

California

Ambetter From Health Net Drug List

For Ambetter from Health Net Individual & Family Plans

The Drug List (formulary) includes a list of drugs covered by Ambetter from 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 All previous versions are no longer in effect.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 January 1, 2027



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?	ii
What is the Drug List (Formulary)?	ii
How do I find a drug on the Drug List?	ii
How are the drugs listed in the categorical list?	iii
How much will I pay for my drugs?	iii
Tier description table.....	iv
Are there any limits on my drug coverage?	v
How often does the Drug List change?.....	vi
How can I get prior authorization or an exception to the rules for drug coverage? ..	vi
How do I get a Step Therapy Exception?.....	vii
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
Are infertility drugs covered?	x
Are Immunizations covered through pharmacies?.....	xi
Are Weight Loss Drugs covered	xi
Are Hemophilia Drugs covered.....	xii
Definitions	xii
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. Customer Service can help you with questions about your prescription drug benefits, including, but not limited to:

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

What is the Drug List?

The drug list is a list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and 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 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 Days' Supply	Maximum Cost Share	
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 fifty 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.

<i>Tier</i>	
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 five includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

Are there any limits on my drug coverage?

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

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

Continuous blood glucose monitors and supplies are considered durable medical equipment and may be covered under your DME 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 maintenance 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.

Are infertility drugs covered?

Infertility treatment is not a covered benefit under the Individual Plans. Check your plan documents for your specific coverage.

Are Immunizations covered through pharmacies?

Immunizations are covered through your primary care Doctor. The following immunizations are covered at a Health Net participating pharmacy for members that have pharmacy coverage with Health Net or Ambetter. These immunizations may also be obtained at your doctor's office;

- Covid-19
- Influenza (Flu)
- RSV
- Shingrix

Are Weight loss drugs covered?

Most plans do cover weight loss medications after prior authorization has been approved. Check your plan documents for your coverage and copayment or coinsurance. Requirements for approval include enrolling and actively participating in a weight loss behavior modification program that includes diet, exercise, and behavior modification for six months prior to going on a weight loss drug and continuing in the program while being treated with a weight loss medication. You must meet the body mass index (BMI) requirements under your plan. Covered medications include:

Weight Loss Medications	
Oral Medications	Self-injected Medications
Contrave	Wegovy
Phentermine-Topiramate (Qsymia)	Liraglutide (Saxenda)
Phentermine Caps	Zepbound
Orlistat (Xenical)	
Foundayo Tablets	
Wegovy Tablets	

Are Hemophilia Drugs covered?

Hemophilia drugs are covered when medically necessary. Preventive therapy is available through our Specialty pharmacy, AcariaHealth, after authorization has been provided. Refer to your plan documents for your copayment or coinsurance.

Definitions

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

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

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

Deductible: Is the amount you pay for covered health care benefits that are subject to the deductible before your health 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 for 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 an applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily)
<i>amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG</i>	1	QL(90 EA per fill retail)
<i>amphetamine-dextroamphetamine TABS 5 MG, 12.5 MG, 20 MG, 30 MG</i>	1	
<i>amphetamine-dextroamphetamine TABS 10 MG</i>	1	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 10 MG</i>	1	
<i>dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	2	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW 10 MG</i>	1	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW</i>	1	Limited to 1 per day; QL(1 EA daily)
<i>methamphetamine hcl</i>	2	PA
Analeptics		
<i>caffeine citrate SOLN PO 60 MG/3ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)
<i>clonidine hcl (adhd) TB12</i>	1	QL(4 EA daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)
Stimulants - Misc.		
<i>armodafinil 50 MG</i>	1	PA
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(90 EA per 90 day(s) retail; 90 EA per 90 days mail)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)
<i>methylphenidate hcl CHEW</i>	1	
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1	
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 EA daily)
<i>methylphenidate hcl SOLN</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily)
<i>methylphenidate hcl TBCR 54 MG</i>	2	QL(2 EA daily; 180 EA per fill retail)

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 36 MG, 54 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	<i>tofacitinib citrate SOLN 1 MG/ML</i>	4	QL(10 ML daily); PA
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	2	QL(1 EA daily; 90 EA per fill retail)	<i>tofacitinib citrate TABS 5 MG, 10 MG</i>	4	QL(2 EA daily); PA
<i>methylphenidate PTCH</i>	1	QL(1 EA daily)	<i>tofacitinib citrate TB24 11 MG, 22 MG</i>	4	QL(1 EA daily); PA
<i>modafinil</i>	1	QL(1 EA daily); ST	XELJANZ XR TB24 11 MG, 22 MG (<i>tofacitinib citrate</i>)	4	QL(1 EA daily); PA
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA	XELJANZ SOLN 1 MG/ML (<i>tofacitinib citrate</i>)	4	QL(10 ML daily); PA
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA	XELJANZ TABS 5 MG, 10 MG (<i>tofacitinib citrate</i>)	4	QL(2 EA daily); PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA	Antirheumatic Antimetabolites		
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA
Aminoglycosides			Anti-TNF-alpha - Monoclonal Antibodies		
ARIKAYCE	4	PA	ADALIMUMAB-AATY (1 PEN) AJKT	4	QL(0.143 EA daily); PA
BETHKIS NEBU (<i>tobramycin</i>)	4	PA	ADALIMUMAB-AATY (2 PEN) AJKT	4	QL(0.143 EA daily); PA
HUMATIN	2		ADALIMUMAB-AATY (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	4	QL(0.143 EA daily); PA
<i>streptomycin sulfate SOLR</i>	4	PA	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	QL(0.072 ML daily); PA
TOBI PODHALER CAPS	4	PA	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	QL(0.143 ML daily); PA
<i>tobramycin NEBU</i>	4	PA	ADALIMUMAB-ADAZ SOSY	4	QL(0.143 ML daily); PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-ADBIM (2 PEN) AJKT	4	QL(0.143 EA daily); PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADBIM (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
RINVOQ LQ SOLN	4	QL(12 ML daily); PA	ADALIMUMAB-ADBIM(CD/UC/HS STRT) AJKT	4	QL(0.143 EA daily); PA
RINVOQ TB24 45 MG	4	QL(84 EA per 365 day(s) retail; 84 EA per 365 days mail); PA			
RINVOQ TB24 15 MG, 30 MG	4	QL(1 EA daily); PA			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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-ADBIM(PS/UV STARTER) AJKT	4	QL(0.143 EA daily); PA	YUFLYMA (2 PEN) AJKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 EA daily); PA	YUFLYMA (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	YUFLYMA-CD/UC/HS STARTER AJKT	4	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	Check Plan Documents for coverage; QL(0.143 EA daily); PA	Gold Compounds		
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); PA	AURANOFIN 3 MG	4	
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 EA daily); PA	RIDAURA	4	
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check Plan Documents for coverage; QL(0.143 EA daily); PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA	ACTEMRA ACTPEN SOAJ	4	QL(3.6 ML per 28 day(s) retail); PA
SIMLANDI (1 PEN) AJKT	4	QL(0.143 EA daily); PA	ACTEMRA SOSY	4	QL(3.6 ML per 28 day(s) retail); PA
SIMLANDI (1 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	KEVZARA SOAJ	4	ST; QL(0.082 ML daily); PA
SIMLANDI (2 PEN) AJKT	4	QL(0.143 EA daily); PA	KEVZARA SOSY	4	ST; QL(0.082 ML daily); PA
SIMLANDI (2 SYRINGE) PSKT	4	QL(0.143 EA daily); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
YUFLYMA (1 PEN) AJKT	4	QL(0.143 EA daily); PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
			(Indomethacin) INDOCIN SUPP	4	
			<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA
			<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)
			<i>diclofenac potassium TABS 50 MG</i>	1	
			<i>diclofenac sodium TB24</i>	1	
			<i>diclofenac sodium TBEC</i>	1	
			<i>diclofenac w/ misoprostol TBEC</i>	1	
			<i>etodolac CAPS</i>	1	
			<i>etodolac TABS</i>	1	
			<i>etodolac TB24</i>	1	QL(2 EA daily)
			<i>flurbiprofen TABS</i>	1	
			<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>indomethacin CAPS 25 MG, 50 MG</i>	1		Soluble Tumor Necrosis Factor Receptor Agents		
<i>indomethacin CPCR</i>	1		ENBREL MINI SOCT	4	QL(0.15 ML daily); PA
<i>indomethacin SUPP</i>	4		ENBREL SURECLICK SOAJ	4	QL(10 ML daily); PA
<i>indomethacin SUSP</i>	2		ENBREL SOLN	4	QL(0.143 ML daily); PA
<i>ketoprofen CP24</i>	1		ENBREL SOSY 50 MG/ML	4	QL(0.286 ML daily); PA
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)	ENBREL SOSY 25 MG/0.5ML	4	QL(0.146 ML daily); PA
<i>meclofenamate sodium CAPS 100 MG</i>	1		ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)	Analgesic Combinations		
<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
<i>nabumetone 750 MG</i>	1	QL(3 EA daily)	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
<i>nabumetone 500 MG</i>	1	QL(4 EA daily)	(Butalbital-Acetaminophen-Caffeine) ESGIC CAPS 40 MG-50 MG-325 MG	1	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1		<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>naproxen TABS</i>	1		<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>oxaprozin TABS</i>	1		<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)	<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>piroxicam CAPS 10 MG</i>	1		<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	2	
<i>sulindac TABS 200 MG</i>	1		<i>butalbital-aspirin-caffeine CAPS</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)	Salicylates		
Phosphodiesterase 4 (PDE4) Inhibitors					
OTEZLA XR TB24 PO 75 MG	4	QL(1 EA daily); PA			
OTEZLA/OTEZLA XR INITIATION PK TBPk	4	QL(41 EA per 365 day(s) retail; 41 EA per 365 days mail); PA			
OTEZLA TABS	4	QL(2 EA daily); PA			
OTEZLA TBPk	4	QL(2 EA daily); PA			
OTEZLA TBPk	4	QL(55 EA per 365 day(s) retail); PA			
Pyrimidine Synthesis Inhibitors					
<i>leflunomide 20 MG</i>	1	QL(1 EA daily)			
<i>leflunomide 10 MG</i>	1	QL(2 EA daily)			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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 ADULT 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, 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	5	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, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diffunisal TABS</i>	1	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
			(Levorphanol Tartrate) XYVONA TABS 3 MG	4	QL(4 EA daily); PA
			(Levorphanol Tartrate) XYVONA TABS 2 MG	4	First fill opioids limited to 7 days.; QL(4 EA daily); PA
			(Methadone Hcl) METHADONE HCL INTENSOL CONC	1	
			(Methadone Hcl) METHADOSE TBSO	1	
			<i>codeine sulfate TABS 30 MG</i>	1	First fill opioids limited to 7 days.; QL(2 EA daily)

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
CODEINE SULFATE TABS 15 MG	2	First fill opioids limited to 7 days.; QL(2 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)
CODEINE SULFATE TABS 60 MG	2	First fill opioids limited to 7 days.; QL(6 EA daily)	<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
<i>fentanyl citrate LPOP</i>	2	QL(4 EA daily); PA	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	First fill opioids limited to 7 days.
<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 SUPP</i>	2	First fill opioids limited to 7 days.
<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 TABS 15 MG</i>	1	First fill opioids limited to 7 days.
<i>hydromorphone hcl LIQD</i>	1	First fill opioids limited to 7 days.	<i>morphine sulfate TABS 30 MG</i>	1	
<i>hydromorphone hcl TABS</i>	1	First fill opioids limited to 7 days.	<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)	<i>oxycodone hcl CAPS</i>	1	First fill opioids limited to 7 days.
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 EA daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	First fill opioids limited to 7 days.
<i>levorphanol tartrate TABS 3 MG</i>	4	QL(4 EA daily); PA	<i>oxycodone hcl SOLN</i>	1	First fill opioids limited to 7 days.
<i>levorphanol tartrate TABS 2 MG</i>	4	First fill opioids limited to 7 days.; QL(4 EA daily); PA	<i>oxycodone hcl TABS 30 MG</i>	1	First fill opioids limited to 7 days.; QL(4 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	First fill opioids limited to 7 days.	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	First fill opioids limited to 7 days.
<i>meperidine hcl TABS 50 MG</i>	1	First fill opioids limited to 7 days.	<i>oxymorphone hcl TABS 10 MG</i>	2	First fill opioids limited to 7 days.; QL(8 EA daily)
<i>methadone hcl CONC</i>	1		<i>oxymorphone hcl TABS 5 MG</i>	2	First fill opioids limited to 7 days.
<i>methadone hcl SOLN PO</i>	1		<i>oxymorphone hcl TB12</i>	2	QL(2 EA daily)
<i>methadone hcl TABS</i>	1	QL(12 EA daily)	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	QL(1 EA daily)
<i>methadone hcl TBSO</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
<i>morphine sulfate beads</i>	2	QL(1 EA daily)			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>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 TB24</i>	1	QL(1 EA daily)			
<i>tramadol hcl TB24 100 MG</i>	1	QL(3 EA daily)	<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)
Opioid Combinations			<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	First fill opioids limited to 7 days.
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	First fill opioids limited to 7 days.; QL(6 EA daily)	<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	First fill opioids limited to 7 days.; QL(6 EA daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	First fill opioids limited to 7 days.
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-7.5 MG	1	First fill opioids limited to 7 days.; QL(4 EA daily)	<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2	First fill opioids limited to 7 days.
<i>acetaminophen w/ codeine SOLN</i>	1	First fill opioids limited to 7 days.	NALOCET TABS	3	First fill opioids limited to 7 days.; QL(4 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>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	First fill opioids limited to 7 days.	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(4 EA daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)	OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-2.5 MG, 300 MG-7.5 MG	3	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.; QL(6 EA daily); PA	OXYCODONE-ACETAMINOPHEN TABS 300 MG-5 MG	3	First fill opioids limited to 7 days.; QL(6 EA daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
PROLATE TABS 300 MG-10 MG, 300 MG-7.5 MG	3	First fill opioids limited to 7 days.; QL(4 EA daily)	(Methyltestosterone) METHITEST TABS	4	
PROLATE TABS 300 MG-5 MG	3	First fill opioids limited to 7 days.; QL(6 EA daily)	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail; 10 per fill mail)
<i>tramadol-acetaminophen</i>	1	First fill opioids limited to 7 days.; QL(8 EA daily)	<i>danazol CAPS</i>	1	
Opioid Partial Agonists			<i>methyltestosterone CAPS</i>	1	
<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)	TESTIM GEL TD (<i>testosterone</i>)	3	QL(10 GM daily); PA
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)	<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail; 10 per fill mail)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)	TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML	2	QL(10 ML per fill retail; 10 per fill mail)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)	<i>testosterone enanthate SOLN IM</i>	1	
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)	<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)
<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)	<i>testosterone GEL TD 1 %</i>	1	QL(10 GM daily)
<i>buprenorphine PTWK 7.5 MCG/HR</i>	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail)	<i>testosterone GEL TD</i>	1	Limited to 300 gms per month; QL(10 GM daily)
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)	<i>testosterone SOLN</i>	1	QL(6 ML daily)
<i>pentazocine w/ naloxone hcl</i>	1	QL(12 EA daily)	ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
SUBLOCADE SOSY	5		Intrarectal Steroids		
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			<i>budesonide (intrarectal)</i>	2	PA
Androgens			CORTIFOAM EX 10 %	2	
			<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)
			Rectal Combinations		
			ANALPRAM HC LOTN EX	3	
			ANALPRAM-HC LOTN EX	3	
			PROCTOFOAM HC FOAM EX	2	
			Rectal Steroids		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	2	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	4	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin</i>	1	
<i>praziquantel</i>	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
Nitrates		
(Nitroglycerin) NITRO-BID OINT	1	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide dinitrate TABS 40 MG</i>	2	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-DUR PT24	2	QL(1 EA daily)
<i>nitroglycerin OINT</i>	1	
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	4	PA
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	2	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	2	
NORPACE CR CP12	3	
<i>quinidine gluconate TBCR</i>	2	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	2	
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	QL(0.036 ML daily); PA
FASENRA SOSY 30 MG/ML	4	QL(0.036 ML daily); PA
FASENRA SOSY 10 MG/0.5ML	4	QL(0.018 ML daily); PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	2	
Bronchodilators - Anticholinergics		

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide hfa 17 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.86 GM daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
<i>tiotropium bromide CAPS IN 18 MCG</i>	2	QL(1 EA daily)
<i>umeclidinium bromide 62.5 MCG/INH</i>	1	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
<i>zafirlukast 20 MG</i>	1	QL(2 EA daily)
<i>zafirlukast 10 MG</i>	1	
<i>zileuton TB12</i>	4	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1	QL(1 EA daily)
Steroid Inhalants		
<i>beclomethasone dipropionate 40 MCG/ACT</i>	1	Limit 3 Inhalers per month - 7.3g pkg, Limit 2 Inhalers per month-8.7g pkg; QL(0.58 GM daily)
<i>beclomethasone dipropionate 80 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.29 GM daily)

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ML daily)	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ML daily)	AIRSUPRA	2	
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)	<i>albuterol sulfate AERS</i>	1	1 package(s) per fill retail; 2 max fill(s) per 30 day(s) retail
<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1	QL(1 EA daily)	<i>albuterol sulfate AERS</i>	1	QL(0.6 GM daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)	<i>albuterol sulfate NEBU</i>	1	
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)	ALBUTEROL SULFATE NEBU	2	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)	<i>albuterol sulfate SYRP</i>	1	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(0.36 GM daily)	<i>albuterol sulfate TABS</i>	1	
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)	BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)	COMBIVENT RESPIMAT AERS	2	Limit 1 inhaler per month; QL(0.16 GM daily)
QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)	DULERA	2	
Sympathomimetics			<i>fluticasone furoate-vilanterol</i>	1	
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	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	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol tartrate</i>	1	1 inhaler per month; QL(0.6 GM daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>terbutaline sulfate TABS</i>	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>umeclidinium-vilanterol</i>	2	QL(2 EA daily)
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
<i>theophylline ELIX</i>	1	
<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		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium TABS</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS	2	QL(2 EA daily)
<i>rivaroxaban SUSR 1 MG/ML</i>	1	QL(900 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>rivaroxaban TABS 2.5 MG</i>	1	QL(1 EA daily)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)
XARELTO TABS	2	QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	4	PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ML daily); PA
<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
<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>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

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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	<i>perampanel SUSP 0.5 MG/ML</i>	2	QL(24 ML daily)
<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	<i>perampanel TABS 6 MG</i>	2	QL(2 EA daily)
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA	<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	2	QL(1 EA daily)
<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	4	PA	<i>perampanel TABS 4 MG</i>	2	QL(3 EA daily)
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA	<i>perampanel TABS 2 MG</i>	2	QL(6 EA daily)
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	4	PA	Anticonvulsants - Benzodiazepines		
FRAGMIN SOSY 2500 UNIT/0.2ML	4		<i>clobazam SUSP</i>	2	
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA	<i>clobazam TABS 20 MG</i>	2	QL(2 EA daily)
Thrombin Inhibitors			<i>clobazam TABS 10 MG</i>	2	QL(1 EA daily)
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)	<i>clonazepam TABS</i>	1	
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)	<i>clonazepam TBDP</i>	1	
ANTICONVULSANTS - Drugs to Treat Seizures			<i>diazepam (anticonvulsant) GEL</i>	2	QL(0.14 EA daily)
AMPA Glutamate Receptor Antagonists			NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA
			VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
			VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
			VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
			VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
			Anticonvulsants - Misc.		
			(Carbamazepine) EPITOL TABS	1	
			(Gabapentin) RELGAABI CAPS 300 MG, 400 MG	1	
			(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2		LAMICTAL XR KIT	3	PA
(Lamotrigine) SUBVENITE TABS	1		LAMICTAL CHEW (<i>lamotrigine</i>)	3	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)	LAMICTAL TABS (<i>lamotrigine</i>)	3	
<i>carbamazepine CHEW 100 MG</i>	1		<i>lamotrigine CHEW</i>	1	
<i>carbamazepine CP12</i>	1		<i>lamotrigine KIT</i>	1	PA
<i>carbamazepine SUSP</i>	1		<i>lamotrigine KIT 25 MG</i>	2	
<i>carbamazepine TABS</i>	1		<i>lamotrigine TABS</i>	1	
<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)	<i>lamotrigine TB24 300 MG</i>	2	QL(2 EA daily)
<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)	<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>carbamazepine TB12 100 MG</i>	1		<i>lamotrigine TB24 250 MG</i>	2	PA
CARBATROL CP12 (<i>carbamazepine</i>)	3		<i>lamotrigine TBDP</i>	1	PA
<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1	QL(2 EA daily); PA	<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	
<i>gabapentin CAPS</i>	1		<i>levetiracetam TABS</i>	1	QL(6 EA daily)
<i>gabapentin SOLN</i>	1		<i>levetiracetam TB24</i>	1	QL(4 EA daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1		MYSOLINE (<i>primidone</i>)	3	
KEPPRA XR TB24 (<i>levetiracetam</i>)	3	QL(4 EA daily)	NEURONTIN CAPS (<i>gabapentin</i>)	3	
KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	3		NEURONTIN SOLN (<i>gabapentin</i>)	3	
KEPPRA TABS (<i>levetiracetam</i>)	3	QL(6 EA daily)	NEURONTIN TABS (<i>gabapentin</i>)	3	
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)	<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)
<i>lacosamide TABS</i>	1	QL(2 EA daily)	<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)
LAMICTAL ODT TBDP (<i>lamotrigine</i>)	3	PA	<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)
			<i>oxcarbazepine TABS 150 MG</i>	1	
			<i>oxcarbazepine TB24 600 MG</i>	1	QL(4 EA daily); ST
			<i>oxcarbazepine TB24 150 MG, 300 MG</i>	1	ST
			<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)	TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	3	QL(4 EA daily)
<i>pregabalin SOLN</i>	1	QL(30 ML daily)	ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	3	
<i>primidone 50 MG, 250 MG</i>	1		ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	3	QL(6 EA daily)
<i>rufinamide SUSP</i>	3		<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
<i>rufinamide TABS 400 MG</i>	3	QL(8 EA daily)	<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
<i>rufinamide TABS 200 MG</i>	3		Carbamates		
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	3		<i>felbamate SUSP</i>	1	
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	3		<i>felbamate TABS</i>	1	
TOPAMAX TABS 200 MG (<i>topiramate</i>)	3	QL(2 EA daily)	FELBATOL SUSP (<i>felbamate</i>)	3	
TOPAMAX TABS 50 MG (<i>topiramate</i>)	3	QL(8 EA daily)	GABA Modulators		
TOPAMAX TABS 100 MG (<i>topiramate</i>)	3	QL(4 EA daily)	(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 EA daily)
TOPAMAX TABS 25 MG (<i>topiramate</i>)	3		(Vigabatrin) VIGADRONE TABS	4	
<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA	SABRIL PACK (<i>vigabatrin</i>)	4	QL(6 EA daily)
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA	SABRIL TABS (<i>vigabatrin</i>)	4	
<i>topiramate CPSP 15 MG, 25 MG</i>	1		<i>tiagabine hcl</i>	2	
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA	<i>vigabatrin PACK</i>	4	QL(6 EA daily)
<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA	<i>vigabatrin TABS</i>	4	
<i>topiramate TABS 25 MG</i>	1		Hydantoins		
<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)	DILANTIN	3	
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	3	QL(40 ML daily)	DILANTIN (<i>phenytoin sodium extended</i>)	3	
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	3	QL(8 EA daily)	DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	3		DILANTIN-125 SUSP (<i>phenytoin</i>)	3	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
DILANTIN SUSP (<i>phenytoin</i>)	3		<i>bupropion hcl TB24 450 MG</i>	1	QL(1 EA daily); ST
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1		<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)
<i>phenytoin CHEW</i>	1		Monoamine Oxidase Inhibitors (MAOIs)		
<i>phenytoin SUSP</i>	1		EMSAM	3	QL(1 EA daily)
Succinimides			MARPLAN	3	
CELONTIN (<i>methsuximide</i>)	3		<i>phenelzine sulfate</i>	1	
<i>ethosuximide CAPS</i>	1		<i>tranylcypromine sulfate</i>	2	
<i>ethosuximide SOLN</i>	1		N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>methsuximide</i>	1		SPRAVATO (56 MG DOSE)	4	PA
ZARONTIN SOLN (<i>ethosuximide</i>)	3		SPRAVATO (84 MG DOSE)	4	PA
Valproic Acid			Selective Serotonin Reuptake Inhibitors (SSRIs)		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3		<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3		<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)
DEPAKOTE TBEC (<i>divalproex sodium</i>)	3		<i>escitalopram oxalate SOLN</i>	1	
<i>divalproex sodium CSDR</i>	1		<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)
<i>divalproex sodium TB24</i>	1		<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)
<i>divalproex sodium TBEC</i>	1		<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1		<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
<i>valproic acid CAPS</i>	1		<i>fluoxetine hcl CPDR</i>	2	
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA daily)
<i>mirtazapine TABS</i>	1		<i>fluoxetine hcl TABS 10 MG</i>	1	
<i>mirtazapine TBDP</i>	1		<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 EA daily)
Antidepressants - Misc.					
<i>bupropion hcl TABS</i>	1				
<i>bupropion hcl TB12</i>	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>fluvoxamine maleate CP24 150 MG</i>	2	
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
<i>paroxetine hcl SUSP</i>	2	
<i>paroxetine hcl TABS</i>	1	
<i>paroxetine hcl TB24</i>	1	
<i>sertraline hcl CONC</i>	1	
<i>sertraline hcl TABS</i>	1	QL(2 EA daily)
Serotonin Modulators		
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS</i>	1	
TRINTELLIX	3	ST
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)
<i>duloxetine hcl CPEP</i>	1	QL(2 EA daily)
FETZIMA TITRATION C4PK	3	ST
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
<i>venlafaxine hcl CP24</i>	1	QL(2 EA daily)
<i>venlafaxine hcl TABS</i>	1	
<i>venlafaxine hcl TB24 225 MG</i>	1	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	
<i>amoxapine</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clomipramine hcl</i>	2	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS</i>	1	
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate CAPS</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
Antidiabetic Combinations		
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG</i>	1	QL(1 EA daily)
<i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-5 MG</i>	1	QL(2 EA daily)
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	2	QL(1 EA daily)
<i>sitagliptin phosphate-metformin hcl TABS</i>	1	QL(2 EA daily)
<i>sitagliptin phosphate-metformin hcl TB24</i>	1	QL(1 EA daily)
<i>sitagliptin phosphate-metformin hcl TB24</i>	1	QL(2 EA daily)

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Smart PA; QL(3 ML per 28 day(s) retail; 3 ML per 30 days mail)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Smart PA; QL(3 ML per 28 day(s) retail; 3 ML per 30 days mail)
SYNJARDY TABS	2	QL(2 EA daily)	OZEMPIC (2 MG/DOSE) SOPN	2	Smart PA; QL(3 ML per 28 day(s) retail; 3 ML per 30 days mail)
TRIJARDY XR	2		OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	2	Smart PA; QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
Biguanides			RYBELSUS TABS	2	Smart PA ; Not available through mail order; QL(1 EA daily)
<i>metformin hcl SOLN</i>	2		TRULICITY	2	Smart PA; QL(2 ML per 28 day(s) retail; 28 ML per 30 days mail)
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	5	Only Covered Ca On/Off Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic	Insulin		
<i>metformin hcl TB24 500 MG, 750 MG</i>	1		AFREZZA POWD	3	
Diabetic Other			AFREZZA POWD	3	QL(3 EA daily)
<i>diazoxide</i>	2		AFREZZA POWD	3	QL(6 EA daily)
<i>glucagon SOLR IJ 1 MG</i>	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)	HUMALOG JUNIOR KWIKPEN SOPN	2	QL(1.5 ML daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
<i>alogliptin benzoate</i>	2	QL(2 EA daily)	HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(0.8 ML daily)
<i>saxagliptin hcl</i>	1	QL(2 EA daily)	HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
<i>sitagliptin phosphate 25 MG, 50 MG, 100 MG</i>	1	QL(1 EA daily)	HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
Incretin Mimetic Agents					
<i>liraglutide</i>	2	Smart PA; QL(9 ML per 28 day(s) retail; 9 ML per 30 days mail)			
MOUNJARO	2	Smart PA; QL(2 ML per 28 day(s) retail; 2 ML per 30 days mail)			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	INSULIN LISPRO SOLN IJ	2	QL(1.5 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)	TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ML daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	TOUJEO SOLOSTAR SOPN	2	QL(0.15 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	QL(0.9 ML daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA SOLN	2	QL(1.5 ML daily)
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ML daily)	Insulin Sensitizing Agents		
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)	Meglitinide Analogues		
INSULIN GLARGINE MAX SOLOSTAR SOPN	2	QL(0.2 ML daily)	<i>nateglinide</i>	1	
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	2	QL(0.15 ML daily)	<i>repaglinide</i>	1	
INSULIN GLARGINE-YFGN SOLN	2	QL(1.5 ML daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN GLARGINE-YFGN SOPN	2	QL(1.5 ML daily)	<i>dapagliflozin TABS PO 5 MG, 10 MG</i>	1	QL(1 EA daily)
INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(1.5 ML daily)	JARDIANCE	2	QL(1 EA daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	QL(1.5 ML daily)	Sulfonylureas		
			(Glipizide) GLIPIZIDE XL TB24	1	
			<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
			<i>glipizide TABS</i>	1	
			<i>glipizide TB24</i>	1	
			<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
			<i>glyburide TABS</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea					

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 EA daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, IMODIUM A-D, QC ANTI-DIARRHEAL CAPS	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	2	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	PA
<i>deferasirox TABS</i>	4	PA
<i>deferasirox TBSO</i>	4	PA
<i>deferiprone TABS 500 MG</i>	4	PA
EXJADE TBSO (<i>deferasirox</i>)	4	PA
FERRIPROX SOLN	4	PA
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	4	PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	PA
JADENU TABS (<i>deferasirox</i>)	4	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	
Opioid Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL, NARCAN LIQD	1	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail); RX/OTC
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	2	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>granisetron hcl TABS</i>	1	Limit 2 tablets per day; QL(2 EA daily); PA
GRANISOL SOLN PO	3	PA
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ML daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
Antiemetics - Anticholinergic		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF, TRAVEL-EASE CHEW	1	RX/OTC	<i>flucytosine</i>	4	
<i>meclizine hcl CHEW</i>	1	RX/OTC	<i>griseofulvin microsize SUSP</i>	1	
<i>meclizine hcl TABS 50 MG</i>	1		<i>griseofulvin microsize TABS</i>	1	
<i>scopolamine</i>	1		<i>griseofulvin ultramicrosize</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1		<i>nystatin TABS</i>	1	
Antiemetics - Miscellaneous			<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)	Imidazole-Related Antifungals		
<i>dronabinol CAPS</i>	2	PA	<i>fluconazole SUSR</i>	1	
DRONABINOL SOLN 5 MG/ML	4	PA	<i>fluconazole TABS</i>	1	
SYNDROS SOLN	4	PA	<i>itraconazole CAPS</i>	1	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			<i>itraconazole SOLN</i>	1	PA
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)	<i>ketoconazole</i>	1	
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 EA daily)	<i>posaconazole SUSP</i>	1	
<i>aprepitant CPPK PO</i>	1	Limit 3 per month; QL(0.1 EA daily)	<i>posaconazole TBEC</i>	1	
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)	TOLSURA CAPS	4	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections			<i>voriconazole SUSR</i>	1	
Antifungals			<i>voriconazole TABS</i>	1	QL(2 EA daily)
ANCOBON (<i>flucytosine</i>)	4		ANTI-HISTAMINES - Drugs to Treat Allergies		
			Antihistamines - Ethanolamines		
			(Carbinoxamine Maleate) RYVENT TABS 6 MG	1	
			<i>carbinoxamine maleate SOLN</i>	1	
			<i>carbinoxamine maleate TABS</i>	1	
			CARBINOXAMINE MALEATE TABS	3	
			<i>clemastine fumarate TABS 2.68 MG</i>	1	
			Antihistamines - Non-Sedating		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR, XYZAL ALLERGY 24HR TABS	1	QL(1 EA daily); RX/OTC	<i>icosapent ethyl</i>	1	PA
<i>desloratadine TABS</i>	1	QL(1 EA daily); PA	<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)
<i>desloratadine TBDP</i>	1	PA	Bile Acid Sequestrants		
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC	(Cholestyramine Light) PREVALITE PACK	1	
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 EA daily); RX/OTC	(Cholestyramine Light) PREVALITE POWD	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML	3	PA; RX/OTC	<i>cholestyramine light PACK</i>	1	
Antihistamines - Phenothiazines			<i>cholestyramine light POWD</i>	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)	<i>cholestyramine PACK</i>	1	
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2		<i>cholestyramine POWD</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2		<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>colesevelam hcl TABS</i>	1	QL(6 EA daily)
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)	<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)	<i>colestipol hcl PACK</i>	2	
Antihistamines - Piperidines			<i>colestipol hcl TABS</i>	1	
<i>cyproheptadine hcl SYRP</i>	1		Fibric Acid Derivatives		
<i>cyproheptadine hcl TABS</i>	1		<i>choline fenofibrate 45 MG</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol			<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
Antihyperlipidemics - Combinations			<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)	<i>fenofibrate micronized 67 MG, 134 MG</i>	1	
Antihyperlipidemics - Misc.			<i>fenofibrate CAPS</i>	1	
			<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)
			<i>fenofibrate TABS 48 MG, 160 MG</i>	1	
			<i>fenofibrate TABS 145 MG</i>	1	QL(1 EA daily)
			<i>fenofibric acid 105 MG</i>	2	
			FIBRICOR 35 MG (<i>fenofibric acid</i>)	2	
			<i>gemfibrozil TABS</i>	1	
			LIPOFEN CAPS 50 MG (<i>fenofibrate</i>)	3	
			HMG CoA Reductase Inhibitors		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>atorvastatin calcium TABS</i>	1	QL(1 EA daily)	<i>enalapril maleate TABS</i>	1	QL(2 EA daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)	<i>fosinopril sodium</i>	1	
<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)	<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV	<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>pitavastatin calcium</i>	1	QL(1 EA daily)	<i>moexipril hcl</i>	1	
<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 EA daily); PV	<i>perindopril erbumine</i>	1	
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)	QBRELIS SOLN	3	QL(5 ML daily)
<i>simvastatin TABS</i>	1	QL(1 EA daily)	<i>quinapril hcl</i>	1	
Intestinal Cholesterol Absorption Inhibitors			<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>ezetimibe</i>	1		<i>trandolapril</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			Agents for Pheochromocytoma		
JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	4	PA	DEMSEER (<i>metyrosine</i>)	4	
Nicotinic Acid Derivatives			<i>metyrosine</i>	4	
(Niacin (Antihyperlipidemic)) NIACOR TABS	1		<i>phenoxybenzamine hcl</i>	1	Not available through mail
<i>niacin (antihyperlipidemic) TABS</i>	1		Angiotensin II Receptor Antagonists		
<i>niacin (antihyperlipidemic) TBCR</i>	1		<i>azilsartan medoxomil 80 MG</i>	1	QL(1 EA daily)
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>azilsartan medoxomil 40 MG</i>	1	
PRALUENT SOAJ	4	PA	<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
ACE Inhibitors			<i>irbesartan</i>	1	
<i>benazepril hcl</i>	1		<i>losartan potassium</i>	1	
<i>captopril</i>	1		<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
			<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)
			<i>telmisartan 80 MG</i>	1	QL(1 EA daily)
			<i>telmisartan 20 MG, 40 MG</i>	1	
			<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)
			<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
			Antiadrenergic Antihypertensives		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>clonidine hcl TABS</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	
<i>clonidine PTWK</i>	1		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
<i>doxazosin mesylate</i>	1		<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>guanfacine hcl</i>	1		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>methyldopa TABS</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	
<i>prazosin hcl CAPS</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
Antihypertensive Combinations			<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	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)	<i>telmisartan-amlodipine</i>	1	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		<i>telmisartan-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)	<i>trandolapril-verapamil hcl</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>atenolol & chlorthalidone</i>	1		<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
<i>benazepril & hydrochlorothiazide</i>	1		Antihypertensives - Misc.		
<i>bisoprolol & hydrochlorothiazide</i>	1		VECAMEYL	3	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1				
<i>captopril & hydrochlorothiazide</i>	1				
EDARBYCLOR	3	QL(1 EA daily)			
<i>enalapril maleate & hydrochlorothiazide</i>	1				
<i>fosinopril sodium & hydrochlorothiazide</i>	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole CAPS</i>	2	
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>pentamidine isethionate IN</i>	2	
<i>tinidazole 250 MG</i>	1	PA
<i>tinidazole 500 MG</i>	1	
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(2 EA daily); PA
XIFAXAN 200 MG	3	QL(9 EA per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
<i>atovaquone</i>	2	
LAMPIT	4	AC; PA
<i>nitazoxanide TABS</i>	2	
Carbapenems		

Drug Name	Drug Tier	Requirements/ Limits
<i>ertapenem sodium IJ</i>	4	PA
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Monobactams		
CAYSTON	4	PA
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate 1 GM</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	QL(24 EA per 365 day(s) retail; 24 EA per 365 days mail)
Antimalarials		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail; 6 per fill mail)
<i>primaquine phosphate TABS</i>	1	
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
MESTINON SOLN PO (<i>pyridostigmine bromide</i>)	4	PA
NEOSTIGMINE METHYLSULFATE RFID SOSY (<i>neostigmine methylsulfate</i>)	4	PA
<i>neostigmine methylsulfate SOSY</i>	4	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	4	PA
<i>pyridostigmine bromide SOLN PO</i>	4	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	2	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	4	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>rifampin CAPS</i>	1	
<i>rifapentine 150 MG</i>	1	
SIRTURO 20 MG	3	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>busulfan SOLN</i>	4	PA
BUSULFEX SOLN (<i>busulfan</i>)	4	PA
<i>cyclophosphamide CAPS</i>	1	
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
LEUKERAN	2	AC
<i>lomustine</i>	1	
<i>melfalan hcl IV</i>	4	PA
<i>temozolomide CAPS</i>	2	AC
Antimetabolites		
<i>capecitabine</i>	2	AC
<i>fludarabine phosphate SOLR</i>	4	PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AL(Up to 13 yrs old); AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium SOLR</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	4	AC; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
LENVIMA (10 MG DAILY DOSE)	4	QL(1 EA daily); AC; PA	<i>bicalutamide</i>	1	QL(1 EA daily); AC
LENVIMA (12 MG DAILY DOSE)	4	QL(3 EA daily); AC; PA	EMCYT	2	AC
LENVIMA (14 MG DAILY DOSE)	4	QL(2 EA daily); AC; PA	ERLEADA	4	AC; PA
LENVIMA (18 MG DAILY DOSE)	4	QL(3 EA daily); AC; PA	EULEXIN	2	AC
LENVIMA (20 MG DAILY DOSE)	4	QL(2 EA daily); AC; PA	<i>exemestane</i>	5	AC
LENVIMA (24 MG DAILY DOSE)	4	QL(3 EA daily); AC; PA	<i>letrozole</i>	1	AC
LENVIMA (4 MG DAILY DOSE)	4	QL(1 EA daily); AC; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA
LENVIMA (8 MG DAILY DOSE)	4	QL(2 EA daily); AC; PA	LYSODREN	2	AC
Antineoplastic - BCL-2 Inhibitors			<i>megestrol acetate SUSP</i>	1	AC
VENCLEXTA STARTING PACK TBPK	4	AC; PA	<i>megestrol acetate TABS</i>	1	AC
VENCLEXTA TABS 100 MG	4	QL(4 EA daily); AC; PA	NILANDRON (<i>nilutamide</i>)	4	AC
VENCLEXTA TABS 50 MG	4	AC; PA	<i>nilutamide</i>	4	AC
VENCLEXTA TABS 10 MG	4	QL(2 EA daily); AC; PA	NUBEQA	4	AC; PA
Antineoplastic - EGFR Inhibitors			SOLTAMOX SOLN	5	PV; AC
<i>erlotinib hcl</i>	4	PA	<i>tamoxifen citrate TABS</i>	5	PV; AC
<i>gefitinib</i>	2	AC; PA	<i>toremifene citrate</i>	2	AC
Antineoplastic - Hedgehog Pathway Inhibitors			XTANDI CAPS	4	AC; PA
DAURISMO	4	AC; PA	XTANDI TABS	4	AC; PA
Antineoplastic - Hormonal and Related Agents			ZYTIGA (<i>abiraterone acetate</i>)	4	PA; AC; AC; PA
(Abiraterone Acetate) ABIRTEGA 250 MG	4	PA; AC; AC; PA	Antineoplastic - Immunomodulators		
<i>abiraterone acetate</i>	4	PA; AC; AC; PA	<i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>	2	AC; PA
<i>anastrozole</i>	5	AC	Antineoplastic Antibiotics		
ARIMIDEX (<i>anastrozole</i>)	5	AC	<i>mitoxantrone hcl 25 MG/12.5ML</i>	2	PA
AROMASIN (<i>exemestane</i>)	5	AC	Antineoplastic Combinations		
			INQOVI	4	PA
			LONSURF	4	AC; PA
			Antineoplastic Enzyme Inhibitors		
			(Everolimus) TORPENZ, YULITHIRA TABS	4	QL(1 EA daily); AC; PA
			AFINITOR DISPERZ TBSO (<i>everolimus</i>)	4	QL(1 EA daily); AC; PA

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
AFINITOR TABS (<i>everolimus</i>)	4	QL(1 EA daily); AC; PA	SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	4	QL(1 EA daily); AC; PA
ALECENSA	4	AC; PA	SUTENT 25 MG (<i>sunitinib malate</i>)	4	AC; PA
ALUNBRIG TABS	4	AC; PA	<i>temsirolimus</i>	4	PA
ALUNBRIG TBPk	4	AC; PA	TORISEL (<i>temsirolimus</i>)	4	PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	PA	TYKERB (<i>lapatinib ditosylate</i>)	4	AC; PA
CALQUENCE	4	QL(2 EA daily); AC; PA	VERZENIO	4	QL(2 EA daily); AC; PA
COPIKTRA	4	AC; PA	VOTRIENT (<i>pazopanib hcl</i>)	4	AC; PA
COTELLIC	4	AC; PA	ZELBORAF	4	AC; PA
<i>dasatinib</i>	4	AC; PA	ZOLINZA	4	AC; PA
<i>everolimus TABS</i>	4	QL(1 EA daily); AC; PA	ZYDELIG	3	AC; PA
<i>everolimus TBSO</i>	4	QL(1 EA daily); AC; PA	Antineoplastics Misc.		
IDHIFA	4	AC; PA	ACTIMMUNE 100 MCG/0.5ML	4	PA
<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); AC; PA	BESREMI	4	PA
<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); AC; PA	<i>bexarotene</i>	4	AC; PA
IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); AC; PA	<i>hydroxyurea</i>	1	AC
IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); AC; PA	MATULANE	4	AC; PA
IMBRUVICA SUSP	4	QL(8 ML daily); AC; PA	TARGRETIN (<i>bexarotene</i>)	4	AC; PA
IMBRUVICA TABS	4	QL(1 EA daily); AC; PA	<i>tretinoin (chemotherapy)</i>	2	AC
JAKAFI	4	QL(2 EA daily); AC; PA	Chemotherapy Rescue/Antidote/Protective Agents		
<i>lapatinib ditosylate</i>	4	AC; PA	(Leucovorin Calcium) LEDERLE LEUCOVORIN TABS 5 MG	1	AC
NERLYNX	4	AC; PA	<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	4	PA
<i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>	4	AC; PA	<i>leucovorin calcium TABS</i>	1	
NINLARO	4	AC; PA	<i>leucovorin calcium TABS</i>	1	AC
<i>pazopanib hcl</i>	4	AC; PA	<i>mesna TABS</i>	1	AC
<i>sorafenib tosylate</i>	4	AC; PA	MESNEX TABS	3	AC
STIVARGA	4	AC; PA	Mitotic Inhibitors		
<i>sunitinib malate 25 MG</i>	4	AC; PA	<i>etoposide CAPS</i>	2	
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	4	QL(1 EA daily); AC; PA			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
Topoisomerase I Inhibitors			<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)
HYCAMTIN CAPS	4	AC; PA	<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
HYCAMTIN SOLR (<i>topotecan hcl</i>)	4	PA	<i>carbidopa-levodopa TBDP</i>	2	
<i>topotecan hcl SOLR</i>	4	PA	DHIVY TABS	2	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			DUOPA SUSP	3	PA
Antiparkinson Adjunctive Therapy			INBRIJA CAPS	3	PA
<i>carbidopa</i>	3		NEUPRO	3	
Antiparkinson Anticholinergics			<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
<i>benztropine mesylate TABS</i>	1		<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1		<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
<i>trihexyphenidyl hcl TABS</i>	1		<i>pramipexole dihydrochloride TB24 3.75 MG</i>	1	
Antiparkinson COMT Inhibitors			<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 EA daily)
<i>entacapone</i>	1		<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i>	2	
TASMAR (<i>tolcapone</i>)	4		<i>ropinirole hydrochloride TABS</i>	1	
<i>tolcapone</i>	4		<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
Antiparkinson Dopaminergics			<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
<i>amantadine hcl CAPS</i>	1		Antiparkinson Monoamine Oxidase Inhibitors		
<i>amantadine hcl TABS</i>	1		<i>rasagiline mesylate</i>	1	
<i>bromocriptine mesylate CAPS</i>	1		<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>bromocriptine mesylate TABS 2.5 MG</i>	1		<i>selegiline hcl TABS</i>	1	QL(2 EA daily)
<i>carbidopa-levodopa CPCR</i>	1	QL(10 EA daily); PA	XADAGO	3	PA
<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				
<i>carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG</i>	1				
<i>carbidopa-levodopa TABS</i>	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
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.		
EQUETRO	3	
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS	4	
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
Benzisoxazoles		
FANAPT	4	QL(2 EA daily)
FANAPT TITRATION PACK A	4	
FANAPT TITRATION PACK B	4	
FANAPT TITRATION PACK C	4	
<i>paliperidone</i>	1	
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>asenapine maleate</i>	2	
<i>clozapine TABS</i>	1	
<i>clozapine TBDP 12.5 MG</i>	1	
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)
<i>quetiapine fumarate TB24</i>	1	
SECUADO	3	QL(1 EA daily)
VERSACLOZ SUSP	4	QL(18 ML daily)
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	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1		<i>efavirenz TABS</i>	1	
<i>trifluoperazine hcl TABS</i>	1		<i>emtricitabine CAPS</i>	1	
Quinolinone Derivatives			<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1	
<i>aripiprazole SOLN PO</i>	2		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)	<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1		EMTRIVA SOLN	2	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)	<i>etravirine</i>	1	
<i>aripiprazole TBDP</i>	1	PA	EVOTAZ	2	
REXULTI	3		<i>fosamprenavir calcium TABS</i>	1	
Thioxanthenes			FUZEON SOLR	4	PA
<i>thiothixene</i>	1		GENVOYA	2	
ANTISEPTICS & DISINFECTANTS			INTELENCE 25 MG	2	
Antiseptics & Disinfectants			ISENTRESS HD TABS	2	
<i>formaldehyde SOLN 10 %</i>	1		ISENTRESS CHEW	2	
ANTIVIRALS - Drugs to Treat Viral Infections			ISENTRESS PACK	2	
Antiretrovirals			ISENTRESS TABS	2	
<i>abacavir sulfate-lamivudine</i>	1		JULUCA	2	
<i>abacavir sulfate SOLN</i>	1		KALETRA SOLN	2	
<i>abacavir sulfate TABS</i>	1		<i>lamivudine SOLN</i>	1	
APTIVUS CAPS	2		<i>lamivudine TABS</i>	1	
<i>atazanavir sulfate CAPS</i>	1		<i>lamivudine-zidovudine</i>	1	
BIKTARVY	2		<i>lopinavir-ritonavir SOLN</i>	1	
CIMDUO	2		<i>lopinavir-ritonavir TABS</i>	1	
<i>darunavir TABS</i>	1		<i>maraviroc TABS</i>	1	
DELSTRIGO	2		<i>nevirapine SUSP</i>	1	
DESCOVY 200 MG-25 MG	5		<i>nevirapine TABS</i>	1	
DOVATO	2		<i>nevirapine TB24 400 MG</i>	1	
<i>efavirenz CAPS</i>	1		NORVIR PACK	3	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
ODEFSEY	2		PAXLOVID (150/100)	5	
PIFELTRO	2		PAXLOVID (300/100 & 150/100)	5	
PREZCOBIX	2		PAXLOVID (300/100)	5	
PREZISTA SUSP	2		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)
PREZISTA TABS 75 MG, 150 MG	2		TPOXX (TECOVIRIMAT)	5	
REYATAZ PACK	2		CMV Agents		
<i>rilpivirine hcl 25 MG</i>	1		<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ML daily)
<i>ritonavir TABS</i>	1		<i>valganciclovir hcl TABS</i>	1	
RUKOBIA	4		Hepatitis Agents		
SELZENTRY SOLN	2		<i>adefovir dipivoxil</i>	2	
STRIBILD	2		<i>entecavir TABS</i>	2	
SYMTUZA	2		<i>lamivudine (hbv) TABS</i>	2	
<i>tenofovir disoproxil fumarate TABS</i>	1		MAVYRET TABS	4	QL(3 EA daily); PA
TIVICAY PD TBSO	2		PEGASYS SOLN	3	PA
TIVICAY TABS 50 MG	2		<i>ribavirin (hepatitis c) CAPS</i>	1	PA
TRIUMEQ PD TBSO	2		SOFOSBUVIR-VELPATASVIR TABS	2	PA
TRIUMEQ TABS	2		VEMLIDY	4	ST
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5		VOSEVI	4	PA
TYBOST	2		Herpes Agents		
VIRACEPT TABS	2		<i>acyclovir CAPS</i>	1	
VIREAD POWD	2		<i>acyclovir SUSP</i>	1	
VIREAD TABS 150 MG, 200 MG, 250 MG	2		<i>acyclovir TABS PO 400 MG</i>	1	
YEZTUGO TABS PO 300 MG	5		<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
<i>zidovudine CAPS</i>	1		<i>famciclovir</i>	1	
<i>zidovudine SYRP</i>	1		<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)
<i>zidovudine TABS</i>	1		<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)
Antiviral Combinations					
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
Influenza Agents			INNOPRAN XL	3	
<i>oseltamivir phosphate CAPS 30 MG, 45 MG</i>	1		<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>oseltamivir phosphate CAPS 75 MG</i>	1	QL(10 EA per fill retail)	<i>pindolol TABS</i>	1	
<i>oseltamivir phosphate SUSR</i>	1	QL(60 ML per 5 day(s) retail; 60 ML per 5 days mail)	<i>propranolol hcl CP24</i>	1	
RELENZA DISKHALER	3		<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	
<i>rimantadine hydrochloride TABS</i>	1		<i>propranolol hcl TABS</i>	1	
Misc. Antivirals			<i>sotalol hcl (afib/af)</i>	1	
LAGEVRIO	5		<i>sotalol hcl TABS</i>	1	
TPOXX CAPS	5		SOTYLIZE SOLN PO	3	
Respiratory Syncytial Virus (RSV) Agents			<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)
<i>ribavirin</i>	1		<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)
BETA BLOCKERS - Drugs to Treat High Blood Pressure			CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers			Calcium Channel Blockers		
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1		(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)
<i>carvedilol 3.125 MG</i>	1	QL(2 EA daily)	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 180 MG, 300 MG	1	
<i>carvedilol phosphate</i>	1		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1		(Diltiazem Hcl) DILT-XR CP24	1	
Beta Blockers Cardio-Selective			(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>acebutolol hcl CAPS</i>	1		<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>atenolol TABS</i>	1		<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>betaxolol hcl</i>	1		<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
<i>bisoprolol fumarate</i>	1	QL(1 EA daily)			
<i>metoprolol succinate TB24</i>	1				
<i>metoprolol tartrate TABS</i>	1				
<i>nebivolol hcl</i>	1				
Beta Blockers Non-Selective					
INDERAL XL	3				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>diltiazem hcl extended release beads</i>	1		<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>diltiazem hcl CP12</i>	1		<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
<i>diltiazem hcl CP24</i>	1		LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3	
<i>diltiazem hcl TABS</i>	1		CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
<i>diltiazem hcl TB24</i>	1		Cardiovascular Agents Misc. - Combinations		
<i>felodipine 2.5 MG, 5 MG</i>	1		<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
<i>felodipine 10 MG</i>	1	QL(1 EA daily)	<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	2	
<i>isradipine CAPS</i>	1		ENTRESTO CPSP	3	
<i>nicardipine hcl CAPS</i>	2		<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>nifedipine CAPS</i>	1		<i>sacubitril-valsartan TABS</i>	1	QL(2 EA daily)
<i>nifedipine TB24</i>	1	QL(1 EA daily)	Impotence Agents		
<i>nifedipine TB24 30 MG, 60 MG</i>	1		<i>sildenafil citrate</i>	1	QL(0.27 EA daily); PA
<i>nimodipine CAPS</i>	2		<i>tadalafil 2.5 MG</i>	1	QL(1 EA daily); PA
<i>nimodipine SOLN</i>	1		<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	QL(0.27 EA daily); AL(At least 21 yrs old); PA
<i>nisoldipine</i>	2		Prostaglandin Vasodilators		
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)	VENTAVIS IN	4	PA
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)	Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1		<i>ambrisentan</i>	4	QL(1 EA daily); PA
<i>verapamil hcl TABS</i>	1		<i>bosentan TABS</i>	4	PA
<i>verapamil hcl TBCR 120 MG</i>	1				
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)			
VERELAN PM CP24 (<i>verapamil hcl</i>)	3				
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 EA daily)			
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					
Cardiac Glycosides					
(Digoxin) DIGITEK TABS 125 MCG	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
LETAIRIS (<i>ambrisentan</i>)	4	QL(1 EA daily); PA
<i>macitentan 10 MG</i>	4	PA
OPSUMIT 10 MG (<i>macitentan</i>)	4	PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	QL(2 EA daily); PA
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	4	QL(2 EA daily); PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	4	PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 EA daily); PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	QL(2 EA daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAIVI TABS 100 MCG, 150 MCG	4	QL(2 EA daily); PA
Sinus Node Inhibitors		
<i>ivabradine hcl TABS</i>	2	QL(2 EA daily); ST
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>	4	PA
<i>cephalexin CAPS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLO ER TB12	3	
<i>cefaclor CAPS</i>	1	
CEFOTAN IJ (<i>cefotetan disodium</i>)	4	PA
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	4	PA
<i>cefroxitin sodium IV 1 GM, 2 GM</i>	4	PA
CEFOXITIN SODIUM-DEXTROSE	4	PA
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<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	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESS 0.03 MG-0.15 MG	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV			
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV			
(Ethinodiol Diacet & Eth Estrad) VALTYA 1/50	5	PV			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel-Ethinyl Estradiol (91-Day)) ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESS	5	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 FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV			
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAX, MINZOYA	5	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 FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	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 FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV
			(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV
			(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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, VYFEMLA, WERA 35 MCG-1 MG	5	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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	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, VYFEMLA, WERA 35 MCG-0.5 MG	5	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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	5	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, VYFEMLA, WERA 35 MCG-0.4 MG	5	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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	PV	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	PV	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	PV			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-VYLIBRA LO	5	Equivalent to Ortho Tricyclen Lo	<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, SPRINTEC 28, VYLIBRA	5	PV	LO LOESTRIN FE TABS	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ	5	PV	MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV	NATAZIA	5	PV
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	PV	NEXTSTELLIS	5	PV
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV	<i>norethin acet & estrad-fe CAPS</i>	5	PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV	<i>norethin acet & estrad-fe CHEW</i>	5	PV
<i>drospirenone-ethinyl estradiol</i>	5	PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV	<i>norethindrone & ethinyl estradiol-fe</i>	5	PV
<i>ethynodiol diacet & eth estrad</i>	5	PV	<i>norethindrone acet & eth estra TABS</i>	5	PV
<i>levonorgestrel & eth estradiol TABS</i>	5	PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV	<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV
			SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
			TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	PV
			TYBLUME CHEW	5	PV
			YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	PV
			YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	PV
			Combination Contraceptives - Transdermal		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	5	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, PLAN B ONE-STEP, REACT, SHEWISE, TAKE ACTION, YOUR CHOICE 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR	5	Available through the Medical Benefit
DEPO-SUBQ PROVERA 104 SUSY SC	5	Provided under the Medical Benefit; PA
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPk	1	
(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPk	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk	1	
AGAMREE	4	PA
<i>budesonide CPEP</i>	2	QL(3 EA daily)
<i>budesonide TB24</i>	1	PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBPk</i>	1	
<i>hydrocortisone TABS</i>	1	
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPk</i>	1	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1		(Phenylephrine W/ DM-GG) ACTIDOM DMX, ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, DOMETUSS-DMX, G-SUPRESS DX PEDIATRIC, PRESGEN PEDIATRIC, SUPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSIPRES PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-200 MG/5ML-30 MG/5ML	1	
<i>prednisolone sodium phosphate TBDP</i>	1				
<i>prednisolone TABS</i>	1				
PREDNISONE INTENSOL CONC	2				
<i>prednisone SOLN</i>	1				
<i>prednisone TABS</i>	1				
<i>prednisone TBPk</i>	1				
Mineralocorticoids					
<i>fludrocortisone acetate TABS</i>	1				
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1		(Phenylephrine W/ DM-GG) ACTIDOM DMX, ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, DOMETUSS-DMX, G-SUPRESS DX PEDIATRIC, PRESGEN PEDIATRIC, SUPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSIPRES PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-388 MG/5ML-28 MG/5ML	1	
<i>benzonatate</i>	1				
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		(Phenylephrine W/ DM-GG) IGUALTUSS LIQD	1	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1		GILTUSS COUGH & COLD TABS	3	
Cough/Cold/Allergy Combinations			GILTUSS SINUS & CONGESTION TABS	3	
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1		<i>guaifenesin-codeine SOLN</i>	1	
			<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
			NEOTUSS PLUS LIQD	3	
			<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
			<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)	(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		(Erythromycin (Acne Aid)) ERY PADS	1	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1		(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
TUSNEL TABS	3		(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
TUSSLIN PEDIATRIC LIQD	3		(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
Expectorants			(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
<i>potassium iodide (expectorant) SOLN</i>	1		(Sulfacetamide Sodium W/ Sulfur) BP 10-1 EMUL 10 %-1 %	2	
POTASSIUM IODIDE (EXPECTORANT) SOLN 1 GM/ML	3		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
Misc. Respiratory Inhalants			<i>adapalene-benzoyl peroxide GEL</i>	1	
HYPERSAL NEBU	3		<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)
NEBUSAL NEBU	3		<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
<i>sodium chloride (inhalant) NEBU 7 %</i>	2				
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1				
Mucolytics					
<i>acetylcysteine SOLN</i>	1				
DERMATOLOGICALS - Drugs to Treat Skin Conditions					
Acne Products					
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, DIFFERIN, GNP ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC			
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1				
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)	<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
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)	<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) FOAM</i>	1		<i>sulfacetamide sodium (acne)</i>	1	
<i>clindamycin phosphate (topical) GEL</i>	1	AL(At least 12 yrs old)	<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>clindamycin phosphate (topical) LOTN</i>	1		<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	2	
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA
<i>clindamycin phosphate (topical) SWAB</i>	1		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 GM daily)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		SULFACETAMIDE-SULFUR IN UREA EMUL	3	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1		TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>clindamycin phosphate-tretinoin</i>	1		<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 GM daily)
<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily)	<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 GM daily)
<i>dapsone (topical) 5 %</i>	1	PA	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
DIFFERIN LOTN	2		<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>erythromycin (acne aid) GEL</i>	1		Antibiotics - Topical		
<i>erythromycin (acne aid) SOLN</i>	1		<i>gentamicin sulfate (topical) CREA</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>gentamicin sulfate (topical) OINT</i>	1	
<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			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>mupirocin OINT</i>	1		<i>nystatin-triamcinolone CREA</i>	1	
Antifungals - Topical			<i>nystatin-triamcinolone OINT</i>	1	
(Ciclopirox) CICLODAN SOLN	1		<i>oxiconazole nitrate CREA</i>	1	
(Ketoconazole (Topical)) KETODAN FOAM	2		OXISTAT LOTN	3	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		<i>sulconazole nitrate CREA</i>	1	
<i>ciclopirox olamine CREA</i>	1		<i>sulconazole nitrate SOLN</i>	1	
<i>ciclopirox olamine SUSP</i>	1		Anti-inflammatory Agents - Topical		
<i>ciclopirox GEL</i>	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, VOLTAREN ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>ciclopirox SHAM</i>	2				
<i>ciclopirox SOLN</i>	1				
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 GM daily)			
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)			
<i>econazole nitrate CREA</i>	1				
ERTACZO	4	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				
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)			
<i>ketoconazole (topical) FOAM</i>	2				
<i>ketoconazole (topical) SHAM 2 %</i>	1		<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>naftifine hcl CREA</i>	1		<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 GM daily); PA
<i>naftifine hcl GEL 2 %</i>	1		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)
<i>nystatin (topical) CREA</i>	1		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>nystatin (topical) OINT</i>	1				
<i>nystatin (topical) POWD EX</i>	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>bexarotene (topical)</i>	4	PA	COSENTYX SENSOREADY PEN SOAJ	4	QL(0.072 ML daily); PA
CARAC CREA (<i>fluorouracil (topical)</i>)	4	QL(1 GM daily)	COSENTYX UNOREADY SOAJ	4	QL(0.072 ML daily); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA	COSENTYX SOSY 150 MG/ML	4	QL(0.036 ML daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1		COSENTYX SOSY 75 MG/0.5ML	4	QL(0.18 ML daily); PA
<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 GM daily)	IMULDOSA SOSY SC 90 MG/ML	4	QL(0.018 ML daily); PA
<i>fluorouracil (topical) SOLN</i>	1		IMULDOSA SOSY SC 45 MG/0.5ML	4	QL(0.012 ML daily); PA
PANRETIN	3	PA	<i>methoxsalen rapid</i>	2	
TARGRETIN (<i>bexarotene (topical)</i>)	4	PA	PYZCHIVA SC 45 MG/0.5ML	4	QL(0.17 ML daily); PA
VALCHLOR	4	PA	PYZCHIVA 90 MG/ML	4	QL(0.04 ML daily); PA
Antipruritics - Topical			PYZCHIVA 45 MG/0.5ML	4	QL(0.17 ML daily); PA
<i>doxepin hcl (antipruritic)</i>	2		SKYRIZI PEN SOAJ	4	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
Antipsoriatics			SKYRIZI SOSY	4	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)	SORILUX FOAM	4	PA
(Tazarotene) TRILITAS GEL 0.1 %	1		STEQEYMA 90 MG/ML	4	QL(0.04 ML daily); PA
<i>acitretin 10 MG</i>	2	QL(1 EA daily)	STEQEYMA 45 MG/0.5ML	4	QL(0.17 ML daily); PA
<i>acitretin 17.5 MG</i>	2		<i>tazarotene CREA</i>	1	
<i>acitretin 25 MG</i>	2	QL(2 EA daily)	<i>tazarotene GEL</i>	1	
<i>calcipotriene CREA</i>	2	QL(5 GM daily)	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	4	QL(0.018 ML daily); PA
CALCIPOTRIENE FOAM	4	PA	TREMFYA PEN SOAJ 100 MG/ML	4	QL(0.018 ML daily); PA
<i>calcipotriene OINT</i>	1	QL(5 GM daily)	TREMFYA SOSY 100 MG/ML	4	QL(0.018 ML daily); PA
<i>calcipotriene SOLN</i>	1		YESINTEK SOLN 45 MG/0.5ML	4	QL(0.17 ML daily); PA
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)			
COSENTYX (300 MG DOSE) SOSY	4	QL(0.072 ML daily); PA			
COSENTYX SENSOREADY (300 MG) SOAJ	4	QL(0.072 ML daily); PA			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
YESINTEK SOSY 45 MG/0.5ML	4	QL(0.17 ML daily); PA	<i>alclometasone dipropionate OINT</i>	1	
YESINTEK SOSY 90 MG/ML	4	QL(0.04 ML daily); PA	APEXICON E CREA	2	
Antiseborrheic Products			<i>betamethasone dipropionate (topical) CREA</i>	1	
<i>selenium sulfide LOTN 2.5 %</i>	1		<i>betamethasone dipropionate (topical) LOTN</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		<i>betamethasone dipropionate (topical) OINT</i>	1	
<i>sulfacetamide sodium SHAM 10 %</i>	1		<i>betamethasone dipropionate augmented CREA</i>	1	
Antivirals - Topical			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 GM daily)	<i>betamethasone dipropionate augmented LOTN</i>	1	
Burn Products			<i>betamethasone dipropionate augmented OINT</i>	1	
(Silver Sulfadiazine) SSD	1		<i>betamethasone valerate CREA</i>	1	
<i>mafenide acetate PACK</i>	1		<i>betamethasone valerate FOAM</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone valerate LOTN</i>	1	
SULFAMYLON CREA	3		<i>betamethasone valerate OINT</i>	1	
Corticosteroids - Topical			<i>calcipotriene-betamethasone dipropionate OINT</i>	1	ST
(Calcipotriene-Betamethasone Dipropionate) ATTERO SUSP	1	QL(2 GM daily)	<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 GM daily)
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
(Clobetasol Propionate Emulsion) TOVET	1		<i>clobetasol propionate emulsion</i>	1	
(Clobetasol Propionate) CLODAN SHAM	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1				
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1				
(Triamcinolone Acetonide (Topical)) TRIDERMA CREA 0.5 %	1				
<i>alclometasone dipropionate CREA</i>	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>clobetasol propionate FOAM</i>	1		<i>fluocinonide emulsified base</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>fluocinonide CREA</i>	1	
<i>clobetasol propionate LIQD</i>	2		<i>fluocinonide GEL</i>	1	
<i>clobetasol propionate LOTN</i>	2		<i>fluocinonide OINT</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>fluocinonide SOLN</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>flurandrenolide CREA</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>clocortolone pivalate</i>	1		<i>fluticasone propionate LOTN</i>	1	
CORDRAN TAPE	4		<i>fluticasone propionate OINT</i>	1	
CORTANE-B	3		<i>halcinonide SOLN 0.1 %</i>	1	
<i>desonide CREA</i>	1		<i>halobetasol propionate CREA</i>	1	
<i>desonide GEL</i>	1		<i>halobetasol propionate OINT</i>	1	
<i>desonide LOTN</i>	1		HALOG SOLN	3	
<i>desonide OINT</i>	1		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>desoximetasone CREA 0.25 %</i>	1		<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1	
<i>desoximetasone CREA 0.05 %</i>	2		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>desoximetasone GEL</i>	1		<i>hydrocortisone (topical) SOLN 2.5 %</i>	1	
<i>desoximetasone LIQD</i>	2	ST	<i>hydrocortisone butyrate CREA</i>	1	
<i>desoximetasone OINT</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<i>diflorasone diacetate CREA</i>	2		<i>hydrocortisone butyrate SOLN</i>	1	
<i>diflorasone diacetate OINT</i>	1		<i>hydrocortisone valerate CREA</i>	1	
EPIFOAM FOAM	3		<i>hydrocortisone valerate OINT</i>	1	
<i>fluocinolone acetonide CREA</i>	1		LOCOID LIPOCREAM	3	
<i>fluocinolone acetonide OIL</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinolone acetonide OINT</i>	1				
<i>fluocinolone acetonide SOLN</i>	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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 OINT</i>	1		<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
<i>mometasone furoate SOLN</i>	1		<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)
NUCORT LOTN	3		Keratolytic/Antimitotic/Vesicant Agents		
PRAMOSONE LOTN	3		BENSAL HP OINT	3	RX/OTC
PRAMOSONE OINT	3		MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
<i>triamcinolone acetonide (topical) AERS</i>	1		PODOCON-25 SOLN	3	
<i>triamcinolone acetonide (topical) CREA</i>	1		<i>podofilox GEL</i>	2	
<i>triamcinolone acetonide (topical) LOTN</i>	1		<i>podofilox SOLN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1		SALICYLIC ACID OINT	3	RX/OTC
Eczema Agents			<i>salicylic acid SHAM 6 %</i>	1	
DUPIXENT SOAJ 200 MG/1.14ML	4	QL(0.082 ML daily); PA	SALIMEZ CREA	3	
DUPIXENT SOAJ 300 MG/2ML	4	QL(0.29 ML daily); PA	SALYCIM CREA	3	
DUPIXENT SOSY 300 MG/2ML	4	QL(0.29 ML daily); PA	Local Anesthetics - Topical		
DUPIXENT SOSY 200 MG/1.14ML	4	QL(0.082 ML daily); PA	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)
Emollient/Keratolytic Agents			CETACAINE AERO	3	
<i>urea LOTN 40 %</i>	1		<i>lidocaine hcl SOLN</i>	1	
Emollients			<i>lidocaine-prilocaine CREA</i>	1	
<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC	<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 EA daily)
Enzymes - Topical			PREMIUM SCAR	3	
SANTYL OINT	3		Misc. Topical		
Immunomodulating Agents - Topical			DRYSOL SOLN	2	
<i>imiquimod 5 %</i>	1		XERAC AC	3	
Immunosuppressive Agents - Topical			Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>pimecrolimus</i>	1	QL(2 GM daily)	EUCRISA	3	Limited to 60 gm per month; QL(2 GM daily); PA
			Rosacea Agents		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>azelaic acid GEL</i>	1		ACCU-CHEK SMARTVIEW STRP	2	QL(6.7 EA daily); RX/OTC
<i>brimonidine tartrate (topical)</i>	1	PA	ADVIN COVID-19 ANTIGEN TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
<i>doxycycline (rosacea)</i>	1	QL(1 EA daily); PA	BINAXNOW COVID-19 + FLU SELF	5	
FINACEA FOAM	3		BINAXNOW COVID-19 AG HOME TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA	BINAXNOW COVID-19 ANTIGEN SELF KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
<i>metronidazole (topical) CREA</i>	1		CARESTART COVID-19 HOME TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	CLEARDETECT COVID-19 AG HOME KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
<i>metronidazole (topical) GEL 1 %</i>	1		CLINITEST RAPID COVID-19 TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)	COVID-19 AT HOME ANTIGEN TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
NORITATE CREA	4	PA	COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
ORACEA (<i>doxycycline (rosacea)</i>)	3	QL(1 EA daily); PA	COVID-19 AT-HOME TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
<i>oxymetazoline hcl (topical) 1 %</i>	1	PA	COVID-19 FLU A&B 3-IN-1 TEST	5	
Scabicides & Pediculicides			COVID-19 FLU A+B ANTIGEN TEST	5	
<i>malathion</i>	2		COVID-19 OTC ANTIGEN 1-PACK KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
<i>permethrin CREA</i>	1	QL(2 GM daily)			
DIAGNOSTIC PRODUCTS					
Diagnostic Drugs					
METOPIRONE	3				
Diagnostic Tests					
2SAN 3 IN1 COVID-19 FLU A+B	5				
2SAN COVID-19 RAPID SELF TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV			
ACCU-CHEK AVIVA PLUS STRP	2	QL(6.7 EA daily); RX/OTC			
ACCU-CHEK GUIDE TEST STRP	2	QL(6.7 EA daily); RX/OTC			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
COVID-19 OTC ANTIGEN 2-PACK KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
CVS COVID-19 AT HOME TEST KIT KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV	IHEALTH COVID-19 RAPID TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
DIATRUST COVID-19 HOME TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV	INDICAID COVID-19 RAPID TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
ELLUME COVID-19 HOME TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV	INDICAID COVID-19/FLU A&B TEST	5	
FASTEP COVID-19 ANTIGEN TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV	INTELISWAB COVID-19 RAPID TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
FLOWFLEX COVID-19 AG HOME TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV	OHC COVID-19 ANTIGEN SELF TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
FLOWFLEX PLUS COVID-19/FLU A/B	5		ON/GO COVID-19 ANTIGEN TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
FREESTYLE INSULINX TEST STRP	2	QL(6.7 EA daily); RX/OTC	ON/GO ONE COVID-19 HOME TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
FREESTYLE LITE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC	PILOT COVID-19 AT-HOME TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC	PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	QL(6.7 EA daily); RX/OTC	PRECISION XTRA KETONE	2	QL(0.36 EA daily)
FREESTYLE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC	QUICKVUE AT-HOME COVID-19 TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV
GENABIO COVID-19 RAPID TEST KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV	RAPIDGO FLU A/B COVID-19 HOME	5	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
SPEEDY SWAB COVID-19 ANTIGEN KIT	5	QL(8 EA per 30 day(s) retail; 8 EA per 30 days mail); PV	<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)
SPEEDY SWAB COVID-19/FLU HOME	5		<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			Loop Diuretics		
Digestive Enzymes			<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
CREON CPEP	2		<i>bumetanide TABS 2 MG</i>	1	QL(5 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>ethacrynic acid</i>	2	ST
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
Carbonic Anhydrase Inhibitors			<i>furosemide TABS</i>	1	
<i>acetazolamide CP12</i>	1	QL(2 EA daily)	SOAANZ TABS 20 MG	3	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)	<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>acetazolamide TABS 125 MG</i>	1		<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)
<i>methazolamide TABS</i>	1		Potassium Sparing Diuretics		
Diuretic Combinations			<i>amiloride hcl TABS</i>	1	
<i>amiloride & hydrochlorothiazide</i>	1		<i>spironolactone TABS</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1		<i>triamterene CAPS</i>	2	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	1	
			DIURIL SUSP	3	
			<i>hydrochlorothiazide CAPS</i>	1	
			<i>hydrochlorothiazide TABS</i>	1	
			<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
			<i>metolazone</i>	1	
			THALITONE	2	
			ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
			Bone Density Regulators		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>alendronate sodium SOLN</i>	1	
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 EA daily)
<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>calcitonin (salmon) IJ</i>	4	PA
<i>calcitonin (salmon) NA</i>	1	
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	4	PA
NATPARA	4	PA
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 EA daily); ST
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
<i>teriparatide SOPN</i>	2	PA
TYMLOS	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	4	PA
GENOTROPIN CART SC	4	PA
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML	4	PA
NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML, 30 MG/3ML	4	PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	5	PV
OSPHENA	3	QL(1 EA daily); PA
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		

Drug Name	Drug Tier	Requirements/ Limits
INCRELEX	4	PA
Metabolic Modifiers		
<i>betaine</i>	4	PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	4	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	4	PA
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
<i>calcitriol SOLN PO</i>	1	
<i>cinacalcet hcl</i>	1	PA
CYSTADANE (<i>betaine</i>)	4	PA
<i>doxercalciferol CAPS</i>	2	
GALAFOLD	4	QL(0.5 EA daily); PA
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	2	
MYALEPT	4	PA
PALYNZIQ	4	PA
<i>paricalcitol CAPS</i>	1	
<i>sapropterin dihydrochloride PACK</i>	4	
<i>sapropterin dihydrochloride TABS</i>	4	
<i>sodium phenylbutyrate POWD</i>	4	PA
<i>sodium phenylbutyrate TABS</i>	4	PA
XURIDEN	4	
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1	
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	5	
<i>mifepristone</i>	5	
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	4	PA
<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	4	PA
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH PTTW	3	
DUAVEE	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol & norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	4	PA
PREMPHASE	2	
PREMPRO	2	
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1	QL(5 ML daily)
<i>estradiol GEL</i>	1	
<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
<i>estradiol PTTW</i>	1	QL(0.29 EA daily)
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 EA daily)
<i>estradiol TABS</i>	1	
<i>estrogens, conjugated TABS 0.9 MG</i>	1	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG</i>	1	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	2	
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1		<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 EA daily)
CIPRO SUSR	2		DIPENTUM	3	
<i>levofloxacin SOLN PO</i>	1		INFLECTRA SOLR	4	PA
<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)	<i>mesalamine CP24</i>	2	QL(4 EA daily)
<i>moxifloxacin hcl TABS</i>	1		<i>mesalamine CPCR</i>	1	QL(8 EA daily); PA
<i>ofloxacin 400 MG</i>	1	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)	<i>mesalamine CPCR</i>	1	PA
<i>ofloxacin 300 MG</i>	1		<i>mesalamine CPDR</i>	2	QL(6 EA daily)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>mesalamine ENEM</i>	2	QL(60 ML daily)
5-HT4 Receptor Agonists			<i>mesalamine SUPP</i>	2	QL(1 EA daily)
<i>prucalopride succinate</i>	1	QL(1 EA daily)	<i>mesalamine TBEC 800 MG</i>	1	
Agents for Chronic Idiopathic Constipation (CIC)			<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 EA daily)
TRULANCE	2	QL(1 EA daily)	RENFLXIS	4	PA
Bile Acid Synthesis Disorder Agents			SKYRIZI SOCT 180 MG/1.2ML	4	Check Plan Documents for coverage; QL(0.043 ML daily); PA
CTEXLI TABS PO 250 MG	4	PA	SKYRIZI SOCT 360 MG/2.4ML	4	Check Plan Documents for coverage; QL(0.086 ML daily); PA
Farnesoid X Receptor (FXR) Agonists			<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
OCALIVA	4	QL(1 EA daily); PA	<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
Gallstone Solubilizing Agents			TREMFYA PEN SOAJ SC 200 MG/2ML	4	QL(0.0715 ML daily); PA
(Chenodiol) CHENODAL	4	PA	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	4	QL(0.0715 ML daily); PA
<i>ursodiol CAPS</i>	2		TREMFYA SOSY SC 200 MG/2ML	4	QL(0.0715 ML daily); PA
<i>ursodiol TABS</i>	1		Intestinal Acidifiers		
Gastrointestinal Chloride Channel Activators			(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lubiprostone</i>	1		<i>lactulose (encephalopathy)</i>	1	
Gastrointestinal Stimulants					
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2				
<i>metoclopramide hcl TABS</i>	1				
<i>metoclopramide hcl TBDP</i>	2				
Inflammatory Bowel Agents					

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
LINZESS	2	QL(1 EA daily)
VIBERZI	3	QL(2 EA daily); PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	4	
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 500 MG</i>	3	
<i>lanthanum carbonate CHEW 1000 MG</i>	3	QL(3 EA daily)
<i>lanthanum carbonate CHEW 750 MG</i>	3	QL(4 EA daily)
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 800 MG</i>	2	QL(16 EA daily)
<i>sevelamer hcl 400 MG</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
XERMELO	4	Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
CYTRA K CRYSTALS PACK 1002 MG-3300 MG	2	
CYTRA-3 SYRP	3	
CYTRA-K SOLN 334 MG/5ML-1100 MG/5ML	2	RX/OTC
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)
<i>silodosin 4 MG</i>	1	
<i>silodosin 8 MG</i>	1	QL(1 EA daily)
<i>tamsulosin hcl</i>	1	QL(2 EA daily)
Urinary Stone Agents		
LITHOSTAT	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
MITIGARE CAPS (<i>colchicine</i>)	1	
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	4	PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	4	PA
<i>icatibant acetate SOSY</i>	4	PA
Complement Inhibitors		
HAEGARDA SOLR SC	4	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 EA daily)
Human Protein C		

Drug Name	Drug Tier	Requirements/ Limits
CEPROTIN	4	PA
Plasma Kallikrein Inhibitors		
ORLADEYO	4	PA
TAKHZYRO SOLN	4	PA
TAKHZYRO SOSY	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
<i>cilostazol</i>	1	QL(2 EA daily)
<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)
<i>dipyridamole</i>	1	
<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 Sickie Cell Disease		
DROXIA CAPS	2	
<i>glutamine (sickle cell)</i>	2	PA
SIKLOS TABS	4	AC; PA
SIKLOS TABS	4	PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
Hematopoietic Growth Factors		
<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	2	QL(1 EA daily); PA
<i>eltrombopag olamine TABS 12.5 MG, 25 MG</i>	2	QL(1 EA daily); PA
<i>eltrombopag olamine TABS 50 MG, 75 MG</i>	2	QL(2 EA daily); PA
FULPHILA	4	PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	PA
UDENYCA SOAJ	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
IRON FOLATE-F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	3	PA
<i>aminocaproic acid TABS</i>	3	PA
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tranexamic acid SOLN 1000 MG/10ML</i>	4	PA
<i>tranexamic acid TABS</i>	1	QL(42 EA per 7 day(s) retail; 42 EA per 7 days mail)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
PHENOBARBITAL TABS	2	
PHENOBARBITAL TABS 64.8 MG, 97.2 MG	3	
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 EA daily)
<i>midazolam hcl SYRP</i>	1	
<i>quazepam</i>	3	
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>temazepam 15 MG</i>	1	QL(2 EA daily)
<i>temazepam 7.5 MG</i>	1	
<i>triazolam 0.125 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily)
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 EA daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	5	PV

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV	(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, INSTALAX, KLS LAXACLEAR, MIRALAX, MM CLEARLAX, QC NATURA-LAX, QC ORAL LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 GM daily)
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV			
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ML per fill retail); PV			
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV			
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	QL(4000 ML per fill retail); PV			
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV			
PEG-PREP	5	QL(1 EA per fill retail); PV	<i>lactulose SOLN</i>	1	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV	<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	PV			
Laxatives - Miscellaneous			Stimulant Laxatives		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, DULCOLAX, DULCOLAX PINK LAXATIVE, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	AL(At least 50 yrs old - Up to 74 yrs old); PV	DULCOLAX TBEC (<i>bisacodyl</i>)	5	AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, DULCOLAX, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	5	AL(At least 50 yrs old - Up to 74 yrs old); PV	MACROLIDES - Drugs to Treat Bacterial Infections		
<i>bisacodyl SUPP</i>	5	AL(At least 50 yrs old - Up to 74 yrs old); PV	Azithromycin		
<i>bisacodyl TBEC</i>	5	AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>azithromycin PACK</i>	1	
			<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
			<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)
			<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
			ZITHROMAX PACK	3	
			Clarithromycin		
			<i>clarithromycin SUSR</i>	1	
			<i>clarithromycin TABS</i>	1	
			<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
			Erythromycins		
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2	
			<i>erythromycin base CPEP</i>	2	
			<i>erythromycin base TABS</i>	1	
			<i>erythromycin base TBEC</i>	1	
			<i>erythromycin ethylsuccinate SUSR</i>	1	
			<i>erythromycin ethylsuccinate TABS</i>	2	
			Fidaxomicin		
			<i>fidaxomicin TABS 200 MG</i>	1	
			MEDICAL DEVICES AND SUPPLIES		
			Contraceptives		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV	KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CONDOMS	5		KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FC2 FEMALE CONDOM	5	PV	MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FEMCAP DEVI	5	PV	MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	OMNIFLEX DIAPHRAGM	5	PV
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN BARESKIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED/SPERMICI DE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/RIBBED/STUDDERED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX-NONNOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 60	5	PV
			WIDE-SEAL DIAPHRAGM 65	5	PV

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
WIDE-SEAL DIAPHRAGM 70	5	PV	ACTI-LANCE UNIVERSAL 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 75	5	PV	ADVANCED MOBILE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 80	5	PV	ADVANTAGE SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 85	5	PV	ADVOCATE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 90	5	PV	ADVOCATE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 95	5	PV	ADVOCATE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
Diabetic Supplies			ADVOCATE SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ADVOCATE SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE ME KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	ADVOCATE SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACCU-CHEK GUIDE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	ADVOCATE SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	AGAMATRIX ULTRA-THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	AIMSCO TWIST LANCETS 32G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACTI-LANCE 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC			
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			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
AIMSCO TWIST LANCETS 33G	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
AQUALANCE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARESENS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE COMFORT LANCETS 28G	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
ASSURE LANCE LANCETS	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
ASSURE LANCE LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
AURORA LANCET SUPER THIN 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
AURORA LANCET THIN 23G	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

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHEK LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CVS LANCETS ORIGINAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	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
CLEVER CHOICE LANCETS 21G	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
CLEVER CHOICE LANCETS 23G	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
CLEVER CHOICE LANCETS 28G	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
COAGUCHEK LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DROPLET MEDLANCE LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
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 TOUCH LANCETS 31G	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 PLUS LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DROPSAFE ACTI-LANCE LANCET 17G	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	DROPSAFE ACTI-LANCE LANCET 23G	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	DROPSAFE ACTI-LANCE LANCET 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
DROPSAFE ERGOLANCE LANCET 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DROPSAFE MEDLANCE LANCET 25G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DROPSAFE ERGOLANCE LANCET 25G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DROPSAFE MEDLANCE LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DROPSAFE ERGOLANCE LANCET 30G	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
DROPSAFE HAEMOLANCE LANCET 1.5	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
DROPSAFE HAEMOLANCE LANCET 18G	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
DROPSAFE HAEMOLANCE LANCET 21G	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
DROPSAFE HAEMOLANCE LANCET 25G	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
DROPSAFE HAEMOLANCE LANCET 28G	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
DROPSAFE MEDISAFE LANCET 23G	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
DROPSAFE MEDISAFE LANCET 29G	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
DROPSAFE MEDLANCE LANCET 0.8MM	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
DROPSAFE MEDLANCE LANCET 21G	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 January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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	FIFTY50 SAFETY SEAL LANCETS	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	FIFTY50 UNILET LANCETS 33G	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	FINGERSTIX LANCETS	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	FONDCIRCLE SINGLE USE LANCETS	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	FORA 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	FREESTYLE FREEDOM LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
EASY TOUCH SAFETY LANCETS 23G	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
EASY TOUCH SAFETY LANCETS 26G	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
EASY TOUCH SAFETY LANCETS 28G	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
EMBRACE LANCETS ULTRA THIN 30G	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
EMBRACE PRESSURE ACTIVATED 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
GENTEEL BUTTERFLY TOUCH LANCET	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
GLUCOCOM LANCETS 33G	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
GNP STERILE LANCETS 28G	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
GNP STERILE LANCETS 30G	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
GNP STERILE LANCETS 33G	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
GOJJI STERILE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	HY-VEE THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE	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
HAEMOLANCE LOW FLOW LANCETS	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

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KINNEY THIN LANCETS	2	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 HEALTHPRO LANCET 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS	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
KROGER LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LITE TOUCH LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS THIN	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
LANCETS	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
LANCETS 28G THIN	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
LANCETS 30G	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
LANCETS 33G	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
LANCETS MICRO THIN 33G	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
LANCETS SUPER THIN	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
LANCETS SUPER THIN 28G	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

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS SUPERLITE 30G	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
MEDLANCE PLUS UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MONOLET OPD LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS	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
MEIJER LANCETS UNIVERSAL 21G	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
MEIJER LANCETS UNIVERSAL 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MICROLET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	NOVA SUREFLEX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MICROLET NEXT LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
MINT REFILL KIT MISC	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail); PA	OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail); PA
MM TWIST LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	OMNIPOD 5 LIBRE INTRO KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA
MOBI CONNECT TWIST LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	OMNIPOD 5 LIBRE PODS MISC	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail); PA
MOBILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	OMNIPOD CLASSIC PODS (GEN 3) MISC	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail); PA

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA	PIP LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
OMNIPOD DASH PDM (GEN 4) KIT	2	QL(1 EA per 999 day(s) retail; 1 EA per 999 days mail); PA	PIP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
OMNIPOD DASH PODS (GEN 4) MISC	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail); PA	PRECISION XTRA-GLUCOSE/KETONE DEVI	2	Limit 200 per month without authorization; QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
OMNIPOD POD PALS	2	QL(10 EA per 30 day(s) retail; 30 EA per 90 days mail)	PRO COMFORT LANCETS 30G	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	PRO COMFORT LANCETS 31G	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	PRO COMFORT SAFETY LANCETS 30G	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	PRODIGY LANCETS 28G	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	PRODIGY SAFETY LANCETS 26G	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	PRODIGY TWIST TOP LANCETS 28G	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	PURE COMFORT LANCETS 30G	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	PURE COMFORT SAFETY LANCET 30G	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			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS MICROTHIN 33G	2	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
PX LANCETS ULTRA THIN 28G	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
QC LANCETS SUPER THIN 30G	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
QC LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RIGHTTEST GL300 LANCETS	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	SAFETY LANCET 30G/PRESSURE ACT	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	SAFETY LANCETS	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	SAFETY LANCETS 21G	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	SAFETY LANCETS 23G	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	SAFETY LANCETS 28G	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	SAPS HEALTH PLUS LANCETS	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	SAPS HEALTH TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	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

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
SAPSCARE TWIST TOP LANCETS	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
SB LANCETS THIN	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
SB LANCETS ULTRA THIN	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
SENSILANCE SAFETY LANCETS 21G	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
SENSILANCE SAFETY LANCETS 26G	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
SENSILANCE SAFETY LANCETS 28G	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
SINGLE-LET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE AST LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SMARTTEST LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SOLUS V2 LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TODAYS HEALTH THIN LANCETS 28G	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	TODAYS HEALTH THIN LANCETS 30G	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	TRAVEL LANCETS ADVANCED 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT SAFETY LANCETS	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
TRUE COMFORT TWIST TOP LANCETS	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
TRUEPLUS LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ULTRA-CARE SAFETY LANCETS 30G	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	ULTRA-THIN II AUTO LANCET	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	ULTRA-THIN II LANCETS	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	UNILET COMFORTOUCH LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUEPLUS SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNILET EXCELITE	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 EXCELITE II	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. 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 G.P. SUPERLITE LANCET	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 GP 28 ULTRA THIN	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 LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
UNILET MICRO-THIN 33G	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
UNILET SUPERLITE LANCET	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
UNILET SUPER-THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 3 GENTLE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET ULTRA-THIN 28G	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
UNISTIK 1	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
UNISTIK 2	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
UNISTIK 2 COMFORT	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
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

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK TOUCH SAFETY LANC 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VIVAGUARD SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ZEV RX TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	Parenteral Therapy Supplies		
VERIFINE SAFE LANCET MINI 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD DISP NEEDLES	2	RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
VERIFINE SAFE LANCET MINI 30G	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
VERIFINE UNIVERSAL LANCETS 28G	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
VERIFINE UNIVERSAL LANCETS 30G	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
VERIFINE UNIVERSAL LANCETS 33G	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 LANCETS	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
VIVAGUARD LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
			BD VEO INSULIN SYR ULTRAFINE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
			BD VEO INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
			CAREPOINT POLY HUB NEEDLE	2	RX/OTC

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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	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
COMFORT EZ INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	POLY HUB NEEDLE	2	RX/OTC
DROPLET INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	QL(6.67 EA daily); 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	TECHLITE 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	Respiratory Therapy Supplies		
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC	AIRZONE PEAK FLOW METER	2	RX/OTC
EMBECTA AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC	ASSESS PEAK FLOW METER	2	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BREATHE EASE PEAK FLOW METER	2	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE PEAK FLOW METER	2	RX/OTC
EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC	FONDCIRCLE ELECTRONIC PEAK FLO	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	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MINI WRIGHT PEAK FLOW METER	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	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

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
PERSONAL BEST FULL RANGE	2	RX/OTC
PIKO 1	2	RX/OTC
POCKET PEAK FLOW METER	2	RX/OTC
POCKETPEAK PEAK FLOW METER	2	RX/OTC
PURE COMFORT FLOW METER ADULT	2	RX/OTC
PURE COMFORT FLOW METER CHILD	2	RX/OTC
STRIVE DUAL ZONE PEAK FLOW MTR	2	RX/OTC
TRUZONE PEAK FLOW METER	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	QL(0.04 ML daily); PA
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA
EMGALITY SOAJ	2	QL(0.07 ML daily); PA
EMGALITY SOSY	2	QL(0.07 ML daily); PA
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
ERGOMAR SUBL	4	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 EA daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	2	PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	PA
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>sumatriptan succinate SOAJ</i>	1	PA
<i>sumatriptan succinate SOCT</i>	1	PA

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	Limit 2mls per month; QL(0.07 ML daily); PA	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)	PHOSPHA 250 NEUTRAL	2	RX/OTC
<i>zolmitriptan SOLN</i>	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)	<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	RX/OTC
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)	WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG	2	RX/OTC
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)	Potassium		
ZOMIG SOLN	3	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)	(Potassium Bicarbonate) K-PRIME, K-LOR-CON/EF TBEF	1	
MINERALS & ELECTROLYTES			(Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 15 MEQ	1	
Calcium			(Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 20 MEQ	1	
CALCIFOL	3		(Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 10 MEQ	1	
Fluoride			(Potassium Chloride) K-LOR-CON, K-LOR-CON 10 TBCR 10 MEQ	1	
FLORIVA	3		(Potassium Chloride) K-LOR-CON PACK PO 20 MEQ	1	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	EFFER-K	3	
<i>sodium fluoride CHEW 1 MG</i>	1	AL(Up to 6 yrs old)	EFFER-K TBEF 25 MEQ	2	
<i>sodium fluoride SOLN 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC	K-LOR-CON TBCR 8 MEQ (<i>potassium chloride</i>)	1	
SODIUM FLUORIDE SOLN 0.5 MG/ML	5	AL(Up to 6 yrs old); PV; RX/OTC	<i>potassium chloride microencapsulated crystals er</i>	1	
<i>sodium fluoride TABS</i>	5	AL(Up to 6 yrs old); PV	<i>potassium chloride CPCR</i>	1	
Phosphate					
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHO-TRIN 250 NEUTRAL	1	RX/OTC			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>potassium chloride PACK PO 20 MEQ</i>	1		<i>mycophenolate mofetil CAPS</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1		<i>mycophenolate mofetil SUSR</i>	1	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1		<i>mycophenolate mofetil TABS</i>	1	
Zinc			<i>mycophenolate sodium</i>	2	
GALZIN	3		MYHIBBIN SUSP	3	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>sirolimus SOLN</i>	2	
Chelating Agents			<i>sirolimus TABS</i>	2	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	4		<i>tacrolimus CAPS</i>	2	
<i>penicillamine TABS</i>	4		<i>tacrolimus CP24 0.5 MG, 1 MG, 5 MG</i>	1	ST
SYPRINE (<i>trientine hcl</i>)	4	PA	THYMOGLOBULIN	3	PA
<i>trientine hcl</i>	4	PA	ZORTRESS (<i>everolimus (immunosuppressant)</i>)	4	
Immunomodulators			Potassium Removing Agents		
<i>lenalidomide</i>	1	QL(1 EA daily); AC; PA	(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
THALOMID 50 MG, 100 MG, 200 MG	4	AC	(Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML	1	
Immunosuppressive Agents			LOKELMA	2	QL(1 EA daily)
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2		<i>sodium polystyrene sulfonate POWD</i>	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		Systemic Lupus Erythematosus Agents		
<i>azathioprine TABS 75 MG, 100 MG</i>	2		BENLYSTA SOAJ	4	PA
<i>azathioprine TABS 50 MG</i>	1		BENLYSTA SOSY	4	PA
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		MOUTH/THROAT/DENTAL AGENTS		
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		Anesthetics Topical Oral		
<i>cyclosporine CAPS</i>	1		<i>lidocaine hcl (mouth-throat)</i>	1	
<i>everolimus (immunosuppressant)</i>	4		Anti-infectives - Throat		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole</i>	1		FLORAFOL PEDIATRIC SUSP 0.25 MG/ML	2	RX/OTC
<i>nystatin (mouth-throat)</i>	1		FLORIVA PLUS SUSP 0.25 MG/ML	2	RX/OTC
ORAVIG	3		FLOTREX CHEW 0.25 MG	3	RX/OTC
Antiseptics - Mouth/Throat			FLOTREX CHEW 0.5 MG, 1 MG	2	RX/OTC
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1		MULTIVITAMIN/FLUORIDE CHEW 0.25 MG	3	RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	1		MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	2	RX/OTC
Steroids - Mouth/Throat/Dental			MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	2	RX/OTC
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1		MULTIVITAMIN/FLUORIDE SUSP 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
<i>triamcinolone acetonide (mouth)</i>	1		MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	2	RX/OTC
Throat Products - Misc.			MULTI-VIT-FLOR CHEW 0.25 MG	3	RX/OTC
<i>cevimeline hcl</i>	1	QL(3 EA daily)	<i>pediatric multivitamins w/fl CHEW</i>	1	RX/OTC
MUCOTROL WAFR	3		<i>pediatric multivitamins w/fl SUSP 0.25 MG/ML</i>	1	RX/OTC
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)	<i>pediatric multivitamins w/fl SUSP 0.5 MG/ML</i>	1	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)	POLY-VI-FLOR CHEW 0.5 MG, 1 MG	2	RX/OTC
MULTIVITAMINS			POLY-VI-FLOR CHEW 0.25 MG	3	RX/OTC
Ped Multi Vitamins w/Fl & FE			POLY-VI-FLOR SUSP	2	RX/OTC
<i>ped multivitamins w/fl & iron SOLN</i>	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	2	RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	QUFLORA PEDIATRIC CHEW 0.25 MG	3	RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	QUFLORA PEDIATRIC SUSP 0.25 MG/ML	2	RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	QUFLORA PEDIATRIC SUSP 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			SOLUVITA ACD WITH FLUORIDE SOLN	3	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			
FLORAFOL PEDIATRIC CHEW	2	RX/OTC			

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
SOLUVITA WITH FLUORIDE SUSP 0.25 MG/ML	2	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	
SOLUVITA WITH FLUORIDE SUSP 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ASSURE	3	
TRI-VI-FLOR SUSP 0.25 MG/ML	2	RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	2	RX/OTC	CITRANATAL MEDLEY	3	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC	C-NATE DHA CAPS	3	
VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC	COMPLETENATE CHEW	2	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			CONCEPT DHA	2	
FLORIVA	3		CONCEPT OB	2	
Prenatal Vitamins			DERMACINRX PNV PRENATOL TABS	2	RX/OTC
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		FOLIVANE-OB	2	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		MATRONEX TABS	2	RX/OTC
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		M-NATAL PLUS TABS	2	RX/OTC
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	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	
ATABEX EC TBEC	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
			NEONATAL PLUS TABS	2	RX/OTC
			NESTABS	3	
			NESTABS DHA	2	
			NESTABS ONE	3	
			NIVA-PLUS TABS	2	RX/OTC
			NURTIVA TABS	2	RX/OTC
			OB COMPLETE ONE	3	
			OB COMPLETE PETITE	3	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
OB COMPLETE PREMIER	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	
OB COMPLETE/DHA	3				
ONE VITE WOMENS 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	
PNV 27-CA/FE/FA TABS	2		PRENATE PIXIE	3	
PNV-DHA+DOCUSATE	3		PRENATE RESTORE	3	
PNV-OMEGA	3		PRENATRIX TABS	2	RX/OTC
PRENA 1 TRUE	2		PRENATRYL TABS	2	RX/OTC
PRENA1	3		RELEVIA TABS	2	RX/OTC
PRENA1 PEARL	3		RELNATE DHA CAPS	3	
PRENAISSANCE	3		SELECT-OB+DHA MISC	3	
PRENAISSANCE PLUS CAPS	3		SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
PRENATAL 19 CHEW	2		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	
PRENATAL 19 TABS	3	RX/OTC	SE-NATAL 19 CHEW	2	
PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC	SE-NATAL 19 TABS	3	RX/OTC
PRENATAL PLUS TABS	2	RX/OTC	THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC	THRIVITE RX TABS	2	RX/OTC
PRENATAL-U CAPS	2		TRICARE TABS	2	RX/OTC
PRENATE	3		TRINATAL RX 1 TABS	2	
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		TRISTART DHA	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		VINATE DHA RF	3	
PRENATE ENHANCE	3		VITAFOL GUMMIES	3	
			VITAFOL-NANO	3	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
VITAFOL-ONE CAPS	3		<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
VITAMEDMD ONE RX/QUATREFOLIC	3		<i>orphenadrine citrate TB12</i>	1	
VITAPEARL	3		<i>tizanidine hcl CAPS</i>	1	
VITATHELY WITH GINGER TABS	2	RX/OTC	<i>tizanidine hcl TABS 2 MG</i>	1	
VITATRUE	2		<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)
VIVA DHA CAPS	3		Direct Muscle Relaxants		
WESCAP-C DHA	2		<i>dantrolene sodium CAPS</i>	1	
WESNATE DHA CAPS	3		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
WESTAB PLUS TABS	2	RX/OTC	Nasal Agent Combinations		
WESTGEL DHA	3		<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 GM daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			Nasal Antiallergy		
Central Muscle Relaxants			(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1		<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ML daily); RX/OTC
<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 40000 MCG/20ML</i>	4	Must use Accredo SP pharmacy; PA	<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)
<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)	<i>olopatadine hcl (nasal)</i>	1	
<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily)	Nasal Anticholinergics		
<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)	<i>ipratropium bromide (nasal)</i>	1	
<i>baclofen TABS 5 MG</i>	1		Nasal Steroids		
<i>carisoprodol TABS</i>	1				
<i>chlorzoxazone TABS</i>	1				
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1				
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	4	Must use Accredo SP pharmacy; PA			
LIORESAL SOLN IT	4	Must use Accredo SP pharmacy; PA			
LIORESAL SOLN IT (<i>baclofen</i>)	4	Must use Accredo SP pharmacy; PA			
<i>metaxalone 800 MG</i>	3	QL(4 EA daily)			
<i>metaxalone 400 MG</i>	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, FLONASE ALLERGY REL CHILDRENS, FLONASE ALLERGY RELIEF, 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	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET), NASONEX 24HR SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	ALS Agents		
(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 AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)	RADICAVA ORS STARTER KIT SUSP	4	PA
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 GM daily); RX/OTC	RADICAVA ORS SUSP	4	PA
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC	RELYVRIO	4	PA
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)	<i>riluzole TABS</i>	1	
XHANCE EXHU	3	QL(1.07 ML daily); ST	Spinal Muscular Atrophy Agents (SMA)		
			EVRYSDI	4	PA
			NUTRIENTS		
			Lipids		
			DOJOLVI	4	PA
			OPHTHALMIC AGENTS - Drugs to Treat the Eye		
			Beta-blockers - Ophthalmic		
			(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
			<i>betaxolol hcl (ophth) SOLN</i>	1	
			BETOPTIC-S SUSP	2	
			<i>brimonidine tartrate-timolol maleate</i>	1	
			<i>carteolol hcl (ophth)</i>	1	
			DORZOLAMIDE HCL-TIMOLOL MAL	2	
			<i>dorzolamide hcl-timolol maleate</i>	1	
			<i>levobunolol hcl 0.5 %</i>	1	
			<i>timolol</i>	1	
			<i>timolol maleate (ophth) SOLG</i>	1	
			<i>timolol maleate (ophth) SOLN</i>	1	
			<i>timolol maleate (ophth) SOLN</i>	2	
			Cycloplegic Mydriatics		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(Homatropine Hbr) HOMATROPAIRE	1		gentamicin sulfate (ophth) SOLN	1	
atropine sulfate (ophthalmic) OINT	1		KLARITY-A	2	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
atropine sulfate (ophthalmic) SOLN	1		levofloxacin (ophth) 1.5 %	2	
ATROPINE SULFATE SOLN 1 %	2		moxifloxacin hcl (ophth) SOLN OP	1	
CYCLOGYL	2		NATACYN	2	
CYCLOMYDRIL	3		neomycin-bacitracin zn-polymyxin	1	
cyclopentolate hcl 1 %	1		neomycin-polymyxin-gramicidin	1	
phenylephrine hcl (mydriatic) SOLN	1		ofloxacin (ophth)	1	QL(5 ML per fill retail; 5 per fill mail)
tropicamide SOLN	1		polymyxin b-trimethoprim	1	
Miotics			POVIDONE-IODINE	3	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	1	QL(0.5 ML daily)	sulfacetamide sodium (ophth) OINT	1	
Ophthalmic Adrenergic Agents			sulfacetamide sodium (ophth) SOLN	1	
apraclonidine hcl	1		tobramycin (ophth) SOLN	1	
brimonidine tartrate	1		TOBREX OINT	2	
Ophthalmic Anti-infectives			trifluridine	1	
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1		ZIRGAN GEL	3	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		Ophthalmic Immunomodulators		
bacitracin (ophthalmic)	2		cyclosporine (ophth) EMUL	1	QL(2 EA daily)
bacitracin-polymyxin b (ophth)	1		Ophthalmic Local Anesthetics		
besifloxacin hcl 0.6 %	1		AKTEN	3	
BETADINE OPHTHALMIC PREP	3		proparacaine hcl	2	
CILOXAN OINT	2		TETRACAINE HCL 0.5 %	3	
ciprofloxacin hcl (ophth) SOLN	1		tetracaine hcl (ophth)	1	
ERYTHROMYCIN	2		Ophthalmic Steroids		
erythromycin (ophth)	1		(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)
gatifloxacin (ophth)	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail; 4 per fill mail)	Ophthalmics - Misc.		
<i>dexamethasone sodium phosphate (ophth)</i>	1		(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, PATADAY, QC EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ML daily); RX/OTC
<i>difluprednate</i>	1				
FLAREX	2				
<i>fluorometholone (ophth) SUSP</i>	1				
FML FORTE SUSP	2				
LOTEMAX OINT	3				
<i>loteprednol etabonate GEL</i>	2				
<i>loteprednol etabonate SUSP</i>	2				
<i>loteprednol etabonate-tobramycin</i>	1	QL(5 ML per fill retail)	(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, PATADAY 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily)
MAXIDEX SUSP OP	2				
<i>neomycin-polymy-dexameth OINT</i>	1		ACUVAIL	3	
<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1		ALOCRIAL	3	
<i>neomycin-polymyxin-hc (ophth)</i>	1		ALOMIDE	2	
PRED MILD	2		<i>azelastine hcl (ophth)</i>	1	
<i>prednisolone acetate (ophth)</i>	1		<i>bepotastine besilate</i>	1	QL(0.34 ML daily); ST
PREDNISOLONE SODIUM PHOSPHATE	3		<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
PREDNISOLONE-MOXIFLOXACIN SOLN	3		<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
<i>sulfacetamide sod-prednisolone SOLN</i>	1		<i>bromfenac sodium (ophth) 0.09 %</i>	1	
TOBRADEX ST SUSP	3		<i>cromolyn sodium (ophth)</i>	1	
TOBRADEX OINT	3		CYSTARAN	4	
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)	<i>diclofenac sodium (ophth)</i>	1	
Ophthalmic Surgical Aids					
GELFILM	3				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ML daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ML daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
BIMATOPROST SOLN	2	Limit 2.5mls per month; QL(0.09 ML daily)
<i>latanoprost SOLN</i>	1	QL(0.09 ML daily)
<i>latanoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
<i>tafluprost</i>	1	QL(1 EA daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 EA per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-hydrocortisone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
GAMASTAN IM	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	4	PA
BICILLIN L-A SUSY	4	PA
PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML	4	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	4	PA
<i>penicillin g sodium</i>	4	PA
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW 57 MG-400 MG</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
BICILLIN C-R	4	PA
BICILLIN C-R 900/300	4	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium IV 10 GM</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>oxacillin sodium IV 10 GM</i>	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>megestrol acetate (appetite)</i>	1	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 EA daily)
<i>progesterone OIL</i>	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
Anti-Cataleptic Agents		
<i>sodium oxybate SOLN</i>	2	QL(18 ML daily); PA
Antidementia Agents		
<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)
<i>donepezil hydrochloride TBP</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	2	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24</i>	1	PA
<i>memantine hcl SOLN</i>	1	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl TABS</i>	1	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)
NAMZARIC C4PK	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>olanzapine-fluoxetine hcl</i>	2	
<i>perphenazine-amitriptyline</i>	1	
Fibromyalgia Agents		
<i>milnacipran hcl MISC</i>	2	QL(2 EA daily); PA
<i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>	2	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
<i>tetrabenazine</i>	2	Specialty drug-Health Net will refer to SP Pharmacy; PA
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail)
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ML daily)
AVONEX PEN AJKT	4	PA
AVONEX PREFILLED PSKT	4	PA
BETASERON KIT	4	PA
<i>dalfampridine</i>	2	PA
<i>dimethyl fumarate CDPK</i>	2	
<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i> fingolimod hcl</i>	2	QL(1 EA daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ML per 28 day(s) retail)
<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ML daily)
PLEGRIDY STARTER PACK SOAJ	4	PA
PLEGRIDY STARTER PACK SOSY SC	4	PA
PLEGRIDY SOAJ	4	PA
PLEGRIDY SOSY SC	4	PA
REBIF REBIDOSE TITRATION PACK SOAJ	4	PA
REBIF REBIDOSE SOAJ	4	PA
REBIF TITRATION PACK SOSY	4	PA
REBIF SOSY	4	PA
<i>teriflunomide</i>	2	QL(1 EA daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	2	
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
<i>pimozide</i>	1	
Smoking Deterrents		

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICODERM CQ, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICODERM CQ, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR, 14 MG/24HR	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, FT NICOTINE, GNP NICOTINE, HABITROL, NICODERM CQ, NICOTINE STEP 1, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 21 MG/24HR	5	
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICODERM CQ, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 14 MG/24HR	5	PV	bupropion hcl (smoking deterrent)	5	PV
			CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate)	5	QL(2 EA daily); PV
			CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)	5	PV
			CHANTIX TABS (varenicline tartrate)	5	QL(2 EA daily); PV
			nicotine polacrilex GUM	5	PV
			nicotine polacrilex LOZG	5	PV
			NICOTINE KIT	5	PV
			nicotine PT24 TD 21 MG/24HR	5	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR</i>	5	PV	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	
NICOTROL NS SOLN	5	PV	(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
<i>varenicline tartrate TABS</i>	5	QL(2 EA daily); PV	<i>demeclocycline hcl TABS</i>	1	
<i>varenicline tartrate TBPk</i>	5	PV	<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2	
Transthyretin Amyloidosis Agents			<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST
TEGSEDI	4	PA	<i>doxycycline (monohydrate) SUSR</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>doxycycline (monohydrate) TABS 75 MG, 150 MG</i>	1	ST
Cystic Fibrosis Agents			<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
KALYDECO PACK	4	PA	<i>doxycycline hyclate CAPS</i>	1	
KALYDECO TABS	4	PA	<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1	
PULMOZYME	2	QL(5 ML daily); PA	<i>minocycline hcl CAPS</i>	1	
Pulmonary Fibrosis Agents			<i>minocycline hcl CP24 45 MG</i>	3	ST
ESBRIET CAPS (<i>pirfenidone</i>)	4	QL(3 EA daily); PA	<i>minocycline hcl TABS 75 MG</i>	1	PA
ESBRIET TABS (<i>pirfenidone</i>)	4	QL(3 EA daily); PA	<i>minocycline hcl TABS 50 MG, 100 MG</i>	1	
<i>nintedanib esylate 100 MG, 150 MG</i>	4	QL(2 EA daily); PA	<i>tetracycline hcl CAPS</i>	1	
<i>pirfenidone CAPS</i>	4	QL(3 EA daily); PA	XIMINO CP24 45 MG	3	ST
<i>pirfenidone TABS</i>	4	QL(3 EA daily); PA	THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
SULFONAMIDES - Drugs to Treat Bacterial Infections			Antithyroid Agents		
Sulfonamides			<i>methimazole TABS</i>	1	
<i>sulfadiazine TABS</i>	1		<i>propylthiouracil</i>	1	QL(3 EA daily)
TETRACYCLINES - Drugs to Treat Bacterial Infections			Thyroid Hormones		
Tetracyclines					
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 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 25 MCG, 50 MCG</i>	1	QL(2 EA daily)
(Thyroid) NP THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1		<i>liothyronine sodium TABS 5 MCG</i>	1	
ADTHYZA TABS 16.25 MG, 97.5 MG	2		NIVA THYROID TABS	1	
ADTHYZA TABS 32.5 MG, 65 MG, 130 MG	3		NP THYROID TABS	1	
AMERITHROID TABS 180 MG, 240 MG, 300 MG	2		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine 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 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
EVEXITHROID TABS 180 MG	2		TOXOIDS		
<i>levothyroxine sodium CAPS</i>	2		Toxid Combinations		
			ADACEL SUSP	5	
			ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	5	
			BOOSTRIX SUSP	5	
			BOOSTRIX SUSY	5	
			DAPTACEL	5	
			INFANRIX	5	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
KINRIX SUSY	5		H-2 Antagonists		
PEDIARIX SUSY	5		(Famotidine) 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, PEPCID AC MAXIMUM STRENGTH, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG	1	RX/OTC
PENTACEL	5				
QUADRACEL SUSP	5				
QUADRACEL SUSY	5				
TDVAX SUSP	5				
TENIVAC SUSP 2 LFU-5 LFU	5				
TETANUS-DIPHThERIA TOXOIDS TD SUSP	5				
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					
BELLADONNA ALKALOIDS-OPIUM	3				
<i>chlordiazepoxide hcl-clidinium bromide</i>	1		<i>cimetidine hcl PO 300 MG/5ML</i>	1	
DERMACINRX DIGENYX TABS 0.125 MG	2		<i>cimetidine TABS 300 MG, 800 MG</i>	1	
<i>dicyclomine hcl CAPS</i>	1		<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)
<i>dicyclomine hcl SOLN PO</i>	1		<i>famotidine SUSR</i>	1	
<i>dicyclomine hcl TABS</i>	1		<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)
GLYCATE TABS	3		<i>famotidine TABS 20 MG</i>	1	RX/OTC
<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1		<i>nizatidine CAPS</i>	1	
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1		Misc. Anti-Ulcer		
GLYCOPYRROLATE TABS	3		<i>sucralfate SUSP</i>	1	
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1		<i>sucralfate TABS</i>	1	QL(4 EA daily)
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1		Proton Pump Inhibitors		
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1				
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1				
<i>methscopolamine bromide</i>	1				

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, PREVACID 24HR, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	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)
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	<i>lansoprazole CPDR 30 MG</i>	1	QL(1 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)	<i>lansoprazole CPDR 15 MG</i>	1	RX/OTC
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	<i>lansoprazole TBDD 30 MG</i>	1	QL(1 EA daily); AL(Up to 12 yrs old)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	<i>lansoprazole TBDD 15 MG</i>	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
			<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)
			<i>omeprazole CPDR 10 MG</i>	1	
			<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)
			<i>pantoprazole sodium PACK</i>	1	QL(1 EA daily)
			<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)
			PRILOSEC PACK	3	PA
			RABEPRAZOLE SODIUM CPSP	3	PA
			<i>rabeprazole sodium TBEC</i>	1	QL(1 EA daily); PA
			Ulcer Drugs - Prostaglandins		
			<i>misoprostol</i>	1	
			Ulcer Therapy Combinations		
			<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost
Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit
ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-
the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>bismuth subcitrate potassium-metronidazole- tetracycline</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	2	
<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
<i>trospium chloride CP24</i>	1	
<i>trospium chloride TABS</i>	1	QL(2 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	5	
BEXSERO 0.5 ML	5	
CAPVAXIVE	5	
MENQUADFI 0.5 ML	5	
MENVEO SOLR	5	
PEDVAXHIB SUSP 7.5 MCG/0.5ML	5	
PNEUMOVAX 23 SOSY	5	
PREVNAR 20	5	
TRUMENBA 0.5 ML	5	

Drug Name	Drug Tier	Requirements/ Limits
Viral Vaccines		
AFLURIA PRESERVATIVE FREE SUSY	5	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA QUADRIVALENT SUSY 0.5 ML	5	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA SUSP	5	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	5	
COMIRNATY SUSP	5	
COMIRNATY SUSY	5	
ENGERIX-B SUSP 20 MCG/ML	5	
ENGERIX-B SUSY	5	
FLUAD	5	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUAD QUADRIVALENT	5	
FLUARIX QUADRIVALENT SUSY	5	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUARIX SUSY	5	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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 SOSY	5	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE SUSP	5	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX QUADRIVALENT SUSY	5	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	5	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSP	5	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	GARDASIL 9 SUSP 0.5 ML	5	
FLUCELVAX SUSY	5	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	GARDASIL 9 SUSY 0.5 ML	5	
FLULAVAL SUSY	5	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	5	
FLUMIST	5	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	HEPLISAV-B SOSY	5	
FLUZONE HIGH-DOSE QUADRIVALENT	5		MFLUSIVA SUSY IM 0.38 ML	5	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUZONE HIGH-DOSE SUSY	5	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	M-M-R II SOLR	5	
FLUZONE QUADRIVALENT SUSY	5	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	MNEXSPIKE SUSY 10 MCG/0.2ML	5	
			MODERNA COVID-19 VAC 6M-11Y SUSY	5	
			MRESVIA	5	AL (At least 60 yrs old)
			NOVAVAX COVID-19 VACCINE SUSY	5	
			NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	5	
			PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	5	
			PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	5	
			PRIORIX SUSR	5	
			PROQUAD SUSR	5	
			RECOMBIVAX HB SUSP	5	
			RECOMBIVAX HB SUSY	5	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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
ROTARIX SUSP	5	
ROTATEQ SOLN	5	
SHINGRIX IM 50 MCG/0.5ML	5	AL(At least 50 yrs old)
SHINGRIX	5	AL(At least 50 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	5	
SPIKEVAX SUSP	5	
SPIKEVAX SUSY	5	
TWINRIX SUSY	5	
VAQTA	5	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	5	
VARIVAX SUSR	5	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		

Drug Name	Drug Tier	Requirements/ Limits
PHEXX	5	PV
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING 7.5 MCG/24HR	2	QL(1 EA per fill retail; 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)
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
<i>progesterone (vaginal) INST 100 MG</i>	1	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	4	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol CAPS</i>	1	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
<i>phytonadione TABS 5 MG</i>	2	

Updated January 2027

1=Preferred Generics 2=Preferred Brand/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 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	27	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, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN CHEW	5	LAXATIVE TBEC	59
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, DIFFERIN, GNP ADAPALENE GEL 0.1 %	42			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, DULCOLAX, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	59
(Alprazolam) ALPRAZOLAM XR TB24	9			(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	11
(Amiodarone Hcl) PACERONE TABS	10	(Azathioprine) AZASAN TABS 75 MG, 100 MG	79	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	4
(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 ADULT 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, 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 .	5	(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	83	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN- CAFF) TABS 40 MG-50 MG-325 MG 4	
		(Bacitracin-Polymyxin B (Ophth)) POLYCIN	85	(Butalbital-Acetaminophen-Caffeine) ESGIC CAPS 40 MG-50 MG-325 MG	4
		(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	85	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	7
		(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, DULCOLAX, DULCOLAX PINK LAXATIVE, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX- WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS		(Calcipotriene) CALCITRENE OINT 45	
				(Calcipotriene-Betamethasone Dipropionate) ATTERO SUSP	46
				(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	55
				(Carbamazepine) EPITOL TABS ..	13
				(Carbinoxamine Maleate) RYVENT TABS 6 MG	21
				(Chenodiol) CHENODAL	54
				(Chlorhexidine Gluconate (Mouth- Throat)) PERIOGARD	80
				(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	83
				(Cholestyramine Light) PREVALITE	

PACK .....22	(Dexamethasone) HIDEK 6-DAY, 420 MG .....33	
(Cholestyramine Light) PREVALITE	TAPERDEX 6-DAY TBPB .....40	(Doxycycline (Monohydrate))
POWD .....22	(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPB ...40	AVIDOXY TABS 100 MG .....92
(Ciclopirox) CICLODAN SOLN ....44	(Dextroamphetamine Sulfate)	(Doxycycline (Monohydrate))
(Clindamycin Phosphate (Topical))	PROCENTRA SOLN .....1	MONDOXYNE NL CAPS 100 MG .92
CLINDACIN ETZ, CLINDACIN-P	(Diazepam) DIAZEPAM INTENSOL CONC .....9	(Doxycycline Hyclate) LYMEPAK
SWAB .....42	(Diclofenac Sodium (Topical)) ALEVE	TABS 100 MG .....92
(Clindamycin Phosphate (Topical))	ARTHRITIS PAIN, ARTHRITIS PAIN	(Drospirenone-Ethinyl Estradiol)
CLINDACIN FOAM .....42	RELIEVER, ASPERCREME	JASMIEL, LO-ZUMANDIMINE,
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ...42	ARTHRITIS PAIN, CVS	LORYNA, NIKKI, OCELLA, SYEDA,
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %46	DICLOFENAC SODIUM, EQ	VESTURA, ZUMANDIMINE 0.02 MG-3 MG .....36
(Clobetasol Propionate Emulsion) TOVET .....46	ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP	(Drospirenone-Ethinyl Estradiol)
(Clobetasol Propionate) CLODAN SHAM .....46	DICLOFENAC SODIUM, EQ	JASMIEL, LO-ZUMANDIMINE,
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG .....79	ARTHRTIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE	LORYNA, NIKKI, OCELLA, SYEDA,
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 79	DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN, VOLTAREN ARTHRITIS PAIN GEL EX .....44	VESTURA, ZUMANDIMINE 0.03 MG-3 MG .....36
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ...35	(Digoxin) DIGITEK TABS 125 MCG 34	(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG .....36
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ...35	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG .....33	(Ergotamine W/ Caffeine) MIGERGOT SUPP .....77
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA .....36	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER .33	(Erythromycin (Acne Aid)) ERY PADS .....42
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET .....36	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 180 MG, 300 MG .....33	(Erythromycin Base) ERY-TAB TBEC .....59
	(Diltiazem Hcl) DILT-XR CP24 ....33	(Erythromycin Ethylsuccinate) E.E.S. 400 TABS .....59
	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 53	(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, MIMVEY TABS 1 MG-0.5 MG .....53
		(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, MIMVEY TABS .....53
		(Estradiol Vaginal) YUVAFEM TABS . 98
		(Estradiol) DOTTI, LYLLANA PTTW . 53

(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, ZOVIA 1/35 (28) 35 MCG-1 MG .....36	ALLERGY REL CHILDRENS, FLONASE ALLERGY RELIEF, 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 .....84	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML .....41
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, ZOVIA 1/35 (28) 50 MCG-1 MG .....36	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....11	(Homatropine Hbr) HOMATROPAIRE.....85
(Ethinodiol Diacet & Eth Estrad) VALTYA 1/50 .....36		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 41
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE .....40		(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %9
(Everolimus) TORPENZ, YULITHIRA TABS .....27	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG .....56	(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %46
(Famotidine) 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, PEPCID AC MAXIMUM STRENGTH, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG . 94	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG .....57	(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %46
	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG .....56	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG .....3
	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, KP FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG .....56	(Icatibant Acetate) SAJAZIR SOSY 56
	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG .....57	(Indomethacin) INDOCIN SUPP ....3
	(Gabapentin) RELGAABI CAPS 300 MG, 400 MG .....13	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG .....42
(Fluocinolone Acetonide (Otic)) FLAC.....87	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML .....89	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG .....42
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, FLONASE	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML .....89	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG .....42
	(Glipizide) GLIPIZIDE XL TB24 ....19	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG .....42
		(Ketoconazole (Topical)) KETODAN FOAM .....44
		(Lactulose (Encephalopathy)) ENULOSE, GENERLAC .....54
		(Lactulose) CONSTULOSE SOLN 10 GM/15ML .....58

(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 13	AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG- 0.1 MG .....36	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAX, MINZOYA .....37
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT .....14	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG- 0.15 MG .....36	(Levorphanol Tartrate) XYVONA TABS 2 MG .....5
(Lamotrigine) SUBVENITE TABS . 14		(Levorphanol Tartrate) XYVONA TABS 3 MG .....5
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, PREVACID 24HR, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG ..95	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, PLAN B ONE-STEP, REACT, SHEWISE, TAKE ACTION, YOUR CHOICE 1.5 MG .....40	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG .....93
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .. 95		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG .....93
(Leucovorin Calcium) LEDERLE LEUCOVORIN TABS 5 MG 28	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) 36	(Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....93
(Levetiracetam) ROWEEPRA TABS 500 MG .....14	(Levonorgestrel-Ethinyl Estradiol (91- Day)) ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSA .....37	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %48
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR, XYZAL ALLERGY 24HR TABS ....22	(Levonorgestrel-Ethinyl Estradiol (91- Day)) ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSA 0.03 MG- 0.15 MG .....36	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, IMODIUM A-D, QC ANTI-DIARRHEAL CAPS 20
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG- 0.15 MG .....36	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE .....37	(Lorazepam) LORAZEPAM INTENSOL CONC .....9
(Levonorgestrel & Eth Estradiol)		(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF, TRAVEL-EASE CHEW 21
		(Methadone Hcl) METHADONE HCL INTENSOL CONC .....5

(Methadone Hcl) METHADOSE TBSO .....5	QUIT4, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 4 MG .....90	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 91
(Methylergonovine Maleate) METHERGINE TABS .....87	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG .....90	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICODERM CQ, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 14 MG/24HR .....91
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG ...98	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....85	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICODERM CQ, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR, 14 MG/24HR .....91
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET), NASONEX 24HR SUSP 84	(Niacin (Antihyperlipidemic)) NIACOR TABS .....23	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICODERM CQ, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR 91
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL, NARCAN LIQD .....20	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 91	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICODERM CQ, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR 91
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE MINI, NICOTINE MINI, NICOTINE POLACRILEX MINI, SM NICOTINE POLACRILEX LOZG 2 MG .....90	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, NICORETTE, NICORETTE STARTER KIT, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 90	(Nicotine) CVS NICOTINE, EQ NICOTINE, FT NICOTINE, GNP NICOTINE, HABITROL, NICODERM CQ, NICOTINE STEP 1, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 21 MG/24HR ..91
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS		(Nitroglycerin) NITRO-BID OINT ....9
		(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY .....40

(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 FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 37

(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 FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 37

(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 FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS ... 37

(Norethin Acet & Estrad-Fe)
 CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 37

(Norethin Acet & Estrad-Fe)
 GEMMILY, MERZEE, TAYSOFY CAPS37

(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, VYFEMLA, WERA 35 MCG-0.4 MG38

(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, VYFEMLA, WERA 35 MCG-0.5 MG38

(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, VYFEMLA, WERA 35 MCG-1 MG38

(Norethindrone & Ethinyl Estradiol-Fe)
 GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE38

(Norethindrone & Ethinyl Estradiol-Fe)
 GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG 38

(Norethindrone & Ethinyl Estradiol-Fe)
 GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG38

(Norethindrone (Contraceptive))
 CAMILA, DEBLITANE, EMZAAH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL40

(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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG 38

(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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG 38

(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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 38

(Norethindrone Acetate)
 GALLIFREY TABS88

(Norethindrone Acetate-Ethinyl Estradiol)
 FYAVOLV, JINTELI 53

(Norethindrone Acetate-Ethinyl Estradiol)
 FYAVOLV, JINTELI 1 MG-5 MCG 53

(Norethindrone Acetate-Ethinyl Estradiol-Fe)
 TILIA FE, TRI-LEGEST FE, XARAH FE38

(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7 .....38	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 95	DM PEDIATRIC, TUSSI-PRES PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-200 MG/5ML-30 MG/5ML 41
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-VYLIBRA LO 39	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 95	(Phenylephrine W/ DM-GG) ACTIDOM DMX, ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, DOMETUSS-DMX, G-SUPRESS DX PEDIATRIC, PRESGEN PEDIATRIC, SUPPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSI-PRES PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-388 MG/5ML-28 MG/5ML 41
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, SPRINTEC 28, VYLIBRA 39	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-7.5 MG .. 7	(Phenylephrine W/ DM-GG) IGUALTUSS LIQD .....41
(Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 39	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ....7	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG .....15
(Norgestrel & Ethinyl Estradiol) CRYSELLE, CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG 39	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN .....80	(Phenytoin) PHENYTOIN INFATABS CHEW .....15
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 44	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT .....57	(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, INSTALAX, KLS LAXACLEAR, MIRALAX, MM CLEARLAX, QC NATURA-LAX, QC ORAL LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD .....58
(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, PATADAY, QC EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %86	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM 58	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHO-TRIN 250 NEUTRAL . 78
(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, PATADAY 0.1 %86	(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ...88	(Potassium Bicarbonate) K-PRIME, KLOR-CON/EF TBEF .....78
	(Phenylephrine W/ DM-GG) ACTIDOM DMX, ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, DOMETUSS-DMX, G-SUPRESS DX PEDIATRIC, PRESGEN PEDIATRIC, SUPPRESS-DX PEDIATRIC, TUSNEL	(Potassium Chloride)

Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ 78	(Sodium Citrate & Citric Acid) CYTRA-2 55	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % 46
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ 78	(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML 79	(Vigabatrin) VIGADRONE TABS .. 15 (Vigabatrin) VIGADRONE, VIGODER PACK 15
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ 78	(Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML 79	(Warfarin Sodium) JANTOVEN TABS 12
(Potassium Chloride) Klor-Con PACK PO 20 MEQ 78	(Sulfacetamide Sodium W/ Sulfur) BP 10-1 EMUL 10 %-1 % 42	(Zolmitriptan) ZOMIG TABS 77
(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 10 MEQ 78	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM 42	2SAN 3 IN1 COVID-19 FLU A+B .49 2SAN COVID-19 RAPID SELF TEST KIT 49
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 78	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP .. 25	abacavir sulfate SOLN 31 abacavir sulfate TABS 31
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 81	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS 35	abacavir sulfate-lamivudine 31 abiraterone acetate 27
(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .81	(Tazarotene) TRILITAS GEL 0.1 % 45	acamprosate calcium 88 acarbose 17
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT 81	(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM 8	ACCU-CHEK AVIVA PLUS STRP .49 ACCU-CHEK FASTCLIX LANCETS . 62
(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 81	(Theophylline) ELIXOPHYLLIN ELIX . 12	ACCU-CHEK GUIDE KIT 62 ACCU-CHEK GUIDE ME KIT 62 ACCU-CHEK GUIDE TEST STRP 49
(Prochlorperazine) COMPRO 30	(Thyroid) NP THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 93	ACCU-CHEK SAFE-T PRO LANCETS 62 ACCU-CHEK SMARTVIEW STRP 49 ACCU-CHEK SOFTCLIX LANCETS 62
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG 22	(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 84	acebutolol hcl CAPS 33 acetaminophen w/ codeine SOLN .. 7 acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG 7
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG 22	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE 80	acetaminophen w/ codeine TABS 60
(Silver Sulfadiazine) SSD 46	(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 AERO 84	

MG-300 MG	7	ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	ADVOCATE LANCETS 30G	62
acetazolamide CP12	51	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	2	ADVOCATE SAFETY LANCETS ..	62
acetazolamide TABS 125 MG	51	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	2	ADVOCATE SAFETY LANCETS 21G	62
acetazolamide TABS 250 MG	51	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	2	ADVOCATE SAFETY LANCETS 23G	62
acetic acid (otic)	87	ADALIMUMAB-ADAZ SOSY	2	ADVOCATE SAFETY LANCETS 26G	62
acetylcysteine SOLN	42	ADALIMUMAB-ADBM (2 PEN) AJKT 2	2	ADVOCATE SAFETY LANCETS 28G	62
acitretin 10 MG	45	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	2	AFINITOR DISPERZ TBSO (everolimus)	27
acitretin 17.5 MG	45	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	2	AFINITOR TABS (everolimus)	28
acitretin 25 MG	45	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	3	AFLURIA PRESERVATIVE FREE SUSY	96
ACTEMRA ACTPEN SOAJ	3	adapalene CREA	42	AFLURIA QUADRIVALENT SUSY 0.5 ML	96
ACTEMRA SOSY	3	adapalene GEL 0.1 %	42	AFLURIA SUSP	96
ACTHIB SOLR IM	96	adapalene GEL 0.3 %	43	AFREZZA POWD	18
ACTI-LANCE 28G	62	adapalene-benzoyl peroxide GEL ..	42	AGAMATRIX ULTRA-THIN LANCETS	62
ACTI-LANCE LITE LANCETS 28G 62	62	ADCIRCA TABS (tadalafil (pulmonary hypertension))	35	AGAMREE	40
ACTI-LANCE SPECIAL LANCETS 17G	62	adefovir dipivoxil	32	AIMOVIG	77
ACTI-LANCE UNIVERSAL 23G ..	62	ADTHYZA TABS 16.25 MG, 97.5 MG	93	AIMSCO LUBRICATED MISC	60
ACTIMMUNE 100 MCG/0.5ML	28	ADTHYZA TABS 32.5 MG, 65 MG, 130 MG	93	AIMSCO TWIST LANCETS 32G ..	62
ACUVAIL	86	ADVANCED MOBILE LANCET ...	62	AIMSCO TWIST LANCETS 33G ..	63
acyclovir CAPS	32	ADVANTAGE SAFETY LANCETS 28G	62	AIRSUPRA	11
acyclovir SUSP	32	ADVIN COVID-19 ANTIGEN TEST KIT	49	AIRZONE PEAK FLOW METER ..	76
acyclovir TABS PO 400 MG	32	ADVOCATE LANCETS	62	AKTEN	85
acyclovir TABS PO 800 MG	32			albendazole	9
acyclovir topical OINT	46			albuterol sulfate AERS	11
ADACEL SUSP	93			albuterol sulfate NEBU	11
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	93			ALBUTEROL SULFATE NEBU	11
ADALIMUMAB-AATY (1 PEN) AJKT . 2	2				
ADALIMUMAB-AATY (2 PEN) AJKT . 2	2				

albuterol sulfate SYRP	11	AMERITHROID TABS 180 MG, 240 MG, 300 MG	93	amoxicillin & pot clavulanate SUSR	88
albuterol sulfate TABS	11	amiloride & hydrochlorothiazide ...	51	amoxicillin & pot clavulanate TABS	88
alclometasone dipropionate CREA	46	amiloride hcl TABS	51	amoxicillin & pot clavulanate TB12	88
alclometasone dipropionate OINT	46	aminocaproic acid SOLN PO 0.25 GM/ML	57	amoxicillin CAPS	87
ALECENSA	28	aminocaproic acid TABS	57	amoxicillin CHEW 125 MG, 250 MG	88
alendronate sodium SOLN	52	amiodarone hcl TABS	10	amoxicillin SUSR	88
alendronate sodium TABS 35 MG	52	amitriptyline hcl TABS	17	amoxicillin TABS	88
alendronate sodium TABS 5 MG, 10 MG	52	amlodipine besylate TABS 2.5 MG	33	amoxicillin-clarithromycin w/ lansoprazole THPK	95
alendronate sodium TABS 70 MG	52	amlodipine besylate TABS 5 MG, 10 MG	33	amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1
alfuzosin hcl	55	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	34	amphetamine-dextroamphetamine TABS 10 MG	1
aliskiren fumarate	25	amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG	34	amphetamine-dextroamphetamine TABS 5 MG, 12.5 MG, 20 MG, 30 MG	1
allopurinol 100 MG	56	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	24	amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG	1
allopurinol 300 MG	56	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	24	ampicillin CAPS 500 MG	88
almotriptan malate	77	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	24	ampicillin sodium IJ 1 GM, 125 MG	88
ALOCRIIL	86	amlodipine besylate-valsartan 10 MG-160 MG	24	anagrelide hcl	56
alogliptin benzoate	18	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	24	ANALPRAM HC LOTN EX	8
ALOMIDE	86	amlodipine-valsartan-hydrochlorothiazide	24	ANALPRAM-HC LOTN EX	8
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	53	amoxapine	17	anastrozole	27
alosetron hcl	55	amoxicillin & pot clavulanate CHEW 57 MG-400 MG	88	ANCOBON (flucytosine)	21
ALPRAZOLAM INTENSOL CONC	9			ANDEXXA 200 MG	20
alprazolam TABS	9			ANGELIQ	53
alprazolam TB24	9			ANNOVERA	40
alprazolam TBDP	9			APEXICON E CREA	46
ALUNBRIG TABS	28				
ALUNBRIG TBPK	28				
alvimopan	55				
amantadine hcl CAPS	29				
amantadine hcl TABS	29				
ambrisentan	34				

apraclonidine hcl	85	ASSURE LANCE LANCETS 21G	63	azelaic acid GEL	49
aprepitant CAPS 40 MG	21	ASSURE LANCE PLUS SAFETY 25G	63	azelastine hcl (ophth)	86
aprepitant CAPS 80 MG, 125 MG	21	ASSURE LANCE PLUS SAFETY 30G	63	azelastine hcl 0.1 %, 137 MCG/SPRAY	83
aprepitant CPPK PO	21	ASSURE LANCE SAFETY LANCET 28G	63	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	83
APTIVUS CAPS	31	ATABEX EC TBEC	81	azelastine hcl-fluticasone propionate SUSP	83
AQUALANCE LANCETS 30G	63	atazanavir sulfate CAPS	31	azilsartan medoxomil 40 MG	23
ARIKAYCE	2	atenolol & chlorthalidone	24	azilsartan medoxomil 80 MG	23
ARIMIDEX (anastrozole)	27	atenolol TABS	33	azithromycin PACK	59
aripiprazole SOLN PO	31	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	azithromycin SUSR	59
aripiprazole TABS 15 MG	31	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	azithromycin TABS 250 MG	59
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	31	atorvastatin calcium TABS	23	azithromycin TABS 500 MG	59
aripiprazole TABS 20 MG	31	atovaquone	25	azithromycin TABS 600 MG	59
aripiprazole TBDP	31	atovaquone-proguanil hcl	25	bacitracin (ophthalmic)	85
ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)	12	atropine sulfate (ophthalmic) OINT	85	bacitracin-polymyxin b (ophth)	85
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)	12	atropine sulfate (ophthalmic) SOLN	85	bacitracin-poly-neomycin-hc	86
armodafinil 150 MG, 200 MG, 250 MG	1	ATROPINE SULFATE SOLN 1 %	85	baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 40000 MCG/20ML	83
armodafinil 50 MG	1	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	88	baclofen TABS 10 MG	83
ARMOUR THYROID TABS	93	AURANOFIN 3 MG	3	baclofen TABS 15 MG	83
AROMASIN (exemestane)	27	AURORA LANCET SUPER THIN 30G	63	baclofen TABS 20 MG	83
asenapine maleate	30	AURORA LANCET THIN 23G	63	baclofen TABS 5 MG	83
aspirin CHEW	5	AVONEX PEN AJKT	89	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	39
aspirin TBEC 81 MG	5	AVONEX PREFILLED PSKT	89	balsalazide disodium CAPS	54
aspirin-dipyridamole	56	azathioprine TABS 50 MG	79	BD AUTOSHIELD DUO	75
ASSESS PEAK FLOW METER	76	azathioprine TABS 75 MG, 100 MG	79	BD DISP NEEDLES	75
ASSURE COMFORT LANCETS 28G	63			BD ECLIPSE LUER-LOK NEEDLE	75
ASSURE LANCE LANCETS	63			BD MICROTAINER LANCETS	63

BD PEN MINI MISC	75	betamethasone dipropionate (topical) LOTN	46	bimatoprost SOLN	87
BD PEN MISC	75	betamethasone dipropionate (topical) OINT	46	BIMATOPROST SOLN	87
BD PEN NEEDLE MINI ULTRAFINE	75	betamethasone dipropionate augmented CREA	46	BINAXNOW COVID-19 + FLU SELF 49	
BD PEN NEEDLE NANO 2ND GEN . 75		betamethasone dipropionate augmented GEL 0.05 %	46	BINAXNOW COVID-19 AG HOME TEST KIT	49
BD SAFETYGLIDE INSULIN SYRINGE	75	betamethasone dipropionate augmented LOTN	46	BINAXNOW COVID-19 ANTIGEN SELF KIT	49
BD VEO INSULIN SYR ULTRAFINE	75	betamethasone dipropionate augmented OINT	46	bisacodyl SUPP	59
beclomethasone dipropionate 40 MCG/ACT	10	betamethasone dipropionate augmented OINT	46	bisacodyl TBEC	59
beclomethasone dipropionate 80 MCG/ACT	10	betamethasone valerate CREA ...	46	bismuth subcitrate potassium- metronidazole-tetracycline	96
BELLADONNA ALKALOIDS-OPIUM	94	betamethasone valerate FOAM ...	46	bisoprolol & hydrochlorothiazide ..	24
benazepril & hydrochlorothiazide .	24	betamethasone valerate LOTN ...	46	bisoprolol fumarate	33
benazepril hcl	23	betamethasone valerate OINT	46	BOOSTRIX SUSP	93
BENLYSTA SOAJ	79	BETASERON KIT	89	BOOSTRIX SUSY	93
BENLYSTA SOSY	79	betaxolol hcl (ophth) SOLN	84	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	28
BENSAL HP OINT	48	betaxolol hcl	33	bosentan TABS	34
BENZNIDAZOLE	9	bethanechol chloride	96	BREATHE EASE PEAK FLOW METER	76
benzonatate	41	BETHKIS NEBU (tobramycin)	2	BREZTRI AEROSPHERE	11
benzoyl peroxide-erythromycin GEL . 43		BETOPTIC-S SUSP	84	brimonidine tartrate (topical)	49
benztropine mesylate TABS	29	bexarotene (topical)	45	brimonidine tartrate	85
bepotastine besilate	86	bexarotene	28	brimonidine tartrate-timolol maleate . 84	
besifloxacin hcl 0.6 %	85	BEXSERO 0.5 ML	96	brinzolamide	86
BESREMI	28	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...	39	bromfenac sodium (ophth) 0.07 %, 0.075 %	86
BETADINE OPHTHALMIC PREP .	85	bicalutamide	27	bromfenac sodium (ophth) 0.09 % .	86
betaine	52	BICILLIN C-R	88	bromocriptine mesylate CAPS	29
betamethasone dipropionate (topical) CREA	46	BICILLIN C-R 900/300	88	bromocriptine mesylate TABS 2.5 MG	29
		BICILLIN L-A SUSY	88		
		BIKTARVY	31		

budesonide (inhalation) SUSP 0.25 MG/2ML	11	bupropion hcl TB24 450 MG	16	dipropionate OINT	46
budesonide (inhalation) SUSP 0.5 MG/2ML	11	buspirone hcl	9	calcipotriene-betamethasone dipropionate SUSP	46
budesonide (inhalation) SUSP 1 MG/2ML	11	busulfan SOLN	26	calcitonin (salmon) IJ	52
budesonide (intrarectal)	8	BUSULFEX SOLN (busulfan)	26	calcitonin (salmon) NA	52
budesonide CPEP	40	butalbital-acetaminophen CAPS 50 MG-300 MG	4	calcitriol (topical)	45
budesonide TB24	40	butalbital-acetaminophen TABS 50 MG-300 MG	4	calcitriol CAPS 0.25 MCG	52
budesonide-formoterol fumarate dihydrate	11	butalbital-acetaminophen TABS 50 MG-325 MG	4	calcitriol CAPS 0.5 MCG	52
bumetanide TABS 0.5 MG, 1 MG ..	51	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	4	calcitriol SOLN PO	52
bumetanide TABS 2 MG	51	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	4	calcium acetate (phosphate binder) CAPS	55
BUPHENYL POWD (sodium phenylbutyrate)	52	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	7	calcium acetate (phosphate binder) TABS	55
BUPHENYL TABS (sodium phenylbutyrate)	52	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	CALQUENCE	28
buprenorphine hcl SUBL 2 MG	8	butalbital-aspirin-caffeine CAPS	4	candesartan cilexetil 32 MG	23
buprenorphine hcl SUBL 8 MG	8	butalbital-aspirin-caffeine w/cod	7	candesartan cilexetil 4 MG, 8 MG, 16 MG	23
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	8	butorphanol tartrate NA 10 MG/ML ..	8	candesartan cilexetil-hydrochlorothiazide	24
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	8	cabergoline	53	capecitabine	26
buprenorphine hcl-naloxone hcl dihydrate SUBL	8	caffeine citrate SOLN PO 60 MG/3ML	1	captopril & hydrochlorothiazide ...	24
buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR ..	8	CALCIFOL	78	captopril	23
buprenorphine PTWK 7.5 MCG/HR ..	8	calcipotriene CREA	45	CAPVAXIVE	96
bupropion hcl (smoking deterrent) ..	91	CALCIPOTRIENE FOAM	45	CARAC CREA (fluorouracil (topical)) ..	45
bupropion hcl TABS	16	calcipotriene OINT	45	carbamazepine CHEW 100 MG ...	14
bupropion hcl TB12	16	calcipotriene SOLN	45	carbamazepine CP12	14
bupropion hcl TB24 150 MG, 300 MG ..		calcipotriene-betamethasone		carbamazepine SUSP	14
				carbamazepine TABS	14
				carbamazepine TB12 100 MG	14
				carbamazepine TB12 200 MG	14
				carbamazepine TB12 400 MG	14

CARBATROL CP12 (carbamazepine)	14	CARETOUCH TWIST LANCETS 28G	63	cefprozil SUSR	35
carbidopa	29	CARETOUCH TWIST LANCETS 30G	63	cefprozil TABS	35
carbidopa-levodopa CPCR	29	CARETOUCH TWIST LANCETS 33G	63	cefuroxime axetil TABS	35
carbidopa-levodopa TABS	29	CARETOUCH TWIST MC LANCETS 30G	63	celecoxib 400 MG	3
carbidopa-levodopa TBCR 100 MG-25 MG	29	carisoprodol TABS	83	celecoxib 50 MG, 100 MG, 200 MG 3	
carbidopa-levodopa TBCR 200 MG-50 MG	29	carteolol hcl (ophth)	84	CELONTIN (methsuximide)	16
carbidopa-levodopa TBDP	29	carvedilol 3.125 MG	33	cephalexin CAPS	35
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	29	carvedilol 6.25 MG, 12.5 MG, 25 MG 33		cephalexin SUSR	35
carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG	29	carvedilol phosphate	33	CEPROTIN	56
carbinoxamine maleate SOLN	21	CAYA DPRH	60	CERVIDIL INST	87
carbinoxamine maleate TABS	21	CAYSTON	25	CETACAINE AERO	48
CARBINOXAMINE MALEATE TABS . 21		cefaclor CAPS	35	cevimeline hcl	80
CARDURA XL	55	CEFACLO ER TB12	35	CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ...	91
CAREONE LANCET SUPER THIN 30G	63	cefadroxil CAPS	35	CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)	91
CAREONE LANCET THIN 23G	63	cefadroxil SUSR	35	CHANTIX TABS (varenicline tartrate)	91
CAREPOINT POLY HUB NEEDLE 75		cefadroxil TABS	35	CHEMET	20
CARESENS LANCETS	63	cefazolin sodium SOLR IV 1 GM ..	35	chlordiazepoxide hcl CAPS	9
CARESENS LANCETS 30G	63	cefdinir CAPS	35	chlordiazepoxide hcl-clidinium bromide	94
CARESTART COVID-19 HOME TEST KIT	49	cefdinir SUSR	35	chlordiazepoxide-amitriptyline	89
CARETOUCH SAFETY LANCETS 63		cefixime CAPS	35	chlorhexidine gluconate (mouth-throat)	80
CARETOUCH SAFETY LANCETS 26G	63	cefixime SUSR	35	chloroquine phosphate TABS	26
		CEFOTAN IJ (cefotetan disodium) 35		chlorpromazine hcl TABS	30
		cefotetan disodium IJ 1 GM, 2 GM 35		chlorthalidone 25 MG, 50 MG	51
		cefoxitin sodium IV 1 GM, 2 GM ...	35	chlorzoxazone TABS	83
		CEFOXITIN SODIUM-DEXTROSE 35		cholestyramine light PACK	22
		cefprozil proxetil SUSR	35	cholestyramine light POWD	22

cholestyramine PACK .....22	90 MG-150 MCG-30 UNIT-0.75 MG-300 MG .....81	43
cholestyramine POWD .....22	CITRANATAL ASSURE .....81	clindamycin phosphate (topical) LOTN .....43
choline fenofibrate 135 MG .....22	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 81	clindamycin phosphate (topical) SOLN .....43
CHOSEN LANCETS 30G .....63	CITRANATAL MEDLEY .....81	clindamycin phosphate (topical) SWAB .....43
CHOSEN SAFETY LANCETS 28G 63	clarithromycin SUSR .....59	clindamycin phosphate vaginal CREA .....98
ciclopirox GEL .....44	clarithromycin TABS .....59	clindamycin phosphate-benzoyl peroxide (refrigerate) .....43
ciclopirox olamine CREA .....44	clarithromycin TB24 .....59	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %43
ciclopirox olamine SUSP .....44	CLEANLET LANCETS 28G .....63	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %43
ciclopirox SHAM .....44	CLEARDETECT COVID-19 AG HOME KIT .....49	clindamycin phosphate-tretinoin ..43
ciclopirox SOLN .....44	clemastine fumarate TABS 2.68 MG . 21	CLINDESSE .....98
cilostazol .....56	CLEOCIN SUPP .....98	CLINITEST RAPID COVID-19 TEST KIT .....49
CILOXAN OINT .....85	CLEVER CHEK LANCETS .....64	clobazam SUSP .....13
CIMDUO .....31	CLEVER CHOICE COMFORT EZ 64	clobazam TABS 10 MG .....13
cimetidine hcl PO 300 MG/5ML ...94	CLEVER CHOICE LANCETS 21G 64	clobazam TABS 20 MG .....13
cimetidine TABS 300 MG, 800 MG 94	CLEVER CHOICE LANCETS 23G 64	clobetasol propionate CREA 0.05 % . 46
cimetidine TABS 400 MG .....94	CLEVER CHOICE LANCETS 28G 64	clobetasol propionate emollient base 0.05 %46
cinacalcet hcl .....52	CLEVER CHOICE PEAK FLOW METER .....76	clobetasol propionate emulsion ...46
CIPRO SUSR .....54	CLIMARA PRO .....53	clobetasol propionate FOAM .....47
ciprofloxacin hcl (ophth) SOLN ....85	clindamycin hcl .....25	clobetasol propionate GEL 0.05 % 47
ciprofloxacin hcl (otic) .....87	clindamycin palmitate hydrochloride . 25	clobetasol propionate LIQD .....47
ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....54	clindamycin phosphate (topical) FOAM .....43	clobetasol propionate LOTN .....47
ciprofloxacin-dexamethasone .....87	clindamycin phosphate (topical) GEL	clobetasol propionate OINT 0.05 % 47
ciprofloxacin-hydrocortisone .....87		clobetasol propionate SHAM .....47
citalopram hydrobromide SOLN ...16		clobetasol propionate SOLN 0.05 % . 47
citalopram hydrobromide TABS ...16		
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-		

clocortolone pivalate	47	COMBIVENT RESPIMAT AERS ..	11	COSENTYX SOSY 150 MG/ML ...	45
clomipramine hcl	17	COMFORT ASSURED LANCETS		COSENTYX SOSY 75 MG/0.5ML .	45
clonazepam TABS	13	28G	64	COSENTYX UNOREADY SOAJ ..	45
clonazepam TBDP	13	COMFORT ASSURED LANCETS		COTELLIC	28
clonidine hcl (adhd) TB12	1	33G	64	COVID-19 AT HOME ANTIGEN	
clonidine hcl TABS	24	COMFORT EZ INSULIN SYRINGE .		TEST KIT	49
clonidine PTWK	24	76		COVID-19 AT HOME TEST KITS .	49
clopidogrel bisulfate	56	COMFORT TOUCH LANCETS 31G .		COVID-19 AT-HOME TEST KIT ...	49
clorazepate dipotassium TABS	9	64		COVID-19 FLU A&B 3-IN-1 TEST .	49
clotrimazole	80	COMFORT TOUCH PLUS LANCETS		COVID-19 FLU A+B ANTIGEN TEST	
clotrimazole w/ betamethasone		28G	64	.....	49
CREA	44	COMFORT TOUCH PLUS LANCETS		COVID-19 OTC ANTIGEN 1-PACK	
clotrimazole w/ betamethasone		30G	64	KIT	49
LOTN	44	COMFORT TOUCH TWIST LANCET		COVID-19 OTC ANTIGEN 2-PACK	
clozapine TABS	30	30G	64	KIT	50
clozapine TBDP 12.5 MG	30	COMIRNATY 5-11 YEARS SUSP 10		CREON CPEP	51
C-NATE DHA CAPS	81	MCG/0.3ML	96	CRINONE GEL 8 %	98
COAGUCHEK LANCETS	64	COMIRNATY SUSP	96	cromolyn sodium (ophth)	86
COARTEM	25	COMIRNATY SUSY	96	cromolyn sodium NEBU	10
CODEINE SULFATE TABS 15 MG .	6	COMPLETENATE CHEW	81	CTEXLI TABS PO 250 MG	54
codeine sulfate TABS 30 MG	5	CONCEPT DHA	81	CVS COVID-19 AT HOME TEST KIT	
CODEINE SULFATE TABS 60 MG .	6	CONCEPT OB	81	KIT	50
colchicine CAPS	56	CONDOMS	60	CVS LANCETS ORIGINAL	64
colchicine TABS	56	COPIKTRA	28	CVS LANCETS THIN 26G	64
colchicine w/ probenecid	56	CORDRAN TAPE	47	CVS ULTRA THIN LANCETS	64
colesevelam hcl PACK	22	CORTANE-B	47	cyclobenzaprine hcl TABS 5 MG, 10	
colesevelam hcl TABS	22	CORTIFOAM EX 10 %	8	MG	83
colestipol hcl GRAN	22	CORTISPORIN-TC	87	CYCLOGYL	85
colestipol hcl PACK	22	COSENTYX (300 MG DOSE) SOSY .		CYCLOMYDRIL	85
colestipol hcl TABS	22	45		cyclopentolate hcl 1 %	85
COMBIPATCH PTTW	53	COSENTYX SENSOREADY (300		cyclophosphamide CAPS	26
		MG) SOAJ	45	CYCLOPHOSPHAMIDE TABS	26
		COSENTYX SENSOREADY PEN			
		SOAJ	45		

dexamethasone SOLN .....40	2 %44	diltiazem hcl TABS .....34
dexamethasone TABS .....40	diclofenac sodium TB24 .....3	diltiazem hcl TB24 .....34
dexamethasone TBPK .....40	diclofenac sodium TBEC .....3	dimethyl fumarate CDPK .....89
dexmethylphenidate hcl CP24 .....1	diclofenac w/ misoprostol TBEC ....3	dimethyl fumarate CPDR .....89
dexmethylphenidate hcl TABS .....1	dicloxacillin sodium .....88	DIPENTUM .....54
dextroamphetamine sulfate CP24 ...1	dicyclomine hcl CAPS .....94	diphenoxylate w/ atropine LIQD ...20
dextroamphetamine sulfate SOLN ..1	dicyclomine hcl SOLN PO .....94	diphenoxylate w/ atropine TABS ...20
dextroamphetamine sulfate TABS 10 MG .....1	dicyclomine hcl TABS .....94	dipyridamole .....56
dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG .....1	DIFFERIN LOTN .....43	disopyramide phosphate CAPS ...10
DHIVY TABS .....29	diflorasone diacetate CREA .....47	disulfiram .....88
DIATHRIVE LANCET ULTRA THIN 30 .....64	diflorasone diacetate OINT .....47	DIURIL SUSP .....51
DIATHRIVE LANCETS .....64	diflunisal TABS .....5	divalproex sodium CSDR .....16
DIATRUST COVID-19 HOME TEST KIT .....50	difluprednate .....86	divalproex sodium TB24 .....16
diazepam (anticonvulsant) GEL ...13	digoxin SOLN PO 0.05 MG/ML ....34	divalproex sodium TBEC .....16
diazepam CONC .....9	digoxin TABS 62.5 MCG, 125 MCG, 250 MCG .....34	dofetilide .....10
diazepam SOLN PO 5 MG/5ML ....9	dihydroergotamine mesylate SOLN IJ 1 MG/ML .....77	DOJOLVI .....84
diazepam TABS 10 MG .....9	dihydroergotamine mesylate SOLN NA 4 MG/ML .....77	donepezil hydrochloride TABS ....88
diazepam TABS 2 MG, 5 MG .....9	DILANTIN (phenytoin sodium extended) .....15	donepezil hydrochloride TBDP ....88
diazoxide .....18	DILANTIN .....15	dorzolamide hcl .....87
diclofenac potassium TABS 50 MG .3	DILANTIN INFATABS CHEW (phenytoin) .....15	DORZOLAMIDE HCL .....87
diclofenac sodium (actinic keratoses) EX .....45	DILANTIN SUSP (phenytoin) .....16	DORZOLAMIDE HCL-TIMOLOL MAL.....84
diclofenac sodium (ophth) .....86	DILANTIN-125 SUSP (phenytoin) .15	dorzolamide hcl-timolol maleate ..84
diclofenac sodium (topical) GEL EX 44	diltiazem hcl coated beads CP24 ..33	DOVATO .....31
diclofenac sodium (topical) SOLN EX 1.5 %44	diltiazem hcl CP12 .....34	doxazosin mesylate .....24
diclofenac sodium (topical) SOLN EX	diltiazem hcl CP24 .....34	doxepin hcl (antipruritic) .....45
	diltiazem hcl extended release beads.....34	doxepin hcl CAPS .....17
		doxepin hcl CONC .....17
		doxercalciferol CAPS .....52
		doxycycline (monohydrate) CAPS 150 MG .....92

doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG .....92	DROPSAFE HAEMOLANCE LANCET 1.5 .....65	DRUG MART UNILET LANCETS 33G .....65
doxycycline (monohydrate) SUSR .92	DROPSAFE HAEMOLANCE LANCET 18G .....65	DRYSOL SOLN .....48
doxycycline (monohydrate) TABS 50 MG, 100 MG .....92	DROPSAFE HAEMOLANCE LANCET 21G .....65	DUAVEE .....53
doxycycline (monohydrate) TABS 75 MG, 150 MG .....92	DROPSAFE HAEMOLANCE LANCET 25G .....65	DULCOLAX TBEC (bisacodyl) ....59
doxycycline (rosacea) .....49	DROPSAFE HAEMOLANCE LANCET 28G .....65	DULERA .....11
doxycycline hyclate CAPS .....92	DROPSAFE HAEMOLANCE LANCET 28G .....65	duloxetine hcl CPEP .....17
doxycycline hyclate TABS 20 MG, 100 MG .....92	DROPSAFE MEDISAFE LANCET 23G .....65	DUOPA SUSP .....29
doxylamine-pyridoxine TBEC .....21	DROPSAFE MEDISAFE LANCET 29G .....65	DUPIXENT SOAJ 200 MG/1.14ML 48
dronabinol CAPS .....21	DROPSAFE MEDLANCE LANCET 0.8MM .....65	DUPIXENT SOAJ 300 MG/2ML ...48
DRONABINOL SOLN 5 MG/ML ...21	DROPSAFE MEDLANCE LANCET 21G .....65	DUPIXENT SOSY 200 MG/1.14ML 48
DROPLET INSULIN SYRINGE ...76	DROPSAFE MEDLANCE LANCET 25G .....65	DUPIXENT SOSY 300 MG/2ML ...48
DROPLET LANCETS ULTRA THIN 30G .....64	DROPSAFE MEDLANCE LANCET 30G .....65	DUREX EXTRA SENSITIVE THIN DEVI .....60
DROPLET MEDLANCE LANCET 30G .....64	DROPSAFE SAFETY SYRINGE/NEEDLE .....76	DUREX EXTRA SENSITIVE THIN MISC .....60
DROPLET PERSONAL LANCETS 30G .....64	drospirenone-ethinyl estradiol ....39	DUREX TROPICAL MISC .....60
DROPSAFE ACTI-LANCE 23G ...64	drospirenone-ethinyl estradiol-levomefolate calcium .....39	dutasteride .....55
DROPSAFE ACTI-LANCE LANCET 17G .....64	DROXIA CAPS .....56	dutasteride-tamsulosin hcl .....55
DROPSAFE ACTI-LANCE LANCET 23G .....64	droxidopa .....98	EASY COMFORT LANCETS .....65
DROPSAFE ACTI-LANCE LANCET 28G .....64	DRUG MART ON-THE-GO LANCET 30G .....65	EASY COMFORT LANCETS TWIST TOP .....65
DROPSAFE ERGOLANCE LANCET 21G .....65	DRUG MART UNILET LANCETS 28G .....65	EASY TOUCH FLIPLOCK NEEDLES .....76
DROPSAFE ERGOLANCE LANCET 25G .....65	DRUG MART UNILET LANCETS 30G .....65	EASY TOUCH HYPODERMIC NEEDLE .....76
DROPSAFE ERGOLANCE LANCET 30G .....65		EASY TOUCH LANCETS 21G ...65
		EASY TOUCH LANCETS 23G ...65
		EASY TOUCH LANCETS 26G ...65
		EASY TOUCH LANCETS 28G ...65
		EASY TOUCH LANCETS

28G/TWIST .....66	ELLUME COVID-19 HOME TEST KIT .....50	fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG .....31
EASY TOUCH LANCETS 30G ....66	ELMIRON CAPS .....55	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....31
EASY TOUCH LANCETS 30G/TWIST .....66	eltrombopag olamine PACK 12.5 MG, 25 MG .....57	EMTRIVA SOLN .....31
EASY TOUCH LANCETS 32G ....66	eltrombopag olamine TABS 12.5 MG, 25 MG .....57	enalapril maleate & hydrochlorothiazide .....24
EASY TOUCH LANCETS 32G/TWIST .....66	eltrombopag olamine TABS 50 MG, 75 MG .....57	enalapril maleate TABS .....23
EASY TOUCH LANCETS 33G/TWIST .....66	EMBECTA AUTOSHIELD DUO ...76	ENBREL MINI SOCT .....4
EASY TOUCH SAFETY LANCETS 21G .....66	EMBECTA INSULIN SYR ULTRAFINE .....76	ENBREL SOLN .....4
EASY TOUCH SAFETY LANCETS 23G .....66	EMBECTA PEN NEEDLE NANO .76	ENBREL SOSY 25 MG/0.5ML .....4
EASY TOUCH SAFETY LANCETS 26G .....66	EMBECTA PEN NEEDLE NANO 2 GEN .....76	ENBREL SOSY 50 MG/ML .....4
EASY TOUCH SAFETY LANCETS 28G .....66	EMBECTA PEN NEEDLE ULTRAFINE .....76	ENBREL SURECLICK SOAJ .....4
econazole nitrate CREA .....44	EMBRACE LANCETS ULTRA THIN 30G .....66	ENCARE SUPP 100 MG .....98
EDARBYCLOR .....24	EMBRACE PRESSURE ACTIVATED 21G .....66	ENGERIX-B SUSP 20 MCG/ML ...96
efavirenz CAPS .....31	EMBRACE PRESSURE ACTIVATED 28G .....66	ENGERIX-B SUSY .....96
efavirenz TABS .....31	EMCYT .....27	enoxaparin sodium SOLN IJ 300 MG/3ML .....12
efavirenz-emtricitabine-tenofovir disoproxil fumarate .....31	EMEND SUSR .....21	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....12
efavirenz-lamivudine-tenofovir disoproxil fumarate .....31	EMGALITY (300 MG DOSE) SOSY 77	enoxaparin sodium SOSY 30 MG/0.3ML .....12
EFFER-K .....78	EMGALITY SOAJ .....77	enoxaparin sodium SOSY 40 MG/0.4ML .....12
EFFER-K TBEF 25 MEQ .....78	EMGALITY SOSY .....77	enoxaparin sodium SOSY 60 MG/0.6ML .....13
ELESTRIN GEL .....53	EMSAM .....16	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....13
eletriptan hydrobromide .....77	emtricitabine CAPS .....31	entacapone .....29
ELIQUIS DVT/PE STARTER PACK TBPK .....12	emtricitabine-rilpivirine-tenofovir disoproxil fumarate .....31	entecavir TABS .....32
ELIQUIS TABS .....12	emtricitabine-tenofovir disoproxil	ENTRESTO CPSP .....34
ELLA .....40		EPIFOAM FOAM .....47
		epinastine hcl (ophth) .....87

epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	98	estazolam	57	everolimus TABS	28
epinephrine (anaphylaxis) SOAJ ..	98	estradiol & norethindrone acetate TABS	53	everolimus TBSO	28
eplerenone	25	estradiol GEL	53	EVEXITHROID TABS 180 MG	93
EQUETRO	30	estradiol PTTW	53	EVISTA (raloxifene hcl)	52
ergocalciferol CAPS	98	estradiol PTWK	53	EVOTAZ	31
ergoloid mesylates TABS	89	estradiol TABS	53	EVRYSDI	84
ERGOMAR SUBL	77	estradiol vaginal CREA	98	EXELDERM CREA (sulconazole nitrate)	44
ergotamine w/ caffeine TABS	77	estradiol vaginal TABS	98	EXELDERM SOLN	44
ERLEADA	27	estradiol valerate	53	exemestane	27
erlotinib hcl	27	ESTRING RING 7.5 MCG/24HR ..	98	EXJADE TBSO (deferasirox)	20
ERTACZO	44	estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	53	EXODERM	44
ertapenem sodium IJ	25	estrogens, conjugated TABS 0.9 MG 53		ezetimibe	23
erythromycin (acne aid) GEL	43	eszopiclone	57	ezetimibe-simvastatin	22
erythromycin (acne aid) SOLN	43	ethacrynic acid	51	famciclovir	32
erythromycin (ophth)	85	ethambutol hcl TABS	26	famotidine SUSR	94
ERYTHROMYCIN	85	ethosuximide CAPS	16	famotidine TABS 20 MG	94
erythromycin base CPEP	59	ethosuximide SOLN	16	famotidine TABS 40 MG	94
erythromycin base TABS	59	ethynodiol diacet & eth estrad	39	FANAPT	30
erythromycin base TBEC	59	etodolac CAPS	3	FANAPT TITRATION PACK A	30
erythromycin ethylsuccinate SUSR 59		etodolac TABS	3	FANAPT TITRATION PACK B	30
erythromycin ethylsuccinate TABS 59		etodolac TB24	3	FANAPT TITRATION PACK C	30
ESBRIET CAPS (pirfenidone)	92	etonogestrel-ethinyl estradiol	40	FANTASY LUBRICATED MISC ...	60
ESBRIET TABS (pirfenidone)	92	etoposide CAPS	28	FANTASY LUBRICATED/SPERMICIDE MISC 60	
escitalopram oxalate SOLN	16	etravirine	31	FASENRA PEN SOAJ	10
escitalopram oxalate TABS 10 MG, 20 MG	16	EUCRISA	48	FASENRA SOSY 10 MG/0.5ML ...	10
escitalopram oxalate TABS 5 MG .	16	EULEXIN	27	FASENRA SOSY 30 MG/ML	10
eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	14	EVAMIST SOLN	53	FASTEP COVID-19 ANTIGEN TEST KIT	50
		everolimus (immunosuppressant) .	79		

FC2 FEMALE CONDOM	60	FETZIMA TITRATION C4PK	17	FLUBLOK SOSY	97
febuxostat 40 MG	56	FIBRICOR 35 MG (fenofibric acid) 22		FLUCELVAX QUADRIVALENT SUSY	97
febuxostat 80 MG	56	fidaxomicin TABS 200 MG	59	FLUCELVAX SUSP	97
felbamate SUSP	15	FIFTY50 SAFETY SEAL LANCETS . 66		FLUCELVAX SUSY	97
felbamate TABS	15	FIFTY50 UNILET LANCETS 33G .66		fluconazole SUSR	21
FELBATOL SUSP (felbamate)	15	FINACEA FOAM	49	fluconazole TABS	21
felodipine 10 MG	34	finasteride	56	flucytosine	21
felodipine 2.5 MG, 5 MG	34	FINGERSTIX LANCETS	66	fludarabine phosphate SOLR	26
FEMCAP DEVI	60	finingolimod hcl	89	fludrocortisone acetate TABS	41
FEMRING	98	FIRAZYR SOSY (icatibant acetate) 56		FLULAVAL SUSY	97
fenofibrate CAPS	22	FLAREX	86	FLUMIST	97
fenofibrate micronized 130 MG, 200 MG	22	flavoxate hcl	96	fluocinolone acetonide (otic)	87
fenofibrate micronized 67 MG, 134 MG	22	flecainide acetate	10	fluocinolone acetonide CREA	47
fenofibrate TABS 145 MG	22	FLORAFOL PEDIATRIC CHEW ..80		fluocinolone acetonide OIL	47
fenofibrate TABS 48 MG, 160 MG .22		FLORAFOL PEDIATRIC SUSP 0.25 MG/ML	80	fluocinolone acetonide OINT	47
fenofibrate TABS 54 MG	22	FLORIVA	78	fluocinolone acetonide SOLN	47
fenofibric acid 105 MG	22	FLORIVA	81	fluocinonide CREA	47
fentanyl citrate LPOP	6	FLORIVA PLUS SUSP 0.25 MG/ML . 80		fluocinonide emulsified base	47
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6	FLOTREX CHEW 0.25 MG	80	fluocinonide GEL	47
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	6	FLOTREX CHEW 0.5 MG, 1 MG ..80		fluocinonide OINT	47
FERRIPROX SOLN	20	FLOWFLEX COVID-19 AG HOME TEST KIT	50	fluocinonide SOLN	47
FERRIPROX TABS 500 MG (deferiprone)	20	FLOWFLEX PLUS COVID-19/FLU A/B	50	fluorometholone (ophth) SUSP ....86	
fesoterodine fumarate	96	FLUAD	96	fluorouracil (topical) CREA 0.5 % ..45	
FETZIMA CP24 20 MG	17	FLUAD QUADRIVALENT	96	fluorouracil (topical) CREA 5 %45	
FETZIMA CP24 40 MG, 80 MG, 120 MG	17	FLUARIX QUADRIVALENT SUSY 96		fluorouracil (topical) SOLN	45
		FLUARIX SUSY	96	fluoxetine hcl (pmdd) TABS	89
				fluoxetine hcl CAPS 10 MG, 20 MG 16	
				fluoxetine hcl CAPS 40 MG	16
				fluoxetine hcl CPDR	16

fluoxetine hcl SOLN	16	fluticasone-salmeterol AERO	11	fosamprenavir calcium TABS	31
fluoxetine hcl TABS 10 MG	16	fluvastatin sodium CAPS	23	fosfomycin tromethamine	25
fluoxetine hcl TABS 20 MG, 60 MG 16		fluvastatin sodium TB24	23	fosinopril sodium & hydrochlorothiazide	24
fluphenazine hcl CONC	30	fluvoxamine maleate CP24 100 MG 16		fosinopril sodium	23
fluphenazine hcl ELIX	30	fluvoxamine maleate CP24 150 MG 17		FOSRENOL PACK	55
fluphenazine hcl TABS	30	fluvoxamine maleate TABS 100 MG . 17		FRAGMIN SOLN 95000 UNIT/3.8ML 13	
flurandrenolide CREA	47	fluvoxamine maleate TABS 25 MG, 50 MG	17	FRAGMIN SOSY 2500 UNIT/0.2ML 13	
flurbiprofen sodium	87	FLUZONE HIGH-DOSE QUADRIVALENT	97	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 ..	13
flurbiprofen TABS	3	FLUZONE HIGH-DOSE SUSY	97	FREESTYLE FREEDOM LITE KIT 66	
fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	11	FLUZONE QUADRIVALENT SUSY 97		FREESTYLE INSULINX TEST STRP	50
fluticasone furoate-vilanterol	11	FLUZONE SUSP	97	FREESTYLE LANCETS	66
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	11	FLUZONE SUSY	97	FREESTYLE LITE KIT	66
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	11	FML FORTE SUSP	86	FREESTYLE LITE TEST STRP ...	50
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	11	folic acid TABS 1 MG	57	FREESTYLE PRECISION NEO SYSTEM KIT	66
fluticasone propionate (nasal) SUSP . 84		folic acid TABS 400 MCG, 800 MCG . 57		FREESTYLE PRECISION NEO TEST STRP	50
fluticasone propionate CREA 0.05 % 47		FOLIVANE-F	57	FREESTYLE TEST STRP	50
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	11	FOLIVANE-OB	81	FREESTYLE UNISTICK II LANCETS	66
fluticasone propionate hfa 44 MCG/ACT	11	fondaparinux sodium 2.5 MG/0.5ML . 13		frovatriptan succinate	77
fluticasone propionate LOTN	47	fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	13	FULPHILA	57
fluticasone propionate OINT	47	FONDCIRCLE ELECTRONIC PEAK FLO	76	furosemide SOLN PO 8 MG/ML, 10 MG/ML	51
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	11	FONDCIRCLE SINGLE USE LANCETS	66	furosemide TABS	51
		FORA LANCETS	66	FUZEON SOLR	31
		formaldehyde SOLN 10 %	31		

gabapentin CAPS	14	glatiramer acetate SOSY 20 MG/ML .	89	GOJJI STERILE LANCETS	67
gabapentin SOLN	14			GOLYTELY SOLR (peg 3350-kcl-sod	
		glatiramer acetate SOSY 40 MG/ML .	89	bicarb-sod chloride-sod sulfate) ...	58
gabapentin TABS 600 MG, 800 MG	14			GOTOKNOW COVID-19 ANTIGEN	
		glimepiride 1 MG, 2 MG, 4 MG	19	RAPI KIT	50
GABLOFEN SOLN IT 10000		glipizide TABS	19	granisetron hcl TABS	20
MCG/20ML, 40000 MCG/20ML ...	83	glipizide TB24	19	GRANISOL SOLN PO	20
GALAFOLD	52	glipizide-metformin hcl	17	griseofulvin microsize SUSP	21
galantamine hydrobromide CP24 .	88	GLOBAL EASY GLIDE INSULIN		griseofulvin microsize TABS	21
galantamine hydrobromide SOLN .	88	SYR	76	griseofulvin ultramicrosize	21
galantamine hydrobromide TABS .	88	GLOBAL INJECT EASE LANCETS		guaifenesin-codeine SOLN	41
GALZIN	79	28G	67	guanfacine hcl (adhd)	1
GAMASTAN IM	87	GLOBAL INJECT EASE LANCETS		guanfacine hcl	24
GARDASIL 9 SUSP 0.5 ML	97	30G	67	GYNAZOLE-1	98
GARDASIL 9 SUSY 0.5 ML	97	glucagon SOLR IJ 1 MG	18	HAEGARDA SOLR SC	56
gatifloxacin (ophth)	85	GLUCOCOM LANCETS 28G	67	HAEMOLANCE	67
GATTEX	55	GLUCOCOM LANCETS 30G	67	HAEMOLANCE LOW FLOW	
gefitinib	27	GLUCOCOM LANCETS 33G	67	LANCETS	67
GELFILM	86	glutamine (sickle cell)	56	HAEMOLANCE PLUS	67
gemfibrozil TABS	22	glyburide micronized 1.5 MG, 3 MG,		HAEMOLANCE PLUS HIGH FLOW .	
GENABIO COVID-19 RAPID TEST		6 MG	19	67	
KIT	50	glyburide TABS	19	HAEMOLANCE PLUS LOW FLOW .	
GENOTROPIN CART SC	52	glyburide-metformin	17	67	
GENOTROPIN MINQUICK PRSY	52	GLYCATATE TABS	94	HAEMOLANCE PLUS MAX FLOW	
gentamicin sulfate (ophth) SOLN ..	85	glycopyrrolate SOLN PO 1 MG/5ML .		67	
gentamicin sulfate (topical) CREA .	43	94		HAEMOLANCE PLUS PEDIATRIC	
gentamicin sulfate (topical) OINT ..	43	glycopyrrolate TABS 1 MG, 2 MG .	94	FLOW	67
GENTEEL BUTTERFLY TOUCH		GLYCOPYRROLATE TABS	94	halcinonide SOLN 0.1 %	47
LANCET	67	GLYXAMBI	17	halobetasol propionate CREA	47
GENVOYA	31	GNP STERILE LANCETS 28G ...	67	halobetasol propionate OINT	47
GILTUSS COUGH & COLD TABS	41	GNP STERILE LANCETS 30G ...	67	HALOG SOLN	47
GILTUSS SINUS & CONGESTION		GNP STERILE LANCETS 33G ...	67	haloperidol lactate CONC	30
TABS	41				

haloperidol TABS 30	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML 3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 7
HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML 97	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 3	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG 7
H-E-B INCONTROL LANCETS 28G . 67	HUMIRA-PSORIASIS/UEVIT STARTER AJKT 3	hydrocodone-ibuprofen 5 MG-200 MG 7
H-E-B INCONTROL LANCETS 30G . 67	HUMULIN 70/30 KWIKPEN SUPN 19	hydrocortisone (intrarectal) 8
H-E-B INCONTROL LANCETS 33G . 67	HUMULIN 70/30 SUSP 19	hydrocortisone (rectal) EX 2.5 % ... 9
heparin sodium (porcine) SOLN IJ 10000 UNIT/ML 13	HUMULIN N KWIKPEN SUPN 19	hydrocortisone (topical) CREA 2.5 % 47
HEPLISAV-B SOSY 97	HUMULIN N SUSP 19	hydrocortisone (topical) LOTN 2 %, 2.5 % 47
HUMALOG JUNIOR KWIKPEN SOPN 18	HUMULIN R SOLN IJ 19	hydrocortisone (topical) OINT 2.5 % . 47
HUMALOG KWIKPEN SOPN 100 UNIT/ML 18	HUMULIN R U-500 (CONCENTRATED) SOLN SC 19	hydrocortisone (topical) SOLN 2.5 % 47
HUMALOG KWIKPEN SOPN 200 UNIT/ML 18	HUMULIN R U-500 KWIKPEN SOPN SC 19	hydrocortisone butyrate CREA 47
HUMALOG MIX 50/50 KWIKPEN SUPN 18	HYCANTIN CAPS 29	hydrocortisone butyrate OINT 47
HUMALOG MIX 50/50 SUSP 18	HYCANTIN SOLR (topotecan hcl) 29	hydrocortisone butyrate SOLN 47
HUMALOG MIX 75/25 KWIKPEN SUPN 19	hydralazine hcl TABS 25	hydrocortisone TABS 40
HUMALOG MIX 75/25 SUSP 19	hydrochlorothiazide CAPS 51	hydrocortisone valerate CREA 47
HUMALOG SOCT 19	hydrochlorothiazide TABS 51	hydrocortisone valerate OINT 47
HUMALOG SOLN IJ 19	hydrocodone bitartrate-homatropine methylbromide SOLN 41	hydrocortisone w/acetic acid 87
HUMATIN 2	hydrocodone bitartrate-homatropine methylbromide TABS 41	hydromorphone hcl LIQD 6
HUMIRA (2 PEN) AJKT 40 MG/0.4ML 3	hydrocodone polistirex- chlorpheniramine polistirex SUER .41	hydromorphone hcl TABS 6
HUMIRA (2 PEN) AJKT 40 MG/0.8ML 3	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 7	hydromorphone hcl TB24 32 MG ... 6
HUMIRA (2 PEN) AJKT 80 MG/0.8ML 3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG 7	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG 6
HUMIRA (2 SYRINGE) PSKT 3	hydrocodone-acetaminophen TABS 300 MG-7.5 MG 7	hydroxychloroquine sulfate 200 MG 26
		hydroxyurea 28
		hydroxyzine hcl SOLN 50 MG/ML .. 9

hydroxyzine hcl SYRP	9	imipramine pamoate	17	19
hydroxyzine hcl TABS	9	imiquimod 5 %	48	INSULIN GLARGINE-YFGN SOPN
hydroxyzine pamoate CAPS	9	IMITREX STATDOSE REFILL SOCT		19
hyoscyamine sulfate SUBL 0.125 MG		4 MG/0.5ML, 6 MG/0.5ML	77	INSULIN LISPRO (1 UNIT DIAL)
.....	94	IMITREX STATDOSE SYSTEM		SOPN
hyoscyamine sulfate TABS 0.125 MG		SOAJ 4 MG/0.5ML	77	19
.....	94	IMULDOSA SOSY SC 45 MG/0.5ML		INSULIN LISPRO JUNIOR
hyoscyamine sulfate TB12 0.375 MG		45		KWIKPEN SOPN
94		IMULDOSA SOSY SC 90 MG/ML	.45	19
hyoscyamine sulfate TBDP 0.125 MG		IN TOUCH STERILE LANCETS 30G		INSULIN LISPRO PROT & LISPRO
.....	94	.....	67	SUPN
HYPERSAL NEBU	42	INBRIJA CAPS	29	19
HY-VEE LANCETS	67	INCRELEX	52	INSULIN LISPRO SOLN IJ
HY-VEE THIN LANCETS	67	indapamide TABS 1.25 MG, 2.5 MG		19
ibandronate sodium TABS	52	51		INSULIN SYRINGES AND PEN
ibuprofen TABS 400 MG, 600 MG,		INDERAL XL	33	NEEDLES
800 MG	3	INDICAID COVID-19 RAPID TEST		76
icatibant acetate SOSY	56	KIT	50	INTEGRA F
icosapent ethyl	22	INDICAID COVID-19/FLU A&B TEST		57
IDHIFA	28	.....	50	INTELENCE 25 MG
IHEALTH COVID-19 RAPID TEST		indomethacin CAPS 25 MG, 50 MG	4	31
KIT	50	indomethacin CPCR	4	INTELISWAB COVID-19 RAPID
ILEVRO	87	indomethacin SUPP	4	TEST KIT
imatinib mesylate TABS 100 MG	..28	indomethacin SUSP	4	50
imatinib mesylate TABS 400 MG	..28	INFANRIX	93	iodoquinol-hydrocortisone in aloe
IMBRUVICA CAPS 140 MG	28	INFLECTRA SOLR	54	vehicle
IMBRUVICA CAPS 70 MG	28	INNOPRAN XL	33	44
IMBRUVICA SUSP	28	INQOVI	27	ipratropium bromide (nasal)
IMBRUVICA TABS	28	INSULIN GLARGINE MAX		83
imipramine hcl TABS 10 MG, 25 MG		SOLOSTAR SOPN	19	ipratropium bromide hfa 17
17		INSULIN GLARGINE SOLOSTAR		MCG/ACT
imipramine hcl TABS 50 MG	17	SOPN 300 UNIT/ML	19	10
		INSULIN GLARGINE-YFGN SOLN		ipratropium bromide SOLN 0.02 %
				10
				ipratropium-albuterol SOLN
				11
				irbesartan
				23
				irbesartan-hydrochlorothiazide ...
				24
				IRON FOLATE-F
				57
				ISENTRESS CHEW
				31
				ISENTRESS HD TABS
				31
				ISENTRESS PACK
				31
				ISENTRESS TABS
				31
				isoniazid SYRP
				26
				isoniazid TABS
				26
				isosorbide dinitrate TABS 40 MG ...
				9

isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9	ketoconazole (topical) CREA	44	KRINTAFEL	26
isosorbide dinitrate-hydralazine hcl 34		ketoconazole (topical) FOAM	44	KROGER HEALTHPRO LANCET 26G	68
isosorbide mononitrate TABS	9	ketoconazole (topical) SHAM 2 %	44	KROGER LANCETS	68
isosorbide mononitrate TB24	9	ketoconazole	21	KROGER LANCETS SUPER THIN 68	
isotretinoin 10 MG, 25 MG	43	ketoprofen CP24	4	KROGER LANCETS THIN	68
isotretinoin 20 MG	43	ketorolac tromethamine (ophth)	87	labetalol hcl TABS 100 MG, 200 MG, 300 MG	33
isotretinoin 30 MG	43	ketorolac tromethamine TABS	4	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	14
isotretinoin 35 MG, 40 MG	43	KEVZARA SOAJ	3	lacosamide TABS	14
isradipine CAPS	34	KEVZARA SOSY	3	lactic acid (ammonium lactate) CREA	48
itraconazole CAPS	21	KIMONO COLORS DEVI	60	lactulose (encephalopathy)	54
itraconazole SOLN	21	KIMONO MAXX-LARGE FLARE MISC	60	lactulose SOLN	58
ivabradine hcl TABS	35	KIMONO MICRO THIN MISC	60	LAGEVRIO	33
ivermectin (rosacea)	49	KIMONO MICRO THIN PLUS MISC . 60		LAMICTAL CHEW (lamotrigine) ...	14
ivermectin	9	KIMONO MISC	60	LAMICTAL ODT TBDP (lamotrigine) . 14	
JADENU SPRINKLE PACK (deferasirox)	20	KIMONO PLUS MISC	60	LAMICTAL TABS (lamotrigine)	14
JADENU TABS (deferasirox)	20	KIMONO PS MISC	60	LAMICTAL XR KIT	14
JAKAFI	28	KIMONO PS PLUS MISC	60	lamivudine (hbv) TABS	32
JARDIANCE	19	KIMONO SENSATION MISC	60	lamivudine SOLN	31
JULUCA	31	KIMONO SENSATION PLUS MISC 60		lamivudine TABS	31
JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG	23	KIMONO SPECIAL DEVI	60	lamivudine-zidovudine	31
KALETRA SOLN	31	KINNEY LANCETS	67	lamotrigine CHEW	14
KALYDECO PACK	92	KINNEY THIN LANCETS	68	lamotrigine KIT 25 MG	14
KALYDECO TABS	92	KINRIX SUSY	94	lamotrigine KIT	14
KAMELEON LUBRICATED MISC .60		KLARITY-A	85	lamotrigine TABS	14
KEPPRA SOLN PO 100 MG/ML (levetiracetam)	14	KLOR-CON TBCR 8 MEQ (potassium chloride)	78	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	14
KEPPRA TABS (levetiracetam)	14	KLOXXADO LIQD	20		
KEPPRA XR TB24 (levetiracetam) 14		K-PHOS NO 2	55		

lamotrigine TB24 250 MG .....14	LENVIMA (12 MG DAILY DOSE) .27	levofloxacin TABS 54
lamotrigine TB24 300 MG .....14	LENVIMA (14 MG DAILY DOSE) .27	levonorgestrel & eth estradiol TABS 39
lamotrigine TBDP 14	LENVIMA (18 MG DAILY DOSE) .27	levonorgestrel (emergency oc) 1.5 MG 40
LAMPIT .....25	LENVIMA (20 MG DAILY DOSE) .27	levonorgestrel-eth estradiol (triphasic) .....39
LANCETS 68	LENVIMA (24 MG DAILY DOSE) .27	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG 39
LANCETS 28G THIN .....68	LENVIMA (4 MG DAILY DOSE) .. 27	levonorgestrel-ethinyl estradiol (continuous) 39
LANCETS 30G .....68	LENVIMA (8 MG DAILY DOSE) .. 27	levonorgestrel-ethinyl estradiol-iron 39
LANCETS 33G .....68	LETAIRIS (ambrisentan) 35	levorphanol tartrate TABS 2 MG ....6
LANCETS MICRO THIN 33G .....68	letrozole 27	levorphanol tartrate TABS 3 MG ....6
LANCETS SUPER THIN .....68	leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG 28	levothyroxine sodium CAPS .....93
LANCETS SUPER THIN 28G ....68	leucovorin calcium TABS 28	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG 93
LANCETS ULTRA THIN 68	LEUKERAN 26	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG 93
LANCETS ULTRA THIN 30G .....68	leuprolide acetate KIT IJ 1 MG/0.2ML.....27	LIBERTY MEDICAL LANCETS ...68
LANOXIN TABS 125 MCG, 250 MCG (digoxin) .....34	levalbuterol hcl 11	lidocaine hcl (mouth-throat) 79
lansoprazole CPDR 15 MG .....95	levalbuterol tartrate .....12	lidocaine hcl SOLN 48
lansoprazole CPDR 30 MG .....95	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML 14	lidocaine PTCH 5 % 48
lansoprazole TBDD 15 MG .....95	levetiracetam TABS .....14	lidocaine-prilocaine CREA .....48
lansoprazole TBDD 30 MG .....95	levetiracetam TB24 14	linezolid SUSR .....25
lanthanum carbonate CHEW 1000 MG 55	levobunolol hcl 0.5 % 84	linezolid TABS 25
lanthanum carbonate CHEW 500 MG.....55	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML .....52	LINZESS 55
lanthanum carbonate CHEW 750 MG.....55	levocarnitine (metabolic modifiers) TABS .....52	LIORESAL SOLN IT (baclofen) ...83
lapatinib ditosylate 28	levocetirizine dihydrochloride SOLN 22	LIORESAL SOLN IT 83
latanoprost SOLN .....87	levocetirizine dihydrochloride TABS 22	liothyronine sodium TABS 25 MCG,
leflunomide 10 MG .....4	levofloxacin (ophth) 1.5 % 85	
leflunomide 20 MG .....4	levofloxacin SOLN PO 54	
lenalidomide .....79		
LENVIMA (10 MG DAILY DOSE) .27		

50 MCG	93	lomustine	26	MAXX PLUS MISC	60
liothyronine sodium TABS 5 MCG .	93	LONSURF	27	meclizine hcl CHEW	21
LIPOFEN CAPS 50 MG (fenofibrate) .	22	loperamide hcl CAPS	20	meclizine hcl TABS 50 MG	21
liraglutide	18	lopinavir-ritonavir SOLN	31	meclofenamate sodium CAPS 100	
lisdexamphetamine dimesylate CAPS 1		lopinavir-ritonavir TABS	31	MG	4
lisdexamphetamine dimesylate CHEW		lorazepam CONC	9	MEDICHOICE SAFETY LANCET .	68
10 MG	1	lorazepam TABS	9	MEDICHOICE SAFETY LANCET	
lisdexamphetamine dimesylate CHEW .		losartan potassium &		EXTRA	68
1		hydrochlorothiazide	24	MEDICHOICE SAFETY LANCET	
lisinopril & hydrochlorothiazide 12.5		losartan potassium	23	NORM	68
MG-10 MG, 12.5 MG-20 MG	24	LOTEMAX OINT	86	MEDLANCE PLUS EXTRA 21G ..	68
lisinopril & hydrochlorothiazide 25		loteprednol etabonate GEL	86	MEDLANCE PLUS LITE 25G	68
MG-20 MG	24	loteprednol etabonate SUSP	86	MEDLANCE PLUS SPECIAL 0.8MM	
lisinopril TABS 2.5 MG, 5 MG, 10		loteprednol etabonate-tobramycin	86	.....	68
MG, 20 MG, 30 MG	23	lovastatin TABS	23	MEDLANCE PLUS SUPERLITE 30G	
lisinopril TABS 40 MG	23	loxapine succinate	30	.....	69
LITE TOUCH LANCETS	68	lubiprostone	54	MEDLANCE PLUS UNIVERSAL 21G	
LITETOUCH LANCETS	68	LUNG PERFORM PEAK FLOW		.....	69
lithium	30	METER	76	MEDROL TABS	40
lithium carbonate CAPS 150 MG, 600		lurasidone hcl	30	medroxyprogesterone acetate 10 MG	
MG	30	LYSODREN	27	.....	88
lithium carbonate CAPS 300 MG ..	30	macitentan 10 MG	35	medroxyprogesterone acetate 2.5	
lithium carbonate TABS	30	mafenide acetate PACK	46	MG, 5 MG	88
lithium carbonate TBCR	30	malathion	49	mefloquine hcl	26
LITHOBID TBCR (lithium carbonate) .		maraviroc TABS	31	megestrol acetate (appetite)	88
30		MARPLAN	16	megestrol acetate SUSP	27
LITHOSTAT	56	MATRONEX TABS	81	megestrol acetate TABS	27
LIVE BETTER LANCET SUPER		MATULANE	28	MEIJER LANCETS	69
THIN	68	MAVYRET TABS	32	MEIJER LANCETS UNIVERSAL 21G	
LO LOESTRIN FE TABS	39	MAXIDEX SUSP OP	86	.....	69
LOCOID LIPOCREAM	47	MAXX MISC	60	MEIJER LANCETS UNIVERSAL 30G	
LOKELMA	79			.....	69
				MEIJER LANCETS UNIVERSAL 33G	
				.....	69

meloxicam TABS 15 MG .....4	metformin hcl SOLN 18	methylphenidate hcl CPCR 20 MG, 30 MG 1
meloxicam TABS 7.5 MG 4	metformin hcl TABS 500 MG, 850 MG, 1000 MG .....18	methylphenidate hcl SOLN .....1
melphalan hcl IV .....26	metformin hcl TB24 500 MG, 750 MG.....18	methylphenidate hcl TABS 20 MG ..1
memantine hcl CP24 .....88	methadone hcl CONC .....6	methylphenidate hcl TABS 5 MG, 10 MG .....1
memantine hcl SOLN .....88	methadone hcl SOLN PO .....6	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....1
memantine hcl TABS 10 MG 89	methadone hcl TABS .....6	methylphenidate hcl TB24 36 MG ...1
memantine hcl TABS 5 MG .....89	methadone hcl TBSO 6	methylphenidate hcl TBCR 10 MG, 18 MG, 20 MG, 27 MG, 36 MG, 54 MG .....2
memantine hcl TABS 89	methamphetamine hcl .....1	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....2
MENEST 2.5 MG .....53	methazolamide TABS .....51	methylphenidate hcl TBCR 54 MG ..1
MENOSTAR PTWK .....53	methenamine hippurate .....25	methylphenidate PTCH 2
MENQUADFI 0.5 ML .....96	methenamine mandelate 1 GM ...25	methylprednisolone TABS .....40
MENVEO SOLR 96	methimazole TABS 92	methylprednisolone TBPk .....40
meperidine hcl SOLN PO 50 MG/5ML 6	methocarbamol TABS 500 MG, 750 MG 83	methyltestosterone CAPS .....8
meperidine hcl TABS 50 MG .....6	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 26	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML .....54
mercaptopurine SUSP 2000 MG/100ML .....26	methotrexate sodium SOLR .....26	metoclopramide hcl TABS .....54
mercaptopurine TABS .....26	methotrexate sodium TABS 2.5 MG 26	metoclopramide hcl TBDP .....54
mesalamine CP24 54	methoxsalen rapid .....45	metolazone .....51
mesalamine CPCR .....54	methscopolamine bromide .....94	METOPIRONE .....49
mesalamine CPDR .....54	methsuximide .....16	metoprolol & hydrochlorothiazide TABS .....24
mesalamine ENEM 54	methyldopa TABS .....24	metoprolol succinate TB24 33
mesalamine SUPP .....54	methylergonovine maleate TABS ..87	metoprolol tartrate TABS 33
mesalamine TBEC 1.2 GM 54	methylphenidate hcl CHEW .....1	metronidazole (topical) CREA .....49
mesalamine TBEC 800 MG .....54	methylphenidate hcl CP24 60 MG ..1	metronidazole (topical) GEL 0.75 % 49
mesna TABS .....28	methylphenidate hcl CP24 .....1	metronidazole (topical) GEL 1 % ..49
MESNEX TABS .....28	methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG .....1	
MESTINON SOLN PO (pyridostigmine bromide) 26		
metaxalone 400 MG 83		
metaxalone 800 MG 83		

metronidazole (topical) LOTN 49	MINT REFILL KIT MISC 69	montelukast sodium CHEW 10
metronidazole CAPS 25	MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) 39	montelukast sodium PACK 10
metronidazole TABS 250 MG, 500 MG 25	mirtazapine TABS 16	montelukast sodium TABS 10
metronidazole vaginal 98	mirtazapine TBDP 16	morphine sulfate beads 6
metyrosine 23	misoprostol 95	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 6
mexiletine hcl 10	MITIGARE CAPS (colchicine) 56	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML 6
MFLUSIVA SUSY IM 0.38 ML 97	mitoxantrone hcl 25 MG/12.5ML .. 27	morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML 6
MG217 PSORIASIS MULTI-SYMPOM OINT 48	MM TWIST LANCETS 69	morphine sulfate SUPP 6
MIACALCIN IJ (calcitonin (salmon)) 52	M-M-R II SOLR 97	morphine sulfate TABS 15 MG 6
MICROLET LANCETS 69	M-NATAL PLUS TABS 81	morphine sulfate TABS 30 MG 6
MICROLET NEXT LANCETS 69	MNEXSPIKE SUSY 10 MCG/0.2ML . 97	morphine sulfate TBCR 6
MICROLIFE DIGITAL PEAK FLOW . 76	MOBI CONNECT TWIST LANCETS 69	MOUNJARO 18
midazolam hcl SYRP 57	MOBILE LANCETS 30G 69	MOVANTIK 55
midodrine hcl 98	modafinil 2	moxifloxacin hcl (ophth) SOLN OP 85
MIFEPREX (mifepristone) 53	MODERNA COVID-19 VAC 6M-11Y SUSY 97	moxifloxacin hcl TABS 54
mifepristone 53	moexipril hcl 23	MRESVIA 97
miglitol 17	molindone hcl 30	MUCOTROL WAFR 80
milnacipran hcl MISC 89	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG) 32	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG 80
milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG 89	mometasone furoate (nasal) SUSP 84	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG 80
MINI WRIGHT PEAK FLOW METER 76	mometasone furoate CREA 47	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML 80
minocycline hcl CAPS 92	mometasone furoate OINT 48	MULTIVITAMIN/FLUORIDE SUSP 0.5 MG/ML 80
minocycline hcl CP24 45 MG 92	mometasone furoate SOLN 48	MULTI-VIT-FLOR CHEW 0.25 MG 80
minocycline hcl TABS 50 MG, 100 MG 92	MONOLET LANCETS 69	MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG 80
minocycline hcl TABS 75 MG 92	MONOLET OPD LANCETS 69	
minoxidil 2.5 MG, 10 MG 25	MONOLETTOR SAFETY LANCETS 69	

mupirocin OINT	44	NATPARA	52	NESTABS	81
MYALEPT	52	NAYZILAM	13	NESTABS DHA	81
mycophenolate mofetil CAPS	79	nebivolol hcl	33	NESTABS ONE	81
mycophenolate mofetil SUSR	79	NEBUSAL NEBU	42	NEUPRO	29
mycophenolate mofetil TABS	79	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	81	NEURONTIN CAPS (gabapentin) .	14
mycophenolate sodium	79	nefazodone hcl	17	NEURONTIN SOLN (gabapentin) .	14
MYGLUCOHEALTH LANCETS 30G 69		neomycin sulfate TABS	2	NEURONTIN TABS (gabapentin) .	14
MYHIBBIN SUSP	79	neomycin-bacitracin zn-polymyxin	85	nevirapine SUSP	31
MYSOLINE (primidone)	14	neomycin-polymy-dexameth OINT	86	nevirapine TABS	31
MYTESI	20	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	86	nevirapine TB24 400 MG	31
nabumetone 500 MG	4	neomycin-polymyxin-gramicidin	85	NEXTSTELLIS	39
nabumetone 750 MG	4	neomycin-polymyxin-hc (ophth)	86	niacin (antihyperlipidemic) TABS ..	23
nadolol TABS 20 MG, 40 MG, 80 MG	33	neomycin-polymyxin-hc (otic) SOLN .	87	niacin (antihyperlipidemic) TBCR ..	23
nafcillin sodium IV 10 GM	88	neomycin-polymyxin-hc (otic) SUSP .	87	nicardipine hcl CAPS	34
naftifine hcl CREA	44	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	81	NICOTINE KIT	91
naftifine hcl GEL 2 %	44	NEONATAL PLUS TABS	81	nicotine polacrilex GUM	91
NALOCET TABS	7	NEOSTIGMINE METHYLSULFATE RFID SOSY (neostigmine methylsulfate)	26	nicotine polacrilex LOZG	91
naloxone hcl LIQD	20	NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	26	nicotine PT24 TD 21 MG/24HR ...	91
naloxone hcl SOSY 2 MG/2ML	20	neostigmine methylsulfate SOSY ..	26	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR	92
naltrexone hcl	20	NEOTUSS PLUS LIQD	41	NICOTROL INHA	92
NAMZARIC C4PK	89	NERLYNX	28	NICOTROL NS SOLN	92
naproxen sodium TABS 275 MG, 550 MG	4			nifedipine CAPS	34
naproxen TABS	4			nifedipine TB24 30 MG, 60 MG	34
naratriptan hcl	77			nifedipine TB24	34
NARCAN LIQD (naloxone hcl)	20			NILANDRON (nilutamide)	27
NATACYN	85			nilotinib hcl 50 MG, 150 MG, 200 MG	28
NATAZIA	39			nilutamide	27
nateglinide	19			nimodipine CAPS	34
				nimodipine SOLN	34

NINLARO	28	norethindrone acetate TABS	88	nystatin (topical) OINT	44
nintedanib esylate 100 MG, 150 MG . 92		norethindrone acetate-ethinyl estradiol	53	nystatin (topical) POWD EX	44
nisoldipine	34	norethindrone acetate-ethinyl estradiol-fe	39	nystatin TABS	21
nitazoxanide TABS	25	norgestimate-ethinyl estradiol (triphasic)	39	nystatin-triamcinolone CREA	44
NITRO-DUR PT24	9	norgestimate-ethinyl estradiol	39	nystatin-triamcinolone OINT	44
nitrofurantoin	25	NORITATE CREA	49	OB COMPLETE ONE	81
nitrofurantoin macrocrystal	25	NORPACE CR CP12	10	OB COMPLETE PETITE	81
nitrofurantoin monohyd macro	25	NORTHERA (droxidopa)	98	OB COMPLETE PREMIER	82
nitroglycerin (intra-anal)	9	nortriptyline hcl CAPS	17	OB COMPLETE/DHA	82
nitroglycerin OINT	9	nortriptyline hcl SOLN	17	OCALIVA	54
nitroglycerin PT24	9	NORVIR PACK	31	octreotide acetate SOLN	53
nitroglycerin SOLN TL 0.4 MG/SPRAY	9	NOVA SAFETY LANCETS 23G ..	69	octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML	53
nitroglycerin SUBL	9	NOVA SAFETY LANCETS 28G ..	69	ODEFSEY	32
NIVA THYROID TABS	93	NOVA SUREFLEX LANCETS	69	ofloxacin (ophth)	85
NIVA-PLUS TABS	81	NOVAVAX COVID-19 VACCINE SUSY	97	ofloxacin (otic)	87
nizatidine CAPS	94	NOVOPEN ECHO DEVI	76	ofloxacin 300 MG	54
NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML, 30 MG/3ML	52	NP THYROID TABS	93	ofloxacin 400 MG	54
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML	52	NUBEQA	27	OHC COVID-19 ANTIGEN SELF TEST KIT	50
norelgestromin-ethinyl estradiol ...	40	NUCORT LOTN	48	olanzapine TABS 15 MG, 20 MG ..	30
norethin acet & estrad-fe CAPS ...	39	NUPLAZID CAPS	30	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	30
norethin acet & estrad-fe CHEW ..	39	NUPLAZID TABS 10 MG	30	olanzapine TBDP	30
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	39	NURTIVA TABS	81	olanzapine-fluoxetine hcl	89
norethindrone & ethinyl estradiol-fe 39		NUVARING (etonogestrel-ethinyl estradiol)	40	olmesartan medoxomil 40 MG	23
norethindrone (contraceptive)	40	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	97	olmesartan medoxomil 5 MG, 20 MG 23	
norethindrone acet & eth estra TABS 39		nystatin (mouth-throat)	80	olmesartan medoxomil-amlodipine- hydrochlorothiazide	24
		nystatin (topical) CREA	44	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG .	

24	20	OTEZLA/OTEZLA XR INITIATION PK TBPK 4
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG .....24	ondansetron TBDP 4 MG, 8 MG ...20	OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML 2
olopatadine hcl (nasal) .....83	ONE VITE WOMENS PLUS TABS 82	oxacillin sodium IV 10 GM .....88
olopatadine hcl 0.1 %87	ONETOUCH DELICA PLUS LANCET30G 70	oxaprozin TABS .....4
olopatadine hcl 0.2 %87	ONETOUCH DELICA PLUS LANCET33G 70	oxazepam CAPS 10 MG, 15 MG ..10
omega-3-acid ethyl esters 22	ONETOUCH DELICA SAFETY LANCING .....70	oxazepam CAPS 30 MG .....9
omeprazole CPDR 10 MG .....95	ONETOUCH ULTRASOFT 2 LANCETS 70	oxcarbazepine SUSP 14
omeprazole CPDR 20 MG, 40 MG 95	ONUREG TABS .....26	oxcarbazepine TABS 150 MG .....14
omeprazole magnesium CPDR ....95	OPILL .....40	oxcarbazepine TABS 300 MG .....14
OMNIFLEX DIAPHRAGM .....60	OPSUMIT 10 MG (macitentan) ....35	oxcarbazepine TABS 600 MG .....14
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT .....69	OPTIONS GYNOL II CONTRACEPTIVE GEL .....98	oxcarbazepine TB24 150 MG, 300 MG 14
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC .....69	ORACEA (doxycycline (rosacea)) 49	oxcarbazepine TB24 600 MG .....14
OMNIPOD 5 LIBRE INTRO KIT ...69	ORACIT 55	oxiconazole nitrate CREA 44
OMNIPOD 5 LIBRE PODS MISC ..69	ORAL CITRATE .....55	OXISTAT LOTN .....44
OMNIPOD CLASSIC PODS (GEN 3) MISC .....69	ORAVIG .....80	oxybutynin chloride TABS 5 MG ...96
OMNIPOD DASH INTRO (GEN 4) KIT .....70	ORIAHNN 53	oxybutynin chloride TB24 .....96
OMNIPOD DASH PDM (GEN 4) KIT . 70	ORLADEYO .....56	oxycodone hcl CAPS .....6
OMNIPOD DASH PODS (GEN 4) MISC .....70	orphenadrine citrate TB12 .....83	oxycodone hcl CONC 100 MG/5ML 6
OMNIPOD POD PALS .....70	oseltamivir phosphate CAPS 30 MG, 45 MG .....33	oxycodone hcl SOLN .....6
ON/GO COVID-19 ANTIGEN TEST KIT .....50	oseltamivir phosphate CAPS 75 MG . 33	oxycodone hcl TABS 30 MG .....6
ON/GO ONE COVID-19 HOME TEST KIT .....50	oseltamivir phosphate SUSR .....33	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG .....6
ondansetron hcl SOLN PO 4 MG/5ML .....20	OSPHERA .....52	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-7.5 MG .....7
ondansetron hcl TABS 4 MG, 8 MG	OTEZLA TABS .....4	oxycodone w/ acetaminophen TABS 325 MG-5 MG .....7
	OTEZLA TBPK .....4	OXYCODONE-ACETAMINOPHEN
	OTEZLA XR TB24 PO 75 MG .....4	

TABS 300 MG-10 MG, 300 MG-2.5 MG, 300 MG-7.5 MG	7	PEAK FLOW METER UNIVERSAL RANG	76	perampanel TABS 2 MG	13
OXYCODONE-ACETAMINOPHEN TABS 300 MG-5 MG	7	ped multivitamins w/fl & iron SOLN 80		perampanel TABS 4 MG	13
oxymetazoline hcl (topical) 1 %	49	PEDIARIX SUSY	94	perampanel TABS 6 MG	13
oxymorphone hcl TABS 10 MG	6	pediatric multivitamins w/fl CHEW .	80	perampanel TABS 8 MG, 10 MG, 12 MG	13
oxymorphone hcl TABS 5 MG	6	pediatric multivitamins w/fl SUSP 0.25 MG/ML	80	PERFECT LANCETS 28G	70
oxymorphone hcl TB12	6	pediatric multivitamins w/fl SUSP 0.5 MG/ML	80	PERFECT LANCETS 30G	70
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	18	PEDVAXHIB SUSP 7.5 MCG/0.5ML .	96	PERFECT POINT SAFETY LANCETS	70
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	18	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	58	perindopril erbumine	23
OZEMPIC (2 MG/DOSE) SOPN ...	18	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM	58	permethrin CREA	49
OZEMPIC TABS 1.5 MG, 4 MG, 9 MG	18	peg 3350-potassium chloride-sod bicarbonate-sod chloride	58	perphenazine TABS	30
paliperidone	30	PEGASYS SOLN	32	perphenazine-amitriptyline	89
PALYNZIQ	52	PEG-PREP	58	PERSONAL BEST FULL RANGE	77
PANRETIN	45	penicillamine TABS	79	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	97
pantoprazole sodium PACK	95	PENICILLIN G POT IN DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML .	88	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	97
pantoprazole sodium TBEC	95	penicillin g potassium 5000000 UNIT, 20000000 UNIT	88	PHARMACIST CHOICE LANCETS .	70
paricalcitol CAPS	52	penicillin g sodium	88	phenelzine sulfate	16
paroxetine hcl SUSP	17	penicillin v potassium SOLR	88	phenobarbital ELIX	57
paroxetine hcl TABS	17	penicillin v potassium TABS	88	PHENOBARBITAL TABS 64.8 MG, 97.2 MG	57
paroxetine hcl TB24	17	PENTACEL	94	phenobarbital TABS	57
PAXLOVID (150/100)	32	pentamidine isethionate IN	25	PHENOBARBITAL TABS	57
PAXLOVID (300/100 & 150/100) .	32	pentazocine w/ naloxone hcl	8	phenoxybenzamine hcl	23
PAXLOVID (300/100)	32	pentoxifylline	56	phenylephrine hcl (mydriatic) SOLN 85	
PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK .	32	perampanel SUSP 0.5 MG/ML	13	phenytoin CHEW	16
pazopanib hcl	28			phenytoin sodium extended 100 MG, 200 MG, 300 MG	16
PEAK A-I-R FLOW METER	76			phenytoin SUSP	16
PEAK AIR PEAK FLOW METER .	76				

PHEXX	98	PLEGRIDY STARTER PACK SOSY SC	89	potassium chloride PACK PO 20 MEQ	79
PHEXXI	98	PNEUMOVAX 23 SOSY	96	potassium chloride SOLN PO 10 %, 20 %, 10 %	79
PHOSPHA 250 NEUTRAL	78	PNV 27-CA/FE/FA TABS	82	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	79
phytonadione TABS 5 MG	99	PNV-DHA+DOCUSATE	82	potassium citrate (alkalinizer) TBCR .	55
PIFELTRO	32	PNV-OMEGA	82	potassium citrate-citric acid SOLN .	55
PIKO 1	77	POCKET PEAK FLOW METER ..	77	POTASSIUM IODIDE (EXPECTORANT) SOLN 1 GM/ML	42
pilocarpine hcl (oral) 5 MG	80	POCKETPEAK PEAK FLOW METER	77	potassium iodide (expectorant) SOLN	42
pilocarpine hcl (oral) 7.5 MG	80	PODOCON-25 SOLN	48	POVIDONE-IODINE	85
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	85	podofilox GEL	48	PRALUENT SOAJ	23
PILOT COVID-19 AT-HOME TEST KIT	50	podofilox SOLN	48	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	29
pimecrolimus	48	POLY HUB NEEDLE	76	pramipexole dihydrochloride TABS 1 MG	29
pimozide	89	polyethylene glycol 3350 POWD ..	58	pramipexole dihydrochloride TABS 1.5 MG	29
pindolol TABS	33	polymyxin b-trimethoprim	85	pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG	29
pioglitazone hcl 15 MG	19	POLY-VI-FLOR CHEW 0.25 MG ..	80	PRAMOSONE LOTN	48
pioglitazone hcl 30 MG, 45 MG	19	POLY-VI-FLOR CHEW 0.5 MG, 1 MG	80	PRAMOSONE OINT	48
pioglitazone hcl-glimepiride	17	POLY-VI-FLOR SUSP	80	PRAMOTIC	87
pioglitazone hcl-metformin hcl TABS .	17	POLY-VI-FLOR/IRON CHEW	80	prasugrel hcl	56
PIP LANCETS 28G	70	POLY-VI-FLOR/IRON SUSP	80	pravastatin sodium	23
PIP LANCETS 30G	70	pomalidomide 1 MG, 2 MG, 3 MG, 4 MG	27		
pirfenidone CAPS	92	posaconazole SUSP	21		
pirfenidone TABS	92	posaconazole TBEC	21		
piroxicam CAPS 10 MG	4	pot & sod citrates w/citric ac SOLN	55		
piroxicam CAPS 20 MG	4	pot phosphate monobasic w/ sod			
pitavastatin calcium	23	phosphate dibasic & monobasic ..	78		
PLEGRIDY SOAJ	89	potassium chloride CPCR	78		
PLEGRIDY SOSY SC	89	potassium chloride microencapsulated crystals er	78		
PLEGRIDY STARTER PACK SOAJ .	89				

praziquantel	9	PRENA 1 TRUE	82	PRENATE RESTORE	82
prazosin hcl CAPS	24	PRENA1	82	PRENATRIX TABS	82
PRECISION XTRA BLOOD GLUCOSE STRP	50	PRENA1 PEARL	82	PRENATRYL TABS	82
PRECISION XTRA KETONE	50	PRENAISSANCE	82	PREPIDIL GEL	87
PRECISION XTRA- GLUCOSE/KETONE DEVI	70	PRENAISSANCE PLUS CAPS ...	82	PREVNAR 20	96
PRED MILD	86	PRENATAL 19 CHEW	82	PREZCOBIX	32
prednisolone acetate (ophth)	86	PRENATAL 19 TABS	82	PREZISTA SUSP	32
PREDNISOLONE SODIUM PHOSPHATE	86	PRENATAL PLUS TABS	82	PREZISTA TABS 75 MG, 150 MG	32
prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML 41		PREDNISOLONE PLUS VITAMIN/MINERAL TABS	82	PRILOSEC PACK	95
prednisolone sodium phosphate TBDP	41	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	82	primaquine phosphate TABS	26
prednisolone TABS	41	PRENATAL-U CAPS	82	primidone 50 MG, 250 MG	15
PREDNISOLONE-MOXIFLOXACIN SOLN	86	PRENATE	82	PRIORIX SUSR	97
PREDNISONE INTENSOL CONC	41	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	82	PRO COMFORT LANCETS 30G	70
prednisone SOLN	41	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 ..	82	PRO COMFORT LANCETS 31G	70
prednisone TABS	41	PRENATE ENHANCE	82	PRO COMFORT SAFETY LANCETS 30G	70
prednisone TBPk	41	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	82	PROAIR RESPICLICK AEPB	12
pregabalin CAPS 225 MG, 300 MG 14		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 ..	82	probenecid	56
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	15			prochlorperazine	30
pregabalin SOLN	15			prochlorperazine maleate TABS ...	30
PREMARIN	98			PROCTOFOAM HC FOAM EX	8
PREMIUM SCAR	48			PROCYSBI CPDR	55
PREMPHASE	53			PROCYSBI PACK	55
PREMPRO	53			PRODIGY LANCETS 28G	70
				PRODIGY SAFETY LANCETS 26G .	70
				PRODIGY TWIST TOP LANCETS 28G	70
				progesterone (vaginal) INST 100 MG	98
				progesterone CAPS	88

progesterone OIL 88	PURE COMFORT FLOW METER ADULT .....77	quetiapine fumarate TB24 30
PROLATE TABS 300 MG-10 MG, 300 MG-7.5 MG 8	PURE COMFORT FLOW METER CHILD 77	QUFLORA FE PEDIATRIC LIQD . 80
PROLATE TABS 300 MG-5 MG 8	PURE COMFORT LANCETS 30G 70	QUFLORA PEDIATRIC CHEW 0.25 MG 80
promethazine hcl SUPP 12.5 MG, 25 MG 22	PURE COMFORT SAFETY LANCET 30G .....70	QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG .....80
promethazine hcl TABS 12.5 MG .22	PX LANCETS MICROTHIN 33G .71	QUFLORA PEDIATRIC SUSP 0.25 MG/ML 80
promethazine hcl TABS 25 MG ....22	PX LANCETS ULTRA THIN 28G .71	QUFLORA PEDIATRIC SUSP 0.5 MG/ML 80
promethazine hcl TABS 50 MG ....22	pyrazinamide 26	QUICKVUE AT-HOME COVID-19 TEST KIT 50
promethazine w/codeine SOLN ....41	pyridostigmine bromide SOLN PO .26	QUILLICHEW ER CHER 20 MG, 40 MG .....2
promethazine w/codeine SYRP ....41	pyridostigmine bromide TABS 60 MG .....26	QUILLICHEW ER CHER 30 MG ....2
promethazine-dm SYRP .....42	pyridostigmine bromide TBCR ....26	QUILLIVANT XR SRER .....2
propafenone hcl CP12 10	PYZCHIVA 45 MG/0.5ML .....45	quinapril hcl 23
propafenone hcl TABS 150 MG ... 10	PYZCHIVA 90 MG/ML 45	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 24
propafenone hcl TABS 225 MG, 300 MG 10	PYZCHIVA SC 45 MG/0.5ML .....45	quinapril-hydrochlorothiazide 25 MG-20 MG .....24
proparacaine hcl .....85	QBRELIS SOLN 23	quinidine gluconate TBCR .....10
propranolol hcl CP24 .....33	QC LANCETS SUPER THIN 30G 71	quinine sulfate CAPS 324 MG .....26
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML .....33	QC LANCETS ULTRA THIN .....71	QVAR REDIHALER 40 MCG/ACT .11
propranolol hcl TABS 33	QC UNILET LANCETS 28G 71	QVAR REDIHALER 80 MCG/ACT .11
propylthiouracil 92	QC UNILET LANCETS MICRO THIN .....71	RABEPRAZOLE SODIUM CPSP .95
PROQUAD SUSR .....97	QUADRACEL SUSP .....94	rabeprazole sodium TBEC .....95
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML .....42	QUADRACEL SUSY .....94	RADICAVA ORS STARTER KIT SUSP 84
protriptyline hcl 17	quazepam 57	RADICAVA ORS SUSP 84
prucalopride succinate 54	quetiapine fumarate TABS 200 MG 30	raloxifene hcl 52
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 42	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG 30	ramelteon .....57
PULMICORT FLEXHALER AEPB .11	quetiapine fumarate TABS 300 MG, 400 MG .....30	ramipril CAPS .....23
PULMOZYME .....92		

ranolazine TB12 1000 MG	9	30G	71	ritonavir TABS	32
ranolazine TB12 500 MG	9	RELNATE DHA CAPS	82	rivaroxaban SUSR 1 MG/ML	12
RAPIDGO FLU A/B COVID-19 HOME	50	RELYVRIO	84	rivaroxaban TABS 2.5 MG	12
rasagiline mesylate	29	RENFLEXIS	54	rivastigmine	89
READYLANCE SAFETY LANCETS . 71		repaglinide	19	rivastigmine tartrate CAPS	89
REALITY LANCETS	71	RETACRIT	57	rizatriptan benzoate TABS	77
REALITY LATEX CONDOMS MISC . 60		REVATIO SUSR (sildenafil citrate (pulmonary hypertension))	35	rizatriptan benzoate TBDP	77
REALITY LATEX/ULTRA TEXTURED DEVI	60	REXULTI	31	roflumilast	10
REALITY LATEX/ULTRA THIN DEVI 61		REYATAZ PACK	32	ropinirole hydrochloride TABS	29
REALITY TRIGGER LANCETS ...	71	ribavirin (hepatitis c) CAPS	32	ropinirole hydrochloride TB24 12 MG 29	
REBIF REBIDOSE SOAJ	89	ribavirin	33	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	29
REBIF REBIDOSE TITRATION PACK SOAJ	89	RIDAURA	3	rosuvastatin calcium TABS	23
REBIF SOSY	89	rifabutin	26	ROTARIX SUSP	98
REBIF TITRATION PACK SOSY ..	89	rifampin CAPS	26	ROTATEQ SOLN	98
RECOMBIVAX HB SUSP	97	rifapentine 150 MG	26	rufinamide SUSP	15
RECOMBIVAX HB SUSY	97	RIGHTEST GL300 LANCETS ...	71	rufinamide TABS 200 MG	15
RELENZA DISKHALER	33	rilpivirine hcl 25 MG	32	rufinamide TABS 400 MG	15
RELEVIA TABS	82	riluzole TABS	84	RUKOBIA	32
RELION INSULIN SYRINGE	76	rimantadine hydrochloride TABS ..	33	RYBELSUS TABS	18
RELION LANCET DEVICES 30G .	71	RINVOQ LQ SOLN	2	SABRIL PACK (vigabatrin)	15
RELION LANCETS	71	RINVOQ TB24 15 MG, 30 MG	2	SABRIL TABS (vigabatrin)	15
RELION LANCETS MICRO-THIN 33G	71	RINVOQ TB24 45 MG	2	sacubitril-valsartan TABS	34
RELION LANCETS THIN 26G	71	risedronate sodium TABS 150 MG	52	SAFETY LANCET 30G/PRESSURE ACT	71
RELION LANCETS ULTRA-THIN 30G	71	risedronate sodium TABS 5 MG, 30 MG, 35 MG	52	SAFETY LANCETS	71
RELION ULTRA THIN LANCETS		risperidone SOLN	30	SAFETY LANCETS 21G	71
		risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	30	SAFETY LANCETS 23G	71
		risperidone TABS 3 MG	30	SAFETY LANCETS 28G	71
		risperidone TBDP	30	SAFYRAL (drospirenone-ethinyl	

estradiol-levomefolate calcium) ....39	SELECT-OB+DHA MISC .....82	silodosin 8 MG .....56
SALICYLIC ACID OINT .....48	selegiline hcl CAPS .....29	silver sulfadiazine .....46
salicylic acid SHAM 6 %48	selegiline hcl TABS .....29	SIMLANDI (1 PEN) AJKT .....3
SALIMEZ CREA .....48	selenium sulfide LOTN 2.5 %46	SIMLANDI (1 SYRINGE) PSKT .....3
salsalate .....5	SELZENTRY SOLN .....32	SIMLANDI (2 PEN) AJKT .....3
SALYCIM CREA .....48	SE-NATAL 19 CHEW .....82	SIMLANDI (2 SYRINGE) PSKT .....3
SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate) .....53	SE-NATAL 19 TABS .....82	simvastatin TABS .....23
SANTYL OINT .....48	SENSILANCE SAFETY LANCETS 21G .....72	SINGLE-LET .....72
sapropterin dihydrochloride PACK .52	SENSILANCE SAFETY LANCETS 26G .....72	sirolimus SOLN .....79
sapropterin dihydrochloride TABS .52	SENSILANCE SAFETY LANCETS 28G .....72	sirolimus TABS .....79
SAPS HEALTH PLUS LANCETS .71	SEREVENT DISKUS .....12	SIRTURO 20 MG .....26
SAPS HEALTH TWIST TOP LANCETS .....71	sertraline hcl CONC .....17	sitagliptin phosphate 25 MG, 50 MG, 100 MG .....18
SAPS TWIST TOP LANCETS ....71	sertraline hcl TABS .....17	sitagliptin phosphate-metformin hcl TABS .....17
SAPSCARE TWIST TOP LANCETS 72	sevelamer carbonate PACK 0.8 GM . 55	sitagliptin phosphate-metformin hcl TB24 .....17
saxagliptin hcl .....18	sevelamer carbonate PACK 2.4 GM . 55	SKYRIZI PEN SOAJ .....45
saxagliptin-metformin hcl .....17	sevelamer carbonate TABS .....55	SKYRIZI SOCT 180 MG/1.2ML ...54
SB LANCETS THIN .....72	sevelamer hcl 400 MG .....55	SKYRIZI SOCT 360 MG/2.4ML ...54
SB LANCETS ULTRA THIN .....72	sevelamer hcl 800 MG .....55	SKYRIZI SOSY .....45
scopolamine .....21	SHINGRIX .....98	SLYND .....40
SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) .....39	SHINGRIX IM 50 MCG/0.5ML ....98	SMARTEST LANCETS 28G .....72
SECUADO .....30	SIKLOS TABS .....56	SOAANZ TABS 20 MG .....51
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 .....82	sildenafil citrate (pulmonary hypertension) SUSR .....35	sodium chloride (inhalant) NEBU 0.9 %, 3 %42
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 .....82	sildenafil citrate (pulmonary hypertension) TABS .....35	sodium chloride (inhalant) NEBU 7 %42
	sildenafil citrate .....34	sodium citrate & citric acid .....55
	silodosin 4 MG .....56	sodium fluoride CHEW 0.25 MG, 0.5 MG .....78
		sodium fluoride CHEW 1 MG .....78

sodium fluoride SOLN 0.5 MG/ML .78	SPEEDY SWAB COVID-19 ANTIGEN KIT .....51	sulfacetamide sodium (acne) 43
SODIUM FLUORIDE SOLN 0.5 MG/ML 78	SPEEDY SWAB COVID-19/FLU HOME 51	sulfacetamide sodium (ophth) OINT 85
sodium fluoride TABS .....78	SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML .....98	sulfacetamide sodium (ophth) SOLN . 85
sodium oxybate SOLN .....88	SPIKEVAX SUSP .....98	sulfacetamide sodium LIQD 46
sodium phenylbutyrate POWD ....52	SPIKEVAX SUSY .....98	sulfacetamide sodium SHAM 10 % 46
sodium phenylbutyrate TABS .....52	SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT .....10	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 % 43
sodium polystyrene sulfonate POWD 79	SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT .....10	sulfacetamide sodium w/ sulfur EMUL 10 %-1 % 43
sodium polystyrene sulfonate SUSP CO 15 GM/60ML .....79	spironolactone & hydrochlorothiazide .....51	sulfacetamide sodium w/ sulfur LOTN 10 %-5 % 43
sodium sulfate-potassium sulfate-magnesium sulfate .....58	spironolactone TABS 51	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 % 43
SOFOSBUVIR-VELPATASVIR TABS .....32	SPRAVATO (56 MG DOSE) 16	sulfacetamide sod-prednisolone SOLN .....86
solifenacin succinate TABS 10 MG 96	SPRAVATO (84 MG DOSE) 16	SULFACETAMIDE-SULFUR IN UREA EMUL 43
solifenacin succinate TABS 5 MG .96	STEQEYMA 45 MG/0.5ML 45	sulfadiazine TABS 92
SOLTAMOX SOLN 27	STEQEYMA 90 MG/ML .....45	sulfamethoxazole-trimethoprim SUSP .....25
SOLUS V2 LANCETS 28G .....72	STERILANCE TL .....72	sulfamethoxazole-trimethoprim TABS .....25
SOLUS V2 TWIST LANCETS 30G 72	STIOLTO RESPIMAT .....12	SULFAMYLON CREA 46
SOLUVITA ACD WITH FLUORIDE SOLN .....80	STIVARGA 28	sulfasalazine TABS .....54
SOLUVITA WITH FLUORIDE SUSP 0.25 MG/ML .....81	streptomycin sulfate SOLR .....2	sulfasalazine TBEC .....54
SOLUVITA WITH FLUORIDE SUSP 0.5 MG/ML .....81	STRIBILD .....32	sulindac TABS 150 MG 4
sorafenib tosylate 28	STRIVE DUAL ZONE PEAK FLOW MTR 77	sulindac TABS 200 MG 4
SORILUX FOAM .....45	STRIVERDI RESPIMAT .....12	sumatriptan 20 MG/ACT .....77
sotalol hcl (afib/af) 33	SUBLOCADE SOSY 8	sumatriptan 5 MG/ACT 77
sotalol hcl TABS 33	sucralfate SUSP 94	sumatriptan succinate SOAJ .....77
SOTYLIZE SOLN PO .....33	sucralfate TABS .....94	sumatriptan succinate SOCT 77
	sulconazole nitrate CREA 44	
	sulconazole nitrate SOLN .....44	

sumatriptan succinate SOLN 6 MG/0.5ML .....78	MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) .....93	TEGRETOL-XR TB12 100 MG (carbamazepine) .....15
sumatriptan succinate TABS .....78	SYPRINE (trientine hcl) .....79	TEGSEDI .....92
sunitinib malate 12.5 MG, 37.5 MG, 50 MG .....28	tacrolimus (topical) OINT 0.03 % ..48	telmisartan 20 MG, 40 MG .....23
sunitinib malate 25 MG .....28	tacrolimus (topical) OINT 0.1 % ...48	telmisartan 80 MG .....23
SUPER THIN LANCETS .....72	tacrolimus CAPS .....79	telmisartan-amlodipine .....24
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate) .....58	tacrolimus CP24 0.5 MG, 1 MG, 5 MG .....79	telmisartan-hydrochlorothiazide ...24
SURE COMFORT LANCETS 18G 72	tadalafil (pulmonary hypertension) TABS .....35	temazepam 15 MG .....57
SURE COMFORT LANCETS 21G 72	tadalafil 2.5 MG .....34	temazepam 22.5 MG, 30 MG .....57
SURE COMFORT LANCETS 23G 72	tadalafil 5 MG, 10 MG, 20 MG ....34	temazepam 7.5 MG .....57
SURE COMFORT LANCETS 28G 72	tafluprost .....87	temozolomide CAPS .....26
SURE COMFORT LANCETS 30G 72	TAKHZYRO SOLN .....56	temsirolimus .....28
SURELITE LANCETS .....72	TAKHZYRO SOSY .....56	TENIVAC SUSP 2 LFU-5 LFU ....94
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate) .....28	tamoxifen citrate TABS .....27	tenofovir disoproxil fumarate TABS 32
SUTENT 25 MG (sunitinib malate) 28	tamsulosin hcl .....56	terazosin hcl 1 MG, 2 MG, 5 MG ..24
SYMTUZA .....32	TARGRETIN (bexarotene (topical)) 45	terazosin hcl 10 MG .....24
SYNDROS SOLN .....21	TARGRETIN (bexarotene) .....28	terbinafine hcl TABS .....21
SYNJARDY TABS .....18	TASMAR (tolcapone) .....29	terbutaline sulfate TABS .....12
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....18	TAYTULLA CAPS (norethin acet & estradiol-fe) .....39	terconazole vaginal CREA .....98
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG .....18	tazarotene CREA .....45	terconazole vaginal SUPP .....98
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) .....93	TAZAROTENE FOAM .....43	teriflunomide .....89
SYNTHROID TABS 25 MCG, 50	tazarotene GEL .....45	teriparatide SOPN .....52
	TDVAX SUSP .....94	TESTIM GEL TD (testosterone) ....8
	TECHLITE AST LANCETS .....72	TESTOSTERONE CYPIONATE SOLN IM 200 MG/ML .....8
	TECHLITE INSULIN SYRINGE ...76	testosterone cypionate SOLN IM ...8
	TECHLITE LANCETS .....72	testosterone enanthate SOLN IM ...8
	TECHLITE LANCETS 26G .....72	testosterone GEL TD 1 %8
		testosterone GEL TD 10 MG/ACT ..8
		testosterone GEL TD .....8

testosterone SOLN	8	timolol maleate TABS 5 MG, 20 MG .	33	tolterodine tartrate CP24	96
TETANUS-DIPHTHERIA TOXOIDS				tolterodine tartrate TABS	96
TD SUSP	94	tinidazole 250 MG	25	TOPAMAX SPRINKLE CPSP	
tetrabenazine	89	tinidazole 500 MG	25	(topiramate)	15
tetracaine hcl (ophth)	85	tiotropium bromide CAPS IN 18 MCG		TOPAMAX TABS 100 MG	
TETRACAINE HCL 0.5 %	85	.....	10	(topiramate)	15
tetracycline hcl CAPS	92	TIROSINT CAPS 37.5 MCG, 44		TOPAMAX TABS 200 MG	
THALITONE	51	MCG, 62.5 MCG	93	(topiramate)	15
THALOMID 50 MG, 100 MG, 200 MG		TIVICAY PD TBSO	32	TOPAMAX TABS 25 MG	
.....	79	TIVICAY TABS 50 MG	32	(topiramate)	15
THEO-24 CP24	12	tizanidine hcl CAPS	83	TOPAMAX TABS 50 MG	
theophylline ELIX	12	tizanidine hcl TABS 2 MG	83	(topiramate)	15
theophylline SOLN	12	tizanidine hcl TABS 4 MG	83	topiramate CP24 200 MG	15
theophylline TB12 300 MG	12	TOBI PODHALER CAPS	2	topiramate CP24 25 MG, 50 MG, 100	
theophylline TB12 450 MG	12	TOBRADEX OINT	86	MG	15
theophylline TB24	12	TOBRADEX ST SUSP	86	topiramate CPSP 15 MG, 25 MG ..	15
THERANATAL CORE NUTRITION		tobramycin (ophth) SOLN	85	topiramate CS24 100 MG, 150 MG,	
TABS	82	tobramycin NEBU	2	200 MG	15
thioridazine hcl 10 MG, 25 MG, 100		tobramycin-dexamethasone SUSP		topiramate CS24 25 MG, 50 MG ..	15
MG	31	86		topiramate TABS 100 MG	15
thioridazine hcl 50 MG	31	TOBREX OINT	85	topiramate TABS 200 MG	15
thiothixene	31	TODAY SPONGE MISC	98	topiramate TABS 25 MG	15
THRIVITE RX TABS	82	TODAYS HEALTH THIN LANCETS		topiramate TABS 50 MG	15
THYMOGLOBULIN	79	28G	72	topotecan hcl SOLR	29
THYROID TABS 15 MG, 30 MG, 60		TODAYS HEALTH THIN LANCETS		toremifene citrate	27
MG, 90 MG, 120 MG	93	30G	72	TORISEL (temsirolimus)	28
tiagabine hcl	15	tofacitinib citrate SOLN 1 MG/ML ...	2	torsemide TABS 100 MG	51
ticagrelor 60 MG, 90 MG	56	tofacitinib citrate TABS 5 MG, 10 MG		torsemide TABS 5 MG, 10 MG, 20	
timolol	84	2		MG	51
timolol maleate (ophth) SOLG	84	tofacitinib citrate TB24 11 MG, 22		TOUJEO MAX SOLOSTAR SOPN	
timolol maleate (ophth) SOLN	84	MG	2	19	
timolol maleate TABS 10 MG	33	tolcapone	29	TOUJEO SOLOSTAR SOPN	19
		TOLSURA CAPS	21	TPOXX (TECOVIRIMAT)	32

TPOXX CAPS	33	UNIT/ML	19	trifluridine	85
tramadol hcl CP24 100 MG, 200 MG, 300 MG	6	TRESIBA SOLN	19	trihexyphenidyl hcl SOLN	29
tramadol hcl TABS 100 MG	6	tretinoin (chemotherapy)	28	trihexyphenidyl hcl TABS	29
tramadol hcl TABS 50 MG	7	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	43	TRIJARDY XR	18
tramadol hcl TB24 100 MG	7	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	43	TRILEPTAL SUSP (oxcarbazepine) 15	
tramadol hcl TB24	7	tretinoin microsphere 0.04 %	43	TRILEPTAL TABS 150 MG (oxcarbazepine)	15
tramadol-acetaminophen	8	tretinoin microsphere 0.1 %	43	TRILEPTAL TABS 300 MG (oxcarbazepine)	15
trandolapril	23	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	26	TRILEPTAL TABS 600 MG (oxcarbazepine)	15
trandolapril-verapamil hcl	24	triamcinolone acetonide (mouth) ..	80	trimethobenzamide hcl CAPS	21
tranexamic acid SOLN 1000 MG/10ML	57	triamcinolone acetonide (nasal) AERO	84	trimethoprim TABS	25
tranexamic acid TABS	57	triamcinolone acetonide (topical) AERS	48	trimipramine maleate CAPS	17
tranylcypromine sulfate	16	triamcinolone acetonide (topical) CREA	48	TRINATAL RX 1 TABS	82
TRAVEL LANCETS ADVANCED 28G	72	triamcinolone acetonide (topical) LOTN	48	TRINTELLIX	17
travoprost SOLN	87	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	48	TRISTART DHA	82
trazodone hcl TABS	17	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	51	TRIUMEQ PD TBSO	32
TRELEGY ELLIPTA	12	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	51	TRIUMEQ TABS	32
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	45	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	51	TRI-VI-FLOR SUSP 0.25 MG/ML ..	81
TREMFYA PEN SOAJ 100 MG/ML 45		triamterene CAPS	51	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	81
TREMFYA PEN SOAJ SC 200 MG/2ML	54	triazolam 0.125 MG	57	TROJAN BARESKIN DEVI	61
TREMFYA SOSY 100 MG/ML	45	triazolam 0.25 MG	57	TROJAN ENZ MISC	61
TREMFYA SOSY SC 200 MG/2ML 54		TRICARE TABS	82	TROJAN MAGNUM MISC	61
TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	54	trientine hcl	79	TROJAN ULTRA THIN MISC	61
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	19	trifluoperazine hcl TABS	31	TROJAN ULTRA THIN/SPERMICIDAL MISC	61
TRESIBA FLEXTOUCH SOPN 200				TROJAN-ENZ LUBRICATED MISC 61	
				TROJAN-ENZ/SPERMICIDAL MISC . 61	

tropicamide SOLN 85	LUBE MISC 61	ULTRA THIN LANCETS 31G 73
tropium chloride CP24 96	TRUSTEX NON-LUBRICATED MISC 61	ULTRA-CARE LANCETS 30G 73
tropium chloride TABS 96	TRUSTEX RIA LUB/SPERMICIDE MISC 61	ULTRA-CARE SAFETY LANCETS 30G 73
TRUE COMFORT SAFETY LANCETS 73	TRUSTEX RIA LUBRICATED MISC . 61	ULTRA-THIN II AUTO LANCET .. 73
TRUE COMFORT TWIST TOP LANCETS 73	TRUSTEX RIA NON-LUBRICATED MISC 61	ULTRA-THIN II LANCETS 73
TRUE COVER DEVI 61	TRUSTEX-NONNOXYNOL-9/RIB/STUD MISC 61	umeclidinium bromide 62.5 MCG/INH 10
TRUEPLUS LANCETS 26G 73	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) 32	umeclidinium-vilanterol 12
TRUEPLUS LANCETS 28G 73	TRUZONE PEAK FLOW METER . 77	UNILET COMFORTOUCH LANCET 73
TRUEPLUS LANCETS 30G 73	TUSNEL TABS 42	UNILET EXCELITE 73
TRUEPLUS LANCETS 33G 73	TUSSLIN PEDIATRIC LIQD 42	UNILET EXCELITE II 73
TRUEPLUS SAFETY LANCETS 28G 73	TWINRIX SUSY 98	UNILET G.P. LANCET 73
TRULANCE 54	TWIRLA 40	UNILET G.P. SUPERLITE LANCET . 73
TRULICITY 18	TWIST TOP LANCETS 30G 73	UNILET GP 28 ULTRA THIN 73
TRUMENBA 0.5 ML 96	TYBLUME CHEW 39	UNILET LANCET 73
TRUSTEX COLOR CONDOMS + LUBE MISC 61	TYBOST 32	UNILET MICRO-THIN 33G 74
TRUSTEX LUB/RIBBED/STUDED MISC 61	TYKERB (lapatinib ditosylate) 28	UNILET SUPERLITE LANCET ... 74
TRUSTEX LUB/SPERMICIDE EX ST MISC 61	TYMLOS 52	UNILET SUPER-THIN 30G 74
TRUSTEX LUB/SPERMICIDE XL MISC 61	UBRELVY 77	UNILET ULTRA-THIN 28G 74
TRUSTEX LUBRICATED EX LARGE MISC 61	UDENYCA ONBODY SOSY 57	UNISTIK 1 74
TRUSTEX LUBRICATED EXTRA ST MISC 61	UDENYCA SOAJ 57	UNISTIK 2 74
TRUSTEX LUBRICATED MISC ... 61	UDENYCA SOSY 57	UNISTIK 2 COMFORT 74
TRUSTEX LUBRICATED/SPERMICIDE MISC 61	ULTILET CLASSIC LANCETS 73	UNISTIK 2 EXTRA 74
TRUSTEX NATURAL CONDOMS +	ULTILET LANCETS 73	UNISTIK 2 NEONATAL 74
	ULTILET SAFETY LANCETS 73	UNISTIK 2 NORMAL 74
	ULTILET SAFETY LANCETS 23G 73	UNISTIK 2 SUPER 74
		UNISTIK 3 74
		UNISTIK 3 COMFORT 74

UNISTIK 3 EXTRA	74	valsartan TABS 160 MG	23	venlafaxine hcl CP24	17
UNISTIK 3 GENTLE	74	valsartan TABS 40 MG, 80 MG, 320		venlafaxine hcl TABS	17
UNISTIK 3 NEONATAL	74	MG	23	venlafaxine hcl TB24 225 MG	17
UNISTIK 3 NORMAL	74	valsartan-hydrochlorothiazide 12.5		venlafaxine hcl TB24 37.5 MG, 75	
UNISTIK CZT COMFORT	74	MG-160 MG, 12.5 MG-320 MG, 12.5		MG, 150 MG	17
UNISTIK CZT NORMAL	74	MG-80 MG, 25 MG-320 MG	24	VENTAVIS IN	34
UNISTIK NORMAL	74	valsartan-hydrochlorothiazide 25 MG-		verapamil hcl CP24 100 MG, 120	
UNISTIK PRO SAFETY LANCET	74	160 MG	24	MG, 200 MG, 240 MG, 300 MG ...	34
UNISTIK SAFETY LANCETS 28G		VALTOCO 10 MG DOSE LIQD	13	verapamil hcl CP24 180 MG	34
74		VALTOCO 15 MG DOSE LQPK 7.5		verapamil hcl CP24 360 MG	34
UNISTIK SAFETY LANCETS 30G		MG/0.1ML	13	verapamil hcl TABS	34
74		VALTOCO 20 MG DOSE LQPK 10		verapamil hcl TBCR 120 MG	34
UNISTIK TOUCH SAFETY LANC		MG/0.1ML	13	verapamil hcl TBCR 180 MG, 240	
21G	74	VALTOCO 5 MG DOSE LIQD	13	MG	34
UNISTIK TOUCH SAFETY LANC		vancomycin hcl CAPS	25	VERELAN CP24 360 MG (verapamil	
23G	75	VANDAZOLE	98	hcl)	34
UNISTIK TOUCH SAFETY LANC		VAQTA	98	VERELAN PM CP24 (verapamil hcl) .	
28G	75	VAQTA IM 25 UNIT/0.5ML, 50		34	
UNISTIK TOUCH SAFETY LANC		UNIT/ML	98	VERIFINE SAFE LANCET MINI 21G	
30G	75	varenicline tartrate TABS	92	.....	75
UPTRAVI TABS 100 MCG, 150 MCG		varenicline tartrate TBPK	92	VERIFINE SAFE LANCET MINI 23G	
.....	35	VARIVAX SUSR	98	.....	75
urea LOTN 40 %	48	VCF VAGINAL CONTRACEPTIVE		VERIFINE SAFE LANCET MINI 28G	
ursodiol CAPS	54	FILM	98	.....	75
ursodiol TABS	54	VCF VAGINAL CONTRACEPTIVE		VERIFINE SAFE LANCET MINI 30G	
valacyclovir hcl 1 GM	32	GEL	98	.....	75
valacyclovir hcl 500 MG	32	VECAMEYL	24	VERIFINE UNIVERSAL LANCETS	
VALCHLOR	45	VEMLIDY	32	28G	75
valganciclovir hcl SOLR	32	VENCLEXTA STARTING PACK		VERIFINE UNIVERSAL LANCETS	
valganciclovir hcl TABS	32	TBPK	27	30G	75
valproate sodium SOLN PO 250		VENCLEXTA TABS 10 MG	27	VERIFINE UNIVERSAL LANCETS	
MG/5ML, 500 MG/10ML	16	VENCLEXTA TABS 100 MG	27	33G	75
valproic acid CAPS	16	VENCLEXTA TABS 50 MG	27	VERSACLOZ SUSP	30
				VERZENIO	28

VIBERZI	55	VOSEVI	32	XERMELO	55
vigabatrin PACK	15	VOTRIENT (pazopanib hcl)	28	XHANCE EXHU	84
vigabatrin TABS	15	VRAYLAR CAPS	30	XIFAXAN 200 MG	25
vilazodone hcl TABS 10 MG, 40 MG . 17		warfarin sodium TABS	12	XIFAXAN 550 MG	25
vilazodone hcl TABS 20 MG	17	WESCAP-C DHA	83	XIMINO CP24 45 MG	92
VINATE DHA RF	82	WESNATE DHA CAPS	83	XTANDI CAPS	27
VIRACEPT TABS	32	WES-PHOS 250 NEUTRAL 852 MG- 155 MG-130 MG	78	XTANDI TABS	27
VIREAD POWD	32	WESTAB PLUS TABS	83	XURIDEN	52
VIREAD TABS 150 MG, 200 MG, 250 MG	32	WESTGEL DHA	83	XYZAL ALLERGY 24HR CHILDRENS SOLN 2.5 MG/5ML ..	22
VISTOGARD	20	WIDE-SEAL DIAPHRAGM 60	61	YASMIN 28 (drospirenone-ethinyl estradiol)	39
VITAFOL GUMMIES	82	WIDE-SEAL DIAPHRAGM 65	61	YAZ (drospirenone-ethinyl estradiol) 39	
VITAFOL-NANO	82	WIDE-SEAL DIAPHRAGM 70	62	YESINTEK SOLN 45 MG/0.5ML ..	45
VITAFOL-ONE CAPS	83	WIDE-SEAL DIAPHRAGM 75	62	YESINTEK SOSY 45 MG/0.5ML ..	46
VITAMEDMD ONE RX/QUATREFOLIC	83	WIDE-SEAL DIAPHRAGM 80	62	YESINTEK SOSY 90 MG/ML	46
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	81	WIDE-SEAL DIAPHRAGM 85	62	YEZTUGO TABS PO 300 MG	32
VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	81	WIDE-SEAL DIAPHRAGM 90	62	YUFLYMA (1 PEN) AJKT	3
VITAPEARL	83	WIDE-SEAL DIAPHRAGM 95	62	YUFLYMA (2 PEN) AJKT	3
VITATHELY WITH GINGER TABS 83		XADAGO	29	YUFLYMA (2 SYRINGE) PSKT	3
VITATRUE	83	XARELTO STARTER PACK TBP 12		YUFLYMA-CD/UC/HS STARTER AJKT	3
VIVA DHA CAPS	83	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban)	12	zafirlukast 10 MG	10
VIVAGUARD LANCETS	75	XARELTO TABS	12	zafirlukast 20 MG	10
VIVAGUARD LANCETS 30G	75	XATMEP SOLN PO	26	zaleplon	57
VIVAGUARD SAFETY LANCETS 28G	75	XELJANZ SOLN 1 MG/ML (tofacitinib citrate)	2	ZARONTIN SOLN (ethosuximide) .	16
voriconazole SUSR	21	XELJANZ TABS 5 MG, 10 MG (tofacitinib citrate)	2	ZARXIO	57
voriconazole TABS	21	XELJANZ XR TB24 11 MG, 22 MG (tofacitinib citrate)	2	ZELAPAR TBDP	30
		XERAC AC	48	ZELBORAF	28
				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	51
ZEVRX TWIST TOP LANCETS 30G 75	
zidovudine CAPS	32
zidovudine SYRP	32
zidovudine TABS	32
zileuton TB12	10
ziprasidone hcl 20 MG, 40 MG	30
ziprasidone hcl 60 MG, 80 MG	30
ZIRGAN GEL	85
ZITHROMAX PACK	59
ZOLINZA	28
zolmitriptan SOLN	78
zolmitriptan TABS	78
zolmitriptan TBDP	78
zolpidem tartrate TABS	57
zolpidem tartrate TBCR	57
ZOMIG SOLN	78
ZONEGRAN CAPS 100 MG (zonisamide)	15
ZONEGRAN CAPS 25 MG (zonisamide)	15
zonisamide CAPS 100 MG	15
zonisamide CAPS 25 MG, 50 MG .	15
ZORTRESS (everolimus (immunosuppressant))	79
ZYDELIG	28
ZYFLO TABS	10
ZYTIGA (abiraterone acetate)	27