs			<i>lactulose SOLN</i>	1	
Laxative Combinations			MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NF	Limit 528gms per month; QL(17.6 GM daily)
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	PV	PV	<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	PV	QL(4000 ML per fill retail); PV	Saline Laxatives		
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	PV	PV	OSMOPREP	PV	PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	PV	QL(4000 ML per fill retail); PV	Stimulant Laxatives		
<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 236 GM</i>	PV	QL(4000 ML per fill retail); PV			
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	PV	PV			

Updated July 1, 2025

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
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1		<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	
			DULCOLAX PINK LAXATIVE TBEC <i>(bisacodyl)</i>	NF	
			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	
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					
			<i>azithromycin PACK</i>	1	
			<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)
			<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
			<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
			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	3	
			ZITHROMAX SUSR <i>(azithromycin)</i>	NF	
			ZITHROMAX TABS 500 MG <i>(azithromycin)</i>	NF	QL(3 EA daily)

Updated July 1, 2025

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
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NF	QL(6 EA per fill retail)	CAYA DPRH	PV	QL(1 EA per 365 day(s) retail); PV
Clarithromycin			CONDOMS	PV	
<i>clarithromycin SUSR</i>	1		DUREX EXTRA SENSITIVE THIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>clarithromycin TABS</i>	1		DUREX EXTRA SENSITIVE THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)	DUREX TROPICAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
Erythromycins			FANTASY LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
(Erythromycin Base) ERY-TAB TBEC	1		FANTASY LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2		FC2 FEMALE CONDOM	PV	PV
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1		FEMCAP DEVI	PV	PV
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NF		KAMELEON LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NF		KIMONO COLORS DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NF		KIMONO MAXX-LARGE FLARE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>erythromycin base CPEP</i>	2		KIMONO MICRO THIN PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>erythromycin base TABS</i>	1		KIMONO MICRO THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>erythromycin base TBEC</i>	1				
<i>erythromycin ethylsuccinate SUSR</i>	1				
<i>erythromycin ethylsuccinate TABS</i>	2				
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			

Updated July 1, 2025

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
KIMONO PLUS 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
KIMONO PS PLUS 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
KIMONO PS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ENZ MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN MAGNUM MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ULTRA THIN/SPERMICIDAL 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	TROJAN ULTRA THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN-ENZ LUBRICATED MISC	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	TROJAN-ENZ/SPERMICIDAL MISC	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	TRUE COVER DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX PLUS 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
MAXX MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUB/RIBBED/STUDDED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
OMNIFLEX DIAPHRAGM	PV	PV	TRUSTEX LUB/SPERMICIDE EX ST MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX CONDOMS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			

Updated July 1, 2025

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
TRUSTEX LUB/SPERMICIDE XL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 70	PV	PV
TRUSTEX LUBRICATED EX LARGE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 75	PV	PV
TRUSTEX LUBRICATED EXTRA ST MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 80	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 85	PV	PV
TRUSTEX LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 90	PV	PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 95	PV	PV
TRUSTEX NON-LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	Diabetic Supplies		
TRUSTEX RIA LUB/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	1ST TIER UNILET COMFORTOUCH	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUSTEX RIA LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACCU-CHEK FASTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUSTEX RIA NON-LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACCU-CHEK SAFE-T PRO LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACCU-CHEK SOFTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 60	PV	PV	ACTI-LANCE 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 65	PV	PV	ACTI-LANCE LITE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
			ACTI-LANCE SPECIAL LANCETS 17G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
			ACTI-LANCE UNIVERSAL 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
ADVANCED MOBILE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE COMFORT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH	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	ASSURE HAEMOLANCE PLUS LOW	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	ASSURE HAEMOLANCE PLUS MICRO	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS PED	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	ASSURE LANCE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE 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
AGAMATRIX ULTRA-THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 25G	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	ASSURE LANCE PLUS SAFETY 30G	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	ASSURE LANCE SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
AQUALANCE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	AURORA LANCET SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
AURORA LANCET THIN 23G	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
BD LANCET ULTRAFINE 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST MC LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
BD LANCET ULTRAFINE 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CHOSEN LANCETS 30G	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	CHOSEN SAFETY LANCETS 28G	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	CLEANLET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CAREONE LANCET THIN 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CLEVER CHEK LANCETS	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	CLEVER CHOICE COMFORT EZ	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CARESENS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CLEVER CHOICE LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CARETOUCH SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CLEVER CHOICE LANCETS 23G	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	CLEVER CHOICE LANCETS 28G	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	COAGUCHEK LANCETS	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	COMFORT ASSURED LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
COMFORT ASSURED LANCETS 33G	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
COMFORT LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DROPSAFE ACTI-LANCE 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DRUG MART ON-THE-GO LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH TWIST LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 33G	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	EASY COMFORT LANCETS	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	EASY COMFORT LANCETS TWIST TOP	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	EASY TOUCH LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 23G	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	EASY TOUCH LANCETS 26G	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	EASY TOUCH LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
EASY TOUCH LANCETS 28G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G	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
EASY TOUCH LANCETS 30G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 28G	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	EZ-LETS LANCETS 30G	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	FIFTY50 SAFETY SEAL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 21G	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
EASY TOUCH SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FINE 30	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 26G	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
EASY TOUCH SAFETY LANCETS 28G	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
EMBRACE LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FREDS PHARMACY UNILET LANC 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FREDS PHARMACY UNILET LANC 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
FREESTYLE FREEDOM LITE KIT	2	QL(1 EA per 365 day(s) retail); RX/OTC	GLUCOCOM LANCETS 33G	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	GNP STERILE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	GNP STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	GNP STERILE 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	GOJJI STERILE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	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
GENTLE-LET GP 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
GENTLE-LET LANCETS	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
GLOBAL INJECT EASE LANCETS 28G	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
GLOBAL INJECT EASE LANCETS 30G	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
GLUCOCOM LANCETS 28G	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
GLUCOCOM LANCETS 30G	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

Updated July 1, 2025

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
HEALTHY ACCENTS UNILET LANCETS	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
H-E-B INCONTROL LANCETS 28G	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
H-E-B INCONTROL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS 28G THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	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
HY-VEE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS 33G	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	LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN	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	LANCETS SUPER THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	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 HEALTHPRO LANCET 26G	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	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 SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LIBERTY MEDICAL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
LITE TOUCH LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LITETOUCH LANCETS	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
LIVE BETTER LANCET SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LIVE BETTER LANCET ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEDLANCE UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET	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
MEDICHOICE SAFETY LANCET EXTRA	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDICHOICE SAFETY LANCET NORM	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE EXTRA 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEIJER LANCETS UNIVERSAL 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE LITE 25G	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
MEDLANCE PLUS EXTRA 21G	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
MEDLANCE PLUS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MOBILE LANCETS 30G	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	MONOLET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
MONOLET OPD LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MONOLETTOR SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRA 2 KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
MPD SAFETY LANCET 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO FLEX SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
MPD SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO REFLECT KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
MPD SAFETY LANCET 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
MYGLUCOHEALTH LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 28G	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	PERFECT LANCETS 30G	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	PERFECT POINT SAFETY 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	PHARMACIST CHOICE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	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
ONETOUCH DELICA PLUS LANCET33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC			

Updated July 1, 2025

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
PIP LANCETS 30G	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
PRECISION THINS GP LANCETS	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
PRECISION XTRA-GLUCOSE/KETONE DEVI	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)	PX LANCETS ULTRA THIN 28G	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	QC LANCETS SUPER THIN 30G	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	QC LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRODIGY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS MICRO THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	READYLANCE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	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
PSS SELECT GP LANCETS	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
PSS SELECT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION LANCET DEVICES 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	RELION LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
RELION LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAPS HEALTH PLUS LANCETS	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	SAPS HEALTH TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAPS TWIST TOP LANCETS	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	SAPSCARE TWIST TOP LANCETS	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	SB LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFE-T-LANCE	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
SAFE-T-LANCE PLUS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SHOPKO ON-THE-GO LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SHOPKO UNILET LANCETS 28G	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 30G	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	SINGLE-LET	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	SMARTEST LANCETS 28G	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	SOLUS V2 LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
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	THINLETS GP LANCETS	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	TODAYS HEALTH THIN LANCETS 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	TODAYS HEALTH THIN LANCETS 30G	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	TRAVEL LANCETS	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	TRAVEL LANCETS ADVANCED 28G	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	TRUE COMFORT SAFETY LANCETS	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	TRUE COMFORT TWIST TOP LANCETS	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	TRUEPLUS LANCETS 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	TRUEPLUS 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	TRUEPLUS LANCETS 30G	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	TRUEPLUS LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
TRUEPLUS SAFETY LANCETS 28G	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
TWIST TOP LANCETS 30G	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
ULTILET CLASSIC LANCETS	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
ULTILET LANCETS	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
ULTILET SAFETY LANCETS	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
ULTILET SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNILET MICRO-THIN 33G	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	UNILET SUPERLITE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULTRA-CARE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNILET SUPER-THIN 30G	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 ULTRA-THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULTRA-THIN II LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 1	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 2	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 2 COMFORT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
UNISTIK 2 EXTRA	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 2 NEONATAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK PRO SAFETY LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 2 NORMAL	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
UNISTIK 2 SUPER	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
UNISTIK 3	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 3 COMFORT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 3 EXTRA	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	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	UNISTIK TOUCH SAFETY LANC 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 3 NEONATAL	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
UNISTIK 3 NORMAL	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
UNISTIK CZT COMFORT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK CZT NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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
VERIFINE SAFE LANCET MINI 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE ID INSULIN SAFETY SYR	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE ID INSULIN SAFETY SYR	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	BD AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD DISP NEEDLES	2	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
VIDA MIA UNILET LANCETS 28G	2	Limit 200 per month; 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 day(s) retail); RX/OTC
VIDA MIA UNILET LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE MINI ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE NANO 2ND GEN	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS 30G	2	Limit 200 per month; 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 day(s) retail); RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WALGREENS ADV TRAVEL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
ZEVRX TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD VEO INSULIN SYR ULTRAFINE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
Parenteral Therapy Supplies			BD VEO INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
			CAREPOINT POLY HUB NEEDLE	2	RX/OTC
			COMFORT EZ INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC

Updated July 1, 2025

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	
COMFORT EZ INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC	
DROPLET INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	POLY HUB NEEDLE	2	RX/OTC	
DROPLET INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC	TECHLITE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC	Respiratory Therapy Supplies			
EMBECTA AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC	AIRZONE PEAK FLOW METER	2	RX/OTC	
EMBECTA INSULIN SYR ULTRAFINE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSESS PEAK FLOW METER	2	RX/OTC	
EMBECTA INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	BREATHE EASE PEAK FLOW METER	2	RX/OTC	
EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE PEAK FLOW METER	2	RX/OTC	
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(6.67 EA daily); RX/OTC	LUNG PERFORM PEAK FLOW METER	2	RX/OTC	
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	MICROLIFE DIGITAL PEAK FLOW	2	RX/OTC	
GLOBAL EASY GLIDE INSULIN SYR	2	QL(6.67 EA daily); RX/OTC	MINI WRIGHT PEAK FLOW METER	2	RX/OTC	
GLOBAL EASY GLIDE INSULIN SYR	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PEAK A-I-R FLOW METER	2	RX/OTC	
INSULIN SYRINGES AND PEN NEEDLES	2	MO	PEAK AIR PEAK FLOW METER	2	RX/OTC	
			PEAK FLOW METER UNIVERSAL RANG	2	RX/OTC	
			PERSONAL BEST FULL RANGE	2	RX/OTC	
			PIKO 1	2	RX/OTC	

Updated July 1, 2025

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	
POCKET PEAK FLOW METER	2	RX/OTC	ERGOMAR SUBL	SP		
POCKETPEAK PEAK FLOW METER	2	RX/OTC	MIGRAL SOLN NA <i>(dihydroergotamine mesylate)</i>	NF	QL(0.27 ML daily); PA	
PURE COMFORT FLOW METER ADULT	2	RX/OTC	Serotonin Agonists			
PURE COMFORT FLOW METER CHILD	2	RX/OTC	(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)	
STRIVE DUAL ZONE PEAK FLOW MTR	2	RX/OTC	<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)	
TRUZONE PEAK FLOW METER	2	RX/OTC	<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)	
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			FROVA <i>(frovatriptan succinate)</i>	NF	Limit 9 per month; QL(0.3 EA daily)	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 EA daily)	
AIMOVIG	2	QL(0.04 ML daily); PA	IMITREX 20 MG/ACT <i>(sumatriptan)</i>	NF	Limit 6 sprayers per month; QL(2 EA daily)	
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA	IMITREX 5 MG/ACT <i>(sumatriptan)</i>	NF	Limit 6 per month; QL(0.2 EA daily)	
EMGALITY SOAJ	2	QL(0.07 ML daily); PA	IMITREX STATDOSE REFILL SOCT <i>(sumatriptan succinate)</i>	NF	PA	
EMGALITY SOSY	2	QL(0.07 ML daily); PA	IMITREX STATDOSE SYSTEM SOAJ <i>(sumatriptan succinate)</i>	NF	PA	
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST	IMITREX TABS <i>(sumatriptan succinate)</i>	NF	Limit 9 per month; QL(2 EA daily)	
Migraine Combinations			MAXALT-MLT TBDP 10 MG <i>(rizatriptan benzoate)</i>	NF	Limit 18 tabs per month; QL(0.6 EA daily)	
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1		MAXALT TABS 10 MG <i>(rizatriptan benzoate)</i>	NF	Limit 18 tabs per month; QL(0.6 EA daily)	
CAFERGOT TABS <i>(ergotamine w/ caffeine)</i>	NF		<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)	
<i>ergotamine w/ caffeine TABS</i>	1					
Migraine Products						
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA				
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily); PA				

Updated July 1, 2025

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
RELPAX (<i>eletiptan hydrobromide</i>)	NF	Limit 6 tabs per month; QL(0.2 EA daily)	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)	FLORIVA	3	
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)	<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	PV	AL(Up to 6 yrs old); PV
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)	<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	PV	AL(Up to 6 yrs old); PV; RX/OTC
<i>sumatriptan succinate SOAJ</i>	1	PA	<i>sodium fluoride TABS</i>	PV	AL(Up to 6 yrs old); PV
<i>sumatriptan succinate SOCT</i>	1	PA	SOLUVITA SOLN	PV	AL(Up to 6 yrs old); PV; RX/OTC
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	SP	Limit 2mls per month; QL(0.07 ML daily); PA	Magnesium		
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)	<i>magnesium sulfate IJ 50 %</i>	SP	PA
<i>zolmitriptan SOLN</i>	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)	Phosphate		
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
ZOMIG SOLN (<i>zolmitriptan</i>)	NF	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)	K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	
MINERALS & ELECTROLYTES					
Calcium			K-PHOS TABS (<i>potassium phosphate monobasic</i>)	NF	
CALCIFOL	3		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Fluoride			Potassium		
			(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	

Updated July 1, 2025

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
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1		Chelating Agents		
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1		CUPRIMINE CAPS (<i>penicillamine</i>)	SP	PA
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1		DEPEN TITRATABS TABS (<i>penicillamine</i>)	SP	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1		<i>penicillamine</i> CAPS	SP	PA
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1		<i>penicillamine</i> TABS	SP	
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1		SYPRINE (<i>trientine hcl</i>)	SP	PA
EFFER-K	3		<i>trientine hcl</i>	SP	PA
K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	NF		Immunomodulators		
<i>potassium chloride microencapsulated crystals er</i>	1		<i>lenalidomide</i>	1	QL(1 EA daily); SP; AC; PA
<i>potassium chloride CPCR</i>	1		REVLIMID	3	QL(1 EA daily); SP; AC; PA
<i>potassium chloride PACK PO 20 MEQ</i>	1		THALOMID	SP	AC
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1		Immunosuppressive Agents		
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	SP	PA	(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
Zinc			(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
GALZIN	3		ASTAGRAF XL CP24	3	ST
MISCELLANEOUS THERAPEUTIC CLASSES			<i>azathioprine</i> TABS 50 MG	1	
			<i>azathioprine</i> TABS 75 MG, 100 MG	2	
			CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NF	
			CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NF	
			CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NF	
			<i>cyclosporine modified (for microemulsion)</i> CAPS	1	
			<i>cyclosporine modified (for microemulsion)</i> SOLN	1	
			<i>cyclosporine</i> CAPS	1	

Updated July 1, 2025

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	
<i>everolimus (immunosuppressant)</i>	SP		(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1		
IMURAN TABS (azathioprine)	NF		(Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML	1		
<i>mycophenolate mofetil CAPS</i>	1		LOKELMA	3	QL(1 EA daily)	
<i>mycophenolate mofetil SUSR</i>	1		<i>sodium polystyrene sulfonate POWD</i>	1		
<i>mycophenolate mofetil TABS</i>	1		Systemic Lupus Erythematosus Agents			
<i>mycophenolate sodium</i>	2		BENLYSTA SOAJ	SP	PA	
MYFORTIC (mycophenolate sodium)	NF		BENLYSTA SOSY	SP	PA	
MYHIBBIN SUSP	3		MOUTH/THROAT/DENTAL AGENTS			
NEORAL CAPS (cyclosporine modified (for microemulsion))	NF		Anesthetics Topical Oral			
NEORAL SOLN (cyclosporine modified (for microemulsion))	NF		<i>lidocaine hcl (mouth-throat)</i>	1		
PROGRAF CAPS (tacrolimus)	NF		Anti-infectives - Throat			
PROGRAF PACK	SP	PA	<i>clotrimazole</i>	1		
RAPAMUNE SOLN (sirolimus)	NF		NYSTATIN (nystatin (mouth-throat))	NF		
RAPAMUNE TABS (sirolimus)	NF		<i>nystatin (mouth-throat)</i>	1		
SANDIMMUNE CAPS (cyclosporine)	NF		ORAVIG	3		
SANDIMMUNE SOLN PO 100 MG/ML	3		Antiseptics - Mouth/Throat			
<i>sirolimus SOLN</i>	2		(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1		
<i>sirolimus TABS</i>	2		<i>chlorhexidine gluconate (mouth-throat)</i>	1		
<i>tacrolimus CAPS</i>	2		PERIDEX (chlorhexidine gluconate (mouth-throat))	NF		
THYMOGLOBULIN	3	PA	Steroids - Mouth/Throat/Dental			
ZORTRESS (everolimus (immunosuppressant))	SP		(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1		
Potassium Removing Agents			<i>triamcinolone acetonide (mouth)</i>	1		

Updated July 1, 2025

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
Throat Products - Misc.					
<i>cevimeline hcl</i>	1	QL(3 EA daily)	POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
EVOXAC (<i>cevimeline hcl</i>)	NF	QL(3 EA daily)	POLY-VI-FLOR/IRON SUSP	3	RX/OTC
MUCOTROL WAFR	3		QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)	Ped MV w/ Fluoride		
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW	1	RX/OTC
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(6 EA daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(4 EA daily)	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMINS					
Ped Multi Vitamins w/FI & FE					
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE E/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	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE E/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	FLORAFOL PEDIATRIC CHEW	2	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	FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
			FLOTREX CHEW 0.5 MG	2	RX/OTC
			FLOTREX CHEW 0.25 MG	3	RX/OTC
			MULTIVITAMIN + FLUORIDE CHEW 0.5 MG, 1 MG	2	RX/OTC
			MULTIVITAMIN + FLUORIDE CHEW 0.25 MG	3	RX/OTC
			MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	2	RX/OTC
			MULTIVITAMIN/FLUORIDE CHEW 0.25 MG	3	RX/OTC

Updated July 1, 2025

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
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
MULTI-VIT-FLOR CHEW 0.25 MG	3	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
MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	2	RX/OTC	ATABEX EC TBEC	2	
<i>pediatric multivitamins w/f 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	
POLY-VI-FLOR CHEW 0.5 MG, 1 MG	2	RX/OTC	CITRANATAL ASSURE	3	
POLY-VI-FLOR CHEW 0.25 MG	3	RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
POLY-VI-FLOR SUSP	2		CITRANATAL DHA	2	
QUFLORA PEDIATRIC CHEW 0.25 MG	3	RX/OTC	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	2	RX/OTC	CITRANATAL MEDLEY	3	
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	C-NATE DHA CAPS	3	
SOLUVITA ACD WITH FLUORIDE SOLN	3	AL(Up to 6 yrs old); RX/OTC	COMPLETENATE CHEW	2	
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	CONCEPT DHA	2	
TRI-VITAMIN WITH FLUORIDE SOLN 0.25 MG/ML	2	AL(Up to 6 yrs old); RX/OTC	CONCEPT OB	2	
VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC	DUET DHA 400 MISC	3	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC	FOLIVANE-OB	2	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			M-NATAL PLUS TABS	2	RX/OTC
FLORIVA	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	
Prenatal Vitamins					
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1				
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1				

Updated July 1, 2025

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
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		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
NEONATAL 19	3		PRENATAL-U CAPS	2	
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	PRENATE	3	
NEONATAL PLUS TABS	2	RX/OTC	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	
NESTABS	3		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	
NESTABS DHA	2		PRENATE ENHANCE	3	
NESTABS ONE	3		PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
NIVA-PLUS TABS	2	RX/OTC	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	
OB COMPLETE ONE	3		PRENATE PIXIE	3	
OB COMPLETE PETITE	3		PRENATE RESTORE	3	
OB COMPLETE PREMIER	3		PRENATRIX TABS	2	RX/OTC
OB COMPLETE/DHA	3		PRENATRYL TABS	2	RX/OTC
ONE VITE WOMENS PLUS TABS	2	RX/OTC	RELNATE DHA CAPS	3	
PNV 27-CA/FE/FA TABS	2		SELECT-OB+DHA MISC	3	
PNV-DHA+DOCUSATE	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	
PNV-OMEGA	3				
PRENA 1 TRUE	2				
PRENA1	3				
PRENA1 PEARL	3				
PRENAISSANCE	3				
PRENAISSANCE PLUS CAPS	3				
PRENATAL 19 CHEW	2				
PRENATAL 19 TABS	3	RX/OTC			
PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC			
PRENATAL PLUS TABS	2	RX/OTC			

Updated July 1, 2025

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
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		(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
SE-NATAL 19 CHEW	2		<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 40000 MCG/20ML</i>	SP	Must use Accredo SP pharmacy; PA
SE-NATAL 19 TABS	3	RX/OTC	<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
THERANATAL CORE NUTRITION TABS	2	RX/OTC	<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)
THRIVITE RX TABS	2	RX/OTC	<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily)
TRICARE TABS	2	RX/OTC	<i>baclofen TABS 5 MG</i>	1	
TRINATAL RX 1 TABS	2		<i>carisoprodol TABS</i>	1	
TRISTART DHA	3		<i>chlorzoxazone TABS</i>	1	
VINATE DHA RF	3		<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
VINATE ONE TABS	2		GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	SP	Must use Accredo SP pharmacy; PA
VIRT-NATE DHA CAPS	3		LOIRESAL SOLN IT (<i>baclofen</i>)	SP	Must use Accredo SP pharmacy; PA
VITAFOL GUMMIES	3		LOIRESAL SOLN IT	SP	Must use Accredo SP pharmacy; PA
VITAFOL-NANO	3		<i>metaxalone 400 MG</i>	1	
VITAFOL-ONE CAPS	3		<i>metaxalone 800 MG</i>	2	QL(4 EA daily)
VITAMEDMD ONE RX/QUATREFOLIC	3		<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
VITAMEDMD REDICHEW RX	3		<i>orphenadrine citrate TB12</i>	1	
VITAPEARL	3		OZOBAX SOLN PO (<i>baclofen</i>)	NF	
VITATELY WITH GINGER TABS	2	RX/OTC	SOMA TABS (<i>carisoprodol</i>)	NF	
VITATRUE	2		<i>tizanidine hcl CAPS</i>	1	
VIVA DHA CAPS	3		<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)
WESCAP-C DHA	2		<i>tizanidine hcl TABS 2 MG</i>	1	
WESNATE DHA CAPS	3		ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NF	
WESTAB PLUS TABS	2	RX/OTC	ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NF	QL(9 EA daily)
WESTGEL DHA	3		Direct Muscle Relaxants		
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms					
Central Muscle Relaxants					
(Carisoprodol) VANADOM TABS 350 MG	1				

Updated July 1, 2025

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
DANTRIUM CAPS 25 MG <i>(dantrolene sodium)</i>	NF		(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
<i>dantrolene sodium CAPS</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)	(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
DYMISTA SUSP <i>(azelastine hcl-fluticasone propionate)</i>	NF	Limit 1 inhaler per month; QL(0.77 GM daily)	(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)
Nasal Antiallergy					
(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC	FLONASE ALLERGY REL CHILDRENS SUSP <i>(fluticasone propionate (nasal))</i>	NF	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)	FLONASE ALLERGY RELIEF SUSP <i>(fluticasone propionate (nasal))</i>	NF	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ML daily); RX/OTC	<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 GM daily); RX/OTC
<i>olopatadine hcl (nasal)</i>	1				
PATANASE (<i>olopatadine hcl (nasal)</i>)	NF				
Nasal Anticholinergics					
<i>ipratropium bromide (nasal)</i>	1				
Nasal Steroids					

Updated July 1, 2025

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
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC	BETIMOL (<i>timolol</i>)	NF	
NASACORT ALLERGY 24HR AERO <i>(triamcinolone acetonide (nasal))</i>	NF		BETOPTIC-S SUSP	2	
NASONEX 24HR SUSP <i>(mometasone furoate (nasal))</i>	NF	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	<i>brimonidine tartrate-timolol maleate</i>	1	
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)	<i>carteolol hcl (ophth)</i>	1	
XHANCE EXHU	3	QL(1.07 ML daily); ST	COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	NF	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NF	
ALS Agents			COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NF	
RADICAVA ORS STARTER KIT SUSP	SP	PA	DORZOLAMIDE HCL-TIMOLOL MAL	2	
RADICAVA ORS SUSP	SP	PA	<i>dorzolamide hcl-timolol maleate</i>	1	
RELYVARIO	SP	PA	ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NF	
RILUTEK TABS (<i>riluzole</i>)	NF		<i>levobunolol hcl 0.5 %</i>	1	
<i>riluzole TABS</i>	1		<i>timolol</i>	1	
Spinal Muscular Atrophy Agents (SMA)			<i>timolol maleate (ophth) SOLG</i>	1	
EVRYSDI	SP	PA	<i>timolol maleate (ophth) SOLN</i>	1	
NUTRIENTS			<i>timolol maleate (ophth) SOLN</i>	2	
Lipids			TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NF	
DOJOLVI	SP	PA	TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	NF	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	NF	
Beta-blockers - Ophthalmic			Cycloplegic Mydriatics		
(Timolol Maleate (Ophth))	2		(Homatropine Hbr) HOMATROPAIRE	1	
TIMOLOL MALEATE OCUDOSE SOLN 0.5 %			(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
<i>betaxolol hcl (ophth) SOLN</i>	1		<i>atropine sulfate (ophthalmic) OINT</i>	1	
BETIMOL 0.25 %	2				

Updated July 1, 2025

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
<i>atropine sulfate (ophthalmic) SOLN</i>	1		CILOXAN OINT	2	
ATROPINE SULFATE SOLN 1 %	2		CILOXAN SOLN <i>(ciprofloxacin hcl (ophth))</i>	NF	
CYCLOGYL	2		<i>ciprofloxacin hcl (ophth)</i> <i>SOLN</i>	1	
CYCLOGYL <i>(cyclopentolate hcl)</i>	NF		ERYTHROMYCIN	2	
CYCLOMYDRIL	3		<i>erythromycin (ophth)</i>	1	
<i>cyclopentolate hcl 1 %</i>	1		<i>gatifloxacin (ophth)</i>	1	
ISOPTO ATROPINE SOLN	2		<i>gentamicin sulfate (ophth)</i> <i>SOLN</i>	1	
MYDRIACYL SOLN <i>(tropicamide)</i>	NF		KLARITY-A	2	Use Klarify-A 71384-0220-03; QL(0.17 ML daily)
<i>phenylephrine hcl (mydriatic) SOLN</i>	1		<i>levofloxacin (ophth) 1.5 %</i>	2	
PHENYLEPHRINE HCL SOLN <i>(phenylephrine hcl (mydriatic))</i>	NF		<i>moxifloxacin hcl (ophth)</i> <i>SOLN OP</i>	1	
<i>tropicamide SOLN</i>	1		NATACYN	2	
Miotics			<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)	<i>neomycin-polymyxin-gramicidin</i>	1	
Ophthalmic Adrenergic Agents					
ALPHAGAN P <i>(brimonidine tartrate)</i>	NF		OCUFLOX (ofloxacin (ophth))	NF	QL(5 ML per fill retail; 5 per fill mail)
<i>apraclonidine hcl</i>	1		<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail; 5 per fill mail)
<i>brimonidine tartrate</i>	1		<i>polymyxin b-trimethoprim</i>	1	
IOPIDINE	3		POLYTRIM (polymyxin b-trimethoprim)	NF	
Ophthalmic Anti-infectives			POVIDONE-IODINE	3	
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1		<i>sulfacetamide sodium (ophth) OINT</i>	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>bacitracin (ophthalmic)</i>	2		<i>tobramycin (ophth) SOLN</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1		TOBREX OINT	2	
BESIVANCE	3		<i>trifluridine</i>	1	
BETADINE OPHTHALMIC PREP	3		VIGAMOX SOLN OP <i>(moxifloxacin hcl (ophth))</i>	NF	
			ZIRGAN GEL	3	

Updated July 1, 2025

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
ZYMAXID (<i>gatifloxacin (ophth)</i>)	NF		FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NF	
Ophthalmic Immunomodulators					
cyclosporine (<i>ophth</i>) EMUL	1	QL(2 EA daily)	LOTEMAX GEL (<i>loteprednol etabonate</i>)	NF	
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	NF	Use generic Cyclosporine (Ophth) Emulsion 0.05%; QL(2 EA daily)	LOTEMAX OINT	3	
Ophthalmic Local Anesthetics					
(Tetracaine Hcl (Ophth)) ALTACAIN	1		LOTEMAX SUSP (<i>loteprednol etabonate</i>)	NF	
AKTEN	3		<i>loteprednol etabonate GEL</i>	2	
ALCAINE (<i>proparacaine hcl</i>)	NF		<i>loteprednol etabonate SUSP</i>	2	
<i>proparacaine hcl</i>	2		MAXIDEX SUSP OP	2	
<i>tetracaine hcl (ophth)</i>	1		MAXITROL OINT (<i>neomycin-polymyxin-dexameth</i>)	NF	
Ophthalmic Steroids			MAXITROL SUSP (<i>neomycin-polymyxin-dexameth</i>)	NF	
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)	<i>neomycin-polymyxin-hc OINT</i>	1	
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1		<i>neomycin-polymyxin-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	
ALREX SUSP (<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	
<i>dexamethasone sodium phosphate (ophth)</i>	1		PRED MILD	2	
<i>difluprednate</i>	1		<i>prednisolone acetate (ophth)</i>	1	
DUREZOL (<i>difluprednate</i>)	NF		PREDNISOLONE SODIUM PHOSPHATE	3	
FLAREX	2		PREDNISOLONE-MOXIFLOXACIN SOLN	3	
<i>fluorometholone (ophth) SUSP</i>	1		<i>sulfacetamide sod-prednisolone SOLN</i>	1	
FML FORTE SUSP	2		TOBRADEX ST SUSP	3	
			TOBRADEX OINT	3	
			TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	NF	QL(5 ML per fill retail)

Updated July 1, 2025

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
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)	BEPREVE (<i>bepotastine besilate</i>)	NF	QL(0.34 ML daily); ST
ZYLET	3	QL(5 ML per fill retail)	<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
Ophthalmic Surgical Aids					
GELFILM	3		<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
Ophthalmics - Misc.					
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ML daily); RX/OTC	BROMSITE (<i>bromfenac sodium (ophth)</i>)	NF	
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC	<i>cromolyn sodium (ophth)</i>	1	
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NF		CYSTARAN	SP	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NF		<i>diclofenac sodium (ophth)</i>	1	
ACUVAIL	3		<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ML daily)
ALOCRIL	3		DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)
ALOMIDE	2		<i>epinastine hcl (ophth)</i>	1	
<i>azelastine hcl (ophth)</i>	1		<i>flurbiprofen sodium</i>	1	
AZOPT (<i>brinzolamide</i>)	NF	Limit 10mls per month; QL(0.4 ML daily)	ILEVRO	3	
<i>bepotastine besilate</i>	1	QL(0.34 ML daily); ST	<i>ketorolac tromethamine (ophth)</i>	1	
<i>PROLENSA (<i>bromfenac sodium (ophth)</i>)</i>					
Prostaglandins - Ophthalmic					

Updated July 1, 2025

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
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)	CIPRODEX <i>(ciprofloxacin-dexamethasone)</i>	NF	
<i>latanoprost SOLN</i>	1	QL(0.09 ML daily)	<i>ciprofloxacin-dexamethasone</i>	1	
<i>latanoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)	CORTISPORIN-TC	3	
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)	<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>tafluprost</i>	1	QL(1 EA daily)	<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
TRAVATAN Z SOLN <i>(travoprost)</i>	NF	Limit 2.5mls per month; QL(0.09 ML daily)	PRAMOTIC	3	
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)	Otic Steroids		
XALATAN SOLN <i>(latanoprost)</i>	NF		(Fluocinolone Acetonide (Otic)) FLAC	1	
XALATAN SOLN <i>(latanoprost)</i>	NF	Limit 2.5mls per month; QL(0.09 ML daily)	DERMOTIC <i>(fluocinolone acetonide (otic))</i>	NF	
ZIOPTAN <i>(tafluprost)</i>	NF	QL(1 EA daily)	<i>fluocinolone acetonide (otic)</i>	1	
OTIC AGENTS - Drugs to Treat the Ear					
Otic Agents - Miscellaneous					
<i>acetic acid (otic)</i>	1		Abortifacients/Agents for Cervical Ripening		
Otic Anti-infectives					
CETRAXAL <i>(ciprofloxacin hcl (otic))</i>	NF	QL(14 EA per fill retail)	CERVIDIL INST	3	
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 EA per fill retail)	PREPIDIL GEL	3	
<i>ofloxacin (otic)</i>	1		Oxytocics		
Otic Combinations					
(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1		(Methylergonovine Maleate) METHERGINE TABS	1	
CIPRO HC	3		<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System					
Immune Serums					
BIVIGAM SOLN 5 GM/50ML			BIVIGAM SOLN 5 GM/50ML	SP	PA
FLEBOGAMMA DIF SOLN			FLEBOGAMMA DIF SOLN	SP	PA

Updated July 1, 2025

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
GAMASTAN	SP	PA	PENICILLIN G POT IN DEXTROSE	SP	PA
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML	SP	PA	<i>penicillin g potassium</i> <i>5000000 UNIT, 20000000 UNIT</i>	SP	PA
GAMMAKED 1 GM/10ML	SP	PA	<i>penicillin g sodium</i>	SP	PA
GAMMAPLEX SOLN	SP	PA	<i>penicillin v potassium</i> <i>SOLR</i>	1	
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML	SP	PA	<i>penicillin v potassium</i> <i>TABS</i>	1	
OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	SP	PA	Penicillin Combinations		
PRIVIGEN SOLN 5 GM/50ML, 20 GM/200ML, 40 GM/400ML	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	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	NF		BICILLIN C-R	SP	PA
<i>amoxicillin TABS</i>	1		BICILLIN C-R 900/300	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			Penicillinase-Resistant Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	SP	PA	<i>dicloxacillin sodium</i>	1	
BICILLIN L-A SUSY	SP	PA	<i>nafcillin sodium IV 10 GM</i>	SP	PA

Updated July 1, 2025

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

Updated July 1, 2025

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
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	NF		AUBAGIO (<i>teriflunomide</i>)	NF	QL(1 EA daily)
Fibromyalgia Agents					
SAVELLA TITRATION PACK MISC	3	QL(2 EA daily); PA	AVONEX PEN AJKT	SP	PA
SAVELLA TABS	3	QL(2 EA daily); PA	AVONEX PREFILLED PSKT	SP	PA
Movement Disorder Drug Therapy					
AUSTEDO XR PATIENT TITRATION TEPK	SP	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA	BETASERON KIT	SP	PA
AUSTEDO XR TB24	SP	QL(1 EA daily); PA	COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	NF	QL(1 ML daily)
AUSTEDO TABS 12 MG	SP	QL(1 EA daily); PA	COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NF	QL(12 ML per 28 day(s) retail)
AUSTEDO TABS 6 MG, 9 MG	SP	QL(2 EA daily); PA	<i>dalfampridine</i>	2	PA
INGREZZA CAPS	SP	QL(1 EA daily); PA	<i>dimethyl fumarate CDPK</i>	2	
INGREZZA CPPK	SP	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA	<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily)
INGREZZA CPSP	SP	QL(1 EA daily); PA	<i>fingolimod hcl</i>	2	QL(1 EA daily); SP
<i>tetrabenazine</i>	2	Specialty drug- Health Net will refer to SP Pharmacy; PA	GILENYA (<i>fingolimod hcl</i>)	NF	QL(1 EA daily); SP
XENAZINE (<i>tetrabenazine</i>)	NF	Specialty drug- Health Net will refer to SP Pharmacy; PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ML daily)
Multiple Sclerosis Agents			<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ML per 28 day(s) retail)
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ML daily)	MAYZENT STARTER PACK TBPK 0.25 MG	SP	Not available through mail order; PA
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail)	MAYZENT STARTER PACK TBPK 0.25 MG	SP	Not available through Mail Order; QL(12 EA per 5 day(s) retail); PA
AMPYRA (<i>dalfampridine</i>)	NF	PA	MAYZENT TABS 0.25 MG	SP	Not available through mail order; QL(4 EA daily); PA
			MAYZENT TABS 1 MG	SP	Not available through mail order; PA
			MAYZENT TABS 2 MG	SP	Not available through Mail Order; QL(1 EA daily); PA
			PLEGRIDY STARTER PACK SOAJ	SP	PA
			PLEGRIDY STARTER PACK SOSY SC	SP	PA

Updated July 1, 2025

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
PLEGRIDY SOAJ	SP	PA	(Nicotine Polacrilex) CVS	PV	PV
PLEGRIDY SOSY SC	SP	PA	NICOTINE, CVS		
REBIF REBIDOSE TITRATION PACK SOAJ	SP	PA	NICOTINE POLACRILEX, EQ NICOTINE, EQ		
REBIF REBIDOSE SOAJ	SP	PA	NICOTINE POLACRILEX, EQL NICOTINE		
REBIF TITRATION PACK SOSY	SP	PA	POLACRILEX, FT NICOTINE		
REBIF SOSY	SP	PA	MINI, GNP NICOTINE		
TECFIDERA CDPK <i>(dimethyl fumarate)</i>	NF		MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE		
TECFIDERA CPDR <i>(dimethyl fumarate)</i>	NF	QL(2 EA daily)	POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI,		
<i>teriflunomide</i>	2	QL(1 EA daily)	NICOTINE POLACRILEX MINI, PX STOP		
Premenstrual Dysphoric Disorder (PMDD) Agents			SMOKING AID, RA MINI NICOTINE, RA NICOTINE		
<i>fluoxetine hcl (pmdd) TABS</i>	2		POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG		
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	SP	PA	(Nicotine Polacrilex) CVS		
Psychotherapeutic and Neurological Agents - Misc.			NICOTINE, CVS	PV	PV
<i>ergoloid mesylates TABS</i>	1		NICOTINE POLACRILEX, EQ NICOTINE, EQ		
<i>pimozide</i>	1		NICOTINE POLACRILEX, EQL NICOTINE		
Smoking Deterrents			POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE		
			MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE		
			POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI,		
			NICOTINE POLACRILEX MINI, PX STOP		
			SMOKING AID, RA MINI NICOTINE, RA NICOTINE		
			POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG		

Updated July 1, 2025

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
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG	PV	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	PV	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	PV	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR	PV	PV

Updated July 1, 2025

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
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR	PV	PV	NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	PV	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR	PV	PV	NICORETTE GUM (<i>nicotine polacrilex</i>)	PV	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 21 MG/24HR	PV		NICORETTE LOZG (<i>nicotine polacrilex</i>)	PV	PV
APO-VARENICLINE TABS	PV	QL(2 EA daily); PV	<i>nicotine polacrilex GUM</i>	PV	PV
<i>bupropion hcl (smoking deterrent)</i>	PV	PV	<i>nicotine polacrilex LOZG</i>	PV	PV
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	PV	PV	NICOTINE KIT	PV	PV
NICODERM CQ PT24 TD 21 MG/24HR (<i>nicotine</i>)	PV		<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR</i>	PV	PV
NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR (<i>nicotine</i>)	PV	PV	<i>nicotine PT24 TD 21 MG/24HR</i>	PV	
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	PV	PV	NICOTROL NS SOLN	PV	PV
			NICOTROL INHA	PV	PV
			<i>varenicline tartrate TABS</i>	PV	QL(2 EA daily); PV
			<i>varenicline tartrate TBPK</i>	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
			ORKAMBI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			PULMOZYME	2	QL(5 ML daily); PA
			SYMDEKO	SP	PA

Updated July 1, 2025

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
TRIKAFTA TBPK 100 MG-50 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; QL(3 EA daily); PA	<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST
TRIKAFTA TBPK 50 MG-25 MG	SP	PA	<i>doxycycline (monohydrate) SUSR</i>	1	
TRIKAFTA THPK	SP	PA	<i>doxycycline (monohydrate) TABS 75 MG, 150 MG</i>	1	ST
Pulmonary Fibrosis Agents			<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
ESBRIET CAPS (<i>pirfenidone</i>)	SP	QL(3 EA daily); LA; PA	<i>doxycycline hyclate CAPS</i>	1	
ESBRIET TABS (<i>pirfenidone</i>)	SP	QL(3 EA daily); LA; PA	<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1	
OFEV	SP	QL(2 EA daily); PA	<i>minocycline hcl CAPS</i>	1	
<i>pirfenidone CAPS</i>	SP	QL(3 EA daily); LA; PA	<i>minocycline hcl CP24</i>	3	ST
<i>pirfenidone TABS 534 MG</i>	SP	QL(3 EA daily); PA	<i>minocycline hcl TABS 75 MG</i>	1	PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	SP	QL(3 EA daily); LA; PA	<i>minocycline hcl TABS 50 MG, 100 MG</i>	1	
SULFONAMIDES - Drugs to Treat Bacterial Infections			TARGADOX TABS (<i>doxycycline hyclate</i>)	NF	
Sulfonamides			<i>tetracycline hcl CAPS</i>	1	
<i>sulfadiazine TABS</i>	1		VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NF	
TETRACYCLINES - Drugs to Treat Bacterial Infections			VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	NF	
Tetracyclines			XIMINO CP24	3	ST
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1		XIMINO CP24 (<i>minocycline hcl</i>)	NF	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2		THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
<i>demeclocycline hcl TABS</i>	1		Antithyroid Agents		
<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2		<i>methimazole TABS</i>	1	
			<i>propylthiouracil</i>	1	QL(3 EA daily)
			Thyroid Hormones		

Updated July 1, 2025

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
(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		<i>levothyroxine sodium</i> <i>TABS</i>	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		<i>levothyroxine sodium</i> <i>TABS 112 MCG, 125</i> <i>MCG, 175 MCG, 200</i> <i>MCG</i>	1	QL(1 EA daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	<i>liothyronine sodium TABS</i> <i>25 MCG, 50 MCG</i>	1	QL(2 EA daily)
(Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		<i>liothyronine sodium TABS</i> <i>5 MCG</i>	1	
(Thyroid) NP THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1		NIVA THYROID TABS	1	
ADTHYZA TABS 16.25 MG, 97.5 MG	2		NP THYROID TABS	1	
ADTHYZA TABS 32.5 MG, 65 MG, 130 MG	3		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine</i> <i>sodium</i>)	2	
ARMOUR THYROID TABS	2		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)
ARMOUR THYROID TABS	2		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
<i>levothyroxine sodium</i> <i>CAPS</i>	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 (<i>levothyroxine sodium</i>)	NF	
TOXOIDS					
Toxoid Combinations					
ADACEL SUSP		PV			
BOOSTRIX SUSP		PV			
BOOSTRIX SUSY		PV			
DAPTACEL		PV			

Updated July 1, 2025

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
INFANRIX	PV		<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
KINRIX SUSY	PV		<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
PEDIARIX SUSY	PV		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
PENTACEL	PV		LEVVID TB12 <i>(hyoscyamine sulfate)</i>	NF	
QUADRACEL SUSP	PV		LEVSIN/SL SUBL <i>(hyoscyamine sulfate)</i>	NF	
QUADRACEL SUSY	PV		LEVSIN TABS <i>(hyoscyamine sulfate)</i>	NF	
TDVAX SUSP	PV		LIBRAX <i>(chlordiazepoxide hcl-clidinium bromide)</i>	NF	
TENIVAC INJ	PV		<i>methscopolamine bromide</i>	1	
TETANUS-DIPHTHERIA TOXOIDS TD SUSP	PV		ROBINUL-FORTE TABS <i>(glycopyrrolate)</i>	NF	
UCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			ROBINUL TABS <i>(glycopyrrolate)</i>	NF	
Antispasmodics			H-2 Antagonists		
(Hyoscyamine Sulfate) 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 ALKALOIDS-OPIUM	3				
<i>chlordiazepoxide hcl-clidinium bromide</i>	1				
CUVPOSA SOLN PO <i>(glycopyrrolate)</i>	NF				
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN PO</i>	1				
<i>dicyclomine hcl TABS</i>	1				
GLYCATE TABS	3				
<i>glycopyrrolate SOLN PO 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				

Updated July 1, 2025

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

Updated July 1, 2025

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
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>)	NF	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)	PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>)	NF	QL(1 EA daily); AL(Up to 12 yrs old)
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NF	QL(1 EA daily); PA	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NF	QL(1 EA daily)
<i>lansoprazole CPDR 15 MG</i>	1	RX/OTC	PRILOSEC PACK	3	PA
<i>lansoprazole CPDR 30 MG</i>	1	QL(1 EA daily)	PROTONIX PACK (<i>pantoprazole sodium</i>)	NF	QL(1 EA daily)
<i>lansoprazole TBDD 15 MG</i>	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	PROTONIX TBEC (<i>pantoprazole sodium</i>)	NF	QL(1 EA daily)
<i>lansoprazole TBDD 30 MG</i>	1	QL(1 EA daily); AL(Up to 12 yrs old)	RABEPRAZOLE SODIUM CPSP	3	PA
<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)	<i>rabeprazole sodium TBEC</i>	1	QL(1 EA daily); PA
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)	Ulcer Drugs - Prostaglandins		
<i>omeprazole CPDR 10 MG</i>	1		CYTOTEC (<i>misoprostol</i>)	NF	
<i>pantoprazole sodium PACK</i>	1	QL(1 EA daily)	<i>misoprostol</i>	1	
<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)	Ulcer Therapy Combinations		
PREVACID 24HR CPDR (<i>lansoprazole</i>)	NF	RX/OTC	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms					
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)					
<i>darifenacin hydrobromide</i>	2		<i>darifenacin hydrobromide</i>	2	
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 (<i>oxybutynin chloride</i>)	NF		DITROPAN XL TB24 5 MG (<i>oxybutynin chloride</i>)	NF	
<i>fesoterodine fumarate</i>	1	QL(1 EA daily)	<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)	<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
<i>oxybutynin chloride TB24</i>	1		<i>oxybutynin chloride TB24</i>	1	

Updated July 1, 2025

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
<i>solifenacin succinate TABS 5 MG</i>	1		AFLURIA QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)	AFLURIA QUADRIVALENT SUSY 0.5 ML	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)	AFLURIA SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)	COMIRNATY SUSP	PV	
<i>TOVIAZ (fesoterodine fumarate)</i>	NF	QL(1 EA daily)	COMIRNATY SUSY	PV	
<i>trospium chloride CP24</i>	1		ENGERIX-B SUSP 20 MCG/ML	PV	
<i>trospium chloride TABS</i>	1	QL(2 EA daily)	ENGERIX-B SUSY	PV	
<i>VESICARE TABS 10 MG (solifenacin succinate)</i>	NF	QL(1 EA daily)	FLUAD	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>VESICARE TABS 5 MG (solifenacin succinate)</i>	NF		FLUAD QUADRIVALENT	PV	
Urinary Antispasmodics - Cholinergic Agonists			FLUARIX QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
<i>bethanechol chloride</i>	1		FLUARIX SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
Urinary Antispasmodics - Direct Muscle Relaxants					
<i>flavoxate hcl</i>	1				
VACCINES					
Bacterial Vaccines					
ACTHIB SOLR IM	PV				
BEXSERO 0.5 ML	PV				
MENQUADFI 0.5 ML	PV				
MENVEO SOLR	PV				
PEDVAX HIB SUSP	PV				
PNEUMOVAX 23 SOLN	PV				
PNEUMOVAX 23 SOSY	PV				
PREVNAR 13	PV				
TRUMENBA 0.5 ML	PV				
Viral Vaccines					
AFLURIA PRESERVATIVE FREE SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail			

Updated July 1, 2025

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
FLUBLOK QUADRIVALENT	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUMIST	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUBLOK SOSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUMIST QUADRIVALENT	PV	
FLUCELVAX QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE HIGH-DOSE QUADRIVALENT	PV	
FLUCELVAX QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE HIGH-DOSE SUSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLULAVAL QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLULAVAL SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
			GARDASIL 9 SUSP 0.5 ML	PV	
			GARDASIL 9 SUSY 0.5 ML	PV	
			HAVRIX 1440 EL U/ML	PV	
			HAVRIX IM 720 EL U/0.5ML	PV	
			HEPLISAV-B SOSY	PV	

Updated July 1, 2025

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
JANSSEN COVID-19 VACCINE	PV		SPIKEVAX SUSP	PV	
M-M-R II SOLR	PV		SPIKEVAX SUSY	PV	
MODERNA COVID-19 BIVALENT 6M-5Y	PV		TWINRIX SUSY	PV	
MODERNA COVID-19 BIVALENT	PV		VAQTA	PV	
MODERNA COVID-19 VAC 6M-11Y SUSP	PV		VARIVAX SUSR	PV	
MODERNA COVID-19 VAC 6M-11Y SUSY	PV		VAGINAL AND RELATED PRODUCTS		
MODERNA COVID-19 VACCINE SUSP	PV		Spermicides		
MRESVIA	PV	AL(At least 60 yrs old)	ENCARE SUPP 100 MG	PV	PV
NOVAVAX COVID-19 VACCINE SUSP	PV		OPTIONS GYNOL II CONTRACEPTIVE GEL	PV	PV
NOVAVAX COVID-19 VACCINE SUSY	PV		SHUR-SEAL CONTRACEPTIVE GEL	PV	PV
PFIZER COVID-19 BIVALENT 6MO-4YR	PV		TODAY SPONGE MISC	PV	PV
PFIZER COVID-19 VAC BIVALENT 5-11	PV		VCF VAGINAL CONTRACEPTIVE FILM	PV	PV
PFIZER COVID-19 VAC BIVALENT	PV		VCF VAGINAL CONTRACEPTIVE FOAM	PV	PV
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	PV		VCF VAGINAL CONTRACEPTIVE GEL	PV	PV
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	PV		Vaginal Anti-infectives		
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	PV		(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
PFIZER-BIONTECH COVID-19 VACC SUSP	PV		CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	NF	
PRIORIX SUSR	PV		CLEOCIN SUPP	3	
PROQUAD SUSR	PV		<i>clindamycin phosphate vaginal CREA</i>	1	
RECOMBIVAX HB SUSP	PV		CLINDESSE	3	
RECOMBIVAX HB SUSY	PV		GYNAZOLE-1	3	
ROTARIX SUSP	PV		<i>metronidazole vaginal</i>	1	
ROTARIX SUSR	PV		<i>terconazole vaginal CREA</i>	1	
ROTATEQ SOLN	PV		<i>terconazole vaginal SUPP</i>	1	
SHINGRIX	PV	AL(At least 50 yrs old)	VANDAZOLE	2	

Updated July 1, 2025

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
(Estradiol Vaginal) YUVAFEM TABS	1		EPIPEN 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	NF	
ESTRACE CREA <i>(estradiol vaginal)</i>	NF		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 day(s) retail)
<i>estradiol vaginal CREA</i>	1				
<i>estradiol vaginal TABS</i>	1				
ESTRING RING 7.5 MCG/24HR	2	QL(1 per fill mail)			
FEMRING	3	QL(1 EA per 90 day(s) 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					
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)			
<i>epinephrine (anaphylaxis) SOAJ</i>	2	Limited to 2 auto-injectors per fill; QL(2 EA per fill retail; 4 EA per 30 day(s) retail)			
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	2	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail			
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2				
EPIPEN 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	NF	Must try epinephrine auto-injector ; QL(2 EA per fill retail; 4 EA per 30 day(s) retail)			

Updated July 1, 2025

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

INDEX

(Abiraterone Acetate) ABIRTEGA 250 MG	38	BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	7	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	84
(Amiodarone Hcl) PACERONE TABS	13	(Azathioprine) AZASAN TABS 75 MG, 100 MG	105	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELEX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	84
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	7	(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	111	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	15
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	113	(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	114	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	6
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE		(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN- CAFF) TABS 40 MG-50 MG-325 MG 6		(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	6
(Calcipotriene) CALCITRENE OINT 64		(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	9		
(Carbamazepine) EPITOL TABS ..	18	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS ..	77		
(Carisoprodol) VANADOM TABS 350 MG	110	(Carbamazepine) CARISOPRODOL VANADOM TABS 350 MG			

(Chenodiol) CHENODAL	76	KALLIGA, RECLIPSEN 30 MCG-0.15 MG	53	DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	63
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	106	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	53	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	50
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	110	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	53	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER ..	50
(Cholestyramine Light) PREVALITE PACK	29	(Desonide) DESRX GEL	65	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER ..	50
(Cholestyramine Light) PREVALITE POWD	29	(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPK	58	120 MG, 180 MG, 240 MG, 300 MG, 360 MG	50
(Ciclopirox) CICLODAN SOLN	62	(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK ..	58	(Diltiazem Hcl) DILT-XR CP24	50
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	60	(Dexchlorpheniramine Maleate) RYCLORA SOLN	28	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	50
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	60	(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	123
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ...	60	(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG	1	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	123
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	65	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG	1	(Drospirenone-Ethynodiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	53
(Clobetasol Propionate Emulsion) TOVET	65	(Diazepam) DIAZEPAM INTENSOL CONC	12	(Drospirenone-Ethynodiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	53
(Clobetasol Propionate) CLODAN SHAM	65	(Dichlorphenamide) ORMALVI	71	(Drospirenone-Ethynodiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	53
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	105	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE		(Ergotamine W/ Caffeine) MIGERGOT SUPP	103
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	53			(Erythromycin (Acne Aid)) ERY PADS	60
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER,				(Erythromycin Base) ERY-TAB TBEC	

85	MAX STRENGTH, GNP ACID	FOLATE, FT FOLIC ACID, GNP
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID- PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG	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
(Erythromycin Stearate) ERYTHROGIN STEARATE TABS 250 MG	126	81
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	(Fluocinolone Acetonide (Otic)) FLAC	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	116	81
(Estradiol Vaginal) YUVAFEM TABS . 131	(Flurbiprofen) LURBIPR TABS 100 MG	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG
(Estradiol) DOTTI, LYLLANA PTTW . 75	4	82
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) ...	(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	111	119
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	15	119
(Everolimus) TORPENZ TABS	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	(Glipizide) GLIPIZIDE XL TB24
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER	81	26
	(Folic Acid) CVS FOLIC ACID,	(Guaiifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML
		59
		(Guaiifenesin-Codeine) GUAIFENESIN AC SYRP
		59
		(Homatropine Hbr) HOMATROPAIRE
		112
		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 59
		(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %
		11
		(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %
		65
		(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %
		65
		(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG
		125

(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	125	(Lamotrigine) SUBVENITE TABS . (Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .	18 126	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG ..
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	4	(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .	126	57 (Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)
(Icatibant Acetate) SAJAZIR SOSY 80		REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .	126	54 (Levonorgestrel-Eth Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE
(Indomethacin) INDOCIN SUPP	5	(Levetiracetam) ROWEPRA TABS 500 MG	18	54 (Levonorgestrel-Eth Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	62	(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS	29	54 (Levonorgestrel-Eth Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSE 0.03 MG- 0.15 MG
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG	60	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	54	54 (Levonorgestrel-Eth Estradiol (Continuous)) AMETHYST, DOLISHALE
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG	60	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	54	54 (Levonorgestrel-Eth Estradiol- Iron) JOYEUX, MINZOYA
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG	60	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	54	54 (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	60	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	54	54 (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
(Ketoconazole (Topical)) KETODAN FOAM	62	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	54	54 (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
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	77	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	54	54 (Levonorgestrel-Eth Estradiol- Iron) JOYEUX, MINZOYA
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	83	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	54	124 (Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 18		(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	54	124 (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
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	18	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	54	124 (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

TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE
(Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	(Niacin (Antihyperlipidemic)) NIACOR TABS	POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG .121
(Lidocaine) LIDOCAN, TRIDACAIN II, TRIDACAIN III PTCH 5 %	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI- DIARRHEAL CAPS	POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE	POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE
(Lidocaine) LIDOCAN, TRIDACAIN II, TRIDACAIN III PTCH 5 %	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE	POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI- DIARRHEAL CAPS	POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE
(Lorazepam) LORAZEPAM INTENSOL CONC	POLACRILEX, THRIVE GUM 2 MG 121	POLACRILEX, THRIVE GUM 2 MG 121
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE	POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE
(Methadone Hcl) METHADONE HCL INTENSOL CONC	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE	POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA
(Methadone Hcl) METHADOSE TBSO	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE	NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE
(Methylergonovine Maleate) METHERGINE TABS	POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP	POLACRILEX, THRIVE GUM 4 MG 121
(Methyltestosterone) METHITEST TABS	SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE
(Miconazole Nitrate Vaginal) MICHAZOLE 3 SUPP 200 MG .130	120	POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE
(Miglustat) YARGESA	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE	POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP 111	POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE	NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE
(Naloxone Hcl) FT NALOXONE HCL LIQD	POLACRILEX, THRIVE GUM ....121	POLACRILEX, THRIVE GUM ....121

(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 14 MG/24HR 122	FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 55	ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 55
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR 121	(Norethrin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 55	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 55
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE PT24 TD 7 MG/24HR 122	(Norethrin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS ... 54	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG .55
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 57	(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 55	(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG 56
(Norethrin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN	(Norethrin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 55	(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG 55
(Norethrin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 55	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC,	Index 6

SHAROBEL	58	NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	56	MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	56	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG	56	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG- 30 MCG	56	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... (Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	62	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .. (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... (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 ... (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 .. (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 ... (Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 107
(Norethindrone Acetate) GALLIFREY TABS	118	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % 115	115	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN 107
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	74	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	127	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 107
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG	74	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	127	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 107
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	56	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	127	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 107
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASSETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	56	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	126	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN 107
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA	56	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	126	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH,		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE		107

(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	107	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	105	SELECT	108
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT	83	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	105	(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 108	108
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	83	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	105	(Prochlorperazine) COMPRO	46
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 83		(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	105	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	29
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..	117	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	105	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	29
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	112	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	105	(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	59
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	21	(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
(Phenytoin) PHENYTOIN INFATABS CHEW	21	(Potassium Citrate-Citric Acid) CYTRA-K SOLN	78	(Salicylic Acid) KERALYT SHAM 6 %	68
(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, TRUE LAXATIVE POWD	83	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	104	(Sapropterin Dihydrochloride) JAVYGTOR PACK	73
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	104	(Pramoxine-HC-Chloroxylenol) CORTIC-ND	116	(Sapropterin Dihydrochloride) JAVYGTOR TABS	73
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEP	104	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 114		(Silver Sulfadiazine) SSD	65
		(Prednisolone) MILLIPRED TABS .58		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 59	
		(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	108	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 59	
		(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW 108		(Sodium Citrate & Citric Acid) CYTRA-2	78
		(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-		(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	104
				(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM	

POLYSTYRENE SULF) SUSP CO 15 GM/60ML	106	NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	111	ACCOLATE 10 MG (zafirlukast) ... ACCOLATE 20 MG (zafirlukast) ... ACCU-CHEK FASTCLIX LANCETS . 87
(Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML	106	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	65	ACCU-CHEK SAFE-T PRO LANCETS 87
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	60	(Urea) CEROVEL LOTN 40 % (Vigabatrin) VIGADRONE TABS ..	68 21	ACCU-CHEK SOFTCLIX LANCETS 87
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	60	(Vigabatrin) VIGADRONE, VIGPODER PACK	21	ACCUPRIL (quinapril hcl) 31
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	60	(Warfarin Sodium) JANTOVEN TABS	16	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide) 32
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	34	(Zolmitriptan) ZOMIG TABS	103	acebutolol hcl CAPS 49
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	52	1ST TIER UNILET COMFORTOUCH	87	acetaminophen w/ codeine SOLN .. 9
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM	11	abacavir sulfate SOLN	46	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG 9
(Tetracaine Hcl (Ophth)) ALTACAINE	114	abacavir sulfate TABS	46	acetaminophen w/ codeine TABS 60 MG-300 MG 9
(Theophylline) ELIXOPHYLLIN ELIX . 16		abacavir sulfate-lamivudine	46	acetazolamide CP12 71
(Thyroid) NP THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 124		ABILIFY TABS 15 MG (aripiprazole) . 46		acetazolamide TABS 125 MG 71
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 112		ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)	46	acetazolamide TABS 250 MG 71
(Tiopronin) VENXXIVA TBEC	78	ABILIFY TABS 20 MG (aripiprazole) . 46		acetic acid (otic) 116
(Tretinoin) AVITA CREA 0.025 % .	60	abiraterone acetate	38	acetylcysteine SOLN 60
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	106	ABSORICA 10 MG, 25 MG (isotretinoin)	60	ACIPHEX TBEC (rabeprazole sodium) 127
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ		ABSORICA 20 MG (isotretinoin) .. 60		acitretin 10 MG 64
		ABSORICA 30 MG (isotretinoin) .. 60		acitretin 17.5 MG 64
		ABSORICA 35 MG, 40 MG (isotretinoin)	60	acitretin 25 MG 64
		acamprosate calcium	118	ACTHIB SOLR IM 128
		acarbose	24	ACTIDOM DMX LIQD 59
				ACTI-LANCE 28G 87
				ACTI-LANCE LITE LANCETS 28G 87

ACTI-LANCE SPECIAL LANCETS 17G	87	ACZONE 7.5 % (dapsone (topical)) 61	salmeterol)	15	
ACTI-LANCE UNIVERSAL 23G ..	87	ADACEL SUSP	124	ADVANCED MOBILE LANCET	88
ACTIMMUNE 100 MCG/0.5ML ..	43	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	3	ADVATE	79
ACTIQ LPOP 1600 MCG (fentanyl citrate)	7	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	3	ADVIN COVID-19 ANTIGEN TEST KIT	70
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate)	7	ADALIMUMAB-ADAZ SOSY	4	ADVOCATE LANCETS	88
ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 74		adapalene CREA	61	ADVOCATE LANCETS 30G	88
ACTONEL TABS 150 MG (risedronate sodium)	72	adapalene GEL 0.1 %	61	ADVOCATE SAFETY LANCETS	88
ACTONEL TABS 35 MG (risedronate sodium)	72	adapalene GEL 0.3 %	61	ADVOCATE SAFETY LANCETS 21G	88
ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 24		adapalene-benzoyl peroxide GEL .	61	ADVOCATE SAFETY LANCETS 23G	88
ACTOS 15 MG (pioglitazone hcl) ..	26	ADCIRCA TABS (tadalafil (pulmonary hypertension))	52	ADVOCATE SAFETY LANCETS 26G	88
ACTOS 30 MG, 45 MG (pioglitazone hcl)	26	ADDERALL TABS 10 MG (amphetamine-dextroamphetamine) .	1	ADVOCATE SAFETY LANCETS 28G	88
ACULAR (ketorolac tromethamine (ophth))	115	ADDERALL TABS 5 MG, 12.5 MG, 20 MG, 30 MG (amphetamine- dextroamphetamine)	1	ADYNOVATE	79
ACULAR LS (ketorolac tromethamine (ophth))	115	ADDERALL TABS 7.5 MG, 15 MG (amphetamine-dextroamphetamine) .	1	AFINITOR DISPERZ TBSO (everolimus)	39
ACUVAIL	115	ADDERALL XR CP24 (amphetamine-dextroamphetamine) .	1	AFINITOR TABS (everolimus) ..	39
acyclovir CAPS	48	adefovir dipivoxil	48	AFLURIA PRESERVATIVE FREE SUSY	128
acyclovir SUSP	48	ADEMPAS	52	AFLURIA QUADRIVALENT SUSP 128	128
acyclovir TABS PO 400 MG	48	ADTHYZA TABS 16.25 MG, 97.5 MG	124	AFLURIA QUADRIVALENT SUSY 0.5 ML	128
acyclovir TABS PO 800 MG	48	ADTHYZA TABS 32.5 MG, 65 MG, 130 MG	124	AFREZZA POWD	25
acyclovir topical CREA	65	ADVAIR DISKUS AEPB (fluticasone- salmeterol)	15	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	79
acyclovir topical OINT	65	ADVAIR HFA AERO (fluticasone-		AGAMATRIX ULTRA-THIN LANCETS	88
ACZONE 5 % (dapsone (topical))	61			AGAMREE	58

AGRYLIN 0.5 MG (anagrelide hcl)	81	alendronate sodium TABS 70 MG	.72	ALTUVIPIO 250 UNIT, 500 UNIT,
AIMOVIG	103	ALFERON N	43	1000 UNIT, 2000 UNIT, 3000 UNIT,
AIMSCO LUBRICATED MISC	.85	alfuzosin hcl	78	4000 UNIT
AIMSCO TWIST LANCETS 32G	.88	ALINIA SUSR	34	.....79
AIMSCO TWIST LANCETS 33G	.88	ALINIA TABS (nitazoxanide)	34	ALUNBRIG TABS
AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)	15	aliskiren fumarate	34	.....40
AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol)	15	ALKERAN (melphalan)	36	ALUNBRIG TBPK
AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol)	15	ALKERAN IV (melphalan hcl)	36	.....40
AIRZONE PEAK FLOW METER	102	allopurinol 100 MG	78	alvimopan
AKTEN	114	allopurinol 300 MG	78	.....77
AKYNZEO	27	almotriptan malate	103	amantadine hcl CAPS
albendazole	11	ALOCRIL	115	.....43
albuterol sulfate AERS	15	alogliptin benzoate	25	amantadine hcl TABS
albuterol sulfate NEBU	15	ALOMIDE	115	.....43
ALBUTEROL SULFATE NEBU	15	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	75	AMARYL (glimepiride)
albuterol sulfate SYRP	15	....75		.....26
albuterol sulfate TABS	15	alosetron hcl	77	AMBIEN CR TBCR (zolpidem tarrate)
ALCAINE (proparacaine hcl)	114	ALPHAGAN P (brimonidine tartrate)		.....82
alclometasone dipropionate CREA	65	113		AMBIEN TABS (zolpidem tartrate)
alclometasone dipropionate OINT	.65	ALPHANATE SOLR	79	.....82
ALDACTAZIDE (spironolactone & hydrochlorothiazide)	71	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	79	AMICAR SOLN PO (aminocaproic acid)
ALDACTONE TABS (spironolactone)	72	ALPRAZOLAM INTENSOL CONC	12	.....82
ALECENSA	39	12	AMICAR TABS (aminocaproic acid)	
alendronate sodium SOLN	.72	alprazolam TABS	12	82
alendronate sodium TABS 35 MG	.72	alprazolam TB24	12	amiloride & hydrochlorothiazide
alendronate sodium TABS 5 MG, 10 MG	.72	alprazolam TBDP	12	.....71
		ALPROLIX	79	amiloride hcl TABS
		ALREX SUSP (loteplase etabonate)	114	.....72
		ALTABAX	62	aminocaproic acid SOLN PO 0.25 GM/ML
		ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	31	.....82
				amiodarone hcl TABS
				.....13
				AMITIZA (lubiprostone)
				.....76
				amitriptyline hcl TABS
				.....23
				amlodipine besylate TABS 2.5 MG
				50
				amlodipine besylate TABS 5 MG, 10 MG
				.....50
				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
				.....51

amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG	51	amphetamine-dextroamphetamine TABS 10 MG	1	hcl)	27
amlodipine besylate-benazepril hcl 10 MG-2.5 MG	32	amphetamine-dextroamphetamine TABS 5 MG, 12.5 MG, 20 MG, 30 MG	1	ANUSOL-HC EX (hydrocortisone rectal))	11
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	32	amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG	1	ANZEMET TABS 50 MG	27
amlodipine besylate-valsartan 10 MG-160 MG	32	ampicillin & sulbactam sodium IV 10 GM-5 GM	117	APEXICON E CREA	65
amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	32	ampicillin CAPS 500 MG	117	APO-VARENICLINE TABS	122
amlodipine-valsartan-hydrochlorothiazide	32	ampicillin sodium IJ 1 GM, 125 MG	117	apraclonidine hcl	113
amoxapine	23	AMPYRA (dalfampridine)	119	aprepitant CAPS 40 MG	28
amoxicillin & pot clavulanate CHEW ..	117	ANAFRANIL (clomipramine hcl)	23	aprepitant CAPS 80 MG, 125 MG	28
amoxicillin & pot clavulanate SUSR ..	117	anagrelide hcl	81	aprepitant CAPS	28
amoxicillin & pot clavulanate TABS ..	117	ANALPRAM-HC LOTN EX	11	aprepitant MISC	28
amoxicillin & pot clavulanate TB12 ..	117	ANAPROX DS TABS (naproxen sodium)	5	APRISO CP24 (mesalamine)	76
amoxicillin CAPS	117	ANASPAZ TBDP (hyoscyamine sulfate)	125	APTENSIO XR CP24 (methylphenidate hcl)	1
amoxicillin CHEW 125 MG, 250 MG ..	117	anastrozole	38	APTIOM 200 MG, 400 MG, 600 MG, 800 MG (esliccarbazepine acetate)	18
AMOXICILLIN SUSR (amoxicillin)	117	ANCOBON (flucytosine)	28	APTIVUS CAPS	46
amoxicillin SUSR	117	ANDEXXA 200 MG	27	AQUALANCE LANCETS 30G	88
amoxicillin TABS	117	ANDROGEL PUMP GEL TD (testosterone)	11	ARAVA 10 MG (leflunomide)	5
amoxicillin-clarithromycin w/ lansoprazole THPK	127	ANGELIQ	75	ARAVA 20 MG (leflunomide)	5
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	ANNOVERA	57	ARCALYST	4
		ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol)	15	ARICEPT TABS (donepezil hydrochloride)	118
		ANTARA 90 MG (fenofibrate micronized)	30	ARIKAYCE	3
		ANTIVERT CHEW (meclizine hcl)	27	ARIMIDEX (anastrozole)	38
		ANTIVERT TABS 50 MG (meclizine		ariPIPRAZOLE SOLN PO	46
				ariPIPRAZOLE TABS 15 MG	46
				ariPIPRAZOLE TABS 2 MG, 5 MG, 10 MG, 30 MG	46
				ariPIPRAZOLE TABS 20 MG	46
				ariPIPRAZOLE TBDP	46
				ARIIXTRA 2.5 MG/0.5ML	

(fondaparinux sodium)	16	ASSURE LANCE LANCETS 21G	.88	AUBAGIO (teriflunomide)	119
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)	16	ASSURE LANCE PLUS SAFETY 25G .....	.88	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	117
armodafinil 150 MG, 200 MG, 250 MG	2	ASSURE LANCE PLUS SAFETY 30G .....	.88	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	117
armodafinil 50 MG	2	ASSURE LANCE SAFETY LANCET 28G .....	.88	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	117
ARMOUR THYROID TABS	124	ASTAGRAF XL CP24	105	AURANOFIN 3 MG .....	.4
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	14	ATABEX EC TBEC	108	AURORA LANCET SUPER THIN 30G .....	.88
ARNUITY ELLIPTA 50 MCG/ACT .	14	ATACAND 32 MG (candesartan cilexetil)	31	AURORA LANCET THIN 23G ....	.89
AROMASIN (exemestane)	38	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	31	AUSTEDO TABS 12 MG	119
ARTHROTEC TBEC (diclofenac w/ misoprostol)	5	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	32	AUSTEDO TABS 6 MG, 9 MG ...	119
asenapine maleate	45	atazanavir sulfate CAPS	46	AUSTEDO XR PATIENT TITRATION TEPK	119
aspirin CHEW	7	atenolol & chlorthalidone	32	AUSTEDO XR TB24 .....	.119
aspirin TBEC 81 MG	7	atenolol TABS	49	AVALIDE (irbesartan- hydrochlorothiazide) .....	.32
aspirin-dipyridamole	81	ATIVAN TABS (lorazepam)	12	AVAPRO 150 MG, 300 MG (irbesartan) .....	.31
ASSESS PEAK FLOW METER .	102	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	AVODART (dutasteride) .....	.78
ASSURE COMFORT LANCETS 28G	88	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	AVONEX PEN AJKT .....	.119
ASSURE HAEMOLANCE PLUS HIGH	88	atorvastatin calcium TABS	30	AVONEX PREFILLED PSKT ....	.119
ASSURE HAEMOLANCE PLUS LOW	88	atovaquone	34	AYGESTIN TABS (norethindrone acetate) .....	.118
ASSURE HAEMOLANCE PLUS MICRO	88	atovaquone-proguanil hcl	35	AYVAKIT 100 MG, 200 MG, 300 MG 39	
ASSURE HAEMOLANCE PLUS NORMAL	88	ATRALIN GEL (tretinoin)	61	AYVAKIT 25 MG, 50 MG .....	.39
ASSURE HAEMOLANCE PLUS PED	88	atropine sulfate (ophthalmic) OINT 112		azathioprine TABS 50 MG .....	.105
ASSURE ID INSULIN SAFETY SYR 101		atropine sulfate (ophthalmic) SOLN 113		azathioprine TABS 75 MG, 100 MG 105	
ASSURE LANCE LANCETS	88	ATROPINE SULFATE SOLN 1 % 113		azelaic acid GEL .....	.69
		ATROVENT HFA	14	azelastine hcl (ophth) .....	.115

azelastine hcl 0.1 %, 137	BALVERSA	40	medoxomil)	31
MCG/SPRAY	111			
azelastine hcl 0.15 %, 205.5	BANZEL SUSP (rufinamide)	19	BENICAR HCT 12.5 MG-20 MG	
MCG/SPRAY	111		(olmesartan medoxomil-	
azelastine hcl-fluticasone propionate	BANZEL TABS 200 MG (rufinamide)	19	hydrochlorothiazide)	32
SUSP				
AZILECT (rasagiline mesylate) ...	BANZEL TABS 400 MG (rufinamide)	19	BENICAR HCT 12.5 MG-40 MG, 25	
44	BARACLUDE TABS (entecavir) ...	48	MG-40 MG (olmesartan medoxomil-	
azithromycin PACK	BD AUTOSHIELD DUO	101	hydrochlorothiazide)	32
84	BD DISP NEEDLES	101	BENLYSTA SOAJ	106
azithromycin SUSR	BD ECLIPSE LUER-LOK NEEDLE		BENLYSTA SOSY	106
84	101		BENSAL HP OINT	68
azithromycin TABS 250 MG	BD LANCET ULTRAFINE 30G ...	89	BENZAMYCIN GEL (benzoyl	
84	BD LANCET ULTRAFINE 33G ...	89	peroxide-erythromycin)	61
azithromycin TABS 500 MG	BD MICROAINER LANCETS ...	89	BENZNIDAZOLE	11
84	BD PEN MINI MISC	101	benzonatate	59
azithromycin TABS 600 MG	BD PEN MISC	101	benzoyl peroxide-erythromycin GEL	
84	BD PEN NEEDLE MINI ULTRAFINE	101	61	
AZOPT (brinzolamide)	BD PEN NEEDLE NANO 2ND GEN	101	benztropine mesylate SOLN	43
115	101		benztropine mesylate TABS	43
AZULFIDINE EN-TABS TBEC	BD SAFETYGLIDE INSULIN		bepotastine besilate	115
(sulfasalazine)	SYRINGE	101		
76	BD VEO INSULIN SYR ULTRAFINE	101	BEPREVE (bepotastine besilate)	
AZULFIDINE TABS (sulfasalazine)	BELLADONNA ALKALOIDS-OPIUM	125	115	
76	101		BESIVANCE	113
bacitracin (ophthalmic)	BELSOMRA	83	BESREMI	43
113	benazepril & hydrochlorothiazide	32	BETADINE OPHTHALMIC PREP	
bacitracin-polymyxin b (ophth)	benazepril hcl	31	113	
113	BENEFIX KIT	79	betaine	73
bacitracin-poly-neomycin-hc	BENICAR 40 MG (olmesartan		betamethasone dipropionate (topical)	
114	medoxomil)	31	CREA	65
baclofen SOLN IT 10 MG/20ML, 40	BENICAR 5 MG, 20 MG (olmesartan		betamethasone dipropionate (topical)	
MG/20ML, 40000 MCG/20ML			LOTN	66
110			betamethasone dipropionate (topical)	
baclofen TABS 10 MG			OINT	66
110			betamethasone dipropionate	
baclofen TABS 15 MG			augmented CREA	66
110				
baclofen TABS 20 MG				
110				
baclofen TABS 5 MG				
110				
BACTRIM DS TABS				
(sulfamethoxazole-trimethoprim) ..				
34				
BACTRIM TABS (sulfamethoxazole-				
trimethoprim)				
34				
BALCOLTRA (levonorgestrel-ethinyl				
estradiol-iron)				
56				
balsalazide disodium CAPS				
76				

betamethasone dipropionate augmented GEL 0.05 %	66	hydralazine hcl)	51	brimonidine tartrate-timolol maleate ..
BIKTARVY	46	BILTRICIDE (praziquantel)	11	112
betamethasone dipropionate augmented LOTN	66	bimatoprost SOLN	116	brinzolamide
betamethasone dipropionate augmented OINT	66	BINAXNOW COVID-19 AG HOME TEST KIT	70	115
betamethasone valerate CREA	66	bisacodyl SUPP	84	bromfenac sodium (ophth) 0.07 %,
betamethasone valerate FOAM ...	66	bisacodyl TBEC	84	0.075 %
betamethasone valerate LOTN	66	bisoprolol & hydrochlorothiazide ..	32	115
betamethasone valerate OINT	66	bisoprolol fumarate	49	bromocriptine mesylate CAPS
BETAPACE AF (sotalol hcl (afib/afl))	49	BIVIGAM SOLN 5 GM/50ML	116	43
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	49	BONSITY SOPN 560 MCG/2.24ML 72		bromocriptine mesylate TABS 2.5
BETASERON KIT	119	BOOSTRIX SUSP	124	MG
betaxolol hcl (ophth) SOLN	112	BOOSTRIX SUSY	124	43
betaxolol hcl	49	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	40	BROMSITE (bromfenac sodium (ophth))
bethanechol chloride	128	bortezomib SOLR IJ	40	115
BETHKIS NEBU (tobramycin)	3	bosentan TABS	52	BRUKINSA
BETIMOL (timolol)	112	BOSULIF CAPS	40	40
BETIMOL 0.25 %	112	BOSULIF TABS 100 MG, 400 MG 40		budesonide (inhalation) SUSP 0.25
BETOPTIC-S SUSP	112	BOSULIF TABS 500 MG	40	MG/2ML
bexarotene (topical)	64	BRAFTOVI 75 MG	40	14
bexarotene	43	BREATHE EASE PEAK FLOW METER	102	budesonide (inhalation) SUSP 0.5
BEXZERO 0.5 ML	128	BREO ELLIPTA (fluticasone furoate-vilanterol)	15	MG/2ML
BEYAZ (drospirenone-ethinylestradiol-levomefolic acid calcium)	56	BREZTRI AEROSPHERE	15	14
bicalutamide	38	BRILINTA 60 MG, 90 MG (ticagrelor) 81		budesonide (intrarectal)
BICILLIN C-R	117	brimonidine tartrate (topical)	69	11
BICILLIN C-R 900/300	117	brimonidine tartrate	113	budesonide CPEP
BICILLIN L-A SUSY	117	bumetanide TABS 0.5 MG, 1 MG ..	71	58
BIDIL (isosorbide dinitrate-)		bumetanide TABS 2 MG	71	budesonide TB24
		BUMEX TABS 0.5 MG (bumetanide) ..	71	budesonide-formoterol fumarate dihydrate
		71	15	
		BUPHENYL POWD (sodium phenylbutyrate)	73	bumetanide TABS 0.5 MG, 1 MG ..
		73	71	
		BUPHENYL TABS (sodium phenylbutyrate)	73	buprenorphine hcl SUBL 2 MG ..
		73	10	
		buprenorphine hcl SUBL 8 MG ..	10	buprenorphine hcl SUBL 2 MG ..

buprenorphine hcl-naloxone hcl dihydrate FLM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	10	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	9	calcitonin (salmon) NA	72
buprenorphine hcl-naloxone hcl dihydrate FLM SL 3 MG-12 MG ...	10	butalbital-aspirin-caffeine CAPS	6	calcitriol (topical)	64
buprenorphine hcl-naloxone hcl dihydrate SUBL	10	butalbital-aspirin-caffeine w/cod	9	calcitriol CAPS 0.25 MCG	73
buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR .	10	butorphanol tartrate NA 10 MG/ML 10		calcitriol CAPS 0.5 MCG	73
buprenorphine PTWK 7.5 MCG/HR 10		BUTTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (buprenorphine)	10	calcitriol SOLN PO	73
bupropion hcl (smoking deterrent) 122		BUTTRANS PTWK 7.5 MCG/HR (buprenorphine)	10	calcium acetate (phosphate binder) CAPS	77
bupropion hcl TABS	22	BYSTOLIC (nebivolol hcl)	49	calcium acetate (phosphate binder) TABS	77
bupropion hcl TB12	22	cabergoline	74	CALQUENCE	40
bupropion hcl TB24 150 MG, 300 MG	22	CABOMETYX TABS	40	CANASA SUPP (mesalamine)	76
bupropion hcl TB24 450 MG	22	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	candesartan cilexetil 32 MG	31
buspirone hcl	12	CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (amlodipine besylate-atorvastatin calcium)	51	candesartan cilexetil-hydrochlorothiazide	32
busulfan SOLN	36	CAFERGOT TABS (ergotamine w/ caffeine)	103	capecitabine	36
BUSULFEX SOLN (busulfan)	36	caffeine citrate SOLN PO	1	CAPRELSA	40
butalbital-acetaminophen CAPS 50 MG-300 MG	6	CALCIFOL	104	captopril & hydrochlorothiazide	32
butalbital-acetaminophen TABS 50 MG-300 MG	6	calcipotriene CREA	64	captopril	31
butalbital-acetaminophen TABS 50 MG-325 MG	6	CALCIPOTRIENE FOAM	64	CARAC CREA	64
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6	calcipotriene OINT	64	CARAFATE SUSP (sucralfate)	126
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6	calcipotriene SOLN	64	CARAFATE TABS (sucralfate)	126
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	9	calcipotriene-betamethasone dipropionate OINT	66	carbamazepine CHEW 100 MG	19
		calcipotriene-betamethasone dipropionate SUSP	66	carbamazepine CP12	19
		calcitonin (salmon) IJ	72	carbamazepine SUSP	19
				carbamazepine TABS	19
				carbamazepine TB12 100 MG	19
				carbamazepine TB12 200 MG	19
				carbamazepine TB12 400 MG	19
				CARBATROL CP12 (carbamazepine)	
					19

carbidopa	43	TEST KIT	70	cefadroxil CAPS	52
carbidopa-levodopa TABS	43	CARETOUCH SAFETY LANCETS		cefadroxil SUSR	52
carbidopa-levodopa TBCR 100 MG-25 MG	43	89		cefadroxil TABS	52
carbidopa-levodopa TBCR 200 MG-50 MG	43	CARETOUCH SAFETY LANCETS		cefazolin sodium SOLR IV 1 GM ..	52
carbidopa-levodopa TBDP	43	26G	89	cefdinir CAPS	53
carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 75 MG-18.75 MG-200 MG	43	CARETOUCH TWIST LANCETS		cefdinir SUSR	53
carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG	43	28G	89	cefixime CAPS	53
carbinoxamine maleate SOLN	28	CARETOUCH TWIST LANCETS		cefixime SUSR	53
carbinoxamine maleate TABS 4 MG	28	30G	89	CEFOTAN IJ (cefotetan disodium) ..	53
CARBINOXAMINE MALEATE TABS	28	CARETOUCH TWIST MC LANCETS		cefotetan disodium IJ 1 GM, 2 GM ..	53
CARDIZEM CD CP24 (diltiazem hcl coated beads)	50	30G	89	cefoxitin sodium IV 1 GM, 2 GM ..	53
CARDIZEM LA TB24 (diltiazem hcl)	50	carisoprodol TABS	110	CEFOXITIN SODIUM-DEXTROSE	53
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	50	CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers))		cefpodoxime proxetil SUSR	53
CARDURA (doxazosin mesylate)	32	73		cefpodoxime proxetil TABS	53
CARDURA XL	78	CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers))		cefprozil SUSR	53
CAREONE LANCET SUPER THIN 30G	89	73		cefprozil TABS	53
CAREONE LANCET THIN 23G	89	CARNITOR TABS (levocarnitine (metabolic modifiers))	73	cefuroxime axetil TABS	53
CAREPOINT POLY HUB NEEDLE 101		carteolol hcl (ophth)	112	CELEBREX 400 MG (celecoxib)	5
CARESENS LANCETS	89	carvedilol 3.125 MG	49	CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	5
CARESENS LANCETS 30G	89	carvedilol 6.25 MG, 12.5 MG, 25 MG		celecoxib 400 MG	5
CARESTART COVID-19 HOME		49		celecoxib 50 MG, 100 MG, 200 MG	5
		carvedilol phosphate	49	CELEXA TABS (citalopram hydrobromide)	22
		CASODEX (bicalutamide)	38	CELLCEPT CAPS (mycophenolate mofetil)	105
		CAYA DPRH	85	CELLCEPT SUSR (mycophenolate mofetil)	105
		CAYSTON	35	CELLCEPT TABS (mycophenolate mofetil)	105
		cefaclor CAPS	53	CELONTIN (methsuximide)	21

cephalexin CAPS	52	CIALIS 2.5 MG (tadalafil)	51	20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	108
cephalexin SUSR	52	CIALIS 5 MG, 10 MG, 20 MG (tadalafil)	51	CITRANATAL ASSURE	108
CEPROTIN	81	ciclopirox GEL	63	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	108
CERDELGA	81	ciclopirox olamine CREA	63	108	
CEREZYME 400 UNIT	81	ciclopirox olamine SUSP	63	CITRANATAL DHA	108
CERVIDIL INST	116	ciclopirox SHAM	63	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	108
CETACAINE AERO	69	ciclopirox SOLN	63	CITRANATAL MEDLEY	108
CETRAXAL (ciprofloxacin hcl (otic)) ..	116	cilostazol	81	CLARINEX TABS (desloratadine) ..	29
cevimeline hcl	107	CILOXAN OINT	113	clarithromycin SUSR	85
CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)	122	CILOXAN SOLN (ciprofloxacin hcl (ophth))	113	clarithromycin TABS	85
CHEMET	26	CIMDUO	46	clarithromycin TB24	85
chlordiazepoxide hcl CAPS	12	cimetidine hcl PO 300 MG/5ML ..	126	CLEANLET LANCETS 28G	89
chlordiazepoxide hcl-clidinium bromide	125	cimetidine TABS 300 MG, 800 MG ..	126	CLEARDETECT COVID-19 AG HOME KIT	70
chlordiazepoxide-amitriptyline ..	118	cimetidine TABS 400 MG	126	clemastine fumarate TABS 2.68 MG ..	28
chlorhexidine gluconate (mouth-throat)	106	cinacalcet hcl	73	CLEOCIN (clindamycin hcl)	35
chloroquine phosphate TABS	35	CIPRO HC	116	CLEOCIN (clindamycin palmitate hydrochloride)	35
chlorpromazine hcl TABS	46	CIPRO SUSR	75	CLEOCIN CREA (clindamycin phosphate vaginal)	130
chlorthalidone 25 MG, 50 MG	72	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl)	75	CLEOCIN SUPP	130
chlorzoxazone TABS	110	CIPRODEX (ciprofloxacin-dexamethasone)	116	CLEOCIN-T LOTN (clindamycin phosphate (topical))	61
cholestyramine light PACK	29	ciprofloxacin hcl (ophth) SOLN ..	113	CLEVER CHEK LANCETS	89
cholestyramine light POWD	29	ciprofloxacin hcl (otic)	116	CLEVER CHOICE COMFORT EZ ..	89
cholestyramine PACK	29	ciprofloxacin hcl TABS	75	CLEVER CHOICE LANCETS 21G ..	89
cholestyramine POWD	29	ciprofloxacin-dexamethasone ..	116		
choline fenofibrate 135 MG	30	citalopram hydrobromide SOLN ..	22		
choline fenofibrate 45 MG	30	citalopram hydrobromide TABS ..	22		
CHOSEN LANCETS 30G	89	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-			
CHOSEN SAFETY LANCETS 28G	89				

CLEVER CHOICE LANCETS 23G 89	clobazam SUSP .....18	clotrimazole .....106
CLEVER CHOICE LANCETS 28G 89	clobazam TABS 10 MG .....18	clotrimazole w/ betamethasone CREA .....63
CLEVER CHOICE PEAK FLOW METER .....102	clobazam TABS 20 MG .....18	clotrimazole w/ betamethasone LOTN .....63
CLIMARA PRO .....75	clobetasol propionate CREA 0.05 % . 66	clozapine TABS .....45
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol) .....75	clobetasol propionate emollient base 0.05 %66	clozapine TBDP 12.5 MG .....45
CLINDAGEL GEL (clindamycin phosphate (topical)) .....61	clobetasol propionate emulsion ...66	CLOZARIL TABS (clozapine) .....45
clindamycin hcl .....35	clobetasol propionate FOAM .....66	C-NATE DHA CAPS .....108
clindamycin palmitate hydrochloride . 35	clobetasol propionate GEL 0.05 % 66	COAGADEX .....79
clindamycin phosphate (topical) FOAM .....61	clobetasol propionate LIQD .....66	COAGUCHEK LANCETS .....89
clindamycin phosphate (topical) GEL 61	clobetasol propionate LOTN .....66	COARTEM .....35
clindamycin phosphate (topical) LOTN .....61	clobetasol propionate OINT 0.05 % 66	codeine sulfate TABS .....8
clindamycin phosphate (topical) SOLN .....61	clobetasol propionate SHAM .....66	CODITUSSIN AC LIQD .....59
clindamycin phosphate (topical) SWAB .....61	clobetasol propionate SOLN 0.05 % . 66	COLAZAL CAPS (balsalazide disodium) .....76
clindamycin phosphate vaginal CREA.....130	CLOBEX LOTN 0.05 % (clobetasol propionate) .....66	colchicine CAPS .....78
clindamycin phosphate-benzoyl peroxide (refrigerate) .....61	CLOBEX SHAM (clobetasol propionate) .....66	colchicine TABS .....78
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %61	CLOBEX SPRAY LIQD (clobetasol propionate) .....66	colchicine w/ probenecid .....78
clindamycin phosphate-tretinoin .. 61	clocortolone pivalate .....66	COLCRYS TABS (colchicine) .....78
CLINDESSE .....130	CLODERM (clocortolone pivalate) 66	colesevelam hcl PACK .....29
CLINITEST RAPID COVID-19 TEST KIT .....70	clomipramine hcl .....23	colesevelam hcl TABS .....29
	clonazepam TABS .....18	COLESTID FLAVORED GRAN (colestipol hcl) .....29
	clonazepam TBDP .....18	COLESTID FLAVORED PACK (colestipol hcl) .....30
	clonidine hcl (adhd) TB12 .....1	COLESTID GRAN (colestipol hcl) ..30
	clonidine hcl TABS .....32	COLESTID PACK (colestipol hcl) ..30
	clopidogrel bisulfate .....81	COLESTID TABS (colestipol hcl) ..30
	clorazepate dipotassium TABS ....12	colestipol hcl GRAN .....30
		colestipol hcl PACK .....30
		colestipol hcl TABS .....30

COMBIGAN (brimonidine tartrate-timolol maleate)	112	COMTAN (entacapone)	43	CORTENEMA (hydrocortisone intrarectal))	11
COMBIPATCH PTTW	75	CONCEPT DHA	108	CORTIFOAM EX 10 %	11
COMBIVENT RESPIMAT AERS ..	15	CONCEPT OB	108	CORTISPORIN-TC	116
COMBIVIR (lamivudine-zidovudine) .	46	CONCERTA TBCR 18 MG (methylphenidate hcl)	2	COSENTYX (300 MG DOSE) SOSY .	
COMETRIQ (100 MG DAILY DOSE) KIT	40	CONCERTA TBCR 27 MG, 36 MG (methylphenidate hcl)	2	COSENTYX SENSOREADY (300 MG) SOAJ	64
COMETRIQ (140 MG DAILY DOSE) KIT	40	CONCERTA TBCR 54 MG (methylphenidate hcl)	2	COSENTYX SENSOREADY PEN SOAJ	64
COMETRIQ (60 MG DAILY DOSE) KIT	40	CONDOMS	85	COSENTYX SOSY 150 MG/ML ..	64
COMFORT ASSURED LANCETS 28G	89	CONDYLOX GEL (podofilox)	69	COSENTYX SOSY 75 MG/0.5ML ..	64
COMFORT ASSURED LANCETS 33G	90	CONZIP CP24 (tramadol hcl)	8	COSENTYX UNOREADY SOAJ ..	64
COMFORT EZ INSULIN SYRINGE .	101	COPAXONE SOSY 20 MG/ML (glatiramer acetate)	119	COSOPT (dorzolamide hcl-timolol maleate)	112
COMFORT EZ INSULIN SYRINGE .	102	COPAXONE SOSY 40 MG/ML (glatiramer acetate)	119	COSOPT PF (dorzolamide hcl-timolol maleate)	112
COMFORT LANCETS	90	COPIKTRA	40	COTELLIC	40
COMFORT TOUCH LANCETS 31G .	90	CORDRAN CREA (flurandrenolide) ..	66	COVID-19 AT HOME ANTIGEN TEST KIT	70
COMFORT TOUCH PLUS LANCETS 28G	90	CORDRAN TAPE	66	COVID-19 AT HOME TEST KITS ..	70
COMFORT TOUCH PLUS LANCETS 30G	90	COREG 3.125 MG (carvedilol)	49	COVID-19 AT-HOME TEST KIT ..	70
COMFORT TOUCH TWIST LANCET 30G	90	COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol)	49	COVID-19 FLU A&B 3-IN-1 TEST ..	70
COMIRNATY SUSP	128	COREG CR (carvedilol phosphate) ..	49	COVID-19 OTC ANTIGEN 1-PACK KIT	70
COMIRNATY SUSY	128	CORGARD TABS 20 MG, 40 MG (nadolol)	49	COVID-19 OTC ANTIGEN 2-PACK KIT	70
COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	46	CORIFACT	79	COZAAR (losartan potassium) ..	31
COMPLETENATE CHEW	108	CORLANOR SOLN	52	CREON CPEP	71
		CORLANOR TABS (ivabradine hcl)	52	CRESEMBA CAPS 186 MG	28
		CORTANE-B	66	CRESTOR TABS (rosuvastatin calcium)	30
		CORTEF TABS (hydrocortisone) ..	58	CRINONE GEL 8 %	131

cromolyn sodium (ophth)	115	CYSTADANE (betaine)	73	dasatinib 80 MG	40
cromolyn sodium NEBU	13	CYSTAGON CAPS	78	DAURISMO	38
CTEXLI 250 MG	76	CYSTARAN	115	DAYPRO TABS (oxaprozin)	5
CUPRIMINE CAPS (penicillamine) 105		CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	124	DAYTRANA PTCH (methylphenidate)	2
CUVPOSA SOLN PO (glycopyrrrolate)	125	CYTOMEL TABS 5 MCG (liothyronine sodium)	124	DDAVP TABS 0.1 MG (desmopressin acetate)	74
CVS COVID-19 AT HOME TEST KIT KIT	70	CYTOTEC (misoprostol)	127	DDAVP TABS 0.2 MG (desmopressin acetate)	74
CVS LANCETS ORIGINAL	90	CYTRA-3 SYRP	78	deferasirox PACK	26
CVS LANCETS THIN 26G	90	dabigatran etexilate mesylate CAPS 110 MG	17	deferasirox TABS	26
CVS ULTRA THIN LANCETS	90	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	17	deferasirox TBSO	26
cyclobenzaprine hcl TABS 5 MG, 10 MG	110	dalfampridine	119	deferiprone TABS 500 MG	27
CYCLOGYL (cyclopentolate hcl)	113	DALIRESP (roflumilast)	14	DELESTROGEN (estradiol valerate) 75	
CYCLOGYL	113	danazol CAPS	11	DELSTRIGO	46
CYCLOMYDRIL	113	DANTRIUM CAPS 25 MG (dantrolene sodium)	111	DELZICOL CPDR (mesalamine) ..	76
cyclopentolate hcl 1 %	113	dantrolene sodium CAPS	111	demeocycline hcl TABS	123
cyclophosphamide CAPS	36	dapagliflozin propanediol	26	DEMSEER (metyrosine)	31
CYCLOPHOSPHAMIDE TABS	36	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	24	DEPAKOTE ER TB24 (divalproex sodium)	21
cycloserine	36	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	24	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	21
cyclosporine (ophth) EMUL	114	dapsone (topical) 5 %	61	DEPAKOTE TBEC (divalproex sodium)	21
cyclosporine CAPS	105	dapsone (topical) 7.5 %	61	DEPEN TITRATABS TABS (penicillamine)	105
cyclosporine modified (for microemulsion) CAPS	105	dapsone 100 MG	35	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR	57
cyclosporine modified (for microemulsion) SOLN	105	dapsone 25 MG	35	DEPO-SUBQ PROVERA 104 SUSY SC	58
CYKLOKAPRON SOLN (tranexamic acid)	82	DAPTACEL	124	DERMA-SMOOTH/FS BODY OIL	
CYMBALTA CPEP (duloxetine hcl) 23		darifenacin hydrobromide	127		
cyproheptadine hcl SYRP	29	darunavir TABS	46		
cyproheptadine hcl TABS	29	dasatinib	40		

(fluocinolone acetonide)	66	DETROL LA CP24 (tolterodine tartrate)	127	DIATHRIVE LANCETS	90
DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	66	DETROL TABS (tolterodine tartrate)	127	DIATRUST COVID-19 HOME TEST KIT	70
DERMOTIC (fluocinolone acetonide (otic))	116	dexamethasone ELIX	58	diazepam (anticonvulsant) GEL	18
DESCOVY 200 MG-25 MG	46	DEXAMETHASONE INTENSOL CONC	58	diazepam CONC	12
desipramine hcl TABS	23	dexamethasone sodium phosphate (ophth)	114	diazepam SOLN PO 5 MG/5ML	12
desloratadine TABS	29	dexamethasone SOLN	58	diazepam TABS 10 MG	12
desloratadine TBDP	29	dexamethasone TABS	58	diazepam TABS 2 MG, 5 MG	12
DESMOPRESSIN ACETATE SOLN NA	74	dexamethasone TBPK	58	diazoxide	24
desmopressin acetate spray	74	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	1	DIBENZYLINE (phenoxybenzamine hcl)	31
desmopressin acetate spray refrigerated 0.01 %	74	dexmethylphenidate hcl CP24	2	dichlorphenamide	71
desmopressin acetate TABS 0.1 MG 74		dexmethylphenidate hcl TABS	2	DICLEGIS TBEC (doxylamine-pyridoxine)	27
desmopressin acetate TABS 0.2 MG 74		dextroamphetamine sulfate CP24	1	diclofenac potassium TABS 50 MG ..	5
desogestrel-ethynodiol estradiol (biphasic)	56	dextroamphetamine sulfate SOLN	1	diclofenac sodium (actinic keratoses) EX	64
desonide CREA	66	dextroamphetamine sulfate TABS 10 MG	1	diclofenac sodium (ophth)	115
desonide GEL	66	dextroamphetamine sulfate TABS 5 MG	1	diclofenac sodium (topical) GEL EX	63
desonide LOTN	66	DHIVY TABS	43	diclofenac sodium (topical) SOLN EX	63
desonide OINT	66	DIACOMIT CAPS 250 MG	19	diclofenac sodium (topical) SOLN EX	63
DESOWEN CREA (desonide)	66	DIACOMIT CAPS 500 MG	19	diclofenac sodium TB24	5
desoximetasone CREA 0.05 %	66	DIACOMIT PACK 250 MG	19	diclofenac sodium TBEC	5
desoximetasone CREA 0.25 %	66	DIACOMIT PACK 500 MG	19	diclofenac w/ misoprostol TBEC	5
desoximetasone GEL	66	DIASTAT ACUDIAL GEL (diazepam (anticonvulsant))	18	dicloxacillin sodium	117
desoximetasone LIQD	66	DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant))	18	dicyclomine hcl CAPS	125
desoximetasone OINT	66	DIATHRIVE LANCET ULTRA THIN	90	dicyclomine hcl SOLN PO	125
DESOXYN (methamphetamine hcl)	1	30	90	dicyclomine hcl TABS	125
desvenlafaxine succinate	23			DIFFERIN CREA (adapalene)	61

DIFFERIN GEL 0.1 % (adapalene)	61	diltiazem hcl CP24	50	DIVIGEL GEL (estradiol)	75
DIFFERIN GEL 0.3 % (adapalene)	61	diltiazem hcl extended release beads	50	dofetilide	13
DIFFERIN LOTN	61	diltiazem hcl TABS	50	DOJOLVI	112
DIFICID TABS	85	diltiazem hcl TB24	50	DOMETUSS-DMX LIQD	59
diflorasone diacetate CREA	67	dimethyl fumarate CDPK	119	donepezil hydrochloride TABS	118
diflorasone diacetate OINT	67	dimethyl fumarate CPDR	119	donepezil hydrochloride TBDP	118
DIFLUCAN SUSR (fluconazole)	28	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan-hydrochlorothiazide)	33	DOPTELET	82
DIFLUCAN TABS 100 MG, 150 MG, 200 MG (fluconazole)	28	DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide)	32	DORAL (quazepam)	82
diflunisal TABS	7	DIOVAN TABS 160 MG (valsartan)	31	dorzolamide hcl	115
difluprednate	114	DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan)	32	DORZOLAMIDE HCL	115
digoxin SOLN PO 0.05 MG/ML	51	DIPENTUM	76	DORZOLAMIDE HCL-TIMOLOL MAL	112
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	51	diphenhydramine hcl SOLN 50 MG/ML	29	dorzolamide hcl-timolol maleate	112
dihydroergotamine mesylate SOLN IJ 1 MG/ML	103	diphenoxylate w/ atropine LIQD	26	DOVATO	46
dihydroergotamine mesylate SOLN NA 4 MG/ML	103	diphenoxylate w/ atropine TABS	26	doxazosin mesylate	32
DILANTIN (phenytoin sodium extended)	21	DIPROLENE OINT (betamethasone dipropionate augmented)	67	doxepin hcl (antipruritic)	64
DILANTIN	21	dipyridamole	81	doxepin hcl CAPS	23
DILANTIN INFATABS CHEW (phenytoin)	21	disopyramide phosphate CAPS	13	doxepin hcl CONC	23
DILANTIN SUSP (phenytoin)	21	disulfiram	118	doxercalciferol CAPS	73
DILANTIN-125 SUSP (phenytoin)	21	DITROPAN XL TB24 5 MG (oxybutynin chloride)	127	doxycycline (monohydrate) CAPS 150 MG	123
DILAUDID LIQD (hydromorphone hcl)	8	DIURIL SUSP	72	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	123
DILAUDID TABS (hydromorphone hcl)	8	divalproex sodium CSDR	21	doxycycline (monohydrate) SUSR 123	123
diltiazem hcl coated beads CP24	50	divalproex sodium TB24	21	doxycycline (monohydrate) TABS 50 MG, 100 MG	123
diltiazem hcl CP12	50	divalproex sodium TBEC	21	doxycycline (monohydrate) TABS 75 MG, 150 MG	123
				doxycycline (rosacea)	69
				doxycycline hyclate CAPS	123
				doxycycline hyclate TABS 20 MG,	

100 MG	123	DULCOLAX TBEC (bisacodyl)	84	EASY TOUCH LANCETS 23G	90
doxylamine-pyridoxine TBEC	27	DULEREA	15	EASY TOUCH LANCETS 26G	90
DRISDOL CAPS (ergocalciferol) ..	131	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	23	EASY TOUCH LANCETS 28G	90
dronabinol CAPS	27	DUOPA SUSP	43	EASY TOUCH LANCETS 28G/TWIST	91
DROPLET INSULIN SYRINGE ..	102	DUPIXENT SOAJ 200 MG/1.14ML 68		EASY TOUCH LANCETS 30G	91
DROPLET LANCETS ULTRA THIN 30G	90	DUPIXENT SOAJ 300 MG/2ML ..	68	EASY TOUCH LANCETS 30G/TWIST	91
DROPLET PERSONAL LANCETS 30G	90	DUPIXENT SOSY 100 MG/0.67ML 68		EASY TOUCH LANCETS 32G	91
DROPSAFE ACTI-LANCE 23G ..	90	DUPIXENT SOSY 200 MG/1.14ML 68		EASY TOUCH LANCETS 32G/TWIST	91
DROPSAFE SAFETY SYRINGE/NEEDLE	102	DUPIXENT SOSY 300 MG/2ML ..	68	EASY TOUCH LANCETS 33G/TWIST	91
drospirenone-ethinyl estradiol ..	56	DUREX EXTRA SENSITIVE THIN DEVI	85	EASY TOUCH SAFETY LANCETS 21G	91
drospirenone-ethinyl estradiol- levomefolate calcium	56	DUREX EXTRA SENSITIVE THIN MISC	85	EASY TOUCH SAFETY LANCETS 23G	91
DROXIA CAPS	81	DUREX TROPICAL MISC	85	EASY TOUCH SAFETY LANCETS 26G	91
droxidopa	131	DUREZOL (difluprednate)	114	EASY TOUCH SAFETY LANCETS 28G	91
DRUG MART ON-THE-GO LANCET 30G	90	dutasteride	78	econazole nitrate CREA	63
DRUG MART UNILET LANCETS 28G	90	dutasteride-tamsulosin hcl	78	EDARBI 40 MG	32
DRUG MART UNILET LANCETS 30G	90	DYMISTA SUSP (azelastine hcl- fluticasone propionate)	111	EDARBI 80 MG	32
DRUG MART UNILET LANCETS 33G	90	DYRENIUM CAPS (triامترن) ..	72	EDARBYCLOR	33
DRYSOL SOLN	69	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	85	EDECRRIN (ethacrynic acid)	72
DUAVEE	75	EASY COMFORT LANCETS	90	EDURANT	46
DUET DHA 400 MISC	108	EASY COMFORT LANCETS TWIST TOP	90	efavirenz CAPS	46
DUETACT (pioglitazone hcl- glimepiride)	24	EASY TOUCH FLIPLOCK NEEDLES	102	efavirenz TABS	46
DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	84	EASY TOUCH HYPODERMIC NEEDLE	102	efavirenz-emtricitabine-tenofovir disoproxil fumarate	46
DULCOLAX SUPP (bisacodyl) ..	84	EASY TOUCH LANCETS 21G ..	90	efavirenz-lamivudine-tenofovir disoproxil fumarate	46

EFFER-K	105	EMBRACE LANCETS ULTRA THIN 30G	91	ENBREL SURECLICK SOAJ	6
EFFEXOR XR CP24 (venlafaxine hcl)	23	EMBRACE PRESSURE ACTIVATED 21G	91	ENCARE SUPP 100 MG	130
EFFIENT (prasugrel hcl)	81	EMBRACE PRESSURE ACTIVATED 28G	91	ENDARI (glutamine (sickle cell)) ..	81
EFUDEX CREA (fluorouracil (topical))	64	EMCYT	38	ENDOMETRIN INST	131
EGRIFTA SV	72	EMEND BIPACK CAPS 80 MG (aprepitant)	28	ENGERIX-B SUSP 20 MCG/ML .	128
ELESTRIN GEL	75	EMEND SUSR	28	ENGERIX-B SUSY	128
eletriptan hydrobromide	103	EMEND TRIPACK CAPS (aprepitant)	28	exoxaparin sodium SOLN IJ 300 MG/3ML	16
ELIDEL (pimecrolimus)	68	EMGALITY (300 MG DOSE) SOSY 103		exoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	16
ELIGARD SC	38	EMGALITY SOAJ	103	exoxaparin sodium SOSY 30 MG/0.3ML	16
ELIMITE CREA (permethrin)	69	EMGALITY SOSY	103	exoxaparin sodium SOSY 40 MG/0.4ML	17
ELIQUIS DVT/PE STARTER PACK TBPK	16	EMSAM	22	exoxaparin sodium SOSY 60 MG/0.6ML	17
ELIQUIS TABS	16	emtricitabine CAPS	46	exoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	17
ELLA	57	emtricitabine-rilpivirine-tenofovir disoproxil fumarate	46	entacapone	43
ELLUME COVID-19 HOME TEST KIT	70	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	46	entecavir TABS	48
ELMIRON CAPS	78	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	46	ENTEREG (alvimopan)	77
ELOCTATE	79	EMTRIVA CAPS (emtricitabine) ...	47	ENTRESTO CPSP	51
eltrombopag olamine PACK 12.5 MG, 25 MG	82	EMTRIVA SOLN	47	ENTRESTO TABS	51
eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	82	enalapril maleate & hydrochlorothiazide	33	EPCLUSIA PACK	48
EMBECTA AUTOSHIELD DUO ..	102	enalapril maleate TABS	31	EPCLUSIA TABS	48
EMBECTA INSULIN SYR ULTRAFINE	102	ENBREL MINI SOCT	6	EPIDIOLEX	19
EMBECTA PEN NEEDLE NANO 102		ENBREL SOLN	6	EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	61
EMBECTA PEN NEEDLE NANO 2 GEN	102	ENBREL SOSY 25 MG/0.5ML	6	EPIDUO GEL (adapalene-benzoyl peroxide)	61
EMBECTA PEN NEEDLE ULTRAFINE	102	ENBREL SOSY 50 MG/ML	6	EPIFOAM FOAM	67
				epinastine hcl (ophth)	115
				epinephrine (anaphylaxis) SOAJ 0.15	

MG/0.15ML	131	erythromycin (ophth)	113	estradiol valerate	75
epinephrine (anaphylaxis) SOAJ 0.3		ERYTHROMYCIN	113	ESTRING RING 7.5 MCG/24HR .	131
MG/0.3ML	131	erythromycin base CPEP	85	ESTROGEL GEL (estradiol)	75
epinephrine (anaphylaxis) SOAJ .	131	erythromycin base TABS	85	eszopiclone	82
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	131	erythromycin base TBEC	85	ethacrynic acid	72
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	131	erythromycin ethylsuccinate SUSR 85		ethambutol hcl TABS	36
EPIVIR SOLN (lamivudine)	47	erythromycin ethylsuccinate TABS 85		ethosuximide CAPS	21
EPIVIR TABS (lamivudine)	47	ESBRIET CAPS (pirfenidone)	123	ethosuximide SOLN	21
eplerenone	34	ESBRIET TABS (pirfenidone)	123	ethynodiol diacet & eth estrad	56
EPZICOM (abacavir sulfate- lamivudine)	47	escitalopram oxalate SOLN	22	etodolac CAPS	5
EQUETRO	45	escitalopram oxalate TABS 10 MG, 20 MG	22	etodolac TABS	5
ergocalciferol CAPS	131	escitalopram oxalate TABS 5 MG .	22	etodolac TB24	5
ergoloid mesylates TABS	120	ESGIC TABS (butalbital- acetaminophen-caffeine)	6	etonogetrel-ethinyl estradiol	57
ERGOMAR SUBL	103	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	19	ETOPOPHOS	43
ergotamine w/ caffeine TABS	103	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT 79		etoposide CAPS	43
ERIVEDGE	38	estazolam	82	etravirine	47
ERLEADA 240 MG	38	ESTRACE CREA (estradiol vaginal) .		EUCRISA	69
ERLEADA 60 MG	38	131		EULEXIN	38
erlotinib hcl	37	ESTRACE TABS (estradiol)	75	EVAMIST SOLN	75
ERTACZO	63	estradiol & norethindrone acetate TABS	75	everolimus (immunosuppressant) 106	
ertapenem sodium IJ	34	estradiol GEL	75	everolimus TABS	40
ERYGEL GEL (erythromycin (acne aid))	61	estradiol PTTW	75	everolimus TBSO	40
ERYPED 200 SUSR (erythromycin ethylsuccinate)	85	estradiol PTWK	75	EVISTA (raloxifene hcl)	73
ERYPED 400 SUSR (erythromycin ethylsuccinate)	85	estradiol TABS	75	EVOTAZ	47
erythromycin (acne aid) GEL	61	estradiol vaginal CREA	131	EVOXAC (cevimeline hcl)	107
erythromycin (acne aid) SOLN	61	estradiol vaginal TABS	131	EVRYSDI	112
				EXELDERM CREA (sulconazole nitrate)	63
				EXELDERM SOLN	63
				EXELON (rivastigmine)	118

exemestane	38	FASENRA SOSY 10 MG/0.5ML	13	fentanyl citrate LPOP 1600 MCG	8
EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...	33	FASENRA SOSY 30 MG/ML	13	fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8
EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	33	FASTEP COVID-19 ANTIGEN TEST KIT	70	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8
EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	33	FC2 FEMALE CONDOM	85	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8
EXJADE TBSO (deferasirox)	27	febuxostat 40 MG	78	FERRIPROX SOLN	27
EXODERM	63	febuxostat 80 MG	78	FERRIPROX TABS 500 MG (deferiprone)	27
ezetimibe	31	FEIBA	79	fesoterodine fumarate	127
ezetimibe-simvastatin	29	felbamate SUSP	21	FETZIMA CP24 20 MG	23
EZ-LETS LANCETS 21G	91	felbamate TABS	21	FETZIMA CP24 40 MG, 80 MG, 120 MG	23
EZ-LETS LANCETS 26G	91	FELBATOL SUSP (felbamate)	21	FETZIMA TITRATION C4PK	23
EZ-LETS LANCETS 28G	91	FELBATOL TABS (felbamate)	21	FIBRICOR 105 MG (fenofibric acid) 30	
EZ-LETS LANCETS 30G	91	FELDENE CAPS 10 MG (piroxicam) . 5		FIBRICOR 35 MG (fenofibric acid) 30	
FABHALTA	81	FELDENE CAPS 20 MG (piroxicam) . 5		FIFTY50 SAFETY SEAL LANCETS . 91	
FABIOR FOAM	61	felodipine 10 MG	50	FIFTY50 UNILET LANCETS 33G .91	
famciclovir	48	felodipine 2.5 MG, 5 MG	50	FINACEA FOAM	69
famotidine SUSR	126	FEMARA (letrozole)	38	FINACEA GEL (azelaic acid)	69
famotidine TABS 20 MG	126	FEMCAP DEVI	85	finasteride	78
famotidine TABS 40 MG	126	FEMRING	131	FINE 30	91
FANAPT	45	fenofibrate CAPS	30	FINGERSTIX LANCETS	91
FANAPT TITRATION PACK	45	fenofibrate micronized 130 MG, 200 MG	30	fingolimod hcl	119
FANTASY LUBRICATED MISC ..	85	fenofibrate micronized 67 MG, 90 MG, 134 MG	30	FIORICET CAPS (butalbital- acetaminophen-caffeine)	6
FANTASY LUBRICATED/SPERMICIDE MISC 85		fenofibrate TABS 145 MG	30	FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) .	
FARESTON (toremifene citrate) ..	38	fenofibrate TABS 48 MG, 160 MG .30			
FARXIGA (dapagliflozin propanediol)	26	fenofibrate TABS 54 MG	30		
FASENRA PEN SOAJ	13	fenofibric acid 105 MG	30		
		FENOGLIDE TABS (fenofibrate) ..	30		
		FENSOLVI (6 MONTH) SC	73		

9	(fluticasone propionate hfa)	14	fluocinolone acetonide SOLN	67
FIRAZYR SOSY (icatibant acetate) 81	FLOWFLEX COVID-19 AG HOME TEST KIT	70	fluocinonide CREA	67
FIRDAPSE	FLOWFLEX PLUS COVID-19/FLU A/B	70	fluocinonide emulsified base	67
FLAGYL CAPS (metronidazole) ...34	FLUAD	128	fluocinonide GEL	67
FLAREX	FLUAD QUADRIVALENT	128	fluocinonide OINT	67
flavoxate hcl	FLUARIX QUADRIVALENT SUSY 128		fluocinonide SOLN	67
FLEBOGAMMA DIF SOLN	FLUARIX SUSY	128	fluorometholone (ophth) SUSP ...114	
flecainide acetate	FLUBLOK QUADRIVALENT	129	fluorouracil (topical) CREA 0.5 % ..64	
FLONASE ALLERGY REL CHILDRENS SUSP (fluticasone propionate (nasal))	FLUBLOK SOSY	129	fluorouracil (topical) CREA 5 % ...64	
FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ..111	FLUCELVAX QUADRIVALENT SUSP	129	fluorouracil (topical) SOLN	64
FLORAFOL PEDIATRIC CHEW .107	FLUCELVAX QUADRIVALENT SUSY	129	fluoxetine hcl (pmdd) TABS	120
FLORAFOL PEDIATRIC SOLN ..107	FLUCELVAX SUSP	129	fluoxetine hcl CAPS 10 MG, 20 MG 22	
FLORIVA	FLUCELVAX SUSY	129	fluoxetine hcl CAPS 40 MG	22
FLORIVA	fluconazole SUSR	28	fluoxetine hcl CPDR	22
FLORIVA PLUS SOLN	fluconazole TABS	28	fluoxetine hcl SOLN	22
FLOTREX CHEW 0.25 MG	flucytosine	28	FLUOXETINE HCL TABS (fluoxetine hcl)	22
FLOTREX CHEW 0.5 MG	fludarabine phosphate SOLR	36	fluoxetine hcl TABS 10 MG	22
FLOVENT DISKUS AEPB 100 MCG/ACT (fluticasone propionate (inhalation))	fludrocortisone acetate TABS	58	fluoxetine hcl TABS 20 MG, 60 MG 22	
FLOVENT DISKUS AEPB 250 MCG/ACT (fluticasone propionate (inhalation))	FLULALVAL QUADRIVALENT SUSY .. 129		fluphenazine hcl CONC	46
FLOVENT DISKUS AEPB 50 MCG/ACT (fluticasone propionate (inhalation))	FLULALVAL SUSY	129	fluphenazine hcl ELIX	46
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (fluticasone propionate hfa)	FLUMIST	129	fluphenazine hcl TABS	46
FLOVENT HFA 44 MCG/ACT	FLUMIST QUADRIVALENT	129	flurandrenolide CREA	67
	fluocinolone acetonide (otic)	116	flurbiprofen sodium	115
	fluocinolone acetonide CREA	67	flurbiprofen TABS	5
	fluocinolone acetonide OIL	67	fluticasone furoate-vilanterol	15
	fluocinolone acetonide OINT	67	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	14
			fluticasone propionate (inhalation) AEPB 250 MCG/ACT	14

fluticasone propionate (inhalation) AEPB 50 MCG/ACT	14	FML LIQUIFILM SUSP (fluorometholone (ophth))	114	(lanthanum carbonate)	77
fluticasone propionate (nasal) SUSP . 111		FOCALIN TABS (dexmethylphenidate hcl)	2	FOSRENOL PACK	77
fluticasone propionate CREA 0.05 % 67		FOCALIN XR CP24 (dexmethylphenidate hcl)	2	FRAGMIN SOLN 95000 UNIT/3.8ML 17	
fluticasone propionate hfa	14	folic acid TABS 1 MG	82	FRAGMIN SOSY 2500 UNIT/0.2ML 17	
fluticasone propionate LOTN	67	folic acid TABS 400 MCG, 800 MCG . 82		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
fluticasone propionate OINT	67	FOLIVANE-F	82	FREDS PHARMACY UNILET LANC 28G	91
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	15	FOLIVANE-OB	108	FREDS PHARMACY UNILET LANC 30G	91
fluticasone-salmeterol AERO	15	fondaparinux sodium 2.5 MG/0.5ML . 17		FREESTYLE FREEDOM LITE KIT 92	
fluvastatin sodium CAPS	30	fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	17	FREESTYLE INSULINX TEST STRP	70
fluvastatin sodium TB24	30	FORA LANCETS	91	FREESTYLE LANCETS	92
fluvoxamine maleate CP24 100 MG 22		FORFIVO XL TB24 (bupropion hcl) 22		FREESTYLE LITE KIT	92
fluvoxamine maleate CP24 150 MG 22		formaldehyde SOLN 10 %	46	FREESTYLE LITE TEST STRP ...	70
fluvoxamine maleate TABS 100 MG . 22		FORTEO SOPN (teriparatide)	72	FREESTYLE PRECISION NEO SYSTEM KIT	92
fluvoxamine maleate TABS 25 MG, 50 MG	22	FORTESTA GEL TD (testosterone) 11		FREESTYLE PRECISION NEO TEST STRP	70
FLUZONE HIGH-DOSE QUADRIVALENT	129	FOSAMAX TABS 70 MG (alendronate sodium)	72	FREESTYLE TEST STRP	70
FLUZONE HIGH-DOSE SUSY ...129		fosamprenavir calcium TABS	47	FREESTYLE UNISTICK II LANCETS	92
FLUZONE QUADRIVALENT SUSP 129		fosfomycin tromethamine	35	FROVA (frovatriptan succinate) . 103	
FLUZONE QUADRIVALENT SUSY 129		fosinopril sodium & hydrochlorothiazide	33	frovatriptan succinate	103
FLUZONE SUSP	129	fosinopril sodium	31	furosemide SOLN PO 8 MG/ML, 10 MG/ML	72
FLUZONE SUSY	129	FOSRENOL CHEW 1000 MG (lanthanum carbonate)	77	furosemide TABS	72
FML FORTE SUSP	114	FOSRENOL CHEW 500 MG (lanthanum carbonate)	77	FUZEON SOLR	47
		FOSRENOL CHEW 750 MG			

FYCOMPA SUSP	18	gefitinib	37	GLEOSTINE 10 MG, 40 MG, 100 MG	36
FYCOMPA TABS 2 MG (perampanel)	18	GELFILM	115	glimepiride 1 MG, 2 MG, 4 MG	26
FYCOMPA TABS 4 MG (perampanel)	18	gemfibrozil TABS	30	glipizide TABS	26
FYCOMPA TABS 6 MG (perampanel)	18	GENABIO COVID-19 RAPID TEST KIT	70	glipizide TB24	26
FYCOMPA TABS 8 MG, 10 MG, 12 MG (perampanel)	18	GENERESS FE (norethindrone & ethinyl estradiol-fe)	56	glipizide-metformin hcl	24
gabapentin CAPS	19	gentamicin sulfate (ophth) SOLN .	113	GLOBAL EASY GLIDE INSULIN SYR	102
gabapentin SOLN	19	gentamicin sulfate (topical) CREA .	62	GLOBAL INJECT EASE LANCETS 28G	92
gabapentin TABS 600 MG, 800 MG 19		gentamicin sulfate (topical) OINT ..	62	GLOBAL INJECT EASE LANCETS 30G	92
GABITRIL (tiagabine hcl)	21	GENTEEL BUTTERFLY TOUCH LANCET	92	glucagon (rdna)	24
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ..	110	GENTLE-LET GP LANCETS	92	GLUCAGON EMERGENCY (glucagon (rdna))	24
GALAFOLD	73	GENTLE-LET LANCETS	92	GLUCOCOM LANCETS 28G	92
galantamine hydrobromide CP24	118	GENVOYA	47	GLUCOCOM LANCETS 30G	92
galantamine hydrobromide SOLN 118		GEODON 20 MG, 40 MG (ziprasidone hcl)	45	GLUCOCOM LANCETS 33G	92
galantamine hydrobromide TABS 118		GEODON 60 MG, 80 MG (ziprasidone hcl)	45	GLUCOTROL XL TB24 (glipizide) ..	26
GALZIN	105	GILENYA (fingolimod hcl)	119	glutamine (sickle cell)	81
GAMASTAN	117	GILOTTRIF	38	glyburide micronized 1.5 MG, 3 MG, 6 MG	26
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML	117	GILPHEX TR TABS 10 MG-388 MG .	59	glyburide TABS	26
GAMMAKED 1 GM/10ML	117	GILTUSS COUGH & COLD TABS 59		glyburide-metformin	24
GAMMAPLEX SOLN	117	GILTUSS SINUS & CONGESTION TABS	59	GLYCATE TABS	125
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML	117	glatiramer acetate SOSY 20 MG/ML .		glycopyrrolate SOLN PO 1 MG/5ML .	
GARDASIL 9 SUSP 0.5 ML	129	119		125	
GARDASIL 9 SUSY 0.5 ML	129	glatiramer acetate SOSY 40 MG/ML .		glycopyrrolate TABS 1 MG, 2 MG	
gatifloxacin (ophth)	113	119		125	
GATTEX	77	GLEEVEC TABS 100 MG (imatinib mesylate)	40	GLYCOPYRROLATE TABS	125
		GLEEVEC TABS 400 MG (imatinib mesylate)	40	GLYNASE (glyburide micronized) ..	26
				GLYXAMBI	24
				GNP STERILE LANCETS 28G ..	92

GNP STERILE LANCETS 30G	92	HALCION 0.25 MG (triazolam)	82	SUPN	25
GNP STERILE LANCETS 33G	92	halobetasol propionate CREA	67	HUMALOG MIX 75/25 SUSP	25
GOJJI STERILE LANCETS	92	halobetasol propionate OINT	67	HUMALOG SOCT	25
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	83	HALOG SOLN	67	HUMALOG SOLN IJ	25
GONITRO PACK	12	haloperidol lactate CONC	45	HUMATE-P SOLR	79
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	70	haloperidol TABS	45	HUMATIN	3
granisetron hcl TABS	27	HAVRIX 1440 EL U/ML	129	HUMATROPE CART IJ	72
griseofulvin microsize SUSP	28	HAVRIX IM 720 EL U/0.5ML	129	HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4
griseofulvin microsize TABS	28	HEALTHY ACCENTS UNILET LANCETS	93	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4
griseofulvin ultramicrosize	28	H-E-B INCONTROL LANCETS 28G	93	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4
guaifenesin-codeine SOLN	59	H-E-B INCONTROL LANCETS 30G	93	HUMIRA (2 SYRINGE) PSKT	4
guanfacine hcl (adhd)	1	H-E-B INCONTROL LANCETS 33G	93	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4
guanfacine hcl	32	HEMANGEOL SOLN PO	49	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4
GYNAZOLE-1	130	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	79	HUMIRA-PED<40KG CROHNS STARTER PSKT	4
HADLIMA PUSHTOUCH SOAJ	4	heparin sodium (porcine) SOLN IJ 10000 UNIT/ML	17	HUMIRA-PED>/=40KG CROHNS START PSKT	4
HADLIMA SOSY	4	HEPLISAV-B SOSY	129	HUMIRA-PED>/=40KG UC STARTER AJKT	4
HAEGARDA SOLR SC	81	HIPREX (methenamine hippurate)	35	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4
HAEMOLANCE	92	HUMALOG JUNIOR KWIKPEN SOPN	25	HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4
HAEMOLANCE LOW FLOW LANCETS	92	HUMALOG KWIKPEN SOPN 100 UNIT/ML	25	HUMULIN 70/30 KWIKPEN SUPN 25	
HAEMOLANCE PLUS	92	HUMALOG KWIKPEN SOPN 200 UNIT/ML	25	HUMULIN 70/30 SUSP	25
HAEMOLANCE PLUS HIGH FLOW	92	HUMALOG MIX 50/50 KWIKPEN SUPN	25	HUMULIN N KWIKPEN SUPN	25
HAEMOLANCE PLUS LOW FLOW	92	HUMALOG MIX 50/50 SUSP	25	HUMULIN N SUSP	25
HAEMOLANCE PLUS MAX FLOW	92	HUMALOG MIX 75/25 KWIKPEN		HUMULIN R SOLN IJ	25
HAEMOLANCE PLUS PEDIATRIC FLOW	92	HUMALOG MIX 75/25 KWIKPEN			
halcinonide SOLN 0.1 %	67				

HUMULIN R U-500 (CONCENTRATED) SOLN SC	25	MG 10	hyoscyamine sulfate SUBL 0.125 MG 125
HUMULIN R U-500 KWIKPEN SOPN SC	25	hydrocortisone (intrarectal) 11	hyoscyamine sulfate TABS 0.125 MG 125
HYCAMTIN CAPS	43	hydrocortisone (rectal) EX 2.5 % .. 11	hyoscyamine sulfate TB12 0.375 MG 125
HYCAMTIN SOLR (topotecan hcl)	43	hydrocortisone (topical) CREA 2.5 % 67	hyoscyamine sulfate TBDP 0.125 MG 125
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	59	hydrocortisone (topical) LOTN 2 %, 2.5 % 67	HYPERSAL NEBU (sodium chloride (inhalant)) 59
HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	59	hydrocortisone (topical) OINT 2.5 % . 67	HYPERSAL NEBU 59
hydralazine hcl TABS	34	hydrocortisone (topical) SOLN 2.5 % 67	HYQVIA 117
HYDREA (hydroxyurea)	43	hydrocortisone butyrate CREA 67	HY-VEE LANCETS 93
hydrochlorothiazide CAPS	72	hydrocortisone butyrate hydrophilic lipo base 67	HY-VEE THIN LANCETS 93
hydrochlorothiazide TABS	72	hydrocortisone butyrate OINT 67	HYZAAR (losartan potassium & hydrochlorothiazide) 33
hydrocodone bitartrate-homatropine methylbromide SOLN	59	hydrocortisone butyrate SOLN 67	ibandronate sodium TABS 72
hydrocodone bitartrate-homatropine methylbromide TABS	59	hydrocortisone TABS 58	IBRANCE CAPS 40
hydrocodone polistirex-chlorpheniramine polistirex SUER	59	hydrocortisone valerate CREA 67	IBRANCE TABS 40
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9	hydrocortisone valerate OINT 67	ibuprofen TABS 400 MG, 600 MG, 800 MG 5
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	10	hydrocortisone w/acetic acid 116	icatibant acetate SOSY 81
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	10	hydromorphone hcl LIQD 8	ICLUSIG 40
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9	hydromorphone hcl TABS 8	icosapent ethyl 29
hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG	10	hydromorphone hcl TB24 32 MG ... 8	IDELVION 79
hydrocodone-ibuprofen 5 MG-200		hydromorphone hcl TB24 8 MG, 12 MG, 16 MG 8	IDHIFA 40
		hydroxychloroquine sulfate 200 MG 35	IHEALTH COVID-19 RAPID TEST KIT 70
		hydroxyurea 43	ILEVRO 115
		hydroxyzine hcl SOLN 50 MG/ML . 12	imatinib mesylate TABS 100 MG .. 40
		hydroxyzine hcl SYRP 12	imatinib mesylate TABS 400 MG .. 40
		hydroxyzine hcl TABS 12	IMBRUVICA CAPS 140 MG 40
		hydroxyzine pamoate CAPS 12	IMBRUVICA CAPS 70 MG 40

IMBRUVICA SUSP	40	INDOCIN SUSP (indomethacin)	5	ipratropium bromide SOLN 0.02 %	14
IMBRUVICA TABS	40	indomethacin CAPS 25 MG, 50 MG	5	ipratropium-albuterol SOLN	15
imipenem-cilastatin IV 250 MG ..	34	indomethacin CPCR	5	irbesartan	32
imipenem-cilastatin IV 500 MG ..	34	indomethacin SUPP	5	irbesartan-hydrochlorothiazide ..	33
imipramine hcl TABS 10 MG, 25 MG .	23	indomethacin SUSP	5	IRESSA (gefitinib)	38
imipramine hcl TABS 50 MG	23	INFANRIX	125	IRON FOLATE-F	82
imipramine pamoate	23	INFLECTRA SOLR	76	ISENTRESS CHEW	47
imiquimod 5 %	68	INGREZZA CAPS	119	ISENTRESS HD TABS	47
IMITREX 20 MG/ACT (sumatriptan)		INGREZZA CPPK	119	ISENTRESS PACK	47
103		INGREZZA CPSP	119	ISENTRESS TABS	47
IMITREX 5 MG/ACT (sumatriptan)		INLYTA	37	isoniazid SYRP	36
103		INNOPRAN XL	49	isoniazid TABS	36
IMITREX STATDOSE REFILL SOCT		INQOVI	39	ISOPTO ATROPINE SOLN	113
(sumatriptan succinate)	103	INREBIC	40	ISORDIL TITRADOSE TABS	
IMITREX STATDOSE SYSTEM		INSPRA (eplerenone)	34	(isosorbide dinitrate)	12
SOAJ (sumatriptan succinate) ...	103	INSULIN LISPRO PROT & LISPRO		isosorbide dinitrate TABS 40 MG ..	12
IMITREX TABS (sumatriptan		SUPN	25	isosorbide dinitrate TABS 5 MG, 10	
succinate)	103	INSULIN SYRINGES AND PEN		MG, 20 MG, 30 MG	12
IMODIUM A-D CAPS (loperamide		NEEDLES	102	isosorbide dinitrate-hydralazine hcl	
hcl)	26	INTEGRA F	82	51	
IMURAN TABS (azathioprine)	106	INTELENCE (etravirine)	47	isosorbide mononitrate TABS	12
IN TOUCH STERILE LANCETS 30G		INTELENCE 25 MG	47	ISOSORBIDE MONONITRATE	
.....	93	INTELISWAB COVID-19 RAPID		TABS	12
INBRIJA CAPS	44	TEST KIT	70	isosorbide mononitrate TB24	12
INCRELEX	73	INTUNIV (guanfacine hcl (adhd)) ..	1	isotretinoin 10 MG, 25 MG	61
INCRUSE ELLIPTA	14	INVANZ IJ (ertapenem sodium) ...	34	isotretinoin 20 MG	62
indapamide TABS 1.25 MG, 2.5 MG .	72	INVEGA (paliperidone)	45	isotretinoin 30 MG	61
INDERAL LA CP24 (propranolol hcl) .	49	iodoquinol-hydrocortisone in aloe		isotretinoin 35 MG, 40 MG	62
		vehicle	63	isradipine CAPS	50
INDERAL XL	49	IOPIDINE	113	ISTALOL SOLN (timolol maleate	
INDICAID COVID-19 RAPID TEST		ipratropium bromide (nasal)	111	(ophth))	112
KIT	70	ISTODAX SOLR (romidepsin)	41		

itraconazole CAPS .....	.28	KAMELEON LUBRICATED MISC .85	86
itraconazole SOLN28	KAPVAY TB12 (clonidine hcl (adhd))	KIMONO SPECIAL DEVI86
ivabradine hcl TABS52	1	KINNEY LANCETS93
ivermectin (rosacea) .....	.69	KCENTRA .....	.80
ivermectin .....	.11	KENALOG AERS (triamcinolone acetonide (topical)) .....	.67
IXINITY SOLR .....	.80	KEPPRA SOLN PO 100 MG/ML (levetiracetam) .....	.19
JADENU SPRINKLE PACK (deferasirox) .....	.27	KEPPRA TABS (levetiracetam) ....	.19
JADENU TABS (deferasirox)27	KEPPRA XR TB24 (levetiracetam) 19	KISQALI (200 MG DOSE)41
JAKAFI .....	.41	ketoconazole (topical) CREA .....	.63
JALYN (dutasteride-tamsulosin hcl) . 78		ketoconazole (topical) FOAM .....	.63
JANSSEN COVID-19 VACCINE .130		ketoconazole (topical) SHAM 2 % .	.63	
JANUMET TABS .....	.24	ketoconazole .....	.28
JANUMET XR TB24 1000 MG-100 MG .....	.24	ketoprofen CP24 .....	.5
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG .....	.24	ketorolac tromethamine (ophth) .	.115
JANUVIA .....	.25	ketorolac tromethamine TABS .....	.5
JARDIANCE .....	.26	KEVEYIS (dichlorphenamide) .....	.71
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT .....	.80	KEVZARA SOAJ .....	.4
JULUCA .....	.47	KEVZARA SOSY .....	.4
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG .....	.31	KIMONO COLORS DEVI .....	.85
JYNARQUE TBPK (tolvaptan) ....	.74	KIMONO MAXX-LARGE FLARE MISC .....	.85
JYNARQUE TBPK 15 MG (tolvaptan) .....	.74	KIMONO MICRO THIN MISC .....	.85
KALETRA SOLN .....	.47	KIMONO MICRO THIN PLUS MISC . .85	
KALETRA TABS (lopinavir-ritonavir) . 47		KIMONO MISC .....	.86
KALYDECO PACK .....	.122	KIMONO PLUS MISC .....	.86
KALYDECO TABS .....	.122	KIMONO PS MISC .....	.86
		KIMONO PS PLUS MISC .....	.86
		KIMONO SENSATION MISC .....	.86
		KIMONO SENSATION PLUS MISC		
		KINNEY THIN LANCETS .....	.93
		KINRIX SUSY .....	.125
		KISQALI (400 MG DOSE) .....	.41
		KISQALI (600 MG DOSE) .....	.41
		KISQALI FEMARA (200 MG DOSE) . .39		
		KISQALI FEMARA (400 MG DOSE) . .39		
		KISQALI FEMARA (600 MG DOSE) . .39		
		KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	.3
		KLARITY-A .....	.113
		KLARON (sulfacetamide sodium (acne)) .....	.62
		KLONOPIN TABS (clonazepam) ..	.18	
		KLOXXADO LIQD .....	.27
		KOATE SOLR .....	.80
		KOATE-DVI SOLR 500 UNIT, 1000 UNIT .....	.80
		KOGENATE FS KIT .....	.80
		KOMBIGLYZE XR (saxagliptin- metformin hcl) .....	.24
		KOSELUGO .....	.41
		KOVALTRY .....	.80
		K-PHOS NO 2 .....	.77
		K-PHOS TABS (potassium phosphate monobasic) .....	.104
		K-PHOS-NEUTRAL (pot phosphate		

monobasic w/ sod phosphate dibasic & monobasic)	104	LAMICTAL TABS (lamotrigine)	19	LANCETS ULTRA THIN 30G	93
KRINTAFEL	35	LAMICTAL XR KIT	19	LANOXIN TABS 125 MCG, 250 MCG (digoxin)	51
KROGER HEALTHPRO LANCET 26G	93	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine)	19	LANOXIN TABS 62.5 MCG (digoxin)	51
KROGER LANCETS	93	LAMICTAL XR TB24 250 MG (lamotrigine)	19	lansoprazole CPDR 15 MG	127
KROGER LANCETS SUPER THIN	93	LAMICTAL XR TB24 300 MG (lamotrigine)	19	lansoprazole CPDR 30 MG	127
KROGER LANCETS THIN	93	lamivudine (hbv) TABS	48	lansoprazole TBDD 15 MG	127
K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride)	105	lamivudine SOLN	47	lanthanum carbonate CHEW 1000 MG	77
KUVAN PACK (sapropterin dihydrochloride)	73	lamivudine TABS	47	lanthanum carbonate CHEW 500 MG	77
KUVAN TABS (sapropterin dihydrochloride)	73	lamivudine-zidovudine	47	lanthanum carbonate CHEW 750 MG	77
K-Y ME & YOU EXTRA LUBRICATED DEVI	86	lamotrigine CHEW	19	lapatinib ditosylate	41
K-Y ME & YOU INTENSE DEVI	86	lamotrigine KIT 25 MG	19	LASIX TABS (furosemide)	72
labetalol hcl TABS 100 MG, 200 MG, 300 MG	49	lamotrigine KIT	19	LASTACRAFT	115
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	19	lamotrigine TABS	19	latanoprost SOLN	116
lacosamide TABS	19	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	19	LATUDA (lurasidone hcl)	45
lactic acid (ammonium lactate) CREA	68	lamotrigine TB24 250 MG	19	leflunomide 10 MG	5
lactulose (encephalopathy)	77	lamotrigine TB24 300 MG	19	leflunomide 20 MG	5
lactulose SOLN	83	lamotrigine TBDP	19	lenalidomide	105
LAGEVRIO	49	LAMPIT	34	LENVIMA (10 MG DAILY DOSE) ..	37
LAMICTAL CHEW (lamotrigine)	19	LANCETS	93	LENVIMA (12 MG DAILY DOSE) ..	37
LAMICTAL ODT KIT (lamotrigine)	19	LANCETS 28G THIN	93	LENVIMA (14 MG DAILY DOSE) ..	37
LAMICTAL ODT TBDP (lamotrigine)	19	LANCETS 30G	93	LENVIMA (18 MG DAILY DOSE) ..	37
LAMICTAL STARTER KIT 25 MG (lamotrigine)	19	LANCETS 33G	93	LENVIMA (20 MG DAILY DOSE) ..	37
		LANCETS MICRO THIN 33G	93	LENVIMA (24 MG DAILY DOSE) ..	37
		LANCETS SUPER THIN	93	LENVIMA (4 MG DAILY DOSE) ..	37
		LANCETS SUPER THIN 28G	93	LENVIMA (8 MG DAILY DOSE) ..	37
		LANCETS THIN	93	LESCOL XL TB24 (fluvastatin	
		LANCETS ULTRA THIN	93		

sodium)	30	levonorgestrel-eth estradiol (triphasic)	56	linezolid SUSR	35
LETAIRIS (ambrisentan)	52	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	56	linezolid TABS	35
letrozole	38	levonorgestrel-ethinyl estradiol (continuous)	56	LINZESS	77
leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG	43	levonorgestrel-ethinyl estradiol-iron		LIORESAL SOLN IT (baclofen) ..	110
leucovorin calcium TABS	43	56		LIORESAL SOLN IT	110
LEUKERAN	36	levorphanol tartrate TABS 2 MG	8	liothyronine sodium TABS 25 MCG, 50 MCG	124
leuprolide acetate KIT IJ 1 MG/0.2ML	38	levorphanol tartrate TABS 3 MG	8	liothyronine sodium TABS 5 MCG	
levalbuterol hcl	15	levothyroxine sodium CAPS	124	124	
levalbuterol tartrate	15	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	124	LIPITOR TABS (atorvastatin calcium)	30
LEVIBID TB12 (hyoscyamine sulfate) 125		LEVSIN TABS (hyoscyamine sulfate)	125	LIPOFEN CAPS (fenofibrate)	30
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	19	125	liraglutide	25	
levetiracetam TABS	19	LEVSIN/SL SUBL (hyoscyamine sulfate)	125	lisdexamphetamine dimesylate CAPS 1	
levetiracetam TB24	19	LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate)	22	lisdexamphetamine dimesylate CHEW . 1	
levobunolol hcl 0.5 %	112	LEXAPRO TABS 5 MG (escitalopram oxalate)	23	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	33
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	73	LEXIVA TABS (fosamprenavir calcium)	47	lisinopril & hydrochlorothiazide 25 MG-20 MG	33
levocarnitine (metabolic modifiers) TABS	73	LIALDA TBEC (mesalamine)	76	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	31
levocetirizine dihydrochloride SOLN 29		LIBERTY MEDICAL LANCETS	93	lisinopril TABS 40 MG	31
levocetirizine dihydrochloride TABS 29		LIBRAX (chlordiazepoxide hcl-clidinium bromide)	125	LITE TOUCH LANCETS	94
levofloxacin (ophth) 1.5 %	113	lidocaine hcl (mouth-throat)	106	LITETOUCH LANCETS	94
levofloxacin SOLN PO	75	lidocaine hcl SOLN	69	lithium	44
levofloxacin TABS	75	lidocaine PTCH 5 %	69	lithium carbonate CAPS 150 MG, 600 MG	44
levonorgestrel & eth estradiol TABS 56		lidocaine-prilocaine CREA	69	lithium carbonate CAPS 300 MG ..	44
levonorgestrel (emergency oc) 1.5 MG	57	LIDODERM PTCH (lidocaine)	69	lithium carbonate TABS	44
				lithium carbonate TBCR	44
				LITHOBID TBCR (lithium carbonate) . 44	

LITHOSTAT	78	LOTEMAX OINT	114	LUNESTA (eszopiclone)	82
LIVALO (pitavastatin calcium)	30	LOTEMAX SUSP (loteprednol etabonate)	114	LUNG PERFORM PEAK FLOW METER	102
LIVE BETTER LANCET SUPER THIN	94	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	31	LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	38
LIVE BETTER LANCET ULTRA THIN	94	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)	33	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	38
LO LOESTRIN FE TABS	56	loteprednol etabonate GEL	114	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	73
LOCOID LIPOCREAM	67	loteprednol etabonate SUSP	114	Iurasidone hcl	45
LODINE TABS (etodolac)	5	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)	33	LUXIQ FOAM (betamethasone valerate)	67
LOKELMA	106	LOTRONEX (alosetron hcl)	77	LYNPARZA TABS	41
LOMOTIL TABS (diphenoxylate w/ atropine)	26	lovastatin TABS	30	LYRICA CAPS 225 MG, 300 MG (pregabalin)	19
LONSURF	39	LOVAZA (omega-3-acid ethyl esters)	29	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	19
loperamide hcl CAPS	26	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	17	LYRICA SOLN (pregabalin)	20
LOPID TABS (gemfibrozil)	30	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	17	LYSODREN	38
lopinavir-ritonavir SOLN	47	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	17	MACROBID (nitrofurantoin monohyd macro)	35
lopinavir-ritonavir TABS	47	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	17	MACRODANTIN (nitrofurantoin macrocrystal)	35
LOPRESSOR TABS (metoprolol tartrate)	49	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	17	mafenide acetate PACK	65
LOPROX SHAM (ciclopirox)	63	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium)	17	magnesium sulfate IJ 50 %	104
LOPROX SUSP (ciclopirox olamine)	63	loxapine succinate	45	MALARONE (atovaquone-proguanil hcl)	35
lorazepam CONC	12	lubiprostone	76	malathion	69
lorazepam TABS	12	LUMAKRAS 120 MG	41	maraviroc TABS	47
LORBRENA	41	LUMAKRAS 240 MG, 320 MG	41	MARINOL CAPS (dronabinol)	27
losartan potassium & hydrochlorothiazide	33	LUMIGAN SOLN 0.01 %	116	MARPLAN	22
losartan potassium	32	MAVYRET TABS	48	MATULANE	43
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	56				
LOTEMAX GEL (loteprednol etabonate)	114				

MAXALT TABS 10 MG (rizatriptan benzoate)	103	MEDLANCE PLUS SPECIAL 0.8MM	94	melphalan	36
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	103	MEDLANCE PLUS SUPERLITE 30G	94	melphalan hcl IV	36
MAXIDEX SUSP OP	114	MEDLANCE PLUS UNIVERSAL 21G	94	memantine hcl CP24	118
MAXITROL OINT (neomycin-polymyxin-dexameth)	114	MEDLANCE UNIVERSAL 21G ...	94	memantine hcl SOLN	118
MAXITROL SUSP (neomycin-polymyxin-dexameth)	114	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	58	memantine hcl TABS 10 MG	118
MAXX MISC	86	MEDROL TABS	58	memantine hcl TABS 5 MG	118
MAXX PLUS MISC	86	MEDROL TBPK (methylprednisolone)	58	memantine hcl TABS	118
MAXZIDE TABS (triamterene & hydrochlorothiazide)	71	medroxyprogesterone acetate 10 MG	118	MENEST	75
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	71	medroxyprogesterone acetate 2.5 MG, 5 MG	118	MENOSTAR PTWK	75
MAYZENT STARTER PACK TBPK 0.25 MG	119	mefenamic acid CAPS	5	MENQUADFI 0.5 ML	128
MAYZENT TABS 0.25 MG	119	mefloquine hcl	35	MENVEO SOLR	128
MAYZENT TABS 1 MG	119	megestrol acetate (appetite)	118	meperidine hcl SOLN PO 50 MG/5ML	8
MAYZENT TABS 2 MG	119	megestrol acetate SUSP	38	meperidine hcl TABS 50 MG	8
meclizine hcl CHEW	27	megestrol acetate TABS	38	MEPRON (atovaquone)	34
meclizine hcl TABS 50 MG	27	MEIJER LANCETS	94	mercaptopurine SUSP 2000 MG/100ML	36
meclofenamate sodium CAPS	5	MEIJER LANCETS UNIVERSAL 21G	94	mercaptopurine TABS	36
MEDICHOICE SAFETY LANCET	94	MEIJER LANCETS UNIVERSAL 30G	94	meropenem 500 MG	34
MEDICHOICE SAFETY LANCET EXTRA	94	MEIJER LANCETS UNIVERSAL 33G	94	mesalamine CP24	76
MEDICHOICE SAFETY LANCET NORM	94	MEKINIST SOLR	41	mesalamine CPCR	76
MEDLANCE EXTRA 21G	94	MEKINIST TABS	41	mesalamine CPDR	76
MEDLANCE LITE 25G	94	MEKTOVI	41	mesalamine ENEM	76
MEDLANCE PLUS EXTRA 21G	94	meloxicam TABS 15 MG	5	mesalamine SUPP	76
MEDLANCE PLUS LANCETS	94	meloxicam TABS 7.5 MG	5	mesalamine TBEC 1.2 GM	76
MEDLANCE PLUS LITE 25G	94			mesalamine TBEC 800 MG	76
				mesna TABS	43
				MESNEX TABS	43
				MESTINON SOLN PO (pyridostigmine bromide)	36
				MESTINON TABS (pyridostigmine	

bromide) .....	.36	methotrexate sodium TABS 2.5 MG 36	MG/5ML, 10 MG/10ML .....	.76	
MESTINON TBCR (pyridostigmine bromide) .....	.36	methoxsalen rapid	64	metoclopramide hcl TABS .....	.76
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl) .....	.2	methscopolamine bromide	125	metoclopramide hcl TBDP .....	.76
METADATE CD CPCR 20 MG, 30 MG (methylphenidate hcl) .....	.2	methsuximide	21	metolazone .....	.72
metaxalone 400 MG	110	methyldopa TABS	32	METOPIRONE .....	.70
metaxalone 800 MG	110	methylergonovine maleate TABS 116		metoprolol & hydrochlorothiazide TABS .....	.33
metformin hcl SOLN	24	METHYLIN SOLN (methylphenidate hcl)	2	metoprolol succinate TB24 .....	.49
metformin hcl TABS 500 MG, 850 MG, 1000 MG	24	methylphenidate hcl CHEW	2	metoprolol tartrate TABS .....	.49
metformin hcl TB24 500 MG, 750 MG.....	.24	methylphenidate hcl CP24 60 MG ..	2	METROCREAM CREA (metronidazole (topical)) .....	.69
methadone hcl CONC .....	.8	methylphenidate hcl CP24	2	METROGEL GEL 1 % (metronidazole (topical)) .....	.69
methadone hcl SOLN PO .....	.8	methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG	2	METROLOTION LOTN (metronidazole (topical)) .....	.69
methadone hcl TABS .....	.8	methylphenidate hcl CPCR 20 MG, 30 MG	2	metronidazole (topical) CREA .....	.69
methadone hcl TBSO .....	.8	methylphenidate hcl SOLN	2	metronidazole (topical) GEL 0.75 % 69	
METHADOSE CONC (methadone hcl) .....	.8	methylphenidate hcl TABS 20 MG ..	2	metronidazole (topical) GEL 1 % ..	.69
METHADOSE SUGAR-FREE CONC (methadone hcl) .....	.8	methylphenidate hcl TABS 5 MG, 10 MG	2	metronidazole (topical) LOTN .....	.69
methamphetamine hcl .....	.1	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	metronidazole CAPS .....	.34
methazolamide TABS .....	.71	methylphenidate hcl TB24 36 MG ..	2	metronidazole TABS 250 MG, 500 MG .....	.34
methenamine hippurate .....	.35	methylphenidate hcl TBCR 10 MG, 20 MG	2	metronidazole vaginal .....	.130
methenamine mandelate 1 GM ..	.35	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	metyrosine .....	.31
methimazole TABS .....	.123	methylphenidate hcl TBCR 54 MG ..	2	mexiletine hcl .....	.13
methocarbamol TABS 500 MG, 750 MG .....	.110	methylphenidate PTCH	2	MG217 PSORIASIS MULTI- SYMPTOM OINT .....	.69
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	.36	methylprednisolone TABS	58	MIACALCIN IJ (calcitonin (salmon)) 72	
methotrexate sodium SOLR .....	.36	methylprednisolone TBPK	58	MICARDIS 20 MG, 40 MG (telmisartan) .....	.32
		methyltestosterone CAPS	11	MICARDIS 80 MG (telmisartan) ...	.32
		metoclopramide hcl SOLN PO 5			

MICARDIS HCT (telmisartan-hydrochlorothiazide)	33	mirtazapine TABS	22	MONOLETTOR SAFETY LANCETS
MICROLET LANCETS	94	mirtazapine TBDP	22	95
MICROLIFE DIGITAL PEAK FLOW .		MIRVASO (brimonidine tartrate		montelukast sodium CHEW
102		(topical))	69	14
midazolam hcl SYRP	82	misoprostol	127	montelukast sodium PACK
midodrine hcl	131	MITIGARE CAPS (colchicine)	79	14
MIFEPREX (mifepristone)	74	mitoxantrone hcl 25 MG/12.5ML ..	39	montelukast sodium TABS
mifepristone	74	MM TWIST LANCETS	94	35
miglitol	24	M-M-R II SOLR	130	morphine sulfate beads
miglustat	81	M-NATAL PLUS TABS	108	8
MIGRAL SOLN NA (dihydroergotamine mesylate)	103	MOBILE LANCETS 30G	94	morphine sulfate CP24 10 MG, 20
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	57	modafinil	2	MG, 30 MG, 50 MG, 60 MG, 80 MG,
MINI WRIGHT PEAK FLOW METER		MODERNA COVID-19 BIVAL 6M-5Y		100 MG
.....	102	.....	130	8
MINIPRESS CAPS (prazosin hcl) .	32	MODERNA COVID-19 BIVALENT		morphine sulfate SOLN PO 10
MINIVELLE PTTW (estradiol)	75	130		MG/5ML, 20 MG/5ML
minocycline hcl CAPS	123	MODERNA COVID-19 VAC 6M-11Y		8
minocycline hcl CP24	123	SUSP	130	morphine sulfate SOLN PO 20
minocycline hcl TABS 50 MG, 100		MODERNA COVID-19 VAC 6M-11Y		MG/ML, 100 MG/5ML
MG	123	SUSY	130	8
minocycline hcl TABS 75 MG ..	123	MODERNA COVID-19 VACCINE		morphine sulfate SUPP
minoxidil 2.5 MG, 10 MG	34	SUSP	130	8
MIRALAX POWD (polyethylene		moexipril hcl	31	morphine sulfate TABS 15 MG
glycol 3350)	83	molindone hcl	46	8
MIRAPEX ER TB24 0.375 MG, 0.75		MOLNUPIRAVIR (MOLNUPIRAVIR		morphine sulfate TABS 30 MG
MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5		CAPS 200MG)	48	8
MG (pramipexole dihydrochloride) .	44	mometasone furoate (nasal) SUSP		morphine sulfate TBCR
MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)	44	112		75
MIRCETTE (desogestrel-ethinyl		mometasone furoate CREA	67	MOTEGRITY (prucalopride
estradiol (biphasic))	57	67		succinate)
		mometasone furoate OINT	67	75
		mometasone furoate SOLN	67	MOVANTIK
		MONOLET LANCETS	94	77
		MONOLET OPD LANCETS	95	moxifloxacin hcl (ophth) SOLN OP
				113
				moxifloxacin hcl TABS
				75
				MPD SAFETY LANCET 21G
				95
				MPD SAFETY LANCET 23G
				95
				MPD SAFETY LANCET 28G
				95
				MPD SAFETY LANCET 30G
				95
				MRESVIA
				130
				MS CONTIN TBCR (morphine
				sulfate)
				8
				MUCOTROL WAFR
				107

MULPLETA .....	.82	nabumetone 500 MG	5	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal))	112
MULTIVITAMIN + FLUORIDE CHEW 0.25 MG	107	nabumetone 750 MG	5	NASONEX 24HR SUSP (mometasone furoate (nasal))	112
MULTIVITAMIN + FLUORIDE CHEW 0.5 MG, 1 MG	107	nadolol TABS 20 MG, 40 MG, 80 MG	49	NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG	107	NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML	118	nafcillin sodium IV 10 GM	108
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	107	naftifine hcl CREA	63	NATACYN	113
MULTIVITAMIN/FLUORIDE SOLN 108		naftifine hcl GEL 2 %	63	NATAZIA	57
MULTI-VIT-FLOR CHEW 0.25 MG 108		NAFTIN GEL (naftifine hcl)	63	nateglinide	26
MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	108	NALOCET TABS	10	NAYZILAM	18
mupirocin OINT	62	naloxone hcl LIQD	27	nebivolol hcl	49
MYALEPT	73	naloxone hcl SOSY 2 MG/2ML	27	NEBUPENT IN (pentamidine isethionate)	34
MYAMBUTOL TABS 400 MG (ethambutol hcl)	36	naltrexone hcl	27	NEBUSAL NEBU	59
MYCOBUTIN (rifabutin)	36	NAMENDA TABS 10 MG (memantine hcl)	118	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	109
mycophenolate mofetil CAPS	106	NAMENDA TABS 5 MG (memantine hcl)	118	nefazodone hcl	23
mycophenolate mofetil SUSR	106	NAMENDA TITRATION PAK TABS (memantine hcl)	118	neomycin sulfate TABS	3
mycophenolate mofetil TABS	106	NAMENDA XR CP24 (memantine hcl)	118	neomycin-bacitracin zn-polymyxin 113	
mycophenolate sodium	106	NAMZARIC C4PK	118	neomycin-polymy-dexameth OINT 114	
MYDRIACYL SOLN (tropicamide) 113		NAPROSYN SUSP (naproxen)	5	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	114
MYFORTIC (mycophenolate sodium)	106	NAPROSYN TABS 500 MG (naproxen)	5	neomycin-polymyxin-gramicidin ..	113
MYGLUCOHEALTH LANCETS 30G 95		naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polymyxin-hc (ophth) ..	114
MYHIBBIN SUSP	106	naproxen SUSP	5	neomycin-polymyxin-hc (otic) SOLN ..	
MYLERAN TABS	36	naproxen TABS	5	116	
MYSOLINE (primidone)	20	naratriptan hcl	103	neomycin-polymyxin-hc (otic) SUSP ..	
MYTESI	26	NARCAN LIQD (naloxone hcl)	27	116	
		NARDIL (phenelzine sulfate)	22		

NEONATAL 19	109	niacin (antihyperlipidemic) TABS	31	NINLARO	41
NEONATAL COMPLETE TABS	120	niacin (antihyperlipidemic) TBCR	31	nisoldipine	50
MG-10 MG-9.2 MG-1000 MCG-10		nicardipine hcl CAPS	50	nitazoxanide TABS	34
MCG-12 MCG-3 MG-5 MG-20 MG-		NICODERM CQ PT24 TD 21		nitisinone CAPS	73
27 MG-200 MG-1.84 MG-25 MG-2		MG/24HR (nicotine)	122	NITRO-BID OINT	12
MG-1200 MCG-2 MG-0.2 MG	109	NICODERM CQ PT24 TD 7		NITRO-DUR PT24 (nitroglycerin) ..	12
NEONATAL PLUS TABS	109	MG/24HR, 14 MG/24HR (nicotine)		NITRO-DUR PT24	12
NEORAL CAPS (cyclosporine modified (for microemulsion))	106	122		nitrofurantoin	35
NEORAL SOLN (cyclosporine modified (for microemulsion))	106	NICORETTE GUM (nicotine polacrilex)	122	nitrofurantoin macrocrystal	35
NEOSTIGMINE METHYLSULFATE RFID SOSY (neostigmine methylsulfate)	36	NICORETTE LOZG (nicotine polacrilex)	122	nitrofurantoin monohyd macro	35
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	36	NICORETTE MINI LOZG (nicotine polacrilex)	122	nitroglycerin (intra-anal)	11
neostigmine methylsulfate SOSY	36	NICORETTE STARTER KIT GUM (nicotine polacrilex)	122	nitroglycerin PT24	12
NEOTUSS PLUS LIQD	59	NICOTINE KIT	122	nitroglycerin SOLN TL 0.4 MG/SPRAY	12
NERLYNX	41	nicotine polacrilex GUM	122	nitroglycerin SUBL	12
NESINA (alogliptin benzoate)	25	nicotine polacrilex LOZG	122	NITROLINGUAL SOLN TL (nitroglycerin)	12
NESTABS	109	nicotine PT24 TD 21 MG/24HR ..	122	NITROSTAT SUBL (nitroglycerin) ..	12
NESTABS DHA	109	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR ..	122	NITYR TABS	73
NESTABS ONE	109	NICOTROL INHA	122	NIVA THYROID TABS	124
NEUPRO	44	NICOTROL NS SOLN	122	NIVA-PLUS TABS	109
NEURONTIN CAPS (gabapentin) ..	20	nifedipine CAPS	50	nizatidine CAPS	126
NEURONTIN SOLN (gabapentin) ..	20	nifedipine TB24 30 MG, 60 MG ..	50	NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML	72
NEURONTIN TABS (gabapentin) ..	20	nifedipine TB24	50	NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML	73
NEVANAC	115	NILANDRON (nilutamide)	38	norelgestromin-ethinyl estradiol ..	57
nevirapine SUSP	47	nilotinib hcl 150 MG, 200 MG ..	41	norethrin acet & estrad-fe CAPS ..	57
nevirapine TABS	47	nilotinib hcl 50 MG	41	norethrin acet & estrad-fe CHEW ..	57
nevirapine TB24	47	nilutamide	38	norethrin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	57
NEXAVAR (sorafenib tosylate) ..	41	nimodipine CAPS	50		
NEXTSTELLIS	57	nimodipine SOLN	50		

norethindrone & ethinyl estradiol-fe 57	NOVAVAX COVID-19 VACCINE SUSY 130	nystatin (topical) OINT 63
norethindrone (contraceptive) 58	NOVOEIGHT 80	nystatin (topical) POWD EX 63
norethindrone acet & eth estra TABS 57	NOVOPEN ECHO DEVI 102	nystatin TABS 28
norethindrone acetate TABS 118	NOVOSEVEN RT 80	nystatin-triamcinolone CREA 63
norethindrone acetate-ethinyl estradiol 75	NOXAFIL SUSP (posaconazole) .. 28	nystatin-triamcinolone OINT 63
norethindrone acetate-ethinyl estradiol-fe 57	NOXAFIL TBEC (posaconazole) .. 28	NYVEPRIA 82
norgestimate-ethinyl estradiol (triphasic) 57	NP THYROID TABS 124	OB COMPLETE ONE 109
norgestimate-ethinyl estradiol 57	NUBEQA 39	OB COMPLETE PETITE 109
NORITATE CREA 69	NUCALA SOAJ 13	OB COMPLETE PREMIER 109
NORPACE CAPS (disopyramide phosphate) 13	NUCALA SOLR 13	OB COMPLETE/DHA 109
NORPACE CR CP12 13	NUCALA SOSY 100 MG/ML 13	OBIZUR 80
NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl) 23	NUCALA SOSY 40 MG/0.4ML 13	OCALIVA 76
NORTHERA (droxidopa) 131	NUCORT LOTN 67	OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 5 GM/50ML, 10 GM/200ML, 20 GM/200ML 117
nortriptyline hcl CAPS 23	NUEDEXTA 120	octreotide acetate SOLN 74
nortriptyline hcl SOLN 23	NUPLAZID CAPS 45	octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML 74
NORVASC TABS 2.5 MG (amlodipine besylate) 50	NUPLAZID TABS 10 MG 45	OCUFLOX (ofloxacin (ophth)) ... 113
NORVASC TABS 5 MG, 10 MG (amlodipine besylate) 50	NUVARING (etonogestrel-ethinyl estradiol) 57	ODEFSEY 47
NORVIR PACK 47	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil) 2	ODOMZO 38
NORVIR TABS (ritonavir) 47	NUVIGIL 50 MG (armodafinil) 2	OFEV 123
NOVA SAFETY LANCETS 23G .. 95	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT 80	ofloxacin (ophth) 113
NOVA SAFETY LANCETS 28G .. 95	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT 80	ofloxacin (otic) 116
NOVA SUREFLEX LANCETS 95	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT 80	ofloxacin 300 MG 75
NOVAVAX COVID-19 VACCINE SUSP 130	NYSTATIN (nystatin (mouth-throat)) .. 106	ofloxacin 400 MG 75
	nystatin (mouth-throat) 106	OHC COVID-19 ANTIGEN SELF TEST KIT 70
	nystatin (topical) CREA 63	olanzapine TABS 15 MG, 20 MG .. 45
		olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG 45

olanzapine TBDP	45	109	ORAVIG	106	
olanzapine-fluoxetine hcl	118		ORENITRAM MONTH 1 TEPK	51	
olmesartan medoxomil 40 MG	32	LANCET30G	95	ORENITRAM MONTH 2 TEPK	51
olmesartan medoxomil 5 MG, 20 MG 32		ONETOUCH DELICA PLUS LANCET33G	95	ORENITRAM MONTH 3 TEPK	51
olmesartan medoxomil-amlodipine- hydrochlorothiazide	33	ONETOUCH DELICA SAFETY LANCING	95	ORENITRAM TBCR	51
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 33		ONETOUCH ULTRA 2 KIT	95	ORFADIN CAPS (nitisinone)	73
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	33	ONETOUCH ULTRA BLUE TEST STRP	70	ORFADIN SUSP	73
olopatadine hcl (nasal)	111	ONETOUCH ULTRA STRP	70	ORGOVYX	39
olopatadine hcl 0.1 %	115	ONETOUCH ULTRA TEST STRP .	70	ORIAHNN	75
olopatadine hcl 0.2 %	115	ONETOUCH ULTRASOFT 2 LANCETS	95	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	122
OLUX-E (clobetasol propionate emulsion)	67	ONETOUCH VERIO FLEX SYSTEM KIT	95	ORKAMBI PACK 94 MG-75 MG .	122
omega-3-acid ethyl esters	29	ONETOUCH VERIO REFLECT KIT 95		ORKAMBI TABS	122
omeprazole CPDR 10 MG	127	ONETOUCH VERIO STRP	71	ORLADEYO	81
omeprazole CPDR 20 MG, 40 MG 127		ONFI SUSP (clobazam)	18	orphenadrine citrate TB12	110
omeprazole magnesium CPDR ..	127	ONFI TABS 10 MG (clobazam)	18	oseltamivir phosphate CAPS 30 MG, 45 MG	48
OMNIFLEX DIAPHRAGM	86	ONFI TABS 20 MG (clobazam)	18	oseltamivir phosphate CAPS 75 MG . 48	
ON/GO COVID-19 ANTIGEN TEST KIT	70	ONGLYZA (saxagliptin hcl)	25	oseltamivir phosphate SUSR	49
ON/GO ONE COVID-19 HOME TEST KIT	70	ONUREG TABS	36	OSMOPREP	83
ondansetron hcl SOLN PO 4 MG/5ML	27	OPILL	58	OSPHENA	73
ondansetron hcl TABS 4 MG, 8 MG 27		OPSUMIT	52	OTEZLA TABS	5
ondansetron hcl 4 MG, 8 MG ..	27	OPTIONS GYNOL II CONTRACEPTIVE GEL	130	OTEZLA TBPK	5
ONE VITE WOMENS PLUS TABS		ORACEA (doxycycline (rosacea))	69	OTREXUP SOAJ 10 MG/0.4ML ..	3
		ORACIT	78	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	3
		ORAL CITRATE	78	OVACE PLUS SHAM (sulfacetamide sodium)	65
		ORAPRED ODT TBDP (prednisolone sodium phosphate)	58	OVACE PLUS WASH LIQD (sulfacetamide sodium)	65

OVACE WASH LIQD (sulfacetamide sodium)	65	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ..	10	paromomycin sulfate	3
OVIDE (malathion)	69	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	10	paroxetine hcl SUSP	23
oxacillin sodium IV 10 GM	118	oxycodone w/ acetaminophen TABS 325 MG-5 MG	10	paroxetine hcl TABS	23
oxaprozin TABS	5	OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	10	paroxetine hcl TB24	23
OXAYDO TABS 5 MG	8	OXYCODONE-ACETAMINOPHEN TABS 300 MG-2.5 MG	10	PATADAY 0.1 % (olopatadine hcl) 115	
OXAYDO TABS 7.5 MG	8	oxymorphone hcl TABS 10 MG	9	PATADAY 0.2 % (olopatadine hcl) 115	
oxazepam CAPS 10 MG, 15 MG ..	12	oxymorphone hcl TABS 5 MG	9	PATANASE (olopatadine hcl (nasal))	111
oxazepam CAPS 30 MG	12	oxymorphone hcl TB12	9	PAXIL CR TB24 (paroxetine hcl) ..	23
oxcarbazepine SUSP	20	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	25	PAXIL SUSP (paroxetine hcl)	23
oxcarbazepine TABS 150 MG	20	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	25	PAXIL TABS (paroxetine hcl)	23
oxcarbazepine TABS 300 MG	20	OZEMPIC (2 MG/DOSE) SOPN	25	PAXLOVID (150/100)	48
oxcarbazepine TABS 600 MG	20	OZOBAX SOLN PO (baclofen)	110	PAXLOVID (300/100)	48
oxcarbazepine TB24 150 MG, 300 MG	20	paliperidone	45	PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK ..	48
oxcarbazepine TB24 600 MG	20	PALYNZIQ	73	pazopanib hcl	41
oxiconazole nitrate CREA	63	PAMELOR CAPS (nortriptyline hcl) 23		PC LANCETS SUPER THIN 30G ..	.95
OXISTAT CREA (oxiconazole nitrate)	63	PANRETIN	64	PEAK A-I-R FLOW METER	102
OXISTAT LOTN	63	pantoprazole sodium PACK	127	PEAK AIR PEAK FLOW METER	102
OXTELLAR XR TB24 150 MG, 300 MG (oxcarbazepine)	20	pantoprazole sodium TBEC	127	PEAK FLOW METER UNIVERSAL	
OXTELLAR XR TB24 600 MG (oxcarbazepine)	20	paricalcitol CAPS	73	RANG	102
oxybutynin chloride TABS 5 MG ..	127	PARLODEL CAPS (bromocriptine mesylate)	44	PEDIAPRED SOLN (prednisolone sodium phosphate)	58
oxybutynin chloride TB24	127	PARLODEL TABS (bromocriptine mesylate)	44	PEDIARIX SUSY	125
oxycodone hcl CAPS	8	PARNATE (tranylcypromine sulfate) 22		pediatric multivitamins w/fl CHEW 108	
oxycodone hcl CONC 100 MG/5ML	8			PEDVAX HIB SUSP	128
oxycodone hcl SOLN	9			peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	83
oxycodone hcl TABS 30 MG	9			peg 3350-kcl-sod bicarb-sod	
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	9				

chloride-sod sulfate SOLR 236 GM 83	MG 18 PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) 10	PHARMACIST CHOICE LANCETS . 95
peg 3350-potassium chloride-sod bicarbonate-sod chloride 83		phenelzine sulfate 22
PEGASYS SOLN 48	PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ... 10	PHENERGAN SOLN IJ (promethazine hcl) 29
PEG-PREP 83	PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen) ... 10	phenobarbital ELIX 82
penicillamine CAPS 105	PERFECT LANCETS 28G 95	phenobarbital TABS 82
penicillamine TABS 105	PERFECT LANCETS 30G 95	phenoxybenzamine hcl 31
PENICILLIN G POT IN DEXTROSE . 117	PERFECT POINT SAFETY LANCETS 95	phenylephrine hcl (mydriatic) SOLN 113
penicillin g potassium 5000000 UNIT, 20000000 UNIT 117	PERIDEX (chlorhexidine gluconate (mouth-throat)) 106	PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic)) ... 113
penicillin g sodium 117	perindopril erbumine 31	phenytoin CHEW 21
penicillin v potassium SOLR 117	permethrin CREA 69	phenytoin sodium extended 100 MG, 200 MG, 300 MG 21
penicillin v potassium TABS 117	perphenazine TABS 46	phenytoin SUSP 21
PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) 64	perphenazine-amitriptyline 118	PHEXXI 130
PENTACEL 125	PERSERIS PRSY 45	phytonadione TABS 5 MG 131
pentamidine isethionate IN 34	PERSONAL BEST FULL RANGE 102	PIFELTRO 47
PENTASA CPCR 250 MG 76	PFIZER COVID-19 BIVAL 6MO-4YR	PIKO 1 102
PENTASA CPCR 500 MG 76	PFIZER COVID-19 VAC BIVAL 5-11	pilocarpine hcl (oral) 5 MG 107
pentazocine w/ naloxone hcl 10	..... 130	pilocarpine hcl (oral) 7.5 MG 107
pentoxifylline 81	PFIZER COVID-19 VAC BIVALENT . 130	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 113
PEPCID AC MAXIMUM STRENGTH TABS (famotidine) 126	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP 130	PILOT COVID-19 AT-HOME TEST KIT 71
PEPCID TABS 20 MG (famotidine) 126	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP 130	pimecrolimus 68
PEPCID TABS 40 MG (famotidine) 126	PFIZER-BIONT COVID-19 VAC- TRIS SUSP 130	pimozide 120
perampanel TABS 2 MG 18	PFIZER-BIONTECH COVID-19 VACC SUSP 130	pindolol TABS 49
perampanel TABS 4 MG 18		pioglitazone hcl 15 MG 26
perampanel TABS 6 MG 18		pioglitazone hcl 30 MG, 45 MG ... 26
perampanel TABS 8 MG, 10 MG, 12		pioglitazone hcl-glimepiride 24

pioglitazone hcl-metformin hcl TABS .	PNEUMOVAX 23 SOSY	128	MEQ	105
24	PNV 27-CA/FE/FA TABS	109	POTASSIUM CHLORIDE SOLN IV	
PIP LANCETS 28G	PNV-DHA+DOCUSATE	109	20 MEQ/100ML (potassium chloride)	
95	PNV-OMEGA	109	105	
PIP LANCETS 30G	POCKET PEAK FLOW METER .	103	potassium chloride SOLN PO 10 %,	
96	POCKETPEAK PEAK FLOW METER	103	20 %, 10 %	105
piperacillin sodium-tazobactam	.....		potassium chloride TBCR 8 MEQ, 10	
sodium 2 GM-0.25 GM, 3 GM-0.375	.....		MEQ, 20 MEQ	105
GM	PODOCON-25 SOLN	69	potassium citrate (alkalinizer) TBCR .	
117	podofilox GEL	69	78	
PIQRAY (200 MG DAILY DOSE) .	podofilox SOLN	69	potassium citrate-citric acid SOLN .78	
41	POLY HUB NEEDLE	102	potassium iodide (expectorant) SOLN	
PIQRAY (250 MG DAILY DOSE) .	polyethylene glycol 3350 POWD ..	83	..... .....	59
41	polymyxin b-trimethoprim	113	POVIDONE-IODINE	113
PIQRAY (300 MG DAILY DOSE) .	POLYTRIM (polymyxin b-		PRADAXA CAPS 110 MG	
41	trimethoprim)	113	(dabigatran etexilate mesylate)	18
pirfenidone CAPS	POLY-VI-FLOR CHEW 0.25 MG .	108	PRADAXA CAPS 150 MG	
123	POLY-VI-FLOR CHEW 0.5 MG, 1		(dabigatran etexilate mesylate)	18
pirfenidone TABS 267 MG, 801 MG	MG	108	PRADAXA CAPS 75 MG (dabigatran	
123	POLY-VI-FLOR SUSP	108	etexilate mesylate)	18
pirfenidone TABS 534 MG	POLY-VI-FLOR/IRON CHEW	107	PRALUENT SOAJ	31
123	POLY-VI-FLOR/IRON SUSP	107	pramipexole dihydrochloride TABS	
piroxicam CAPS 10 MG	POMALYST	39	0.125 MG, 0.25 MG, 0.5 MG, 0.75	
5	posaconazole SUSP	28	MG	44
piroxicam CAPS 20 MG	posaconazole TBEC	28	pramipexole dihydrochloride TABS 1	
5	pot & sod citrates w/citric ac SOLN		MG	44
pitavastatin calcium	78	pramipexole dihydrochloride TABS		
30	pot phosphate monobasic w/ sod		1.5 MG	44
PLAN B ONE-STEP (levonorgestrel	phosphate dibasic & monobasic		pramipexole dihydrochloride TB24	
(emergency oc))	104	0.375 MG, 0.75 MG, 1.5 MG, 2.25		
57	potassium chloride CPCR	105	MG, 4.5 MG	44
PLAQUENIL (hydroxychloroquine	potassium chloride		pramipexole dihydrochloride TB24 3	
sulfate)	microencapsulated crystals er		MG	44
35	.....		pramipexole dihydrochloride TB24	
PLAVIX 75 MG (clopidogrel bisulfate)	potassium chloride PACK PO 20		3.75 MG	44
.....				
81				
PLEGRIDY SOAJ				
120				
PLEGRIDY SOSY SC				
120				
PLEGRIDY STARTER PACK SOAJ .				
119				
PLEGRIDY STARTER PACK SOSY				
SC				
119				
PLEXION CREA (sulfacetamide				
sodium w/ sulfur)				
62				
PLEXION LOTN (sulfacetamide				
sodium w/ sulfur)				
62				
PNEUMOVAX 23 SOLN				
128				

PRAMOSONE OINT	67	pregabalin CAPS 225 MG, 300 MG 20	3.5 MG-21 MG-3 MG-155 MG-25	
PRAMOTIC	116	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ... 20	MG-15 MG-1.5 MG-2600 UNIT-150	
prasugrel hcl	81	pregabalin SOLN	MCG-40 UNIT-600 MCG-20 MG . 109	
pravastatin sodium	30	PRENATE ENHANCE	109	
praziquantel	11	PRENATE ESSENTIAL 90 MG-26		
prazosin hcl CAPS	32	MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG-		
PRECISION THINS GP LANCETS 96		150 MCG-10 UNIT-40 MG-600 MCG- 18 MG	109	
PRECISION XTRA BLOOD GLUCOSE STRP	71	PRENATE MINI 60 MG-26 MG-280		
PRECISION XTRA KETONE	71	MCG-400 MCG-1000 UNIT-13 MCG- 80 MG-25 MG-350 MG-18 MG-150		
PRECISION XTRA- GLUCOSE/KETONE DEVI	96	PREMPHASE	109	
PRED FORTE (prednisolone acetate (ophth))	114	PREMPRO	109	
PRED MILD	114	PRENA 1 TRUE	109	
prednisolone acetate (ophth)	114	PRENA1	109	
PREDNISOLONE SODIUM PHOSPHATE	114	PRENA1 PEARL	109	
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML 58		PRENAISSANCE	109	
prednisolone sodium phosphate TBDP	58	PRENAISSANCE PLUS CAPS ...109	PRENATRIX TABS	109
prednisolone SOLN	58	PRENATAL 19 CHEW	109	
prednisolone TABS	58	PRENATAL 19 TABS	109	
PREDNISOLONE-MOXIFLOXACIN SOLN	114	PRENATAL PLUS TABS	109	
PREDNISONE INTENSOL CONC .58		PRENATAL PLUS	109	
prednisone SOLN	58	VITAMIN/MINERAL TABS	109	
prednisone TABS	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	109	
prednisone TBPK	58	PRENATAL-U CAPS	109	
PRENATE	109	PREVNAR 13	128	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18		PREZCOBIX	47	
prednisone TABS	58	MG	47	
prednisone TBPK	58	PREZISTA SUSP	47	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-		PREZISTA TABS (darunavir)	47	
		PRIZISTAB 75 MG, 150 MG 47		
		PRIFTIN	36	
		PRILOSEC PACK	127	
		PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	35	

primaquine phosphate TABS	35	PROGRAF PACK	106	propylthiouracil	123
PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)	34	PROLATE TABS	10	PROQUAD SUSR	130
primidone 50 MG, 250 MG	20	PROLENSA (bromfenac sodium (ophth))	115	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	59
PRIORIX SUSR	130	PROLIA SOSY	72	PROSCAR (finasteride)	78
PRISTIQ (desvenlafaxine succinate) 23		PROMACTA PACK 12.5 MG, 25 MG (eltrombopag olamine)	82	PROTONIX PACK (pantoprazole sodium)	127
PRIVIGEN SOLN 5 GM/50ML, 20 GM/200ML, 40 GM/400ML	117	PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	82	PROTONIX TBEC (pantoprazole sodium)	127
PRO COMFORT LANCETS 30G ..	96	promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	29	protriptyline hcl	23
PRO COMFORT LANCETS 31G ..	96	promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	29	PROVENTIL HFA AERS (albuterol sulfate)	16
PROAIR RESPICLICK AEPB	16	promethazine hcl SUPP 12.5 MG, 25 MG	29	PROVERA 10 MG (medroxyprogesterone acetate) ..	118
probencid	79	promethazine hcl TABS 12.5 MG ..	29	PROVERA 5 MG (medroxyprogesterone acetate) ..	118
PROCARDIA XL TB24 (nifedipine) 50		promethazine hcl TABS 25 MG ..	29	PROVIGIL (modafinil)	2
prochlorperazine	46	promethazine hcl TABS 50 MG ..	29	PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	23
prochlorperazine maleate TABS ..	46	promethazine w/codeine SOLN ..	59	PROZAC CAPS 40 MG (fluoxetine hcl)	23
PROCTOFOAM HC FOAM EX ..	11	promethazine w/codeine SYRP ..	59	prucalopride succinate	75
PROCYSBI CPDR	78	promethazine-dm SYRP	59	PRUDOXIN (doxepin hcl (antipruritic))	64
PROCYSBI PACK	78	PROMETRIUM CAPS (progesterone)		pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	
PRODIGY LANCETS 28G	96	.....118		59	
PRODIGY SAFETY LANCETS 26G ..	96	propafenone hcl CP12	13	PSS SELECT GP LANCETS	96
		propafenone hcl TABS 150 MG ...	13	PSS SELECT SAFETY LANCETS	
PRODIGY TWIST TOP LANCETS 28G	96	propafenone hcl TABS 225 MG, 300 MG	13	96	
PROFILNINE	80	proparacaine hcl	114	PULMICORT FLEXHALER AEPB .	15
progesterone CAPS	118	propranolol hcl CP24	49	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation))	15
progesterone OIL	118	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	49	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation))	15
PROGLYCEM (diazoxide)	25	propranolol hcl TABS	49		
PROGRAF CAPS (tacrolimus) ...	106				

PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	15	QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate)	20	quinine sulfate CAPS 324 MG	35
PULMOZYME	122	QUDEXY XR CS24 25 MG, 50 MG (topiramate)	20	QVAR REDIHALER 40 MCG/ACT .	15
PURE COMFORT FLOW METER ADULT	103	QUESTRAN LIGHT POWD (cholestyramine light)	30	QVAR REDIHALER 80 MCG/ACT .	15
PURE COMFORT FLOW METER CHILD	103	QUESTRAN PACK (cholestyramine) 30		RABEPRAZOLE SODIUM CPSP	127
PURE COMFORT LANCETS 30G 96		QUESTRAN POWD (cholestyramine)	30	rabeprazole sodium TBEC	127
PURIXAN SUSP 2000 MG/100ML (mercaptopurine)	36	quetiapine fumarate TABS 200 MG 45		RADICAVA ORS STARTER KIT SUSP	112
PX LANCETS MICROTHIN 33G ..	96	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	45	RADICAVA ORS SUSP	112
PX LANCETS ULTRA THIN	96	quetiapine fumarate TABS 300 MG, 400 MG	45	raloxifene hcl	73
PX LANCETS ULTRA THIN 28G ..	96	quetiapine fumarate TB24	45	ramelteon	83
pyrazinamide	36	QUFLORA FE PEDIATRIC LIQD 107		ramipril CAPS	31
pyridostigmine bromide SOLN PO	.36	QUFLORA PEDIATRIC CHEW 0.25		ranolazine TB12 1000 MG	12
pyridostigmine bromide TABS 60 MG	.....	MG	108	ranolazine TB12 500 MG	12
.....	36	QUFLORA PEDIATRIC SOLN ...	108	RAPAFLO 4 MG (silodosin)	78
pyridostigmine bromide TBCR ..	36	QUICKVUE AT-HOME COVID-19 TEST KIT	71	RAPAFLO 8 MG (silodosin)	78
QBRELIS SOLN	31	QUILLICHEW ER CHER 20 MG, 40 MG	2	RAPAMUNE SOLN (sirolimus) ...	106
QC LANCETS SUPER THIN 30G	96	QUILLICHEW ER CHER 30 MG ...	2	RAPAMUNE TABS (sirolimus) ...	106
QC LANCETS ULTRA THIN	96	QUILLIVANT XR SRER	2	RAPIDGO FLU A/B COVID-19 HOME	71
QC UNILET LANCETS 28G	96	quinapril hcl	31	rasagiline mesylate	44
QC UNILET LANCETS MICRO THIN	.....	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	33	RASUVO SOAJ 20 MG/0.4ML	3
.....	96	quinapril-hydrochlorothiazide 25 MG- 20 MG	33	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	3
QINLOCK	41	quinidine gluconate TBCR	13	READYLANCE SAFETY LANCETS .	
QUADRACEL SUSP	125	REALITY LANCETS	96		
QUADRACEL SUSY	125	REALITY LATEX CONDOMS MISC .			
QUALAQUIN CAPS (quinine sulfate)		86			
35	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	33	REALITY LATEX/ULTRA TEXTURED DEVI	86	
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	57	quinidine gluconate TBCR	13		
quazepam	82				

REALITY LATEX/ULTRA THIN DEVI 86	RELNATE DHA CAPS .....109	(tretinoin microsphere) .....62
REALITY TRIGGER LANCETS ...96	RELPAX (eletriptan hydrobromide) 104	RETROVIR CAPS (zidovudine) ...47
REBIF REBIDOSE SOAJ .....120	RELYVRIOS .....112	RETROVIR SYRP (zidovudine) ...47
REBIF REBIDOSE TITRATION PACK SOAJ .....120	REMERON SOLTAB TBDP (mirtazapine) .....22	REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) .....52
REBIF SOSY .....120	REMERON TABS 15 MG, 30 MG (mirtazapine) .....22	REVATIO TABS (sildenafil citrate (pulmonary hypertension)) .....52
REBIF TITRATION PACK SOSY .120	RENAGEL (sevelamer hcl) .....77	REVLIMID .....105
RECOMBINATE SOLR .....80	RENFLEXIS .....76	REXULTI .....46
RECOMBIVAX HB SUSP .....130	RENVELA PACK 0.8 GM (sevelamer carbonate) .....77	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) .....47
RECOMBIVAX HB SUSY .....130	RENVELA PACK 2.4 GM (sevelamer carbonate) .....77	REYATAZ PACK .....47
RECTIV (nitroglycerin (intra-anal)) 11	RENVELA TABS (sevelamer carbonate) .....77	RHOFADE .....69
REGLAN TABS (metoclopramide hcl) .....76	repaglinide .....26	ribavirin (hepatitis c) CAPS .....48
REGRANEX .....69	RESTASIS EMUL (cyclosporine (ophth)) .....114	ribavirin .....49
RELENZA DISKHALER .....49	RESTORIL 15 MG (temazepam) ..82	RIDAURA .....4
RELEXXII TBCR 18 MG (methylphenidate hcl) .....2	RESTORIL 22.5 MG, 30 MG (temazepam) .....82	rifabutin .....36
RELEXXII TBCR 27 MG, 36 MG (methylphenidate hcl) .....3	RESTORIL 7.5 MG (temazepam) .82	rifampin CAPS .....36
RELEXXII TBCR 54 MG (methylphenidate hcl) .....3	RETACRIT .....82	RIGHTEST GL300 LANCETS ....97
RELION INSULIN SYRINGE ....102	RETEVMO CAPS .....41	RILUTEK TABS (riluzole) .....112
RELION LANCET DEVICES 30G .96	RETIN-A CREA (tretinoin) .....62	riluzole TABS .....112
RELION LANCETS .....96	RETIN-A GEL (tretinoin) .....62	rimantadine hydrochloride TABS ..49
RELION LANCETS MICRO-THIN 33G .....97	RETIN-A MICRO 0.04 % (tretinoin microsphere) .....62	RINVOQ LQ SOLN .....3
RELION LANCETS THIN 26G ....97	RETIN-A MICRO 0.1 % (tretinoin microsphere) .....62	RINVOQ TB24 .....3
RELION LANCETS ULTRA-THIN 30G .....97	RETIN-A MICRO PUMP 0.04 % (tretinoin microsphere) .....62	RIOMET SOLN (metformin hcl) ...24
RELION ULTRA THIN LANCETS 30G .....97	RETIN-A MICRO PUMP 0.1 %	risedronate sodium TABS 150 MG 72
		risedronate sodium TABS 5 MG, 30 MG, 35 MG .....72
		RISPERDAL SOLN (risperidone) ..45
		RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone) .....45
		RISPERDAL TABS 3 MG

(risperidone)	45	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	44	SAFETY LANCETS 23G	97
risperidone SOLN	45	rosuvastatin calcium TABS	30	SAFETY LANCETS 28G	97
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	45	ROTARIX SUSP	130	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium)	57
risperidone TABS 3 MG	45	ROTARIX SUSR	130	SALAGEN 5 MG (pilocarpine hcl (oral))	107
risperidone TBDP	45	ROTATEQ SOLN	130	SALAGEN 7.5 MG (pilocarpine hcl (oral))	107
RITALIN LA CP24 (methylphenidate hcl)	3	ROXICODONE TABS 15 MG (oxycodone hcl)	9	SALICYLIC ACID OINT	69
RITALIN TABS 20 MG (methylphenidate hcl)	3	ROXICODONE TABS 30 MG (oxycodone hcl)	9	salicylic acid SHAM 6 %	69
RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	3	ROZEREM (ramelteon)	83	SALIMEZ CREA	69
ritonavir TABS	47	ROZLYTREK CAPS	42	salsalate	7
rivaroxaban TABS 2.5 MG	16	RUBRACA	42	SALYCIM CREA	69
rivastigmine	118	rufinamide SUSP	20	SANCUSO PTCH	27
rivastigmine tartrate CAPS	118	rufinamide TABS 200 MG	20	SANDIMMUNE CAPS (cyclosporine) 106	
RIXUBIS SOLR	80	rufinamide TABS 400 MG	20	SANDIMMUNE SOLN PO 100 MG/ML	106
rizatriptan benzoate TABS	104	RUKOBIA	47	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (octreotide acetate) .74	
rizatriptan benzoate TBDP	104	RYBELSUS TABS	25	SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate)	74
ROBINUL TABS (glycopyrrolate) .125		RYDAPT	42	SANTYL OINT	68
ROBINUL-FORTE TABS (glycopyrrolate)	125	RYTARY CPCR	44	SAPHRIS (asenapine maleate) ...45	
ROCALTROL CAPS 0.25 MCG (calcitriol)	74	RYTHMOL SR CP12 (propafenone hcl)	13	sapropterin dihydrochloride PACK .74	
ROCALTROL CAPS 0.5 MCG (calcitriol)	73	RYVENT TABS	29	sapropterin dihydrochloride TABS .74	
ROCALTROL SOLN PO (calcitriol) 74		SABRIL PACK (vigabatrin)	21	SAPS HEALTH PLUS LANCETS .97	
roflumilast	14	SABRIL TABS (vigabatrin)	21	SAPS HEALTH TWIST TOP LANCETS	97
romidepsin SOLR	41	sacubitril-valsartan TABS	51	SAPS TWIST TOP LANCETS ....97	
ropinirole hydrochloride TABS	44	SAFE-T-LANCE	97	SAPSCARE TWIST TOP LANCETS 97	
ropinirole hydrochloride TB24 12 MG 44		SAFE-T-LANCE PLUS	97	SAVELLA TABS	119
		SAFETY LANCET 30G/PRESSURE			
		ACT	97		
		SAFETY LANCETS	97		
		SAFETY LANCETS 21G	97		

SAVELLA TITRATION PACK MISC		SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)	45	silodosin 8 MG	78
119					
saxagliptin hcl	25	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	45	SILVADENE (silver sulfadiazine) .	65
saxagliptin-metformin hcl	24	SEROQUEL XR TB24 (quetiapine fumarate)	45	silver sulfadiazine	65
SB LANCETS THIN	97	SEROSTIM SC 4 MG, 5 MG, 6 MG		simvastatin TABS	30
SB LANCETS ULTRA THIN	97			SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	
SCEMBLIX	42	73		.....44	
scopolamine	27	sertraline hcl CONC	23	SINGLE-LET	97
SEASONIQUE (levonorgestrel- ethynodiol (91-day))	57	sertraline hcl TABS	23	SINGULAIR CHEW (montelukast sodium)	14
SECUADO	45	sevelamer carbonate PACK 0.8 GM .	77	SINGULAIR PACK (montelukast sodium)	14
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	110	sevelamer carbonate PACK 2.4 GM .	77	SINGULAIR TABS (montelukast sodium)	14
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	109	sevelamer carbonate TABS	77	sirolimus SOLN	106
SELECT-OB+DHA MISC	109	sevelamer hcl 400 MG	77	sirolimus TABS	106
selegiline hcl CAPS	44	sevelamer hcl 800 MG	77	SIVEXTRO TABS	35
selegiline hcl TABS	44	SHINGRIX	130	SKYRIZI PEN SOAJ	64
selenium sulfide LOTN 2.5 %	65	SHOPKO ON-THE-GO LANCETS 30G	97	SKYRIZI SOCT 180 MG/1.2ML	76
SELZENTRY SOLN	47	SHOPKO UNILET LANCETS 28G		SKYRIZI SOCT 360 MG/2.4ML	76
SELZENTRY TABS (maraviroc)	47	97		SKYRIZI SOSY	64
SEMGLEE (YFGN) SOLN	25	SHOPKO UNILET LANCETS 30G		SLYND	58
SEMGLEE (YFGN) SOPN	26	97		SMARTEST LANCETS 28G	97
SE-NATAL 19 CHEW	110	SHUR-SEAL CONTRACEPTIVE GEL	130	SOAANZ TABS 20 MG	72
SE-NATAL 19 TABS	110	SIGNIFOR	74	sodium chloride (inhalarant) NEBU 0.9 %, 3 %	60
SENSIPAR (cinacalcet hcl)	74	SIKLOS TABS	81	sodium chloride (inhalarant) NEBU 7 %	
SEREVENT DISKUS	16	sildenafil citrate (pulmonary hypertension) SUSR	52	.....59	
SEROQUEL TABS 200 MG (quetiapine fumarate)	45	sildenafil citrate (pulmonary hypertension) TABS	52	sodium citrate & citric acid	78
		sildenafil citrate	51	sodium fluoride CHEW 0.25 MG, 0.5 MG	104
		78		sodium fluoride CHEW 1 MG, 2.2 MG	
				.....104	

sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML	104	SOTYLIZE SOLN PO	49	entacapone)	44
sodium fluoride TABS	104	SPEEDY SWAB COVID-19 ANTIGEN KIT	71	STELARA SOLN 45 MG/0.5ML ..	64
SODIUM OXYBATE SOLN	118	SPEEDY SWAB COVID-19/FLU HOME	71	STELARA SOSY 45 MG/0.5ML ..	64
sodium phenylbutyrate POWD	74	SPIKEVAX SUSP	130	STELARA SOSY 90 MG/ML	64
sodium phenylbutyrate TABS	74	SPIKEVAX SUSY	130	STERILANCE TL	98
sodium polystyrene sulfonate POWD 106		SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .	14	STIOLTO RESPIMAT	16
SODIUM SULFACETAMIDE- BAKUCHIOL LIQD	65	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	14	STIVARGA	42
sodium sulfate-potassium sulfate- magnesium sulfate	83	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	14	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	1
solifenacin succinate TABS 10 MG 128		spironolactone & hydrochlorothiazide	71	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	1
solifenacin succinate TABS 5 MG 128		spironolactone TABS	72	STRENSIQ	74
SOLTAMOX SOLN	39	SPORANOX CAPS (itraconazole) .	28	streptomycin sulfate SOLR	3
SOLUS V2 LANCETS 28G	97	SPORANOX SOLN (itraconazole) .	28	STRIBILD	47
SOLUS V2 TWIST LANCETS 30G 98		SPRAVATO (56 MG DOSE)	22	STRIVE DUAL ZONE PEAK FLOW MTR	103
SOLUVITA ACD WITH FLUORIDE SOLN	108	SPRAVATO (84 MG DOSE)	22	STRIVERDI RESPIMAT	16
SOLUVITA SOLN	104	SPRYCEL (dasatinib)	42	STROMECTOL (ivermectin)	12
SOLUVITA WITH FLUORIDE SOLN .. 108		SSKI SOLN (potassium iodide (expectorant))	59	SUBLOCADE SOSY	10
SOMA TABS (carisoprodol)	110	STALEVO 100 (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)	10
SOMAVERT	72	STALEVO 125 (carbidopa-levodopa- entacapone)	44	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	11
SOOLANTRA (ivermectin (rosacea))	69	STALEVO 150 (carbidopa-levodopa- entacapone)	44	sucralfate SUSP	126
sorafenib tosylate	42	STALEVO 200 (carbidopa-levodopa- entacapone)	44	sucralfate TABS	126
SORILUX FOAM	64	STALEVO 50 (carbidopa-levodopa- entacapone)	44	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	50
sotalol hcl (afib/afl)	49	STALEVO 75 (carbidopa-levodopa- entacapone)	44	sulconazole nitrate CREA	63
sotalol hcl TABS	49			sulconazole nitrate SOLN	63
				sulfacetamide sodium (acne)	62

sulfacetamide sodium (ophth) OINT 113	MG/0.5ML .....104	tenofovir disoproxil fumarate) .....47
sulfacetamide sodium (ophth) SOLN . 113	sumatriptan succinate TABS .....104	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate) .....47
sulfacetamide sodium LIQD .....65	sunitinib malate 12.5 MG, 37.5 MG, 50 MG .....42	SYMTUZA .....47
sulfacetamide sodium SHAM 10 % 65	sunitinib malate 25 MG .....42	SYNALAR CREA (fluocinolone acetonide) .....67
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %62	SUPER THIN LANCETS .....98	SYNALAR OINT (fluocinolone acetonide) .....67
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %62	SUPRAX CAPS (cefixime) .....53	SYNALAR SOLN (fluocinolone acetonide) .....67
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %62	SUPRAX CHEW .....53	SYNAREL .....73
sulfacetamide sod-prednisolone SOLN .....114	SUPRAX SUSR 200 MG/5ML (cefixime) .....53	SYNDROS SOLN .....27
SULFACETAMIDE-SULFUR IN UREA EMUL .....62	SUPRAX SUSR 500 MG/5ML .....53	SYNJARDY TABS .....24
sulfadiazine TABS .....123	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate) .....83	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....24
sulfamethoxazole-trimethoprim SUSP.....34	SURE COMFORT LANCETS 18G 98	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG .....24
sulfamethoxazole-trimethoprim TABS.....34	SURE COMFORT LANCETS 21G 98	SYNTROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) .....124
SULFAMYLYON CREA .....65	SURE COMFORT LANCETS 23G 98	SYNTROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) .....124
SULFAMYLYON PACK 5 % (mafénide acetate) .....65	SURE COMFORT LANCETS 28G 98	SYPRINE (trientine hcl) .....105
sulfasalazine TABS .....76	SURE COMFORT LANCETS 30G 98	TABLOID .....36
sulfasalazine TBEC .....76	SURELITE LANCETS .....98	TABRECTA .....42
sulindac TABS 150 MG .....5	SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate) .....42	TACLONEX OINT (calcipotriene- betamethasone dipropionate) .....67
sulindac TABS 200 MG .....5	SUTENT 25 MG (sunitinib malate) 42	TACLONEX SUSP (calcipotriene- betamethasone dipropionate) .....68
sumatriptan 20 MG/ACT .....104	SYMBICORT (budesonide- formoterol fumarate dihydrate) .....16	tacrolimus (topical) OINT 0.03 % ..68
sumatriptan 5 MG/ACT .....104	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl) ...119	tacrolimus (topical) OINT 0.1 % ...68
sumatriptan succinate SOAJ .....104	SYMDEKO .....122	tacrolimus CAPS .....106
sumatriptan succinate SOCT .....104	SYMF1 (efavirenz-lamivudine-	
sumatriptan succinate SOLN 6		

tadalafil (pulmonary hypertension)	estrad-fe)	57	telmisartan-hydrochlorothiazide	...33	
TABS	52	tazarotene CREA	64	temazepam 15 MG	82
tadalafil 2.5 MG	51	TAZAROTENE FOAM	62	temazepam 22.5 MG, 30 MG	83
tadalafil 5 MG, 10 MG, 20 MG	51	tazarotene GEL	65	temazepam 7.5 MG	82
TAFINLAR CAPS	42	TAZORAC CREA (tazarotene)	65	temozolamide CAPS	36
TAFINLAR TBSO	42	TAZORAC GEL (tazarotene)	65	temsirolimus	42
tafluprost	116	TAZVERIK	42	TENIVAC INJ	125
TAGRISSO	38	TDVAX SUSP	125	tenofovir disoproxil fumarate TABS	
TAKHZYRO SOLN	81	TECFIDERA CDPK (dimethyl		47	
TAKHZYRO SOSY	81	fumarate)	120	TENORETIC 100 (atenolol &	
TALZENNA 0.25 MG, 1 MG	42	TECFIDERA CPDR (dimethyl		chlorthalidone)	33
TAMIFLU CAPS 30 MG, 45 MG		fumarate)	120	TENORETIC 50 (atenolol &	
(oseltamivir phosphate)	49	TECHLITE AST LANCETS	98	chlorthalidone)	33
TAMIFLU CAPS 75 MG (oseltamivir		TECHLITE INSULIN SYRINGE ..	102	TENORMIN TABS (atenolol)	49
phosphate)	49	TECHLITE LANCETS	98	terazosin hcl 1 MG, 2 MG, 5 MG ..	32
TAMIFLU SUSR (oseltamivir		TECHLITE LANCETS 26G	98	terazosin hcl 10 MG	32
phosphate)	49	TECHLITE LANCETS 30G	98	terbinafine hcl TABS	28
tamoxifen citrate TABS	39	TEGRETOL SUSP (carbamazepine) .		terbutaline sulfate TABS	16
tamsulosin hcl	78	20		terconazole vaginal CREA	130
TARCEVA 100 MG, 150 MG		TEGRETOL TABS (carbamazepine) .		terconazole vaginal SUPP	130
(erlotinib hcl)	38	20		teriflunomide	120
TARCEVA 25 MG (erlotinib hcl) ..	38	TEGRETOL-XR TB12 100 MG		teriparatide SOPN	72
TARGADOX TABS (doxycycline		(carbamazepine)	20	TESTIM GEL TD (testosterone) ..	11
hyclate)	123	TEGRETOL-XR TB12 200 MG		testosterone cypionate SOLN IM ..	11
TARGETIN (bexarotene (topical))		(carbamazepine)	20	testosterone enanthate SOLN IM ..	11
64		TEGRETOL-XR TB12 400 MG		testosterone GEL TD 1 %	11
TARGETIN (bexarotene)	43	(carbamazepine)	20	testosterone GEL TD 10 MG/ACT ..	11
TASIGNA 150 MG, 200 MG (nilotinib		TEGSEDI	122	testosterone GEL TD	11
hcl)	42	TEKTURNA (aliskiren fumarate) ..	34	testosterone SOLN	11
TASIGNA 50 MG (nilotinib hcl)	42	telmisartan 20 MG, 40 MG	32	TETANUS-DIPHTHERIA TOXOIDS	
TASMAR (tolcapone)	43	telmisartan 80 MG	32	TD SUSP	125
TAVALISSE	81	telmisartan-amlodipine	33		
TAYTULLA CAPS (norethin acet &					

tetrabenazine	119	timolol maleate (ophth) SOLG	112	tobramycin (ophth) SOLN	113
tetracaine hcl (ophth)	114	timolol maleate (ophth) SOLN	112	tobramycin NEBU	3
tetracycline hcl CAPS	123	timolol maleate TABS 10 MG	50	tobramycin sulfate SOLN IJ 10	
THALITONE	72	timolol maleate TABS 5 MG, 20 MG .	49	MG/ML, 80 MG/2ML	3
THALOMID	105	TIMOPTIC OCUDOSE SOLN (timolol		tobramycin-dexamethasone SUSP	
THEO-24 CP24	16	maleate (ophth))	112	115	
theophylline ELIX	16	TIMOPTIC SOLN (timolol maleate		TOBREX OINT	113
theophylline SOLN	16	(ophth))	112	TODAY SPONGE MISC	130
theophylline TB12 300 MG	16	TIMOPTIC-XE SOLG (timolol		TODAYS HEALTH THIN LANCETS	
theophylline TB12 450 MG	16	maleate (ophth))	112	28G	98
theophylline TB24	16	tinidazole 250 MG	34	TODAYS HEALTH THIN LANCETS	
THERANATAL CORE NUTRITION		tinidazole 500 MG	34	30G	98
TABS	110	tiopronin TABS	78	tolcapone	43
THINLETS GP LANCETS	98	tiopronin TBEC	78	TOLSURA CAPS	28
THIOLA EC TBEC (tiopronin)	78	tiotropium bromide monohydrate		tolterodine tartrate CP24	128
THIOLA TABS (tiopronin)	78	CAPS	14	tolterodine tartrate TABS	128
thioridazine hcl 10 MG, 25 MG, 100		TIROSINT CAPS 13 MCG, 25 MCG,		tolvaptan TBPK 15 MG	74
MG	46	50 MCG, 75 MCG, 88 MCG, 100		TOPAMAX SPRINKLE CPSP	
thioridazine hcl 50 MG	46	MCG, 112 MCG, 125 MCG, 137		(topiramate)	20
thiothixene	46	MCG, 150 MCG, 175 MCG, 200		TOPAMAX TABS 100 MG	
THRIVITE RX TABS	110	MCG (levothyroxine sodium)	124	(topiramate)	20
THYMOGLOBULIN	106	TIROSINT CAPS 37.5 MCG, 44		TOPAMAX TABS 200 MG	
THYROID TABS 15 MG, 30 MG, 60		MCG, 62.5 MCG	124	(topiramate)	20
MG, 90 MG, 120 MG	124	TIVICAY TABS 50 MG	47	TOPAMAX TABS 25 MG	
tiagabine hcl	21	tizanidine hcl CAPS	110	(topiramate)	20
TIAZAC (diltiazem hcl extended		tizanidine hcl TABS 2 MG	110	TOPAMAX TABS 50 MG	
release beads)	50	tizanidine hcl TABS 4 MG	110	(topiramate)	20
TIBSOVO	42	TOBI NEBU (tobramycin)	3	TOPICORT CREA (desoximetasone)	
ticagrelor 60 MG, 90 MG	81	TOBI PODHALER CAPS	3	..... .....	68
TIKOSYN (dofetilide)	13	TOBRADEX OINT	114	TOPICORT GEL (desoximetasone)	
timolol	112	TOBRADEX ST SUSP	114	68	
		TOBRADEX SUSP (tobramycin-		TOPICORT OINT (desoximetasone)	
		dexamethasone)	114	.68	
				TOPICORT SPRAY LIQD	

(desoximetasone)	68	tramadol hcl TABS 100 MG	9	TREMFYA SOSY SC 200 MG/2ML 77
topiramate CP24 200 MG	20	tramadol hcl TABS 50 MG	9	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML
topiramate CP24 25 MG, 50 MG, 100 MG	20	tramadol hcl TB24 100 MG	9	.....26
topiramate CPSP 15 MG, 25 MG ..	20	tramadol hcl TB24 200 MG	9	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML
topiramate CS24 100 MG, 150 MG, 200 MG	20	tramadol hcl TB24	9	.....26
topiramate CS24 25 MG, 50 MG ..	20	tramadol-acetaminophen	10	TRESIBA SOLN
topiramate TABS 100 MG	20	trandolapril	31	.....26
topiramate TABS 200 MG	20	trandolapril-verapamil hcl	33	tretinoin (chemotherapy)
topiramate TABS 25 MG	20	tranexamic acid SOLN 1000 MG/10ML	82	.....43
topiramate TABS 50 MG	20	tranexamic acid TABS	82	tretinoin CREA 0.025 %, 0.05 %, 0.1 %
topotecan hcl SOLR	43	TRANSDERM-SCOP (scopolamine) 27		.....62
TOPROL XL TB24 (metoprolol succinate)	49	tranylcypromine sulfate	22	tretinoin GEL 0.01 %, 0.025 %, 0.05 %
toremifene citrate	39	TRAVATAN Z SOLN (travoprost) 116		.....62
TORISEL (temsitrolimus)	42	TRAVEL LANCETS	98	tretinoin microsphere 0.04 %
torsemide TABS 100 MG	72	TRAVEL LANCETS ADVANCED 28G	98	.....62
torsemide TABS 5 MG, 10 MG, 20 MG	72	travoprost SOLN	116	tretinoin microsphere 0.1 %
TOUJEO MAX SOLOSTAR SOPN 26		TRAZIMERA 420 MG	37	TRETEN
TOUJEO SOLOSTAR SOPN	26	trazodone hcl TABS	23	.....80
TOVIAZ (fesoterodine fumarate) 128		TRECATOR	36	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG
TPOXX (TECOVIRIMAT)	48	TRELEGY ELLIPTA	16	.....36
TPOXX CAPS	49	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	76	triamicinolone acetonide (mouth) 106
TRACLEER TABS 125 MG (bosentan)	52	TREMFYA ONE-PRESS SOAJ 100 MG/ML	65	triamicinolone acetonide (nasal) AERO
TRACLEER TABS 62.5 MG (bosentan)	52	TREMFYA PEN SOAJ 100 MG/ML 65		.....112
TRACLEER TBSO	52	TREMFYA PEN SOAJ SC 200 MG/2ML	77	triamicinolone acetonide (topical) AERS
tramadol hcl CP24 100 MG, 200 MG, 300 MG	9	TREMFYA SOSY 100 MG/ML	65	.....68

triazolam 0.125 MG	83	trimethobenzamide hcl CAPS	27	TRUEPLUS LANCETS 30G	98
triazolam 0.25 MG	83	trimethoprim TABS	34	TRUEPLUS LANCETS 33G	98
TRIBENZOR (olmesartan medoxomilamlodipine- hydrochlorothiazide)	33	trimipramine maleate CAPS	24	TRUEPLUS SAFETY LANCETS 28G	99
TRICARE TABS	110	TRINATAL RX 1 TABS	110	TRULANCE	76
TRICOR TABS 145 MG (fenofibrate) . 30		TRINTELLIX	23	TRULICITY	25
TRICOR TABS 48 MG (fenofibrate) 30		TRISTART DHA	110	TRUMENBA 0.5 ML	128
TRIDESILON CREA 0.05 % (desonide)	68	TRIUMEQ PD TBSO	47	TRUSTEX COLOR CONDOMS + LUBE MISC	86
trientine hcl	105	TRIUMEQ TABS	47	TRUSTEX LUB/RIBBED/STUDDED MISC	86
trifluoperazine hcl TABS	46	TRI-VITAMIN WITH FLUORIDE SOLN 0.25 MG/ML	108	TRUSTEX LUB/SPERMICIDE EX ST MISC	86
trifluridine	113	TROJAN ENZ MISC	86	TRUSTEX LUB/SPERMICIDE XL MISC	87
trihexyphenidyl hcl SOLN	43	TROJAN MAGNUM MISC	86	TRUSTEX LUBRICATED EX LARGE MISC	87
trihexyphenidyl hcl TABS	43	TROJAN ULTRA THIN MISC	86	TRUSTEX LUBRICATED EXTRA ST MISC	87
TRIJARDY XR	24	TROJAN ULTRA THIN/SPERMICIDAL MISC	86	TRUSTEX LUBRICATED MISC ...	87
TRIKAFTA TBPK 100 MG-50 MG 123		TROJAN-ENZ LUBRICATED MISC 86		TRUSTEX LUBRICATED/SPERMICIDE MISC 87	
TRIKAFTA TBPK 50 MG-25 MG .123		TROJAN-ENZ/SPERMICIDAL MISC .. 86		TRUSTEX NATURAL CONDOMS + LUBE MISC	87
TRIKAFTA THPK	123	TROKENDI XR CP24 200 MG (topiramate)	21	TRUSTEX NON-LUBRICATED MISC	87
TRILEPTAL SUSP (oxcarbazepine) 20		TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate)	21	TRUSTEX RIA LUB/SPERMICIDE MISC	87
TRILEPTAL TABS 150 MG (oxcarbazepine)	20	tropicamide SOLN	113	TRUSTEX RIA LUBRICATED MISC 87	
TRILEPTAL TABS 300 MG (oxcarbazepine)	20	trospium chloride CP24	128	TRUSTEX RIA NON-LUBRICATED MISC	87
TRILEPTAL TABS 600 MG (oxcarbazepine)	20	trospium chloride TABS	128	TRUE COMFORT SAFETY LANCETS	98
TRILIPIX 135 MG (choline fenofibrate)	30	TRUE COMFORT TWIST TOP LANCETS	98	TRUE COVER DEVI	86
TRILIPIX 45 MG (choline fenofibrate)	30	TRUEPLUS LANCETS 26G	98	TRUEPLUS LANCETS 28G	98
		TRUEPLUS LANCETS 28G	98	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC	87

TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)	47	UDENYCA ONBODY SOSY .....82	UNISTIK 2 .....99
TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	48	UDENYCA SOAJ .....82	UNISTIK 2 COMFORT .....99
		UDENYCA SOSY .....82	UNISTIK 2 EXTRA .....100
TRUZONE PEAK FLOW METER	103	ULORIC 40 MG (febuxostat) .....79	UNISTIK 2 NEONATAL .....100
		ULORIC 80 MG (febuxostat) .....79	UNISTIK 2 NORMAL .....100
TUKYSA	37	ULTILET CLASSIC LANCETS ....99	UNISTIK 2 SUPER .....100
TUSNEL TABS	59	ULTILET LANCETS .....99	UNISTIK 3 .....100
TUSSLIN LIQD	59	ULTILET SAFETY LANCETS ....99	UNISTIK 3 COMFORT .....100
TUSSLIN PEDIATRIC LIQD	59	ULTILET SAFETY LANCETS 23G .....99	UNISTIK 3 EXTRA .....100
TWINRIX SUSY	130	ULTRA THIN LANCETS 31G .....99	UNISTIK 3 GENTLE .....100
TWIRLA	57	ULTRA-CARE LANCETS 30G ....99	UNISTIK 3 NEONATAL .....100
TWIST TOP LANCETS 30G	99	ULTRA-THIN II AUTO LANCET ..99	UNISTIK 3 NORMAL .....100
TYBLUME CHEW	57	ULTRA-THIN II LANCETS .....99	UNISTIK CZT COMFORT .....100
TYBOST	48	umeclidinium-vilanterol .....16	UNISTIK CZT NORMAL .....100
TYKERB (lapatinib ditosylate)	42	UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium) .....117	UNISTIK NORMAL .....100
TYMLOS	72	UNILET COMFORTOUCH LANCET .....99	UNISTIK PRO SAFETY LANCET 100
TYVASO DPI INSTITUTIONAL KIT POWD	51	UNILET EXCELITE .....99	UNISTIK SAFETY LANCETS 28G 100
TYVASO DPI MAINTENANCE KIT POWD	51	UNILET EXCELITE II .....99	UNISTIK SAFETY LANCETS 30G 100
TYVASO DPI TITRATION KIT POWD	51	UNILET G.P. LANCET .....99	UNISTIK TOUCH SAFETY LANC 21G .....100
TYVASO REFILL KIT SOLN IN	51	UNILET G.P. SUPERLITE LANCET .....99	UNISTIK TOUCH SAFETY LANC 23G .....100
TYVASO SOLN IN	52	UNILET GP 28 ULTRA THIN .....99	UNISTIK TOUCH SAFETY LANC 28G .....100
TYVASO STARTER KIT SOLN IN	52	UNILET LANCET .....99	UNISTIK TOUCH SAFETY LANC 30G .....100
UBRELVY	103	UNILET MICRO-THIN 33G .....99	UPTRAVI TABS .....52
UCERIS (budesonide (intrarectal)) 11		UNILET SUPERLITE LANCET ...99	UPTRAVI TITRATION TBPK .....52
UCERIS TB24 (budesonide)	58	UNILET SUPER-THIN 30G .....99	urea LOTN 40 %68
		UNISTIK 1 .....99	

UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	78	valsartan TABS 160 MG	32	VASOTEC TABS (enalapril maleate) 31	
UROCIT-K 15 TBCR (potassium citrate (alkalinizer))	78	valsartan TABS 40 MG, 80 MG, 320 MG	32	VCF VAGINAL CONTRACEPTIVE FILM	130
UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	78	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	33	VCF VAGINAL CONTRACEPTIVE FOAM	130
UROXATRAL (alfuzosin hcl)	78	valsartan-hydrochlorothiazide 25 MG-160 MG	33	VCF VAGINAL CONTRACEPTIVE GEL	130
URSO 250 TABS (ursodiol)	76	VALTOCO 10 MG DOSE LIQD	18	VECAMYL	34
URSO FORTE TABS (ursodiol) ...	76	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	18	VECTICAL (calcitriol (topical))	65
ursodiol CAPS	76	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	18	VELCADE SOLR IJ (bortezomib)	42
ursodiol TABS	76	VALTOCO 5 MG DOSE LIQD	18	VELTIN (clindamycin phosphate-tretinoin)	62
USTEKINUMAB SOLN 45 MG/0.5ML	65	VALTREX 1 GM (valacyclovir hcl)	48	VEMLIDY	48
USTEKINUMAB SOSY 45 MG/0.5ML	65	VALTREX 500 MG (valacyclovir hcl)	48	VENCLEXTA STARTING PACK	
USTEKINUMAB SOSY 90 MG/ML 65		VALUMARK LANCET SUPER THIN 30G	100	TBPK	37
VAGIFEM TABS (estradiol vaginal) 131		VALUMARK LANCET ULTRA THIN 28G	100	VENCLEXTA TABS 10 MG	37
valacyclovir hcl 1 GM	48	VANCOCIN CAPS (vancomycin hcl)	35	VENCLEXTA TABS 100 MG	37
valacyclovir hcl 500 MG	48	vancomycin hcl CAPS	35	VENCLEXTA TABS 50 MG	37
VALCHLOR	64	VANDAZOLE	130	venlafaxine hcl CP24	23
VALCYTE SOLR (valganciclovir hcl) . 48		VANOS CREA (fluocinonide)	68	venlafaxine hcl TABS	23
VALCYTE TABS (valganciclovir hcl) . 48		VAQTA	130	venlafaxine hcl TB24 225 MG	23
valganciclovir hcl SOLR	48	varenicline tartrate TABS	122	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	23
valganciclovir hcl TABS	48	varenicline tartrate TBPK	122	VENTAVIS IN	52
VALIUM TABS 10 MG (diazepam) 12		VARIVAX SUSR	130	VENTOLIN HFA AERS (albuterol sulfate)	16
VALIUM TABS 2 MG, 5 MG (diazepam)	13	VARUBI (180 MG DOSE) TBPK	28	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG	50
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	22	VASCEPA (icosapent ethyl)	29	verapamil hcl CP24 180 MG	50
valproic acid CAPS	22	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)	33	verapamil hcl CP24 360 MG	50
				VERAPAMIL HCL ER CP24 (verapamil hcl)	50

verapamil hcl TABS	50	VIAGRA (sildenafil citrate)	51	VIREAD TABS 150 MG, 200 MG, 250 MG	48
verapamil hcl TBCR 120 MG	50	VIBERZI	77	VIRT-NATE DHA CAPS	110
verapamil hcl TBCR 180 MG, 240 MG	50	VIBRAMYCIN CAPS (doxycycline hyolate)	123	VISTARIL CAPS (hydroxyzine pamoate)	12
VEREGEN	62	VIBRAMYCIN SUSR (doxycycline (monohydrate))	123	VISTOGARD	27
VERELAN CP24 120 MG, 240 MG (verapamil hcl)	51	VICTOZA (liraglutide)	25	VITAFOL GUMMIES	110
VERELAN CP24 180 MG (verapamil hcl)	50	VIDA MIA UNILET LANCETS 28G 101		VITAFOL-NANO	110
VERELAN CP24 360 MG (verapamil hcl)	51	VIDA MIA UNILET LANCETS 30G 101		VITAFOL-ONE CAPS	110
VERELAN PM CP24 (verapamil hcl) . 50		vigabatrin PACK	21	VITAMEDMD ONE RX/QUATREFOLIC	110
VERIFINE SAFE LANCET MINI 21G	100	vigabatrin TABS	21	VITAMEDMD REDICHEW RX ...	110
VERIFINE SAFE LANCET MINI 23G	100	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	113	VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	108
VERIFINE SAFE LANCET MINI 28G	101	VIIBRYD STARTER PACK KIT ...	23	VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	108
VERIFINE SAFE LANCET MINI 30G	101	VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	23	VITAPEARL	110
VERIFINE UNIVERSAL LANCETS 28G	101	VIIBRYD TABS 20 MG (vilazodone hcl)	23	VITATHELY WITH GINGER TABS 110	
VERIFINE UNIVERSAL LANCETS 30G	101	vilazodone hcl TABS 10 MG, 40 MG 23		VITATRUE	110
VERIFINE UNIVERSAL LANCETS 33G	101	vilazodone hcl TABS 20 MG	23	VITRAKVI CAPS	42
VERSACLOZ SUSP	45	VIMPAT SOLN PO 10 MG/ML (lacosamide)	21	VITRAKVI SOLN	42
VERZENIO	42	VIMPAT TABS (lacosamide)	21	VIVA DHA CAPS	110
VESICARE TABS 10 MG (solifenacina succinate)	128	VINATE DHA RF	110	VIVAGUARD LANCETS	101
VESICARE TABS 5 MG (solifenacina succinate)	128	VINATE ONE TABS	110	VIVAGUARD LANCETS 30G	101
VFEND SUSR (voriconazole)	28	VIRACEPT TABS	48	VIVAGUARD SAFETY LANCETS 28G	101
VFEND TABS (voriconazole)	28	VIRAZOLE (ribavirin)	49	VIVELLE-DOT PTTW (estradiol) ..	75
		VIREAD POWD	48	VIZIMPRO	38
		VIREAD TABS (tenofovir disoproxil fumarate)	48	VOGELXO GEL TD (testosterone) ..	11
				VOGELXO PUMP GEL TD (testosterone)	11
				VOLTAREN ARTHRITIS PAIN GEL	

EX (diclofenac sodium (topical))	64	WIDE-SEAL DIAPHRAGM 80	87	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	24
VONVENDI	80	WIDE-SEAL DIAPHRAGM 85	87	XIMINO CP24 (minocycline hcl)	123
voriconazole SUSR	28	WIDE-SEAL DIAPHRAGM 90	87	XIMINO CP24	123
voriconazole TABS	28	WIDE-SEAL DIAPHRAGM 95	87	XOPENEX HFA (levalbuterol tartrate)	16
VOSEVI	48	WILATE KIT	80	XOSPATA	42
VOTRIENT (pazopanib hcl)	42	XADAGO	44	XPOVIO (100 MG ONCE WEEKLY) 50 MG	39
VRAYLAR CAPS	45	XALATAN SOLN (latanoprost)	116	XPOVIO (40 MG ONCE WEEKLY) 40 MG	39
VRAYLAR CPPK	45	XALKORI CAPS	42	XPOVIO (40 MG TWICE WEEKLY) 40 MG	39
VYNDAMAX	52	XANAX TABS (alprazolam)	13	XPOVIO (60 MG ONCE WEEKLY) 60 MG	39
VYNDAQEL	52	XANAX XR TB24 (alprazolam)	13	XARELTO STARTER PACK TBPK	
VYTONE 1.9 %-1 % (iodoquinol- hydrocortisone in aloe vehicle)	63	XARELTO SUSR	16	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban)	16
VYTORIN (ezetimibe-simvastatin)	29	XARELTO TABS	16	XATMEP SOLN PO	37
WALGREENS ADV TRAVEL LANCETS	101	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban)	16	XELJANZ SOLN	3
warfarin sodium TABS	16	XARELTO TABS	16	XELJANZ TABS	3
WELCHOL PACK (colesevelam hcl)	30	XARELTO TABS	16	XELJANZ XR TB24	3
WELCHOL TABS (colesevelam hcl)	30	XATMEP SOLN PO	37	XELODA (capecitabine)	37
WELLBUTRIN SR TB12 (bupropion hcl)	22	XELJANZ TABS	3	XENAZINE (tetrabenazine)	119
WELLBUTRIN XL TB24 (bupropion hcl)	22	XELJANZ XR TB24	3	XERAC AC	69
WESCAP-C DHA	110	XELODA (capecitabine)	37	XERMELO	77
WESNATE DHA CAPS	110	XENAZINE (tetrabenazine)	119	XHANCE EXHU	112
WESTAB PLUS TABS	110	XERAC AC	69	XIFAXAN 200 MG	34
WESTGEL DHA	110	XERMELO	77	XIFAXAN 550 MG	34
WIDE-SEAL DIAPHRAGM 60	87	XHANCE EXHU	112	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	24
WIDE-SEAL DIAPHRAGM 65	87	XIFAXAN 200 MG	34	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	24
WIDE-SEAL DIAPHRAGM 70	87	XIFAXAN 550 MG	34	XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride)	29
WIDE-SEAL DIAPHRAGM 75	87	XIGDUO XR (dapagliflozin propanediol-metformin hcl)	24	XYZAL ALLERGY 24HR TABS (levocetirizine dihydrochloride)	29
				YASMIN 28 (drospirenone-ethinyl estradiol)	57

YAZ (drospirenone-ethinyl estradiol) 57	ZESTRIL TABS 40 MG (lisinopril) .31	zolmitriptan TABS .....104
YONSA .....39	ZETIA (ezetimibe) .....31	zolmitriptan TBDP .....104
zafirlukast 10 MG .....14	ZEVRX TWIST TOP LANCETS 30G 101	ZOLOFT CONC (sertraline hcl) ....23
zafirlukast 20 MG .....14	ZIAC (bisoprolol & hydrochlorothiazide) .....34	ZOLOFT TABS (sertraline hcl) ....23
zaleplon .....83	ZIAGEN SOLN (abacavir sulfate) ..48	zolpidem tartrate TABS .....83
ZANAFLEX CAPS (tizanidine hcl) 110	ZIAGEN TABS (abacavir sulfate) ..48	zolpidem tartrate TBCR .....83
ZANAFLEX TABS 4 MG (tizanidine hcl) .....110	ZIANA (clindamycin phosphate-tretinoin) .....62	ZOMACTON SOLR SC 10 MG ....73
ZARONTIN CAPS (ethosuximide) .21	zidovudine CAPS .....48	ZOMIG SOLN (zolmitriptan) .....104
ZARONTIN SOLN (ethosuximide) .21	zidovudine SYRP .....48	ZONALON (doxepin hcl (antipruritic)) .....64
ZARXIO .....82	zidovudine TABS .....48	ZONEGRAN CAPS 100 MG (zonisamide) .....21
ZAVESCA (miglustat) .....81	zileuton TB12 .....14	ZONEGRAN CAPS 25 MG (zonisamide) .....21
ZEJULA TABS .....42	ZIOPTAN (tafluprost) .....116	zonisamide CAPS 100 MG .....21
ZELAPAR TBDP .....44	ziprasidone hcl 20 MG, 40 MG ....45	zonisamide CAPS 25 MG, 50 MG .21
ZELBORAFAF .....42	ziprasidone hcl 60 MG, 80 MG ....45	ZORBTIVE SC .....73
ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol) .....74	ZIRGAN GEL .....113	ZORTRESS (everolimus (immunosuppressant)) .....106
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 .....71	ZITHROMAX PACK .....84	ZOVIRAX CREA (acyclovir topical) 65
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide) .....34	ZITHROMAX SUSR (azithromycin) 84	ZOVIRAX OINT (acyclovir topical) .65
ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...34	ZITHROMAX TABS 250 MG (azithromycin) .....85	ZYCLARA (imiquimod) .....68
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril) .....31	ZITHROMAX TABS 500 MG (azithromycin) .....84	ZYCLARA PUMP (imiquimod) ....68
	ZITHROMAX TRI-PAK TABS (azithromycin) .....84	ZYDELIG .....42
	ZITHROMAX Z-PAK TABS (azithromycin) .....84	ZYFLO TABS .....14
	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin) .....31	ZYKADIA TABS .....42
	ZOLINZA .....42	ZYLET .....115
	zolmitriptan SOLN .....104	ZYLOPRIM 100 MG (allopurinol) ..79
		ZYLOPRIM 300 MG (allopurinol) ..79
		ZYMAXID (gatifloxacin (ophth)) ..114
		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)39

ZYVOX SUSR (linezolid)35

ZYVOX TABS (linezolid)35