

California

Essential Drug List For Small Business Group

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 All previous versions are no longer in effect.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

[Drug Lists](#) Select Health Net Small Business Group – Formulary (pdf).

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

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

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>	<i>Description</i>
1	Tier one consists of most generic drugs and low-cost preferred brand name drugs.
2	Tier two consists of non-preferred 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 non-preferred 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	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.

Are there any limits on my drug coverage?

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

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
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.
 - Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing

provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

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

What blood glucose supplies covered?

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

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

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

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies.

Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our

website at [Find a pharmacy](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

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

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

Can I use a mail order pharmacy?

For certain kinds of prescription drugs, you can use the Health Net contracted Mail Order Pharmacy. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 or Specialty drugs are not available through mail order.

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

Out-of-pocket costs: Are your expenses for health care benefits that are not reimbursed by the

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS 5 MG, 10 MG, 12.5 MG, 20 MG, 30 MG</i>	1	
<i>amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG</i>	1	QL(90 EA per fill retail)
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	2	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW 60 MG</i>	2	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG</i>	2	
<i>methamphetamine hcl</i>	1	PA
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG	3	
VYVANSE CHEW 60 MG	3	QL(1 EA daily)
Analeptics		

Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate SOLN PO</i>	1	
Anorexiant Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
ADIPEX-P TABS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
<i>benzphetamine hcl 25 MG</i>	4	Check plan documents for coverage; PA
<i>benzphetamine hcl 50 MG</i>	2	PA
<i>diethylpropion hcl TABS</i>	4	Check plan documents for coverage; PA
<i>diethylpropion hcl TB24</i>	4	Check plan documents for coverage; PA
LOMAIRA TABS	4	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
<i>phentermine hcl TABS</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 EA daily); PA
Anti-Obesity Agents		
CONTRAVE	4	Check plan documents for coverage; PA
<i>orlistat</i>	4	Check plan documents for coverage; PA
SAXENDA	4	Check plan documents for coverage; QL(0.5 ML daily); PA
XENICAL (<i>orlistat</i>)	4	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available
 PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy
 AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
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 150 MG, 200 MG, 250 MG</i>	1	ST; PA
<i>armodafinil 50 MG</i>	1	ST; PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)
<i>methylphenidate hcl CHEW</i>	1	
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<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 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 EA daily)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate PTCH</i>	1	QL(1 EA daily)
<i>modafinil</i>	1	QL(1 EA daily); ST
QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
QUILLIVANT XR SRER	3	QL(12 ML daily); PA

AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Aminoglycosides		
ARIKAYCE	4	PA
BETHKIS NEBU (<i>tobramycin</i>)	4	PA
HUMATIN	2	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>neomycin sulfate TABS</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate SOLR</i>	4	PA
TOBI PODHALER CAPS	4	PA
TOBI NEBU (<i>tobramycin</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>tobramycin NEBU</i>	4	PA
<i>tobramycin NEBU</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

Antirheumatic - Enzyme Inhibitors

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available
 PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy
 AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(12 ML daily); SP; PA	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RINVOQ TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	Anti-TNF-alpha - Monoclonal Antibodies		
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA	HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
Antirheumatic Antimetabolites			HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	ST; PA	HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
OTREXUP SOAJ 10 MG/0.4ML	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check Plan Documents for coverage; QL(0.072 EA daily); SP; PA
RASUVO SOAJ 20 MG/0.4ML	4	ST; PA	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	Gold Compounds		
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	AURANOFIN 3 MG	4	
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	RIDAURA	4	
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	Interleukin-1 Blockers		
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); PA	ARCALYST	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; PA
HUMIRA-PED>=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-PED>=40KG UC STARTER AJKT	4	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
HUMIRA-PSORIASIS/UEVIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
			(Indomethacin) INDOCIN SUPP	4	
			<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)
			<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA
			<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac CAPS</i>	1	
<i>etodolac TABS</i>	1	
<i>etodolac TB24</i>	1	QL(2 EA daily)
<i>fenoprofen calcium TABS</i>	6	
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPCR</i>	1	
<i>indomethacin SUPP</i>	4	
<i>indomethacin SUSP</i>	2	
<i>ketoprofen CP24</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	2	
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
<i>nabumetone 750 MG</i>	1	QL(3 EA daily)
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)
<i>piroxicam CAPS 10 MG</i>	1	
<i>sulindac TABS 200 MG</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide 10 MG</i>	1	QL(2 EA daily)
<i>leflunomide 20 MG</i>	1	QL(1 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			(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, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	5	PV
Analgesic Combinations					
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2				
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1				
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1				
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1				
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2				
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	2				
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1				
<i>butalbital-aspirin-caffeine CAPS</i>	1				
Salicylates					

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(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	PV	<i>fentanyl citrate LPOP 1600 MCG</i>	2	ST; QL(4 EA daily); PA
<i>aspirin CHEW</i>	5	PV	<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)
<i>aspirin TBEC 81 MG</i>	5	PV	<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>diflunisal TABS</i>	1		<i>hydrocodone bitartrate T24A</i>	2	PA
<i>salsalate</i>	1		<i>hydromorphone hcl LIQD</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>hydromorphone hcl TABS</i>	1	
Opioid Agonists			<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 EA daily)
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1		<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)
(Methadone Hcl) METHADOSE TBSO	1		HYSINGLA ER T24A	3	PA
<i>codeine sulfate TABS</i>	1		<i>levorphanol tartrate TABS 2 MG</i>	4	PA
CONZIP CP24 (<i>tramadol hcl</i>)	3		<i>levorphanol tartrate TABS 3 MG</i>	4	
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	ST; PA	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2	
			<i>meperidine hcl TABS 50 MG</i>	1	
			<i>methadone hcl CONC</i>	1	
			<i>methadone hcl SOLN PO</i>	1	
			<i>methadone hcl TABS</i>	1	QL(12 EA daily)
			<i>methadone hcl TBSO</i>	1	
			<i>morphine sulfate beads</i>	2	QL(1 EA daily)
			<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)
			<i>morphine sulfate SOLN PO 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
			<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1	
			<i>morphine sulfate SUPP</i>	2	

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<i>morphine sulfate TABS</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 5 MG	1	QL(6 EA daily)
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)	<i>acetaminophen w/ codeine SOLN</i>	1	
OXAYDO TABS 5 MG	2		<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)
OXAYDO TABS 7.5 MG	3	QL(4 EA daily)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	
<i>oxycodone hcl CAPS</i>	1		<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA
<i>oxycodone hcl CONC 100 MG/5ML</i>	1		<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	
<i>oxycodone hcl SOLN</i>	1		<i>butalbital-aspirin-caffeine w/cod</i>	1	
<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 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	
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1		<i>hydrocodone- acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 EA daily)	<i>hydrocodone- acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)
<i>oxymorphone hcl TABS 5 MG</i>	2		<i>hydrocodone- acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 EA per fill retail)
<i>oxymorphone hcl TB12</i>	2	QL(2 EA daily)	<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1		<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	
<i>tramadol hcl TABS 100 MG</i>	1		NALOCET TABS	3	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)			
<i>tramadol hcl TB24</i>	1				
<i>tramadol hcl TB24 100 MG</i>	1	QL(3 EA daily)			
<i>tramadol hcl TB24 200 MG</i>	1	QL(1 EA daily)			
Opioid Combinations					
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP- CODEINE	1				
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 2.5 MG	1				
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)			

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<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)	(Methyltestosterone) METHITEST TABS	4	
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 EA daily)	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1		<i>danazol CAPS</i>	1	
OXYCODONE-ACETAMINOPHEN TABS	3		<i>methyltestosterone CAPS</i>	4	
PROLATE TABS	3		TESTIM GEL TD (<i>testosterone</i>)	3	QL(10 GM daily); PA
<i>tramadol-acetaminophen</i>	1	QL(8 EA daily)	<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail)
Opioid Partial Agonists			<i>testosterone enanthate SOLN IM</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)	<i>testosterone GEL TD</i>	1	Limited to 300 gms per month; QL(10 GM daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)	<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1		<i>testosterone GEL TD 1 %</i>	1	QL(10 GM daily)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)	<i>testosterone SOLN</i>	1	QL(6 ML daily)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)	ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)	Intrarectal Steroids		
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)	<i>budesonide (intrarectal)</i>	2	PA
<i>pentazocine w/ naloxone hcl</i>	1		CORTIFOAM EX 10 %	2	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)
Androgens			Rectal Combinations		
			ANALPRAM-HC LOTN EX	3	
			PROCTOFOAM HC FOAM EX	2	
			Rectal Steroids		
			(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
			<i>hydrocortisone (rectal) EX 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	2	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	2	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin</i>	1	QL(5 EA per fill retail); PA
<i>praziquantel</i>	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
<i>ranolazine TB12 1000 MG</i>	1	
Nitrates		
GONITRO PACK	3	PA
<i>isosorbide dinitrate TABS 5 MG, 40 MG</i>	2	
<i>isosorbide dinitrate TABS 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
ISOSORBIDE MONONITRATE TABS	2	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 EA daily)
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl</i>	1	
<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 10 MG</i>	1	QL(4 EA daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	2	
NORPACE CR CP12	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	2	
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)
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	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA
FASENRA SOSY 30 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA
FASENRA SOSY 10 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA
NUCALA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 EA daily); SP; PA
NUCALA SOSY 40 MG/0.4ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0144 ML daily); SP; PA
NUCALA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>tiotropium bromide monohydrate CAPS</i>	2	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 10 MG</i>	1	
<i>zafirlukast 20 MG</i>	1	QL(2 EA daily)
<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		
ARNUITY ELLIPTA	2	QL(1 EA daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ML daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ML daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)

Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)
QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)
QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
(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>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)
<i>albuterol sulfate AERS</i>	1	QL(0.72 GM daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
<i>albuterol sulfate NEBU</i>	1	
ALBUTEROL SULFATE NEBU	2	
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	1	
ANORO ELLIPTA	2	QL(2 EA daily)
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)

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<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)	(Warfarin Sodium) JANTOVEN TABS	1	
<i>fluticasone-salmeterol</i> AERO	1	Limit 1 inhaler per month; QL(0.4 GM daily)	warfarin sodium TABS	1	
<i>formoterol fumarate</i> NEBU	2	QL(4 ML daily)	Direct Factor Xa Inhibitors		
<i>ipratropium-albuterol</i> SOLN	1		ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
<i>levalbuterol hcl</i>	1		ELIQUIS TABS	2	QL(2 EA daily)
<i>levalbuterol tartrate</i>	1	QL(0.6 GM daily)	rivaroxaban TABS 2.5 MG	1	QL(1 EA daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)	XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
SEREVENT DISKUS	2	QL(2 EA daily)	XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)
STIOLTO RESPIMAT	2	QL(0.14 GM daily)	XARELTO TABS 10 MG	2	QL(2 EA daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	XARELTO TABS 15 MG, 20 MG	2	QL(1 EA daily)
<i>terbutaline sulfate</i> TABS	1		Heparins And Heparinoid-Like Agents		
TRELEGY ELLIPTA	2	QL(2 EA daily)	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)	4	PA
Xanthines			ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
(Theophylline) ELIXOPHYLLIN ELIX	1		enoxaparin sodium SOLN IJ 300 MG/3ML	1	QL(0.1 ML daily); PA
THEO-24 CP24	2		enoxaparin sodium SOSY	1	QL(4 ML per 7 day(s) retail)
<i>theophylline</i> ELIX	1		fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	4	PA
<i>theophylline</i> SOLN	1		fondaparinux sodium 2.5 MG/0.5ML	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
<i>theophylline</i> TB12 300 MG	1	QL(2 EA daily)	FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
<i>theophylline</i> TB12 450 MG	1	QL(1 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
<i>theophylline</i> TB24	1	QL(1 EA daily)			
ANTICOAGULANTS - Blood Thinners					
Coumarin Anticoagulants					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOSY 2500 UNIT/0.2ML	4		Anticonvulsants - Misc.		
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA	(Carbamazepine) EPITOL TABS	1	
Thrombin Inhibitors			(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2	
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2	
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)	(Lamotrigine) SUBVENITE TABS	1	
ANTICONVULSANTS - Drugs to Treat Seizures			(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
AMPA Glutamate Receptor Antagonists			APTIOM	3	QL(2 EA daily); ST
FYCOMPA SUSP	4	QL(24 ML daily)	BRIVIACT SOLN PO 10 MG/ML	4	
FYCOMPA TABS 6 MG	4	QL(2 EA daily)	BRIVIACT TABS 10 MG	4	ST
FYCOMPA TABS 2 MG	4	QL(6 EA daily)	BRIVIACT TABS 25 MG, 50 MG, 75 MG	4	
FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 EA daily)	BRIVIACT TABS 100 MG	4	QL(2 EA daily)
FYCOMPA TABS 4 MG	4	QL(3 EA daily)	<i>carbamazepine CHEW 100 MG</i>	1	
Anticonvulsants - Benzodiazepines			<i>carbamazepine CP12</i>	1	
<i>clobazam SUSP</i>	2		<i>carbamazepine SUSP</i>	1	
<i>clobazam TABS 10 MG</i>	2	QL(1 EA daily)	<i>carbamazepine TABS</i>	1	
<i>clobazam TABS 20 MG</i>	2	QL(2 EA daily)	<i>carbamazepine TB12 100 MG</i>	1	
<i>clonazepam TABS</i>	1		<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)
<i>clonazepam TBDP</i>	1		<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)
<i>diazepam (anticonvulsant) GEL</i>	2	QL(0.14 EA daily)	CARBATROL CP12 (<i>carbamazepine</i>)	3	
NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA	DIACOMIT CAPS 500 MG	4	QL(6 EA daily); 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			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA	<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)
DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA	<i>levetiracetam TB24</i>	1	QL(4 EA daily)
DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA	MYSOLINE (<i>primidone</i>)	3	
EPIDIOLEX	4	ST; PA	NEURONTIN CAPS (<i>gabapentin</i>)	3	
<i>gabapentin CAPS</i>	1		NEURONTIN SOLN (<i>gabapentin</i>)	3	
<i>gabapentin SOLN</i>	1		NEURONTIN TABS (<i>gabapentin</i>)	3	
<i>gabapentin TABS 600 MG, 800 MG</i>	1		<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)
KEPPRA XR TB24 (<i>levetiracetam</i>)	3	QL(4 EA daily)	<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)
KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	3		<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	QL(6 EA daily)	<i>oxcarbazepine TABS 150 MG</i>	1	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	3	QL(3 EA daily)	<i>oxcarbazepine TB24 600 MG</i>	1	QL(4 EA daily); ST
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)	<i>oxcarbazepine TB24 150 MG, 300 MG</i>	1	ST
<i>lacosamide TABS</i>	1	QL(2 EA daily)	<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)
LAMICTAL XR KIT	3	PA	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)
LAMICTAL CHEW (<i>lamotrigine</i>)	3		<i>pregabalin SOLN</i>	1	QL(30 ML daily)
LAMICTAL TABS (<i>lamotrigine</i>)	3		<i>primidone 50 MG, 250 MG</i>	1	
<i>lamotrigine CHEW</i>	1		<i>rufinamide SUSP</i>	2	
<i>lamotrigine KIT</i>	2	PA	<i>rufinamide TABS 200 MG</i>	2	
<i>lamotrigine KIT 25 MG</i>	2		<i>rufinamide TABS 400 MG</i>	2	QL(8 EA daily)
<i>lamotrigine TABS</i>	1		TEGRETOL SUSP (<i>carbamazepine</i>)	3	
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	QL(1 EA daily); PA	TEGRETOL TABS (<i>carbamazepine</i>)	3	
<i>lamotrigine TB24 300 MG</i>	2	QL(2 EA daily)	TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	3	
<i>lamotrigine TB24 250 MG</i>	2	PA	TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	3	
<i>lamotrigine TBDP</i>	2	PA			
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1				
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX TABS 50 MG <i>(topiramate)</i>	3	QL(8 EA daily)
TOPAMAX TABS 200 MG <i>(topiramate)</i>	3	QL(2 EA daily)
TOPAMAX TABS 100 MG <i>(topiramate)</i>	3	QL(4 EA daily)
TOPAMAX TABS 25 MG <i>(topiramate)</i>	3	
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA
<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA
<i>topiramate CPSP 15 MG, 25 MG</i>	1	
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA
<i>topiramate TABS 25 MG</i>	1	
<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)
<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)
<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)
TRILEPTAL SUSP <i>(oxcarbazepine)</i>	3	QL(40 ML daily)
TRILEPTAL TABS 600 MG <i>(oxcarbazepine)</i>	3	QL(4 EA daily)
TRILEPTAL TABS 150 MG <i>(oxcarbazepine)</i>	3	
TRILEPTAL TABS 300 MG <i>(oxcarbazepine)</i>	3	QL(8 EA daily)
ZONEGRAN CAPS 100 MG <i>(zonisamide)</i>	3	QL(6 EA daily)
ZONEGRAN CAPS 25 MG <i>(zonisamide)</i>	3	
<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
FELBATOL SUSP <i>(felbamate)</i>	3	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 EA daily)
(Vigabatrin) VIGADRONE TABS	4	
SABRIL PACK <i>(vigabatrin)</i>	4	QL(6 EA daily)
SABRIL TABS <i>(vigabatrin)</i>	4	
<i>tiagabine hcl</i>	2	
<i>vigabatrin PACK</i>	4	QL(6 EA daily)
<i>vigabatrin TABS</i>	4	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN <i>(phenytoin sodium extended)</i>	3	
DILANTIN	3	
DILANTIN INFATABS CHEW <i>(phenytoin)</i>	3	
DILANTIN-125 SUSP <i>(phenytoin)</i>	3	
DILANTIN SUSP <i>(phenytoin)</i>	3	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
CELONTIN <i>(methsuximide)</i>	3	
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZARONTIN CAPS (<i>ethosuximide</i>)	3		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		CITALOPRAM HYDROBROMIDE CAPS	3	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3		<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)
DEPAKOTE TBEC (<i>divalproex sodium</i>)	3		<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)
<i>divalproex sodium CSDR</i>	1		<i>escitalopram oxalate SOLN</i>	1	
<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>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1		<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)
<i>valproic acid CAPS</i>	1		<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>fluoxetine hcl CPDR</i>	2	
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)
<i>mirtazapine TABS</i>	1		<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA daily)
<i>mirtazapine TBDP</i>	1		<i>fluoxetine hcl TABS 10 MG</i>	1	
Antidepressants - Misc.			<i>fluvoxamine maleate CP24 150 MG</i>	2	
<i>bupropion hcl TABS</i>	1		<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 EA daily)
<i>bupropion hcl TB12</i>	1		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)	<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)
<i>bupropion hcl TB24 450 MG</i>	2	QL(1 EA daily)	<i>paroxetine hcl SUSP</i>	1	
Monoamine Oxidase Inhibitors (MAOIs)			<i>paroxetine hcl TABS</i>	1	
EMSAM	3	QL(1 EA daily)	<i>paroxetine hcl TB24</i>	1	
MARPLAN	3		SERTRALINE HCL CAPS	2	
<i>phenelzine sulfate</i>	1		<i>sertraline hcl CONC</i>	1	
<i>tranylcypromine sulfate</i>	2				
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists					

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Drug Name	Drug Tier	Requirements/Limits
<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
VIIBRYD STARTER PACK KIT	3	PA
<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 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)
FETZIMA TITRATION C4PK	3	ST
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
<i>venlafaxine hcl CP24</i>	1	QL(2 EA daily)
<i>venlafaxine hcl TABS</i>	1	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)
<i>venlafaxine hcl TB24 225 MG</i>	1	
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	
<i>amoxapine</i>	1	
<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 10 MG, 25 MG</i>	1	
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<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 propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET TABS	2	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
Biguanides		
<i>metformin hcl SOLN</i>	2	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic; PV
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
Diabetic Other		
<i>diazoxide</i>	2	
GLUCAGON EMERGENCY	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	2	
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1	QL(2 EA daily)
Incretin Mimetic Agents		
<i>liraglutide</i>	2	Not available through Mail Order; SP; PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through mail order.; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through mail order.; PA
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through mail order.; PA

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS (FORMULATION R2) TABS 1.5 MG, 4 MG, 9 MG	2	Not available through mail order; PA
RYBELSUS TABS	2	Not available through mail order; PA
TRULICITY	2	Not available through mail order; PA
Insulin		
AFREZZA POWD	3	QL(3 EA daily)
AFREZZA POWD	3	
AFREZZA POWD	3	QL(6 EA daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ML daily)	Meglitinide Analogues		
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>nateglinide</i>	1	
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>repaglinide</i>	1	
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	FARXIGA	2	QL(1 EA daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)	JARDIANCE	2	QL(1 EA daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ML daily)	Sulfonylureas		
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)	(Glipizide) GLIPIZIDE XL TB24	1	
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)	<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)	<i>glipizide TABS</i>	1	
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ML daily)	<i>glipizide TB24</i>	1	
TRESIBA SOLN	2	QL(1.5 ML daily)	<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
Insulin Sensitizing Agents			<i>glyburide TABS</i>	1	
<i>pioglitazone hcl 15 MG</i>	1		ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
			Antidiarrheal - Chloride Channel Antagonists		
			MYTESI	3	QL(2 EA daily); PA
			Antiperistaltic Agents		
			(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, 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

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Drug Name	Drug Tier	Requirements/Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 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	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JADENU TABS (<i>deferasirox</i>)	4	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
ANZEMET TABS 50 MG	3	ST; Limit 2 per month; QL(0.07 EA daily); PA
<i>granisetron hcl TABS</i>	1	ST; Limit 2 tablets per day; QL(2 EA daily); 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)
SANCUSO PTCH	4	QL(0.04 EA daily); PA
Antiemetics - Anticholinergic		
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC
<i>meclizine hcl CHEW</i>	1	RX/OTC
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 EA per 28 day(s) retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)
<i>dronabinol CAPS 10 MG</i>	2	PA
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA
SYNDROS SOLN	4	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 EA daily)
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 EA daily)
<i>aprepitant MISC</i>	1	Limit 3 per month; QL(0.1 EA daily)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPB	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON (<i>flucytosine</i>)	4	
<i>flucytosine</i>	4	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	2	
<i>posaconazole TBEC</i>	2	
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	4	PA
RYVENT TABS	3	
Antihistamines - Non-Sedating		
<i>desloratadine TABS</i>	1	ST; QL(1 EA daily); PA
<i>desloratadine TBDP 5 MG</i>	1	PA
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2	
<i>promethazine hcl TABS 12.5 MG</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light PACK</i>	1	
<i>cholestyramine light POWD</i>	1	
<i>cholestyramine PACK</i>	1	
<i>cholestyramine POWD</i>	1	
<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)
<i>colesevelam hcl TABS</i>	2	QL(7 EA daily)
<i>colestipol hcl GRAN</i>	1	
<i>colestipol hcl PACK</i>	2	
<i>colestipol hcl TABS</i>	1	
Fibric Acid Derivatives		
<i>choline fenofibrate 45 MG</i>	1	
<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<i>fenofibrate CAPS</i>	1	
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)
<i>fenofibrate TABS 48 MG</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)
FIBRICOR (<i>fenofibric acid</i>)	2	
<i>gemfibrozil TABS</i>	1	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)
<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV
<i>pitavastatin calcium</i>	1	QL(1 EA daily); ST
<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 EA daily); PV
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>simvastatin TABS</i>	1	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
JUXTAPID 5 MG	4	ST; PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ML daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>trandolapril</i>	1	
Agents for Pheochromocytoma		
DEMSEER (<i>metirosine</i>)	4	
<i>metirosine</i>	4	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 EA daily)
<i>irbesartan</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<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		
<i>clonidine hcl TABS</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa TABS</i>	1	
<i>prazosin hcl CAPS</i>	1	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	

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<i>bisoprolol & hydrochlorothiazide</i>	1		<i>telmisartan-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1		<i>trandolapril-verapamil hcl</i>	1	
<i>captopril & hydrochlorothiazide</i>	1		<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
EDARBYCLOR	3	QL(1 EA daily)	<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>enalapril maleate & hydrochlorothiazide</i>	1		Antihypertensives - Misc.		
<i>fosinopril sodium & hydrochlorothiazide</i>	1		VECAMYL	3	
<i>irbesartan-hydrochlorothiazide</i>	1		Direct Renin Inhibitors		
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		<i>aliskiren fumarate</i>	1	
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)	Selective Aldosterone Receptor Antagonists (SARAs)		
<i>losartan potassium & hydrochlorothiazide</i>	1		<i>eplerenone</i>	1	
<i>metoprolol & hydrochlorothiazide TABS</i>	1		Vasodilators		
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST	<i>hydralazine hcl TABS</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)	<i>minoxidil 2.5 MG, 10 MG</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1		ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		Anti-infective Agents - Misc.		
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)	<i>metronidazole CAPS</i>	2	
TEKTURNA HCT 25 MG-150 MG	3	ST	<i>metronidazole TABS 250 MG, 500 MG</i>	1	
<i>telmisartan-amlodipine</i>	1		<i>pentamidine isethionate IN</i>	2	
			<i>tinidazole 500 MG</i>	1	ST
			<i>tinidazole 250 MG</i>	1	
			<i>trimethoprim TABS</i>	1	
			XIFAXAN 200 MG	3	QL(9 EA per fill retail); PA
			XIFAXAN 550 MG	3	QL(2 EA daily); PA
			Anti-infective Misc. - Combinations		

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Drug Name	Drug Tier	Requirements/Limits
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
<i>atovaquone</i>	2	
LAMPIT	4	PA
<i>nitazoxanide TABS</i>	2	
Carbapenems		
<i>ertapenem sodium IJ</i>	4	PA
<i>imipenem-cilastatin IV</i>	2	PA
INVANZ IJ (<i>ertapenem sodium</i>)	4	PA
<i>meropenem 500 MG</i>	4	PA
PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	4	PA
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
<i>dapsone 25 MG</i>	1	
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)

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</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	Limit 24 doses per month; QL(0.8 EA daily)
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
DARAPRIM (<i>pyrimethamine</i>)	4	PA
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	6	
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail; 6 per fill mail)
<i>primaquine phosphate TABS</i>	1	
<i>pyrimethamine</i>	4	PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; 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>	2	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	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	2	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC

Drug Name	Drug Tier	Requirements/Limits
<i>melfalan</i>	1	AC
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	2	SP; AC
Antimetabolites		
<i>capecitabine</i>	2	SP; 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
TABLOID	4	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
LENVIMA (10 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LENVIMA (14 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA TABS 50 MG	4	AC; PA
			VENCLEXTA TABS 10 MG	4	QL(2 EA daily); AC; PA
			VENCLEXTA TABS 100 MG	4	QL(4 EA daily); AC; PA
LENVIMA (18 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	Antineoplastic - EGFR Inhibitors		
			<i>erlotinib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
LENVIMA (20 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	<i>gefitinib</i>	2	SP; AC; PA
			GILOTRIF	4	Must use Accredo SP pharmacy; AC; PA
			TAGRISSO	4	SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VIZIMPRO	4	AC; PA
			Antineoplastic - Hedgehog Pathway Inhibitors		
LENVIMA (4 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	DAURISMO	4	PA
			ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
			ODOMZO	4	AC
LENVIMA (8 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	Antineoplastic - Hormonal and Related Agents		
			(Abiraterone Acetate) ABIRTEGA 250 MG	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Anti-HER2 Agents			<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
TUKYSA	4	AC; PA	<i>anastrozole</i>	5	QL(1 EA daily); PV; AC
Antineoplastic - BCL-2 Inhibitors			ARIMIDEX (<i>anastrozole</i>)	5	QL(1 EA daily); PV; AC
VENCLEXTA STARTING PACK TBPK	4	AC; PA	AROMASIN (<i>exemestane</i>)	5	PV; AC

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Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide</i>	1	QL(1 EA daily); AC
ELIGARD KIT SC 7.5 MG, 45 MG	3	PA
EMCYT	2	AC
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	5	PV; AC
<i>letrozole</i>	1	AC
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	2	PA
LUPRON DEPOT (1-MONTH) KIT IM	3	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN	2	AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
NILANDRON (<i>nilutamide</i>)	4	AC; PA
<i>nilutamide</i>	4	AC; PA
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SOLTAMOX SOLN	5	PV; AC
<i>tamoxifen citrate TABS</i>	5	PV; AC
<i>toremifene citrate</i>	2	AC

Drug Name	Drug Tier	Requirements/Limits
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	4	AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 EA daily); SP; PA
AYVAKIT	4	QL(1 EA daily); SP; AC; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	AC; PA
XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	AC; PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	AC; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	AC; PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	AC; PA
XPOVIO (80 MG TWICE WEEKLY)	4	PA
Antineoplastic Combinations		
INQOVI	4	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (200 MG DOSE)	4	AC; PA	CABOMETYX TABS 20 MG, 60 MG	4	QL(1 EA daily); AC; PA
KISQALI FEMARA (400 MG DOSE)	4	AC; PA	CABOMETYX TABS 40 MG	4	QL(2 EA daily); AC; PA
KISQALI FEMARA (600 MG DOSE)	4	AC; PA	CALQUENCE	4	QL(2 EA daily); AC; PA
LONSURF	4	AC; PA	CAPRELSA	4	AC; PA
Antineoplastic Enzyme Inhibitors			COMETRIQ (100 MG DAILY DOSE) KIT	4	AC; PA
(Everolimus) TORPENZ TABS	4	QL(1 EA daily); SP; AC; PA	COMETRIQ (140 MG DAILY DOSE) KIT	4	AC; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	4	QL(1 EA daily); SP; AC; PA	COMETRIQ (60 MG DAILY DOSE) KIT	4	AC; PA
AFINITOR TABS (<i>everolimus</i>)	4	QL(1 EA daily); SP; AC; PA	COPIKTRA	4	AC; PA
ALECENSA	4	AC; PA	COTELLIC	4	AC; PA
ALUNBRIG TABS	4	AC; PA	<i>dasatinib</i>	4	SP; AC; PA
ALUNBRIG TBPk	4	AC; PA	<i>everolimus TABS</i>	4	QL(1 EA daily); SP; AC; PA
BALVERSA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>everolimus TBSO</i>	4	QL(1 EA daily); SP; AC; PA
<i>bortezomib SOLR IJ</i>	4	PA	IBRANCE CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA	IBRANCE TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	ICLUSIG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IDHIFA	4	AC; PA
BRAFTOVI 75 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); AC; PA
BRUKINSA	4	AC; PA	<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA	MEKINIST SOLR	4	SP; AC; PA
IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA	MEKINIST TABS	4	SP; AC; PA
IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA	MEKTOVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
IMBRUVICA TABS	4	QL(1 EA daily); AC; PA	NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
INREBIC	4	AC; PA	NEXAVAR (<i>sorafenib tosylate</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
ISTODAX SOLR (<i>romidepsin</i>)	4	PA	NINLARO	4	Limited to 3 capsules per month;; QL(0.1 EA daily); AC; PA
JAKAFI	4	QL(2 EA daily); AC; PA	<i>pazopanib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
KISQALI (200 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	PIQRAY (200 MG DAILY DOSE)	4	AC; PA
KISQALI (400 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	PIQRAY (250 MG DAILY DOSE)	4	AC; PA
KISQALI (600 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	PIQRAY (300 MG DAILY DOSE)	4	AC; PA
KOSELUGO	4	PA	QINLOCK	4	AC; PA
<i>lapatinib ditosylate</i>	4	AC; PA	RETEVMO CAPS	4	AC; PA
LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>romidepsin SOLR</i>	4	PA
LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); PA	ROZLYTREK CAPS	4	AC; PA
LUMAKRAS 320 MG	4	QL(3 EA daily); PA	RUBRACA	4	AC; PA
LYNPARZA TABS	4	QL(4 EA daily); SP; AC; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RYDAPT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	TAZVERIK	4	PA
<i>sorafenib tosylate</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	<i>temsirolimus</i>	4	PA
STIVARGA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	TIBSOVO	4	AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	TORISEL (<i>temsirolimus</i>)	4	PA
<i>sunitinib malate 25 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	TYKERB (<i>lapatinib ditosylate</i>)	4	AC; PA
TABRECTA	4	AC; PA	VELCADE SOLR IJ (<i>bortezomib</i>)	4	PA
TAFINLAR CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	VERZENIO	4	QL(2 EA daily); AC; PA
TAFINLAR TBSO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	VITRAKVI CAPS	4	AC; PA
TALZENNA	4	SP; AC; PA	VITRAKVI SOLN	4	AC; PA
TASIGNA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	VOTRIENT (<i>pazopanib hcl</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
			XALKORI CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
			XALKORI CPSP	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
			XOSPATA	4	AC; PA
			ZEJULA TABS	4	PA
			ZELBORAF	4	AC; PA
			ZOLINZA	4	AC; PA
			ZYDELIG	3	AC; PA
			ZYKADIA TABS	4	AC
			Antineoplastics Misc.		
			ACTIMMUNE 100 MCG/0.5ML	4	PA
			ALFERON N	4	PA
			BESREMI	4	PA
			<i>bexarotene</i>	4	SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea</i>	1	AC
MATULANE	4	AC; PA
TARGRETIN (<i>bexarotene</i>)	4	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	4	PA
<i>leucovorin calcium TABS</i>	1	AC
<i>mesna TABS</i>	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	2	AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	4	AC; PA
HYCAMTIN SOLR (<i>topotecan hcl</i>)	4	PA
<i>topotecan hcl SOLR</i>	4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	4	administered under the medical benefit; PA
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	
TASMAR (<i>tolcapone</i>)	4	
<i>tolcapone</i>	4	

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBDP</i>	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	4	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	2	
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 EA daily)
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
RYTARY CPR	4	QL(10 EA daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)
<i>lithium carbonate TABS</i>	1	
<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	3	
VRAYLAR CPPK	3	
<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)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	4	
<i>paliperidone</i>	1	
PERSERIS PRSY	4	administered under the medical benefit; PA
<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)
<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</i>	2	
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TBDP</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 TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
<i>chlorpromazine hcl TABS</i>	2	
<i>fluphenazine hcl CONC</i>	1	
<i>fluphenazine hcl ELIX</i>	2	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
<i>aripiprazole SOLN PO</i>	1	
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)
<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)
<i>aripiprazole TBDP</i>	1	PA
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
CIMDUO	2	
COMPLERA	2	
<i>darunavir TABS</i>	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	PV
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	
<i>emtricitabine CAPS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 EA daily); PV
EMTRIVA SOLN	2	
<i>etravirine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EVOTAZ	2		TRIUMEQ TABS	2	
<i>fosamprenavir calcium TABS</i>	1		TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	QL(1 EA daily); PV
FUZEON SOLR	4	ST; PA	TYBOST	2	
GENVOYA	2		VIRACEPT TABS	2	
INTELENCE 25 MG	2		VIREAD POWD	2	
ISENTRESS HD TABS	2		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
ISENTRESS CHEW	2		<i>zidovudine CAPS</i>	1	
ISENTRESS PACK	2		<i>zidovudine SYRP</i>	1	
ISENTRESS TABS	2		<i>zidovudine TABS</i>	1	
JULUCA	2		Antiviral Combinations		
<i>lamivudine SOLN</i>	1		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
<i>lamivudine TABS</i>	1		PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>lamivudine-zidovudine</i>	1		PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>lopinavir-ritonavir SOLN</i>	1		CMV Agents		
<i>lopinavir-ritonavir TABS</i>	1		<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ML daily)
<i>maraviroc TABS</i>	1		<i>valganciclovir hcl TABS</i>	1	
<i>nevirapine SUSP</i>	1		Hepatitis Agents		
<i>nevirapine TABS</i>	1		<i>adefovir dipivoxil</i>	2	
NORVIR PACK	2		<i>entecavir TABS</i>	2	
ODEFSEY	2		EPCLUSA PACK	2	SP; PA
PIFELTRO	2		EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplusa; PA
PREZCOBIX	2				
PREZISTA SUSP	2				
PREZISTA TABS 75 MG, 150 MG	2				
REYATAZ PACK	2				
<i>ritonavir TABS</i>	1				
RUKOBIA	4				
SELZENTRY SOLN	2				
STRIBILD	2				
SYMTUZA	2				
<i>tenofovir disoproxil fumarate TABS</i>	1				
TIVICAY TABS 50 MG	2				
TRIUMEQ PD TBSO	2				

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EPCLUSA TABS 50 MG-200 MG	2	SP; PA	TPOXX (TECOVIRIMAT CAP 200 MG)	5	
<i>lamivudine (hbv) TABS</i>	2		TPOXX CAPS	5	PV
MAVYRET TABS	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	Respiratory Syncytial Virus (RSV) Agents		
PEGASYS SOLN	3	PA	<i>ribavirin</i>	1	
<i>ribavirin (hepatitis c) CAPS</i>	1	PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
VEMLIDY	4	SP; ST	Alpha-Beta Blockers		
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>carvedilol 3.125 MG</i>	1	QL(2 EA daily)
Herpes Agents			<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>acyclovir CAPS</i>	1		<i>carvedilol phosphate</i>	1	
<i>acyclovir SUSP</i>	1		<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	
<i>acyclovir TABS PO 400 MG</i>	1		Beta Blockers Cardio-Selective		
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)	<i>acebutolol hcl CAPS</i>	1	
<i>famciclovir</i>	1		<i>atenolol TABS</i>	1	
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)	<i>betaxolol hcl</i>	1	
<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)	<i>bisoprolol fumarate</i>	1	QL(1 EA daily)
Influenza Agents			<i>metoprolol succinate TB24</i>	1	
<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)	<i>metoprolol tartrate TABS</i>	1	
<i>oseltamivir phosphate SUSP</i>	1	QL(75 ML daily; 5 Day(s) limit)	<i>nebivolol hcl</i>	1	
RELENZA DISKHALER	3		Beta Blockers Non-Selective		
<i>rimantadine hydrochloride TABS</i>	1		(Sotalol Hcl) SORINE TABS	1	
Misc. Antivirals			HEMANGEOL SOLN PO	3	PA
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV	INDERAL XL	3	
			INNOPRAN XL	3	
			<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
			<i>pindolol TABS</i>	1	
			<i>propranolol hcl CP24</i>	1	
			<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	
			<i>propranolol hcl TABS</i>	1	
			<i>sotalol hcl (afib/af)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl TABS</i>	1	
SOTYLIZE SOLN PO	3	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl CP12</i>	1	
<i>diltiazem hcl CP24</i>	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl TB24</i>	1	
<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>felodipine 2.5 MG, 5 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isradipine CAPS</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifedipine CAPS</i>	1	
<i>nifedipine TB24</i>	1	QL(1 EA daily)
<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>nimodipine CAPS</i>	2	
<i>nimodipine SOLN</i>	1	
<i>nisoldipine</i>	2	
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl TBCR 120 MG</i>	1	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium</i>	2	
ENTRESTO TABS	3	QL(2 EA daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Impotence Agents		
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	1	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	4	SP; PA
ORENITRAM MONTH 2 TEPK	4	SP; PA
ORENITRAM MONTH 3 TEPK	4	SP; PA
ORENITRAM TBCR	4	SP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 EA daily); PA
TYVASO REFILL KIT SOLN IN	4	PA
TYVASO STARTER KIT SOLN IN	4	PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO SOLN IN	4	PA
VENTAVIS IN	4	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan 10 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 EA daily); PA
<i>ambrisentan 5 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 EA daily); PA
<i>bosentan TABS</i>	4	PA
LETAIRIS 5 MG (<i>ambrisentan</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 EA daily); PA
LETAIRIS 10 MG (<i>ambrisentan</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 EA daily); PA
OPSUMIT	4	ST; PA
TRACLEER TABS (<i>bosentan</i>)	4	PA
TRACLEER TBSO	4	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	4	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 EA daily); PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	ST; PA
UPTRAVI TABS 200 MCG	4	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ML daily); ST

Drug Name	Drug Tier	Requirements/Limits
<i>ivabradine hcl TABS</i>	2	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 EA daily); PA
VYNDAQEL	4	QL(4 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cefazolin sodium SOLR IV 1 GM</i>	4	PA
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLOR ER TB12	3	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
CEFOTAN IJ (<i>cefotetan disodium</i>)	4	PA
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	4	PA
<i>cefoxitin 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	

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<i>cef</i> podoxime proxetil SUSR	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
<i>cef</i> podoxime proxetil TABS	1		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
SUPRAX CHEW	3		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	PV
SUPRAX SUSR 500 MG/5ML	3		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	PV
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV	(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 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, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV			
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV			
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV			

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(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	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 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, 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 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG	5	PV			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	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, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	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, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	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, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 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), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV

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(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV	BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV	<i>desogestrel & ethinyl estradiol</i>	5	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV	<i>drospirenone-ethinyl estradiol</i>	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV	<i>ethynodiol diacet & eth estrad</i>	5	PV
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	PV	FEMLYV TBDP	5	PV
			GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
			LO LOESTRIN FE TABS	5	PV
			LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
			MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	PV
			MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	PV
			NATAZIA	5	PV
			NEXTSTELLIS	5	PV
			<i>norethin acet & estrad-fe CAPS</i>	5	PV

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Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet & estrad-fe CHEW</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>norethindrone & ethinyl estradiol-fe</i>	5	PV
<i>norethindrone acet & eth estra TABS</i>	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
QUARTETTE <i>(levonorgestrel-ethinyl estradiol (91-day))</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		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		

Drug Name	Drug Tier	Requirements/Limits
(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 EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i>	5	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OPILL	5	PV	<i>prednisone TABS</i>	1	
SLYND	5	PV	<i>prednisone TBPk</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			Mineralocorticoids		
Glucocorticosteroids			<i>fludrocortisone acetate TABS</i>	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk	1		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
(Prednisolone) MILLIPRED TABS	1		Antitussives		
AGAMREE	4	SP; PA	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>budesonide TB24</i>	2	PA	<i>benzonatate</i>	1	
<i>deflazacort SUSP</i>	4	SP; PA	<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>deflazacort TABS</i>	4	SP; PA	<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
DEXAMETHASONE INTENSOL CONC	2		Cough/Cold/Allergy Combinations		
<i>dexamethasone ELIX</i>	1		(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
<i>dexamethasone SOLN</i>	1		(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	
<i>dexamethasone TABS</i>	1		(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>dexamethasone TBPk</i>	1		ACTIDOM DMX LIQD	3	
EMFLAZA SUSP (<i>deflazacort</i>)	4	SP; PA	CODITUSSIN AC LIQD	3	
EMFLAZA TABS (<i>deflazacort</i>)	4	SP; PA	DOMETUSS-DMX LIQD	3	
<i>hydrocortisone TABS</i>	1		GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC
MEDROL TABS	2		GILTUSS COUGH & COLD TABS	3	
<i>methylprednisolone TABS</i>	1		GILTUSS SINUS & CONGESTION TABS	3	RX/OTC
<i>methylprednisolone TBPk</i>	1				
MILLIPRED TABS	2				
<i>prednisolone sodium phosphate SOLN</i>	1				
<i>prednisolone sodium phosphate TBPk</i>	1				
<i>prednisolone SOLN</i>	1				
<i>prednisolone TABS</i>	1				
PREDNISONI INTENSOL CONC	2				
<i>prednisone SOLN</i>	2				

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<i>guaifenesin-codeine SOLN</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
NEOTUSS PLUS LIQD	3	
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ML daily)
<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
TUSNEL TABS	3	
TUSSLIN PEDIATRIC LIQD	3	
TUSSLIN LIQD	3	
Expectorants		
<i>potassium iodide (expectorant) SOLN</i>	1	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
HYPERSAL NEBU	2	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin		

Drug Name	Drug Tier	Requirements/Limits
Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Tretinoin) AVITA CREA 0.025 %	1	
(Tretinoin) AVITA GEL 0.025 %	1	
<i>adapalene-benzoyl peroxide GEL</i>	1	
<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC

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<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)	TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>clindamycin phosphate (topical) FOAM</i>	1		<i>tretinoin microsphere 0.08 %</i>	2	QL(1.7 GM daily)
<i>clindamycin phosphate (topical) GEL</i>	1		<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 GM daily)
<i>clindamycin phosphate (topical) LOTN</i>	1		<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 GM daily)
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>clindamycin phosphate (topical) SWAB</i>	1		<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		Agents for External Genital and Perianal Warts		
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1		VEREGEN	3	QL(30 GM per fill retail)
<i>clindamycin phosphate-tretinoin</i>	2		Antibiotics - Topical		
<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily)	<i>gentamicin sulfate (topical) CREA</i>	1	
<i>dapsone (topical) 5 %</i>	1	ST; PA	<i>gentamicin sulfate (topical) OINT</i>	1	
DIFFERIN LOTN	2		<i>mupirocin OINT</i>	1	
<i>erythromycin (acne aid) GEL</i>	1		Antifungals - Topical		
<i>erythromycin (acne aid) SOLN</i>	1		(Ciclopirox) CICLODAN SOLN	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	2	
<i>sulfacetamide sodium (acne)</i>	1		(Ketoconazole (Topical)) KETODAN FOAM	2	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2		<i>ciclopirox olamine CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 GM daily)	<i>ciclopirox olamine SUSP</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA	<i>ciclopirox GEL</i>	1	
SULFACETAMIDE-SULFUR IN UREA EMUL	2		<i>ciclopirox SHAM</i>	1	
			<i>ciclopirox SOLN</i>	1	

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<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 GM daily)	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)		1	RX/OTC	
<i>econazole nitrate CREA</i>	1			1	QL(5 ML daily)	
ERTACZO	4	QL(1 GM daily); PA		1	QL(4 GM daily); PA	
EXELDERM SOLN	2			Antineoplastic or Premalignant Lesion Agents - Topical		
EXODERM	3			<i>bexarotene (topical)</i>	4	SP; PA
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	2			CARAC CREA	4	QL(1 GM daily)
JUBLIA	4	QL(0.27 ML daily)		<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)		<i>fluorouracil (topical) CREA 5 %</i>	2	
<i>ketoconazole (topical) FOAM</i>	2			<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 GM daily)
<i>ketoconazole (topical) SHAM 2 %</i>	1			<i>fluorouracil (topical) SOLN</i>	1	
<i>naftifine hcl CREA</i>	2			PANRETIN	3	PA
<i>naftifine hcl GEL 2 %</i>	2			Anti-inflammatory Agents - Topical		
<i>nystatin (topical) CREA</i>	1					
<i>nystatin (topical) OINT</i>	1					
<i>nystatin (topical) POWD EX</i>	1					
<i>nystatin-triamcinolone CREA</i>	1					
<i>nystatin-triamcinolone OINT</i>	1					
<i>oxiconazole nitrate CREA</i>	2					
OXISTAT LOTN	3					
<i>sulconazole nitrate CREA</i>	2					
<i>sulconazole nitrate SOLN</i>	1					

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Drug Name	Drug Tier	Requirements/Limits
TARGRETIN (<i>bexarotene (topical)</i>)	4	SP; PA
VALCHLOR	4	ST; PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	2	QL(3 GM daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
<i>acitretin 10 MG</i>	2	QL(1 EA daily)
<i>acitretin 17.5 MG</i>	2	
<i>acitretin 25 MG</i>	2	QL(2 EA daily)
<i>calcipotriene CREA</i>	2	QL(5 GM daily)
<i>calcipotriene FOAM</i>	1	PA
CALCIPOTRIENE FOAM	3	PA
<i>calcipotriene OINT</i>	1	QL(5 GM daily)
<i>calcipotriene SOLN</i>	1	
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)
COSENTYX (300 MG DOSE) SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA
COSENTYX SENSOREADY (300 MG) SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA
COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA
COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ML daily); PA
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
<i>methoxsalen rapid</i>	2	
SKYRIZI PEN SOAJ	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); PA
SORILUX FOAM	3	PA
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ML per 45 day(s) retail); SP; PA
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ML daily); SP; PA
<i>tazarotene CREA</i>	1	
<i>tazarotene GEL</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	<i>silver sulfadiazine</i>	1	
TREMFYA SOAJ 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA	SULFAMYLLON CREA	3	
TREMFYA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	Corticosteroids - Topical		
TREMFYA SOSY 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
Antiseborrheic Products			(Clobetasol Propionate Emulsion) TOVET	2	
<i>selenium sulfide LOTN 2.5 %</i>	1		(Clobetasol Propionate) CLODAN SHAM	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		(Desonide) DESRX GEL	1	
<i>sulfacetamide sodium LIQD</i>	1		(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1	
<i>sulfacetamide sodium SHAM 10 %</i>	1		(Hydrocortisone (Topical)) ALA-CORT CREA 2.5 %	1	
Antivirals - Topical			(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1	
<i>acyclovir topical CREA</i>	1		(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	1	
<i>acyclovir topical OINT</i>	1	QL(1 GM daily)	<i>alclometasone dipropionate CREA</i>	1	
Burn Products			<i>alclometasone dipropionate OINT</i>	1	
(Silver Sulfadiazine) SSD	1		<i>amcinonide LOTN</i>	1	
<i>mafenide acetate PACK</i>	1		APEXICON E CREA	3	
			<i>betamethasone dipropionate (topical) CREA</i>	1	
			<i>betamethasone dipropionate (topical) LOTN</i>	1	
			<i>betamethasone dipropionate (topical) OINT</i>	1	
			<i>betamethasone dipropionate augmented CREA</i>	1	
			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	

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<i>betamethasone dipropionate augmented LOTN</i>	1		<i>desonide CREA</i>	1	
<i>betamethasone dipropionate augmented OINT</i>	1		<i>desonide GEL</i>	1	
<i>betamethasone valerate CREA</i>	1		<i>desonide LOTN</i>	1	
<i>betamethasone valerate FOAM</i>	2		<i>desonide OINT</i>	1	
<i>betamethasone valerate LOTN</i>	1		<i>desoximetasone CREA</i>	1	
<i>betamethasone valerate OINT</i>	1		<i>desoximetasone GEL</i>	1	
<i>calcipotriene-betamethasone dipropionate OINT</i>	2	ST	<i>desoximetasone LIQD</i>	2	ST
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 GM daily); ST	<i>desoximetasone OINT 0.05 %</i>	2	
<i>clobetasol propionate emollient base 0.05 %</i>	1		<i>desoximetasone OINT 0.25 %</i>	1	
<i>clobetasol propionate emulsion</i>	2		<i>diflorasone diacetate CREA</i>	1	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>diflorasone diacetate OINT</i>	1	
<i>clobetasol propionate FOAM</i>	2		EPIFOAM FOAM	3	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>fluocinolone acetonide CREA</i>	1	
<i>clobetasol propionate LIQD</i>	2		<i>fluocinolone acetonide OIL</i>	1	
<i>clobetasol propionate LOTN</i>	1		<i>fluocinolone acetonide OINT</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>fluocinolone acetonide SOLN</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>fluocinonide emulsified base</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinonide CREA</i>	1	
<i>clocortolone pivalate</i>	1		<i>fluocinonide GEL</i>	1	
CORDRAN TAPE	3		<i>fluocinonide OINT</i>	1	
CORTANE-B	3		<i>fluocinonide SOLN</i>	1	
			<i>fluticasone propionate CREA 0.05 %</i>	1	
			<i>fluticasone propionate LOTN</i>	1	
			<i>fluticasone propionate OINT</i>	1	
			<i>halobetasol propionate CREA</i>	1	
			<i>halobetasol propionate OINT</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		Eczema Agents		
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1		DUPIXENT SOAJ 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA
<i>hydrocortisone (topical) OINT 2.5 %</i>	1		DUPIXENT SOAJ 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA
<i>hydrocortisone (topical) SOLN 2.5 %</i>	1		DUPIXENT SOSY 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1		DUPIXENT SOSY 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA
<i>hydrocortisone butyrate CREA</i>	1		DUPIXENT SOSY 100 MG/0.67ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.048 ML daily); SP; PA
<i>hydrocortisone butyrate LOTN</i>	2		Emollient/Keratolytic Agents		
<i>hydrocortisone butyrate OINT</i>	1		(Urea) CERVEL LOTN 40 %	1	
<i>hydrocortisone butyrate SOLN</i>	1		<i>urea LOTN 40 %</i>	1	
<i>hydrocortisone valerate CREA</i>	1		Enzymes - Topical		
<i>hydrocortisone valerate OINT</i>	1		SANTYL OINT	3	
LOCOID LIPOCREAM	3		Immunomodulating Agents - Topical		
<i>mometasone furoate CREA</i>	1		<i>imiquimod 5 %</i>	1	
<i>mometasone furoate OINT</i>	1		Immunosuppressive Agents - Topical		
<i>mometasone furoate SOLN</i>	1				
NUCORT LOTN	3				
PRAMOSONE LOTN	3				
PRAMOSONE OINT	3				
<i>prednicarbate OINT</i>	1				
<i>triamcinolone acetonide (topical) AERS</i>	1				
<i>triamcinolone acetonide (topical) CREA</i>	1				
<i>triamcinolone acetonide (topical) LOTN</i>	1				
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>pimecrolimus</i>	1	QL(2 GM daily)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	2	
<i>podofilox SOLN</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)
CETACAINE AERO	3	
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 EA daily)
PREMIUM SCAR	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		

Drug Name	Drug Tier	Requirements/Limits
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	2	PA
<i>doxycycline (rosacea)</i>	2	QL(1 EA daily); PA
FINACEA FOAM	3	
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)
NORITATE CREA	4	PA
RHOFADE	3	ST; PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	2	
<i>ivermectin (pediculicide)</i>	2	
<i>malathion</i>	2	
<i>permethrin CREA</i>	1	QL(2 GM daily)
<i>spinosad</i>	2	AL(At least 4 yrs old)
Wound Care Products		
REGANEX	3	QL(0.5 GM daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	

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Drug Name	Drug Tier	Requirements/Limits
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	6	
KETOSTIX STRP	6	
ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
SPEEDY SWAB COVID-19/FLU HOME	5	PV

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	

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

Carbonic Anhydrase Inhibitors

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(Dichlorphenamide) ORMALVI	4	PA	<i>triamterene CAPS</i>	2	
<i>acetazolamide CP12</i>	1	QL(2 EA daily)	Thiazides and Thiazide-Like Diuretics		
<i>acetazolamide TABS 125 MG</i>	1		<i>chlorthalidone 25 MG, 50 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)	DIURIL SUSP	3	
<i>dichlorphenamide</i>	4	PA	<i>hydrochlorothiazide CAPS</i>	1	
KEVEYIS (<i>dichlorphenamide</i>)	4	PA	<i>hydrochlorothiazide TABS</i>	1	
<i>methazolamide TABS</i>	1		<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
Diuretic Combinations			<i>metolazone</i>	1	
<i>amiloride & hydrochlorothiazide</i>	1		THALITONE	2	
<i>spironolactone & hydrochlorothiazide</i>	1		ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		Bone Density Regulators		
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)	<i>alendronate sodium SOLN</i>	2	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)	<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
Loop Diuretics			<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 EA daily)
<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)	<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 EA daily)
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1		<i>calcitonin (salmon) IJ</i>	4	PA
<i>ethacrynic acid</i>	2	ST	<i>calcitonin (salmon) NA</i>	1	
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1		<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
<i>furosemide TABS</i>	1		MIACALCIN IJ (<i>calcitonin (salmon)</i>)	4	PA
SOANZ TABS 20 MG	2		NATPARA	4	PA
<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1		PROLIA SOSY	4	PA
<i>torseamide TABS 100 MG</i>	1	QL(2 EA daily)	<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 EA daily); ST
Potassium Sparing Diuretics			<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
<i>amiloride hcl TABS</i>	1		<i>teriparatide SOPN</i>	4	SP; PA
<i>spironolactone TABS</i>	1				

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TYMLOS	4	PA	<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
Growth Hormone Receptor Antagonists			<i>calcitriol CAPS 0.25 MCG</i>	1	
SOMAVERT	4	PA	<i>calcitriol SOLN PO</i>	1	
Growth Hormones			<i>cinacalcet hcl</i>	2	PA
HUMATROPE CART IJ	4	PA	CYSTADANE (<i>betaine</i>)	4	PA
NORDITROPIN FLEXPRO SOPN	4	PA	<i>doxercalciferol CAPS</i>	2	
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA	GALAFOLD	4	QL(0.5 EA daily); PA
ZOMACTON SOLR SC 10 MG	4	PA	KUVAN PACK (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
ZORBTIVE SC	4	PA	KUVAN TABS (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
Hormone Receptor Modulators			<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
EVISTA (<i>raloxifene hcl</i>)	5	PV	<i>levocarnitine (metabolic modifiers) TABS</i>	2	
OSPHENA	3	QL(1 EA daily)	MYALEPT	4	PA
<i>raloxifene hcl</i>	5	PV	<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA
Insulin-Like Growth Factors (Somatomedins)			<i>nitisinone CAPS 10 MG</i>	1	PA
INCRELEX	4	PA	NITYR TABS	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			ORFADIN SUSP	4	PA
FENSOLVI (6 MONTH) SC	3	PA	PALYNZIQ	4	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis	<i>paricalcitol CAPS</i>	1	
SYNAREL	2		<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
Metabolic Modifiers			<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX	<i>sodium phenylbutyrate POWD</i>	2	SP; PA
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX	<i>sodium phenylbutyrate TABS</i>	2	SP; PA
<i>betaine</i>	4	PA	STRENSIQ	4	PA
			XURIDEN	4	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Posterior Pituitary Hormones			(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
<i>desmopressin acetate spray</i>	1		(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
DESMOPRESSIN ACETATE SOLN NA	3		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
<i>desmopressin acetate TABS 0.1 MG</i>	1		ANGELIQ	3	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)	CLIMARA PRO	2	
Progesterone Receptor Antagonists			COMBIPATCH PTTW	3	
MIFEPREX (<i>mifepristone</i>)	5	PV	DUAVEE	3	
<i>mifepristone</i>	5	PV	<i>estradiol & norethindrone acetate TABS</i>	1	
Prolactin Inhibitors			<i>norethindrone acetate-ethinyl estradiol</i>	1	
<i>cabergoline</i>	1		ORIAHNN	4	PA
Somatostatic Agents			PREMPHASE	2	QL(1 EA daily)
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML</i>	4	SP; PA	PREMPRO	2	QL(1 EA daily)
<i>octreotide acetate SOLN 500 MCG/ML</i>	4	PA	Estrogens		
<i>octreotide acetate SOSY</i>	4	SP; PA	(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	4	PA	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>)	4	SP; PA	ELESTRIN GEL	3	QL(1.74 GM daily)
SIGNIFOR	4	PA	<i>estradiol valerate</i>	1	QL(5 ML per fill retail)
Vasopressin Receptor Antagonists			<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</i>	1	
JYNARQUE TBPK	4	PA	<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
ESTROGENS - Hormone Replacement/Modifying Drugs					
Estrogen Combinations					

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Drug Name	Drug Tier	Requirements/Limits
<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	
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG</i>	1	
<i>ofloxacin 400 MG</i>	2	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. -		
Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	4	ST; QL(1 EA daily); PA
OCALIVA 10 MG	4	QL(1 EA daily); PA
Gallstone Solubilizing Agents		
CHENODAL	4	PA

Drug Name	Drug Tier	Requirements/Limits
CTEXLI 250 MG	4	PA
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</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		
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 EA daily)
DIPENTUM	3	
INFLECTRA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>mesalamine CP24</i>	1	QL(4 EA daily)
<i>mesalamine CPCR</i>	1	QL(8 EA daily); PA
<i>mesalamine CPDR</i>	1	QL(6 EA daily)
<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>mesalamine SUPP</i>	2	QL(1 EA daily)
<i>mesalamine TBEC 800 MG</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 EA daily)
PENTASA CPCR 500 MG	3	QL(8 EA daily); PA
PENTASA CPCR 250 MG	3	PA
RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA
SFROWASA ENEM	2	

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 package(s) per fill retail; PA
<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
LINZESS	2	QL(1 EA daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	4	
ENTEREG (<i>alvimopan</i>)	4	
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA	3	ST; PA
<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 750 MG</i>	2	QL(4 EA daily)
<i>lanthanum carbonate CHEW 500 MG</i>	2	
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<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); PA
<i>sevelamer hcl 400 MG</i>	1	PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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		
(Tiopronin) VENXXIVA TBEC	2	
LITHOSTAT	3	
<i>tiopronin TABS</i>	2	
<i>tiopronin TBEC</i>	2	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	PA
BALFAXAR	4	SP; PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	JIVI 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ESPEROCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
HEMLIBRA	4	SP; PA	KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	KOVALTRY	4	PA
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IDELVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	NOVOSEVEN RT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA
			NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Icatibant Acetate) SAJAZIR SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	FIRAZYR SOSY (<i>icatibant acetate</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
REBINYN	4	SP; PA	<i>icatibant acetate</i> SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Complement Inhibitors		
RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	FABHALTA	4	PA
TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HAEGARDA SOLR SC	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Hemataologic - Tyrosine Kinase Inhibitors		
WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TAVALISSE 100 MG	4	ST; PA
XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TAVALISSE 150 MG	4	PA
XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Hematorheologic Agents		
Bradykinin B2 Receptor Antagonists			<i>pentoxifylline</i>	1	QL(3 EA daily)
			Human Protein C		
			CEPROTIN	4	PA
			Platelet Aggregation Inhibitors		
			<i>anagrelide hcl</i>	1	
			<i>aspirin-dipyridamole</i>	2	
			BRILINTA	3	QL(2 EA daily)
			<i>cilostazol</i>	1	QL(2 EA daily)
			<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)
			<i>dipyridamole</i>	1	
			<i>prasugrel hcl</i>	1	
			HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
			Agents for Gaucher Disease		

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Drug Name	Drug Tier	Requirements/Limits
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
CEREZYME 400 UNIT	4	PA
<i>miglustat</i>	4	ST; PA
ZAVESCA (<i>miglustat</i>)	4	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
<i>glutamine (sickle cell)</i>	2	SP; PA
SIKLOS TABS 100 MG	4	ST; AC; PA
SIKLOS TABS 1000 MG	4	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
<i>folic acid TABS 1 MG</i>	1	RX/OTC
Hematopoietic Growth Factors		
MULPLETA	4	PA
NYVEPRIA	4	SP; PA
PROMACTA PACK 12.5 MG	4	QL(1 EA daily); PA
PROMACTA PACK 25 MG	4	QL(1 EA daily); PA
PROMACTA TABS	4	QL(1 EA daily); PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	PA
RETACRIT 20000 UNIT/ML	4	PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	PA
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; 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>	2	
<i>aminocaproic acid TABS</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	4	PA
<i>tranexamic acid</i> SOLN 1000 MG/10ML	4	PA
<i>tranexamic acid</i> TABS	1	QL(6 EA daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital</i> ELIX	1	
<i>phenobarbital</i> TABS	1	
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 EA daily)
<i>flurazepam hcl</i> 30 MG	2	QL(1 EA daily)
<i>flurazepam hcl</i> 15 MG	2	QL(2 EA daily)
<i>midazolam hcl</i> SYRP	1	
<i>quazepam</i>	2	
<i>temazepam</i> 22.5 MG, 30 MG	1	QL(1 EA daily)
<i>temazepam</i> 7.5 MG	1	
<i>temazepam</i> 15 MG	1	QL(2 EA daily)
<i>triazolam</i> 0.125 MG	1	
<i>triazolam</i> 0.25 MG	1	QL(1 EA daily)
<i>zaleplon</i>	1	QL(1 EA daily)
<i>zolpidem tartrate</i> TABS	1	QL(1 EA daily)
<i>zolpidem tartrate</i> TBCR	1	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 EA daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		

Drug Name	Drug Tier	Requirements/Limits
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
(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</i> SOLR 236 GM	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>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	

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(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 GM daily)	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C- LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX- WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>lactulose SOLN</i>	1				
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)			
Saline Laxatives					
OSMOPREP	5	PV			
Stimulant Laxatives					
			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl TBEC</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1	
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)
<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
ZITHROMAX PACK	3	
Clarithromycin		
<i>clarithromycin SUSR</i>	2	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
<i>erythromycin base CPEP</i>	2	
<i>erythromycin base TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base TBEC</i>	1	
<i>erythromycin ethylsuccinate SUSR</i>	1	
<i>erythromycin ethylsuccinate TABS</i>	1	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV
CONDOMS	5	PV
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FANTASY LUBRICATED/SPERMICI DE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI	5	PV
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)

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KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	OMNIFLEX DIAPHRAGM	5	PV
KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
			TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)

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TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/RIBBED/STUDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 60	5	PV
TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 65	5	PV
TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 70	5	PV
TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 75	5	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 80	5	PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 85	5	PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 90	5	PV
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 95	5	PV
TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	Diabetic Supplies		
			1ST TIER UNILET COMFORTOUCH	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
			ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
			ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AIMSCO TWIST LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AQUALANCE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE COMFORT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVANCED MOBILE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS LOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS PED	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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ASSURE LANCE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CAREONE LANCET THIN 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARESENS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARESENS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARETOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AURORA LANCET THIN 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
BD LANCET ULTRAFINE 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
BD LANCET ULTRAFINE 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
BD MICROTAINER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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CHOSEN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT ASSURED LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHEK LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH PLUS LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE COMFORT EZ	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH TWIST LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COAGUCHEK LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS ORIGINAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT ASSURED LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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CVS LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DROPLET PERSONAL LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DROPSAFE ACTI-LANCE 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DRUG MART LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DRUG MART ON-THE-GO LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EQL COLOR LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EQL COLOR LANCETS MICRO 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EQL SUPER THIN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EQL THIN LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCET MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
E-Z JECT LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANC 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANC 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FREESTYLE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FINE 30	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
FORA LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 30G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 33G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOJJI STERILE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOODSENSE COLOR LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS 26G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HEALTHY ACCENTS UNILET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HY-VEE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS ULTRATHIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KINNEY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LANCETS 28G THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LIFESCAN UNISTIK II LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LITETOUCH LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS STANDARD	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LIFESCAN UNISTIK 2	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE EXTRA 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE LITE 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LITE 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MICROLET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MM TWIST LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MONOLET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MONOLET OPD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA SAFETY LANCING	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH FINEPOINT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
NOVA SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH ULTRASOFT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
NOVA SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
NOVA SUREFLEX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PERFECT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ONETOUCH CLUB LANCETS FINE PT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PERFECT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PRO COMFORT SAFETY LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PRODIGY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PHARMACY COUNTER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PRODIGY SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PIP LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PIP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PSS SELECT GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRECISION THINS GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PSS SELECT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PREFERRED PLUS LANCETS COLORED	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PURE COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PREFERRED PLUS LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PX LANCETS MICROTHIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PX LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	REALITY TRIGGER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
QC LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION LANCET DEVICES 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
QC UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
QC UNILET LANCETS MICRO THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	REXALL LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
REALITY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	RIGHTEST GL300 LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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SAFE-T-LANCE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE PLUS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SB LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SB LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SHOPKO ON-THE-GO LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SHOPKO UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SHOPKO UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SINGLE-LET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SM LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SMART SENSE COLOR LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SMART SENSE STANDARD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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SMART SENSE SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SMART SENSE THIN LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SMARTEST LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SURELITE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE AST LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
STERILANCE TL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SUPER THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TGT LANCET MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TGT LANCET THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TGT LANCET ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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THINLETS GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TRUEPLUS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TODAYS HEALTH THIN LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TWIST TOP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRAVEL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTILET CLASSIC LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTILET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTILET SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTILET SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTRA THIN LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUEPLUS LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTRA-CARE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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ULTRA-THIN II AUTO LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNILET SUPER-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET EXCELITE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 1	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET EXCELITE II	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET G.P. LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET GP 28 ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 SUPER	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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UNISTIK 3	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK SAFETY LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 GENTLE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK CZT COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK CZT NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCET STANDARD 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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VALUE PLUS LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VIDA MIA UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VIDA MIA UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VIVAGUARD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS ADV TRAVEL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS LANCETS MICRO THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS LANCETS SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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WALGREENS THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE NANO U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
WALGREENS ULTRA THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE ORIGINAL U/F	2	Available through Mail Order; QL(6.67 EA daily)
ZEV RX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE SHORT U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
Parenteral Therapy Supplies			BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	BD VEO INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD AUTOSHIELD	2	Available through Mail Order; QL(6.67 EA daily)	CAREPOINT POLY HUB NEEDLE	2	RX/OTC
BD AUTOSHIELD DUO	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD DISP NEEDLES	2	RX/OTC	DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE MICRO U/F	2	Available through Mail Order; QL(6.67 EA daily)	EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
BD PEN NEEDLE MINI U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC			

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EMBECTA INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily); PA
H-E-B INCONTROL PEN NEEDLES	6	RX/OTC	ERGOMAR SUBL	4	
POLY HUB NEEDLE	2	RX/OTC	Serotonin Agonists		
RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 EA daily)
AJOVY SOAJ	2	PA	<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)
AJOVY SOSY	2	PA	<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
EMGALITY (300 MG DOSE) SOSY	2	PA	<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
EMGALITY SOAJ	2	PA	<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
EMGALITY SOSY	2	PA	<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST	<i>sumatriptan succinate SOAJ</i>	1	PA
Migraine Combinations			<i>sumatriptan succinate SOCT</i>	1	PA
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1		<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ML daily); PA
<i>ergotamine w/ caffeine TABS</i>	1				
Migraine Products					

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<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<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	
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)	Potassium		
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
MINERALS & ELECTROLYTES			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
Calcium			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
CALCIFOL	3		(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
Fluoride			(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1	
FLORIVA	3		(Potassium Chloride) KLOR-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, 2.2 MG</i>	1	AL(Up to 6 yrs old)	<i>potassium chloride microencapsulated crystals er</i>	1	
<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC	<i>potassium chloride CPCR</i>	1	
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)	<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC			
Phosphate					
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1				

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POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	4	PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
Zinc		
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>penicillamine</i>)	4	PA
DEPEN TITRATABS TABS (<i>penicillamine</i>)	4	
<i>penicillamine</i> CAPS	4	PA
<i>penicillamine</i> TABS	4	
SYPRINE (<i>trientine hcl</i>)	4	PA
<i>trientine hcl 250 MG</i>	4	PA
<i>trientine hcl 500 MG</i>	4	PA
Immunomodulators		
<i>lenalidomide 5 MG</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
<i>lenalidomide 2.5 MG, 5 MG</i>	4	QL(1 EA daily); SP; AC; PA
<i>lenalidomide 10 MG, 15 MG, 20 MG, 25 MG</i>	4	QL(1 EA daily); AC; PA
THALOMID 50 MG, 100 MG	4	SP; AC; PA
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	

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(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	ST
<i>azathioprine</i> TABS 50 MG	1	
<i>azathioprine</i> TABS 75 MG, 100 MG	2	
<i>cyclosporine modified (for microemulsion)</i> CAPS	1	
<i>cyclosporine modified (for microemulsion)</i> SOLN	1	
<i>cyclosporine</i> CAPS	1	
<i>everolimus (immunosuppressant)</i>	4	
<i>mycophenolate mofetil</i> CAPS	1	
<i>mycophenolate mofetil</i> SUSR	2	
<i>mycophenolate mofetil</i> TABS	1	
<i>mycophenolate sodium</i>	2	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN PO 100 MG/ML	3	
<i>sirolimus</i> SOLN	2	
<i>sirolimus</i> TABS	2	
<i>tacrolimus</i> CAPS	2	
THYMOGLOBULIN	3	administered under the medical benefit; PA
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	4	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 EA daily); PA

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<i>sodium polystyrene sulfonate POWD</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat)</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	QL(3 EA daily)
MUCOTROL WAFR	3	
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	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	Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	FLORIVA	3	
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	Prenatal Vitamins		
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
FLOTREX CHEW 0.5 MG	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	ATABEX EC TBEC	2	
MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); 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	
pediatric multivitamins w/fl CHEW	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ASSURE	3	
POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
POLY-VI-FLOR SUSP	3		CITRANATAL DHA	2	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC			
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC			
SOLUVITA ACD WITH FLUORIDE SOLN	3	AL(Up to 6 yrs old); RX/OTC			
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CITRANATAL MEDLEY	3		PNV-OMEGA	3	
C-NATE DHA CAPS	3		PRENA 1 TRUE	2	
COMPLETENATE CHEW	2		PRENA1	3	
CONCEPT DHA	2		PRENA1 PEARL	3	
CONCEPT OB	2		PRENAISSANCE	3	
FOLIVANE-OB	2		PRENAISSANCE PLUS CAPS	3	
M-NATAL PLUS TABS	2	RX/OTC	PRENATAL 19 CHEW	2	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENATAL 19 TABS	3	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		PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC
NEONATAL 19	3		PRENATAL PLUS TABS	2	RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC	PRENATAL-U CAPS	2	
NESTABS	3		PRENATE	2	
NESTABS DHA	2		PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3	
NESTABS ONE	3		PRENATE ENHANCE	2	
NIVA-PLUS TABS	2	RX/OTC	PRENATE PIXIE	3	
OB COMPLETE ONE	3		PRENATE RESTORE	3	
OB COMPLETE PETITE	3		PRENATRIX TABS	2	RX/OTC
OB COMPLETE PREMIER	3		PRENATRYL TABS	2	RX/OTC
OB COMPLETE/DHA	3		RELNATE DHA CAPS	3	
OBSTETRIX ONE (WITH DOCUSATE)	3		SELECT-OB+DHA MISC	3	
ONE VITE WOMENS PLUS TABS	2	RX/OTC	SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
PNV-DHA+DOCUSATE	3				

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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	
SE-NATAL 19 CHEW	2	
SE-NATAL 19 TABS	3	RX/OTC
THERANATAL CORE NUTRITION TABS	2	RX/OTC
THRIVITE RX TABS	2	RX/OTC
TRICARE TABS	2	RX/OTC
TRINATAL RX 1 TABS	2	
TRISTART DHA	3	
VINATE DHA RF	3	
VINATE ONE TABS	2	
VIRT-NATE DHA CAPS	3	
VITAFOL GUMMIES	3	
VITAFOL-NANO	3	
VITAFOL-ONE CAPS	3	
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAMEDMD REDICHEW RX	3	
VITAPEARL	3	
VITATHELY WITH GINGER TABS	2	RX/OTC
VITATRUE	2	
VIVA DHA CAPS	3	
WESCAP-C DHA	2	
WESNATE DHA CAPS	3	
WESTAB PLUS TABS	2	RX/OTC
WESTGEL DHA	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)
<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
<i>baclofen TABS 5 MG</i>	1	
<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily); PA
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<i>chlorzoxazone TABS 250 MG</i>	1	QL(4 EA daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
<i>metaxalone 800 MG</i>	1	QL(4 EA daily)
<i>metaxalone 400 MG</i>	1	
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 2 MG</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	QL(0.77 GM daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ML daily); RX/OTC	<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC
<i>olopatadine hcl (nasal)</i>	1		<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ML daily)
Nasal Anticholinergics			XHANCE EXHU	3	QL(1.07 ML daily); ST
<i>ipratropium bromide (nasal)</i>	1		NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
Nasal Steroids			ALS Agents		
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASON PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASON CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASON 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	RADICAVA ORS STARTER KIT SUSP	4	PA
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	RADICAVA ORS SUSP	4	PA
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	QL(1.2 ML daily)	RELYVRIO	4	PA
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC	<i>riluzole TABS</i>	1	
			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	
			BETIMOL 0.25 %	2	
			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	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>timolol</i>	1		(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
<i>timolol maleate (ophth) SOLG</i>	1		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN	1	
<i>timolol maleate (ophth) SOLN</i>	1		AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>timolol maleate (ophth) SOLN</i>	2		<i>bacitracin (ophthalmic)</i>	2	
Cycloplegic Mydriatics			<i>bacitracin-polymyxin b (ophth)</i>	1	
(Homatropine Hbr) HOMATROPAIRE	1		BESIVANCE	3	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1		BETADINE OPHTHALMIC PREP	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1		CILOXAN OINT	2	
<i>atropine sulfate (ophthalmic) SOLN</i>	1		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 %	2		ERYTHROMYCIN	2	
CYCLOGYL	2		<i>erythromycin (ophth)</i>	1	
CYCLOMYDRIL	3		<i>gatifloxacin (ophth)</i>	1	
<i>cyclopentolate hcl</i>	1		<i>gentamicin sulfate (ophth) SOLN</i>	1	
ISOPTO ATROPINE SOLN	2		KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>phenylephrine hcl (mydriatic) SOLN</i>	1		<i>levofloxacin (ophth) 1.5 %</i>	2	
<i>tropicamide SOLN</i>	1		<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
Miotics			NATACYN	2	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)	<i>neomycin-bacitracin zn-polymyxin</i>	1	
Ophthalmic Adrenergic Agents			<i>neomycin-polymyxin-gramicidin</i>	1	
<i>apraclonidine hcl</i>	2		<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail; 5 per fill mail)
<i>brimonidine tartrate</i>	1		<i>polymyxin b-trimethoprim</i>	1	
IOPIDINE	3		POVIDONE-IODINE	3	
Ophthalmic Anti-infectives			<i>sulfacetamide sodium (ophth) OINT</i>	1	
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN	1				

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<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBEX OINT	2	
<i>trifluridine</i>	1	
ZIRGAN GEL	3	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
AKTEN	3	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail; 4 per fill mail)
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>difluprednate</i>	2	
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	
MAXIDEX SUSP OP	2	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyx-dexameth OINT</i>	1	
<i>neomycin-polymyx-dexameth SUSP</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
PREDNISOLONE-MOXIFLOXACIN SOLN	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
ZYLET	3	QL(5 ML per fill retail)
Ophthalmic Surgical Aids		
GELFILM	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ML daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	1	QL(0.34 ML daily); ST
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	4	
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ML daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ML daily); RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
<i>latanoprost SOLN</i>	1	QL(0.09 ML daily)
LATANOPROST SOLN	2	QL(0.09 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
<i>tafluprost</i>	1	QL(1 EA daily)
<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>	2	QL(14 EA per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylonol) CORTIC-ND	1	
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</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		

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Drug Name	Drug Tier	Requirements/Limits
(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	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<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	4	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	4	PA
PENICILLIN G PROCAINE	4	PA

Drug Name	Drug Tier	Requirements/Limits
<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</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
<i>ampicillin & sulbactam sodium IJ 2 GM-1 GM</i>	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
BICILLIN C-R	4	PA
BICILLIN C-R 900/300	4	PA
<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	4	PA
UNASYN IJ 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	4	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium IV 2 GM, 10 GM</i>	4	PA
<i>oxacillin sodium IV 10 GM</i>	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>megestrol acetate (appetite)</i>	2	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	
<i>lofexidine hcl</i>	2	QL(224 EA per 14 day(s) retail); PA
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	4	ST; PA
XYREM SOLN	4	ST; PA
Antidementia Agents		
<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)
<i>donepezil hydrochloride TBDP</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-donepezil hcl CP24</i>	1	PA
<i>memantine hcl SOLN 2 MG/ML</i>	1	
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)
<i>memantine hcl TABS</i>	1	
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 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG</i>	2	
<i>olanzapine-fluoxetine hcl 25 MG-6 MG</i>	4	
<i>perphenazine-amitriptyline</i>	1	
SYMBYAX 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	4	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA
SAVELLA TABS	4	QL(2 EA daily); PA
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA
AUSTEDO TABS 9 MG	4	QL(2 EA daily); PA
AUSTEDO TABS 12 MG	4	QL(4 EA daily); PA
AUSTEDO TABS 6 MG	4	ST; QL(2 EA daily); PA
INGREZZA CAPS 60 MG	4	QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 EA daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
INGREZZA CPSP	4	QL(1 EA daily); SP; PA
tetrabenazine	2	SP; PA
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily)
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail)
AVONEX PEN AJKT	4	PA
AVONEX PREFILLED PSKT	4	PA
BETASERON KIT	4	PA
dalfampridine	2	SP; PA
dimethyl fumarate CDPK	2	QL(60 EA per 365 day(s) retail)
dimethyl fumarate CPDR	2	QL(2 EA daily)
 fingolimod hcl	2	QL(1 EA daily)
glatiramer acetate SOSY 20 MG/ML	2	QL(1 ML daily)
glatiramer acetate SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail)
MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(12 EA per 5 day(s) retail); SP; PA
MAYZENT STARTER PACK TBPK 0.25 MG	4	SP; PA
MAYZENT TABS 2 MG	4	QL(1 EA daily); SP; PA
MAYZENT TABS 1 MG	4	SP; PA
MAYZENT TABS 0.25 MG	4	QL(4 EA daily); SP; PA
PLEGRIDY STARTER PACK SOAJ	4	PA

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK SOSY SC	4	PA
PLEGRIDY SOAJ	4	PA
PLEGRIDY SOSY IM	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
teriflunomide	2	QL(1 EA daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
fluoxetine hcl (pmdd) TABS	2	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA	4	PA
Psychotherapeutic and Neurological Agents - Misc.		
ergoloid mesylates TABS	1	
pimozide	1	
Smoking Deterrents		

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

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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, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR, 21 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, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	5	PV	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
			NICOTROL NS SOLN	5	PV
			NICOTROL INHA	5	PV
			<i>varenicline tartrate TABS 0.5 MG</i>	5	QL(1 EA daily); PV
			<i>varenicline tartrate TABS 1 MG</i>	5	QL(2 EA daily); PV
			Transthyretin Amyloidosis Agents		
			TEGSEDI	4	PA
			RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
			Cystic Fibrosis Agents		
			KALYDECO PACK	4	PA
			KALYDECO TABS	4	PA
			ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
			ORKAMBI PACK 94 MG-75 MG	4	PA
			ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			PULMOZYME	2	QL(5 ML daily); PA
			SYMDEKO	4	PA
			TRIKAFTA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 EA daily); SP; PA
			TRIKAFTA THPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 EA daily); SP; PA
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR	5	PV			
APO-VARENICLINE TABS 0.5 MG	5	QL(1 EA daily); PV			
APO-VARENICLINE TABS 1 MG	5	QL(2 EA daily); PV			
<i>bupropion hcl (smoking deterrent)</i>	5	PV			
NICODERM CQ PT24 TD (<i>nicotine</i>)	5	PV			
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	PV			
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	PV			
NICORETTE GUM (<i>nicotine polacrilex</i>)	5	PV			
NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	PV			
<i>nicotine polacrilex GUM</i>	5	PV			
<i>nicotine polacrilex LOZG</i>	5	PV			
NICOTINE KIT	5	PV			

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Drug Name	Drug Tier	Requirements/Limits
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); PA
<i>pirfenidone CAPS</i>	2	QL(3 EA daily); SP; PA
<i>pirfenidone TABS</i>	2	QL(3 EA daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2	
<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS 75 MG</i>	1	ST
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
<i>minocycline hcl TABS 75 MG</i>	1	PA
<i>minocycline hcl TABS 50 MG, 100 MG</i>	1	
<i>tetracycline hcl CAPS</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	QL(3 EA daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
ADTHYZA TABS 130 MG	3	
ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	2	
ARMOUR THYROID TABS	2	

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Drug Name	Drug Tier	Requirements/Limits
CYTOMEL TABS 5 MCG <i>(liothyronine sodium)</i>	2	
CYTOMEL TABS 25 MCG, 50 MCG <i>(liothyronine sodium)</i>	2	QL(2 EA daily)
<i>levothyroxine sodium</i> CAPS	2	
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
<i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 EA daily)
<i>liothyronine sodium</i> TABS 5 MCG	1	
NIVA THYROID TABS	2	
NP THYROID TABS	2	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG <i>(levothyroxine sodium)</i>	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG <i>(levothyroxine sodium)</i>	2	QL(1 EA daily)
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1	

Drug Name	Drug Tier	Requirements/Limits
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
BELLADONNA ALKALOIDS-OPIUM	3	
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>dicyclomine hcl</i> CAPS	1	
<i>dicyclomine hcl</i> SOLN PO	1	
<i>dicyclomine hcl</i> TABS	1	
GLYCATE TABS	3	
<i>glycopyrrolate</i> SOLN PO 1 MG/5ML	1	
<i>glycopyrrolate</i> TABS 1 MG, 2 MG	1	
GLYCOPYRROLATE TABS	3	
<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1	
<i>hyoscyamine sulfate</i> TABS 0.125 MG	1	
<i>hyoscyamine sulfate</i> TB12 0.375 MG	1	
<i>hyoscyamine sulfate</i> TBDP 0.125 MG	1	
<i>methscopolamine bromide</i>	1	
H-2 Antagonists		

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)	(Anticholinergic)		
<i>lansoprazole CPDR</i>	1	QL(1 EA daily); RX/OTC	<i>darifenacin hydrobromide</i>	2	
<i>lansoprazole TBDD 15 MG</i>	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
<i>lansoprazole TBDD 30 MG</i>	2	QL(1 EA daily); AL(Up to 12 yrs old)	<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)	<i>oxybutynin chloride TB24</i>	1	
<i>omeprazole CPDR 10 MG</i>	1		<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)	<i>solifenacin succinate TABS 5 MG</i>	1	
<i>pantoprazole sodium PACK</i>	2	QL(1 EA daily)	<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)	<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
PRILOSEC PACK	3	PA	<i>tropium chloride CP24</i>	1	
RABEPRAZOLE SODIUM CPSP	3	PA	<i>tropium chloride TABS</i>	1	QL(2 EA daily)
<i>rabeprazole sodium TBEC</i>	1	QL(1 EA daily); PA	Urinary Antispasmodics - Cholinergic Agonists		
Ulcer Drugs - Prostaglandins			<i>bethanechol chloride</i>	1	
<i>misoprostol</i>	1		Urinary Antispasmodics - Direct Muscle Relaxants		
Ulcer Therapy Combinations			<i>flavoxate hcl</i>	1	
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail	VACCINES		
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			Viral Vaccines		
Urinary Antispasmodic - Antimuscarinics			ABRYSVO	5	PV
			AFLURIA QUADRIVALENT SUSY 0.5 ML	5	PV
			AREXVY	5	AL(At least 50 yrs old); PV
			COVID VACCINES	5	
			FLUAD QUADRIVALENT	5	PV
			FLUARIX QUADRIVALENT SUSY	5	PV
			FLUBLOK SOSY	5	PV
			FLUCELVAX SUSP	5	PV
			FLULAVAL QUADRIVALENT SUSY	5	PV
			FLUMIST QUADRIVALENT	5	PV
			FLUZONE HIGH-DOSE QUADRIVALENT	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE SUSY	5	PV
FLUZONE QUADRIVALENT SUSY	5	PV
HEPLISAV-B SOSY	5	Medical Benefit; PV
MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV
MRESVIA	5	AL(At least 60 yrs old); PV
NOVAVAX COVID-19 VACCINE SUSY	5	PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
SHUR-SEAL CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM	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	
VANAZOLE	2	
Vaginal Contraceptive - pH Modulators		

Drug Name	Drug Tier	Requirements/ Limits
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 per fill mail)
FEMRING	3	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PREMARIN	2	QL(2 GM daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
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	
<i>phytonadione TABS 5 MG</i>	2	

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MG, 800 MG 4	(Levonorgestrel & Eth Estradiol)	Day)) AMETHIA, ASHLYNA,
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(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 14	AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG 45	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI- DIARRHEAL CAPS 20
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 14	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) 42	(Lorazepam) LORAZEPAM INTENSOL CONC 10
(Lamotrigine) SUBVENITE TABS . 14	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 42	(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW 21
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .109	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 42	
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .109		
(Levetiracetam) ROWEEPRA TABS 500 MG 14		

(Methadone Hcl) METHADONE HCL INTENSOL CONC7	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG104	NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 105
(Methadone Hcl) METHADOSE TBSO7		
(Methylergonovine Maleate) METHERGINE TABS101		(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM104
(Methyltestosterone) METHITEST TABS9		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .111	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE	
(Miglustat) YARGESA64		
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP .97		
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN98	POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG .104	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR105
(Niacin (Antihyperlipidemic)) NIACOR TABS23		
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG104	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 105	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR 105
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE		

NICOTINE PT24 TD 21 MG/24HR 105	LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 42	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 43
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR105	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 43	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 43
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR 106	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS ... 42	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG .43
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR 106	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS ... 42	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG 43
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 45	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 43	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG 43
(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,	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 43	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYROC, SHAROBEL ... 45
	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN	

1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG44	CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 44	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 8
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG- 30 MCG43	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 48	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML 93
(Norethindrone Acetate) GALLIFREY TABS101	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 % 99	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ... 93
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 58	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 100	(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML 93
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 110	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE CHEW 93
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 109	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN 94
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-LO-ESTARYLLA, TRI- LO-MARZIA, TRI-LO-MILI, TRI-LO- SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . 44	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 8	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML 94
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 44	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .8	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN 94
(Norgestrel & Ethinyl Estradiol)		(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT65
		(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM 65

(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 65	Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 91	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG 22
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..101	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ 91	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML 46
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 98	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ 91	(Salicylic Acid) KERALYT SHAM 6 % 54
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG 16	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ 91	(Sapropterin Dihydrochloride) JAVYGTOR PACK 57
(Phenytoin) PHENYTOIN INFATABS CHEW 16	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK 60	(Sapropterin Dihydrochloride) JAVYGTOR TABS 57
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD 66	(Potassium Citrate-Citric Acid) CYTRA-K SOLN 60	(Silver Sulfadiazine) SSD 51
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL 91	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 91	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 47
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .. 91	(Pramoxine-HC-Chloroxylenol) CORTIC-ND 100	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 47
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 91	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F .99	(Sodium Citrate & Citric Acid) CYTRA-2 60
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 91	(Prednisolone) MILLIPRED TABS .46	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG 91
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 91	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 94	(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML 92
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 91	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .94	(Sotalol Hcl) SORINE TABS 37
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 91	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT 94	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % 47
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 91	(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 94	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM 47
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 91	(Prochlorperazine) COMPRO 35	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % 47
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 91	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG 22	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP .. 26

(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	40	abacavir sulfate TABS	35	ACTI-LANCE UNIVERSAL 23G ..	70
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM	9	abacavir sulfate-lamivudine	35	ACTIMMUNE 100 MCG/0.5ML	32
(Tetracaine Hcl (Ophth)) ALTACAINE	99	abiraterone acetate	28	ACUVAIL	100
(Theophylline) ELIXOPHYLLIN ELIX . 13		ABRYSVO	110	acyclovir CAPS	37
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 97		acamprosate calcium	102	acyclovir SUSP	37
(Tiopronin) VENXXIVA TBEC	61	acarbose	18	acyclovir TABS PO 400 MG	37
(Tretinoin) AVITA CREA 0.025 % .	47	ACCU-CHEK FASTCLIX LANCETS . 69		acyclovir TABS PO 800 MG	37
(Tretinoin) AVITA GEL 0.025 % ...	47	ACCU-CHEK SAFE-T PRO LANCETS	69	acyclovir topical CREA	51
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	93	ACCU-CHEK SOFTCLIX LANCETS 70		acyclovir topical OINT	51
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	97	acebutolol hcl CAPS	37	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	3
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	51	acetaminophen w/ codeine SOLN ..	8	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	3
(Urea) CEROVEL LOTN 40 %	53	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	8	adapalene CREA	47
(Vigabatrin) VIGADRONE TABS ..	16	acetaminophen w/ codeine TABS 60 MG-300 MG	8	adapalene GEL 0.1 %	47
(Vigabatrin) VIGADRONE, VIGPODER PACK	16	acetazolamide CP12	56	adapalene GEL 0.3 %	47
(Warfarin Sodium) JANTOVEN TABS	13	acetazolamide TABS 125 MG	56	adapalene-benzoyl peroxide GEL .	47
(Zolmitriptan) ZOMIG TABS	90	acetazolamide TABS 250 MG	56	ADCIRCA TABS (tadalafil (pulmonary hypertension))	40
1ST TIER UNILET COMFORTOUCH	69	acetic acid (otic)	100	adefovir dipivoxil	36
abacavir sulfate SOLN	35	acetylcysteine SOLN	47	ADEMPAS	40
		acitretin 10 MG	50	ADIPEX-P CAPS (phentermine hcl) 1	
		acitretin 17.5 MG	50	ADIPEX-P TABS (phentermine hcl) .	1
		acitretin 25 MG	50	ADTHYZA TABS 130 MG	107
		ACTIDOM DMX LIQD	46	ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	107
		ACTI-LANCE 28G	70	ADVANCED MOBILE LANCET ...	70
		ACTI-LANCE LITE LANCETS 28G 70		ADVATE	61
		ACTI-LANCE SPECIAL LANCETS 17G	70	ADVOCATE LANCETS	70
				ADVOCATE LANCETS 30G	70
				ADVOCATE SAFETY LANCETS .	70

ADVOCATE SAFETY LANCETS 26G	70	alendronate sodium TABS 35 MG .56	amantadine hcl TABS	33
ADYNOVATE	61	alendronate sodium TABS 5 MG, 10 MG	ambrisentan 10 MG	39
AFINITOR DISPERZ TBSO (everolimus)	30	alendronate sodium TABS 70 MG .56	ambrisentan 5 MG	39
AFINITOR TABS (everolimus)	30	ALFERON N	amcinonide LOTN	51
AFLURIA QUADRIVALENT SUSY 0.5 ML	110	alfuzosin hcl	amiloride & hydrochlorothiazide ..	56
AFREZZA POWD	19	ALINIA SUSR	amiloride hcl TABS	56
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	61	aliskiren fumarate	aminocaproic acid SOLN PO 0.25 GM/ML	64
AGAMATRIX ULTRA-THIN LANCETS	70	allopurinol 100 MG	aminocaproic acid TABS	64
AGAMREE	46	allopurinol 300 MG	amiodarone hcl TABS	11
AIMSCO LUBRICATED MISC	67	almotriptan malate	amitriptyline hcl TABS	18
AIMSCO TWIST LANCETS 32G ..	70	ALOCRIAL	amlodipine besylate TABS 2.5 MG	38
AIMSCO TWIST LANCETS 33G ..	70	alogliptin benzoate	amlodipine besylate TABS 5 MG, 10 MG	38
AJOVY SOAJ	90	ALOMIDE	amlodipine besylate-atorvastatin calcium	38
AJOVY SOSY	90	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	amlodipine besylate-atorvastatin calcium	38
AKTEN	99	alosetron hcl	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	24
AKYNZEO	21	ALPHANATE SOLR	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
albendazole	10	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	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
albuterol sulfate AERS	12	ALPRAZOLAM INTENSOL CONC	amlodipine besylate-valsartan 10 MG-160 MG	24
albuterol sulfate NEBU	12	alprazolam TABS	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG	24
ALBUTEROL SULFATE NEBU	12	alprazolam TB24	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG	24
albuterol sulfate SYRP	12	alprazolam TBDP	amlodipine-valsartan- hydrochlorothiazide	24
albuterol sulfate TABS	12	ALPROLIX	amoxapine	18
alclometasone dipropionate CREA	51	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	amoxicillin & pot clavulanate CHEW . 101	
alclometasone dipropionate OINT	.51	ALUNBRIG TABS	amoxicillin & pot clavulanate SUSR 101	
ALECENSA	30	ALUNBRIG TBPK		
alendronate sodium SOLN	56	alvimopan		
		amantadine hcl CAPS		33

amoxicillin & pot clavulanate TABS 101	APO-VARENICLINE TABS 0.5 MG 106	ARNUITY ELLIPTA12
amoxicillin & pot clavulanate TB12 101	APO-VARENICLINE TABS 1 MG 106	AROMASIN (exemestane)28
amoxicillin CAPS 101	apraclonidine hcl 98	asenapine maleate34
amoxicillin CHEW 125 MG, 250 MG . 101	aprepitant CAPS 40 MG22	aspirin CHEW 7
amoxicillin SUSR 101	aprepitant CAPS 80 MG, 125 MG .22	aspirin TBEC 81 MG 7
amoxicillin TABS101	aprepitant CAPS22	aspirin-dipyridamole63
amoxicillin-clarithromycin w/ lansoprazole THPK110	aprepitant MISC22	ASSURE COMFORT LANCETS 28G70
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)35	ASSURE HAEMOLANCE PLUS HIGH70
amphetamine-dextroamphetamine TABs 5 MG, 10 MG, 12.5 MG, 20 MG, 30 MG1	APTiom 14	ASSURE HAEMOLANCE PLUS LOW70
amphetamine-dextroamphetamine TABs 7.5 MG, 15 MG1	APTIVUS CAPS35	ASSURE HAEMOLANCE PLUS MICRO70
ampicillin & sulbactam sodium IJ 2 GM-1 GM 101	AQUALANCE LANCETS 30G 70	ASSURE HAEMOLANCE PLUS NORMAL70
ampicillin CAPS 500 MG 101	ARCALYST4	ASSURE HAEMOLANCE PLUS PED70
ampicillin sodium IJ 1 GM, 125 MG 101	AREXVY 110	ASSURE ID INSULIN SAFETY SYR 89
anagrelide hcl 63	ARIKAYCE2	ASSURE LANCE LANCETS71
ANALPRAM-HC LOTN EX9	ARIMIDEX (anastrozole)28	ASSURE LANCE LANCETS 21G .71
anastrozole28	aripiprazole SOLN PO 35	ASSURE LANCE PLUS SAFETY 25G71
ANCOBON (flucytosine)22	aripiprazole TABS 15 MG35	ASSURE LANCE PLUS SAFETY 30G71
ANDEXXA 200 MG21	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG35	ASSURE LANCE SAFETY LANCET 28G71
ANGELIQ58	aripiprazole TABS 20 MG35	ASTAGRAF XL CP2492
ANNOVERA45	aripiprazole TBP35	ATABEX EC TBEC 94
ANORO ELLIPTA 12	ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)13	atazanavir sulfate CAPS35
ANZEMET TABS 50 MG21	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)13	atenolol & chlorthalidone24
APEXICON E CREA51	armodafinil 150 MG, 200 MG, 250 MG2	atenolol TABS37
	armodafinil 50 MG2	
	ARMOUR THYROID TABS 107	

atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	2	azelaic acid GEL	54	BD MICROTAINER LANCETS	71
atomoxetine hcl 60 MG, 80 MG, 100 MG	2	azelastine hcl (ophth)	100	BD PEN NEEDLE MICRO U/F	89
atorvastatin calcium TABS	23	azelastine hcl 0.1 %, 137 MCG/SPRAY	96	BD PEN NEEDLE MINI U/F	89
atovaquone	26	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	97	BD PEN NEEDLE NANO 2ND GEN	89
atovaquone-proguanil hcl	26	azelastine hcl-fluticasone propionate SUSP	96	BD PEN NEEDLE NANO U/F	89
atropine sulfate (ophthalmic) OINT 98		azithromycin PACK	67	BD PEN NEEDLE ORIGINAL U/F	89
atropine sulfate (ophthalmic) SOLN 98		azithromycin SUSR	67	BD PEN NEEDLE SHORT U/F	89
ATROPINE SULFATE SOLN 1 %	98	azithromycin TABS 250 MG	67	BD SAFETYGLIDE INSULIN SYRINGE	89
ATROVENT HFA	11	azithromycin TABS 500 MG	67	BD VEO INSULIN SYRINGE U/F	89
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	101	azithromycin TABS 600 MG	67	BELLADONNA ALKALOIDS-OPIMUM	108
AURANOFIN 3 MG	4	bacitracin (ophthalmic)	98	BELSOMRA	65
AURORA LANCET SUPER THIN 30G	71	bacitracin-polymyxin b (ophth)	98	benazepril & hydrochlorothiazide	24
AURORA LANCET THIN 23G	71	bacitracin-poly-neomycin-hc	99	benazepril hcl	24
AURYXIA	60	baclofen TABS 10 MG	96	BENEFIX KIT	61
AUSTEDO TABS 12 MG	102	baclofen TABS 15 MG	96	BENLYSTA SOAJ	93
AUSTEDO TABS 6 MG	102	baclofen TABS 20 MG	96	BENLYSTA SOSY	93
AUSTEDO TABS 9 MG	102	baclofen TABS 5 MG	96	BENSAL HP OINT	54
AUSTEDO XR PATIENT TITRATION TEPK	102	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	44	BENZNIDAZOLE	10
AUSTEDO XR TB24	102	BALFAXAR	61	benzonatate	46
AVONEX PEN AJKT	103	balsalazide disodium CAPS	59	benzoyl peroxide-erythromycin GEL	48
AVONEX PREFILLED PSKT	103	BALVERSA	30	benzphetamine hcl 25 MG	1
AYVAKIT	29	BD AUTOSHIELD	89	benzphetamine hcl 50 MG	1
AZASITE	98	BD AUTOSHIELD DUO	89	benztropine mesylate SOLN	33
azathioprine TABS 50 MG	92	BD DISP NEEDLES	89	benztropine mesylate TABS	33
azathioprine TABS 75 MG, 100 MG 92		BD ECLIPSE LUER-LOK NEEDLE	89	bepotastine besilate	100
		BD LANCET ULTRAFINE 30G	71	BESIVANCE	98
		BD LANCET ULTRAFINE 33G	71	BESREMI	32

BETADINE OPHTHALMIC PREP	98	BICILLIN C-R 900/300	101	bromocriptine mesylate TABS 2.5 MG	33
betaine	57	BICILLIN L-A SUSY	101	BRUKINSA	30
betamethasone dipropionate (topical) CREA	51	BIKTARVY	35	budesonide (inhalation) SUSP 0.25 MG/2ML	12
betamethasone dipropionate (topical) LOTN	51	bimatoprost SOLN	100	budesonide (inhalation) SUSP 0.5 MG/2ML	12
betamethasone dipropionate (topical) OINT	51	bisacodyl SUPP	67	budesonide (inhalation) SUSP 1 MG/2ML	12
betamethasone dipropionate augmented CREA	51	bisacodyl TBEC	67	budesonide (intrarectal)	9
betamethasone dipropionate augmented GEL 0.05 %	51	bisoprolol & hydrochlorothiazide	25	budesonide TB24	46
betamethasone dipropionate augmented LOTN	52	bisoprolol fumarate	37	budesonide-formoterol fumarate dihydrate	12
betamethasone dipropionate augmented OINT	52	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	30	bumetanide TABS 0.5 MG, 1 MG	56
betamethasone valerate CREA	52	bortezomib SOLR IJ	30	bumetanide TABS 2 MG	56
betamethasone valerate FOAM	52	bosentan TABS	39	buprenorphine hcl SUBL 2 MG	9
betamethasone valerate LOTN	52	BOSULIF CAPS	30	buprenorphine hcl SUBL 8 MG	9
betamethasone valerate OINT	52	BOSULIF TABS	30	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	9
BETASERON KIT	103	BRAFTOVI 75 MG	30	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	9
betaxolol hcl (ophth) SOLN	97	BREZTRI AEROSPHERE	12	buprenorphine hcl-naloxone hcl dihydrate SUBL	9
betaxolol hcl	37	BRILINTA	63	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	9
bethanechol chloride	110	brimonidine tartrate (topical)	54	bupropion hcl (smoking deterrent)	106
BETHKIS NEBU (tobramycin)	2	brimonidine tartrate	98	bupropion hcl TABS	17
BETIMOL 0.25 %	97	brimonidine tartrate-timolol maleate	97	bupropion hcl TB12	17
BETOPTIC-S SUSP	97	brinzolamide	100	bupropion hcl TB24 150 MG, 300 MG	17
bexarotene (topical)	49	BRIVIACT SOLN PO 10 MG/ML	14	bupropion hcl TB24 450 MG	17
bexarotene	32	BRIVIACT TABS 10 MG	14		
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	44	BRIVIACT TABS 100 MG	14		
bicalutamide	29	BRIVIACT TABS 25 MG, 50 MG, 75 MG	14		
BICILLIN C-R	101	bromfenac sodium (ophth) 0.07 %, 0.075 %	100		
		bromfenac sodium (ophth) 0.09 %	100		
		bromocriptine mesylate CAPS	33		

bupirone hcl	10	CALCIPOTRIENE FOAM	50	carbamazepine TB12 100 MG	14
butalbital-acetaminophen CAPS 50 MG-300 MG	6	calcipotriene OINT	50	carbamazepine TB12 200 MG	14
butalbital-acetaminophen TABS 50 MG-300 MG	6	calcipotriene SOLN	50	carbamazepine TB12 400 MG	14
butalbital-acetaminophen TABS 50 MG-325 MG	6	calcipotriene-betamethasone dipropionate OINT	52	CARBATROL CP12 (carbamazepine)	14
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6	calcipotriene-betamethasone dipropionate SUSP	52	carbidopa	33
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6	calcitonin (salmon) IJ	56	carbidopa-levodopa TABS	33
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	8	calcitonin (salmon) NA	56	carbidopa-levodopa TBCR 100 MG- 25 MG	33
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	8	calcitriol (topical)	50	carbidopa-levodopa TBCR 200 MG- 50 MG	33
butalbital-aspirin-caffeine CAPS	6	calcitriol CAPS 0.25 MCG	57	carbidopa-levodopa TBCR 200 MG- 50 MG	33
butalbital-aspirin-caffeine w/cod	8	calcitriol CAPS 0.5 MCG	57	carbidopa-levodopa TBDP	33
butorphanol tartrate NA 10 MG/ML .	9	calcitriol SOLN PO	57	carbidopa-levodopa-entacapone .	33
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	35	calcium acetate (phosphate binder) CAPS	60	carbinoxamine maleate SOLN	22
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	35	calcium acetate (phosphate binder) TABS	60	carbinoxamine maleate TABS 4 MG .	22
cabergoline	58	CALQUENCE	30	CARBINOXAMINE MALEATE TABS .	22
CABOMETYX TABS 20 MG, 60 MG .	30	candesartan cilexetil 32 MG	24	CARDURA XL	61
CABOMETYX TABS 40 MG	30	candesartan cilexetil 4 MG, 8 MG, 16 MG	24	CAREONE LANCET SUPER THIN 30G	71
caffeine citrate SOLN PO	1	candesartan cilexetil- hydrochlorothiazide	25	CAREONE LANCET THIN 23G ..	71
CALCIFOL	91	capecitabine	27	CAREPOINT POLY HUB NEEDLE 89	
calcipotriene CREA	50	CAPRELSA	30	CARESENS LANCETS	71
calcipotriene FOAM	50	captopril & hydrochlorothiazide ...	25	CARESENS LANCETS 30G	71
		captopril	24	CARETOUCH SAFETY LANCETS 71	
		CARAC CREA	49	CARETOUCH SAFETY LANCETS 26G	71
		carbamazepine CHEW 100 MG ...	14	CARETOUCH TWIST LANCETS 28G	71
		carbamazepine CP12	14	CARETOUCH TWIST LANCETS 30G	71
		carbamazepine SUSP	14		
		carbamazepine TABS	14		

CARETOUCH TWIST LANCETS 33G	71	cefprozil TABS	40	choline fenofibrate 135 MG	23
CARETOUCH TWIST MC LANCETS 30G	71	cefuroxime axetil TABS	40	choline fenofibrate 45 MG	23
carisoprodol TABS	96	celecoxib 400 MG	4	CHOSEN LANCETS 30G	72
carteolol hcl (ophth)	97	celecoxib 50 MG, 100 MG, 200 MG	4	CHOSEN SAFETY LANCETS 28G	72
carvedilol 3.125 MG	37	CELONTIN (methsuximide)	16	ciclopirox GEL	48
carvedilol 6.25 MG, 12.5 MG, 25 MG	37	cephalexin CAPS	40	ciclopirox olamine CREA	48
carvedilol phosphate	37	cephalexin SUSR	40	ciclopirox olamine SUSP	48
CAYA DPRH	67	CEPROTIN	63	ciclopirox SHAM	48
CAYSTON	26	CERDELGA	64	ciclopirox SOLN	48
cefaclor CAPS	40	CEREZYME 400 UNIT	64	cilostazol	63
CEFACTOR ER TB12	40	CERVIDIL INST	101	CILOXAN OINT	98
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	40	CETACAINE AERO	54	CIMDUO	35
cefadroxil CAPS	40	cevimeline hcl	93	cimetidine TABS 300 MG, 800 MG	109
cefadroxil SUSR	40	CHEMET	21	cimetidine TABS 400 MG	109
cefadroxil TABS	40	CHENODAL	59	cinacalcet hcl	57
cefazolin sodium SOLR IV 1 GM ..	40	chlordiazepoxide hcl CAPS	10	CIPRO HC	100
cefdinir CAPS	40	chlordiazepoxide hcl-clidinium bromide	108	CIPRO SUSR	59
cefdinir SUSR	40	chlordiazepoxide-amitriptyline ..	102	ciprofloxacin hcl (ophth) SOLN	98
cefixime CAPS	40	chlorhexidine gluconate (mouth-throat)	93	ciprofloxacin hcl (otic)	100
cefixime SUSR	40	chloroquine phosphate TABS	26	ciprofloxacin hcl TABS	59
CEFOTAN IJ (cefotetan disodium)	40	chlorpromazine hcl TABS	35	ciprofloxacin SUSR	59
cefotetan disodium IJ 1 GM, 2 GM	40	chlorthalidone 25 MG, 50 MG	56	ciprofloxacin-dexamethasone	100
cefoxitin sodium IV 1 GM, 2 GM ..	40	chlorzoxazone TABS 250 MG	96	CITALOPRAM HYDROBROMIDE CAPS	17
CEFOXITIN SODIUM-DEXTROSE	40	chlorzoxazone TABS 375 MG, 500 MG, 750 MG	96	citalopram hydrobromide SOLN ...	17
cefpodoxime proxetil SUSR	41	cholestyramine light PACK	23	citalopram hydrobromide TABS ...	17
cefpodoxime proxetil TABS	41	cholestyramine light POWD	23	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-	
cefprozil SUSR	40	cholestyramine PACK	23		
		cholestyramine POWD	23		

300 MG	94	clindamycin phosphate (topical) LOTN	48	clonazepam TABS	14
CITRANATAL ASSURE	94	clindamycin phosphate (topical) SOLN	48	clonazepam TBDP	14
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 94		clindamycin phosphate (topical) SWAB	48	clonidine hcl (adhd) TB12	2
CITRANATAL DHA	94	clindamycin phosphate vaginal CREA	111	clonidine hcl TABS	24
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	94	clindamycin phosphate-benzoyl peroxide (refrigerate)	48	clopidogrel bisulfate	63
CITRANATAL MEDLEY	95	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	48	clorazepate dipotassium TABS	10
clarithromycin SUSR	67	clindamycin phosphate-tretinoin ..	48	clotrimazole	93
clarithromycin TABS	67	CLINDESSE	111	clotrimazole w/ betamethasone CREA	49
clarithromycin TB24	67	clobazam SUSP	14	clotrimazole w/ betamethasone LOTN	49
CLEANLET LANCETS 28G	72	clobazam TABS 10 MG	14	clozapine TABS	34
clemastine fumarate TABS 2.68 MG . 22		clobazam TABS 20 MG	14	clozapine TBDP	34
CLEOCIN SUPP	111	clobetasol propionate CREA 0.05 % . 52		C-NATE DHA CAPS	95
CLEVER CHEK LANCETS	72	clobetasol propionate emollient base 0.05 %	52	COAGUCHEK LANCETS	72
CLEVER CHOICE COMFORT EZ 72		clobetasol propionate emulsion ...	52	COARTEM	26
CLEVER CHOICE LANCETS 21G 72		clobetasol propionate FOAM	52	codeine sulfate TABS	7
CLEVER CHOICE LANCETS 23G 72		clobetasol propionate GEL 0.05 %	52	CODITUSSIN AC LIQD	46
CLEVER CHOICE LANCETS 28G 72		clobetasol propionate LIQD	52	colchicine CAPS	61
CLIMARA PRO	58	clobetasol propionate LOTN	52	colchicine TABS	61
clindamycin hcl	26	clobetasol propionate OINT 0.05 % . 52		colchicine w/ probenecid	61
clindamycin palmitate hydrochloride . 26		clobetasol propionate SHAM	52	colesevelam hcl PACK	23
clindamycin phosphate (topical) FOAM	48	clobetasol propionate SOLN 0.05 % . 52		colesevelam hcl TABS	23
clindamycin phosphate (topical) GEL 48		clocortolone pivalate	52	colestipol hcl GRAN	23
		clomipramine hcl	18	colestipol hcl PACK	23
				colestipol hcl TABS	23
				COMBIPATCH PTTW	58
				COMBIVENT RESPIMAT AERS ..	12
				COMETRIQ (100 MG DAILY DOSE) KIT	30
				COMETRIQ (140 MG DAILY DOSE)	

KIT	30	50	CYCLOGYL	98	
COMETRIQ (60 MG DAILY DOSE) KIT	30	COSENTYX SENSOREADY (300 MG) SOAJ	50	CYCLOMYDRIL	98
COMFORT ASSURED LANCETS 28G	72	COSENTYX SENSOREADY PEN SOAJ	50	cyclopentolate hcl	98
COMFORT ASSURED LANCETS 33G	72	COSENTYX SOSY 150 MG/ML ...	50	cyclophosphamide CAPS	27
COMFORT EZ INSULIN SYRINGE . 89		COSENTYX SOSY 75 MG/0.5ML .	50	CYCLOPHOSPHAMIDE TABS	27
COMFORT LANCETS	72	COSENTYX UNOREADY SOAJ ..	50	cycloserine	27
COMFORT TOUCH LANCETS 31G . 72		COTELLIC	30	cyclosporine (ophth) EMUL	99
COMFORT TOUCH PLUS LANCETS 28G	72	COVID VACCINES	110	cyclosporine CAPS	92
COMFORT TOUCH PLUS LANCETS 30G	72	COVID-19 AT HOME TEST KITS .	55	cyclosporine modified (for microemulsion) CAPS	92
COMFORT TOUCH TWIST LANCET 30G	72	COVID-19 FLU A&B 3-IN-1 TEST	55	cyclosporine modified (for microemulsion) SOLN	92
COMPLERA	35	CREON CPEP	55	CYKLOKAPRON SOLN (tranexamic acid)	65
COMPLETENATE CHEW	95	CRESEMBA CAPS 186 MG	22	cyproheptadine hcl SYRP	23
CONCEPT DHA	95	CRINONE GEL 8 %	111	cyproheptadine hcl TABS	23
CONCEPT OB	95	cromolyn sodium (ophth)	100	CYSTADANE (betaine)	57
CONDOMS	67	cromolyn sodium NEBU	11	CYSTAGON CAPS	61
CONTRACE	1	CTEXLI 250 MG	59	CYSTARAN	100
CONZIP CP24 (tramadol hcl)	7	CUPRIMINE CAPS (penicillamine) 92		CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	108
COPIKTRA	30	CVS LANCETS 21G	72	CYTOMEL TABS 5 MCG (liothyronine sodium)	108
CORDRAN TAPE	52	CVS LANCETS MICRO THIN 33G 72		CYTRA-3 SYRP	60
CORIFACT	62	CVS LANCETS ORIGINAL	72	dabigatran etexilate mesylate CAPS 110 MG	14
CORLANOR SOLN	40	CVS LANCETS THIN 26G	72	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	14
CORTANE-B	52	CVS LANCETS ULTRA THIN 30G 73		dalfampridine	103
CORTIFOAM EX 10 %	9	CVS LANCETS ULTRA-THIN 30G 73		danazol CAPS	9
CORTISPORIN-TC	100	CVS ULTRA THIN LANCETS	73	dantrolene sodium CAPS	96
COSENTYX (300 MG DOSE) SOSY .		cyclobenzaprine hcl TABS 5 MG, 10 MG	96	dapagliflozin propanediol	20

dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	18	PREF SYR)	45	(ophth)	99
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	18	DESCOVY 200 MG-25 MG	35	dexamethasone SOLN	46
dapsone (topical) 5 %	48	desipramine hcl TABS	18	dexamethasone TABS	46
dapsone (topical) 7.5 %	48	desloratadine TABS	22	dexamethasone TBPk	46
dapsone 100 MG	26	desloratadine TBPk 2.5 MG	22	dexmethylphenidate hcl CP24	2
dapsone 25 MG	26	desloratadine TBPk 5 MG	22	dexmethylphenidate hcl TABS	2
DARAPRIM (pyrimethamine)	26	DESMOPRESSIN ACETATE SOLN NA	58	dextroamphetamine sulfate CP24 ...	1
darifenacin hydrobromide	110	desmopressin acetate spray	58	dextroamphetamine sulfate SOLN ..	1
darunavir TABS	35	desmopressin acetate spray refrigerated 0.01 %	58	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
dasatinib	30	desmopressin acetate TABS 0.1 MG 58		DHIVY TABS	33
DAURISMO	28	desmopressin acetate TABS 0.2 MG 58		DIACOMIT CAPS 250 MG	15
deferasirox PACK	21	desogestrel & ethinyl estradiol	44	DIACOMIT CAPS 500 MG	14
deferasirox TABS	21	desogestrel-ethinyl estradiol (biphasic)	44	DIACOMIT PACK 250 MG	15
deferasirox TBSO	21	desonide CREA	52	DIACOMIT PACK 500 MG	15
deferiprone TABS 500 MG	21	desonide GEL	52	DIATHRIVE LANCET ULTRA THIN 30	73
deflazacort SUSP	46	desonide LOTN	52	DIATHRIVE LANCETS	73
deflazacort TABS	46	desonide OINT	52	diazepam (anticonvulsant) GEL ...	14
DELSTRIGO	35	desoximetasone CREA	52	diazepam CONC	10
demeclocycline hcl TABS	107	desoximetasone GEL	52	diazepam SOLN PO 5 MG/5ML ...	10
DEMSEK (metyrosine)	24	desoximetasone LIQD	52	diazepam TABS 10 MG	10
DEPAKOTE ER TB24 (divalproex sodium)	17	desoximetasone OINT 0.05 %	52	diazepam TABS 2 MG, 5 MG	10
DEPAKOTE SPRINKLES CSDR (divalproex sodium)	17	desoximetasone OINT 0.25 %	52	diazoxide	19
DEPAKOTE TBEC (divalproex sodium)	17	desvenlafaxine succinate	18	dichlorphenamide	56
DEPEN TITRATABS TABS (penicillamine)	92	dexamethasone ELIX	46	diclofenac potassium TABS 50 MG .	4
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP		DEXAMETHASONE INTENSOL CONC	46	diclofenac sodium (actinic keratoses) EX	49
		dexamethasone sodium phosphate		diclofenac sodium (ophth)	100
				diclofenac sodium (topical) GEL EX	49

diclofenac sodium (topical) SOLN EX 1.5 %	49	DILANTIN-125 SUSP (phenytoin) .	16	dorzolamide hcl-timolol maleate ..	97
diclofenac sodium (topical) SOLN EX 2 %	49	diltiazem hcl coated beads CP24 ..	38	DOVATO	35
diclofenac sodium TB24	4	diltiazem hcl CP12	38	doxazosin mesylate	24
diclofenac sodium TBEC	4	diltiazem hcl CP24	38	doxepin hcl (antipruritic)	50
diclofenac w/ misoprostol TBEC	4	diltiazem hcl extended release beads	38	doxepin hcl CAPS	18
dicloxacillin sodium	101	diltiazem hcl TABS	38	doxepin hcl CONC	18
dicyclomine hcl CAPS	108	diltiazem hcl TB24	38	doxercalciferol CAPS	57
dicyclomine hcl SOLN PO	108	dimethyl fumarate CDPK	103	doxycycline (monohydrate) CAPS 150 MG	107
dicyclomine hcl TABS	108	dimethyl fumarate CPDR	103	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	107
diethylpropion hcl TABS	1	DIPENTUM	59	doxycycline (monohydrate) SUSR 107	
diethylpropion hcl TB24	1	diphenhydramine hcl SOLN 50 MG/ML	22	doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG	107
DIFFERIN LOTN	48	diphenoxylate w/ atropine LIQD ...	20	doxycycline (monohydrate) TABS 75 MG	107
DIFICID TABS	67	diphenoxylate w/ atropine TABS ...	20	doxycycline (rosacea)	54
diflorasone diacetate CREA	52	dipyridamole	63	doxycycline hyclate CAPS	107
diflorasone diacetate OINT	52	disopyramide phosphate CAPS ...	10	doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG	107
diflunisal TABS	7	disulfiram	102	doxylamine-pyridoxine TBEC	21
difluprednate	99	DIURIL SUSP	56	dronabinol CAPS 10 MG	21
digoxin SOLN PO 0.05 MG/ML	38	divalproex sodium CSDR	17	dronabinol CAPS 2.5 MG, 5 MG ...	21
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	38	divalproex sodium TB24	17	DROPLET INSULIN SYRINGE ...	89
dihydroergotamine mesylate SOLN IJ 1 MG/ML	90	divalproex sodium TBEC	17	DROPLET LANCETS ULTRA THIN 30G	73
dihydroergotamine mesylate SOLN NA 4 MG/ML	90	dofetilide	11	DROPLET PERSONAL LANCETS 30G	73
DILANTIN (phenytoin sodium extended)	16	DOJOLVI	97	DROPSAFE ACTI-LANCE 23G ...	73
DILANTIN	16	DOMETUSS-DMX LIQD	46	DROPSAFE SAFETY SYRINGE/NEEDLE	89
DILANTIN INFATABS CHEW (phenytoin)	16	donepezil hydrochloride TABS ...	102	drosiprenone-ethinyl estradiol	44
DILANTIN SUSP (phenytoin)	16	donepezil hydrochloride TBDP ...	102		
		dorzolamide hcl	100		
		DORZOLAMIDE HCL	100		
		DORZOLAMIDE HCL-TIMOLOL MAL	97		

drospirenone-ethinyl estradiol-levomefolate calcium	44	EASY COMFORT LANCETS	73	efavirenz CAPS	35
DROXIA CAPS	64	EASY COMFORT LANCETS TWIST TOP	73	efavirenz TABS	35
droxidopa	111	EASY TOUCH FLIPLOCK NEEDLES	89	efavirenz-emtricitabine-tenofovir disoproxil fumarate	35
DRUG MART LANCETS THIN 26G	73	EASY TOUCH HYPODERMIC NEEDLE	89	efavirenz-lamivudine-tenofovir disoproxil fumarate	35
DRUG MART ON-THE-GO LANCET 30G	73	EASY TOUCH LANCETS 21G	73	EFFER-K	91
DRUG MART UNILET LANCETS 28G	73	EASY TOUCH LANCETS 23G	73	ELESTRIN GEL	58
DRUG MART UNILET LANCETS 30G	73	EASY TOUCH LANCETS 26G	73	eletriptan hydrobromide	90
DRUG MART UNILET LANCETS 33G	73	EASY TOUCH LANCETS 28G	73	ELIGARD KIT SC 7.5 MG, 45 MG	29
DRYSOL SOLN	54	EASY TOUCH LANCETS 28G/TWIST	73	ELIQUIS DVT/PE STARTER PACK TBPK	13
DUAVEE	58	EASY TOUCH LANCETS 30G	74	ELIQUIS TABS	13
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	18	EASY TOUCH LANCETS 30G/TWIST	74	ELLA	45
DUOPA SUSP	33	EASY TOUCH LANCETS 32G	74	ELMIRON CAPS	61
DUPIXENT SOAJ 200 MG/1.14ML	53	EASY TOUCH LANCETS 32G/TWIST	74	ELOCTATE	62
DUPIXENT SOAJ 300 MG/2ML	53	EASY TOUCH LANCETS 33G/TWIST	74	EMBECTA INSULIN SYRINGE U/F	90
DUPIXENT SOSY 100 MG/0.67ML	53	EASY TOUCH SAFETY LANCETS 21G	74	EMBRACE LANCETS ULTRA THIN 30G	74
DUPIXENT SOSY 200 MG/1.14ML	53	EASY TOUCH SAFETY LANCETS 23G	74	EMBRACE PRESSURE ACTIVATED 21G	74
DUPIXENT SOSY 300 MG/2ML	53	EASY TOUCH SAFETY LANCETS 26G	74	EMBRACE PRESSURE ACTIVATED 28G	74
DUREX EXTRA SENSITIVE THIN DEVI	67	EASY TOUCH SAFETY LANCETS 28G	74	EMCYT	29
DUREX EXTRA SENSITIVE THIN MISC	67	econazole nitrate CREA	49	EMEND SUSR	22
DUREX TROPICAL MISC	67	EDARBI 40 MG	24	EMFLAZA SUSP (deflazacort)	46
dutasteride	61	EDARBI 80 MG	24	EMFLAZA TABS (deflazacort)	46
dutasteride-tamsulosin hcl	61	EDARBYCLOR	25	EMGALITY (300 MG DOSE) SOSY	90
		EDURANT	35	EMGALITY SOAJ	90
				EMGALITY SOSY	90
				EMSAM	17

emtricitabine CAPS	35	EQL COLOR LANCETS 21G	74	ESPEROCT	62
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	35	EQL COLOR LANCETS MICRO 33G	74	estazolam	65
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	35	EQL SUPER THIN LANCETS 30G 74		estradiol & norethindrone acetate TABS	58
EMTRIVA SOLN	35	EQL THIN LANCETS 26G	74	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	58
enalapril maleate & hydrochlorothiazide	25	EQUETRO	34	estradiol GEL	58
enalapril maleate TABS	24	ergocalciferol CAPS	111	estradiol PTTW	59
ENBREL MINI SOCT	5	ergolid mesylates TABS	103	estradiol PTWK	59
ENBREL SOLN	5	ERGOMAR SUBL	90	estradiol TABS	59
ENBREL SOSY 25 MG/0.5ML	5	ergotamine w/ caffeine TABS	90	estradiol vaginal CREA	111
ENBREL SOSY 50 MG/ML	5	ERIVEDGE	28	estradiol vaginal TABS	111
ENBREL SURECLICK SOAJ	5	ERLEADA 240 MG	29	estradiol valerate	58
ENCARE SUPP 100 MG	111	ERLEADA 60 MG	29	ESTRING RING	111
ENDOMETRIN INST	111	erlotinib hcl	28	eszopiclone	65
enoxaparin sodium SOLN IJ 300 MG/3ML	13	ERTACZO	49	ethacrynic acid	56
enoxaparin sodium SOSY	13	ertapenem sodium IJ	26	ethambutol hcl TABS	27
entacapone	33	erythromycin (acne aid) GEL	48	ethosuximide CAPS	16
entecavir TABS	36	erythromycin (acne aid) SOLN	48	ethosuximide SOLN	16
ENTEREG (alvimopan)	60	erythromycin (ophth)	98	ethynodiol diacet & eth estrad	44
ENTRESTO TABS	38	ERYTHROMYCIN	98	etodolac CAPS	5
EPCLUSA PACK	36	erythromycin base CPEP	67	etodolac TABS	5
EPCLUSA TABS 100 MG-400 MG 36		erythromycin base TABS	67	etodolac TB24	5
EPCLUSA TABS 50 MG-200 MG .	37	erythromycin base TBEC	67	etonogestrel-ethinyl estradiol	45
EPIDIOLEX	15	erythromycin ethylsuccinate SUSR 67		etoposide CAPS	33
EPIFOAM FOAM	52	erythromycin ethylsuccinate TABS 67		etravirine	35
epinastine hcl (ophth)	100	escitalopram oxalate SOLN	17	EUCRISA	54
epinephrine (anaphylaxis) SOAJ .	111	escitalopram oxalate TABS 10 MG, 20 MG	17	EULEXIN	29
eplerenone	25	escitalopram oxalate TABS 5 MG .	17	EVAMIST SOLN	59

FLORIVA	94	fluorouracil (topical) SOLN	49	fluticasone propionate OINT	52
FLORIVA PLUS SOLN	94	fluoxetine hcl (pmdd) TABS	103	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	13
FLOTREX CHEW 0.5 MG	94	fluoxetine hcl CAPS 10 MG, 20 MG 17		fluticasone-salmeterol AERO	13
FLOWFLEX PLUS COVID-19/FLU A/B	55	fluoxetine hcl CAPS 40 MG	17	fluvastatin sodium CAPS	23
FLUAD QUADRIVALENT	110	fluoxetine hcl CPDR	17	fluvastatin sodium TB24	23
FLUARIX QUADRIVALENT SUSY 110		fluoxetine hcl SOLN	17	fluvoxamine maleate CP24 100 MG 17	
FLUBLOK SOSY	110	fluoxetine hcl TABS 10 MG	17	fluvoxamine maleate CP24 150 MG 17	
FLUCELVAX SUSP	110	fluoxetine hcl TABS 20 MG, 60 MG 17		fluvoxamine maleate TABS 100 MG . 17	
fluconazole SUSR	22	fluphenazine hcl CONC	35	fluvoxamine maleate TABS 25 MG, 50 MG	17
fluconazole TABS	22	fluphenazine hcl ELIX	35	FLUZONE HIGH-DOSE QUADRIVALENT	110
flucytosine	22	fluphenazine hcl TABS	35	FLUZONE HIGH-DOSE SUSY ...	111
fludarabine phosphate SOLR	27	flurazepam hcl 15 MG	65	FLUZONE QUADRIVALENT SUSY 111	
fludrocortisone acetate TABS	46	flurazepam hcl 30 MG	65	FML FORTE SUSP	99
FLULAVAL QUADRIVALENT SUSY . 110		flurbiprofen sodium	100	folic acid TABS 1 MG	64
FLUMIST QUADRIVALENT	110	flurbiprofen TABS	5	folic acid TABS 400 MCG, 800 MCG . 64	
fluocinolone acetonide (otic)	101	fluticasone furoate-vilanterol	12	FOLIVANE-F	64
fluocinolone acetonide CREA	52	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	12	FOLIVANE-OB	95
fluocinolone acetonide OIL	52	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	12	fondaparinux sodium 2.5 MG/0.5ML . 13	
fluocinolone acetonide OINT	52	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	12	fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	13
fluocinolone acetonide SOLN	52	fluticasone propionate (nasal) SUSP . 97		FORA LANCETS	75
fluocinonide CREA	52	fluticasone propionate CREA 0.05 % 52		formaldehyde SOLN 10 %	35
fluocinonide emulsified base	52	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	12	formoterol fumarate NEBU	13
fluocinonide GEL	52	fluticasone propionate hfa 44 MCG/ACT	12		
fluocinonide OINT	52	fluticasone propionate LOTN	52		
fluocinonide SOLN	52				
fluorometholone (ophth) SUSP	99				
fluorouracil (topical) CREA 0.5 % .	49				
fluorouracil (topical) CREA 5 % ...	49				

fosamprenavir calcium TABS	36	FYCOMPA TABS 4 MG	14	GILTUSS COUGH & COLD TABS	46
fosfomycin tromethamine	26	FYCOMPA TABS 6 MG	14	GILTUSS SINUS & CONGESTION TABS	46
fosinopril sodium & hydrochlorothiazide	25	FYCOMPA TABS 8 MG, 10 MG, 12 MG	14	glatiramer acetate SOSY 20 MG/ML . 103	
fosinopril sodium	24	gabapentin CAPS	15	glatiramer acetate SOSY 40 MG/ML . 103	
FOSRENOL PACK	60	gabapentin SOLN	15	GLEOSTINE 10 MG, 40 MG, 100 MG	27
FRAGMIN SOLN 95000 UNIT/3.8ML 13		gabapentin TABS 600 MG, 800 MG 15		glimepiride 1 MG, 2 MG, 4 MG	20
FRAGMIN SOSY 2500 UNIT/0.2ML 14		GALAFOLD	57	glipizide TABS	20
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	galantamine hydrobromide CP24	102	glipizide TB24	20
FREDS PHARMACY UNILET LANC 28G	75	galantamine hydrobromide SOLN 102		glipizide-metformin hcl	18
FREDS PHARMACY UNILET LANC 30G	75	galantamine hydrobromide TABS	102	GLOBAL EASY GLIDE INSULIN SYR	90
FREESTYLE INSULINX TEST STRP	55	GALZIN	92	GLOBAL INJECT EASE LANCETS 28G	75
FREESTYLE LANCETS	75	gatifloxacin (ophth)	98	GLOBAL INJECT EASE LANCETS 30G	75
FREESTYLE LITE TEST STRP ...	55	GATTEX	60	GLUCAGON EMERGENCY	19
FREESTYLE PRECISION NEO TEST STRP	55	gefitinib	28	GLUCOCOM LANCETS 28G	75
FREESTYLE TEST STRP	55	GELFILM	99	GLUCOCOM LANCETS 30G	76
FREESTYLE UNISTICK II LANCETS	75	gemfibrozil TABS	23	GLUCOCOM LANCETS 33G	76
frovatriptan succinate	90	GENERESS FE (norethindrone & ethinyl estradiol-fe)	44	glutamine (sickle cell)	64
furosemide SOLN PO 8 MG/ML, 10 MG/ML	56	gentamicin sulfate (ophth) SOLN .	98	glyburide micronized 1.5 MG, 3 MG, 6 MG	20
furosemide TABS	56	gentamicin sulfate (topical) CREA	.48	glyburide TABS	20
FUZEON SOLR	36	gentamicin sulfate (topical) OINT .	48	glyburide-metformin	18
FYCOMPA SUSP	14	GENTEEL BUTTERFLY TOUCH LANCET	75	GLYCATE TABS	108
FYCOMPA TABS 2 MG	14	GENTLE-LET GP LANCETS	75	glycopyrrolate SOLN PO 1 MG/5ML . 108	
		GENTLE-LET LANCETS	75	glycopyrrolate TABS 1 MG, 2 MG 108	
		GENVOYA	36		
		GILOTRIF	28		
		GILPHEX TR TABS 10 MG-388 MG . 46			

GLYCOPYRROLATE TABS108	HAEMOLANCE76	SOPN 19
GLYXAMBI 18	HAEMOLANCE LOW FLOW LANCETS 76	HUMALOG KWIKPEN SOPN 100 UNIT/ML19
GNP LANCETS 21G76	HAEMOLANCE PLUS76	HUMALOG KWIKPEN SOPN 200 UNIT/ML19
GNP LANCETS THIN 26G76	HAEMOLANCE PLUS HIGH FLOW . 76	HUMALOG MIX 50/50 KWIKPEN SUPN19
GNP STERILE LANCETS 28G ... 76	HAEMOLANCE PLUS LOW FLOW . 76	HUMALOG MIX 50/50 SUSP19
GNP STERILE LANCETS 30G ... 76	HAEMOLANCE PLUS MAX FLOW 76	HUMALOG MIX 75/25 KWIKPEN SUPN19
GNP STERILE LANCETS 33G ... 76	HAEMOLANCE PLUS PEDIATRIC FLOW77	HUMALOG MIX 75/25 SUSP19
GOJJI STERILE LANCETS76	halobetasol propionate CREA 52	HUMALOG SOCT19
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 65	halobetasol propionate OINT 52	HUMALOG SOLN IJ 19
GONITRO PACK10	haloperidol lactate CONC34	HUMATE-P SOLR 62
GOODSENSE COLOR LANCETS 33G76	haloperidol TABS 34	HUMATIN2
GOODSENSE LANCETS 26G UNIV76	HEALTHY ACCENTS UNILET LANCETS 77	HUMATROPE CART IJ57
GOODSENSE LANCETS 30G ...76	H-E-B INCONTROL LANCETS 28G . 77	HUMIRA (2 PEN) AJKT 40 MG/0.4ML 3
GOODSENSE LANCETS 30G UNIV76	H-E-B INCONTROL LANCETS 30G . 77	HUMIRA (2 PEN) AJKT 40 MG/0.8ML 3
GOODSENSE LANCETS 33G ...76	H-E-B INCONTROL LANCETS 33G . 77	HUMIRA (2 PEN) AJKT 80 MG/0.8ML 3
GOODSENSE LANCETS 33G UNIV76	H-E-B INCONTROL PEN NEEDLES90	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML 4
granisetron hcl TABS 21	HEMANGEOL SOLN PO 37	HUMIRA (2 SYRINGE) PSKT 4
griseofulvin microsize SUSP 22	HEMLIBRA 62	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML 4
griseofulvin microsize TABS 22	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT 62	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 4
griseofulvin ultramicrosize 22	heparin sodium (porcine) SOLN IJ 10000 UNIT/ML 14	HUMIRA-PED<40KG CROHNS STARTER PSKT 4
guaifenesin-codeine SOLN 47	HEPLISAV-B SOSY 111	HUMIRA-PED>/=40KG CROHNS START PSKT 4
guanfacine hcl (adhd) 2	HUMALOG JUNIOR KWIKPEN	HUMIRA-PED>/=40KG UC
guanfacine hcl 24		
GYNAZOLE-1111		
HADLIMA PUSHTOUCH SOAJ 3		
HADLIMA SOSY 3		
HAEGARDA SOLR SC 63		

STARTER AJKT	4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	8	hydroxyurea	33
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG	8	hydroxyzine hcl SYRP	10
HUMIRA-PSORIASIS/UEVIT STARTER AJKT	4	hydrocodone-ibuprofen 5 MG-200 MG	8	hydroxyzine hcl TABS	10
HUMULIN 70/30 KWIKPEN SUPN	19	hydrocortisone (intrarectal)	9	hydroxyzine pamoate CAPS	10
HUMULIN 70/30 SUSP	19	hydrocortisone (rectal) EX 2.5 % ...	9	hyoscyamine sulfate SUBL 0.125 MG	108
HUMULIN N KWIKPEN SUPN	20	hydrocortisone (topical) CREA 2.5 % 53		hyoscyamine sulfate TABS 0.125 MG	108
HUMULIN N SUSP	20	hydrocortisone (topical) LOTN 2 %, 2.5 %	53	hyoscyamine sulfate TB12 0.375 MG 108	
HUMULIN R SOLN IJ	20	hydrocortisone (topical) OINT 2.5 % . 53		hyoscyamine sulfate TBDP 0.125 MG	108
HUMULIN R U-500 (CONCENTRATED) SOLN SC	20	hydrocortisone (topical) SOLN 2.5 % 53		HYPERSAL NEBU	47
HUMULIN R U-500 KWIKPEN SOPN SC	20	hydrocortisone butyrate CREA	53	HYSINGLA ER T24A	7
HYCAMTIN CAPS	33	hydrocortisone butyrate hydrophilic lipo base	53	HY-VEE LANCETS	77
HYCAMTIN SOLR (topotecan hcl)	33	hydrocortisone butyrate LOTN	53	HY-VEE THIN LANCETS	77
hydralazine hcl TABS	25	hydrocortisone butyrate OINT	53	ibandronate sodium TABS	56
hydrochlorothiazide CAPS	56	hydrocortisone butyrate SOLN	53	IBRANCE CAPS	30
hydrochlorothiazide TABS	56	hydrocortisone TABS	46	IBRANCE TABS	30
hydrocodone bitartrate T24A	7	hydrocortisone valerate CREA	53	ibuprofen TABS 400 MG, 600 MG, 800 MG	5
hydrocodone bitartrate-homatropine methylbromide SOLN	46	hydrocortisone valerate OINT	53	icatibant acetate SOSY	63
hydrocodone bitartrate-homatropine methylbromide TABS	46	hydrocortisone w/acetic acid	101	ICLUSIG	30
hydrocodone polistirex- chlorpheniramine polistirex SUER	47	hydromorphone hcl LIQD	7	icosapent ethyl	23
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	8	hydromorphone hcl TABS	7	IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	62
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	8	hydromorphone hcl TB24 32 MG ...	7	IDELVION 3500 UNIT	62
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	8	hydrocodone-acetaminophen TABS 300 MG, 12 MG, 16 MG	7	IDHIFA	30
		hydroxychloroquine sulfate 200 MG 26		ILEVRO	100
				imatinib mesylate TABS 100 MG ..	30
				imatinib mesylate TABS 400 MG ..	30
				IMBRUVICA CAPS 140 MG	31

IMBRUVICA CAPS 70 MG	31	INSULIN LISPRO PROT & LISPRO SUPN	20	ISTODAX SOLR (romidepsin)	31
IMBRUVICA SUSP	31	INTEGRA F	64	itraconazole CAPS	22
IMBRUVICA TABS	31	INTELENCE 25 MG	36	itraconazole SOLN	22
imipenem-cilastatin IV	26	INVANZ IJ (ertapenem sodium) ...	26	ivabradine hcl TABS	40
imipramine hcl TABS 10 MG, 25 MG .	18	iodoquinol-hydrocortisone in aloe vehicle	49	ivermectin (pediculicide)	54
imipramine hcl TABS 50 MG	18	IOPIDINE	98	ivermectin (rosacea)	54
imipramine pamoate	18	IPRATROPIUM BROMIDE (nasal)	97	ivermectin	10
imiquimod 5 %	53	ipratropium bromide SOLN 0.02 %	11	IXINITY SOLR	62
IN TOUCH STERILE LANCETS 30G	77	ipratropium-albuterol SOLN	13	JADENU SPRINKLE PACK (deferiasirox)	21
INBRIJA CAPS	33	irbesartan	24	JADENU TABS (deferiasirox)	21
INCRELEX	57	irbesartan-hydrochlorothiazide ...	25	JAKAFI	31
INCRUSE ELLIPTA	11	IRON FOLATE-F	64	JANUMET TABS	18
indapamide TABS 1.25 MG, 2.5 MG .	56	ISENTRESS CHEW	36	JANUMET XR TB24 1000 MG-100 MG	18
INDERAL XL	37	ISENTRESS HD TABS	36	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	18
indomethacin CAPS 25 MG, 50 MG 5		ISENTRESS PACK	36	JANUVIA	19
indomethacin CPCP	5	ISENTRESS TABS	36	JARDIANCE	20
indomethacin SUPP	5	isoniazid SYRP	27	JIVI 4000 UNIT	62
indomethacin SUSP	5	isoniazid TABS	27	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	62
INFLECTRA SOLR	59	ISOPTO ATROPINE SOLN	98	JUBLIA	49
INGREZZA CAPS 40 MG, 80 MG	103	isosorbide dinitrate TABS 10 MG, 20 MG, 30 MG	10	JULUCA	36
INGREZZA CAPS 60 MG	102	isosorbide dinitrate TABS 5 MG, 40 MG	10	JUXTAPID 10 MG, 20 MG, 30 MG	23
INGREZZA CPPK	103	isosorbide dinitrate-hydralazine hcl	38	JUXTAPID 5 MG	23
INGREZZA CPSP	103	isosorbide mononitrate TABS	10	JYNARQUE TBPK	58
INLYTA	27	ISOSORBIDE MONONITRATE TABS	10	KALYDECO PACK	106
INNOPRAN XL	37	isosorbide mononitrate TB24	10	KALYDECO TABS	106
INQOVI	29	isradipine CAPS	38	KAMELEON LUBRICATED MISC	67
INREBIC	31			KCENTRA	62

KEPPRA SOLN PO 100 MG/ML (levetiracetam)	15	KIMONO SPECIAL DEVI	68	KROGER LANCETS ULTRATHIN 30G	77
KEPPRA TABS 1000 MG (levetiracetam)	15	KINNEY LANCETS	77	KUVAN PACK (sapropterin dihydrochloride)	57
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	15	KINNEY THIN LANCETS	77	KUVAN TABS (sapropterin dihydrochloride)	57
KEPPRA XR TB24 (levetiracetam)	15	KISQALI (200 MG DOSE)	31	K-Y ME & YOU EXTRA LUBRICATED DEVI	68
ketoconazole (topical) CREA	49	KISQALI (400 MG DOSE)	31	K-Y ME & YOU INTENSE DEVI ...	68
ketoconazole (topical) FOAM	49	KISQALI (600 MG DOSE)	31	labetalol hcl TABS 100 MG, 200 MG, 300 MG	37
ketoconazole (topical) SHAM 2 %	49	KISQALI FEMARA (200 MG DOSE) . 30		lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	15
ketoconazole	22	KISQALI FEMARA (400 MG DOSE) . 30		lacosamide TABS	15
KETONE TEST STRP	55	KISQALI FEMARA (600 MG DOSE) . 30		lactulose (encephalopathy)	60
ketoprofen CP24	5	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	2	lactulose SOLN	66
ketorolac tromethamine (ophth) .	100	KLARITY-A	98	LAGEVRIO	37
ketorolac tromethamine TABS	5	KLOXXADO LIQD	21	LAMICTAL CHEW (lamotrigine) ...	15
KETOSTIX STRP	55	KOATE SOLR	62	LAMICTAL TABS (lamotrigine)	15
KEVEYIS (dichlorphenamide)	56	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	62	LAMICTAL XR KIT	15
KEVZARA SOAJ	4	KOSELUGO	31	lamivudine (hbv) TABS	37
KEVZARA SOSY	4	KOVALTRY	62	lamivudine SOLN	36
KIMONO COLORS DEVI	68	K-PHOS NO 2	60	lamivudine TABS	36
KIMONO MAXX-LARGE FLARE MISC	68	KRINTAFEL	26	lamivudine-zidovudine	36
KIMONO MICRO THIN MISC	68	KROGER HEALTHPRO LANCET 26G	77	lamotrigine CHEW	15
KIMONO MICRO THIN PLUS MISC . 68		KROGER LANCETS	77	lamotrigine KIT 25 MG	15
KIMONO MISC	68	KROGER LANCETS 21G	77	lamotrigine KIT	15
KIMONO PLUS MISC	68	KROGER LANCETS MICRO THIN 33G	77	lamotrigine TABS	15
KIMONO PS MISC	68	KROGER LANCETS SUPER THIN 77		lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	15
KIMONO PS PLUS MISC	68	KROGER LANCETS THIN	77	lamotrigine TB24 250 MG	15
KIMONO SENSATION MISC	68	KROGER LANCETS THIN 26G ...	77	lamotrigine TB24 300 MG	15
KIMONO SENSATION PLUS MISC 68					

lamotrigine TBDP	15	lenalidomide 10 MG, 15 MG, 20 MG, 25 MG	92	levocarnitine (metabolic modifiers) TABS	57
LAMPIT	26	lenalidomide 2.5 MG, 5 MG	92	levofloxacin (ophth) 1.5 %	98
LANCETS	77	lenalidomide 5 MG	92	levofloxacin SOLN PO	59
LANCETS 28G THIN	77	LENVIMA (10 MG DAILY DOSE) ..	27	levofloxacin TABS	59
LANCETS 30G	78	LENVIMA (12 MG DAILY DOSE) ..	27	levonorgestrel & eth estradiol TABS 44	
LANCETS 33G	78	LENVIMA (14 MG DAILY DOSE) ..	28	levonorgestrel (emergency oc) 1.5 MG	45
LANCETS MICRO THIN 33G	78	LENVIMA (18 MG DAILY DOSE) ..	28	levonorgestrel-eth estradiol (triphasic)	44
LANCETS SUPER THIN	78	LENVIMA (20 MG DAILY DOSE) ..	28	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	44
LANCETS SUPER THIN 28G	78	LENVIMA (24 MG DAILY DOSE) ..	28	levonorgestrel-ethinyl estradiol (continuous)	44
LANCETS THIN	78	LENVIMA (4 MG DAILY DOSE) ..	28	levonorgestrel-ethinyl estradiol-iron 44	
LANCETS ULTRA THIN	78	LENVIMA (8 MG DAILY DOSE) ..	28	levorphanol tartrate TABS 2 MG	7
LANCETS ULTRA THIN 30G	78	LETAIRIS 10 MG (ambrisentan) ...	39	levorphanol tartrate TABS 3 MG	7
LANOXIN TABS 125 MCG, 250 MCG (digoxin)	38	LETAIRIS 5 MG (ambrisentan) ...	39	levothyroxine sodium CAPS	108
lansoprazole CPDR	110	letrozole	29	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	108
lansoprazole TBDD 15 MG	110	leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG	33	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	108
lansoprazole TBDD 30 MG	110	leucovorin calcium TABS	33	LIBERTY MEDICAL LANCETS ...	78
lanthanum carbonate CHEW 1000 MG	60	LEUKERAN	27	lidocaine hcl (mouth-throat)	93
lanthanum carbonate CHEW 500 MG	60	leuprolide acetate KIT IJ 1 MG/0.2ML	29	lidocaine hcl SOLN	54
lanthanum carbonate CHEW 750 MG	60	levabuterol hcl	13	lidocaine PTCH 5 %	54
LANTUS SOLN	20	levabuterol tartrate	13	lidocaine-prilocaine CREA	54
LANTUS SOLOSTAR SOPN	20	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	15	LIFESCAN UNISTIK 2	78
lapatinib ditosylate	31	levetiracetam TABS 1000 MG	15	LIFESCAN UNISTIK II LANCETS .	78
LASTACFT	100	levetiracetam TABS 250 MG, 500 MG, 750 MG	15		
latanoprost SOLN	100	levetiracetam TB24	15		
LATANOPROST SOLN	100	levobunolol hcl 0.5 %	97		
leflunomide 10 MG	5	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	57		
leflunomide 20 MG	5				

linezolid SUSR	26	LIVE BETTER LANCET ULTRA THIN	78	LUPRON DEPOT (1-MONTH) KIT IM	29
linezolid TABS	26	LO LOESTRIN FE TABS	44	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	57
LINZESS	60	LOCOID LIPOCREAM	53	lurasidone hcl	34
liothyronine sodium TABS 25 MCG, 50 MCG	108	lofexidine hcl	102	LYNPARZA TABS	31
liothyronine sodium TABS 5 MCG 108		LOKELMA	92	LYSODREN	29
liraglutide	19	LOMAIRA TABS	1	mafenide acetate PACK	51
lisdexamfetamine dimesylate CAPS 1		LONGS LANCETS STANDARD ..	78	malathion	54
lisdexamfetamine dimesylate CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG	1	LONGS LANCETS THIN	78	maraviroc TABS	36
lisdexamfetamine dimesylate CHEW 60 MG	1	LONGS LANCETS ULTRA THIN ..	78	MARPLAN	17
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	25	LONSURF	30	MATULANE	33
lisinopril & hydrochlorothiazide 25 MG-20 MG	25	loperamide hcl CAPS	20	MAVYRET TABS	37
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	24	lopinavir-ritonavir SOLN	36	MAXIDEX SUSP OP	99
lisinopril TABS 40 MG	24	lopinavir-ritonavir TABS	36	MAXX MISC	68
LITE TOUCH LANCETS	78	lorazepam CONC	10	MAXX PLUS MISC	68
LITETOUCH LANCETS	78	lorazepam TABS	10	MAYZENT STARTER PACK TBPK 0.25 MG	103
lithium	34	LORBRENA	31	MAYZENT TABS 0.25 MG	103
lithium carbonate CAPS 150 MG, 600 MG	34	losartan potassium & hydrochlorothiazide	25	MAYZENT TABS 1 MG	103
lithium carbonate CAPS 300 MG ..	34	losartan potassium	24	MAYZENT TABS 2 MG	103
lithium carbonate TABS	34	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	44	meclizine hcl CHEW	21
lithium carbonate TBCR	34	LOTEMAX OINT	99	meclofenamate sodium CAPS	5
LITHOBID TBCR (lithium carbonate) . 34		loteprednol etabonate GEL	99	MEDICHOICE SAFETY LANCET ..	78
LITHOSTAT	61	loteprednol etabonate SUSP	99	MEDICHOICE SAFETY LANCET EXTRA	78
LIVE BETTER LANCET SUPER THIN	78	lovastatin TABS	23	MEDICHOICE SAFETY LANCET NORM	79
		loxapine succinate	34	MEDLANCE EXTRA 21G	79
		lubiprostone	59	MEDLANCE LITE 25G	79
		LUMAKRAS 120 MG, 240 MG	31	MEDLANCE PLUS EXTRA 21G ..	79
		LUMAKRAS 320 MG	31	MEDLANCE PLUS LANCETS	79
		LUMIGAN SOLN 0.01 %	100		

MEDLANCE PLUS LITE 25G	79	memantine hcl CP24	102	metformin hcl TB24 500 MG, 750 MG	19
MEDLANCE PLUS SPECIAL 0.8MM	79	memantine hcl SOLN 2 MG/ML	102	methadone hcl CONC	7
MEDLANCE PLUS SUPERLITE 30G	79	memantine hcl TABS 10 MG	102	methadone hcl SOLN PO	7
MEDLANCE PLUS UNIVERSAL 21G	79	memantine hcl TABS 5 MG	102	methadone hcl TABS	7
MEDLANCE UNIVERSAL 21G	79	memantine hcl TABS	102	methadone hcl TBSO	7
MEDROL TABS	46	memantine hcl-donepezil hcl CP24	102	methamphetamine hcl	1
medroxyprogesterone acetate 10 MG	102	MENEST 0.3 MG, 0.625 MG, 1.25 MG	59	methazolamide TABS	56
medroxyprogesterone acetate 2.5 MG, 5 MG	101	MENEST 2.5 MG	59	methenamine hippurate	26
mefenamic acid CAPS	5	MENOSTAR PTWK	59	methenamine mandelate	26
mefloquine hcl	26	meperidine hcl SOLN PO 50 MG/5ML	7	methimazole TABS	107
megestrol acetate (appetite)	102	meperidine hcl TABS 50 MG	7	methocarbamol TABS 500 MG, 750 MG	96
megestrol acetate SUSP	29	mercaptapurine SUSP 2000 MG/100ML	27	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	27
megestrol acetate TABS	29	mercaptapurine TABS	27	methotrexate sodium SOLR	27
MEIJER LANCETS	79	meropenem 500 MG	26	methotrexate sodium TABS 2.5 MG	27
MEIJER LANCETS THIN	79	mesalamine CP24	59	methoxsalen rapid	50
MEIJER LANCETS UNIVERSAL 21G	79	mesalamine CPCR	59	methscopolamine bromide	108
MEIJER LANCETS UNIVERSAL 30G	79	mesalamine CPDR	59	methsuximide	16
MEIJER LANCETS UNIVERSAL 33G	79	mesalamine ENEM	59	methyl dopa TABS	24
MEIJER SUPER THIN LANCETS	79	mesalamine SUPP	59	methylergonovine maleate TABS	101
MEKINIST SOLR	31	mesalamine TBEC 1.2 GM	59	methylphenidate hcl CHEW	2
MEKINIST TABS	31	mesalamine TBEC 800 MG	59	methylphenidate hcl CP24 60 MG	2
MEKTOVI	31	mesna TABS	33	methylphenidate hcl CP24	2
meloxicam TABS 15 MG	5	MESNEX TABS	33	methylphenidate hcl CPR 10 MG, 40 MG, 50 MG, 60 MG	2
meloxicam TABS 7.5 MG	5	metaxalone 400 MG	96	methylphenidate hcl CPR 20 MG, 30 MG	2
melphalan	27	metaxalone 800 MG	96	methylphenidate hcl SOLN	2
		metformin hcl SOLN	19		
		metformin hcl TABS 500 MG, 850 MG, 1000 MG	19		

methylphenidate hcl TABS 20 MG ..2	metronidazole vaginal111	moexipril hcl24
methylphenidate hcl TABS 5 MG, 10 MG2	metyrosine24	molindone hcl34
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG2	mexiletine hcl11	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)36
methylphenidate hcl TB24 36 MG ..2	MG217 PSORIASIS MULTI-SYMPTOM OINT54	mometasone furoate (nasal) SUSP 97
methylphenidate hcl TBCR 10 MG, 20 MG2	MIACALCIN IJ (calcitonin (salmon)) 56	mometasone furoate CREA53
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG2	MICROLET LANCETS79	mometasone furoate OINT53
methylphenidate hcl TBCR 54 MG ..2	midazolam hcl SYRP65	mometasone furoate SOLN53
methylphenidate PTCH2	midodrine hcl111	MONOLET LANCETS79
methylprednisolone TABS46	MIFEPREX (mifepristone)58	MONOLET OPD LANCETS79
methylprednisolone TBPK46	mifepristone58	MONOLETTOR SAFETY LANCETS 80
methyltestosterone CAPS9	miglitol18	montelukast sodium CHEW12
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML59	miglustat64	montelukast sodium PACK12
metoclopramide hcl TABS59	MILLIPRED TABS46	montelukast sodium TABS12
metoclopramide hcl TBDP59	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)44	morphine sulfate beads7
metolazone56	minocycline hcl CAPS107	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG7
METOPIRONE54	minocycline hcl TABS 50 MG, 100 MG107	morphine sulfate SOLN PO 10 MG/5ML7
metoprolol & hydrochlorothiazide TABS25	minocycline hcl TABS 75 MG107	morphine sulfate SOLN PO 20 MG/5ML, 20 MG/ML, 100 MG/5ML .7
metoprolol succinate TB2437	minoxidil 2.5 MG, 10 MG25	morphine sulfate SUPP7
metoprolol tartrate TABS37	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))44	morphine sulfate TABS8
metronidazole (topical) CREA54	mirtazapine TABS17	morphine sulfate TBCR8
metronidazole (topical) GEL 0.75 % 54	mirtazapine TBDP17	MOVANTIK60
metronidazole (topical) GEL 1 % ..54	misoprostol110	moxifloxacin hcl (ophth) SOLN OP 98
metronidazole (topical) LOTN54	MM TWIST LANCETS79	moxifloxacin hcl TABS59
metronidazole CAPS25	M-NATAL PLUS TABS95	MPD SAFETY LANCET 21G80
metronidazole TABS 250 MG, 500 MG25	modafinil2	MPD SAFETY LANCET 23G80
	MODERNA COVID-19 VAC 6M-11Y SUSY111	

MPD SAFETY LANCET 28G 80	naloxone hcl SOSY 2 MG/2ML 21	neomycin-polymyxin-hc (otic) SUSP . 100
MPD SAFETY LANCET 30G 80	naltrexone hcl 21	NEONATAL 19 95
MRESVIA 111	NAMZARIC C4PK 102	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 95
MUCOTROL WAFR 93	naproxen sodium TABS 275 MG, 550 MG 5	NEONATAL PLUS TABS 95
MULPLETA 64	naproxen SUSP 5	NEOSTIGMINE METHYLSULFATE RFID SOSY (neostigmine methylsulfate) 27
MULTIVITAMIN + FLUORIDE CHEW 94	naproxen TABS 5	NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML 27
MULTIVITAMIN/FLUORIDE CHEW 94	naratriptan hcl 90	neostigmine methylsulfate SOSY . 27
MULTIVITAMIN/FLUORIDE SOLN 94	NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 95	NEOTUSS PLUS LIQD 47
MULTI-VIT-FLOR CHEW 94	NATACYN 98	NERLYNX 31
mupirocin OINT 48	NATAZIA 44	NESTABS 95
MYALEPT 57	nateglinide 20	NESTABS DHA 95
mycophenolate mofetil CAPS 92	NATPARA 56	NESTABS ONE 95
mycophenolate mofetil SUSR 92	NAYZILAM 14	NEUPRO 33
mycophenolate mofetil TABS 92	nebivolol hcl 37	NEURONTIN CAPS (gabapentin) . 15
mycophenolate sodium 92	NEBUSAL NEBU 47	NEURONTIN SOLN (gabapentin) . 15
MYGLUCOHEALTH LANCETS 30G 80	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 95	NEURONTIN TABS (gabapentin) . 15
MYLERAN TABS 27	nefazodone hcl 18	NEVANAC 100
MYSOLINE (primidone) 15	neomycin sulfate TABS 2	nevirapine SUSP 36
MYTESI 20	neomycin-bacitracin zn-polymyxin 98	nevirapine TABS 36
nabumetone 500 MG 5	neomycin-polymy-dexameth OINT 99	nevirapine TB24 36
nabumetone 750 MG 5	neomycin-polymy-dexameth SUSP 99	NEXAVAR (sorafenib tosylate) ... 31
nadolol TABS 20 MG, 40 MG, 80 MG 37	neomycin-polymyxin-gramicidin ... 98	NEXTSTELLIS 44
nafcillin sodium IV 2 GM, 10 GM . 101	neomycin-polymyxin-hc (ophth) ... 99	niacin (antihyperlipidemic) TABS .. 24
naftifine hcl CREA 49	neomycin-polymyxin-hc (otic) SOLN . 100	niacin (antihyperlipidemic) TBCR .. 24
naftifine hcl GEL 2 % 49		nicardipine hcl CAPS 38
NALOCET TABS 8		
naloxone hcl LIQD 21		

NICODERM CQ PT24 TD (nicotine) . 106	nitrofurantoin 26	NORPACE CR CP12 10
NICORETTE GUM (nicotine polacrilex)106	nitrofurantoin macrocrystal26	NORTHERA (droxidopa)111
NICORETTE LOZG (nicotine polacrilex)106	nitrofurantoin monohyd macro26	nortriptyline hcl CAPS18
NICORETTE MINI LOZG (nicotine polacrilex)106	nitroglycerin (intra-anal) 10	nortriptyline hcl SOLN18
NICORETTE STARTER KIT GUM (nicotine polacrilex)106	nitroglycerin PT2410	NORVIR PACK 36
NICOTINE KIT106	nitroglycerin SOLN TL 0.4 MG/SPRAY 10	NOVA SAFETY LANCETS 23G .. 80
nicotine polacrilex GUM 106	nitroglycerin SUBL 10	NOVA SAFETY LANCETS 28G .. 80
nicotine polacrilex LOZG 106	NITYR TABS57	NOVA SUREFLEX LANCETS 80
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR106	NIVA THYROID TABS108	NOVAVAX COVID-19 VACCINE SUSY 111
NICOTROL INHA106	NIVA-PLUS TABS 95	NOVOEIGHT62
NICOTROL NS SOLN106	nizatidine CAPS 109	NOVOSEVEN RT 62
nifedipine CAPS38	NORDITROPIN FLEXPPO SOPN .57	NP THYROID TABS108
nifedipine TB24 30 MG, 60 MG ...38	norelgestromin-ethinyl estradiol ..45	NUBEQA 29
nifedipine TB24 38	norethin acet & estrad-fe CAPS ... 44	NUCALA SOAJ 11
NILANDRON (nilutamide)29	norethin acet & estrad-fe CHEW ..45	NUCALA SOLR11
nilutamide29	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG45	NUCALA SOSY 100 MG/ML11
nimodipine CAPS38	norethindrone & ethinyl estradiol-fe 45	NUCALA SOSY 40 MG/0.4ML11
nimodipine SOLN38	norethindrone (contraceptive)45	NUCORT LOTN53
NINLARO31	norethindrone acet & eth estra TABS 45	NUEDEXTA103
nisoldipine38	norethindrone acetate TABS 102	NUPLAZID CAPS34
nitazoxanide TABS 26	norethindrone acetate-ethinyl estradiol 58	NUPLAZID TABS 10 MG 34
nitisinone CAPS 10 MG57	norethindrone acetate-ethinyl estradiol-fe45	NUVARING (etonogestrel-ethinyl estradiol) 45
nitisinone CAPS 2 MG, 5 MG, 20 MG57	norgestimate-ethinyl estradiol (triphasic)45	NUWIQ KIT 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT 62
NITRO-BID OINT 10	norgestimate-ethinyl estradiol45	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT 62
NITRO-DUR PT24 10	NORITATE CREA54	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT 62
		nystatin (mouth-throat)93
		nystatin (topical) CREA49

nystatin (topical) OINT	49	olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG	102	ONETOUCH DELICA PLUS LANCET30G	80
nystatin (topical) POWD EX	49	olanzapine-fluoxetine hcl 25 MG-6 MG	102	ONETOUCH DELICA PLUS LANCET33G	80
nystatin TABS	22	olmesartan medoxomil 40 MG	24	ONETOUCH DELICA SAFETY LANCING	80
nystatin-triamcinolone CREA	49	olmesartan medoxomil 5 MG, 20 MG	24	ONETOUCH FINEPOINT LANCETS	80
nystatin-triamcinolone OINT	49	olmesartan medoxomil-amlodipine-hydrochlorothiazide	25	ONETOUCH ULTRA BLUE TEST STRP	55
NYVEPRIA	64	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG	25	ONETOUCH ULTRA STRP	55
OB COMPLETE ONE	95	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	25	ONETOUCH ULTRA TEST STRP	55
OB COMPLETE PETITE	95	olopatadine hcl (nasal)	97	ONETOUCH ULTRASOFT 2 LANCETS	80
OB COMPLETE PREMIER	95	olopatadine hcl 0.1 %	100	ONETOUCH ULTRASOFT LANCETS	80
OB COMPLETE/DHA	95	olopatadine hcl 0.2 %	100	ONETOUCH VERIO STRP	55
OBIZUR	63	omega-3-acid ethyl esters	23	ONUREG TABS	27
OBSTETRIX ONE (WITH DOCUSATE)	95	omeprazole CPDR 10 MG	110	OPILL	46
OCALIVA 10 MG	59	omeprazole CPDR 20 MG, 40 MG	110	OPSUMIT	39
OCALIVA 5 MG	59	omeprazole magnesium CPDR	110	OPTIONS GYNOL II CONTRACEPTIVE GEL	111
octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML	58	OMNIFLEX DIAPHRAGM	68	ORACIT	60
octreotide acetate SOLN 500 MCG/ML	58	ondansetron hcl SOLN PO 4 MG/5ML	21	ORAL CITRATE	60
octreotide acetate SOSY	58	ondansetron hcl TABS 4 MG, 8 MG	21	ORAVIG	93
ODEFSEY	36	ondansetron TBDP 4 MG, 8 MG	21	ORENITRAM MONTH 1 TEPK	39
ODOMZO	28	ONE VITE WOMENS PLUS TABS	95	ORENITRAM MONTH 2 TEPK	39
OFEV	107	ONETOUCH CLUB LANCETS FINE PT	80	ORENITRAM MONTH 3 TEPK	39
ofloxacin (ophth)	98	ONETOUCH DELICA LANCETS 33G	80	ORENITRAM TBCR	39
ofloxacin (otic)	100	ORKAMBI PACK 125 MG-100 MG,		ORFADIN SUSP	57
ofloxacin 300 MG	59			ORIAHNN	58
ofloxacin 400 MG	59				
olanzapine TABS 15 MG, 20 MG	34				
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	34				
olanzapine TBDP	34				

188 MG-150 MG	106	oxybutynin chloride TABS 5 MG .	110	pantoprazole sodium PACK	110
ORKAMBI PACK 94 MG-75 MG .	106	oxybutynin chloride TB24	110	pantoprazole sodium TBEC	110
ORKAMBI TABS	106	oxycodone hcl CAPS	8	paricalcitol CAPS	57
orlistat	1	oxycodone hcl CONC 100 MG/5ML	8	paromomycin sulfate	2
orphenadrine citrate TB12	96	oxycodone hcl SOLN	8	paroxetine hcl SUSP	17
oseltamivir phosphate CAPS	37	oxycodone hcl TABS 30 MG	8	paroxetine hcl TABS	17
oseltamivir phosphate SUSR	37	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	8	paroxetine hcl TB24	17
OSMOPREP	66	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ...	9	PAXLOVID (150/100)	36
OSPHERA	57	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	9	PAXLOVID (300/100)	36
OTEZLA TABS	5	oxycodone w/ acetaminophen TABS 325 MG-5 MG	9	pazopanib hcl	31
OTEZLA TBPK	5	OXYCODONE-ACETAMINOPHEN TABS	9	PC LANCETS SUPER THIN 30G .	80
OTREXUP SOAJ 10 MG/0.4ML	3	oxymorphone hcl TABS 10 MG	8	pediatric multivitamins w/fl CHEW .	94
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81		MG/5ML, 40 MG/5ML	37	QUARTETTE (levonorgestrel-ethinyl	45
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ropinirole hydrochloride TABS	33	SALIMEZ CREA	54	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	95
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SABRIL TABS (vigabatrin)	16	saxagliptin hcl	19	sevelamer hcl 400 MG	60
SAFE-T-LANCE	83	saxagliptin-metformin hcl	18	sevelamer hcl 800 MG	60
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sulconazole nitrate CREA	49	sumatriptan succinate SOAJ	90	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	18
sulconazole nitrate SOLN	49	sumatriptan succinate SOCT	90	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	108
sulfacetamide sodium (acne)	48	sumatriptan succinate SOLN 6 MG/0.5ML	90	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	108
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sulfacetamide sodium (ophth) SOLN . 99		sunitinib malate 12.5 MG, 37.5 MG, 50 MG	32	TABLOID	27
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sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	48	SUPRAX CHEW	41	tacrolimus (topical) OINT 0.1 % ...	54
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	48	SUPRAX SUSR 500 MG/5ML	41	tacrolimus CAPS	92
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sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	48	SURE COMFORT LANCETS 18G 84		tadalafil 2.5 MG	39
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sulfamethoxazole-trimethoprim TABS	26	SURELITE LANCETS	84	TAGRISSE	28
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sulfasalazine TABS	60	SYMDEKO	106	tamoxifen citrate TABS	29
sulfasalazine TBEC	60	SYMTUZA	36	tamsulosin hcl	61
sulindac TABS 150 MG	5	SYNAREL	57	TARGRETIN (bexarotene (topical)) 50	
sulindac TABS 200 MG	5	SYNDROS SOLN	21	TARGRETIN (bexarotene)	33
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TAVALISSE 150 MG	63	terazosin hcl 10 MG	24	THINLETS GP LANCETS	85
TAYTULLA CAPS (norethin acet & estrad-fe)	45	terbinafine hcl TABS	22	thioridazine hcl 10 MG, 25 MG, 100 MG	35
tazarotene CREA	50	terbutaline sulfate TABS	13	thioridazine hcl 50 MG	35
TAZAROTENE FOAM	48	terconazole vaginal CREA	111	thiothixene	35
tazarotene GEL	50	terconazole vaginal SUPP	111	THRIVITE RX TABS	96
TAZVERIK	32	teriflunomide	103	THYMOGLOBULIN	92
TECHLITE AST LANCETS	84	teriparatide SOPN	56	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	108
TECHLITE INSULIN SYRINGE ...	90	TESTIM GEL TD (testosterone)	9	tiagabine hcl	16
TECHLITE LANCETS	84	testosterone cypionate SOLN IM ...	9	TIBSOVO	32
TECHLITE LANCETS 26G	84	testosterone enanthate SOLN IM ...	9	timolol	98
TECHLITE LANCETS 30G	84	testosterone GEL TD 1 %	9	timolol maleate (ophth) SOLG	98
TEGRETOL SUSP (carbamazepine) .	15	testosterone GEL TD 10 MG/ACT ..	9	timolol maleate (ophth) SOLN	98
TEGRETOL TABS (carbamazepine) .	15	testosterone GEL TD	9	timolol maleate TABS 10 MG	38
TEGRETOL-XR TB12 100 MG (carbamazepine)	15	testosterone SOLN	9	timolol maleate TABS 5 MG, 20 MG .	38
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TEKTURNA HCT 25 MG-150 MG .	25	tetracaine hcl (ophth)	99	tinidazole 500 MG	25
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telmisartan 80 MG	24	TGT LANCET MICRO THIN 33G .	84	tiopronin TBEC	61
telmisartan-amlodipine	25	TGT LANCET THIN 26G	84	tiotropium bromide monohydrate CAPS	12
telmisartan-hydrochlorothiazide ..	25	TGT LANCET ULTRA THIN 30G .	84	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	108
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temazepam 22.5 MG, 30 MG	65	THALOMID 50 MG, 100 MG	92	tizanidine hcl CAPS	96
temazepam 7.5 MG	65	THEO-24 CP24	13	tizanidine hcl TABS 2 MG	96
temozolomide CAPS	27	theophylline ELIX	13	tizanidine hcl TABS 4 MG	96
temsirolimus	32	theophylline SOLN	13	TOBI NEBU (tobramycin)	2
tenofovir disoproxil fumarate TABS	36	theophylline TB12 300 MG	13	TOBI PODHALER CAPS	2
		theophylline TB12 450 MG	13		
		theophylline TB24	13		
		THERANATAL CORE NUTRITION			

TOBRADEX OINT	99	topiramate TABS 100 MG	16	TRAVEL LANCETS	85
TOBRADEX ST SUSP	99	topiramate TABS 200 MG	16	TRAVEL LANCETS ADVANCED 28G	85
tobramycin (ophth) SOLN	99	topiramate TABS 25 MG	16	travoprost SOLN	100
tobramycin NEBU	2	topiramate TABS 50 MG	16	trazodone hcl TABS	18
tobramycin-dexamethasone SUSP 99		topotecan hcl SOLR	33	TRECATOR	27
TOBREX OINT	99	toremifene citrate	29	TRELEGY ELLIPTA	13
TODAY SPONGE MISC	111	TORISEL (temsirolimus)	32	TREMFYA SOAJ 100 MG/ML	51
TODAYS HEALTH THIN LANCETS 28G	85	torsemide TABS 100 MG	56	TREMFYA SOAJ 200 MG/2ML	51
TODAYS HEALTH THIN LANCETS 30G	85	torsemide TABS 5 MG, 10 MG, 20 MG	56	TREMFYA SOSY 100 MG/ML	51
tolcapone	33	TOUJEO MAX SOLOSTAR SOPN 20		TREMFYA SOSY 200 MG/2ML ...	51
tolterodine tartrate CP24	110	TOUJEO SOLOSTAR SOPN	20	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	20
tolterodine tartrate TABS	110	TPOXX (TECOVIRIMAT CAP 200 MG)	37	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	20
TOPAMAX SPRINKLE CPSP (topiramate)	15	TPOXX CAPS	37	TRESIBA SOLN	20
TOPAMAX TABS 100 MG (topiramate)	16	TRACLEER TABS (bosentan)	39	tretinoin (chemotherapy)	33
TOPAMAX TABS 200 MG (topiramate)	16	TRACLEER TBSO	39	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	48
TOPAMAX TABS 25 MG (topiramate)	16	tramadol hcl CP24 100 MG, 200 MG, 300 MG	8	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	48
TOPAMAX TABS 50 MG (topiramate)	16	tramadol hcl TABS 100 MG	8	tretinoin microsphere 0.04 %	48
TOPCARE LANCETS MICRO-THIN 33G	85	tramadol hcl TABS 50 MG	8	tretinoin microsphere 0.08 %	48
topiramate CP24 200 MG	16	tramadol hcl TB24 100 MG	8	tretinoin microsphere 0.1 %	48
topiramate CP24 25 MG, 50 MG, 100 MG	16	tramadol hcl TB24 200 MG	8	TRETTEN	63
topiramate CPSP 15 MG, 25 MG ..	16	tramadol hcl TB24	8	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	27
topiramate CS24 100 MG, 150 MG, 200 MG	16	tramadol-acetaminophen	9	triamcinolone acetonide (mouth) ..	93
topiramate CS24 25 MG, 50 MG ..	16	trandolapril	24	triamcinolone acetonide (nasal) AERO	97
		trandolapril-verapamil hcl	25	triamcinolone acetonide (topical) AERS	53
		tranexamic acid SOLN 1000 MG/10ML	65	triamcinolone acetonide (topical)	
		tranexamic acid TABS	65		
		tranylcypromine sulfate	17		

CREA	53	trimethoprim TABS	25	LUBE MISC	69
triamcinolone acetonide (topical) LOTN	53	trimipramine maleate CAPS	18	TRUSTEX LUB/RIBBED/STUDED MISC	69
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	53	TRINATAL RX 1 TABS	96	TRUSTEX LUB/SPERMICIDE EX ST MISC	69
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	56	TRINTELLIX	18	TRUSTEX LUB/SPERMICIDE XL MISC	69
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	56	TRISTART DHA	96	TRUSTEX LUBRICATED EX LARGE MISC	69
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	56	TRIUMEQ PD TBSO	36	TRUSTEX LUBRICATED EXTRA ST MISC	69
triamterene CAPS	56	TRIUMEQ TABS	36	TRUSTEX LUBRICATED MISC ...	69
triazolam 0.125 MG	65	TROJAN ENZ MISC	68	TRUSTEX LUBRICATED/SPERMICIDE MISC	69
triazolam 0.25 MG	65	TROJAN MAGNUM MISC	68	TRUSTEX NATURAL CONDOMS + LUBE MISC	69
TRICARE TABS	96	TROJAN ULTRA THIN MISC	68	TRUSTEX NON-LUBRICATED MISC	69
trientine hcl 250 MG	92	TROJAN ULTRA THIN/SPERMICIDAL MISC	68	TRUSTEX RIA LUB/SPERMICIDE MISC	69
trientine hcl 500 MG	92	TROJAN-ENZ LUBRICATED MISC 68		TRUSTEX RIA LUBRICATED MISC . 69	
trifluoperazine hcl TABS	35	TROJAN-ENZ/SPERMICIDAL MISC . 68		TRUSTEX RIA NON-LUBRICATED MISC	69
trifluridine	99	tropicamide SOLN	98	TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC	69
trihexyphenidyl hcl SOLN	33	trospium chloride CP24	110	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	36
trihexyphenidyl hcl TABS	33	trospium chloride TABS	110	TUKYSA	28
TRIJARDY XR	18	TRUE COMFORT SAFETY LANCETS	85	TUSNEL TABS	47
TRIKAFTA TBPK	106	TRUE COMFORT TWIST TOP LANCETS	85	TUSSLIN LIQD	47
TRIKAFTA THPK	106	TRUE COVER DEVI	69	TUSSLIN PEDIATRIC LIQD	47
TRILEPTAL SUSP (oxcarbazepine) 16		TRUEPLUS LANCETS 26G	85	TWIRLA	45
TRILEPTAL TABS 150 MG (oxcarbazepine)	16	TRUEPLUS LANCETS 28G	85		
TRILEPTAL TABS 300 MG (oxcarbazepine)	16	TRUEPLUS LANCETS 30G	85		
TRILEPTAL TABS 600 MG (oxcarbazepine)	16	TRUEPLUS LANCETS 33G	85		
trimethobenzamide hcl CAPS	21	TRUEPLUS SAFETY LANCETS 28G	85		
		TRULICITY	19		
		TRUSTEX COLOR CONDOMS +			

TWIST TOP LANCETS 30G	85	UNILET EXCELITE II	86	UNISTIK TOUCH SAFETY LANC	
TYBLUME CHEW	45	UNILET G.P. LANCET	86	21G	87
TYBOST	36	UNILET G.P. SUPERLITE LANCET	86	UNISTIK TOUCH SAFETY LANC	
TYKERB (lapatinib ditosylate)	32			23G	87
TYMLOS	57	UNILET GP 28 ULTRA THIN	86	UNISTIK TOUCH SAFETY LANC	
TYVASO DPI INSTITUTIONAL KIT		UNILET LANCET	86	28G	87
POWD	39	UNILET MICRO-THIN 33G	86	UNISTIK TOUCH SAFETY LANC	
TYVASO DPI MAINTENANCE KIT		UNILET SUPERLITE LANCET	86	30G	87
POWD	39	UNILET SUPER-THIN 30G	86	UNIVERSAL 1 LANCETS THIN 26G	87
TYVASO DPI TITRATION KIT		UNILET ULTRA-THIN 28G	86	UNIVERSAL 1 LANCETS THIN 33G	87
POWD	39	UNISTIK 1	86	UNIVERSAL 1 LANCETS THIN 33G	87
TYVASO REFILL KIT SOLN IN	39	UNISTIK 2	86	UNIVERSAL 1 LANCETS ULTRA	
TYVASO SOLN IN	39	UNISTIK 2 COMFORT	86	THIN	87
TYVASO STARTER KIT SOLN IN	39	UNISTIK 2 EXTRA	86	UPTRAVI TABS 200 MCG	40
UBRELVY	90	UNISTIK 2 NEONATAL	86	UPTRAVI TABS 400 MCG, 600	
UDENYCA ONBODY SOSY	64	UNISTIK 2 NORMAL	86	MCG, 800 MCG, 1000 MCG, 1200	
UDENYCA SOAJ	64	UNISTIK 2 SUPER	86	MCG, 1400 MCG, 1600 MCG	40
UDENYCA SOSY	64	UNISTIK 3	87	UPTRAVI TITRATION TBPK	40
ULTILET CLASSIC LANCETS	85	UNISTIK 3 COMFORT	87	urea LOTN 40 %	53
ULTILET LANCETS	85	UNISTIK 3 EXTRA	87	ursodiol CAPS	59
ULTILET SAFETY LANCETS	85	UNISTIK 3 GENTLE	87	ursodiol TABS	59
ULTILET SAFETY LANCETS 23G	85	UNISTIK 3 NEONATAL	87	valacyclovir hcl 1 GM	37
ULTRA THIN LANCETS 31G	85	UNISTIK 3 NORMAL	87	valacyclovir hcl 500 MG	37
ULTRA-CARE LANCETS 30G	85	UNISTIK CZT COMFORT	87	VALCHLOR	50
ULTRA-THIN II AUTO LANCET	86	UNISTIK CZT NORMAL	87	valganciclovir hcl SOLR	36
ULTRA-THIN II LANCETS	86	UNISTIK NORMAL	87	valganciclovir hcl TABS	36
UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)	101	UNISTIK PRO SAFETY LANCET	87	valproate sodium SOLN PO 250	
UNILET COMFORTOUCH LANCET	86	UNISTIK SAFETY LANCETS 28G	87	MG/5ML, 500 MG/10ML	17
UNILET EXCELITE	86	UNISTIK SAFETY LANCETS 30G	87	valproic acid CAPS	17
				valsartan TABS 160 MG	24
				valsartan TABS 40 MG, 80 MG, 320	
				MG	24
				valsartan-hydrochlorothiazide 12.5	

MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	25	VEMLIDY	37	VERIFINE UNIVERSAL LANCETS 33G	88
valsartan-hydrochlorothiazide 25 MG- 160 MG	25	VENCLEXTA STARTING PACK TBPK	28	VERSACLOZ SUSP	34
VALTOCO 10 MG DOSE LIQD	14	VENCLEXTA TABS 10 MG	28	VERZENIO	32
VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	14	VENCLEXTA TABS 100 MG	28	VIBERZI	60
VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	14	VENCLEXTA TABS 50 MG	28	VIDA MIA UNILET LANCETS 28G 88	
VALTOCO 5 MG DOSE LIQD	14	venlafaxine hcl CP24	18	VIDA MIA UNILET LANCETS 30G 88	
VALUE PLUS LANCET STANDARD 21G	87	venlafaxine hcl TABS	18	vigabatrin PACK	16
VALUE PLUS LANCETS SUPER THIN	88	venlafaxine hcl TB24 225 MG	18	vigabatrin TABS	16
VALUE PLUS LANCETS THIN 26G . 88		venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	18	VIIBRYD STARTER PACK KIT	18
VALUMARK LANCET SUPER THIN 30G	88	VENTAVIS IN	39	vilazodone hcl TABS 10 MG, 40 MG . 18	
VALUMARK LANCET ULTRA THIN 28G	88	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...	38	vilazodone hcl TABS 20 MG	18
vancomycin hcl CAPS	26	verapamil hcl CP24 180 MG	38	VINATE DHA RF	96
VANDAZOLE	111	verapamil hcl CP24 360 MG	38	VINATE ONE TABS	96
varenicline tartrate TABS 0.5 MG	106	verapamil hcl TABS	38	VIRACEPT TABS	36
varenicline tartrate TABS 1 MG ..	106	verapamil hcl TBCR 120 MG	38	VIREAD POWD	36
VARUBI (180 MG DOSE) TBPK ..	22	verapamil hcl TBCR 180 MG, 240 MG	38	VIREAD TABS 150 MG, 200 MG, 250 MG	36
VASCEPA (icosapent ethyl)	23	VEREGEN	48	VIRT-NATE DHA CAPS	96
VCF VAGINAL CONTRACEPTIVE FILM	111	VERIFINE SAFE LANCET MINI 21G	88	VISTOGARD	21
VCF VAGINAL CONTRACEPTIVE FOAM	111	VERIFINE SAFE LANCET MINI 23G	88	VITAFOL GUMMIES	96
VCF VAGINAL CONTRACEPTIVE GEL	111	VERIFINE SAFE LANCET MINI 28G	88	VITAFOL-NANO	96
VECAMYL	25	VERIFINE SAFE LANCET MINI 30G	88	VITAFOL-ONE CAPS	96
VELCADE SOLR IJ (bortezomib) ..	32	VERIFINE UNIVERSAL LANCETS 28G	88	VITAMEDMD ONE RX/QUATREFOLIC	96
		VERIFINE UNIVERSAL LANCETS 30G	88	VITAMEDMD REDICHEW RX	96
				VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	94
				VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	94

VITAPEARL	96	WALGREENS ULTRA THIN LANCETS	89	XHANCE EXHU	97
VITATHELY WITH GINGER TABS 96		warfarin sodium TABS	13	XIFAXAN 200 MG	25
VITATRUE	96	WESCAP-C DHA	96	XIFAXAN 550 MG	25
VITRAKVI CAPS	32	WESNATE DHA CAPS	96	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	19
VITRAKVI SOLN	32	WESTAB PLUS TABS	96	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	19
VIVA DHA CAPS	96	WESTGEL DHA	96	XOSPATA	32
VIVAGUARD LANCETS	88	WIDE-SEAL DIAPHRAGM 60	69	XPOVIO (100 MG ONCE WEEKLY) 50 MG	29
VIVAGUARD LANCETS 30G	88	WIDE-SEAL DIAPHRAGM 65	69	XPOVIO (40 MG ONCE WEEKLY) 40 MG	29
VIVAGUARD SAFETY LANCETS 28G	88	WIDE-SEAL DIAPHRAGM 70	69	XPOVIO (40 MG TWICE WEEKLY) 40 MG	29
VIZIMPRO	28	WIDE-SEAL DIAPHRAGM 75	69	XPOVIO (60 MG ONCE WEEKLY) 60 MG	29
VONVENDI	63	WIDE-SEAL DIAPHRAGM 80	69	XPOVIO (80 MG ONCE WEEKLY) 40 MG	29
voriconazole SUSR	22	WIDE-SEAL DIAPHRAGM 85	69	XPOVIO (80 MG TWICE WEEKLY) . 29	
voriconazole TABS	22	WIDE-SEAL DIAPHRAGM 90	69	XTANDI CAPS	29
VOSEVI	37	WIDE-SEAL DIAPHRAGM 95	69	XTANDI TABS	29
VOTRIENT (pazopanib hcl)	32	WILATE KIT	63	XURIDEN	57
VRAYLAR CAPS	34	XADAGO	34	XYNTHA	63
VRAYLAR CPPK	34	XALKORI CAPS	32	XYNTHA SOLOFUSE	63
VYNDAMAX	40	XALKORI CPSP	32	XYREM SOLN	102
VYNDAQEL	40	XARELTO STARTER PACK TBPK 13		YASMIN 28 (drospirenone-ethinyl estradiol)	45
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG	1	XARELTO SUSR	13	YAZ (drospirenone-ethinyl estradiol) 45	
VYVANSE CHEW 60 MG	1	XARELTO TABS 10 MG	13	YONSA	29
WALGREENS ADV TRAVEL LANCETS	88	XARELTO TABS 15 MG, 20 MG ..	13	zafirlukast 10 MG	12
WALGREENS LANCETS	88	XATMEP SOLN PO	27	zafirlukast 20 MG	12
WALGREENS LANCETS MICRO THIN	88	XELJANZ SOLN	3		
WALGREENS LANCETS SUPER THIN	88	XELJANZ TABS	3		
WALGREENS THIN LANCETS ...	89	XELJANZ XR TB24	3		
		XENICAL (orlistat)	1		
		XERAC AC	54		
		XERMELO	60		

zaleplon	65	zolpidem tartrate TBCR	65
ZARONTIN CAPS (ethosuximide) .	17	ZOMACTON SOLR SC 10 MG ...	57
ZARONTIN SOLN (ethosuximide) .	17	ZONEGRAN CAPS 100 MG	
ZARXIO	64	(zonisamide)	16
ZAVESCA (miglustat)	64	ZONEGRAN CAPS 25 MG	
ZEJULA TABS	32	(zonisamide)	16
ZELAPAR TBDP	34	zonisamide CAPS 100 MG	16
ZELBORAF	32	zonisamide CAPS 25 MG, 50 MG .	16
ZENPEP CPEP 105000 UNIT-79000		ZORBTIVE SC	57
UNIT-25000 UNIT, 14000 UNIT-		ZORTRESS (everolimus	
10000 UNIT-3000 UNIT, 168000		(immunosuppressant))	92
UNIT-126000 UNIT-40000 UNIT,		ZYDELIG	32
24000 UNIT-17000 UNIT-5000 UNIT,		ZYFLO TABS	12
252600 UNIT-189600 UNIT-60000		ZYKADIA TABS	32
UNIT, 42000 UNIT-32000 UNIT-		ZYLET	99
10000 UNIT, 63000 UNIT-47000		ZYTIGA (abiraterone acetate)	29
UNIT-15000 UNIT, 84000 UNIT-			
63000 UNIT-20000 UNIT	55		
ZEVRX TWIST TOP LANCETS 30G			
89			
zidovudine CAPS	36		
zidovudine SYRP	36		
zidovudine TABS	36		
zileuton TB12	12		
ziprasidone hcl 20 MG, 40 MG	34		
ziprasidone hcl 60 MG, 80 MG	34		
ZIRGAN GEL	99		
ZITHROMAX PACK	67		
ZOLINZA	32		
zolmitriptan SOLN	91		
zolmitriptan TABS	91		
zolmitriptan TBDP	91		
zolpidem tartrate TABS	65		