

California

3 Tier with Specialty

Drug List

The 3 Tier with Specialty 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 All previous versions are no longer in effect.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 or Certificate of Insurance for specific cost share information.

California Small and Large Group members

Go to

[Drug Lists](#) - Use the “3 Tier with Specialty” Formulary.

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.

Small Group

If you have questions about your pharmacy coverage call Customer Service at [1-800-361-3366](tel:1-800-361-3366)

Hours of Operation

8:00am – 6:00pm Monday through Friday

Large Group

If you have questions about your pharmacy coverage call Customer Service at [1-800-522-0088](tel:1-800-522-0088)

Hours of Operation

8:00am – 6:00pm Monday through Friday



Health Net®

Updated June 1, 2020

Health Net of California, Inc. and Health Net Life Insurance Company are subsidiaries of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC.

Table of Contents

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

Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

You can search for a drug by using the search tool, alphabetical index or by 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 categorical or therapeutic categories. If you know what therapeutic category and class 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>phentermine hcl caps</i>	1	PA

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

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

If a generic equivalent for a brand name drug is both available and both the brand name and the generic drug are 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. The copayment or coinsurance for each tier is defined in your Summary of Benefits or other plan documents.

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

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

<i>Tier</i>	<i>Description</i>
1	Drugs in this tier include generic drugs and low-cost preferred brand drugs.
2	Drugs in this tier are higher cost generic drugs and preferred brand drugs
3	Drugs in this tier are non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier.

4	Tier 4 Drugs include drugs that are made using biotechnology, drugs that must be distributed through a specialty pharmacy, drugs that require special training for self-administration, or drugs that require regular monitoring of care by a pharmacy, and drugs that cost more than six hundred dollars 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	Brand is shown for reference only. Generic drugs are preferred. To get a brand drug that has a generic available, your doctor must request prior authorization to show medical necessity. If we approve the request, the drug may be covered at a higher copayment. Refer to your plan.

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	These oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, after any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> • The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or • Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get 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 don't get approval, we may not cover the drug.

PV	Preventive Drugs	Preventive Health Drugs are Affordable Care Act (ACA) preventive health drugs, including 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.
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 with the exception of 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.

How often does the Drug List change?

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

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

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

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

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

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

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.

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 an exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy. You or your doctor can request an exception if your health may be harmed by waiting. 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 second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

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 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.

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. Coverage is subject to limitations and restrictions. Prior authorization or step therapy may be required for some other FDA-approved prescription contraceptive drugs, devices, or products prescribed by your doctor.

What blood glucose supplies are covered?

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

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.

What drugs are covered 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* or *Certificate of Insurance* for coverage information and exceptions.

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our website at [Find a pharmacy near you](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

Some injectable and high cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy. 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 contracted Mail Order Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 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.

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

Out-of-pocket costs: Are your expenses for health care benefits that aren't 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.

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	3	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	7	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	7	QL(2 ea daily,90 day(s) limit)
<i>amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg</i>	1	QL(2 ea daily,90 day(s) limit)
<i>amphetamine-dextroamphetamine tabs 5 mg-5 mg-5 mg-5 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg</i>	1	
DESOXYN TABS (<i>methamphetamine hcl</i>)	7	PA; ST;

Drug Name	Drug Tier	Requirements/ Limits
DEXEDRINE CP24 (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg</i>	1	
<i>dextroamphetamine sulfate soln 5 mg/5ml</i>	3	
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg</i>	1	
<i>methamphetamine hcl tabs</i>	3	PA; ST;
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	2	QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	2	Limited to 1 per day;QL(1 ea daily)
ZENZEDI TABS 15 MG, 20 MG, 30 MG, 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	3	
Analeptics		
<i>caffeine citrate soln</i>	1	
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	1	QL(1 ea daily)
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily)
INTUNIV TB24 (<i>guanfacine hcl (adhd)</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 ea daily)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	QL(1 ea daily)
Stimulants - Misc.		
(Methylphenidate Hcl) METADATE ER TBCR	1	QL(1 ea daily,90 day(s) limit)
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	3	PA; QL(1 ea daily)
<i>armodafinil tabs</i>	1	PA; ST
CONCERTA TBCR 18 MG, 27 MG, 36 MG (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
CONCERTA TBCR 54 MG (<i>methylphenidate hcl</i>)	7	QL(2 ea daily)
DAYTRANA PTCH (<i>methylphenidate</i>)	3	
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	3	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	7	QL(2 ea daily)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	7	QL(1 ea daily)
METHYLIN SOLN (<i>methylphenidate hcl</i>)	7	
METHYLPEHNIDATE HYDROCHLORIDE ER CP24 (<i>methylphenidate hcl</i>)	3	PA; QL(1 ea daily)
<i>methylphenidate hcl chew 5 mg, 10 mg, 2.5 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>methylphenidate hcl cp24 60 mg</i>	3	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	QL(3 ea daily)
<i>methylphenidate hcl tabs 5 mg, 10 mg</i>	1	
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily,180 ea per fill retail)
<i>methylphenidate hcl tbcR 10 mg</i>	1	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl tbcR 18 mg, 27 mg, 36 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl tbcR 20 mg</i>	1	QL(1 ea daily,90 day(s) limit)
<i>methylphenidate hcl tbcR 54 mg</i>	1	QL(2 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER CP24 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>methylphenidate hcl</i>)	3	PA; QL(1 ea daily)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG (<i>methylphenidate hcl</i>)	3	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil tabs</i>	3	ST; QL(1 ea daily)
NUVIGIL TABS (<i>armodafinil</i>)	7	PA; ST
PROVIGIL TABS (<i>modafinil</i>)	7	ST; QL(1 ea daily)
QUILLICHEW ER CHER (<i>methylphenidate hcl</i>)	3	PA
QUILLIVANT XR SRER (<i>methylphenidate hcl</i>)	3	PA; ST; QL(12 ml daily)
RELEXXII TBCR (<i>methylphenidate hcl</i>)	3	QL(1 ea daily)
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	7	
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	7	QL(3 ea daily)
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	7	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
(Tobramycin) TOBRAMYCIN INHALATION SOLUTION PAK NEBU	4	PA
ARIKAYCE SUSP (<i>amikacin sulfate liposome</i>)	4	PA
BETHKIS NEBU (<i>tobramycin</i>)	4	PA
KITABIS PAK NEBU (<i>tobramycin</i>)	4	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
PAROMOMYCIN SULFATE CAPS (<i>paromomycin sulfate</i>)	2	
TOBI NEBU (<i>tobramycin</i>)	7	PA

Drug Name	Drug Tier	Requirements/ Limits
TOBI PODHALER CAPS (<i>tobramycin</i>)	4	PA
<i>tobramycin nebu</i>	4	PA
TOBRAMYCIN NEBU (<i>tobramycin</i>)	4	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT (<i>adalimumab</i>)	4	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; ST
HUMIRA PEN PNKT (<i>adalimumab</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
HUMIRA PEN-CD/UC/HS STARTER PNKT (<i>adalimumab</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
HUMIRA PEN-PS/UV STARTER PNKT (<i>adalimumab</i>)	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
HUMIRA PEN-PS/UV STARTER PNKT (<i>adalimumab</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

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

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab</i>)	4	PA; ST
HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661; LA
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24 (<i>upadacitinib</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
XELJANZ TABS 10 MG (<i>tofacitinib citrate</i>)	4	PA
XELJANZ TABS 5 MG (<i>tofacitinib citrate</i>)	4	PA; ST; QL(2 ea daily); LA
XELJANZ XR TB24 11 MG (<i>tofacitinib citrate</i>)	4	PA; ST; QL(1 ea daily); LA
Antirheumatic Antimetabolites		
METHOTREXATE TABS (<i>methotrexate sodium antirheumatic</i>)	2	
OTREXUP SOAJ (<i>methotrexate antirheumatic</i>)	4	PA; ST
RASUVO SOAJ (<i>methotrexate antirheumatic</i>)	4	PA; ST
Gold Compounds		
RIDAURA CAPS (<i>auranofin</i>)	2	
Interleukin-1 Blockers		
ARCALYST SOLR (<i>rilonacept</i>)	4	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ (<i>tocilizumab</i>)	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661

Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA SOSY (<i>tocilizumab</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
KEVZARA SOSY (<i>sarilumab</i>)	4	PA; ST; LA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Fenoprofen Calcium) PROFENO TABS	1	
(Ibuprofen) IBU TABS	1	
ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>)	7	
ARTHROTEC 75 TBEC (<i>diclofenac w/ misoprostol</i>)	7	
CELEBREX CAPS 100 MG (<i>celecoxib</i>)	7	ST; QL(1 ea daily); AL(At least 60 yrs old)
CELEBREX CAPS 200 MG (<i>celecoxib</i>)	7	ST; QL(2 ea daily); AL(At least 60 yrs old)
CELEBREX CAPS 400 MG (<i>celecoxib</i>)	7	PA; QL(1 ea daily); AL(At least 60 yrs old)
CELEBREX CAPS 50 MG (<i>celecoxib</i>)	7	PA; AL(At least 60 yrs old)
<i>celecoxib caps 100 mg</i>	1	ST; QL(1 ea daily); AL(At least 60 yrs old)
<i>celecoxib caps 200 mg</i>	1	ST; QL(2 ea daily); AL(At least 60 yrs old)
<i>celecoxib caps 400 mg</i>	1	PA; QL(1 ea daily); AL(At least 60 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
celecoxib caps 50 mg	1	PA; AL(At least 60 yrs old)
DAYPRO TABS (<i>oxaprozin</i>)	7	
diclofenac potassium tabs	3	
diclofenac sodium tb24 100 mg	3	
diclofenac sodium tbec 25 mg, 50 mg, 75 mg	1	
diclofenac w/ misoprostol tbec	3	
etodolac caps 200 mg, 300 mg	1	
etodolac tabs 400 mg, 500 mg	1	
etodolac tb24 400 mg, 500 mg, 600 mg	1	QL(2 ea daily)
FELDENE CAPS 10 MG (<i>piroxicam</i>)	7	
FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 ea daily)
FENOPROFEN CALCIUM CAPS 200 MG (<i>fenoprofen calcium</i>)	2	
FENOPROFEN CALCIUM CAPS 400 MG (<i>fenoprofen calcium</i>)	3	
fenoprofen calcium tabs 600 mg	1	
FENORTHO CAPS (<i>fenoprofen calcium</i>)	2	
flurbiprofen tabs 100 mg	3	
flurbiprofen tabs 50 mg	1	
ibuprofen tabs	1	
INDOCIN SUPP RE 50 MG (<i>indomethacin</i>)	3	
INDOCIN SUSP OR 25 MG/5ML (<i>indomethacin</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
INDOMETHACIN CAPS 20 MG (<i>indomethacin</i>)	3	ST; QL(3 ea daily)
indomethacin caps 25 mg, 50 mg	1	
indomethacin cpcr 75 mg	1	
KETOPROFEN CAPS 50 MG, 75 MG (<i>ketoprofen</i>)	2	
KETOPROFEN ER CP24 (<i>ketoprofen</i>)	3	
ketorolac tromethamine tabs	1	QL(20 ea per fill retail)
LODINE TABS (<i>etodolac</i>)	7	
meclofenamate sodium caps	1	
mefenamic acid caps	3	
meloxicam tabs 15 mg	1	QL(1 ea daily)
meloxicam tabs 7.5 mg	1	QL(2 ea daily)
MOBIC TABS 15 MG (<i>meloxicam</i>)	7	QL(1 ea daily)
MOBIC TABS 7.5 MG (<i>meloxicam</i>)	7	QL(2 ea daily)
nabumetone tabs 500 mg	1	QL(4 ea daily)
nabumetone tabs 750 mg	1	QL(3 ea daily)
NALFON CAPS 400 MG (<i>fenoprofen calcium</i>)	3	
NALFON TABS 600 MG (<i>fenoprofen calcium</i>)	7	
NAPROSYN SUSP (<i>naproxen</i>)	7	
NAPROSYN TABS (<i>naproxen</i>)	7	
naproxen sodium tabs 275 mg, 550 mg	1	
naproxen susp	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen tabs</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps 10 mg</i>	1	
<i>piroxicam caps 20 mg</i>	1	QL(1 ea daily)
<i>sulindac tabs 150 mg</i>	1	QL(2 ea daily)
<i>sulindac tabs 200 mg</i>	1	
TIVORBEX CAPS 20 MG, 40 MG (<i>indomethacin</i>)	3	ST; QL(3 ea daily)
TOLMETIN SODIUM CAPS 400 MG (<i>tolmetin sodium</i>)	2	
<i>tolmetin sodium tabs 200 mg, 600 mg</i>	1	
VIVLODEX CAPS 10 MG (<i>meloxicam</i>)	3	PA
VIVLODEX CAPS 5 MG (<i>meloxicam</i>)	3	PA; ST
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS (<i>apremilast</i>)	4	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661
OTEZLA TBPK (<i>apremilast</i>)	4	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS 10 MG (<i>leflunomide</i>)	7	QL(2 ea daily)
ARAVA TABS 20 MG (<i>leflunomide</i>)	7	QL(1 ea daily)
<i>leflunomide tabs 10 mg</i>	1	QL(2 ea daily)
<i>leflunomide tabs 20 mg</i>	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT (<i>etanercept</i>)	4	PA; ST

Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOLR (<i>etanercept</i>)	4	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
ENBREL SOSY (<i>etanercept</i>)	4	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
ENBREL SURECLICK SOAJ (<i>etanercept</i>)	4	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661;LA

ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions

Analgesic Combinations

(Butalbital-Acetaminophen) BUPAP TABS	3	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL, PHRENILIN FORTE CAPS	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL, PHRENILIN FORTE CAPS	3	
<i>butalbital-acetaminophen tabs 300 mg-50 mg, 325 mg-50 mg</i>	3	
<i>butalbital-acetaminophen-caffeine caps 300 mg-50 mg-40 mg</i>	3	
<i>butalbital-acetaminophen-caffeine caps 325 mg-50 mg-40 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325 mg-50 mg-40 mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7	
FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	7	
FIORINAL CAPS (<i>butalbital-aspirin-caffeine</i>)	7	
TENCON TABS (<i>butalbital-acetaminophen</i>)	3	
Salicylates		

Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ADULT ASPIRIN EC LOW STRENGTH, TGT ASPIRIN LOW DOSE, TGT ASPIRIN, ST JOSEPH ASPIRIN, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SB ASPIRIN ADULT LOW STRENGTH, SB ASPIRIN, RA ASPIRIN EC ADULT LOW STRENGTH, QC ASPIRIN LOW DOSE, MINIPRIN LOW DOSE, KP ASPIRIN, KLS ASPIRIN LOW DOSE, HM ASPIRIN EC LOW DOSE, H-E-B ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, GNP ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, EQ ASPIRIN LOW DOSE, EQ ASPIRIN ADULT LOW DOSE, EQ ADULT ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EC-81 ASPIRIN, CVS ASPIRIN LOW STRENGTH, CVS ASPIRIN LOW DOSE, CVS ASPIRIN EC, CVS ASPIRIN ADULT LOW STRENGTH, BAYER LOW DOSE, BAYER ASPIRIN EC LOW DOSE, ASPIRIN REGIMEN LOW DOSE/ADULT, ASPIRIN LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN ADULT LOW DOSE, ASPIRIN 81, ASPIRIN-LOW, ADULT ASPIRIN REGIMEN TBEC	7	PV

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

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81 LOW DOSE, TGT CHILDRENS ASPIRIN, TGT ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN, SM CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM ASPIRIN ADULT LOW STRENGTH, SB CHILDRENS ASPIRIN, RA CHILDRENS ASPIRIN, RA ASPIRIN CHILDRENS, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN ADULT LOW DOSE, QC CHILDRENS ASPIRIN, QC CHEWABLE ASPIRIN LOW DOSE, QC ASPIRIN LOW DOSE, PX ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, GNP ADULT ASPIRIN LOW STRENGTH, EQL ASPIRIN LOW DOSE, EQ CHILDRENS ASPIRIN, EQ ASPIRIN LOW DOSE, CVS ASPIRIN ADULT LOW DOSE, CHILDRENS ASPIRIN LOW STRENGTH, CHILDRENS ASPIRIN, BAYER CHEWABLE LOW DOSE, ASPIRIN LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN ADULT LOW STRENGTH, ASPIRIN ADULT LOW DOSE CHEW	7	PV
(Aspirin) GNP ASPIRIN, RA ASPIRIN EC, PX ENTERIC ASPIRIN TBEC 81 MG	7	PV
(Aspirin) GOODSENSE ASPIRIN, HM ASPIRIN CHEW 81 MG	7	PV
aspirin chew 81 mg	7	PV
aspirin tbec 81 mg	7	PV

Drug Name	Drug Tier	Requirements/ Limits
choline & mag salicylate liqd	1	
CHOLINE MAGNESIUM TRISALICYLATE LIQD (choline & mag salicylate)	2	
diflunisal tabs	3	
salsalate tabs	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1	
(Methadone Hcl) METHADOSE TBSO 40 MG	1	
ABSTRAL SUBL (fentanyl citrate)	4	PA
ACTIQ LPOP 1600 MCG (fentanyl citrate)	7	PA; ST;QL(4 ea daily)
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate)	7	PA; ST
ARYMO ER TBEA (morphine sulfate)	3	PA
codeine sulfate tabs	1	
CONZIP CP24 (tramadol hcl)	3	
DILAUDID LIQD (hydromorphone hcl)	7	
DILAUDID TABS (hydromorphone hcl)	7	
DOLOPHINE TABS (methadone hcl)	7	QL(12 ea daily)
DURAGESIC PT72 (fentanyl)	7	Limit 15 per month;QL(0.5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
EMBEDA CPCR 0.8 MG-20 MG (<i>morphine-naltrexone</i>)	3	PA; ST
EMBEDA CPCR 2 MG-50 MG, 4 MG-100 MG, 1.2 MG-30 MG, 2.4 MG-60 MG, 3.2 MG-80 MG (<i>morphine-naltrexone</i>)	3	PA
EXALGO T24A 32 MG (<i>hydromorphone hcl</i>)	7	QL(2 ea daily)
EXALGO T24A 8 MG, 12 MG, 16 MG (<i>hydromorphone hcl</i>)	7	QL(4 ea daily)
<i>fentanyl citrate lpop bu 1600 mcg</i>	1	PA; ST; QL(4 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg</i>	1	PA; ST
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	Limit 15 per month; QL(0.5 ea daily)
<i>fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	3	PA; Limit 15 patches per month; QL(0.5 ea daily)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl t24a 32 mg</i>	3	QL(2 ea daily)
<i>hydromorphone hcl t24a 8 mg, 12 mg, 16 mg</i>	3	QL(4 ea daily)
<i>hydromorphone hcl tabs 2 mg, 4 mg, 8 mg</i>	1	
HYSINGLA ER T24A (<i>hydrocodone bitartrate</i>)	3	PA
KADIAN CP24 10 MG (<i>morphine sulfate</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
KADIAN CP24 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG, 100 MG (<i>morphine sulfate</i>)	7	QL(2 ea daily)
KADIAN CP24 200 MG (<i>morphine sulfate</i>)	3	
<i>levorphanol tartrate tabs 2 mg</i>	3	PA; ST
LEVORPHANOL TARTRATE TABS 3 MG (<i>levorphanol tartrate</i>)	3	PA; ST
<i>meperidine hcl soln 50 mg/5ml</i>	1	
<i>meperidine hcl tabs 50 mg, 100 mg</i>	1	
MEPERIDINE HCL TABS 50 MG, 100 MG (<i>meperidine hcl</i>)	2	
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	
<i>methadone hcl tabs 5 mg, 10 mg</i>	1	QL(12 ea daily)
<i>methadone hcl tbso 40 mg</i>	1	
METHADOSE CONC 10 MG/ML (<i>methadone hcl</i>)	7	
METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	7	
<i>morphine sulfate cp24 or 10 mg</i>	1	
<i>morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	QL(2 ea daily)
<i>morphine sulfate cp24 or 40 mg</i>	3	QL(2 ea daily)
MORPHINE SULFATE ER CP24 (<i>morphine sulfate beads</i>)	2	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate soln or 20 mg/ml, 10 mg/5ml, 20 mg/5ml, 100 mg/5ml</i>	1	
MORPHINE SULFATE SUPP RE 30 MG (<i>morphine sulfate</i>)	2	
<i>morphine sulfate supp re 5 mg, 10 mg, 20 mg</i>	1	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	First fill opioids limited to 7 days.
<i>morphine sulfate tbc or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(3 ea daily)
MS CONTIN TBCR (<i>morphine sulfate</i>)	7	QL(3 ea daily)
NUCYNTA ER TB12 (<i>tapentadol hcl</i>)	2	QL(2 ea daily)
NUCYNTA TABS (<i>tapentadol hcl</i>)	2	QL(6 ea daily)
OPANA TABS 10 MG (<i>oxymorphone hcl</i>)	7	QL(8 ea daily)
OPANA TABS 5 MG (<i>oxymorphone hcl</i>)	7	
<i>oxycodone hcl caps 5 mg</i>	1	
<i>oxycodone hcl conc 100 mg/5ml</i>	1	
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 30 mg</i>	1	QL(4 ea daily)
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg</i>	1	
<i>oxymorphone hcl tabs 10 mg</i>	3	QL(8 ea daily)
<i>oxymorphone hcl tabs 5 mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
OXYMORPHONE HYDROCHLORIDE ER TB12 (<i>oxymorphone hcl</i>)	2	QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 (<i>oxymorphone hcl</i>)	2	QL(2 ea daily)
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 ea daily)
ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>)	7	
SUBSYS LIQD (<i>fentanyl</i>)	4	PA
TRAMADOL HCL ER CP24 (<i>tramadol hcl</i>)	3	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg</i>	3	QL(3 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	3	
<i>tramadol hcl tb24 200 mg</i>	3	QL(1 ea daily)
ULTRAM TABS (<i>tramadol hcl</i>)	7	QL(8 ea daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE CAPS	3	
(Hydrocodone-Acetaminophen) LORCET, LORCET PLUS, LORCET HD TABS	1	QL(240 ea per fill retail)
(Hydrocodone-Ibuprofen) IBUDONE TABS 200 MG-10 MG	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 10 MG-325 MG, 7.5 MG-325 MG	3	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
(Oxycodone W/ Acetaminophen) ENDOCET TABS 2.5 MG-325 MG	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 5 MG-325 MG	1	QL(6 ea daily)
<i>acetaminophen w/ codeine soln 120 mg/5ml-12 mg/5ml</i>	1	
<i>acetaminophen w/ codeine tabs 300 mg-15 mg, 300 mg-30 mg</i>	1	
<i>acetaminophen w/ codeine tabs 300 mg-60 mg</i>	1	QL(6 ea daily)
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAPS (<i>acetaminophen-caff-dihydrocod</i>)	3	QL(12 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	3	
<i>butalbital-aspirin-caffeine w/cod caps</i>	3	
FIORICET/CODEINE CAPS (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	7	
FIORINAL/CODEINE #3 CAPS (<i>butalbital-aspirin-caffeine w/cod</i>)	7	
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen tabs 5 mg-300 mg, 10 mg-300 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 7.5 mg-325 mg</i>	1	QL(240 ea per fill retail)
<i>hydrocodone-acetaminophen tabs 7.5 mg-300 mg</i>	1	QL(6 ea daily)
<i>hydrocodone-ibuprofen tabs 200 mg-10 mg</i>	1	Not available through mail order
<i>hydrocodone-ibuprofen tabs 200 mg-10 mg, 200 mg-7.5 mg</i>	1	
LORTAB ELIX (<i>hydrocodone-acetaminophen</i>)	3	
NORCO TABS (<i>hydrocodone-acetaminophen</i>)	7	QL(240 ea per fill retail)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 7.5 mg-325 mg</i>	3	QL(4 ea daily)
<i>oxycodone w/ acetaminophen tabs 2.5 mg-325 mg</i>	3	
<i>oxycodone w/ acetaminophen tabs 5 mg-325 mg</i>	1	QL(6 ea daily)
OXYCODONE/IBUPROFEN TABS (<i>oxycodone-ibuprofen</i>)	3	QL(4 ea daily)
PERCOCET TABS 10 MG-325 MG, 7.5 MG-325 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(4 ea daily)
PERCOCET TABS 2.5 MG-325 MG (<i>oxycodone w/ acetaminophen</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
PERCOCET TABS 5 MG-325 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 ea daily)
PRIMLEV TABS (<i>oxycodone w/ acetaminophen</i>)	3	
PROLATE TABS (<i>oxycodone w/ acetaminophen</i>)	3	
<i>tramadol-acetaminophen tabs</i>	3	QL(8 ea daily)
TREZIX CAPS (<i>acetaminophen-caff-dihydrocod</i>)	3	QL(12 ea daily)
TYLENOL/CODEINE #3 TABS (<i>acetaminophen w/ codeine</i>)	7	
TYLENOL/CODEINE #4 TABS (<i>acetaminophen w/ codeine</i>)	7	QL(6 ea daily)
ULTRACET TABS (<i>tramadol-acetaminophen</i>)	7	QL(8 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl subl 2 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl subl 8 mg</i>	1	QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8 mg-2 mg, 2 mg-0.5 mg</i>	1	QL(3 ea daily)
<i>buprenorphine ptwk td 15 mcg/hr</i>	3	Limit 4 patches per 28 days;QL(4 ea per 28 days retail)
<i>buprenorphine ptwk td 20 mcg/hr</i>	3	Limit 4 patches per month;QL(4 ea per 28 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine ptwk td 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 7.5 mcg/hr</i>	3	QL(4 ea per 28 days retail)
<i>buprenorphine ptwk td 5 mcg/hr, 10 mcg/hr, 7.5 mcg/hr</i>	3	Limited to 4 patches per month;QL(4 ea per 28 days retail)
<i>butorphanol tartrate soln</i>	3	Limit 7.5mls per month;QL(0.25 ml daily)
<i>pentazocine w/ naloxone tabs</i>	3	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS (<i>oxymetholone</i>)	3	
<i>oxandrolone tabs 10 mg</i>	1	QL(2 ea daily)
<i>oxandrolone tabs 2.5 mg</i>	1	
Androgens		
ANDRODERM PT24 (<i>testosterone</i>)	3	ST; QL(60 ea per fill retail, 120 ea per fill mail)
ANDROGEL GEL 25 MG/2.5GM (<i>testosterone</i>)	7	QL(10 gm daily)
ANDROGEL GEL 40.5 MG/2.5GM, 20.25 MG/1.25GM (<i>testosterone</i>)	7	Limited to 300 gms per month;QL(10 gm daily)
ANDROGEL PUMP GEL (<i>testosterone</i>)	7	Limited to 300 gms per month;QL(10 gm daily)
<i>danazol caps</i>	1	
FORTESTA GEL (<i>testosterone</i>)	7	QL(4 gm daily)

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

Drug Name	Drug Tier	Requirements/ Limits
METHITEST TABS (<i>methyltestosterone</i>)	2	
METHYLTESTOSTERONE CAPS (<i>methyltestosterone</i>)	1	
STRIANT MISC (<i>testosterone</i>)	3	QL(2 ea daily)
TESTIM GEL (<i>testosterone</i>)	3	PA; QL(10 gm daily)
<i>testosterone gel 1 %</i>	3	QL(10 gm daily)
<i>testosterone gel 1 %, 1.62 %, 50 mg/5gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	1	Limited to 300 gms per month;QL(10 gm daily)
<i>testosterone gel 1 %, 50 mg/5gm</i>	1	Limit 300gms per month;QL(10 gm daily)
<i>testosterone gel 10 mg/act</i>	1	QL(4 gm daily)
<i>testosterone gel 50 mg/5gm, 25 mg/2.5gm</i>	1	QL(10 gm daily)
TESTOSTERONE PUMP GEL (<i>testosterone</i>)	2	QL(10 gm daily)
TESTOSTERONE PUMP GEL (<i>testosterone</i>)	3	PA; QL(10 gm daily)
VOGELXO GEL (<i>testosterone</i>)	3	PA; QL(10 gm daily)
VOGELXO PUMP GEL (<i>testosterone</i>)	2	QL(10 gm daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
(Hydrocortisone (Intrarectal)) COLOCORT ENEM	1	QL(60 ml daily)
CORTENEMA ENEM (<i>hydrocortisone (intrarectal)</i>)	7	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
CORTIFOAM FOAM (<i>hydrocortisone acetate (intrarectal)</i>)	2	
<i>hydrocortisone (intrarectal) enem</i>	1	QL(60 ml daily)
UCERIS FOAM RE 2 MG/ACT (<i>budesonide (intrarectal)</i>)	3	PA; ST
Rectal Combinations		
ANALPRAM-HC LOTN (<i>hydrocortisone acetate w/ pramoxine</i>)	3	
PROCTOFOAM HC FOAM (<i>hydrocortisone acetate w/ pramoxine</i>)	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOZONE-HC, PROCTOSOL HC CREA	1	
ANUSOL-HC CREA (<i>hydrocortisone (rectal)</i>)	7	
<i>hydrocortisone (rectal) crea</i>	1	
Vasodilating Agents		
RECTIV OINT (<i>nitroglycerin (intra-anal)</i>)	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	3	QL(4 ea per fill retail)
ALBENZA TABS (<i>albendazole</i>)	7	QL(4 ea per fill retail)
BENZNIDAZOLE TABS (<i>benznidazole</i>)	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE TABS (<i>praziquantel</i>)	7	
<i>ivermectin tabs or 3 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>praziquantel tabs</i>	1	
STROMEKTOL TABS (<i>ivermectin</i>)	7	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>metronidazole</i>)	7	
FLAGYL TABS (<i>metronidazole</i>)	7	
IMPAVIDO CAPS (<i>miltefosine</i>)	4	
<i>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
NEBUPENT SOLR (<i>pentamidine isethionate</i>)	7	
<i>pentamidine isethionate solr</i>	1	
PRIMSOL SOLN (<i>trimethoprim hcl</i>)	3	
TINDAMAX TABS (<i>tinidazole</i>)	7	ST
<i>tinidazole tabs 250 mg</i>	3	PA; ST
<i>tinidazole tabs 500 mg</i>	3	ST
<i>trimethoprim tabs</i>	1	
TRIMPEX SOLN (<i>trimethoprim hcl</i>)	3	
XIFAXAN TABS 200 MG (<i>rifaximin</i>)	3	PA; Limit 9 per month; QL(0.3 ea daily)
XIFAXAN TABS 550 MG (<i>rifaximin</i>)	3	PA; QL(2 ea daily)
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	

Drug Name	Drug Tier	Requirements/Limits
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR (<i>nitazoxanide</i>)	3	
ALINIA TABS (<i>nitazoxanide</i>)	3	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>atovaquone</i>)	7	
Glycopeptides		
FIRVANQ SOLR (<i>vancomycin hcl</i>)	3	PA
VANCOCIN HCL CAPS (<i>vancomycin hcl</i>)	7	PA
<i>vancomycin hcl caps</i>	1	PA
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML (<i>vancomycin hcl</i>)	3	PA
Leprostatics		
<i>dapsone tabs 100 mg</i>	1	QL(4 ea daily)
<i>dapsone tabs 25 mg</i>	1	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>clindamycin hcl</i>)	7	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>clindamycin palmitate hydrochloride</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	3	
Oxazolidinones		
<i>linezolid susr 100 mg/5ml</i>	1	QL(210 ml per 90 days retail)
<i>linezolid tabs 600 mg</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS (<i>tedizolid phosphate</i>)	2	QL(6 ea per 90 days retail)
ZYVOX SUSR 100 MG/5ML (<i>linezolid</i>)	7	QL(210 ml per 90 days retail)
ZYVOX TABS 600 MG (<i>linezolid</i>)	7	QL(20 ea per 90 days retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (<i>ranolazine</i>)	7	
RANEXA TB12 500 MG (<i>ranolazine</i>)	7	QL(4 ea daily)
<i>ranolazine tb12 1000 mg</i>	3	
<i>ranolazine tb12 500 mg</i>	3	QL(4 ea daily)
Nitrates		
(Nitroglycerin) MINITRAN PT24	1	QL(1 ea daily)
DILATRATE SR CPCR (<i>isosorbide dinitrate</i>)	3	
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7	
ISOSORBIDE DINITRATE ER TBCR (<i>isosorbide dinitrate</i>)	2	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT (<i>nitroglycerin</i>)	2	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	7	QL(1 ea daily)
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	2	QL(1 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	QL(1 ea daily)
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROLINGUAL PUMPSPRAY SOLN (<i>nitroglycerin</i>)	7	
NITROMIST AERS (<i>nitroglycerin</i>)	3	
NITROSTAT SUBL (<i>nitroglycerin</i>)	7	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs</i>	1	
<i>hydroxyzine hcl syrps</i>	1	
<i>hydroxyzine hcl tabs</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	3	
(Diazepam) DIAZEPAM INTENSOL CONC	1	

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

Drug Name	Drug Tier	Requirements/ Limits
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC (<i>alprazolam</i>)	3	
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	3	
ATIVAN TABS (<i>lorazepam</i>)	4	PA; Use generic lorazepam
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam soln 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	
OXAZEPAM CAPS 10 MG, 15 MG (<i>oxazepam</i>)	2	
OXAZEPAM CAPS 30 MG (<i>oxazepam</i>)	2	QL(2 ea daily)
TRANXENE T TABS (<i>clorazepate dipotassium</i>)	7	
VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
XANAX TABS (<i>alprazolam</i>)	7	
XANAX XR TB24 (<i>alprazolam</i>)	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (<i>disopyramide phosphate</i>)	7	
NORPACE CR CP12 (<i>disopyramide phosphate</i>)	2	
<i>quinidine gluconate tbc</i>	1	
QUINIDINE SULFATE TABS (<i>quinidine sulfate</i>)	2	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)
<i>propafenone hcl tabs 225 mg, 300 mg</i>	1	QL(3 ea daily)
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	7	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
CORDARONE TABS (<i>amiodarone hcl</i>)	7	
<i>dofetilide caps</i>	1	
MULTAQ TABS (<i>dronedarone hcl</i>)	2	
TIKOSYN CAPS (<i>dofetilide</i>)	7	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	
CROMOLYN SODIUM NEBU (<i>cromolyn sodium</i>)	2	
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOLR 150 MG (<i>omalizumab</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML (<i>omalizumab</i>)	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS (<i>ipratropium bromide hfa</i>)	2	Limit 2 inhalers per month;QL(0.86 gm daily)
INCRUSE ELLIPTA AEPB (<i>umeclidinium bromide</i>)	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	
SEEBRI NEOHALER CAPS (<i>glycopyrrolate (inhalation)</i>)	3	ST; QL(2 ea daily)
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	Limit 1 Inhaler per month;QL(0.14 3 gm daily)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	Limit 1 inhaler per month;QL(0.14 gm daily)
TUDORZA PRESSAIR AEPB (<i>aclidinium bromide</i>)	3	ST; Limit 1 inhaler per month;QL(0.04 ea daily)
Leukotriene Modulators		
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 ea daily)
<i>zileuton tb12</i>	3	ST
ZYFLO CR TB12 (<i>zileuton</i>)	7	ST
ZYFLO TABS (<i>zileuton</i>)	3	ST
Steroid Inhalants		
ALVESCO AERS (<i>ciclesonide</i>)	3	Limit 2 inhalers per month;QL(0.41 gm daily)
ARMONAIR RESPICLICK 113 AEPB (<i>fluticasone propionate (inhalation)</i>)	3	QL(0.04 ea daily)
ARMONAIR RESPICLICK 232 AEPB (<i>fluticasone propionate (inhalation)</i>)	3	QL(0.04 ea daily)
ARMONAIR RESPICLICK 55 AEPB (<i>fluticasone propionate (inhalation)</i>)	3	QL(0.04 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA AEPB (<i>fluticasone furoate</i> (<i>inhalation</i>))	2	QL(1 ea daily)
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate</i> (<i>inhalation</i>))	2	QL(0.44 gm daily)
ASMANEX HFA AERO 50 MCG/ACT (<i>mometasone furoate</i> (<i>inhalation</i>))	2	
ASMANEX TWISTHALER 120 METERED DOSES AEPB (<i>mometasone furoate</i> (<i>inhalation</i>))	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 14 METERED DOSES AEPB (<i>mometasone furoate</i> (<i>inhalation</i>))	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 30 METERED DOSES AEPB (<i>mometasone furoate</i> (<i>inhalation</i>))	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 60 METERED DOSES AEPB (<i>mometasone furoate</i> (<i>inhalation</i>))	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 7 METERED DOSES AEPB (<i>mometasone furoate</i> (<i>inhalation</i>))	2	Limit 1 inhaler per month;QL(0.04 ea daily)
<i>budesonide</i> (<i>inhalation</i>) <i>susp 0.25 mg/2ml</i>	1	QL(8 ml daily)
<i>budesonide</i> (<i>inhalation</i>) <i>susp 0.5 mg/2ml</i>	1	QL(4 ml daily)
<i>budesonide</i> (<i>inhalation</i>) <i>susp 1 mg/2ml</i>	1	QL(2 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST (<i>fluticasone propionate</i> (<i>inhalation</i>))	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST (<i>fluticasone propionate</i> (<i>inhalation</i>))	2	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 50 MCG/BLIST (<i>fluticasone propionate</i> (<i>inhalation</i>))	2	QL(40 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	Limit 2 inhalers per month;QL(0.8 gm daily)
FLOVENT HFA AERO 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	Limit 1 inhaler per month;QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT (<i>budesonide</i> (<i>inhalation</i>))	2	Limit 2 inhalers per month;QL(0.07 ea daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT (<i>budesonide</i> (<i>inhalation</i>))	2	Limit 2 inhalers per month;QL(0.27 ea daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide</i> (<i>inhalation</i>))	7	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide</i> (<i>inhalation</i>))	7	QL(4 ml daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide</i> (<i>inhalation</i>))	7	QL(2 ml daily)
QVAR REDHALER AERB (<i>beclomethasone dipropionate hfa</i>)	2	QL(0.72 gm daily)
Sympathomimetics		
(Fluticasone-Salmeterol) WIXELA INHUB AEPB	1	QL(2 ea daily)
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 ea daily)
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	2	Limit 1 inhaler per month;QL(0.4 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(1.2 gm daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(0.57 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(0.47 gm daily)
ALBUTEROL SULFATE ER TB12 (<i>albuterol sulfate</i>)	2	QL(2 ea daily)
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 0.5 %, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
ANORO ELLIPTA AEPB (<i>umeclidinium-vilanterol</i>)	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS (<i>indacaterol maleate</i>)	3	QL(1 ea daily)
BEVESPI AEROSPHERE AERO (<i>glycopyrrolate-formoterol fumarate</i>)	3	QL(0.36 gm daily)
BREO ELLIPTA AEPB (<i>fluticasone furoate-vilanterol</i>)	2	QL(2 ea daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	2	Limit 1 inhaler per month;QL(0.34 gm daily)
COMBIVENT RESPIMAT AERS (<i>ipratropium-albuterol</i>)	3	Limit 1 inhaler per month;QL(0.2 gm daily)
<i>fluticasone-salmeterol aepb</i>	1	QL(2 ea daily)
<i>ipratropium-albuterol soln</i>	1	
<i>levalbuterol hcl nebu</i>	1	
<i>levalbuterol tartrate aero</i>	1	QL(0.5 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metaproterenol sulfate syrp</i>	1	
<i>metaproterenol sulfate tabs</i>	1	
PROAIR RESPICLICK AEPB (<i>albuterol sulfate</i>)	3	Limit 2 inhalers per month;QL(0.07 ea daily)
SEREVENT DISKUS AEPB (<i>salmeterol xinafoate</i>)	2	QL(2 ea daily)
STIOLTO RESPIMAT AERS (<i>tiotropium bromide-olodaterol hcl</i>)	2	QL(0.14 gm daily)
STRIVERDI RESPIMAT AERS (<i>olodaterol hcl</i>)	2	Limit 1 inhaler per month;QL(0.14 gm daily)
SYMBICORT AERO (<i>budesonide-formoterol fumarate dihydrate</i>)	2	Limit 1 inhaler per month;QL(0.34 gm daily)
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS (<i>indacaterol maleate-glycopyrrolate</i>)	3	QL(2 ea daily)
XOPENEX CONCENTRATE NEBU (<i>levalbuterol hcl</i>)	7	
XOPENEX NEBU (<i>levalbuterol hcl</i>)	7	
Xanthines		
ELIXOPHYLLIN ELIX (<i>theophylline</i>)	3	
THEO-24 CP24 (<i>theophylline</i>)	2	
THEOPHYLLINE ER TB12 300 MG (<i>theophylline</i>)	3	QL(1 ea daily)
THEOPHYLLINE ER TB12 450 MG (<i>theophylline</i>)	2	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline soln 80 mg/15ml</i>	3	
<i>theophylline tb12 100 mg, 200 mg</i>	1	
<i>theophylline tb12 300 mg</i>	3	QL(1 ea daily)
<i>theophylline tb12 450 mg</i>	1	QL(1 ea daily)
<i>theophylline tb24 400 mg, 600 mg</i>	1	QL(1 ea daily)

ANTICOAGULANTS - Blood Thinners

Coumarin Anticoagulants

(Warfarin Sodium) JANTOVEN TABS	1	
COUMADIN TABS (<i>warfarin sodium</i>)	7	
<i>warfarin sodium tabs</i>	1	

Direct Factor Xa Inhibitors

BEVYXXA CAPS (<i>betrixaban maleate</i>)	3	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TABS (<i>apixaban</i>)	2	
ELIQUIS TABS 2.5 MG (<i>apixaban</i>)	2	QL(2 ea daily)
ELIQUIS TABS 5 MG (<i>apixaban</i>)	2	
SAVAYSA TABS (<i>edoxaban tosylate</i>)	3	
XARELTO TABS 10 MG, 15 MG, 2.5 MG (<i>rivaroxaban</i>)	2	
XARELTO TABS 20 MG (<i>rivaroxaban</i>)	2	QL(1 ea daily)

Heparins And Heparinoid-Like Agents

ARIXTRA SOLN 10 MG/0.8ML (<i>fondaparinux sodium</i>)	7	QL(6 ml per 90 days retail)
ARIXTRA SOLN 2.5 MG/0.5ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	7	QL(4 ml per 90 days retail)

Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA SOLN 5 MG/0.4ML (<i>fondaparinux sodium</i>)	7	QL(3 ml per 90 days retail)
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	1	QL(42 ml per 7 days retail)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	1	QL(14 ml per 7 days retail)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	1	QL(4.2 ml per 7 days retail)
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	1	QL(5.6 ml per 7 days retail)
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	1	QL(8.4 ml per 7 days retail)
<i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	1	QL(11.2 ml per 7 days retail)
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL(6 ml per 90 days retail)
<i>fondaparinux sodium soln 2.5 mg/0.5ml, 7.5 mg/0.6ml</i>	4	QL(4 ml per 90 days retail)
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3 ml per 90 days retail)
FRAGMIN SOLN 10000 UNIT/ML (<i>dalteparin sodium</i>)	4	QL(7 ml per 90 days retail)
FRAGMIN SOLN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML (<i>dalteparin sodium</i>)	4	QL(4 ml per 90 days retail)
FRAGMIN SOLN 18000 UNT/0.72ML (<i>dalteparin sodium</i>)	4	QL(5 ml per 90 days retail)
FRAGMIN SOLN 2500 UNIT/0.2ML, 5000 UNIT/0.2ML (<i>dalteparin sodium</i>)	4	QL(1 ml per 90 days retail)
FRAGMIN SOLN 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	4	QL(2 ml per 90 days retail)

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

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	4	PA
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	7	QL(42 ml per 7 days retail)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	7	QL(14 ml per 7 days retail)
LOVENOX SOLN SC 30 MG/0.3ML (<i>enoxaparin sodium</i>)	7	QL(4.2 ml per 7 days retail)
LOVENOX SOLN SC 40 MG/0.4ML (<i>enoxaparin sodium</i>)	7	QL(5.6 ml per 7 days retail)
LOVENOX SOLN SC 60 MG/0.6ML (<i>enoxaparin sodium</i>)	7	QL(8.4 ml per 7 days retail)
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	7	QL(11.2 ml per 7 days retail)
Thrombin Inhibitors		
IPRIVASK SOLR (<i>desirudin</i>)	4	PA
PRADAXA CAPS (<i>dabigatran etexilate mesylate</i>)	3	
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP (<i>perampanel</i>)	3	
FYCOMPA TABS (<i>perampanel</i>)	3	
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	3	
<i>clobazam tabs 10 mg</i>	3	QL(1 ea daily)
<i>clobazam tabs 20 mg</i>	3	QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam tbdp 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	3	
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	3	Limit 4 per month;QL(0.14 ea daily)
DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	3	Limit 4 per month;QL(0.14 ea daily)
<i>diazepam (anticonvulsant) gel</i>	3	Limit 4 per month;QL(0.14 ea daily)
DIAZEPAM RECTAL GEL GEL (<i>diazepam (anticonvulsant)</i>)	3	Limit 4 per month;QL(0.14 ea daily)
KLONOPIN TABS (<i>clonazepam</i>)	7	
NAYZILAM SOLN (<i>midazolam (anticonvulsant)</i>)	4	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (<i>clobazam</i>)	7	
ONFI TABS 10 MG (<i>clobazam</i>)	7	QL(1 ea daily)
ONFI TABS 20 MG (<i>clobazam</i>)	7	QL(2 ea daily)
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/ORANGE, SUBVENITE STARTER KIT/GREEN KIT	1	ST
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 1000 MG	1	QL(3 ea daily)
(Levetiracetam) ROWEEPRA TABS 500 MG, 750 MG	1	QL(6 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
(Levetiracetam) ROWEEPRA XR TB24	1	QL(4 ea daily)
APTIOM TABS (<i>eslicarbazepine acetate</i>)	3	PA; QL(1 ea daily)
BANZEL SUSP 40 MG/ML (<i>rufinamide</i>)	2	
BANZEL TABS 200 MG (<i>rufinamide</i>)	2	
BANZEL TABS 400 MG (<i>rufinamide</i>)	2	QL(8 ea daily)
BRIVIACT SOLN 10 MG/ML (<i>brivaracetam</i>)	3	PA
BRIVIACT TABS 10 MG (<i>brivaracetam</i>)	3	PA; ST
BRIVIACT TABS 100 MG (<i>brivaracetam</i>)	3	PA; QL(2 ea daily)
BRIVIACT TABS 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	3	PA
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg</i>	1	
<i>carbamazepine tb12 200 mg</i>	1	QL(8 ea daily)
<i>carbamazepine tb12 400 mg</i>	1	QL(4 ea daily)
CARBATROL CP12 (<i>carbamazepine</i>)	7	
DIACOMIT CAPS 250 MG (<i>stiripentol</i>)	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG (<i>stiripentol</i>)	4	PA; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 250 MG (<i>stiripentol</i>)	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG (<i>stiripentol</i>)	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN (<i>cannabidiol</i>)	4	PA; ST
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	1	
<i>gabapentin tabs</i>	1	
KEPPRA SOLN 100 MG/ML (<i>levetiracetam</i>)	7	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 ea daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 ea daily)
KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	7	
LAMICTAL ODT KIT (<i>lamotrigine</i>)	3	PA; ST
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>)	7	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	7	ST
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST
LAMICTAL TABS (<i>lamotrigine</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR KIT (<i>lamotrigine</i>)	3	PA; ST
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>)	7	PA; QL(1 ea daily)
LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>)	7	PA
LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>)	7	PA; QL(2 ea daily)
<i>lamotrigine chew 5 mg, 25 mg</i>	1	
<i>lamotrigine kit</i>	3	PA; ST
<i>lamotrigine kit 25 mg,</i>	1	ST
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg</i>	3	PA; QL(1 ea daily)
<i>lamotrigine tb24 250 mg</i>	3	PA
<i>lamotrigine tb24 300 mg</i>	3	PA; QL(2 ea daily)
<i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i>	3	PA
<i>levetiracetam soln 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam tabs 1000 mg</i>	1	QL(3 ea daily)
<i>levetiracetam tabs 250 mg, 500 mg, 750 mg</i>	1	QL(6 ea daily)
<i>levetiracetam tb24 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	7	PA; ST;QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	7	PA; ST;QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LYRICA SOLN 20 MG/ML (<i>pregabalin</i>)	7	PA; QL(30 ml daily)
MYSOLINE TABS (<i>primidone</i>)	7	
NEURONTIN CAPS (<i>gabapentin</i>)	7	
NEURONTIN SOLN (<i>gabapentin</i>)	7	
NEURONTIN TABS (<i>gabapentin</i>)	7	
<i>oxcarbazepine susp 60 mg/ml, 300 mg/5ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg</i>	1	
<i>oxcarbazepine tabs 300 mg</i>	1	QL(8 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
OXTELLAR XR TB24 150 MG, 300 MG (<i>oxcarbazepine</i>)	3	ST
OXTELLAR XR TB24 600 MG (<i>oxcarbazepine</i>)	3	ST; QL(4 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	3	PA; ST;QL(2 ea daily)
<i>pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	3	PA; ST;QL(3 ea daily)
<i>pregabalin soln 20 mg/ml</i>	3	PA; QL(30 ml daily)
<i>primidone tabs</i>	1	
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	3	PA; ST;QL(1 ea daily)
QUDEXY XR CS24 25 MG, 50 MG (<i>topiramate</i>)	3	PA; ST;QL(2 ea daily)
SPRITAM TB3D (<i>levetiracetam</i>)	3	PA
TEGRETOL SUSP (<i>carbamazepine</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL TABS (<i>carbamazepine</i>)	7	
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7	
TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	7	QL(8 ea daily)
TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	7	QL(4 ea daily)
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>topiramate</i>)	7	QL(2 ea daily)
TOPAMAX TABS 25 MG (<i>topiramate</i>)	7	
TOPAMAX TABS 50 MG (<i>topiramate</i>)	7	QL(8 ea daily)
<i>topiramate csp 15 mg, 25 mg</i>	1	
TOPIRAMATE ER CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	3	PA; ST;QL(1 ea daily)
TOPIRAMATE ER CS24 25 MG, 50 MG (<i>topiramate</i>)	3	PA; ST;QL(2 ea daily)
<i>topiramate tabs 100 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 25 mg</i>	1	
<i>topiramate tabs 50 mg</i>	1	QL(8 ea daily)
TRILEPTAL SUSP 300 MG/5ML (<i>oxcarbazepine</i>)	7	QL(40 ml daily)
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	7	
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	7	QL(8 ea daily)
TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	7	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR CP24 200 MG (<i>topiramate</i>)	3	PA; QL(2 ea daily)
TROKENDI XR CP24 25 MG (<i>topiramate</i>)	3	PA; ST
TROKENDI XR CP24 50 MG, 100 MG (<i>topiramate</i>)	3	PA
VIMPAT SOLN 10 MG/ML (<i>lacosamide</i>)	2	QL(40 ml daily)
VIMPAT TABS 50 MG, 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	2	
ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	7	QL(6 ea daily)
ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	7	
<i>zonisamide caps 100 mg</i>	1	QL(6 ea daily)
<i>zonisamide caps 25 mg, 50 mg</i>	1	
Carbamates		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP (<i>felbamate</i>)	7	
FELBATOL TABS (<i>felbamate</i>)	7	
GABA Modulators		
(Vigabatrin) VIGADRONE PACK	4	QL(6 ea daily)
GABITRIL TABS (<i>tiagabine hcl</i>)	7	
SABRIL PACK (<i>vigabatrin</i>)	7	QL(6 ea daily)
SABRIL TABS (<i>vigabatrin</i>)	7	
<i>tiagabine hcl tabs</i>	3	
<i>vigabatrin pack</i>	4	QL(6 ea daily)
<i>vigabatrin tabs</i>	4	

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

Drug Name	Drug Tier	Requirements/ Limits
Hydantoins		
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN CAPS 100 MG (<i>phenytoin sodium extended</i>)	7	
DILANTIN CAPS 30 MG (<i>phenytoin sodium extended</i>)	2	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	7	
DILANTIN-125 SUSP (<i>phenytoin</i>)	7	
PEGANONE TABS (<i>ethotoin</i>)	3	
PHENYTEK CAPS (<i>phenytoin sodium extended</i>)	7	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS (<i>methsuximide</i>)	2	
<i>ethosuximide caps</i>	1	
<i>ethosuximide soln</i>	1	
ZARONTIN CAPS (<i>ethosuximide</i>)	7	
ZARONTIN SOLN (<i>ethosuximide</i>)	7	
Valproic Acid		
DEPAKENE CAPS (<i>valproic acid</i>)	7	
DEPAKENE SOLN (<i>valproate sodium</i>)	7	
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	
<i>mirtazapine tbdp</i>	1	
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	7	
REMERON TABS (<i>mirtazapine</i>)	7	
Antidepressants - Misc.		
<i>bupropion hcl tabs 75 mg, 100 mg</i>	1	
<i>bupropion hcl tb12 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily)
BUPROPION HYDROCHLORIDE ER (XL) TB24 (bupropion hcl)	3	ST; QL(1 ea daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	3	ST; QL(1 ea daily)
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7	
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24 (<i>selegiline</i>)	3	QL(1 ea daily)
MARPLAN TABS (<i>isocarboxazid</i>)	3	
NARDIL TABS (<i>phenelzine sulfate</i>)	7	
PARNATE TABS (<i>tranylcypromine sulfate</i>)	7	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	3	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	
<i>escitalopram oxalate tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(2 ea daily)
FLUOXETINE DR CPDR (<i>fluoxetine hcl</i>)	3	
<i>fluoxetine hcl caps 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl caps 40 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(15 ml daily)
<i>fluoxetine hcl tabs 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl tabs 20 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl tabs 60 mg</i>	3	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)
<i>fluvoxamine maleate cp24 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate cp24 150 mg</i>	1	
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	
LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 ea daily)
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 ea daily)
<i>paroxetine hcl tabs</i>	1	
<i>paroxetine hcl tb24</i>	1	
PAXIL CR TB24 (<i>paroxetine hcl</i>)	7	
PAXIL SUSP 10 MG/5ML (<i>paroxetine hcl</i>)	2	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	7	
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7	
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)
<i>sertraline hcl conc 20 mg/ml</i>	1	
<i>sertraline hcl tabs 25 mg, 50 mg, 100 mg</i>	1	QL(2 ea daily)
ZOLOFT CONC 20 MG/ML (<i>sertraline hcl</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
ZOLOFT TABS 25 MG, 50 MG, 100 MG (<i>sertraline hcl</i>)	7	QL(2 ea daily)
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG (<i>nefazodone hcl</i>)	3	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	3	
NEFAZODONE HYDROCHLORIDE TABS (<i>nefazodone hcl</i>)	3	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS (<i>vortioxetine hbr</i>)	3	ST; QL(1 ea daily)
VIIBRYD STARTER PACK KIT (<i>vilazodone hcl</i>)	3	PA
VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	3	ST
VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	3	ST; QL(2 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 ea daily)
DESVENLAFAXINE ER TB24 50 MG, 100 MG (<i>desvenlafaxine</i>)	3	ST; QL(1 ea daily)
<i>desvenlafaxine succinate tb24</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 ea daily)
EFFEXOR XR CP24 75 MG, 37.5 MG (<i>venlafaxine hcl</i>)	7	QL(1 ea daily)
FETZIMA CP24 20 MG (<i>levomilnacipran hcl</i>)	3	ST; QL(2 ea daily)
FETZIMA CP24 40 MG, 80 MG, 120 MG (<i>levomilnacipran hcl</i>)	3	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION PACK C4PK (<i>levomilnacipran hcl</i>)	3	ST
KHEDEZLA TB24 (<i>desvenlafaxine</i>)	3	ST; QL(1 ea daily)
PRISTIQ TB24 (<i>desvenlafaxine succinate</i>)	7	QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	
<i>venlafaxine hcl tb24 225 mg</i>	1	
<i>venlafaxine hcl tb24 75 mg, 150 mg, 37.5 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS (<i>amoxapine</i>)	2	
ANAFRANIL CAPS (<i>clomipramine hcl</i>)	7	
<i>clomipramine hcl caps</i>	1	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
DOXEPIN HCL CAPS 150 MG (<i>doxepin hcl</i>)	2	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tabs 10 mg, 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>imipramine pamoate caps</i>	3	
NORPRAMIN TABS (<i>desipramine hcl</i>)	7	
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML (<i>nortriptyline hcl</i>)	2	
PAMELOR CAPS (<i>nortriptyline hcl</i>)	7	
<i>protriptyline hcl tabs</i>	3	
SURMONTIL CAPS (<i>trimipramine maleate</i>)	7	
TOFRANIL TABS 10 MG, 25 MG (<i>imipramine hcl</i>)	7	
TOFRANIL TABS 50 MG (<i>imipramine hcl</i>)	7	QL(4 ea daily)
<i>trimipramine maleate caps</i>	3	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	
GLYSET TABS (<i>miglitol</i>)	7	
<i>miglitol tabs</i>	3	
PRECOSE TABS (<i>acarbose</i>)	7	
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>pioglitazone hcl-metformin hcl</i>)	7	
ACTOPLUS MET XR TB24 (<i>pioglitazone hcl-metformin hcl</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
DUETACT TABS (<i>pioglitazone hcl-glimepiride</i>)	7	
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS (<i>glyburide-metformin</i>)	7	
<i>glyburide-metformin tabs</i>	1	
GLYXAMBI TABS (<i>empagliflozin-linagliptin</i>)	2	
INVOKAMET TABS (<i>canagliflozin-metformin hcl</i>)	2	
INVOKAMET XR TB24 (<i>canagliflozin-metformin hcl</i>)	2	
JANUMET TABS 50 MG-1000 MG (<i>sitagliptin-metformin hcl</i>)	2	
JANUMET TABS 50 MG-500 MG (<i>sitagliptin-metformin hcl</i>)	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG (<i>sitagliptin-metformin hcl</i>)	2	QL(1 ea daily)
JANUMET XR TB24 50 MG-500 MG, 50 MG-1000 MG (<i>sitagliptin-metformin hcl</i>)	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride tabs</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS (<i>repaglinide-metformin hcl</i>)	3	
SEGLUROMET TABS (<i>ertugliflozin-metformin hcl</i>)	3	

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABS (<i>empagliflozin-metformin hcl</i>)	2	
SYNJARDY XR TB24 (<i>empagliflozin-metformin hcl</i>)	2	
XIGDUO XR TB24 10 MG-500 MG, 10 MG-1000 MG (<i>dapagliflozin-metformin hcl</i>)	3	QL(1 ea daily)
XIGDUO XR TB24 5 MG-500 MG, 5 MG-1000 MG, 2.5 MG-1000 MG (<i>dapagliflozin-metformin hcl</i>)	3	QL(2 ea daily)
Biguanides		
GLUCOPHAGE TABS (<i>metformin hcl</i>)	7	
GLUCOPHAGE XR TB24 (<i>metformin hcl</i>)	7	
<i>metformin hcl soln 500 mg/5ml</i>	3	
<i>metformin hcl tabs 500 mg, 850 mg, 1000 mg</i>	1	
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
RIOMET SOLN (<i>metformin hcl</i>)	7	
Diabetic Other		
BAQSIMI ONE PACK POWD (<i>glucagon</i>)	4	PA; QL(2 ea per 30 days retail)
BAQSIMI TWO PACK POWD (<i>glucagon</i>)	4	PA; QL(2 ea per 30 days retail)
<i>diazoxide susp</i>	3	
GLUCAGEN HYPOKIT SOLR (<i>glucagon hcl (rdna)</i>)	4	Limit 1 per fill, 2 per month;QL(0.07 ea daily, 1 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT KIT (<i>glucagon (rdna)</i>)	4	PA; QL(1 ea per fill retail, 2 ea per 30 days retail)
GVOKE PFS SOSY (<i>glucagon</i>)	4	PA; QL(0.4 ml per 30 days retail)
PROGLYCEM SUSP (<i>diazoxide</i>)	7	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA TABS 25 MG (<i>sitagliptin phosphate</i>)	2	
JANUVIA TABS 50 MG, 100 MG (<i>sitagliptin phosphate</i>)	2	QL(1 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor)		
OZEMPIC SOPN (<i>semaglutide</i>)	2	PA
TRULICITY SOPN (<i>dulaglutide</i>)	2	PA; Not available through mail order
VICTOZA SOPN (<i>liraglutide</i>)	2	PA; Not available through mail order
Insulin Sensitizing Agents		
ACTOS TABS 15 MG (<i>pioglitazone hcl</i>)	7	
ACTOS TABS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 ea daily)
AVANDIA TABS (<i>rosiglitazone maleate</i>)	2	
<i>pioglitazone hcl tabs 15 mg</i>	1	
<i>pioglitazone hcl tabs 30 mg, 45 mg</i>	1	QL(1 ea daily)
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN (<i>insulin lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)

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

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG KWIKPEN SOPN 100 UNIT/ML (<i>insulin lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML (<i>insulin lispro</i>)	2	Limit 24mls per month;QL(0.8 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN (<i>insulin lispro protamine & lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP (<i>insulin lispro protamine & lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN (<i>insulin lispro protamine & lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP (<i>insulin lispro protamine & lispro</i>)	2	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT (<i>insulin lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG SOLN (<i>insulin lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN (<i>insulin nph isophane & reg (human)</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 SUSP (<i>insulin nph isophane & reg (human)</i>)	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN (<i>insulin nph (human)</i> (isophane))	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN N SUSP (<i>insulin nph (human)</i> (isophane))	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN (<i>insulin regular (human)</i>)	2	Limit 45mls per month;QL(1.5 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R SOLN (<i>insulin regular (human)</i>)	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN (<i>insulin regular (human)</i>)	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN (<i>insulin regular (human)</i>)	2	Limit 40mls per month;QL(1.34 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN (<i>insulin lispro protamine & lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLN (<i>insulin glargine</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN (<i>insulin glargine</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR FLEXTOUCH SOPN (<i>insulin detemir</i>)	2	Limit 45mls per month;QL(1.5 ml daily, 135 ml per fill mail)
LEVEMIR SOLN (<i>insulin detemir</i>)	2	Limit 45mls per month;QL(1.5 ml daily, 135 ml per fill mail)
NOVOLIN N FLEXPEN RELION SUPN (<i>insulin nph (human)</i> (isophane))	2	Limit 45mls per month;QL(1.5 ml daily)
NOVOLIN N FLEXPEN SUPN (<i>insulin nph (human)</i> (isophane))	2	Limit 45mls per month;QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN (<i>insulin glargine</i>)	2	Limit 2 pens per month;QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN (<i>insulin glargine</i>)	2	Limit 3 pens per month;QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML (<i>insulin degludec</i>)	2	Limit 45mls per month;QL(1.5 ml daily)

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

Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML (<i>insulin degludec</i>)	2	Limited to 27 mls /month without prior authorization; QL(0.9 ml daily)
TRESIBA SOLN (<i>insulin degludec</i>)	2	
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	
PRANDIN TABS (<i>repaglinide</i>)	7	
<i>repaglinide tabs</i>	1	
STARLIX TABS (<i>nateglinide</i>)	7	
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS (<i>dapagliflozin propanediol</i>)	3	
INVOKANA TABS 100 MG (<i>canagliflozin</i>)	2	
INVOKANA TABS 300 MG (<i>canagliflozin</i>)	2	QL(1 ea daily)
JARDIANCE TABS (<i>empagliflozin</i>)	2	QL(1 ea daily)
STEGLATRO TABS (<i>ertugliflozin l-pyroglyutamic acid</i>)	3	
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL TABS (<i>glimepiride</i>)	7	
<i>chlorpropamide tabs</i>	1	
<i>glimepiride tabs</i>	1	
<i>glipizide tabs</i>	1	
<i>glipizide tb24</i>	1	
GLUCOTROL TABS (<i>glipizide</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs</i>	1	
GLYNASE TABS (<i>glyburide micronized</i>)	7	
TOLAZAMIDE TABS 250 MG (<i>tolazamide</i>)	2	
<i>tolazamide tabs 500 mg</i>	1	
<i>tolbutamide tabs</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC (<i>crofelemer</i>)	3	PA; QL(2 ea daily)
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, TGT LOPERAMIDE HCL, SM ANTI-DIARRHEAL, RA ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, HM LOPERAMIDE HCL, HM ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL CAPS	3	RX/OTC
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS (<i>loperamide hcl</i>)	7	RX/OTC
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7	
<i>loperamide hcl caps</i>	3	RX/OTC
<i>opium tincture tinc</i>	3	QL(2.4 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits
PAREGORIC TINC (<i>paregoric</i>)	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS (<i>succimer</i>)	3	
<i>deferasirox tabs 90 mg, 180 mg, 360 mg</i>	4	PA
FERRIPROX SOLN 100 MG/ML (<i>deferiprone</i>)	4	Not available through mail order
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	4	
JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	PA; LA
JADENU TABS (<i>deferasirox</i>)	7	PA
Antidotes and Specific Antagonists		
ANDEXXA SOLR (<i>coagulation factor xa recomb inact-zhzo (andexanet alfa)</i>)	4	PA
CETYLEV TBEF (<i>acetylcysteine (antidote)</i>)	4	PA
VISTOGARD PACK (<i>uridine triacetate (emergency treatment)</i>)	4	
Opioid Antagonists		
<i>naloxone hcl sosy</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	2	QL(4 ea per 30 days retail)
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS (<i>dolasetron mesylate</i>)	3	PA; ST;QL(2 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl tabs</i>	3	PA; ST; Limit 2 tablets per day;QL(2 ea daily)
<i>ondansetron hcl soln 4 mg/5ml</i>	1	Limit 50mls per month;QL(1.67 ml daily)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	1	QL(20 ea per fill retail)
<i>ondansetron tbdp</i>	1	QL(20 ea per fill retail)
SANCUSO PTCH (<i>granisetron</i>)	3	PA; ST;QL(1 ea per 21 days retail,3 ea per 90 days mail)
ZOFRAN ODT TBDP (<i>ondansetron</i>)	7	QL(20 ea per fill retail)
ZOFRAN SOLN 4 MG/5ML (<i>ondansetron hcl</i>)	7	Limit 50mls per month;QL(1.67 ml daily)
ZOFRAN TABS 4 MG, 8 MG (<i>ondansetron hcl</i>)	7	QL(20 ea per fill retail)
Antiemetics - Anticholinergic		
<i>scopolamine pt72</i>	3	
TIGAN CAPS (<i>trimethobenzamide hcl</i>)	7	
TRANSDERM SCOP PT72 (<i>scopolamine</i>)	7	
TRANSDERM-SCOP PT72 (<i>scopolamine</i>)	7	
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS (<i>netupitant-palonosetron</i>)	3	QL(2 ea per 28 days retail)
CESAMET CAPS (<i>nabilone</i>)	3	PA; ST;QL(2 ea daily)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	7	QL(4 ea daily)
<i>doxylamine-pyridoxine tbec</i>	3	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol caps 2.5 mg</i>	3	PA; ST
<i>dronabinol caps 5 mg, 10 mg</i>	3	PA
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	7	PA; ST
MARINOL CAPS 5 MG, 10 MG (<i>dronabinol</i>)	7	PA
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	3	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant caps 40 mg</i>	3	Limit 2 per month; QL(0.07 ea daily)
<i>aprepitant caps 80 mg, 125 mg</i>	3	QL(1 ea per fill retail, 1 ea per 30 days retail)
EMEND CAPS 40 MG (<i>aprepitant</i>)	7	Limit 2 per month; QL(0.07 ea daily)
EMEND CAPS 80 MG, 125 MG (<i>aprepitant</i>)	7	QL(1 ea per fill retail, 1 ea per 30 days retail)
EMEND SUSR 125 MG (<i>aprepitant</i>)	3	QL(1 ea per 30 days retail)
EMEND TRIPACK CAPS (<i>aprepitant</i>)	7	Limit 3 per month; QL(0.1 ea daily)
VARUBI TBPK (<i>rolapitant hcl</i>)	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
(Nystatin) BIO-STATIN POWD	3	
ANCOBON CAPS (<i>flucytosine</i>)	7	
BIO-STATIN CAPS 500000 UNIT, 1000000 UNIT (<i>nystatin</i>)	3	
<i>flucytosine caps</i>	3	

Drug Name	Drug Tier	Requirements/Limits
GRIS-PEG TABS (<i>griseofulvin ultramicrosize</i>)	7	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily, 90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS (<i>isavuconazonium sulfate</i>)	3	Not available through mail order
DIFLUCAN SUSR (<i>fluconazole</i>)	7	
DIFLUCAN TABS (<i>fluconazole</i>)	7	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	1	PA; ST
<i>itraconazole soln 10 mg/ml</i>	1	PA
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP 40 MG/ML (<i>posaconazole</i>)	3	
NOXAFIL TBEC 100 MG (<i>posaconazole</i>)	7	
<i>posaconazole tbec</i>	3	
SPORANOX CAPS 100 MG (<i>itraconazole</i>)	7	PA; ST
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	7	PA; ST

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

Drug Name	Drug Tier	Requirements/Limits
SPORANOX SOLN 10 MG/ML (<i>itraconazole</i>)	7	PA
TOLSURA CAPS (<i>itraconazole</i>)	4	PA
VFEND SUSR 40 MG/ML (<i>voriconazole</i>)	7	
VFEND TABS 50 MG, 200 MG (<i>voriconazole</i>)	7	QL(2 ea daily)
<i>voriconazole susr 40 mg/ml</i>	1	
<i>voriconazole tabs 50 mg, 200 mg</i>	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
BROMPHENIRAMINE TANNATE CHEW (<i>brompheniramine tannate</i>)	3	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
CARBINOXAMINE MALEATE SOLN 4 MG/5ML (<i>carbinoxamine maleate</i>)	2	
<i>carbinoxamine maleate tabs 4 mg</i>	3	
CARBINOXAMINE MALEATE TABS 4 MG, 6 MG (<i>carbinoxamine maleate</i>)	3	
CLEMASTINE FUMARATE TABS (<i>clemastine fumarate</i>)	2	
KARBINAL ER SUER (<i>carbinoxamine maleate</i>)	3	
RYVENT TABS (<i>carbinoxamine maleate</i>)	3	
Antihistamines - Non-Sedating		

Drug Name	Drug Tier	Requirements/Limits
CLARINEX TABS 5 MG (<i>desloratadine</i>)	7	PA; ST;QL(1 ea daily)
DESLORATADINE ODT TBDP 2.5 MG (<i>desloratadine</i>)	3	PA; ST
DESLORATADINE ODT TBDP 5 MG (<i>desloratadine</i>)	3	PA
<i>desloratadine tabs</i>	3	PA; ST;QL(1 ea daily)
Antihistamines - Phenothiazines		
(Promethazine Hcl) PHENADOZ SUPP	1	
(Promethazine Hcl) PROMETHEGAN SUPP 25 MG, 12.5 MG	1	
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	
<i>promethazine hcl supp re 25 mg, 12.5 mg</i>	1	
<i>promethazine hcl supp re 50 mg</i>	1	QL(3 ea daily)
<i>promethazine hcl syrup or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 12.5 mg</i>	1	
<i>promethazine hcl tabs or 25 mg</i>	1	QL(6 ea daily)
<i>promethazine hcl tabs or 50 mg</i>	1	QL(3 ea daily)
PROMETHEGAN SUPP 50 MG (<i>promethazine hcl</i>)	2	QL(3 ea daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
VYTORIN TABS (<i>ezetimibe-simvastatin</i>)	7	QL(1 ea daily)
Antihyperlipidemics - Misc.		
(Omega-3-Acid Ethyl Esters) TRIKLO CAPS	1	QL(4 ea daily)
KYNAMRO SOSY (<i>mipomersen sodium</i>)	4	PA; ST
LOVAZA CAPS (<i>omega-3-acid ethyl esters</i>)	7	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
VASCEPA CAPS 0.5 GM (<i>icosapent ethyl</i>)	3	PA; ST
VASCEPA CAPS 1 GM (<i>icosapent ethyl</i>)	3	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK 4 GM	3	
(Cholestyramine Light) PREVALITE POWD 4 GM/DOSE	1	
<i>cholestyramine light pack 4 gm</i>	3	
<i>cholestyramine light powd 4 gm/dose</i>	1	
<i>cholestyramine pack 4 gm</i>	3	
<i>cholestyramine powd 4 gm/dose</i>	1	
<i>colesevelam hcl pack 3.75 gm</i>	3	QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	3	QL(7 ea daily)
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7	
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	7	
COLESTID GRAN (<i>colestipol hcl</i>)	7	
COLESTID PACK (<i>colestipol hcl</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	3	
<i>colestipol hcl tabs 1 gm</i>	1	
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
QUESTRAN PACK (<i>cholestyramine</i>)	7	
QUESTRAN POWD (<i>cholestyramine</i>)	7	
WELCHOL PACK 3.75 GM (<i>colesevelam hcl</i>)	7	QL(1 ea daily)
WELCHOL TABS 625 MG (<i>colesevelam hcl</i>)	7	QL(7 ea daily)
Fibric Acid Derivatives		
ANTARA CAPS (<i>fenofibrate micronized</i>)	3	
<i>choline fenofibrate cpdr 135 mg</i>	1	QL(1 ea daily)
<i>choline fenofibrate cpdr 45 mg</i>	1	
FENOFIBRATE CAPS 50 MG, 150 MG (<i>fenofibrate</i>)	3	
<i>fenofibrate micronized caps 130 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate micronized caps 43 mg, 67 mg, 134 mg</i>	1	
<i>fenofibrate tabs 145 mg, 160 mg</i>	1	QL(1 ea daily)
FENOFIBRATE TABS 160 MG (<i>fenofibrate</i>)	2	QL(1 ea daily)
<i>fenofibrate tabs 48 mg</i>	1	
<i>fenofibrate tabs 54 mg</i>	1	QL(2 ea daily)
FENOFIBRIC ACID TABS (<i>fenofibric acid</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
FIBRICOR TABS 35 MG, 105 MG (<i>fenofibric acid</i>)	3	
gemfibrozil tabs	1	
LIPOFEN CAPS (<i>fenofibrate</i>)	3	
LOPID TABS (<i>gemfibrozil</i>)	7	
TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 ea daily)
TRICOR TABS 48 MG (<i>fenofibrate</i>)	7	
TRIGLIDE TABS (<i>fenofibrate</i>)	2	QL(1 ea daily)
TRILIPIX CPDR 135 MG (<i>choline fenofibrate</i>)	7	QL(1 ea daily)
TRILIPIX CPDR 45 MG (<i>choline fenofibrate</i>)	7	
HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs	1	QL(1 ea daily)
CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 ea daily)
fluvastatin sodium caps	1	QL(1 ea daily)
fluvastatin sodium tb24	1	QL(1 ea daily)
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 ea daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 ea daily)
lovastatin tabs 10 mg, 20 mg	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
lovastatin tabs 40 mg	1	\$0 copay for Generic only, age 40 to 75; SL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
PRAVACHOL TABS 20 MG, 80 MG (<i>pravastatin sodium</i>)	7	QL(1 ea daily)
PRAVACHOL TABS 40 MG (<i>pravastatin sodium</i>)	7	QL(2 ea daily)
pravastatin sodium tabs 10 mg, 20 mg, 80 mg	1	QL(1 ea daily)
pravastatin sodium tabs 40 mg	1	QL(2 ea daily)
rosuvastatin calcium tabs	1	QL(1 ea daily)
simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg, 80 mg	1	QL(1 ea daily)
ZOCOR TABS (<i>simvastatin</i>)	7	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	1	
ZETIA TABS (<i>ezetimibe</i>)	7	
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>lomitapide mesylate</i>)	4	PA
JUXTAPID CAPS 5 MG (<i>lomitapide mesylate</i>)	4	PA; ST
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbc	1	
NIACIN TABS (<i>niacin (antihyperlipidemic)</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
NIACOR TABS (<i>niacin (antihyperlipidemic)</i>)	3	
NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	7	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOAJ (<i>alirocumab</i>)	4	PA
REPATHA PUSHTRONEX SYSTEM SOCT (<i>evolocumab</i>)	4	PA; ST
REPATHA SOSY (<i>evolocumab</i>)	4	PA; ST
REPATHA SURECLICK SOAJ (<i>evolocumab</i>)	4	PA; ST;LA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>quinapril hcl</i>)	7	
ALTACE CAPS (<i>ramipril</i>)	7	QL(2 ea daily)
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	QL(2 ea daily)
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs 40 mg</i>	1	QL(2 ea daily)
<i>lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 2.5 mg</i>	1	
LOTENSIN TABS (<i>benazepril hcl</i>)	7	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (<i>lisinopril</i>)	7	
QBRELIS SOLN (<i>lisinopril</i>)	3	QL(5 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	QL(2 ea daily)
<i>trandolapril tabs</i>	1	
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 ea daily)
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 2.5 MG (<i>lisinopril</i>)	7	
Agents for Pheochromocytoma		
DEMSEER CAPS (<i>metyrosine</i>)	3	
DIBENZYLINE CAPS (<i>phenoxybenzamine hcl</i>)	7	Not available through mail
<i>phenoxybenzamine hcl caps</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
ATACAND TABS 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 ea daily)
ATACAND TABS 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7	
AVAPRO TABS (<i>irbesartan</i>)	7	
BENICAR TABS 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 ea daily)
BENICAR TABS 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
<i>candesartan cilexetil tabs 32 mg</i>	1	QL(1 ea daily)
<i>candesartan cilexetil tabs 4 mg, 8 mg, 16 mg</i>	1	
COZAAR TABS (<i>losartan potassium</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 ea daily)
DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
EDARBI TABS 40 MG (<i>azilsartan medoxomil</i>)	3	
EDARBI TABS 80 MG (<i>azilsartan medoxomil</i>)	3	QL(1 ea daily)
EPROSARTAN MESYLATE TABS (<i>eprosartan mesylate</i>)	2	
<i>irbesartan tabs</i>	1	
<i>losartan potassium tabs or 25 mg, 50 mg, 100 mg</i>	1	
MICARDIS TABS 20 MG, 40 MG (<i>telmisartan</i>)	7	
MICARDIS TABS 80 MG (<i>telmisartan</i>)	7	QL(1 ea daily)
<i>olmesartan medoxomil tabs 40 mg</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil tabs 5 mg, 20 mg</i>	1	
<i>telmisartan tabs 20 mg, 40 mg</i>	1	
<i>telmisartan tabs 80 mg</i>	1	QL(1 ea daily)
<i>valsartan tabs 160 mg</i>	1	QL(2 ea daily)
<i>valsartan tabs 40 mg, 80 mg, 320 mg</i>	1	
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>doxazosin mesylate</i>)	7	
CATAPRES TABS (<i>clonidine hcl</i>)	7	
<i>clonidine hcl tabs</i>	1	
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
AVALIDE TABS (<i>irbesartan-hydrochlorothiazide</i>)	7	
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS 20 MG-12.5 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	
BENICAR HCT TABS 40 MG-25 MG, 40 MG-12.5 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	
BYVALSON TABS (<i>nebivolol-valsartan</i>)	3	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
<i>captopril & hydrochlorothiazide tabs</i>	1	
CORZIDE TABS 40 MG-5 MG (<i>nadolol & bendroflumethiazide</i>)	7	
CORZIDE TABS 80 MG-5 MG (<i>nadolol & bendroflumethiazide</i>)	3	
DIOVAN HCT TABS 160 MG-25 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 ea daily)
DIOVAN HCT TABS 320 MG-25 MG, 80 MG-12.5 MG, 160 MG-12.5 MG, 320 MG-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	7	
EDARBYCLOR TABS (<i>azilsartan medoxomil-chlorthalidone</i>)	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7	
EXFORGE TABS 160 MG-10 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 ea daily)
EXFORGE TABS 160 MG-5 MG, 320 MG-5 MG, 320 MG-10 MG (<i>amlodipine besylate-valsartan</i>)	7	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS (<i>losartan potassium & hydrochlorothiazide</i>)	7	
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs 10 mg-12.5 mg, 20 mg-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(2 ea daily)
LOPRESSOR HCT TABS (<i>metoprolol & hydrochlorothiazide</i>)	7	
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	
LOTENSIN HCT TABS (<i>benazepril & hydrochlorothiazide</i>)	7	
LOTREL CAPS (<i>amlodipine besylate-benazepril hcl</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methyldopa & hydrochlorothiazide tabs</i>	1	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS (<i>metoprolol & hydrochlorothiazide</i>)	2	
MICARDIS HCT TABS (<i>telmisartan-hydrochlorothiazide</i>)	7	
<i>moexipril-hydrochlorothiazide tabs</i>	1	
NADOLOL/BENDROFLUMETHIAZIDE TABS (<i>nadolol & bendroflumethiazide</i>)	3	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs 20 mg-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tabs 40 mg-25 mg, 40 mg-12.5 mg</i>	1	QL(1 ea daily)
<i>propranolol & hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg, 20 mg-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TARKA TBCR (<i>trandolapril-verapamil hcl</i>)	7	
TEKTURNA HCT TABS (<i>aliskiren-hydrochlorothiazide</i>)	3	ST
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (<i>atenolol & chlorthalidone</i>)	7	
TENORETIC 50 TABS (<i>atenolol & chlorthalidone</i>)	7	
<i>trandolapril-verapamil hcl tbc</i>	3	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR (<i>trandolapril-verapamil hcl</i>)	3	
TRIBENZOR TABS (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	7	ST
TWYNSTA TABS (<i>telmisartan-amlodipine</i>)	7	
<i>valsartan-hydrochlorothiazide tabs 160 mg-25 mg</i>	1	QL(1 ea daily)
<i>valsartan-hydrochlorothiazide tabs 320 mg-25 mg, 80 mg-12.5 mg, 160 mg-12.5 mg, 320 mg-12.5 mg</i>	1	
VASERETIC TABS (<i>enalapril maleate & hydrochlorothiazide</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
ZESTORETIC TABS 10 MG-12.5 MG, 20 MG-12.5 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	
ZESTORETIC TABS 20 MG-25 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 ea daily)
ZIAC TABS (<i>bisoprolol & hydrochlorothiazide</i>)	7	
Antihypertensives - Misc.		
VECAMYL TABS (<i>mecamylamine hcl</i>)	4	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	3	
Selective Aldosterone Receptor Antagonists		
<i>epplerenone tabs</i>	1	
INSPIRA TABS (<i>epplerenone</i>)	7	
Vasodilators		
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	3	
COARTEM TABS (<i>artemether-lumefantrine</i>)	2	Limit 24 per month;QL(0.8 ea daily)
MALARONE TABS (<i>atovaquone-proguanil hcl</i>)	7	
Antimalarials		
<i>chloroquine phosphate tabs 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
CHLOROQUINE PHOSPHATE TABS 500 MG (<i>chloroquine phosphate</i>)	2	
<i>hydroxychloroquine sulfate tabs</i>	1	
KRINTAFEL TABS (<i>tafenoquine succinate</i>)	2	QL(2 ea per 30 days retail)
MEFLOQUINE HCL TABS (<i>mefloquine hcl</i>)	2	QL(6 ea per fill retail)
PLAQUENIL TABS (<i>hydroxychloroquine sulfate</i>)	7	
<i>primaquine phosphate tabs</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	7	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	7	PA; QL(2 ea daily)
<i>quinine sulfate caps</i>	3	PA; QL(2 ea daily)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS (<i>amifampridine phosphate</i>)	4	PA; ST
GUANIDINE HCL TABS (<i>guanidine hcl</i>)	2	
MESTINON SOLN 60 MG/5ML (<i>pyridostigmine bromide</i>)	7	PA
MESTINON TABS 60 MG (<i>pyridostigmine bromide</i>)	7	
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide soln 60 mg/5ml</i>	4	PA
<i>pyridostigmine bromide tabs 60 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide tbc</i> 180 mg	1	
RUZURGI TABS (<i>amifampridine</i>)	4	PA; QL(10 ea daily)
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS (<i>isoniazid & rifampin</i>)	2	
RIFATER TABS (<i>isoniazid-rifampin w/ pyrazinamide</i>)	3	
Antimycobacterial Agents		
<i>cycloserine caps</i>	3	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syr</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL TABS (<i>ethambutol hcl</i>)	7	
MYCOBUTIN CAPS (<i>rifabutin</i>)	7	
PASER PACK (<i>aminosalicylic acid</i>)	3	
PRIFTIN TABS (<i>rifapentine</i>)	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	
RIFADIN CAPS (<i>rifampin</i>)	7	
<i>rifampin caps</i>	1	
TRECTOR TABS (<i>ethionamide</i>)	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN TABS (<i>melfalan</i>)	7	AC

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclophosphamide caps</i>	1	
GLEOSTINE CAPS (<i>lomustine</i>)	2	AC
HEXALEN CAPS (<i>altretamine</i>)	2	AC
LEUKERAN TABS (<i>chlorambucil</i>)	2	AC
<i>melfalan tabs</i>	1	AC
MYLERAN TABS (<i>busulfan</i>)	2	AC
TEMODAR CAPS (<i>temozolomide</i>)	7	AC
<i>temozolomide caps</i>	1	AC
Antimetabolites		
<i>capecitabine tabs</i>	4	AC
<i>mercaptopurine tabs</i>	1	AC
<i>methotrexate sodium soln ij</i> 25 mg/ml, 1 gm/40ml, 50 mg/2ml, 250 mg/10ml	4	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML (<i>methotrexate sodium</i>)	4	
<i>methotrexate sodium tabs or 2.5 mg</i>	1	AC
PURIXAN SUSP (<i>mercaptopurine</i>)	2	AC
TABLOID TABS (<i>thioguanine</i>)	2	AC
TREXALL TABS (<i>methotrexate sodium</i>)	3	AC
XATMEP SOLN (<i>methotrexate</i>)	4	PA; AC
XELODA TABS (<i>capecitabine</i>)	7	AC
Antineoplastic - BCL-2 Inhibitors		

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK TBPB (<i>venetoclax</i>)	4	PA; AC
VENCLEXTA TABS 10 MG (<i>venetoclax</i>)	4	PA; QL(2 ea daily); AC
VENCLEXTA TABS 100 MG (<i>venetoclax</i>)	4	PA; QL(4 ea daily); AC
VENCLEXTA TABS 50 MG (<i>venetoclax</i>)	4	PA; AC
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS (<i>glasdegib maleate</i>)	4	PA
ERIVEDGE CAPS (<i>vismodegib</i>)	4	AC
ODOMZO CAPS (<i>sonidegib phosphate</i>)	4	AC
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	4	PA; New commercial members to be referred to AcariaHealth;LA; AC
<i>anastrozole tabs</i>	1	QL(1 ea daily); AC
ARIMIDEX TABS (<i>anastrozole</i>)	7	QL(1 ea daily); AC
AROMASIN TABS (<i>exemestane</i>)	7	AC
<i>bicalutamide tabs</i>	1	QL(1 ea daily); AC
CASODEX TABS (<i>bicalutamide</i>)	7	QL(1 ea daily); AC
ELIGARD KIT (<i>leuprolide acetate (3 month)</i>)	3	PA
ELIGARD KIT (<i>leuprolide acetate (4 month)</i>)	3	PA
ELIGARD KIT (<i>leuprolide acetate (6 month)</i>)	3	PA
ELIGARD KIT (<i>leuprolide acetate</i>)	3	PA

Drug Name	Drug Tier	Requirements/Limits
EMCYT CAPS (<i>estramustine phosphate sodium</i>)	2	AC
ERLEADA TABS (<i>apalutamide</i>)	4	PA; AC
<i>exemestane tabs</i>	1	AC
FARESTON TABS (<i>toremifene citrate</i>)	7	AC
FEMARA TABS (<i>letrozole</i>)	7	AC
FENSOLVI KIT (<i>leuprolide acetate (6 month)</i>)	3	PA
<i>flutamide caps</i>	1	AC
<i>letrozole tabs</i>	1	AC
<i>leuprolide acetate kit</i>	3	PA
LYSODREN TABS (<i>mitotane</i>)	2	AC
<i>megestrol acetate susp</i>	1	AC
<i>megestrol acetate tabs</i>	1	AC
NILANDRON TABS (<i>nilutamide</i>)	7	AC
<i>nilutamide tabs</i>	1	AC
NUBEQA TABS (<i>darolutamide</i>)	4	PA
SOLTAMOX SOLN (<i>tamoxifen citrate</i>)	5	PV; AC
<i>tamoxifen citrate tabs</i>	7	PV; AC
<i>toremifene citrate tabs</i>	1	AC
XTANDI CAPS (<i>enzalutamide</i>)	4	PA; New commercial members to be referred to AcariaHealth;A C
YONSA TABS (<i>abiraterone acetate</i>)	4	PA; AC

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

Drug Name	Drug Tier	Requirements/ Limits
ZYTIGA TABS 250 MG (<i>abiraterone acetate</i>)	7	PA; New commercial members to be referred to AcariaHealth;L A; AC
ZYTIGA TABS 500 MG (<i>abiraterone acetate</i>)	4	PA; LA; AC
Antineoplastic - Immunomodulators		
POMALYST CAPS (<i>pomalidomide</i>)	4	AC
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBP (<i>selinexor</i>)	4	PA
XPOVIO 60 MG ONCE WEEKLY TBP (<i>selinexor</i>)	4	PA
XPOVIO 80 MG ONCE WEEKLY TBP (<i>selinexor</i>)	4	PA
XPOVIO 80 MG TWICE WEEKLY TBP (<i>selinexor</i>)	4	PA
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBP (<i>ribociclib succinate-letrozole</i>)	4	PA; AC
KISQALI FEMARA 400 DOSE TBP (<i>ribociclib succinate-letrozole</i>)	4	PA; AC
KISQALI FEMARA 600 DOSE TBP (<i>ribociclib succinate-letrozole</i>)	4	PA; AC
LONSURF TABS (<i>trifluridine-tipiracil</i>)	4	PA; AC
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	4	PA; AC
AFINITOR TABS 10 MG (<i>everolimus</i>)	4	PA; AC
AFINITOR TABS 5 MG, 2.5 MG, 7.5 MG (<i>everolimus</i>)	7	PA; AC

Drug Name	Drug Tier	Requirements/ Limits
ALECENSA CAPS (<i>alectinib hcl</i>)	4	PA; AC
ALUNBRIG TABS 30 MG (<i>brigatinib</i>)	4	PA; SP drug refer to Caremark SP Rx;AC
ALUNBRIG TABS 90 MG, 180 MG (<i>brigatinib</i>)	4	PA; AC
ALUNBRIG TBP (<i>brigatinib</i>)	4	PA; AC
BALVERSA TABS (<i>erdafitinib</i>)	4	PA; AC
BOSULIF TABS 100 MG, 500 MG (<i>bosutinib</i>)	4	PA; LA; AC
BOSULIF TABS 400 MG (<i>bosutinib</i>)	4	PA; AC
BRAFTOVI CAPS 50 MG (<i>encorafenib</i>)	4	PA; LA
BRAFTOVI CAPS 75 MG (<i>encorafenib</i>)	4	PA; LA; AC
BRUKINSA CAPS (<i>zanubrutinib</i>)	4	PA; AC
CABOMETYX TABS (<i>cabozantinib s-malate</i>)	4	PA; AC
CALQUENCE CAPS (<i>acalabrutinib</i>)	4	PA; AC
CAPRELSA TABS (<i>vandetanib</i>)	4	AC
COMETRIQ KIT (<i>cabozantinib s-malate</i>)	4	PA; AC
COPIKTRA CAPS (<i>duvelisib</i>)	4	PA; AC
COTELLIC TABS (<i>cobimetinib fumarate</i>)	4	PA; AC
<i>erlotinib hcl tabs</i>	4	PA; New commercial members to be referred to AcariaHealth;L A; AC
<i>everolimus tabs</i>	4	PA; AC
FARYDAK CAPS (<i>panobinostat lactate</i>)	4	PA; AC

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

Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF TABS (<i>afatinib dimaleate</i>)	4	PA; AC
GLEEVEC TABS (<i>imatinib mesylate</i>)	7	AC
IBRANCE CAPS 75 MG, 100 MG, 125 MG (<i>palbociclib</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
IBRANCE TABS 75 MG, 100 MG, 125 MG (<i>palbociclib</i>)	4	PA
ICLUSIG TABS (<i>ponatinib hcl</i>)	4	PA; AC
IDHIFA TABS (<i>enasidenib mesylate</i>)	4	PA; LA; AC
<i>imatinib mesylate tabs</i>	4	AC
IMBRUVICA CAPS 70 MG, 140 MG (<i>ibrutinib</i>)	4	PA; AC
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	4	PA; QL(1 ea daily); AC
INLYTA TABS (<i>axitinib</i>)	4	PA; AC
INREBIC CAPS (<i>fedratinib hcl</i>)	4	PA; AC
IRESSA TABS (<i>gefitinib</i>)	4	AC
JAKAFI TABS (<i>ruxolitinib phosphate</i>)	4	AC
KISQALI TBPK (<i>ribociclib succinate</i>)	4	PA; AC
LENVIMA 10 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	4	PA; AC
LENVIMA 14 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	4	PA; AC
LENVIMA 18 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	4	PA; AC
LENVIMA 20 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	4	PA; AC

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 24 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	4	PA; AC
LENVIMA 8 MG DAILY DOSE CPPK (<i>lenvatinib mesylate</i>)	4	PA; AC
LORBRENA TABS 100 MG (<i>lorlatinib</i>)	4	PA; AC
LORBRENA TABS 25 MG (<i>lorlatinib</i>)	4	PA
LYNPARZA CAPS 50 MG (<i>olaparib</i>)	4	PA; AC
LYNPARZA TABS 100 MG, 150 MG (<i>olaparib</i>)	4	PA; Refer to Accredo SP Rx;AC
MEKINIST TABS (<i>trametinib dimethyl sulfoxide</i>)	4	PA; AC
MEKTOVI TABS (<i>binimetinib</i>)	4	PA; LA; AC
NERLYNX TABS (<i>neratinib maleate</i>)	4	PA; LA; AC
NEXAVAR TABS (<i>sorafenib tosylate</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
NINLARO CAPS (<i>ixazomib citrate</i>)	4	PA; Limited to 3 capsules per month;;QL(0.1 ea daily); AC
PIQRAY 200MG DAILY DOSE TBPK (<i>alpelisib</i>)	4	PA; AC
PIQRAY 250MG DAILY DOSE TBPK (<i>alpelisib</i>)	4	PA; AC
PIQRAY 300MG DAILY DOSE TBPK (<i>alpelisib</i>)	4	PA; AC
ROZLYTREK CAPS (<i>entrectinib</i>)	4	PA; AC
RUBRACA TABS (<i>rucaparib camsylate</i>)	4	PA; AC
RYDAPT CAPS (<i>midostaurin</i>)	4	PA; AC
SPRYCEL TABS 20 MG, 50 MG, 70 MG (<i>dasatinib</i>)	4	PA; AC

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

Drug Name	Drug Tier	Requirements/ Limits
SPRYCEL TABS 80 MG, 100 MG, 140 MG (<i>dasatinib</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;AC
STIVARGA TABS (<i>regorafenib</i>)	4	PA; SP; AC
SUTENT CAPS (<i>sunitinib malate</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
TAFINLAR CAPS (<i>dabrafenib mesylate</i>)	4	PA; AC
TAGRISO TABS (<i>osimertinib mesylate</i>)	4	PA; AC
TALZENNA CAPS (<i>talazoparib tosylate</i>)	4	PA; AC
TARCEVA TABS (<i>erlotinib hcl</i>)	7	PA; New commercial members to be referred to AcariaHealth;L A; AC
TASIGNA CAPS (<i>nilotinib hcl</i>)	4	PA; AC
TIBSOVO TABS (<i>ivosidenib</i>)	4	PA; AC
TURALIO CAPS (<i>pexidartinib hcl</i>)	4	PA; AC
TYKERB TABS (<i>lapatinib ditosylate</i>)	4	PA; AC
VERZENIO TABS (<i>abemaciclib</i>)	4	PA; AC
VITRAKVI CAPS 100 MG (<i>larotrectinib sulfate</i>)	4	PA; AC
VITRAKVI CAPS 25 MG (<i>larotrectinib sulfate</i>)	4	PA
VITRAKVI SOLN 20 MG/ML (<i>larotrectinib sulfate</i>)	4	PA
VIZIMPRO TABS (<i>dacomitinib</i>)	4	PA; AC
VOTRIENT TABS (<i>pazopanib hcl</i>)	4	PA; AC

Drug Name	Drug Tier	Requirements/ Limits
XALKORI CAPS (<i>crizotinib</i>)	4	PA; AC
XOSPATA TABS (<i>gilteritinib fumarate</i>)	4	PA; AC
ZEJULA CAPS (<i>niraparib tosylate</i>)	4	PA; AC
ZELBORAF TABS (<i>vemurafenib</i>)	4	PA; AC
ZOLINZA CAPS (<i>vorinostat</i>)	4	PA; AC
ZYDELIG TABS (<i>idelalisib</i>)	3	PA; AC
ZYKADIA CAPS (<i>ceritinib</i>)	4	PA; AC
ZYKADIA TABS (<i>ceritinib</i>)	4	PA; AC
Antineoplastics Misc.		
ACTIMMUNE SOLN (<i>interferon gamma-1b</i>)	4	PA
ALFERON N SOLN (<i>interferon alfa-n3</i>)	4	PA
<i>bexarotene caps</i>	4	AC
HYDREA CAPS (<i>hydroxyurea</i>)	7	AC
<i>hydroxyurea caps</i>	1	AC
INTRON A SOLN (<i>interferon alfa-2b</i>)	4	PA
INTRON A SOLR (<i>interferon alfa-2b</i>)	4	PA
MATULANE CAPS (<i>procarbazine hcl</i>)	4	AC
SYLATRON KIT (<i>peginterferon alfa-2b antineoplastic</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
TARGRETIN CAPS OR 75 MG (<i>bexarotene</i>)	7	AC
<i>tretinoin (chemotherapy) caps</i>	1	AC
Chemotherapy Rescue/Antidote Agents		

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

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium tabs</i>	1	AC
MESNEX TABS (<i>mesna</i>)	3	AC
Mitotic Inhibitors		
ETOPOSIDE CAPS (<i>etoposide</i>)	4	PA; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS (<i>topotecan hcl</i>)	4	AC
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa tabs</i>	3	
LODOSYN TABS (<i>carbidopa</i>)	7	
Antiparkinson Anticholinergics		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>entacapone</i>)	7	
<i>entacapone tabs</i>	3	
TASMAR TABS (<i>tolcapone</i>)	7	
<i>tolcapone tabs</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps 100 mg</i>	1	
<i>amantadine hcl syrp 50 mg/5ml</i>	1	
<i>amantadine hcl tabs 100 mg</i>	3	
<i>bromocriptine mesylate caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>	1	
<i>carbidopa-levodopa tbcx 25 mg-100 mg</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa tbcx 50 mg-200 mg</i>	1	
<i>carbidopa-levodopa tbdp 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 4.5 MG, 2.25 MG, 3.75 MG (<i>pramipexole dihydrochloride</i>)	7	
MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>)	7	QL(1 ea daily)
MIRAPEX TABS 0.125 MG, 0.25 MG, 0.75 MG, 0.5 MG (<i>pramipexole dihydrochloride</i>)	7	
MIRAPEX TABS 1 MG (<i>pramipexole dihydrochloride</i>)	7	QL(4 ea daily)
MIRAPEX TABS 1.5 MG (<i>pramipexole dihydrochloride</i>)	7	QL(3 ea daily)
NEUPRO PT24 (<i>rotigotine</i>)	3	
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	
PARLODEL TABS (<i>bromocriptine mesylate</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg	1	
pramipexole dihydrochloride tabs 1 mg	1	QL(4 ea daily)
pramipexole dihydrochloride tabs 1.5 mg	1	QL(3 ea daily)
pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 4.5 mg, 2.25 mg, 3.75 mg	3	
pramipexole dihydrochloride tb24 3 mg	3	QL(1 ea daily)
REQUIP TABS (ropinirole hydrochloride)	7	
REQUIP XL TB24 12 MG (ropinirole hydrochloride)	7	QL(2 ea daily)
REQUIP XL TB24 2 MG, 4 MG, 6 MG, 8 MG (ropinirole hydrochloride)	7	
ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole hydrochloride tb24 12 mg	3	QL(2 ea daily)
ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg, 8 mg	3	
RYTARY CPCR 23.75 MG-95 MG (carbidopa-levodopa)	3	PA; ST;QL(10 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RYTARY CPCR 36.25 MG-145 MG, 48.75 MG-195 MG, 61.25 MG-245 MG (carbidopa-levodopa)	3	PA; QL(10 ea daily)
SINEMET CR TBCR 25 MG-100 MG (carbidopa-levodopa)	7	QL(8 ea daily)
SINEMET CR TBCR 50 MG-200 MG (carbidopa-levodopa)	7	
SINEMET TABS (carbidopa-levodopa)	7	
STALEVO 100 TABS (carbidopa-levodopa-entacapone)	2	
STALEVO 125 TABS (carbidopa-levodopa-entacapone)	2	
STALEVO 150 TABS (carbidopa-levodopa-entacapone)	2	
STALEVO 50 TABS (carbidopa-levodopa-entacapone)	2	
STALEVO 75 TABS (carbidopa-levodopa-entacapone)	2	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (rasagiline mesylate)	7	
ELDEPRYL CAPS (selegiline hcl)	7	QL(2 ea daily)
rasagiline mesylate tabs	1	
selegiline hcl caps	1	QL(2 ea daily)
selegiline hcl tabs	1	QL(2 ea daily)
SELEGILINE HCL TABS (selegiline hcl)	2	QL(2 ea daily)
ZELAPAR TBDP (selegiline hcl)	3	

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

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<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 300 mg</i>	1	
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	1	
LITHIUM SOLN (<i>lithium</i>)	2	
LITHOBID TBCR (<i>lithium carbonate</i>)	7	
Antipsychotics - Misc.		
EQUETRO CP12 (<i>carbamazepine antipsychotic</i>)	3	
GEODON CAPS 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7	
GEODON CAPS 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 ea daily)
LATUDA TABS (<i>lurasidone hcl</i>)	3	ST
NUPLAZID CAPS 34 MG (<i>pimavanserin tartrate</i>)	4	PA; QL(1 ea daily)
NUPLAZID TABS 10 MG (<i>pimavanserin tartrate</i>)	4	PA; QL(1 ea daily)
NUPLAZID TABS 17 MG (<i>pimavanserin tartrate</i>)	4	PA
VRAYLAR CAPS (<i>cariprazine hcl</i>)	4	QL(1 ea daily)
VRAYLAR CPPK (<i>cariprazine hcl</i>)	4	QL(1 ea daily)
<i>ziprasidone hcl caps 20 mg, 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg, 80 mg</i>	1	QL(2 ea daily)
Benzisoxazoles		

Drug Name	Drug Tier	Requirements/Limits
(Risperidone) RISPERIDONE M-TAB TBDP	1	
INVEGA TB24 (<i>paliperidone</i>)	7	
<i>paliperidone tb24</i>	3	
RISPERDAL M-TAB TBDP (<i>risperidone</i>)	7	
RISPERDAL SOLN 1 MG/ML (<i>risperidone</i>)	7	
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7	
RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 ea daily)
RISPERIDONE ODT TBDP (<i>risperidone</i>)	3	
<i>risperidone soln 1 mg/ml</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 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
Butyrophenones		
<i>haloperidol lactate conc</i>	1	
<i>haloperidol tabs</i>	1	
Dibenzapines		
CLOZAPINE ODT TBDP (<i>clozapine</i>)	3	
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
<i>clozapine tbdp 25 mg, 100 mg</i>	3	
CLOZARIL TABS (<i>clozapine</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
FAZACLO TBDP 150 MG, 200 MG (<i>clozapine</i>)	3	
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (<i>clozapine</i>)	7	
<i>loxapine succinate caps</i>	1	
<i>olanzapine tabs 15 mg, 20 mg</i>	1	QL(1 ea daily)
<i>olanzapine tabs 5 mg, 10 mg, 2.5 mg, 7.5 mg</i>	1	
<i>olanzapine tbdp 5 mg, 10 mg, 15 mg, 20 mg</i>	3	
<i>quetiapine fumarate tabs 200 mg</i>	1	QL(4 ea daily)
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily)
<i>quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg</i>	3	PA
<i>quetiapine fumarate tb24 50 mg</i>	3	PA; ST
SAPHRIS SUBL (<i>asenapine maleate</i>)	3	
SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 ea daily)
SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	PA
SEROQUEL XR TB24 50 MG (<i>quetiapine fumarate</i>)	7	PA; ST

Drug Name	Drug Tier	Requirements/ Limits
VERSACLOZ SUSP (<i>clozapine</i>)	3	QL(18 ml daily)
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 ea daily)
ZYPREXA TABS 5 MG, 10 MG, 2.5 MG, 7.5 MG (<i>olanzapine</i>)	7	
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	7	
Phenothiazines		
(Prochlorperazine) COMPRO SUPP	1	QL(2 ea daily)
<i>chlorpromazine hcl tabs</i>	1	
FLUPHENAZINE HCL CONC 5 MG/ML (<i>fluphenazine hcl</i>)	3	
<i>fluphenazine hcl elix 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl tabs 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	
FLUPHENAZINE HCL TABS 1 MG, 5 MG, 10 MG, 2.5 MG (<i>fluphenazine hcl</i>)	2	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	QL(2 ea daily)
<i>thioridazine hcl tabs 10 mg, 25 mg, 100 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	QL(4 ea daily)
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY TABS 15 MG (<i>aripiprazole</i>)	7	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>)	7	
ABILIFY TABS 20 MG (<i>aripiprazole</i>)	7	QL(1 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	1	
<i>aripiprazole tabs 15 mg</i>	1	QL(2 ea daily)
<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 tbdp 10 mg, 15 mg</i>	3	PA
REXULTI TABS (<i>brexpiprazole</i>)	3	
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine tabs</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	
APTIVUS CAPS (<i>tipranavir</i>)	2	
APTIVUS SOLN (<i>tipranavir</i>)	2	
<i>atazanavir sulfate caps</i>	1	
ATRIPLA TABS (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BIKTARVY TABS (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	2	
CIMDUO TABS (<i>lamivudine-tenofovir disoproxil fumarate</i>)	2	
COMBIVIR TABS (<i>lamivudine-zidovudine</i>)	7	
COMPLERA TABS (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	2	
CRIXIVAN CAPS (<i>indinavir sulfate</i>)	2	
DELSTRIGO TABS (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)	2	
DESCOVY TABS (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	2	
DIDANOSINE CPDR (<i>didanosine</i>)	2	
DOVATO TABS (<i>dolutegravir sodium-lamivudine</i>)	2	
EDURANT TABS (<i>rilpivirine hcl</i>)	2	
<i>efavirenz caps</i>	1	
<i>efavirenz tabs</i>	1	
EMTRIVA CAPS (<i>emtricitabine</i>)	2	
EMTRIVA SOLN (<i>emtricitabine</i>)	2	
EPIVIR SOLN (<i>lamivudine</i>)	7	
EPIVIR TABS (<i>lamivudine</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
EPZICOM TABS (<i>abacavir sulfate-lamivudine</i>)	7	
EVOTAZ TABS (<i>atazanavir sulfate-cobicistat</i>)	2	
<i>fosamprenavir calcium tabs</i>	1	
FUZEON SOLR (<i>enfuvirtide</i>)	4	PA; ST
GENVOYA TABS (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	
INTELENCE TABS (<i>etravirine</i>)	2	
INVIRASE CAPS (<i>saquinavir mesylate</i>)	2	
INVIRASE TABS (<i>saquinavir mesylate</i>)	2	
ISENTRESS CHEW (<i>raltegravir potassium</i>)	2	
ISENTRESS HD TABS (<i>raltegravir potassium</i>)	2	
ISENTRESS TABS (<i>raltegravir potassium</i>)	2	
JULUCA TABS (<i>dolutegravir sodium-rilpivirine hcl</i>)	2	
KALETRA SOLN 400 MG/5ML-100 MG/5ML (<i>lopinavir-ritonavir</i>)	7	
KALETRA TABS 100 MG-25 MG, 200 MG-50 MG (<i>lopinavir-ritonavir</i>)	2	
<i>lamivudine soln</i>	1	
<i>lamivudine tabs</i>	1	
<i>lamivudine-zidovudine tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
LEXIVA SUSP 50 MG/ML (<i>fosamprenavir calcium</i>)	2	
LEXIVA TABS 700 MG (<i>fosamprenavir calcium</i>)	7	
<i>lopinavir-ritonavir soln</i>	1	
NEVIRAPINE ER TB24 (<i>nevirapine</i>)	2	
<i>nevirapine susp</i>	1	
<i>nevirapine tabs</i>	1	
<i>nevirapine tb24</i>	1	
NORVIR CAPS 100 MG (<i>ritonavir</i>)	2	
NORVIR PACK 100 MG (<i>ritonavir</i>)	2	
NORVIR SOLN 80 MG/ML (<i>ritonavir</i>)	2	
NORVIR TABS 100 MG (<i>ritonavir</i>)	7	
PIFELTRO TABS (<i>doravirine</i>)	2	
PREZCOBIX TABS (<i>darunavir-cobicistat</i>)	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML (<i>darunavir ethanolate</i>)	3	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG (<i>darunavir ethanolate</i>)	2	
RESCRIPTOR TABS (<i>delavirdine mesylate</i>)	2	
RETROVIR CAPS (<i>zidovudine</i>)	7	
RETROVIR SYRP (<i>zidovudine</i>)	7	
REYATAZ CAPS 150 MG, 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
REYATAZ PACK 50 MG (<i>atazanavir sulfate</i>)	2	
<i>ritonavir tabs</i>	1	
SELZENTRY SOLN (<i>maraviroc</i>)	2	
SELZENTRY TABS (<i>maraviroc</i>)	2	
<i>stavudine caps</i>	1	
STRIBILD TABS (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	2	
SUSTIVA CAPS (<i>efavirenz</i>)	7	
SUSTIVA TABS (<i>efavirenz</i>)	7	
SYMTUZA TABS (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	QL(1 ea daily)
TEMIXYS TABS (<i>lamivudine-tenofovir disoproxil fumarate</i>)	2	
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS (<i>dolutegravir sodium</i>)	2	
TRIUMEQ TABS (<i>abacavir-dolutegravir-lamivudine</i>)	2	
TRIZIVIR TABS (<i>abacavir sulfate-lamivudine-zidovudine</i>)	7	
TRUVADA TABS (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	2	
TYBOST TABS (<i>cobicistat</i>)	2	
VIDEX EC CPDR 125 MG (<i>didanosine</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (<i>didanosine</i>)	7	
VIDEXPEDIATRIC SOLR (<i>didanosine</i>)	2	
VIRACEPT TABS (<i>nelfinavir mesylate</i>)	2	
VIRAMUNE SUSP (<i>nevirapine</i>)	7	
VIRAMUNE TABS (<i>nevirapine</i>)	7	
VIRAMUNE XR TB24 (<i>nevirapine</i>)	7	
VIREAD POWD 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	2	
VIREAD TABS 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	
VIREAD TABS 300 MG (<i>tenofovir disoproxil fumarate</i>)	7	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (<i>stavudine</i>)	7	
ZERIT SOLR 1 MG/ML (<i>stavudine</i>)	2	
ZIAGEN SOLN (<i>abacavir sulfate</i>)	7	
ZIAGEN TABS (<i>abacavir sulfate</i>)	7	
<i>zidovudine caps</i>	1	
<i>zidovudine syrp</i>	1	
<i>zidovudine tabs</i>	1	
CMV Agents		
VALCYTE SOLR 50 MG/ML (<i>valganciclovir hcl</i>)	7	QL(21 ml daily)

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

Drug Name	Drug Tier	Requirements/ Limits
VALCYTE TABS 450 MG (<i>valganciclovir hcl</i>)	7	
<i>valganciclovir hcl solr 50 mg/ml</i>	1	QL(21 ml daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	
Hepatitis Agents		
(Ribavirin (Hepatitis C)) MODERIBA TABS	1	PA
(Ribavirin (Hepatitis C)) RIBASPHERE TABS 200 MG	1	PA
<i>adefovir dipivoxil tabs</i>	1	
BARACLUDE SOLN 0.05 MG/ML (<i>entecavir</i>)	4	PA
BARACLUDE TABS 0.5 MG, 1 MG (<i>entecavir</i>)	7	
<i>entecavir tabs</i>	1	
EPCLUSA TABS (<i>sofosbuvir-velpatasvir</i>)	4	PA; LA
EPIVIR HBV SOLN 5 MG/ML (<i>lamivudine (hbv)</i>)	3	
EPIVIR HBV TABS 100 MG (<i>lamivudine (hbv)</i>)	7	
HARVONI TABS 200 MG-45 MG, 400 MG-90 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HEPSERA TABS (<i>adefovir dipivoxil</i>)	7	
<i>lamivudine (hbv) tabs</i>	3	
LEDIPASVIR/SOFOSBUVIR TABS (<i>ledipasvir-sofosbuvir</i>)	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET TABS (<i>glecaprevir-pibrentasvir</i>)	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
MODERIBA 1200 DOSE PACK TBPK (<i>ribavirin (hepatitis c)</i>)	2	PA
PEGASYS PROCLICK SOLN (<i>peginterferon alfa-2a</i>)	4	PA
PEGASYS SOLN (<i>peginterferon alfa-2a</i>)	4	PA
PEGINTRON KIT (<i>peginterferon alfa-2b</i>)	4	PA
RIBASPHERE RIBAPAK TBPK (<i>ribavirin (hepatitis c)</i>)	2	PA
<i>ribavirin (hepatitis c) tabs</i>	1	PA
SOFOSBUVIR/VELPATASVIR TABS (<i>sofosbuvir-velpatasvir</i>)	4	PA; LA
SOVALDI TABS 400 MG (<i>sofosbuvir</i>)	4	PA; LA
VEMLIDY TABS (<i>tenofovir alafenamide fumarate</i>)	4	ST; LA
VIEKIRA PAK TBPK (<i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i>)	4	PA; LA
VOSEVI TABS (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ZEPATIER TABS (<i>elbasvir-grazoprevir</i>)	4	PA; LA
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs</i>	1	
SITAVIG TABS (<i>acyclovir</i>)	3	PA
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(8 ea daily)
VALTREX TABS 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 ea daily)
VALTREX TABS 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 ea daily)
ZOVIRAX CAPS OR 200 MG (<i>acyclovir</i>)	7	
ZOVIRAX SUSP OR 200 MG/5ML (<i>acyclovir</i>)	7	
ZOVIRAX TABS OR 400 MG (<i>acyclovir</i>)	7	
ZOVIRAX TABS OR 800 MG (<i>acyclovir</i>)	7	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (<i>rimantadine hydrochloride</i>)	7	
<i>oseltamivir phosphate caps or 30 mg, 45 mg</i>	1	QL(10 ea per fill retail); AL(At least 1 yrs old)
<i>oseltamivir phosphate caps or 75 mg</i>	1	
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	QL(75 ml daily,5 day(s) limit); AL(At least 1 yrs old)
RELENZA DISKHALER AEPB (<i>zanamivir</i>)	3	QL(20 ea per fill retail)
RIMANTADINE HYDROCHLORIDE TABS (<i>rimantadine hydrochloride</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU CAPS 30 MG, 45 MG (<i>oseltamivir phosphate</i>)	7	QL(10 ea per fill retail); AL(At least 1 yrs old)
TAMIFLU CAPS 75 MG (<i>oseltamivir phosphate</i>)	7	
TAMIFLU SUSR 6 MG/ML (<i>oseltamivir phosphate</i>)	7	QL(75 ml daily,5 day(s) limit); AL(At least 1 yrs old)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	3	
<i>carvedilol tabs 25 mg, 12.5 mg, 6.25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	QL(2 ea daily)
COREG CR CP24 (<i>carvedilol phosphate</i>)	7	
COREG TABS 25 MG, 12.5 MG, 6.25 MG (<i>carvedilol</i>)	7	
COREG TABS 3.125 MG (<i>carvedilol</i>)	7	QL(2 ea daily)
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	QL(1 ea daily)
BYSTOLIC TABS (<i>nebivolol hcl</i>)	3	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7	
<i>metoprolol succinate tb24</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate tabs</i>	1	
TENORMIN TABS (<i>atenolol</i>)	7	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF TABS (<i>sotalol hcl (afib/af)</i>)	7	
BETAPACE TABS (<i>sotalol hcl</i>)	7	
CORGARD TABS (<i>nadolol</i>)	7	
INDERAL LA CP24 (<i>propranolol hcl</i>)	7	
INDERAL XL CP24 80 MG, 120 MG (<i>propranolol hcl sustained-release beads</i>)	3	
INNOPRAN XL CP24 80 MG, 120 MG (<i>propranolol hcl sustained-release beads</i>)	3	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24</i>	1	
<i>propranolol hcl soln</i>	1	
<i>propranolol hcl tabs</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	
<i>sotalol hcl tabs</i>	1	
<i>timolol maleate tabs 10 mg</i>	1	QL(6 ea daily)
<i>timolol maleate tabs 5 mg, 20 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT, DILTIAZEM CD CP24	1	QL(1 ea daily)
(Diltiazem Hcl Coated Beads) MATZIM LA TB24	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER CP24	1	
(Nifedipine) AFEDITAB CR TB24	1	
ADALAT CC TB24 30 MG, 60 MG (<i>nifedipine</i>)	7	
ADALAT CC TB24 90 MG (<i>nifedipine</i>)	7	QL(1 ea daily)
<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)
CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7	
CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
CALAN TABS (<i>verapamil hcl</i>)	7	
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 ea daily)
CARDIZEM LA TB24 120 MG (<i>diltiazem hcl coated beads</i>)	2	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl coated beads</i>)	7	
CARDIZEM TABS (<i>diltiazem hcl</i>)	7	
DILT-XR CP24 (<i>diltiazem hcl</i>)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	QL(1 ea daily)
<i>diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl cp12</i>	1	
<i>diltiazem hcl cp24</i>	1	
<i>diltiazem hcl extended release beads cp24</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>felodipine tb24 10 mg</i>	1	QL(1 ea daily)
<i>felodipine tb24 5 mg, 2.5 mg</i>	1	
<i>isradipine caps</i>	3	
<i>nicardipine hcl caps</i>	3	
<i>nifedipine caps 10 mg, 20 mg</i>	1	
<i>nifedipine tb24 30 mg, 60 mg</i>	1	
<i>nifedipine tb24 30 mg, 60 mg, 90 mg</i>	1	QL(1 ea daily)
<i>nimodipine caps</i>	1	
NISOLDIPINE ER TB24 (<i>nisoldipine</i>)	2	
<i>nisoldipine tb24</i>	1	
NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 ea daily)
NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 ea daily)
NYMALIZE SOLN 30 MG/10ML, 60 MG/20ML (<i>nimodipine</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
PROCARDIA CAPS (<i>nifedipine</i>)	7	
PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 ea daily)
SULAR TB24 (<i>nisoldipine</i>)	7	
TIAZAC CP24 (<i>diltiazem hcl extended release beads</i>)	7	
<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)
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	2	
VERAPAMIL HCL SR CP24 (<i>verapamil hcl</i>)	2	QL(1 ea daily)
<i>verapamil hcl tabs 40 mg, 80 mg, 120 mg</i>	1	
<i>verapamil hcl tbc 120 mg</i>	1	
<i>verapamil hcl tbc 180 mg, 240 mg</i>	1	QL(2 ea daily)
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	2	
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 ea daily)
VERELAN PM CP24 (<i>verapamil hcl</i>)	2	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS	1	
<i>digoxin soln 0.05 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tabs 0.125 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	7	
LANOXIN TABS 62.5 MCG, 187.5 MCG (<i>digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	3	PA
BIDIL TABS (<i>isosorbide dinitrate-hydralazine hcl</i>)	3	
CADUET TABS (<i>amlodipine besylate-atorvastatin calcium</i>)	7	PA
ENTRESTO TABS 24 MG-26 MG (<i>sacubitril-valsartan</i>)	3	PA; QL(2 ea daily)
ENTRESTO TABS 49 MG-51 MG, 97 MG-103 MG (<i>sacubitril-valsartan</i>)	3	PA
Impotence Agents		
<i>sildenafil citrate tabs</i>	4	PA; Sildenafil is preferred ED drug; QL(8 ea per fill retail, 8 ea per 30 days retail); AL(At least 21 yrs old)
VIAGRA TABS (<i>sildenafil citrate</i>)	7	PA; Sildenafil is preferred ED drug; QL(8 ea per fill retail, 8 ea per 30 days retail); AL(At least 21 yrs old)
Peripheral Vasodilators		
<i>isoxsuprine hcl tabs</i>	3	

Drug Name	Drug Tier	Requirements/Limits
Prostaglandin Vasodilators		
ORENITRAM TBCR (<i>treprostinil diolamine</i>)	4	PA
TYVASO REFILL SOLN (<i>treprostinil</i>)	4	PA
TYVASO SOLN (<i>treprostinil</i>)	4	PA
TYVASO STARTER SOLN (<i>treprostinil</i>)	4	PA
VENTAVIS SOLN (<i>iloprost</i>)	4	PA
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<i>bosentan tabs 125 mg</i>	4	PA; ST
<i>bosentan tabs 62.5 mg</i>	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LETAIRIS TABS (<i>ambrisentan</i>)	7	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
OPSUMIT TABS (<i>macitentan</i>)	4	PA; ST
TRACLEER TABS 125 MG (<i>bosentan</i>)	7	PA; ST
TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
TRACLEER TBSO 32 MG (<i>bosentan</i>)	4	PA; ST; LA
Pulmonary Hypertension - Phosphodiesterase		

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

Drug Name	Drug Tier	Requirements/ Limits
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	PA; New commercial members to be referred to AcariaHealth;QL(2 ea daily)
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	PA; New commercial members to be referred to AcariaHealth;QL(2 ea daily)
REVATIO SUSR 10 MG/ML (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	PA
REVATIO TABS 20 MG (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	PA; QL(3 ea daily)
<i>sildenafil citrate (pulmonary hypertension) susr 10 mg/ml</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20 mg</i>	1	PA; QL(3 ea daily)
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; New commercial members to be referred to AcariaHealth;QL(2 ea daily)
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS 200 MCG (<i>selexipag</i>)	4	PA; ST
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG (<i>selexipag</i>)	4	PA
UPTRAVI TBPk (<i>selexipag</i>)	4	PA; ST
Pulmonary Hypertension - Sol Guanylate Cyclase		

Drug Name	Drug Tier	Requirements/ Limits
ADEMPAS TABS 0.5 MG (<i>riociguat</i>)	4	PA; ST
ADEMPAS TABS 1 MG, 2 MG, 1.5 MG, 2.5 MG (<i>riociguat</i>)	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML (<i>ivabradine hcl</i>)	3	ST; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	ST; QL(2 ea daily)
Transthyretin Stabilizers		
VYNDAMAX CAPS (<i>tafamidis</i>)	4	PA; QL(1 ea daily)
VYNDAQEL CAPS (<i>tafamidis meglumine (cardiac)</i>)	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cephalexin caps 250 mg, 500 mg</i>	1	
<i>cephalexin caps 750 mg</i>	3	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CEPHALEXIN TABS 250 MG, 500 MG (<i>cephalexin</i>)	3	
KEFLEX CAPS (<i>cephalexin</i>)	7	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACTOR ER TB12 (<i>cefaclor monohydrate</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML (<i>cefaclor</i>)	2	
<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	
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG (<i>cefditoren pivoxil</i>)	3	
<i>cefixime caps 400 mg</i>	3	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
SPECTRACEF TABS (<i>cefditoren pivoxil</i>)	3	
SUPRAX CAPS 400 MG (<i>cefixime</i>)	7	
SUPRAX CHEW 100 MG, 200 MG (<i>cefixime</i>)	3	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (<i>cefixime</i>)	7	
SUPRAX SUSR 500 MG/5ML (<i>cefixime</i>)	3	
CHEMICALS		
Bulk Chemicals - E's		
ESTRADIOL CONCENTRATE CREA (<i>estradiol (bulk)</i>)	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		

Drug Name	Drug Tier	Requirements/ Limits
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, RECLIPSEN, KALLIGA, JULEBER, ISIBLOOM, ENSKYCE, EMOQUETTE, CYRED EQ, CYRED TABS	7	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) KIMIDESS, KARIVA, BEKYREE, AZURETTE, VOLNEA, VIORELE, SIMLIYA, PIMTREA TABS	7	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN, VELIVET TABS	7	PV
(Drospirenone-Ethinyl Estradiol) GIANVI, ZUMANDIMINE, ZARAH, SYEDA, OCELLA, NIKKI, LORYNA, LO-ZUMANDIMINE, JASMIEL TABS	7	QL(1 ea daily); PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) RAJANI, TYDEMY TABS	7	QL(1 ea daily); PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, ZOVIA 1/35E, KELNOR 1/50 TABS	7	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, VIENVA, SRONYX, PORTIA-28, ORSYTHIA, MARLISSA, LUTERA, LILLOW, LEVORA 0.15/30-28, LESSINA, LARISSIA, KURVELO, FALMINA, DELYLA, CHATEAL EQ, CHATEAL, AYUNA, AVIANE, AUBRA EQ, AUBRA, ALTAVERA TABS	7	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, TRIVORA-28, MYZILRA, LEVONEST TABS	7	PV

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

Drug Name	Drug Tier	Requirements/Limits
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, SIMPESS, SETLAKIN, RIVELSA, QUASENSE, LOJAIMIESS, JOLESSA, JAIMIESS, INTROVALE, FAYOSIM, DAYSEE, CAMRESE LO, CAMRESE, ASHLYNA, AMETHIA LO TABS	7	QL(1 ea daily,91 day(s) limit); PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST TABS	7	PV
(Norethin Acet & Estrad-Fe) MELODETTA 24 FE, MIBELAS 24 FE CHEW	7	QL(365 ea per fill retail); PV
(Norethin Acet & Estrad-Fe) TARINA FE 1/20, MICROGESTIN FE 1.5/30, MICROGESTIN FE, LARIN FE 1/20, LARIN FE 1.5/30, JUNEL FE 1/20, JUNEL FE 1.5/30, BLISOVI FE 1/20, BLISOVI FE 1.5/30, AUROVELA FE 1/20, AUROVELA FE 1.5/30, TARINA FE 1/20 EQ TABS	7	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, ZENCHENT, WERA, VYFEMLA, PIRMELLA 1/35, PHILITH, NORTREL 1/35, NORTREL 0.5/35 (28), NECON 0.5/35-28, DASETTA 1/35, CYCLAFEM 1/35, BRIELLYN, BALZIVA TABS	7	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, WYMZYA FE, LAYOLIS FE CHEW	7	QL(1 ea daily); PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, WYMZYA FE, LAYOLIS FE CHEW	7	PV

Drug Name	Drug Tier	Requirements/Limits
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, MICROGESTIN 1/20, MICROGESTIN 1.5/30, LARIN 1/20, LARIN 1.5/30, JUNEL 1/20, JUNEL 1.5/30, HAILEY 1.5/30, AUROVELA 1/20 TABS	7	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE TABS	7	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, PIRMELLA 7/7/7, NORTREL 7/7/7, NECON 7/7/7, LEENA, DASETTA 7/7/7, CYCLAFEM 7/7/7, ARANELLE TABS	7	QL(1 ea daily); PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, PIRMELLA 7/7/7, NORTREL 7/7/7, NECON 7/7/7, LEENA, DASETTA 7/7/7, CYCLAFEM 7/7/7, ARANELLE TABS	7	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRINESSA LO, TRINESSA, TRI-VYLIBRA LO, TRI-VYLIBRA, TRI-SPRINTEC, TRI-PREVIFEM, TRI-MILI, TRI-LO-SPRINTEC, TRI-LO-MILI, TRI-LO-MARZIA, TRI-LO-ESTARYLLA, TRI-LINYAH, TRI-ESTARYLLA TABS	7	QL(1 ea daily); PV

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

Drug Name	Drug Tier	Requirements/ Limits
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRINESSA LO, TRINESSA, TRI-VYLIBRA LO, TRI-VYLIBRA, TRI-SPRINTEC, TRI-PREVIFEM, TRI-MILI, TRI-LO-SPRINTEC, TRI-LO-MILI, TRI-LO-MARZIA, TRI-LO-ESTARYLLA, TRI-LINYAH, TRI-ESTARYLLA TABS	7	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, VYLIBRA, SPRINTEC 28, PREVIFEM, MONONESSA, MONO-LINYAH, MILI, FEMYNOR TABS	7	QL(1 ea daily); PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, LOW-OGESTREL, ELINEST TABS	7	PV
BEYAZ TABS (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	QL(1 ea daily); PV
DESOGEN TABS (<i>desogestrel & ethinyl estradiol</i>)	5	PV
<i>desogestrel & ethinyl estradiol tabs</i>	7	PV
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	7	PV
<i>drospirenone-ethinyl estradiol tabs</i>	7	QL(1 ea daily); PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	7	QL(1 ea daily); PV
ESTROSTEP FE TABS (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	5	PV
<i>ethynodiol diacet & eth estrad tabs</i>	7	PV

Drug Name	Drug Tier	Requirements/ Limits
GENERESS FE CHEW (<i>norethindrone & ethinyl estradiol-fe</i>)	5	QL(1 ea daily); PV
<i>levonorgestrel & eth estradiol tabs</i>	7	PV
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	7	PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	7	QL(1 ea daily, 91 day(s) limit); PV
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	7	PV
LO LOESTRIN FE TABS (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>)	5	QL(1 ea daily); PV
LOESTRIN 1.5/30-21 TABS (<i>norethindrone acet & eth estra</i>)	5	PV
LOESTRIN 1/20-21 TABS (<i>norethindrone acet & eth estra</i>)	5	PV
LOESTRIN FE 1.5/30 TABS (<i>norethin acet & estrad-fe</i>)	5	PV
LOESTRIN FE 1/20 TABS (<i>norethin acet & estrad-fe</i>)	5	PV
LOSEASONIQUE TABS (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	QL(1 ea daily, 91 day(s) limit); PV
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	QL(365 ea per fill retail); PV
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	QL(365 ea per fill retail); PV
MIRCETTE TABS (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	PV

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

Drug Name	Drug Tier	Requirements/Limits
NATAZIA TABS (<i>estradiol valerate-dienogest</i>)	5	QL(1 ea daily); PV
<i>norethin acet & estradfe chew 75 mg-20 mcg-1 mg</i>	7	QL(365 ea per fill retail); PV
<i>norethin acet & estradfe tabs 75 mg-20 mcg-1 mg, 75 mg-30 mcg-1.5 mg</i>	7	PV
<i>norethindrone & ethinyl estradiol-fe chew 0.4 mg-35 mcg</i>	7	PV
<i>norethindrone & ethinyl estradiol-fe chew 75 mg-0.8 mg-25 mcg</i>	7	QL(1 ea daily); PV
<i>norethindrone acet & eth estra tabs</i>	7	PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	7	PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	7	QL(1 ea daily); PV
<i>norgestimate-ethinyl estradiol tabs</i>	7	QL(1 ea daily); PV
OGESTREL TABS (<i>norgestrel & ethinyl estradiol</i>)	5	PV
ORTHO TRI-CYCLEN LO TABS (<i>norgestimate-ethinyl estradiol (triphasic)</i>)	5	PV
ORTHO TRI-CYCLEN TABS (<i>norgestimate-ethinyl estradiol (triphasic)</i>)	5	QL(1 ea daily); PV
ORTHO-CYCLEN TABS (<i>norgestimate-ethinyl estradiol</i>)	5	QL(1 ea daily); PV

Drug Name	Drug Tier	Requirements/Limits
ORTHO-NOVUM 1/35 TABS (<i>norethindrone & eth estradiol</i>)	5	PV
ORTHO-NOVUM 7/7/7 TABS (<i>norethindrone-eth estradiol (triphasic)</i>)	5	QL(1 ea daily); PV
QUARTETTE TABS (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	QL(1 ea daily,91 day(s) limit); PV
SAFYRAL TABS (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	QL(1 ea daily); PV
SEASONIQUE TABS (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	QL(1 ea daily,91 day(s) limit); PV
TAYTULLA CAPS (<i>norethin acet & estradfe</i>)	5	PA; PV
TRI-NORINYL 28 TABS (<i>norethindrone-eth estradiol (triphasic)</i>)	5	PV
YASMIN 28 TABS (<i>drospirenone-ethinyl estradiol</i>)	5	QL(1 ea daily); PV
YAZ TABS (<i>drospirenone-ethinyl estradiol</i>)	5	QL(1 ea daily); PV
Combination Contraceptives - Transdermal		
XULANE PTWK (<i>norelgestromin-ethinyl estradiol</i>)	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG RING	1	PV
<i>etonogestrel-ethinyl estradiol ring</i>	1	PV
NUVARING RING (<i>etonogestrel-ethinyl estradiol</i>)	7	PV
Emergency Contraceptives		

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

Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel (Emergency Oc)) AFTERA, TAKE ACTION, REACT, PREVENTEZA, OPTION 2, OPCICON ONE-STEP, NEW DAY, MY WAY, MY CHOICE, ECONTRA ONE-STEP, ECONTRA EZ TABS	7	AL(Up to 17 yrs old); PV
ELLA TABS (<i>ulipristal acetate</i>)	5	PV
<i>levonorgestrel (emergency oc) tabs</i>	7	AL(Up to 17 yrs old); PV
PLAN B ONE-STEP TABS (<i>levonorgestrel (emergency oc)</i>)	5	AL(Up to 17 yrs old); PV
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, TULANA, SHAROBEL, NORLYROC, NORLYDA, NORA-BE, LYZA, JOLIVETTE, JENCYCLA, INCASSIA, HEATHER, ERRIN, DEBLITANE TABS	7	QL(1 ea daily); PV
<i>norethindrone (contraceptive) tabs</i>	7	QL(1 ea daily); PV
ORTHO MICRONOR TABS (<i>norethindrone (contraceptive)</i>)	5	QL(1 ea daily); PV
SLYND TABS (<i>drospirenone</i>)	5	QL(1 ea daily); PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON ELIX	1	
(Dexamethasone) DECADRON TABS	1	
<i>budesonide cpep 3 mg</i>	1	QL(3 ea daily)
<i>budesonide tb24 9 mg</i>	3	PA
CORTEF TABS (<i>hydrocortisone</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
<i>cortisone acetate tabs</i>	1	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC (<i>dexamethasone</i>)	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
EMFLAZA SUSP (<i>deflazacort</i>)	4	PA; LA
EMFLAZA TABS (<i>deflazacort</i>)	4	PA; LA
ENTOCORT EC CPEP (<i>budesonide</i>)	7	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1	
MEDROL DOSEPAK TBPk (<i>methylprednisolone</i>)	7	
MEDROL TABS 2 MG (<i>methylprednisolone</i>)	2	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (<i>methylprednisolone</i>)	7	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
ORAPRED ODT TBDP (<i>prednisolone sodium phosphate</i>)	7	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML (<i>prednisolone sodium phosphate</i>)	3	
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
PREDNISONO INTENSOL CONC (<i>prednisone</i>)	2	
<i>prednisone soln 5 mg/5ml</i>	1	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</i>	1	
<i>prednisone tbpk 10 mg</i>	1	
<i>prednisone tbpk 5 mg</i>	3	
UCERIS TB24 OR 9 MG (<i>budesonide</i>)	7	PA
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone W/ Homatropine) HYDROMET SYRP	1	
<i>benzonatate caps 100 mg, 200 mg</i>	1	
<i>benzonatate caps 150 mg</i>	3	
<i>hydrocodone w/ homatropine syrp 5 mg/5ml-1.5 mg/5ml</i>	1	
TESSALON PERLES CAPS (<i>benzonatate</i>)	7	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) CHERATUSSIN AC, GUAIFENESIN AC, GUAIIATUSSIN AC SYRP	1	

Drug Name	Drug Tier	Requirements/ Limits
(Guaifenesin-Codeine) G TUSSIN AC, VIRTUSSIN A/C, ROBAFEN AC SOLN	1	
(Guaifenesin-Codeine) TRYMINE CG, VIRTUSSIN AC/ALC LIQD	3	
(Guaifenesin-Codeine) TRYMINE CG, VIRTUSSIN AC/ALC LIQD	1	
(Phenylephrine-Brompheniramine-Dm) BIO T PRES-B, TUSSI-PRES B, PRESGEN B, GLENMAX PEB DM FORTE LIQD	3	
(Phenylephrine-Chlorphen-Dm) ED A-HIST DM, NOHIST-DM LIQD	3	
(Promethazine & Phenylephrine) PROMETHAZINE VC PLAIN SOLN	1	QL(30 ml daily)
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE SYRP	1	
(Pseudoephed-Bromphen-Dm) BROMFED DM SYRP	3	
(Pseudoephedrine W/ Codeine-Gg) GUAIFENESIN DAC, VIRTUSSIN DAC SOLN	1	
(Pseudoephedrine-Dexchlorpheniramine-Chlophedianol) AMBI 12.5CPD/1DCPM/30PSE LIQD	3	
(Pseudoephedrine-Guaifenesin) AMBI 40PSE/400GFN TABS	3	

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

Drug Name	Drug Tier	Requirements/ Limits
(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, SM MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, RA MUCUS RELIEF D, MUCUS-D, MUCUS D MAXIMUM STRENGTH, MUCUS D, HM MUCUS RELIEF D, GNP MUCUS D 12 HR, CVS MUCUS D MAXIMUM STRENGTH ER TB12	1	
(Pseudoephedrine-Guaifenesin) CVS MUCUS D EXTENDED RELEASE, SM MUCUS RELIEF D, RA MUCUS RELIEF D MAXIMUMSTRENGTH, RA MUCUS RELIEF D, MUCUS-D, MUCUS D MAXIMUM STRENGTH, MUCUS D, HM MUCUS RELIEF D, GNP MUCUS D 12 HR, CVS MUCUS D MAXIMUM STRENGTH ER TB12	3	
(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D TABS 40 MG-400 MG	3	
(Pseudoephedrine-Guaifenesin) MUCUS RELIEF D TB12 60 MG-600 MG	1	
ACTINEL PEDIATRIC LIQD (<i>pseudoephedrine w/ dm-gg</i>)	3	
AMBI 12.5CPD/100GFN/30PSE LIQD (<i>pseudoephedrine-chlophedianol-guaifenesin</i>)	3	
AP-HIST DM LIQD (<i>phenylephrine-brompheniramine-dm</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
BIO-DTUSS DMX LIQD (<i>pseudoephed-bromphen-dm</i>)	3	
BIONEL PEDIATRIC LIQD (<i>pseudoephedrine w/ dm-gg</i>)	3	
BRONKIDS LIQD (<i>phenylephrine-chlorphen-dm</i>)	3	
CAPCOF SYRP (<i>phenylephrine-chlorpheniramine w/ codeine</i>)	3	
CARBAPHEN 12 LIQD (<i>phenylephrine-chlorpheniramine-carbetapentane</i>)	3	
CARBAPHEN 12 PED SUSP (<i>phenylephrine-chlorpheniramine-carbetapentane</i>)	3	
CODITUSSIN AC LIQD (<i>guaifenesin-codeine</i>)	3	
DECON-G LIQD (<i>phenylephrine-brompheniramine-guaifenesin</i>)	3	
ED BRON GP LIQD (<i>phenylephrine-guaifenesin</i>)	3	
EXACTUSS TR TABS (<i>phenylephrine w/ dm-gg</i>)	3	RX/OTC
EXAPHEX TR TABS (<i>phenylephrine-guaifenesin</i>)	3	RX/OTC
GILPHEX TR TABS (<i>phenylephrine-guaifenesin</i>)	3	RX/OTC
GILTUSS COUGH & COLD TABS (<i>phenylephrine w/ dm-gg</i>)	3	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
GILTUSS SINUS & CONGESTION TABS (<i>phenylephrine-guaifenesin</i>)	3	RX/OTC
GILTUSS TR TABS (<i>phenylephrine w/ dm-gg</i>)	3	RX/OTC
GLENMAX PEB LIQD (<i>brompheniramine & phenyleph</i>) <i>guaifenesin-codeine soln</i>	3 1	
HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE SOLN (<i>pseudoephed-cpm w/ hydrocod</i>) <i>hydrocodone polistirex-chlorpheniramine polistirex lqcr</i> <i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	3 1 1	
LOHIST-DM SYRP (<i>phenylephrine-brompheniramine-dm</i>)	3	
M-CLEAR WC SOLN (<i>guaifenesin-codeine</i>)	3	
M-END PE LIQD (<i>phenylephrine-brompheniramine w/ codeine</i>)	3	
MAR-COF BP LIQD (<i>pseudoephedrine-brompheniramine-codeine</i>)	3	
MAR-COF CG EXPECTORANT LIQD (<i>guaifenesin-codeine</i>)	7	
MUCINEX D MAXIMUM STRENGTH TB12 (<i>pseudoephedrine-guaifenesin</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>)	7	
NEOTUSS PLUS LIQD (<i>phenylephrine-chlorphen-dm</i>)	3	
NINJACOF-XG LIQD (<i>guaifenesin-codeine</i>)	3	
PRO-RED AC SYRP (<i>phenylephrine-dexchlorpheniramine-codeine</i>) <i>promethazine & phenylephrine syrp</i> <i>promethazine w/codeine soln</i> <i>promethazine w/codeine syrp</i> <i>promethazine-dm syrp</i> <i>promethazine-phenylephrine-codeine syrp</i>	3 1 1 1 1 1	QL(30 ml daily) QL(30 ml daily) QL(30 ml daily) QL(30 ml daily)
PROMETHAZINE/DEXTR OMETHORPHAN SOLN (<i>promethazine-dm</i>)	2	QL(30 ml daily)
PROMETHAZINE/PHENYL EPHRINE SYRP (<i>promethazine & phenylephrine</i>)	1	QL(30 ml daily)
PROMETHAZINE/PHENYL EPHRINE/CODEINE SYRP (<i>promethazine-phenylephrine-codeine</i>) <i>pseudoephed-bromphen-dm syrp</i> <i>pseudoephedrine-guaifenesin tb12 120 mg-1200 mg</i> <i>pseudoephedrine-guaifenesin tb12 60 mg-600 mg</i>	2 3 3 1	

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

Drug Name	Drug Tier	Requirements/ Limits
RYDEX LIQD (<i>pseudoephedrine-brompheniramine-codeine</i>)	3	
SORBUTUSS NR LIQD (<i>dextromethorphan-gg-potassium citrate</i>)	3	
TUSNEL C SYRP (<i>pseudoephedrine w/codeine-gg</i>)	3	
TUSNEL PEDIATRIC LIQD (<i>pseudoephedrine w/dm-gg</i>)	3	
TUSNEL TABS (<i>pseudoephedrine w/dm-gg</i>)	3	
TUSSICAPS CP12 (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>)	3	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>)	7	
VANACOF LIQD (<i>pseudoephedrine-dexchlorpheniramine-chlophedanol</i>)	7	
Expectorants		

Drug Name	Drug Tier	Requirements/ Limits
(Guaifenesin) BIDEX, XPECT, SM CHEST CONGESTION RELIEF, SB MUCUS RELIEF, REFENESEN 400, RA MUCUS RELIEF CHEST, RA MUCUS RELIEF, QC MEDIFIN 400, PHARBINEX, MUCUS RELIEF CHEST CONGESTION, MUCUS RELIEF, MUCOSA, LIQUIBID, KLS MUCUS RELIEF CHEST, HM CHEST CONGESTION RELIEF, GOODSENSE MUCUS RELIEF, GNP TAB TUSSIN, GNP MUCUS RELIEF, G-FEN EX, FENESIN IR, CVS CHEST CONGESTION RELIEF, CHEST CONGESTION RELIEF EXPECTORANT, CHEST CONGESTION RELIEF TABS	3	
guaifenesin tabs	3	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) PULMOSAL NEBU	3	
HYPER-SAL NEBU (<i>sodium chloride (inhalant)</i>)	7	
HYPERSAL NEBU 3.5 % (<i>sodium chloride (inhalant)</i>)	3	
HYPERSAL NEBU 7 % (<i>sodium chloride (inhalant)</i>)	7	
NEBUSAL NEBU (<i>sodium chloride (inhalant)</i>)	3	
sodium chloride (inhalant) nebu 0.9 %	1	

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

Drug Name	Drug Tier	Requirements/Limits
sodium chloride (inhalant) nebu 7 %	3	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	3	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC GEL	1	
(Isotretinoin) AMNESTEEM, MYORISAN CAPS 40 MG	1	QL(2 ea daily)
(Isotretinoin) AMNESTEEM, ZENATANE, MYORISAN, CLARAVIS CAPS 10 MG	1	QL(4 ea daily)
(Isotretinoin) AMNESTEEM, ZENATANE, MYORISAN, CLARAVIS CAPS 20 MG	1	QL(5 ea daily)
(Isotretinoin) CLARAVIS, ZENATANE CAPS 30 MG, 40 MG	1	QL(2 ea daily)
(Isotretinoin) MYORISAN CAPS 30 MG	1	
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL	3	
(Tretinoin) AVITA CREA	1	
(Tretinoin) AVITA GEL	1	
ACZONE GEL 5 % (dapsone (topical))	7	PA; ST
ACZONE GEL 7.5 % (dapsone (topical))	7	PA; ST;QL(2 gm daily)
adapalene crea 0.1 %	1	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
adapalene gel 0.1 %	1	QL(45 gm per fill retail); RX/OTC
adapalene gel 0.3 %	1	QL(45 gm per fill retail, 135 gm per fill mail)
ADAPALENE LOTN 0.1 % (adapalene)	3	Limit 59mls per month;QL(1.97 ml daily)
adapalene-benzoyl peroxide gel	3	Limit 45gms per month;QL(1.5 gm daily)
ATRALIN GEL (tretinoin)	7	Limit 45gms per month;QL(1.5 gm daily)
AZELEX CREA (azelaic acid (acne))	3	
BENZAACLIN GEL (clindamycin phosphate-benzoyl peroxide)	7	
BENZAACLIN WITH PUMP GEL (clindamycin phosphate-benzoyl peroxide)	7	
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	7	QL(2 gm daily)
benzoyl peroxide-erythromycin gel	1	QL(2 gm daily)
BP CLEANSING WASH EMUL (sulfacetamide sodium-sulfur in urea vehicle)	2	
CLEOCIN-T GEL (clindamycin phosphate (topical))	2	
CLEOCIN-T LOTN (clindamycin phosphate (topical))	7	

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

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN-T SOLN (<i>clindamycin phosphate (topical)</i>)	7	
CLEOCIN-T SWAB (<i>clindamycin phosphate (topical)</i>)	7	
<i>clindamycin phosphate (topical) foam</i>	3	
<i>clindamycin phosphate (topical) gel</i>	1	
<i>clindamycin phosphate (topical) lotn</i>	1	
<i>clindamycin phosphate (topical) soln</i>	1	
<i>clindamycin phosphate (topical) swab</i>	3	
CLINDAMYCIN PHOSPHATE GEL (<i>clindamycin phosphate (topical)</i>)	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	3	
<i>clindamycin phosphate-tretinoin gel</i>	3	QL(1 gm daily)
<i>dapsone (topical) gel 5 %</i>	3	PA; ST
<i>dapsone (topical) gel 7.5 %</i>	3	PA; ST;QL(2 gm daily)
DIFFERIN CREA 0.1 % (<i>adapalene</i>)	7	QL(45 gm per fill retail)
DIFFERIN GEL 0.1 % (<i>adapalene</i>)	7	QL(45 gm per fill retail); RX/OTC
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	7	QL(45 gm per fill retail, 135 gm per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN LOTN 0.1 % (<i>adapalene</i>)	3	Limit 59mls per month;QL(1.97 ml daily)
DUAC GEL (<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>)	7	
EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	3	PA; ST; Limited 45gms per month;QL(1.5 gm daily)
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	7	Limit 45gms per month;QL(1.5 gm daily)
ERY PADS (<i>erythromycin (acne aid)</i>)	3	
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	7	
<i>erythromycin (acne aid) gel</i>	1	
<i>erythromycin (acne aid) pads</i>	3	
<i>erythromycin (acne aid) soln</i>	1	
EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	7	
FABIOR FOAM (<i>tazarotene (acne)</i>)	3	Limit 50gms per month;QL(1.67 gm daily)
<i>isotretinoin caps 10 mg</i>	1	QL(4 ea daily)
<i>isotretinoin caps 20 mg</i>	1	QL(5 ea daily)
<i>isotretinoin caps 30 mg, 40 mg</i>	1	QL(2 ea daily)
KLARON LOTN (<i>sulfacetamide sodium (acne)</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	7	
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	7	
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	7	
RETIN-A CREA (<i>tretinoin</i>)	7	
RETIN-A GEL (<i>tretinoin</i>)	7	
RETIN-A MICRO GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 20gms per month;QL(0.67 gm daily)
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 20gms per month;QL(0.67 gm daily)
RETIN-A MICRO PUMP GEL 0.08 % (<i>tretinoin microsphere</i>)	3	PA; ST
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL (<i>sulfacetamide sodium-sulfur in urea vehicle</i>)	3	
SODIUM SULFACETAMIDE/SULFUR LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	2	QL(30 gm per fill retail)
SSS 10-5 FOAM (<i>sulfacetamide sodium w/ sulfur</i>)	2	
<i>sulfacetamide sodium (acne) lotn</i>	1	
<i>sulfacetamide sodium w/ sulfur crea 4.8 %-9.8 %</i>	3	
<i>sulfacetamide sodium w/ sulfur liqd 4.8 %-9.8 %</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur lotn 4.8 %-9.8 %</i>	3	
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin gel 0.025 %, 0.01 %</i>	1	
<i>tretinoin gel 0.05 %</i>	3	Limit 45gms per month;QL(1.5 gm daily)
<i>tretinoin microsphere gel</i>	1	Limit 20gms per month;QL(0.67 gm daily)
VELTIN GEL (<i>clindamycin phosphate-tretinoin</i>)	3	QL(1 gm daily)
ZIANA GEL (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)
Agents for External Genital and Perianal Warts		
VEREGEN OINT (<i>sinecatechins</i>)	3	QL(30 gm per fill retail)
Anti-inflammatory Agents - Topical		
(Diclofenac Sodium (Topical)) KLOFENSAID II SOLN	1	QL(5 ml daily)
DICLOFENAC EPOLAMINE PTCH (<i>diclofenac epolamine</i>)	3	QL(2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	RX/OTC
<i>diclofenac sodium (topical) soln 1.5 %</i>	1	QL(5 ml daily)
FLECTOR PTCH (<i>diclofenac epolamine</i>)	3	QL(2 ea daily)
REXAPHENAC CREA (<i>diclofenac sodium (topical)</i>)	3	
VOLTAREN GEL (<i>diclofenac sodium (topical)</i>)	7	RX/OTC
Antibiotics - Topical		

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

Drug Name	Drug Tier	Requirements/ Limits
ALTABAX OINT (<i>retapamulin</i>)	3	
CENTANY OINT (<i>mupirocin</i>)	2	
CORTISPORIN CREA (<i>neomycin-polymyxin-hc</i>)	3	
CORTISPORIN OINT (<i>bacitracin-polymyxin-neomycin hc</i>)	3	
<i>gentamicin sulfate (topical) crea</i>	1	
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin oint</i>	1	
Antifungals - Topical		
(Ciclopirox Olamine) CICLODAN CREA 0.77 %	1	
(Ciclopirox) CICLODAN SOLN 8 %	3	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC CREA	3	
(Ketoconazole (Topical)) KETODAN FOAM	3	
(Nystatin (Topical)) NYAMYC, NYSTOP POWD	1	
<i>ciclopirox gel 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham 1 %</i>	3	
<i>ciclopirox soln 8 %</i>	3	
<i>clotrimazole w/ betamethasone crea</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(2 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>econazole nitrate crea</i>	1	
ECOZA FOAM (<i>econazole nitrate</i>)	3	Limit 70gms per month;QL(2.34 gm daily)
ERTACZO CREA (<i>sertaconazole nitrate</i>)	4	PA
EXELDERM CREA (<i>sulconazole nitrate</i>)	3	
EXELDERM SOLN (<i>sulconazole nitrate</i>)	2	
EXODERM LOTN (<i>sodium thiosulfate-salicylic acid</i>)	3	
EXTINA FOAM (<i>ketoconazole (topical)</i>)	7	
<i>iodoquinol-hydrocortisone in aloe vehicle crea</i>	3	
JUBLIA SOLN (<i>efinaconazole</i>)	3	PA; ST
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)
<i>ketoconazole (topical) foam</i>	3	
<i>ketoconazole (topical) sham</i>	1	
LOPROX CREA (<i>ciclopirox olamine</i>)	7	
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	7	
LOPROX SUSP (<i>ciclopirox olamine</i>)	7	
LOTRISONE CREA (<i>clotrimazole w/ betamethasone</i>)	7	Limit 45gms per month;QL(1.5 gm daily)
LULICONAZOLE CREA (<i>luliconazole</i>)	3	PA
LUZU CREA (<i>luliconazole</i>)	3	PA

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

Drug Name	Drug Tier	Requirements/ Limits
NAFTIFINE HCL CREA 1 % (<i>naftifine hcl</i>)	3	
<i>naftifine hcl crea 1 %, 2 %</i>	3	
NAFTIN CREA 2 % (<i>naftifine hcl</i>)	7	
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	3	
NIZORAL SHAM (<i>ketconazole (topical)</i>)	7	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	3	
OXISTAT CREA (<i>oxiconazole nitrate</i>)	7	
OXISTAT LOTN (<i>oxiconazole nitrate</i>)	3	
PENLAC NAIL LACQUER SOLN (<i>ciclopirox</i>)	7	
SULCONAZOLE NITRATE CREA (<i>sulconazole nitrate</i>)	3	
SULCONAZOLE NITRATE SOLN (<i>sulconazole nitrate</i>)	2	
VYATONE CREA (<i>iodoquinol-hydrocortisone in aloe vehicle</i>)	7	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac sodium (actinic keratoses) gel</i>	3	PA
EFUDEX CREA (<i>fluorouracil (topical)</i>)	7	
FLUOROPLEX CREA (<i>fluorouracil (topical)</i>)	2	
<i>fluorouracil (topical) crea</i>	1	
FLUOROURACIL CREA 0.5 % (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)
FLUOROURACIL SOLN 2 %, 5 % (<i>fluorouracil (topical)</i>)	2	
PANRETIN GEL (<i>alitretinoin</i>)	3	PA
PICATO GEL (<i>ingenol mebutate</i>)	3	
TARGRETIN GEL EX 1 % (<i>bexarotene (topical)</i>)	2	
VALCHLOR GEL (<i>mechlorethamine hcl (topical)</i>)	4	PA; ST
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
<i>acitretin caps 10 mg</i>	3	QL(1 ea daily)
<i>acitretin caps 17.5 mg</i>	3	
<i>acitretin caps 25 mg</i>	3	QL(2 ea daily)
<i>calcipotriene crea</i>	1	QL(5 gm daily)
CALCIPOTRIENE FOAM (<i>calcipotriene</i>)	3	QL(4 gm daily)
<i>calcipotriene oint</i>	1	QL(5 gm daily)
<i>calcipotriene soln</i>	1	
<i>calcitriol (topical) oint</i>	1	Limit 100gms per month;QL(3.34 gm daily)

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

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY PEN SOAJ (<i>secukinumab</i>)	4	PA; ST
COSENTYX SOSY (<i>secukinumab</i>)	4	PA; ST
DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 gm daily)
ILUMYA SOSY (<i>tildrakizumab-asmn</i>)	4	PA; ST
<i>methoxsalen rapid caps</i>	1	
OXSORALEN ULTRA CAPS (<i>methoxsalen rapid</i>)	7	
SKYRIZI PSKT (<i>risankizumab-rzaa</i>)	4	PA
SORIATANE CAPS 10 MG (<i>acitretin</i>)	7	QL(1 ea daily)
SORIATANE CAPS 17.5 MG (<i>acitretin</i>)	7	
SORIATANE CAPS 25 MG (<i>acitretin</i>)	7	QL(2 ea daily)
SORILUX FOAM (<i>calcipotriene</i>)	3	QL(4 gm daily)
<i>tazarotene crea</i>	1	QL(1 gm daily)
TAZORAC CREA 0.05 % (<i>tazarotene</i>)	2	QL(1 gm daily)
TAZORAC CREA 0.1 % (<i>tazarotene</i>)	7	QL(1 gm daily)
TAZORAC GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	2	QL(1 gm daily)
VECTICAL OINT (<i>calcitriol (topical)</i>)	2	Limit 100gms per month;QL(3.34 gm daily)
Antiseborrheic Products		
(Sulfacetamide Sodium) SEB-PREV WASH LIQD	1	
(Sulfacetamide Sodium) SODIUM SULFACETAMIDE WASH LIQD 10 %	1	

Drug Name	Drug Tier	Requirements/ Limits
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	7	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	7	
<i>selenium sulfide lotn</i>	1	
SODIUM SULFACETAMIDE WASH LIQD 0.5 %-10 % (<i>sulfacetamide sodium in bakuchiol vehicle</i>)	3	
<i>sulfacetamide sodium liqd</i>	1	
Antivirals - Topical		
<i>acyclovir topical crea</i>	3	PA; Limit 5gms per month;QL(0.17 gm daily)
<i>acyclovir topical oint</i>	1	QL(1 gm daily)
ZOVIRAX CREA EX 5 % (<i>acyclovir topical</i>)	7	PA; Limit 5gms per month;QL(0.17 gm daily)
ZOVIRAX OINT EX 5 % (<i>acyclovir topical</i>)	7	QL(1 gm daily)
Burn Products		
(Silver Sulfadiazine) SSD CREA	1	
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (<i>silver sulfadiazine</i>)	7	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM (<i>mafenide acetate</i>)	3	
SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	7	
Corticosteroids - Topical		

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

Drug Name	Drug Tier	Requirements/ Limits
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT CREA	1	
(Clobetasol Propionate Emulsion) TOVET FOAM	3	
(Clobetasol Propionate) CLODAN SHAM	1	
(Diflorasone Diacetate) PSORCON CREA	1	
(Flurandrenolide) NOLIX CREA	3	
(Flurandrenolide) NOLIX LOTN	3	PA
(Fluticasone Propionate) BESER LOTN	3	
(Hydrocortisone (Topical)) ALA-CORT CREA	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA	1	
ALA SCALP LOTN <i>(hydrocortisone topical)</i>	3	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA <i>(amcinonide)</i>	3	
AMCINONIDE LOTN <i>(amcinonide)</i>	3	
AMCINONIDE OINT <i>(amcinonide)</i>	3	
APEXICON E CREA <i>(diflorasone diacetate emollient base)</i>	2	
AUGMENTED BETAMETHASONE DIPROPIONATE GEL <i>(betamethasone dipropionate augmented)</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<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</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea 0.1 %</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	3	
<i>betamethasone valerate lotn 0.1 %</i>	1	
<i>betamethasone valerate oint 0.1 %</i>	1	
<i>calcipotriene-betamethasone dipropionate oint</i>	3	ST; QL(2 gm daily)
<i>calcipotriene-betamethasone dipropionate susp</i>	3	ST; QL(2 gm daily)
CAPEX SHAM <i>(fluocinolone acetonide)</i>	2	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate emollient base crea</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate emulsion foam</i>	3	
<i>clobetasol propionate foam</i>	3	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate liqd</i>	3	
<i>clobetasol propionate lotn</i>	3	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate soln</i>	1	
CLOBEX LIQD (<i>clobetasol propionate</i>)	7	
CLOBEX LOTN (<i>clobetasol propionate</i>)	7	
CLOBEX SHAM (<i>clobetasol propionate</i>)	7	
CLOCORTOLONE PIVALATE CREA (<i>clocortolone pivalate</i>)	3	
CLOCORTOLONE PIVALATE PUMP CREA (<i>clocortolone pivalate</i>)	3	
CLODERM CREA (<i>clocortolone pivalate</i>)	3	
CLODERM PUMP CREA (<i>clocortolone pivalate</i>)	3	
CORDRAN CREA 0.05 % (<i>flurandrenolide</i>)	7	
CORDRAN LOTN 0.05 % (<i>flurandrenolide</i>)	7	PA
CORDRAN OINT 0.05 % (<i>flurandrenolide</i>)	7	PA
CORDRAN TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
CUTIVATE LOTN (<i>fluticasone propionate</i>)	7	
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	7	
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	7	
DESONATE GEL (<i>desonide</i>)	3	
<i>desonide crea</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
DESOWEN CREA (<i>desonide</i>)	7	
DESOWEN LOTN (<i>desonide</i>)	7	
DESOXIMETASONE CREA 0.05 % (<i>desoximetasone</i>)	2	
<i>desoximetasone crea 0.05 %, 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone liqd 0.25 %</i>	3	ST
<i>desoximetasone oint 0.05 %</i>	3	
<i>desoximetasone oint 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	
<i>diflorasone diacetate oint</i>	1	
DIPROLENE AF CREA (<i>betamethasone dipropionate augmented</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	7	
ELOCON CREA (<i>mometasone furoate</i>)	7	
ELOCON OINT (<i>mometasone furoate</i>)	7	
EPIFOAM FOAM (<i>pramoxine-hc</i>)	3	
<i>fluocinolone acetonide crea</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>fluocinolone acetonide oint</i>	1	
<i>fluocinolone acetonide soln</i>	1	
<i>fluocinonide crea</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel</i>	1	
<i>fluocinonide oint</i>	1	
<i>fluocinonide soln</i>	1	
<i>flurandrenolide crea</i>	3	
<i>flurandrenolide lotn</i>	3	PA
<i>flurandrenolide oint</i>	3	PA
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate lotn 0.05 %</i>	3	
<i>fluticasone propionate oint 0.005 %</i>	1	
<i>halobetasol propionate crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>halobetasol propionate oint</i>	1	
<i>hydrocortisone (topical) crea</i>	1	
<i>hydrocortisone (topical) lotn</i>	1	
<i>hydrocortisone (topical) oint</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	3	
<i>hydrocortisone butyrate lotn</i>	3	PA
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	3	
<i>hydrocortisone valerate crea</i>	3	
<i>hydrocortisone valerate oint</i>	3	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7	
LOCOID CREA (<i>hydrocortisone butyrate</i>)	7	
LOCOID LIPOCREAM CREA (<i>hydrocortisone butyrate hydrophilic lipo base</i>)	7	
LOCOID LOTN (<i>hydrocortisone butyrate</i>)	7	PA
LOCOID OINT (<i>hydrocortisone butyrate</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
LOCOID SOLN (<i>hydrocortisone butyrate</i>)	7	
LUXIQ FOAM (<i>betamethasone valerate</i>)	7	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
OLUX FOAM (<i>clobetasol propionate</i>)	7	
OLUX-E FOAM (<i>clobetasol propionate emulsion</i>)	7	
PRAMOSONE E CREA (<i>pramoxine-hc emollient base</i>)	3	
PRAMOSONE LOTN (<i>pramoxine-hc</i>)	3	
PRAMOSONE OINT (<i>pramoxine-hc</i>)	3	
PREDNICARBATE CREA (<i>prednicarbate</i>)	2	
PREDNICARBATE OINT (<i>prednicarbate</i>)	3	
SYNALAR CREA (<i>fluocinolone acetonide</i>)	7	
SYNALAR OINT (<i>fluocinolone acetonide</i>)	7	
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7	
TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	7	ST; QL(2 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	7	ST; QL(2 gm daily)
TEMOVATE CREA (<i>clobetasol propionate</i>)	7	
TEMOVATE OINT (<i>clobetasol propionate</i>)	7	
TEXACORT SOLN (<i>hydrocortisone (topical)</i>)	3	
TOPICORT CREA 0.05 %, 0.25 % (<i>desoximetasone</i>)	7	
TOPICORT GEL 0.05 % (<i>desoximetasone</i>)	7	
TOPICORT LIQD 0.25 % (<i>desoximetasone</i>)	7	ST
TOPICORT OINT 0.05 %, 0.25 % (<i>desoximetasone</i>)	7	
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDESILON CREA (<i>desonide</i>)	7	
ULTRAVATE CREA (<i>halobetasol propionate</i>)	7	
ULTRAVATE LOTN (<i>halobetasol propionate</i>)	3	PA; ST

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

Drug Name	Drug Tier	Requirements/ Limits
ULTRAVATE OINT (<i>halobetasol propionate</i>)	7	
VANOS CREA (<i>fluocinonide</i>)	7	
Eczema Agents		
DUPIXENT SOSY 200 MG/1.14ML (<i>dupilumab</i>)	4	PA
DUPIXENT SOSY 300 MG/2ML (<i>dupilumab</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Enzymes - Topical		
SANTYL OINT (<i>collagenase</i>)	3	
Immunomodulating Agents - Topical		
ALDARA CREA (<i>imiquimod</i>)	7	
<i>imiquimod crea</i>	1	
Immunosuppressive Agents - Topical		
ELIDEL CREA (<i>pimecrolimus</i>)	7	QL(60 gm per fill retail)
<i>pimecrolimus crea</i>	3	QL(60 gm per fill retail)
PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 15 yrs old)
<i>tacrolimus (topical) oint 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic Agents		
(Salicylic Acid) SALIMEZ CREA	3	
(Salicylic Acid) SALISOL FORTE SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
BENSAL HP OINT (<i>salicylic acid & benzoic acid</i>)	3	
CONDYLOX GEL (<i>podofilox</i>)	2	
PODOCON 25 IN BENZOIN TINCTURE SOLN (<i>podophyllum resin</i>)	3	
<i>podofilox soln</i>	1	
SALEX SHAM (<i>salicylic acid</i>)	7	
<i>salicylic acid crea 6 %</i>	3	
<i>salicylic acid sham 6 %</i>	1	
SALICYLIC ACID SOLN 26 % (<i>salicylic acid</i>)	3	
<i>salicylic acid soln 28.5 %</i>	3	PA
ULTRASAL-ER SOLN (<i>salicylic acid</i>)	7	PA
Local Anesthetics - Topical		
<i>lidocaine ptch</i>	3	QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	3	
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 ea daily)
Misc. Topical		
DRYSOL SOLN (<i>aluminum chloride</i>)	2	
XERAC AC SOLN (<i>aluminum chloride in alcohol</i>)	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT (<i>crisaborole</i>)	3	PA; ST; Limited to 60 gm per month;QL(2 gm daily)
Rosacea Agents		

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

Drug Name	Drug Tier	Requirements/ Limits
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL	1	QL(45 gm per fill retail)
azelaic acid gel	1	
DOXYCYCLINE CPDR (doxycycline (rosacea))	3	PA; ST;QL(1 ea daily)
FINACEA FOAM (azelaic acid)	3	
FINACEA GEL (azelaic acid)	7	
ivermectin (rosacea) crea	3	PA; ST;QL(1.5 gm daily)
IVERMECTIN CREA EX 1 % (ivermectin (rosacea))	3	PA; ST;QL(1.5 gm daily)
METROCREAM CREA (metronidazole (topical))	7	
METROGEL GEL (metronidazole (topical))	7	
METROLOTION LOTN (metronidazole (topical))	7	QL(60 ml per fill retail)
metronidazole (topical) crea 0.75 %	1	
metronidazole (topical) gel 0.75 %	1	QL(45 gm per fill retail)
metronidazole (topical) gel 1 %	1	
metronidazole (topical) lotn 0.75 %	1	QL(60 ml per fill retail)
MIRVASO GEL (brimonidine tartrate (topical))	3	PA; ST
ORACEA CPDR (doxycycline (rosacea))	3	PA; ST;QL(1 ea daily)
RHOFADE CREA (oxymetazoline hcl (topical))	3	PA; ST

Drug Name	Drug Tier	Requirements/ Limits
SOOLANTRA CREA (ivermectin (rosacea))	3	PA; ST;QL(1.5 gm daily)
Scabicides & Pediculicides		
ELIMITE CREA (permethrin)	7	QL(60 gm per fill retail)
malathion lotn	3	
NATROBA SUSP (spinosad)	3	AL(At least 4 yrs old)
OVIDE LOTN (malathion)	7	
permethrin crea	1	QL(60 gm per fill retail)
SKLICE LOTN (ivermectin (pediculicide))	3	
SPINOSAD SUSP (spinosad)	3	AL(At least 4 yrs old)
Wound Care Products		
REGANEX GEL (becaplermin)	3	QL(15 gm per fill retail)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE CAPS (metyrapone)	3	
Diagnostic Tests		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP (glucose blood)	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP (glucose blood)	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP (glucose blood)	2	Limit 200 per month without authorization;QL(6.7 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP (<i>acetone urine</i>) test)	2	QL(50 ea per fill retail)
KETOSTIX STRP (<i>acetone urine</i>) test)	2	QL(50 ea per fill retail)
ONETOUCH ULTRA STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA STRP VI (<i>ketone blood test</i>)	2	Limit 200 per month without authorization; QL(6.7 ea daily)
RELION KETONE STRP (<i>acetone urine</i>) test)	2	QL(50 ea per fill retail)
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
PANCREAZE CPEP (<i>pancrelipase (lipase-protease-amylase)</i>)	3	
PERTZYE CPEP (<i>pancrelipase (lipase-protease-amylase)</i>)	3	
SUCRAID SOLN (<i>sacrosidase</i>)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
VIOKACE TABS (<i>pancrelipase (lipase-protease-amylase)</i>)	3	
ZENPEP CPEP (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
<i>methazolamide tabs</i>	1	
NEPTAZANE TABS (<i>methazolamide</i>)	7	
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (<i>spironolactone & hydrochlorothiazide</i>)	7	
ALDACTAZIDE TABS 50 MG-50 MG (<i>spironolactone & hydrochlorothiazide</i>)	2	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (<i>triamterene & hydrochlorothiazide</i>)	7	
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 ea daily)
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps 37.5 mg-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tabs 37.5 mg-25 mg</i>	1	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide tabs 75 mg-50 mg</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide tabs 0.5 mg, 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS 0.5 MG, 1 MG (<i>bumetanide</i>)	7	
BUMEX TABS 2 MG (<i>bumetanide</i>)	7	QL(5 ea daily)
DEMADEX TABS (<i>torseamide</i>)	7	
EDECIN TABS (<i>ethacrynic acid</i>)	7	ST
<i>ethacrynic acid tabs</i>	3	ST
<i>furosemide soln 10 mg/ml</i>	1	
FUROSEMIDE SOLN 8 MG/ML (<i>furosemide</i>)	3	
<i>furosemide tabs 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (<i>furosemide</i>)	7	
<i>torseamide tabs 100 mg</i>	1	QL(2 ea daily)
<i>torseamide tabs 5 mg, 10 mg, 20 mg</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>spironolactone</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (<i>triamterene</i>)	7	
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	3	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG, 500 MG (<i>chlorothiazide</i>)	3	
<i>chlorothiazide tabs 500 mg</i>	3	
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP (<i>chlorothiazide</i>)	3	
<i>hydrochlorothiazide caps 12.5 mg</i>	1	
<i>hydrochlorothiazide tabs 12.5 mg</i>	3	
<i>hydrochlorothiazide tabs 25 mg, 50 mg</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone tabs</i>	1	
MICROZIDE CAPS (<i>hydrochlorothiazide</i>)	7	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	7	Limit 1 per month;QL(0.04 ea daily)
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	7	Limit 4 for 28 days;QL(0.15 ea daily)
ACTONEL TABS 5 MG, 30 MG (<i>risedronate sodium</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
ALENDRONATE SODIUM SOLN 70 MG/75ML (<i>alendronate sodium</i>)	3	
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	Limit 4 per 28 days;QL(0.15 ea daily)
ALENDRONATE SODIUM TABS 40 MG (<i>alendronate sodium</i>)	2	
ALENDRONATE SODIUM TABS 5 MG (<i>alendronate sodium</i>)	2	QL(1 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
BONIVA TABS (<i>ibandronate sodium</i>)	7	Limit 1 per month;QL(0.04 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS (<i>etidronate disodium</i>)	3	
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	4	PA
FOSAMAX TABS (<i>alendronate sodium</i>)	7	Limit 4 per 28 days;QL(0.15 ea daily)
<i>ibandronate sodium tabs</i>	1	Limit 1 per month;QL(0.04 ea daily)
MIACALCIN SOLN (<i>calcitonin (salmon)</i>)	4	PA
NATPARA CART (<i>parathyroid hormone (recombinant)</i>)	4	PA
<i>risedronate sodium tabs 150 mg</i>	3	Limit 1 per month;QL(0.04 ea daily)
<i>risedronate sodium tabs 35 mg</i>	3	Limit 4 for 28 days;QL(0.15 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TYMLOS SOPN (<i>abaloparatide</i>)	4	PA
Fertility Regulators		
<i>clomiphene citrate tabs</i>	1	Check plan documents for coverage;QL(15 ea per fill retail,00 ea per fill mail,15 ea per 30 days retail)
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR (<i>pegvisomant</i>)	4	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR 1 MG (<i>tesamorelin acetate</i>)	4	PA
EGRIFTA SOLR 2 MG (<i>tesamorelin acetate</i>)	4	PA; LA
EGRIFTA SV SOLR (<i>tesamorelin acetate</i>)	4	PA; LA
Growth Hormones		
HUMATROPE COMBO PACK SOLR (<i>somatropin</i>)	4	PA
HUMATROPE SOLR (<i>somatropin</i>)	4	PA
NORDITROPIN FLEXPRO SOLN (<i>somatropin</i>)	4	PA
SEROSTIM SOLR (<i>somatropin (non-refrigerated)</i>)	4	PA
ZORBTIVE SOLR (<i>somatropin (non-refrigerated)</i>)	4	PA
Hormone Receptor Modulators		
EVISTA TABS (<i>raloxifene hcl</i>)	5	PV
OSPHENA TABS (<i>ospemifene</i>)	3	
<i>raloxifene hcl tabs</i>	7	PV

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

Drug Name	Drug Tier	Requirements/ Limits
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN (<i>mecasermin</i>)	4	PA
LHRH/GnRH Agonist Analog Pituitary		
SYNAREL SOLN (<i>nafarelin acetate</i>)	2	
Metabolic Modifiers		
(Levocarnitine (Metabolic Modifiers)) MCCARNITINE TABS	3	RX/OTC
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	7	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	7	PA
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	QL(4 ea daily)
<i>calcitriol soln 1 mcg/ml</i>	1	
CARBAGLU TABS (<i>carglumic acid</i>)	4	
CARNITOR SF SOLN (<i>levocarnitine (metabolic modifiers)</i>)	7	
CARNITOR SOLN 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	7	
CARNITOR TABS 330 MG (<i>levocarnitine (metabolic modifiers)</i>)	7	RX/OTC
<i>cinacalcet hcl tabs</i>	3	PA
CYSTADANE POWD (<i>betaine</i>)	4	PA
<i>doxercalciferol caps</i>	3	
GALAFOLD CAPS (<i>migalastat hcl</i>)	4	PA; QL(0.5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
KUVAN TBSO (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) soln 1 gm/10ml</i>	3	
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	3	RX/OTC
MYALEPT SOLR (<i>metreleptin</i>)	4	PA
<i>nitisinone caps</i>	4	PA
ORFADIN CAPS 2 MG, 5 MG, 10 MG (<i>nitisinone</i>)	7	PA
ORFADIN CAPS 20 MG (<i>nitisinone</i>)	4	PA
ORFADIN SUSP 4 MG/ML (<i>nitisinone</i>)	4	PA
PALYNZIQ SOSY (<i>pegvaliase-pqpz</i>)	4	PA
<i>paricalcitol caps</i>	3	
RAVICTI LIQD (<i>glycerol phenylbutyrate</i>)	4	PA
ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 ea daily)
ROCALTROL SOLN 1 MCG/ML (<i>calcitriol</i>)	7	
SENSIPAR TABS (<i>cinacalcet hcl</i>)	7	PA
<i>sodium phenylbutyrate powd</i>	4	PA
<i>sodium phenylbutyrate tabs</i>	4	PA
STRENSIQ SOLN (<i>asfotase alfa</i>)	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
ZEMPLAR CAPS (<i>paricalcitol</i>)	7	
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 % (<i>desmopressin acetate refrigerated</i>)	2	
DDAVP SOLN NA 0.01 % (<i>desmopressin acetate spray</i>)	7	
DDAVP TABS OR 0.1 MG (<i>desmopressin acetate</i>)	7	
DDAVP TABS OR 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 ea daily)
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	QL(6 ea daily)
STIMATE SOLN (<i>desmopressin acetate</i>)	3	
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
OCTREOTIDE ACETATE SOLN 200 MCG/ML, 1000 MCG/ML (<i>octreotide acetate</i>)	7	PA
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml, 1000 mcg/5ml</i>	4	PA
SANDOSTATIN SOLN (<i>octreotide acetate</i>)	7	PA
SIGNIFOR SOLN (<i>pasireotide diaspartate</i>)	4	PA

Drug Name	Drug Tier	Requirements/Limits
Vasopressin Receptor Antagonists		
JYNARQUE TBPB (<i>tolvaptan</i>)	4	PA; LA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY LO, MIMVEY, LOPREEZA TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI, JEVANTIQUE LO TABS	1	
ACTIVELLA TABS (<i>estradiol & norethindrone acetate</i>)	7	
ANGELIQ TABS (<i>drospirenone-estradiol</i>)	3	
CLIMARA PRO PTWK (<i>estradiol-levonorgestrel</i>)	2	Limit 4 per 28 days;QL(0.15 ea daily)
COMBIPATCH PTTW (<i>estradiol & norethindrone acetate</i>)	3	
DUAVEE TABS (<i>conjugated estrogens-bazedoxifene</i>)	3	
<i>estradiol & norethindrone acetate tabs</i>	1	
FEMHRT LOW DOSE TABS (<i>norethindrone acetate-ethinyl estradiol</i>)	7	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREFEST TABS (<i>estradiol-norgestimate</i>)	3	
PREMPHASE TABS (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	

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

Drug Name	Drug Tier	Requirements/Limits
PREMPRO TABS 0.3 MG-1.5 MG (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	QL(1 ea daily)
PREMPRO TABS 0.625 MG-2.5 MG, 0.45 MG-1.5 MG, 0.625 MG-5 MG (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	
Estrogens		
(Estradiol) DOTTI PTTW	1	Limit 8 patches per month;QL(0.29 ea daily)
ALORA PTTW (<i>estradiol</i>)	2	Limit 8 patches per month;QL(0.29 ea daily)
CLIMARA PTWK (<i>estradiol</i>)	7	Limit 4 per 28 days;QL(0.15 ea daily)
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	3	
ELESTRIN GEL (<i>estradiol</i>)	3	
ESTRACE TABS (<i>estradiol</i>)	7	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	1	Limit 8 patches per month;QL(0.29 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mcg/24hr</i>	1	Limit 4 per 28 days;QL(0.15 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ESTROGEL GEL (<i>estradiol</i>)	3	Limit 50gms per month;QL(1.67 gm daily)
ESTROPIPATE TABS 0.75 MG (<i>estropipate</i>)	2	
ESTROPIPATE TABS 1.5 MG (<i>estropipate</i>)	2	PV
EVAMIST SOLN (<i>estradiol</i>)	3	
MENEST TABS (<i>esterified estrogens</i>)	2	
MENOSTAR PTWK (<i>estradiol</i>)	3	Limit 4 per 28 days;QL(0.15 ea daily)
MINIVELLE PTTW (<i>estradiol</i>)	7	Limit 8 patches per month;QL(0.29 ea daily)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 1.25 MG (<i>estrogens, conjugated</i>)	2	QL(1 ea daily)
PREMARIN TABS OR 0.9 MG (<i>estrogens, conjugated</i>)	2	
VIVELLE-DOT PTTW (<i>estradiol</i>)	7	Limit 8 patches per month;QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX TABS (<i>moxifloxacin hcl</i>)	7	
CIPRO SUSR 5 GM/100ML, 500 MG/5ML (<i>ciprofloxacin</i>)	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7	
CIPROFLOXACIN ER TB24 1000 MG (<i>ciprofloxacin-ciprofloxacin hcl</i>)	2	QL(14 ea per fill retail)

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

Drug Name	Drug Tier	Requirements/Limits
CIPROFLOXACIN ER TB24 500 MG (<i>ciprofloxacin-ciprofloxacin hcl</i>)	2	QL(3 ea per fill retail)
CIPROFLOXACIN HCL TABS 100 MG (<i>ciprofloxacin hcl</i>)	2	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin susr</i>	1	
LEVAQUIN TABS (<i>levofloxacin</i>)	7	QL(14 ea per fill retail)
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg, 500 mg, 750 mg</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl tabs</i>	1	
OFLOXACIN TABS 300 MG (<i>ofloxacin</i>)	2	
<i>ofloxacin tabs 400 mg</i>	3	QL(28 ea per 90 days retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE TABS (<i>plecanatide</i>)	3	PA; ST
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS 10 MG (<i>obeticholic acid</i>)	4	PA
OCALIVA TABS 5 MG (<i>obeticholic acid</i>)	4	PA; ST
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>ursodiol</i>)	7	
CHENODAL TABS (<i>chenodiol</i>)	4	PA
URSO 250 TABS (<i>ursodiol</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
URSO FORTE TABS (<i>ursodiol</i>)	7	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS (<i>lubiprostone</i>)	2	
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln 5 mg/5ml, 10 mg/10ml</i>	3	
<i>metoclopramide hcl tabs 5 mg, 10 mg</i>	1	
METOCLOPRAMIDE ODT TBDP (<i>metoclopramide hcl</i>)	3	
REGLAN TABS (<i>metoclopramide hcl</i>)	7	
Inflammatory Bowel Agents		
APRISO CP24 (<i>mesalamine</i>)	7	QL(4 ea daily)
ASACOL HD TBEC (<i>mesalamine</i>)	7	
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 ea daily)
AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 ea daily)
<i>balsalazide disodium caps</i>	1	QL(9 ea daily, 280 ea per fill retail)
CANASA SUPP (<i>mesalamine</i>)	7	QL(1 ea daily)
COLAZAL CAPS (<i>balsalazide disodium</i>)	7	QL(9 ea daily, 280 ea per fill retail)
DELZICOL CPDR (<i>mesalamine</i>)	7	QL(6 ea daily)
DIPENTUM CAPS (<i>olsalazine sodium</i>)	3	
GIAZO TABS (<i>balsalazide disodium</i>)	3	ST; QL(6 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
LIALDA TBEC (<i>mesalamine</i>)	7	QL(4 ea daily)
<i>mesalamine cp24 or 0.375 gm</i>	1	QL(4 ea daily)
<i>mesalamine cpdr or 400 mg</i>	1	QL(6 ea daily)
<i>mesalamine enem re 4 gm</i>	1	QL(60 ml daily)
<i>mesalamine supp re 1000 mg</i>	1	QL(1 ea daily)
<i>mesalamine tbec or 1.2 gm</i>	1	QL(4 ea daily)
<i>mesalamine tbec or 800 mg</i>	1	
PENTASA CPCR 250 MG (<i>mesalamine</i>)	3	PA
PENTASA CPCR 500 MG (<i>mesalamine</i>)	3	PA; QL(8 ea daily)
SFROWASA ENEM (<i>mesalamine</i>)	2	
<i>sulfasalazine tabs</i>	1	QL(8 ea daily)
<i>sulfasalazine tbec</i>	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC SOLN	1	
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	3	
LINZESS CAPS (<i>linaclotide</i>)	2	
LOTRONEX TABS (<i>alosetron hcl</i>)	7	
VIBERZI TABS 100 MG (<i>eluxadoline</i>)	3	PA
VIBERZI TABS 75 MG (<i>eluxadoline</i>)	3	PA; ST

Drug Name	Drug Tier	Requirements/ Limits
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS (<i>alvimopan</i>)	3	
MOVANTIK TABS 12.5 MG (<i>naloxegol oxalate</i>)	3	
MOVANTIK TABS 25 MG (<i>naloxegol oxalate</i>)	3	QL(1 ea daily)
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	4	PA
RELISTOR TABS OR 150 MG (<i>methylnaltrexone bromide</i>)	4	PA; ST
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA TABS (<i>ferric citrate</i>)	3	PA; ST
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 ea daily)
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7	
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 ea daily)
FOSRENOL PACK 750 MG, 1000 MG (<i>lanthanum carbonate</i>)	3	
<i>lanthanum carbonate chew 1000 mg</i>	1	QL(3 ea daily)
<i>lanthanum carbonate chew 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
lanthanum carbonate chew 750 mg	1	QL(4 ea daily)
PHOSLYRA SOLN (calcium acetate (phosphate binder))	3	
RENAGEL TABS (sevelamer hcl)	7	PA; ST; QL(16 ea daily)
REVELA PACK 0.8 GM (sevelamer carbonate)	7	
REVELA PACK 2.4 GM (sevelamer carbonate)	7	QL(5 ea daily)
REVELA TABS 800 MG (sevelamer carbonate)	7	
sevelamer carbonate pack 0.8 gm	1	
sevelamer carbonate pack 2.4 gm	1	QL(5 ea daily)
sevelamer carbonate tabs 800 mg	1	
sevelamer hcl tabs	3	PA; ST; QL(16 ea daily)
SEVELAMER HYDROCHLORIDE TABS (sevelamer hcl)	3	PA; ST
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT (teduglutide (rdna))	4	PA; ST
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS (telotristat etiprate)	4	PA; ST; Not available through mail
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 TABS (potassium & sodium acid phosphates)	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	

Drug Name	Drug Tier	Requirements/Limits
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS, TARON-CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
ORACIT SOLN (sodium citrate & citric acid)	3	
pot & sod citrates w/citric ac soln	3	
potassium citrate (alkalinizer) tbc	1	
potassium citrate-citric acid soln	1	RX/OTC
UROKIT-K 10 TBCR (potassium citrate (alkalinizer))	7	
UROKIT-K 15 TBCR (potassium citrate (alkalinizer))	7	
UROKIT-K 5 TBCR (potassium citrate (alkalinizer))	7	
Cystinosis Agents		
CYSTAGON CAPS (cysteamine bitartrate)	4	PA
PROCYSBI CPDR (cysteamine bitartrate)	4	PA
PROCYSBI PACK (cysteamine bitartrate)	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS (pentosan polysulfate sodium)	3	QL(3 ea daily)
Prostatic Hypertrophy Agents		
alfuzosin hcl tb24	1	QL(1 ea daily)
AVODART CAPS (dutasteride)	7	AL(At least 40 yrs old)
CARDURA XL TB24 (doxazosin mesylate (bph))	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride caps</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX CAPS (<i>tamsulosin hcl</i>)	7	QL(2 ea daily)
JALYN CAPS (<i>dutasteride-tamsulosin hcl</i>)	7	
PROSCAR TABS (<i>finasteride</i>)	7	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO CAPS 8 MG (<i>silodosin</i>)	7	QL(1 ea daily)
<i>silodosin caps 4 mg</i>	1	
<i>silodosin caps 8 mg</i>	3	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
UROXATRAL TB24 (<i>alfuzosin hcl</i>)	7	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT TABS (<i>acetohydroxamic acid</i>)	3	
THIOLA EC TBEC (<i>tiopronin</i>)	3	
THIOLA TABS (<i>tiopronin</i>)	3	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs 100 mg</i>	1	QL(3 ea daily)
<i>allopurinol tabs 300 mg</i>	1	QL(2 ea daily)
COLCHICINE CAPS (<i>colchicine</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine tabs</i>	1	
COLCRYS TABS (<i>colchicine</i>)	7	
<i>febuxostat tabs 40 mg</i>	1	QL(2 ea daily)
<i>febuxostat tabs 80 mg</i>	1	QL(1 ea daily)
MITIGARE CAPS (<i>colchicine</i>)	3	
ULORIC TABS 40 MG (<i>febuxostat</i>)	7	QL(2 ea daily)
ULORIC TABS 80 MG (<i>febuxostat</i>)	7	QL(1 ea daily)
ZYLOPRIM TABS 100 MG (<i>allopurinol</i>)	7	QL(3 ea daily)
ZYLOPRIM TABS 300 MG (<i>allopurinol</i>)	7	QL(2 ea daily)
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR (<i>antihemophilic factor rahf-pfm</i>)	4	PA
ADYNOVATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT (<i>antihemophilic factor recombinant</i>) pegylated)	4	PA
ADYNOVATE SOLR 3000 UNIT (<i>antihemophilic factor recombinant</i>) pegylated)	4	PA; LA
ADYNOVATE SOLR 750 UNIT, 1500 UNIT (<i>antihemophilic factor recombinant</i>) pegylated)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
AFSTYLA KIT (<i>antihemophilic factor recombinant</i>) single chain)	4	PA; LA

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

Drug Name	Drug Tier	Requirements/ Limits
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	4	PA
ALPHANINE SD SOLR (<i>coagulation factor ix</i>)	4	PA
ALPROLIX SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	4	PA
ALPROLIX SOLR 4000 UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
BEBULIN SOLR (<i>factor ix complex</i>)	4	PA
BENEFIX KIT (<i>coagulation factor ix (recombinant)</i>)	4	PA
COAGADEX SOLR (<i>coagulation factor x (human)</i>)	4	PA
CORIFACT KIT (<i>factor xiii concentrate (human)</i>)	4	PA
ELOCTATE SOLR 250 UNIT, 500 UNIT, 750 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	4	PA; LA
ELOCTATE SOLR 4000 UNIT, 5000 UNIT, 6000 UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;SP
FEIBA SOLR (<i>antiinhibitor coagulant complex</i>)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
FIBRYGA SOLR (<i>fibrinogen concentrate (human)</i>)	4	PA
HELIXATE FS KIT (<i>antihemophilic factor (recombinant)</i>)	4	PA
HEMOFIL M SOLR 1700 UNIT, 1501 -2000 UNIT (<i>antihemophilic factor (human)</i>)	4	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT (<i>antihemophilic factor (human)</i>)	3	PA; LA
HUMATE-P SOLR (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	4	PA
IDELVION SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT (<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>)	4	PA; SP
IDELVION SOLR 3500 UNIT (<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>)	4	PA
IXINITY SOLR 1500 UNIT (<i>coagulation factor ix (recombinant)</i>)	4	PA; LA
IXINITY SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT (<i>coagulation factor ix (recombinant)</i>)	4	PA
JIVI SOLR (<i>antihemophilic factor (recombinant) pegylated-aucl</i>)	4	PA
KCENTRA KIT (<i>prothrombin complex concentrate human</i>)	4	PA

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

Drug Name	Drug Tier	Requirements/ Limits
KOATE SOLR (<i>antihemophilic factor (human)</i>)	3	PA; LA
KOATE-DVI SOLR (<i>antihemophilic factor (human)</i>)	3	PA; LA
KOGENATE FS BIO-SET KIT (<i>antihemophilic factor (recombinant)</i>)	4	PA
KOGENATE FS KIT (<i>antihemophilic factor (recombinant)</i>)	4	PA
KOVALTRY SOLR (<i>antihemophilic factor rahf-pfm</i>)	4	PA
MONOCLATE-P KIT (<i>antihemophilic factor (human)</i>)	4	PA
MONONINE SOLR (<i>coagulation factor ix</i>)	4	PA
NOVOEIGHT SOLR (<i>antihemophilic factor (rcmb)</i> bd truncated (bd trunc-rfviii))	4	PA
NOVOSEVEN RT SOLR (<i>coagulation factor viia (recombinant)</i>)	4	PA
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT (<i>antihemophilic factor (rcmb)</i> simoctocog alfa(bdd-rfviii,sim))	4	PA; Refer to Accredo SP Rx;LA
NUWIQ SOLR 2500 UNIT, 3000 UNIT, 4000 UNIT (<i>antihemophilic factor (rcmb)</i> simoctocog alfa(bdd-rfviii,sim))	4	PA; SP- Acaria Health;LA
OBIZUR SOLR (<i>antihemophilic factor (recombinant porcine)</i> (rpfviii))	4	PA
PROFILNINE SD SOLR (<i>factor ix complex</i>)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
PROFILNINE SOLR (<i>factor ix complex</i>)	4	PA
RECOMBINATE SOLR (<i>antihemophilic factor (recombinant)</i>)	4	PA
RIASTAP SOLR (<i>fibrinogen concentrate (human)</i>)	4	PA
RIXUBIS SOLR (<i>coagulation factor ix (recombinant)</i>)	4	PA
TRETTEN SOLR (<i>coagulation factor xiii a-subunit (recombinant)</i>)	4	PA
VONVENDI SOLR (<i>von willebrand factor (recombinant)</i>)	4	PA
WILATE KIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	4	PA; SP
XYNTHA KIT (<i>antihemophilic factor (recombinant)</i> plasma/albumin free)	4	PA
XYNTHA SOLOFUSE KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT (<i>antihemophilic factor (recombinant)</i> plasma/albumin free)	4	PA
XYNTHA SOLOFUSE KIT 3000 UNIT (<i>antihemophilic factor (recombinant)</i> plasma/albumin free)	4	PA; SP
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate soln</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

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

Drug Name	Drug Tier	Requirements/ Limits
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS 100 MG (<i>fostamatinib disodium</i>)	4	PA; ST;LA
TAVALISSE TABS 150 MG (<i>fostamatinib disodium</i>)	4	PA; LA
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	1	QL(3 ea daily)
Human Protein C		
CEPROTIN SOLR (<i>protein c concentrate (human)</i>)	4	PA
Platelet Aggregation Inhibitors		
AGGRENEX CP12 (<i>aspirin-dipyridamole</i>)	7	
AGRYLIN CAPS (<i>anagrelide hcl</i>)	7	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	3	
BRILINTA TABS 60 MG (<i>ticagrelor</i>)	2	QL(2 ea daily)
BRILINTA TABS 90 MG (<i>ticagrelor</i>)	2	
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs</i>	1	QL(2 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>prasugrel hcl</i>)	7	
PLAVIX TABS (<i>clopidogrel bisulfate</i>)	7	QL(2 ea daily)
<i>prasugrel hcl tabs</i>	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS (<i>eliglustat tartrate</i>)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>miglustat caps</i>	4	PA; ST
ZAVESCA CAPS (<i>miglustat</i>)	7	PA; ST
Agents for Sickle Cell Disease		
DROXIA CAPS (<i>hydroxyurea (sickle cell anemia)</i>)	2	
SIKLOS TABS 100 MG (<i>hydroxyurea (sickle cell anemia)</i>)	4	PA; ST;AC
SIKLOS TABS 1000 MG (<i>hydroxyurea (sickle cell anemia)</i>)	4	PA; AC
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, YL FOLIC ACID, SM FOLIC ACID, RA FOLIC ACID, QC FOLIC ACID, PX FOLIC ACID, HM FOLIC ACID, GNP FOLIC ACID, FOLATE, FA-8 TABS	7	PV
(Folic Acid) KP FOLIC ACID TABS 1 MG	1	RX/OTC
(Folic Acid) KP FOLIC ACID TABS 800 MCG	7	PV
<i>folic acid tabs 1 mg</i>	1	RX/OTC
<i>folic acid tabs 400 mcg, 800 mcg</i>	7	PV
Hematopoietic Growth Factors		
FULPHILA SOSY (<i>pegfilgrastim-jmdb</i>)	4	PA
GRANIX SOLN (<i>tbo-filgrastim</i>)	4	PA
LEUKINE SOLR (<i>sargramostim</i>)	4	PA
MULPLETA TABS (<i>lusutrombopag</i>)	4	PA
NIVESTYM SOLN 300 MCG/ML (<i>filgrastim-aafi</i>)	4	PA; ST

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

Drug Name	Drug Tier	Requirements/ Limits
NIVESTYM SOLN 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	4	PA
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	4	PA
PROMACTA PACK 12.5 MG (<i>eltrombopag olamine</i>)	4	PA; QL(1 ea daily)
PROMACTA PACK 25 MG (<i>eltrombopag olamine</i>)	2	
PROMACTA TABS 25 MG, 50 MG, 75 MG, 12.5 MG (<i>eltrombopag olamine</i>)	4	PA; QL(1 ea daily)
RETACRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	4	PA
UDENYCA SOSY (<i>pegfilgrastim-cbqv</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
ZARXIO SOSY (<i>filgrastim-sndz</i>)	3	PA; LA
ZIEXTENZO SOSY (<i>pegfilgrastim-bmez</i>)	4	PA; ST
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN (<i>aminocaproic acid</i>)	7	
AMICAR TABS (<i>aminocaproic acid</i>)	7	
<i>aminocaproic acid soln</i>	3	
<i>aminocaproic acid tabs</i>	3	
LYSTEDA TABS (<i>tranexamic acid</i>)	7	QL(6 ea daily,5 day(s) limit)
<i>tranexamic acid tabs</i>	1	QL(6 ea daily,5 day(s) limit)

Drug Name	Drug Tier	Requirements/ Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
BUTISOL SODIUM TABS (<i>butabarbital sodium</i>)	3	
<i>phenobarbital elix</i>	1	
<i>phenobarbital soln</i>	1	
<i>phenobarbital tabs</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
AMBIEN TABS (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
DORAL TABS (<i>quazepam</i>)	3	
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	3	QL(1 ea daily)
<i>flurazepam hcl caps 15 mg</i>	1	QL(2 ea daily)
<i>flurazepam hcl caps 30 mg</i>	1	QL(1 ea daily)
HALCION TABS (<i>triazolam</i>)	7	QL(1 ea daily)
LUNESTA TABS (<i>eszopiclone</i>)	7	QL(1 ea daily)
<i>midazolam hcl syrp</i>	3	
QUAZEPAM TABS (<i>quazepam</i>)	3	
RESTORIL CAPS 15 MG (<i>temazepam</i>)	7	QL(2 ea daily)
RESTORIL CAPS 30 MG, 22.5 MG (<i>temazepam</i>)	7	QL(1 ea daily)
RESTORIL CAPS 7.5 MG (<i>temazepam</i>)	7	
SONATA CAPS (<i>zaleplon</i>)	7	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam caps 15 mg</i>	1	QL(2 ea daily)
<i>temazepam caps 22.5 mg</i>	3	QL(1 ea daily)
<i>temazepam caps 30 mg</i>	1	QL(1 ea daily)
<i>temazepam caps 7.5 mg</i>	1	
<i>triazolam tabs 0.125 mg</i>	1	
<i>triazolam tabs 0.25 mg</i>	1	QL(1 ea daily)
<i>zaleplon caps</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbc or 12.5 mg, 6.25 mg</i>	3	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS (<i>suvorexant</i>)	2	ST; QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS (<i>tasimelteon</i>)	4	PA; ST
<i>ramelteon tabs</i>	3	ST; QL(1 ea daily)
ROZEREM TABS (<i>ramelteon</i>)	7	ST; QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(Bisacodyl-Peg 3350-Pot Chloride-Sod Bicarb-Sod Chloride) GAVILYTE-H, PEG-PREP KIT	7	QL(1 ea per fill retail); PV
(Peg 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR	7	QL(4000 ml per fill retail); PV
(Peg 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK, TRILYTE SOLR	7	PV

Drug Name	Drug Tier	Requirements/Limits
COLYTE-FLAVOR PACKS SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ml per fill retail); PV
GAVILYTE-C SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ml per fill retail); PV
GOLYTELY SOLR 227.1 GM-21.5 GM-5.53 GM-2.82 GM-6.36 GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	PA; QL(4000 ea per fill retail); PV
GOLYTELY SOLR 236 GM-22.74 GM-5.86 GM-2.97 GM-6.74 GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ml per fill retail); PV
MOVIPREP SOLR (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	5	PA; PV
NULYTELY/FLAVOR PACKS SOLR (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	7	QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	7	PV
PLENVU SOLR (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	5	PA; PV
PREPOPIK PACK (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	5	PA; PV

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

Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT SOLN (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN	1	
(Polyethylene Glycol 3350) CLEARLAX, TGT POWDERLAX, SMOOTH LAX, SM CLEARLAX, SB POLYETHYLENE GLYCOL 3350, QC NATURA-LAX, PEGYLAX, KLS LAXACLEAR, HM CLEARLAX, GOODSENSE CLEARLAX, GNP CLEARLAX, GLYCOLAX, GENTLELAX, GAVILAX, EQL CLEARLAX, EQ CLEARLAX, CVS PURELAX POWD	1	Limited to 510 Gm per month;QL(17.6 gm daily); RX/OTC
(Polyethylene Glycol 3350) RA LAXATIVE POWD 17 GM/SCOOP	1	Limited to 510 Gm per month;QL(17.6 gm daily); RX/OTC
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
MIRALAX POWD (<i>polyethylene glycol 3350</i>)	7	Limited to 510 Gm per month;QL(17.6 gm daily); RX/OTC
<i>polyethylene glycol 3350 powd</i>	1	Limited to 510 Gm per month;QL(17.6 gm daily); RX/OTC
Saline Laxatives		

Drug Name	Drug Tier	Requirements/ Limits
ORAL SALINE LAXATIVE SOLN (<i>sodium phosphates</i>)	2	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
OSMOPREP TABS (<i>sodium phosphate monobasic-sodium phosphate dibasic</i>)	5	PA
Stimulant Laxatives		

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

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, WOMENS LAXATIVE, WOMANS LAXATIVE, VERACOLATE, TGT WOMENS LAXATIVE, TGT GENTLE LAXATIVE, STIMULANT LAXATIVE, SM WOMANS LAXATIVE, SM GENTLE LAXATIVE, SB GENTLE LAXATIVE WOMENS, SB GENTLE LAX-WOMEN, SB BISACODYL LAXATIVE EC, RA WOMENS LAXATIVE, QC GENTLE LAXATIVE, PX LAXATIVE, LAXATIVE, KP BISACODYL, HM LAXATIVE, GOODSENSE WOMENS LAXATIVE, GOODSENSE BISACODYL EC, GNP WOMENS LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GNP LAXATIVE, GNP GENTLE LAXATIVE, GNP BISA-LAX, GENTLE LAXATIVE OVERNIGHTRELIEF, GENTLE LAXATIVE FOR WOMEN, GENTLE LAXATIVE, FEENAMINT, EX-LAX ULTRA, EQL WOMANS LAXATIVE, EQL LAXATIVE, EQL GENTLE LAXATIVE, EQ WOMENS LAXATIVE, EQ WOMANS LAXATIVE, EQ GENTLE LAXATIVE, DUCODYL, CVS GENTLE LAXATIVE WOMENS, CVS GENTLE LAXATIVE, CVS C-LAX LAXATIVE, CVS BISACODYL, CORRECTOL, CORRECT, BISACODYL EC TBEC	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) BISACODYL LAXATIVE, THE MAGIC BULLET, SM LAXATIVE, SB LAXATIVE, RA STIMULANT LAXATIVE, RA FAST RELIEF LAXATIVE, QC GENTLE LAXATIVE, LAXATIVE, HM LAXATIVE, GNP LAXATIVE, GNP GENTLE LAXATIVE, GENTLE LAXATIVE, CVS GENTLE LAXATIVE, CVS BISACODYL, BISCOLAX SUPP	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) RA LAXATIVE TBEC 5 MG	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 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
DULCOLAX SUPP (<i>bisacodyl</i>)	7	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX TBEC (<i>bisacodyl</i>)	7	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV

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

Drug Name	Drug Tier	Requirements/Limits
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK 1 GM (<i>azithromycin</i>)	2	
<i>azithromycin susr 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs 500 mg</i>	1	QL(3 ea daily)
<i>azithromycin tabs 600 mg</i>	1	QL(10 ea per fill retail)
ZITHROMAX PACK 1 GM (<i>azithromycin</i>)	2	
ZITHROMAX SUSR 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	7	
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 ea daily)
ZITHROMAX TABS 600 MG (<i>azithromycin</i>)	7	QL(10 ea per fill retail)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 ea daily)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
Clarithromycin		
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML (<i>clarithromycin</i>)	2	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1	

Drug Name	Drug Tier	Requirements/Limits
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS	1	
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	7	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
<i>erythromycin base cpep</i>	1	
<i>erythromycin base tabs</i>	1	
<i>erythromycin base tbec</i>	1	
ERYTHROMYCIN CPEP (<i>erythromycin base</i>)	2	
<i>erythromycin ethylsuccinate susr</i>	1	
<i>erythromycin ethylsuccinate tabs</i>	1	
Fidaxomicin		
DIFICID TABS (<i>fidaxomicin</i>)	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH (<i>diaphragm arc-spring</i>)	5	QL(1 ea per 365 days retail); PV
FC FEMALE CONDOM MISC (<i>condoms - female</i>)	5	PV
FC2 FEMALE CONDOM MISC (<i>condoms - female</i>)	5	PV
FEMCAP DEVI (<i>cervical caps</i>)	5	PV
OMNIFLEX DIAPHRAGM DPRH (<i>diaphragms</i>)	5	PV

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

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH (<i>diaphragm wide seal</i>)	5	PV
Diabetic Supplies		
ONETOUCH ULTRA 2 KIT (<i>blood glucose monitoring supplies</i>)	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT (<i>blood glucose monitoring supplies</i>)	2	QL(1 ea per 365 days retail); RX/OTC
Parenteral Therapy Supplies		

Drug Name	Drug Tier	Requirements/Limits
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM MISC (<i>insulin pen needle</i>)	2	
1ST TIER UNIFINE PENTIPS33GX4MM MISC (<i>insulin pen needle</i>)	2	
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM MISC (<i>insulin pen needle</i>)	2	
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
ABOUTTIME PEN NEEDLES 30GX 5/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES MISC (<i>insulin pen needle</i>)	2	
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
AURORA PEN NEEDLES 31G X8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
BD ECLIPSE NEEDLE 30G X1/2" MISC (<i>needle (disp)</i> 30 g)	2	
BD NEEDLE/30G X 1/2" MISC (<i>needle (disp)</i> 30 g)	2	
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC (<i>insulin pen needle</i>)	2	
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CAREFINE PEN NEEDLES 29GX1/2" MISC (<i>insulin pen needle</i>)	2	RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
CAREFINE PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC (<i>insulin pen needle</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH PEN NEEDLES 31GX 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM MISC (<i>insulin pen needle</i>)	2	
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC (<i>insulin pen needle</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC (<i>insulin pen needle</i>)	2	
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM MISC (<i>insulin pen needle</i>)	2	
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM MISC (<i>insulin pen needle</i>)	2	
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;Q L(6.67 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
COMFORT EZ SHORT/31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
COMFORT EZ/31G X 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
COMFORT EZ/31G X 6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
DROPLET PEN NEEDLES 30G X 5/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
DROPLET PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC (<i>insulin pen needle</i>)	2	
DROPLET PEN NEEDLES 32G X 3/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC
DROPLET PEN NEEDLES 32G X 5/16" MISC (<i>insulin pen needle</i>)	2	
DROPLET PEN NEEDLES 32GX5MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC (<i>insulin pen needle</i>)	2	
DROPLET PEN NEEDLES 32GX8MM MISC (<i>insulin pen needle</i>)	2	
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNIFINE PENTIPS31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM MISC (<i>insulin pen needle</i>)	2	
EASY GLIDE PEN NEEDLES 33G X 5/32" MISC (<i>insulin pen needle</i>)	2	
EASY TOUCH 32GX5MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
EASY TOUCH 32GX6MM MISC (<i>insulin pen needle</i>)	2	
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" MISC (<i>needle (disp)</i> 30 g)	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" MISC (<i>needle (disp)</i> 30 g)	2	
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLES 29GX1/2" MISC (<i>insulin pen needle</i>)	2	RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC (<i>insulin pen needle</i>)	2	
EASY TOUCH PEN NEEDLES 32GX3/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC (insulin pen needle)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC (insulin pen needle)	2	
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC (insulin pen needle)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC (insulin pen needle)	2	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC (insulin pen needle)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" MISC (insulin syringe/needle u-100)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC (insulin syringe/needle u-100)	2	Limit 200 per month;QL(6.67 ea daily)
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC (insulin pen needle)	2	RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC (insulin pen needle)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC (insulin pen needle)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC (insulin pen needle)	2	
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC (insulin pen needle)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC (insulin pen needle)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
HYPODERMIC NEEDLE 30GX1/2" MISC (<i>needle (disp)</i> 30 g)	2	
INSULIN SYRINGES AND PEN NEEDLES	2	
INSUPEN 29G X 12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
INSUPEN 31G X 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
INSUPEN 33GX4MM MISC (<i>insulin pen needle</i>)	2	
INSUPEN SENSITIVE 32GX6MM MISC (<i>insulin pen needle</i>)	2	
INSUPEN SENSITIVE 32GX8MM MISC (<i>insulin pen needle</i>)	2	
INSUPEN ULTRAFIN 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN ULTRAFIN 30GX8MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
INSUPEN ULTRAFIN 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
KROGER PEN NEEDLES 29G X12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
KROGER PEN NEEDLES/31G X1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
KROGER PEN NEEDLES/31G X3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
KROGER PEN NEEDLES/33G X5/32" MISC (<i>insulin pen needle</i>)	2	
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 29GX12.7MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC (<i>insulin pen needle</i>)	2	RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
MARATHON MEDICAL PENTIPS31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
MEIJER PEN NEEDLES 31G X8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
MICRODOT PEN NEEDLE/33G X 4 MM MISC (<i>insulin pen needle</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
MM PEN NEEDLES 31G X 1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
MM PEN NEEDLES 31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
NOVOFINE 32GX6MM MISC (<i>insulin pen needle</i>)	2	
NOVOFINE AUTOCOVER 30GX8MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
NOVOTWIST 32GX5MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC (<i>insulin pen needle</i>)	2	RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC (<i>insulin pen needle</i>)	2	RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PEN NEEDLES 29GX1/2" MISC (<i>insulin pen needle</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 30GX5/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC
PEN NEEDLES 30GX8MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC (<i>insulin pen needle</i>)	2	RX/OTC
PEN NEEDLES 31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC (<i>insulin pen needle</i>)	2	RX/OTC
PEN NEEDLES 31GX8MM (5/16") MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 32G X 5MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PEN NEEDLES 32G X 6MM MISC (<i>insulin pen needle</i>)	2	
PEN NEEDLES 33G X 5/32" MISC (<i>insulin pen needle</i>)	2	
PEN NEEDLES/29G X 1/2" MISC (<i>insulin pen needle</i>)	2	RX/OTC
PEN NEEDLES/31G X 1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
PEN NEEDLES/31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PEN NEEDLES/31G X 5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PENTIPS 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PENTIPS 31G X 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
PENTIPS 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
PENTIPS 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PENTIPS 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
POLY HUB NEEDLE/30G X 1/2" MISC (<i>needle (disp) 30 g</i>)	2	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC (<i>insulin pen needle</i>)	2	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC (<i>insulin pen needle</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT PEN NEEDLES/32G X 6MM MISC (<i>insulin pen needle</i>)	2	
PURE COMFORT PEN NEEDLE 32G X6MM MISC (<i>insulin pen needle</i>)	2	
PURE COMFORT PEN NEEDLE 32G X8MM MISC (<i>insulin pen needle</i>)	2	
PURE COMFORT PEN NEEDLE/32G X 5MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PX MINI PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
PX PEN NEEDLE 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
QC PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
QC PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month; QL(6.67 ea daily)
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month; QL(6.67 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
RELION PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
RELION PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
RELION PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION PEN NEEDLES/31G X1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC (<i>insulin pen needle</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC (insulin pen needle)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC (insulin pen needle)	2	
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC (insulin pen needle)	2	RX/OTC
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC (insulin pen needle)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64" MISC (insulin syringe/needle u-100)	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC (insulin syringe/needle u-100)	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC (insulin pen needle)	2	RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC (insulin pen needle)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES/31GX 5MM MISC (insulin pen needle)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC (insulin pen needle)	2	RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC (insulin pen needle)	2	
TECHLITE PEN NEEDLES/32GX 8MM MISC (insulin pen needle)	2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC (insulin pen needle)	2	RX/OTC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC (insulin pen needle)	2	RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" MISC (insulin pen needle)	2	RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC (insulin pen needle)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PEN NEEDLES 31G X 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES 31G X 6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
TRUEPLUS PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC (<i>insulin pen needle</i>)	2	
ULTICARE MINI PEN NEEDLES 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE PEN NEEDLES/29GX 12.7MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAIN MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC (<i>insulin pen needle</i>)	2	
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTAIN MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTILET INSULIN SYRINGE 31X6MM MISC (<i>insulin syringe/needle u-100</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTILET PEN NEEDLE 29GX12.7MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTILET PEN NEEDLE 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 1/4" MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE PEN NEEDLES/31G X 5/16" MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC (<i>insulin pen needle</i>)	2	
ULTRACARE PEN NEEDLES/32G X 3/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32" MISC (<i>insulin pen needle</i>)	2	
UNIFINE PENTIPS 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
UNIFINE PENTIPS 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC (<i>insulin pen needle</i>)	2	
UNIFINE PENTIPS 33GX4MM MISC (<i>insulin pen needle</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS PLUS 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 33GX 5/32" MISC (<i>insulin pen needle</i>)	2	
UNIFINE PENTIPS PLUS 33GX4MM MISC (<i>insulin pen needle</i>)	2	
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" MISC (<i>insulin pen needle</i>)	2	RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth;QL(6.67 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNIFINE PENTIPSSHORT 29GX12MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC (<i>insulin pen needle</i>)	2	Limited to 200 without prior auth; QL(6.67 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
Respiratory Therapy Supplies		
AEROCHAMBER MINI AEROSOLCHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER MV MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
ARIAL CHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
BREATHE EASE/LARGE MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHE EASE/MEDIUM MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHE EASE/SMALL MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHERITE COLLAPSIBLEADULT SPACER W/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHERITE COLLAPSIBLECHILD SPACER W/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHERITE COLLAPSIBLEINFANT SPACER W/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHERITE COLLAPSIBLESMALL CHILD SPACER W/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHERITE COLLAPSIBLESPACER W/ NEONATE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHERITE MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHERITE RIGID SPACERW/MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BREATHERITE W/LARGE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHERITE W/MEDIUM MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
BREATHERITE W/SMALL MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
COMPACT SPACE CHAMBER/ANTI-STATIC DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
EASIVENT MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
EASIVENT/MASK-LARGE MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
EASIVENT/MASK-MEDIUM MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
EASIVENT/MASK-SMALL MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
FLEXICHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
INSPIRACHAMBER/ANTI-STATIC VALVED/MOUTHPIECE DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
INSPIRACHAMBER/LARGE DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSPIRACHAMBER/SOOTH HERMASK/INSPIRAMASK /MEDIUM DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
INSPIRACHAMBER/SOOTH HERMASK/INSPIRAMASK /SMALL DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
INSPIREASE DRUG DELIVERY SYSTEM MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
LITEAIRE DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
MICROCHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
MICROCHAMBER MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
MICROSPACER MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTICHAMBER DIAMOND MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTICHAMBER FACE MASK/LARGE MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTICHAMBER FACE MASK/MEDIUM MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTICHAMBER FACE MASK/SMALL MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTIHALER MDI DRUG DELIVERY SYSTEM DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
OPTIHALER MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
POCKET CHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
POCKET SPACER DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER ADULT MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT INHALER SPACER CHAMBER CHILD MISC (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
PROCARE SPACER CHAMBER W/ADULT MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
PROCARE SPACER CHAMBER W/CHILD MASK DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
RITEFLO DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
VALVED HOLDING CHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
WATCHHALER DEVI (<i>spacer/aerosol-holding chambers</i>)	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ 140 MG/ML (<i>erenumab-aooe</i>)	2	PA; ST
AIMOVIG SOAJ 70 MG/ML (<i>erenumab-aooe</i>)	2	PA; ST;LA
AJOVY SOAJ (<i>fremanezumab-vfrm</i>)	2	PA

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

Drug Name	Drug Tier	Requirements/ Limits
AJOVY SOSY (<i>fremanezumab-vfrm</i>)	2	PA; ST
Migraine Combinations		
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	
<i>ergotamine w/ caffeine tabs</i>	1	
MIGERGOT SUPP (<i>ergotamine w/ caffeine</i>)	2	
Migraine Products		
D.H.E. 45 SOLN (<i>dihydroergotamine mesylate</i>)	7	PA
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	4	PA
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	3	QL(0.27 ml daily)
ERGOMAR SUBL (<i>ergotamine tartrate</i>)	2	
MIGRANAL SOLN (<i>dihydroergotamine mesylate</i>)	7	QL(0.27 ml daily)
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	Limit 6 per month;QL(0.2 ea daily)
AMERGE TABS (<i>naratriptan hcl</i>)	7	Limit 9 per month;QL(0.3 ea daily)
AXERT TABS (<i>almotriptan malate</i>)	7	Limit 6 per month;QL(0.2 ea daily)
<i>eletriptan hydrobromide tabs</i>	3	Limit 6 per month;QL(0.2 ea daily)
FROVA TABS (<i>frovatriptan succinate</i>)	7	Limit 9 per month;QL(0.3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>frovatriptan succinate tabs</i>	3	Limit 9 per month;QL(0.3 ea daily)
IMITREX SOLN NA 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month;QL(2 ea daily)
IMITREX SOLN NA 5 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 per month;QL(0.2 ea daily)
IMITREX SOLN SC 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA; ST;QL(2 ml per 30 days retail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA; ST
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA; Limit 2 per fill, 4 per month;QL(0.14 ml daily,2 ml per fill retail)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (<i>sumatriptan succinate</i>)	7	Limit 9 per month;QL(2 ea daily)
MAXALT TABS (<i>rizatriptan benzoate</i>)	7	Limit 18 tabs per month;QL(0.6 ea daily)
MAXALT-MLT TBDP (<i>rizatriptan benzoate</i>)	7	Limit 12 per month;QL(0.4 ea daily)
<i>naratriptan hcl tabs</i>	1	Limit 9 per month;QL(0.3 ea daily)
RELPAK TABS (<i>eletriptan hydrobromide</i>)	7	Limit 6 per month;QL(0.2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate tabs 5 mg, 10 mg</i>	1	Limit 18 tabs per month;QL(0.6 ea daily)
<i>rizatriptan benzoate tbdp 5 mg, 10 mg</i>	1	Limit 12 per month;QL(0.4 ea daily)
<i>sumatriptan soln 20 mg/act</i>	1	Limit 6 sprayers per month;QL(2 ea daily)
<i>sumatriptan soln 5 mg/act</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml</i>	4	PA
<i>sumatriptan succinate soaj sc 6 mg/0.5ml</i>	4	PA; Limit 2 per fill, 4 per month;QL(0.14 ml daily,2 ml per fill retail)
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	4	PA; ST
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	4	PA
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	4	PA; ST;QL(2 ml per 30 days retail)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML (<i>sumatriptan succinate</i>)	4	PA
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	Limit 9 per month;QL(2 ea daily)
<i>zolmitriptan tabs</i>	3	Limit 6 per month;QL(0.2 ea daily)
<i>zolmitriptan tbdp</i>	3	Limit 6 per month;QL(0.2 ea daily)
ZOMIG SOLN NA 5 MG, 2.5 MG (<i>zolmitriptan</i>)	3	Limit 6 per month;QL(0.2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG TABS OR 5 MG, 2.5 MG (<i>zolmitriptan</i>)	7	Limit 6 per month;QL(0.2 ea daily)
ZOMIG ZMT TBDP (<i>zolmitriptan</i>)	7	Limit 6 per month;QL(0.2 ea daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL WAFR (<i>calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium</i>)	3	
CALCIUM-FOLIC ACID PLUS D WAFR (<i>calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium</i>)	3	
Fluoride		
(Sodium Fluoride) FLUORITAB, NAFRINSE DROPS SOLN	1	AL(Up to 6 yrs old); PV
(Sodium Fluoride) FLUORITAB, NAFRINSE, LUDENT CHEW	1	AL(Up to 6 yrs old); PV
FLORIVA LIQD (<i>sodium fluoride-vitamin d</i>)	3	
FLUORABON SOLN (<i>sodium fluoride</i>)	2	AL(Up to 6 yrs old); PV
FLURA-DROPS SOLN (<i>sodium fluoride</i>)	2	AL(Up to 6 yrs old); PV
<i>sodium fluoride chew</i>	1	AL(Up to 6 yrs old); PV
<i>sodium fluoride soln</i>	1	AL(Up to 6 yrs old); PV
<i>sodium fluoride tabs</i>	1	AL(Up to 6 yrs old); PV
Iodine Products		
IODINE STRONG SOLN (<i>iodine strong (lugol's)</i>)	3	
Magnesium		
MAGNEBIND 400 TABS (<i>magnesium-calcium-folic acid</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) AV-PHOS 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, PHOSPHA 250 NEUTRAL TABS	1	
K-PHOS NEUTRAL TABS <i>(pot phosphate monobasic w/ sod phosphate dibasic & monobasic)</i>	7	
K-PHOS TABS <i>(potassium phosphate monobasic)</i>	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs</i>	1	
Potassium		
(Potassium Bicarb & Chloride) EFFERVESCENT POT CHLORIDE TBEF	1	
(Potassium Bicarbonate) EFFER-K TBEF 25 MEQ	1	
(Potassium Bicarbonate) K-EFFERVESCENT, KLOR-CON/EF, K-VESCENT, K-PRIME TBEF	1	
(Potassium Chloride Microencapsulated Crystals Er) KLOR-CON M10, KLOR-CON M20 TBCR	1	
(Potassium Chloride) K-SOL SOLN	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR	1	
(Potassium Chloride) KLOR-CON PACK	1	

Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride) KLOR-CON SPRINKLE CPCR	1	
EFFER-K TBEF 1 GM-0.84 GM, 2 GM-1.68 GM <i>(potassium bicarbonate-citric acid)</i>	3	
EFFERVESCENT POTASSIUM/CHLORIDE TBEF <i>(potassium bicarb & chloride)</i>	2	
K-TAB TBCR 10 MEQ, 20 MEQ <i>(potassium chloride)</i>	7	
K-TAB TBCR 8 MEQ <i>(potassium chloride)</i>	2	
KLOR-CON M15 TBCR <i>(potassium chloride microencapsulated crystals er)</i>	2	
<i>potassium bicarbonate tbeF</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR <i>(potassium chloride)</i>	2	
<i>potassium chloride microencapsulated crystals er tbcR</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln or 10 %, 20 %</i>	1	
<i>potassium chloride tbcR or 20 meq</i>	3	
<i>potassium chloride tbcR or 8 meq, 10 meq</i>	1	
Zinc		
GALZIN CAPS <i>(zinc acetate (oral))</i>	3	

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

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
(Trientine Hcl) CLOVIQUE CAPS	4	PA
CUPRIMINE CAPS (<i>penicillamine</i>)	7	PA
D-PENAMINE TABS (<i>penicillamine</i>)	2	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	7	
<i>penicillamine caps</i>	4	PA
<i>penicillamine tabs</i>	1	
SYPRINE CAPS (<i>trientine hcl</i>)	7	PA
<i>trientine hcl caps</i>	4	PA
Immunomodulators		
REVLIMID CAPS (<i>lenalidomide</i>)	4	PA; AC
THALOMID CAPS (<i>thalidomide</i>)	3	AC
Immunosuppressive Agents		
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24 (<i>tacrolimus</i>)	3	PA
AZASAN TABS (<i>azathioprine</i>)	3	
<i>azathioprine tabs</i>	1	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	7	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	7	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>everolimus (immunosuppressant) tabs</i>	1	
IMURAN TABS (<i>azathioprine</i>)	7	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil susr</i>	1	
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate sodium tbec</i>	3	
MYFORTIC TBEC (<i>mycophenolate sodium</i>)	7	
NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7	
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7	
PROGRAF CAPS 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	7	
PROGRAF PACK 0.2 MG, 1 MG (<i>tacrolimus</i>)	4	PA
RAPAMUNE SOLN (<i>sirolimus</i>)	7	
RAPAMUNE TABS (<i>sirolimus</i>)	7	

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

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPS 25 MG, 100 MG (<i>cyclosporine</i>)	7	
SANDIMMUNE SOLN 100 MG/ML (<i>cyclosporine</i>)	2	
<i>sirolimus soln</i>	3	
<i>sirolimus tabs</i>	3	
<i>tacrolimus caps</i>	1	
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG (<i>everolimus immunosuppressant</i>)	7	
ZORTRESS TABS 1 MG (<i>everolimus immunosuppressant</i>)	2	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX POWD	1	
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP	1	
LOKELMA PACK (<i>sodium zirconium cyclosilicate</i>)	3	ST
<i>sodium polystyrene sulfonate powd or</i>	1	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate susp re 30 gm/120ml, 50 gm/200ml</i>	3	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ (<i>belimumab</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SOSY (<i>belimumab</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM SUSP (<i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i>)	3	
<i>lidocaine hcl (mouth-throat) soln</i>	1	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	1	
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
ORAVIG TABS (<i>miconazole (mouth-throat)</i>)	3	
Dental Products		
(Sodium Fluoride (Dental)) NEUTRAL SODIUM FLUORIDE SOLN	3	
PREVIDENT RINSE SOLN (<i>sodium fluoride (dental)</i>)	7	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE PSTE	1	
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	3	QL(3 ea daily)
EVOXAC CAPS (<i>cevimeline hcl</i>)	7	QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
MUCOTROL WAFR (<i>oral wound care products</i>)	3	
<i>pilocarpine hcl (oral) tabs 5 mg</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) tabs 7.5 mg</i>	1	QL(4 ea daily)
SALAGEN TABS 5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(6 ea daily)
SALAGEN TABS 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 ea daily)
MULTIVITAMINS		
Multiple Vitamins w/ Minerals		
ONEVITE TABS (<i>multiple vitamins w/ minerals & folic acid</i>)	3	
THRIVITE 19 TABS (<i>multiple vitamins w/ minerals & folic acid</i>)	3	
UDAMIN SP TABS (<i>multiple vitamins w/ minerals & folic acid</i>)	3	
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/FI) MULTI-VIT/FLUORIDE, MULTIVITAMIN WITH FLUORIDE, MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old)
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MVC-FLUORIDE, MULTIVITAMINS/FLUORIDE CHEW	1	AL(Up to 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 15 UNIT-1 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-1.05 MG-60 MG, 15 UNIT-0.5 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-1.05 MG-60 MG, 15 UNIT-0.25 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-1.05 MG-60 MG	1	AL(Up to 6 yrs old)
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML-5 UNIT/ML-0.6 MG/ML-8 MG/ML-1500 UNIT/ML-2 MCG/ML-400 UNIT/ML-0.5 MG/ML-0.4 MG/ML-35 MG/ML, 0.5 MG/ML-5 UNIT/ML-0.6 MG/ML-8 MG/ML-1500 UNIT/ML-2 MCG/ML-400 UNIT/ML-0.5 MG/ML-0.4 MG/ML-35 MG/ML	1	AL(Up to 6 yrs old)
(Pediatric Vitamins Acid W/ Fluoride) TRI-VIT/FLUORIDE, VITAMINS A/C/D/FLUORIDE, TRI-VITE/FLUORIDE, TRI-VITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old)
FLORIVA PLUS SOLN (<i>pediatric multivitamins w/fl</i>)	2	AL(Up to 6 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN/FLUORID E CHEW 0.25 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-15 UNIT-1.05 MG-60 MG, 0.5 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-15 UNIT-1.05 MG-60 MG, 1 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-15 UNIT-1.05 MG-60 MG, 2500 UNIT-1 MG-15 UNIT-400 UNIT-1.2 MG-4.5 MCG-1.05 MG-13.5 MG-1.05 MG-300 MCG-60 MG, 2500 UNIT-0.5 MG-15 UNIT-400 UNIT-1.2 MG-4.5 MCG-1.05 MG-13.5 MG-1.05 MG-300 MCG-60 MG (<i>pediatric multivitamins w/fl</i>)	2	AL(Up to 6 yrs old)
<i>pediatric vitamins acid w/ fluoride soln</i>	1	AL(Up to 6 yrs old)
POLY-VI-FLOR CHEW 200 MCG-1 MG-15 UNIT-400 UNIT, 200 MCG-0.5 MG-15 UNIT-400 UNIT, 200 MCG-0.25 MG-15 UNIT-400 UNIT (<i>pediatric multivitamins w/fl</i>)	3	AL(Up to 6 yrs old)
POLY-VI-FLOR SUSP 200 MCG/ML-0.25 MG/ML (<i>pediatric multivitamins w/fl</i>)	3	
QUFLORA PEDIATRIC CHEW (<i>pediatric multivitamins w/fl</i>)	2	AL(Up to 6 yrs old)
QUFLORA PEDIATRIC SOLN (<i>pediatric multivitamins w/fl</i>)	2	AL(Up to 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TRI-VI-FLOR SUSP (<i>pediatric vitamins acid & l-methylfolate w/ fluoride</i>)	3	
TRI-VI-FLORO SUSP (<i>pediatric vitamins acid & l-methylfolate w/ fluoride</i>)	3	
Ped Multi Vitamins w/Fl & FE		
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORID E/IRON, MULTI-VITAMIN/FLUORIDE/IRON SOLN	1	
(Pediatric Vitamins Acid Fluoride & Iron) TRI-VIT/FLUORIDE/IRON SOLN	1	AL(Up to 6 yrs old)
ESCAVITE D CHEW (<i>ped multivitamins w/fl & iron</i>)	3	
POLY-VI-FLOR/IRON CHEW 200 MCG-0.5 MG-10 MG-15 UNIT-400 UNIT (<i>ped multivitamins w/fl & iron</i>)	3	AL(Up to 6 yrs old)
POLY-VI-FLOR/IRON SUSP 200 MCG/ML-7 MG/ML-0.25 MG/ML (<i>ped multivitamins w/fl & iron</i>)	3	
QUFLORA FE PEDIATRIC LIQD (<i>ped multivitamins w/fl & iron</i>)	2	AL(Up to 6 yrs old)
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA CHEW (<i>pediatric multiple vitamins & minerals w/ fluoride</i>)	3	
Prenatal Vitamins		

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

Drug Name	Drug Tier	Requirements/ Limits
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
ATABEX EC TBEC (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	2	
C-NATE DHA CAPS (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
CITRANATAL 90 DHA MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	
CITRANATAL ASSURE MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	
CITRANATAL B-CALM MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6</i>)	3	
CITRANATAL BLOOM DHA MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	
CITRANATAL BLOOM TABS (<i>prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid</i>)	3	
CITRANATAL HARMONY CAPS (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i>)	3	
CITRANATAL MEDLEY CAPS (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</i>)	3	
CITRANATAL RX TABS (<i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
COMPLETENATE CHEW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	
CONCEPT DHA CAPS (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>)	2	
CONCEPT OB CAPS (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>)	2	
CVS WOMENS PRENATAL+DHA MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	3	
DOTHELLE DHA CAPS (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>)	2	
DUET DHA 400 MISC (<i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i>)	3	
DUET DHA BALANCED MISC (<i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i>)	3	
ENBRACE HR CAPS (<i>prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids</i>)	3	
FOLET DHA THPK (<i>prenatal vit w/fe carbonyl-fe bisglyc-methylfol-dss & dha</i>)	3	
FOLIVANE-OB CAPS (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>)	2	
HEMENATAL OB + DHA MISC (<i>prenatal vit w/ fe poly cmplx-fe heme polypept-fa & omega 3</i>)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
HEMENATAL OB TABS (<i>prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa</i>)	3	
INFANATE BALANCE CAPS (<i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i>)	3	
MARNATAL-F CAPS (<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>)	2	
MYNATAL ADVANCE TABS (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	2	
MYNATAL ULTRACAPLET TABS (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	2	
MYNATE 90 PLUS TBCR (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	2	
NATACHEW CHEW (<i>prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid</i>)	3	
NATELLE ONE CAPS (<i>prenatal without vit a w/ fe fum-fa-omega fatty acids</i>)	3	
NEEVO DHA CAPS (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>)	3	
NESTABS ABC MISC (<i>prenatal mv & min w/o vit a w/fe polysac cmplx-fa-ca-omega 3</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
NESTABS DHA MISC (<i>prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3</i>)	2	
NESTABS ONE CAPS (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha</i>)	3	
NESTABS TABS (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>)	3	
NEXA PLUS CAPS (<i>prenatal w/o vit a w/fe fumarate-docusate ca-folic acid-dha</i>)	3	
OB COMPLETE ONE CAPS (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil</i>)	3	
OB COMPLETE PETITE CAPS (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3</i>)	3	
OB COMPLETE PREMIER TABS (<i>prenatal vit w/ iron carbonyl-fe aspart glycinate-fa</i>)	3	
OB COMPLETE/DHA CAPS (<i>prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid</i>)	3	
OBSTETRIX DHA MISC (<i>prenatal w/fe carbonyl-fa-dss-omega 3 fatty acids</i>)	2	RX/OTC
OBTREX DHA MISC (<i>prenatal w/fe carbonyl-fa-dss-omega 3 fatty acids</i>)	2	RX/OTC
PNV TABS 29-1 TABS (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
PNV-DHA CAPS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
PNV-DHA+DOCUSATE CAPS (<i>prenatal w/o vit a w/ fe fumarate-dss- fa-dha</i>)	3	
PNV-OMEGA CAPS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>)	3	
PNV-SELECT TABS (<i>prenatal vit w/ ferrous fumarate-l methylfolate- folic acid</i>)	3	
PR NATAL 400 EC MISC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa- ca-omega 3</i>)	2	
PR NATAL 430 EC MISC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa- ca-omega 3</i>)	2	
PR NATAL 430 MISC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa- ca-omega 3</i>)	2	
PREMESISRX TABS (<i>prenatal w/ calcium-vit b6-vit b12-folic acid- ginger</i>)	3	
PRENA 1 TRUE MISC (<i>prenatal without a w/ fe amino acid chelate- fa-dha</i>)	2	
PRENA1 PEARL CPCR (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
PRENAISSANCE CAPS (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>)	3	
PRENAISSANCE PLUS CAPS (<i>prenatal w/o vit a w/ fe carbonyl-dss-fa- dha</i>)	3	
PRENATA CHEW (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	2	
PRENATABS RX TABS (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	2	
PRENATAL + DHA THPK (<i>prenatal w/o vit a w/ ferrous fumarate-folic acid-dha</i>)	3	
PRENATAL 19 CHEW 30 UNIT-1000 UNIT-20 MG-3 MG-200 MG-29 MG-7 MG- 15 MG-3 MG-12 MCG-400 UNIT-1 MG-20 MG-100 MG, 1000 UNIT-400 UNIT- 20 MG-25 MG-3 MG-200 MG-29 MG-7 MG-6 MG-3 MG-12 MCG-1 MG-30 UNIT-20 MG-100 MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	
PRENATAL 19 TABS 1000 UNIT-30 UNIT-20 MG-25 MG-3 MG-200 MG-29 MG- 15 MG-3 MG-7 MG-12 MCG-400 UNIT-20 MG-1 MG-100 MG, 30 UNIT- 1000 UNIT-20 MG-25 MG- 3 MG-200 MG-29 MG-7 MG-15 MG-3 MG-12 MCG- 400 UNIT-1 MG-20 MG- 100 MG (<i>prenatal vit w/ docusate-fe fumarate- folic acid</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL MULTIVITAMIN PLUS DHA MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	3	
PRENATAL PLUS IRON TABS (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	2	
PRENATAL+DHA MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	3	
PRENATAL-U CAPS (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	2	
PRENATE AM TABS (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>)	3	
PRENATE CHEW (<i>prenatal multivitamins & minerals w/ l-methylfolate-fa</i>)	3	
PRENATE DHA CAPS (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>)	3	
PRENATE ENHANCE CAPS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
PRENATE ESSENTIAL CAPS (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>)	3	
PRENATE MINI CAPS (<i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha</i>)	3	
PRENATE PIXIE CAPS (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
PRENATE RESTORE CAPS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
PROVIDA OB CAPS (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>)	2	
R-NATAL OB CAPS (<i>prenatal w/o vit a w/ fe carbonyl-folic acid-dha</i>)	3	
RELNATE DHA CAPS (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
SE-NATAL 19 CHEW 30 UNIT-1000 UNIT-100 MG-20 MG-3 MG-200 MG-29 MG-7 MG-15 MG-3 MG-12 MCG-400 UNIT-1 MG-20 MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	
SE-NATAL 19 TABS 30 UNIT-1000 UNIT-20 MG-25 MG-200 MG-29 MG-7 MG-15 MG-3 MG-12 MCG-400 UNIT-3 MG-20 MG-1 MG-100 MG (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	3	
SELECT-OB CHEW 0.6 MG-29 MG-30 UNIT-15 MG-25 MG-1700 UNIT-15 MG-1.8 MG-5 MCG-400 UNIT-1.6 MG-0.4 MG-2.5 MG-60 MG (<i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i>)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
SELECT-OB CHEW 1700 UNIT-29 MG-30 UNIT-15 MG-25 MG-1.6 MG-15 MG-1.8 MG-5 MCG-400 UNIT-1 MG-2.5 MG-60 MG <i>(prenatal vit w/ iron polysaccharide complex-folic acid)</i>	3	
SELECT-OB+DHA MISC <i>(prenatal mv & min w/fe polysaccharide complex-fa-dha)</i>	3	
TARON-C DHA CAPS <i>(prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)</i>	2	
TARON-PREX CAPS <i>(prenatal w/o vit a w/ fe fumarate-dss-fa-dha)</i>	3	
THRIVITE RX TABS <i>(prenatal vit w/ iron carbonyl-folic acid)</i>	2	
TL-CARE DHA CAPS <i>(prenatal w/fe fumarate-fa-dss-fish oil)</i>	3	
TL-SELECT CAPS <i>(prenatal w/o vit a w/ fe fumarate-dss-fa-dha)</i>	3	
TRI-TABS DHA MISC <i>(prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3)</i>	2	
TRICARE PRENATAL DHA ONE CAPS <i>(prenatal w/fe fumarate-fa-dss-fish oil)</i>	3	
TRINATAL RX 1 TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	2	
TRISTART DHA CAPS <i>(prenatal without a w/ fe carbonyl-l methylfolate-fa-dha)</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
TRISTART ONE CAPS <i>(prenatal without a w/ fe carbonyl-l methylfolate-fa-dha)</i>	3	
VIL-RX TABS <i>(prenatal vit w/ iron carbonyl-folic acid)</i>	2	
VINATE DHA RF CAPS <i>(prenatal without vit a w/ fe fumarate-l methylfolate-omegas)</i>	3	
VINATE ONE TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	2	
VIRT-C DHA CAPS <i>(prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)</i>	2	
VIRT-NATE DHA CAPS <i>(prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)</i>	3	
VIRT-PN DHA CAPS <i>(prenatal without a w/ fe fumarate-l methylfolate-fa-dha)</i>	3	
VIRT-PN PLUS CAPS <i>(prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)</i>	3	
VIRT-PN TABS <i>(prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)</i>	3	

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

Drug Name	Drug Tier	Requirements/ Limits
VITAFOL FE+ CPPK 415 MG-0.6 MG-90 MG-20 UNIT-150 MCG-1100 UNIT-200 MG-2 MG-25 MG-20 MG-50 MG-15 MG-1.8 MG-25 MCG-1000 UNIT-1.6 MG-0.4 MG-2.5 MG-60 MG (<i>prenatal vit w/ fe polysacch complex-l methylfol-fa-dha-dss</i>)	3	
VITAFOL GUMMIES CHEW (<i>prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids</i>)	3	
VITAFOL-NANO TABS (<i>prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid</i>)	3	
VITAFOL-ONE CAPS (<i>prenatal mv & min w/fe polysaccharide complex-fa-dha</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC CAPS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
VITAPEARL CPR (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>)	3	
VITATRUE MISC (<i>prenatal without a w/ fe amino acid chelate-fa-dha</i>)	2	
VIVA DHA CAPS (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
VOL-TAB RX TABS (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
VP-HEME OB + DHA MISC (<i>prenatal vit w/ fe poly cmplx-fe heme polypept-fa & omega 3</i>)	2	
VP-HEME OB TABS (<i>prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa</i>)	3	
VP-PNV-DHA CAPS (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
WEGMANS COMPLETE PRENATAL+DHA MISC (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	3	
ZATEAN-PN DHA CAPS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
ZATEAN-PN PLUS CAPS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>)	3	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Metaxalone) METAXALL TABS	3	QL(4 ea daily)
<i>baclofen tabs 10 mg</i>	1	QL(6 ea daily)
<i>baclofen tabs 20 mg</i>	1	QL(4 ea daily)
BACLOFEN TABS 5 MG (<i>baclofen</i>)	2	
<i>carisoprodol tabs 250 mg</i>	3	
<i>carisoprodol tabs 350 mg</i>	1	
<i>chlorzoxazone tabs 500 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg</i>	1	
<i>metaxalone tabs</i>	3	QL(4 ea daily)
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate tb12</i>	1	
ROBAXIN TABS (<i>methocarbamol</i>)	7	
ROBAXIN-750 TABS (<i>methocarbamol</i>)	7	
SKELAXIN TABS (<i>metaxalone</i>)	7	QL(4 ea daily)
SOMA TABS (<i>carisoprodol</i>)	7	
<i>tizanidine hcl caps 2 mg, 4 mg, 6 mg</i>	3	
<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	QL(9 ea daily)
ZANAFLEX CAPS 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	7	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>dantrolene sodium</i>)	7	
<i>dantrolene sodium caps</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	3	
<i>carisoprodol w/ aspirin tabs</i>	1	
CARISOPRODOL/ASPIRIN TABS (<i>carisoprodol w/ aspirin</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
CARISOPRODOL/ASPIRIN/CODEINE TABS (<i>carisoprodol w/ aspirin & codeine</i>)	3	
<i>orphenadrine w/ aspirin & caff tabs</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate susp</i>	3	Limit 1 bottle per month;QL(0.77 gm daily)
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	7	Limit 1 bottle per month;QL(0.77 gm daily)
Nasal Anti-infectives		
BACTROBAN NASAL OINT (<i>mupirocin calcium</i>)	2	
Nasal Antiallergy		
ASTEPRO SOLN (<i>azelastine hcl</i>)	7	Limit 1 bottle per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.1 %, 137 mcg/spray</i>	1	Limit 1 inhaler per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.15 %</i>	1	Limit 1 bottle per month;QL(1.2 ml daily)
<i>olopatadine hcl (nasal) soln</i>	3	
PATANASE SOLN (<i>olopatadine hcl (nasal)</i>)	7	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	1	
Nasal Steroids		

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

Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR SUSP 50 MCG/ACT	1	Limit 2 inhalers per month;QL(1.07 ml daily); RX/OTC
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY, QC FLUTICASONE PROPIONATE, QC ALLERGY RELIEF, KP FLUTICASONE PROPIONATE, KLS ALLER-FLO, HM ALLERGY RELIEF NASAL SPRAY 24HR, GNP FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, EQL FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CLARISPRAY SUSP	1	Limit 2 inhalers per month;QL(1.07 ml daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR AERO 55 MCG/ACT	1	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) CVS NASAL ALLERGY SPRAY, RA NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR MULTI-SYMPDOM, NASAL ALLERGY 24 HOUR, KLS ALLER-CORT, GOODSENSE NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	Limit 2 inhalers per month;QL(1.07 ml daily); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	Limit 2 inhalers per month;QL(1.07 ml daily); RX/OTC
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.07 ml daily); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.22 gm daily)
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetoneide (nasal)</i>)	2	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetoneide (nasal)</i>)	7	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetoneide (nasal)</i>)	7	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
NASONEX SUSP (<i>mometasone furoate (nasal)</i>)	7	Limit 2 inhalers per month;QL(1.22 gm daily)
<i>triamcinolone acetoneide (nasal) aero</i>	1	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (<i>riluzole</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>riluzole tabs</i>	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST (<i>artificial tear insert</i>)	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>levobunolol hcl</i>)	7	
<i>betaxolol hcl (ophth) soln</i>	1	
BETIMOL SOLN (<i>timolol</i>)	2	
BETOPTIC-S SUSP (<i>betaxolol hcl (ophth)</i>)	2	
CARTEOLOL HCL SOLN (<i>carteolol hcl (ophth)</i>)	3	
COMBIGAN SOLN (<i>brimonidine tartrate-timolol maleate</i>)	3	
COSOPT PF SOLN (<i>dorzolamide hcl-timolol maleate</i>)	7	
COSOPT SOLN (<i>dorzolamide hcl-timolol maleate</i>)	7	
<i>dorzolamide hcl-timolol maleate soln 2 %-0.5 %</i>	3	
<i>dorzolamide hcl-timolol maleate soln 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN (<i>dorzolamide hcl-timolol maleate</i>)	2	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
<i>levobunolol hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
LEVOBUNOLOL HCL SOLN (<i>levobunolol hcl</i>)	2	
METIPRANOLOL SOLN (<i>metipranolol</i>)	3	
<i>timolol maleate (ophth) soln</i>	1	
TIMOLOL MALEATE OPTHALMIC GEL FORMING SOLG (<i>timolol maleate (ophth)</i>)	2	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	3	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Cycloplegic Mydriatics		
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	3	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
ATROPINE SULFATE OINT OP 1 % (<i>atropine sulfate (ophthalmic)</i>)	2	
ATROPINE SULFATE SOLN OP 1 % (<i>atropine sulfate (ophthalmic)</i>)	2	
CYCLOGYL SOLN (<i>cyclopentolate hcl</i>)	7	
CYCLOMYDRIL SOLN (<i>cyclopentolate w/ phenylephrine</i>)	3	
<i>cyclopentolate hcl soln</i>	1	
HOMATROPAIRE SOLN (<i>homatropine hbr</i>)	2	
<i>homatropine hbr soln</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ISOPTO ATROPINE SOLN (<i>atropine sulfate (ophthalmic)</i>)	2	
MYDRIACYL SOLN (<i>tropicamide</i>)	7	
<i>phenylephrine hcl (mydriatic) soln 10 %</i>	3	
<i>phenylephrine hcl (mydriatic) soln 2.5 %</i>	1	
<i>tropicamide soln</i>	3	
Miotics		
ISOPTO CARPINE SOLN (<i>pilocarpine hcl</i>)	7	QL(0.5 ml daily)
PHOSPHOLINE IODIDE SOLN (<i>echothiophate iodide</i>)	2	
<i>pilocarpine hcl soln</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 % (<i>brimonidine tartrate</i>)	2	
ALPHAGAN P SOLN 0.15 % (<i>brimonidine tartrate</i>)	7	
<i>apraclonidine hcl soln</i>	3	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (<i>apraclonidine hcl</i>)	7	
IOPIDINE SOLN 1 % (<i>apraclonidine hcl</i>)	3	
SIMBRINZA SUSP (<i>brinzolamide-brimonidine tartrate</i>)	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) POLYCIN, AK-POLY-BAC OINT	1	
(Erythromycin (Ophth)) ILOTYCIN OINT	1	

Drug Name	Drug Tier	Requirements/Limits
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN OINT	1	
AZASITE SOLN (<i>azithromycin (ophth)</i>)	3	Limit 5mls per month;QL(0.17 ml daily)
<i>bacitracin (ophthalmic) oint</i>	1	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	
BESIVANCE SUSP (<i>besifloxacin hcl</i>)	3	
BETADINE OPHTHALMIC PREP SOLN (<i>povidone-iodine (ophth)</i>)	3	
BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	7	
CILOXAN OINT (<i>ciprofloxacin hcl (ophth)</i>)	2	
CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	7	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	3	
GENTAK OINT (<i>gentamicin sulfate (ophth)</i>)	2	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN (<i>azithromycin (ophth)</i>)	3	Limit 5mls per month;QL(0.17 ml daily)
<i>levofloxacin (ophth) soln</i>	3	
MOXEZA SOLN (<i>moxifloxacin hcl (ophth)</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>moxifloxacin hcl (ophth) soln</i>	1	QL(3 ml per fill retail)
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP (<i>natamycin</i>)	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN (<i>neomycin-polymyxin-gramicidin</i>)	2	
NEOSPORIN SOLN (<i>neomycin-polymyxin-gramicidin</i>)	7	
OCUFLOX SOLN (<i>ofloxacin (ophth)</i>)	7	QL(5 ml per fill retail)
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (<i>polymyxin b-trimethoprim</i>)	7	
POVIDONE IODINE SOLN (<i>povidone-iodine (ophth)</i>)	3	
<i>sulfacetamide sodium (ophth) oint</i>	1	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX OINT (<i>tobramycin (ophth)</i>)	2	
TOBREX SOLN (<i>tobramycin (ophth)</i>)	7	
TRIFLURIDINE SOLN (<i>trifluridine</i>)	2	
VIGAMOX SOLN (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
VIROPTIC SOLN (<i>trifluridine</i>)	7	
ZIRGAN GEL (<i>ganciclovir ophthalmic</i>)	3	
ZYMAXID SOLN (<i>gatifloxacin (ophth)</i>)	7	
Ophthalmic Immunomodulators		
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	2	QL(2 ml daily,64 ml per fill retail)
RESTASIS MULTIDOSE EMUL (<i>cyclosporine (ophth)</i>)	2	QL(2 ml daily,64 ml per fill retail)
Ophthalmic Integrin Antagonists		
XIIDRA SOLN (<i>lifitegrast</i>)	3	PA; ST
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE, TETRAVISC FORTE, TETRAVISC, TETCAINE SOLN	3	
AKTEN GEL (<i>lidocaine hcl (ophth)</i>)	3	
ALCAINE SOLN (<i>proparacaine hcl</i>)	7	
<i>proparacaine hcl soln</i>	3	
<i>tetracaine hcl (ophth) soln</i>	3	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN (<i>cenegermin-bkbj</i>)	4	PA
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-Hc) NEO-POLYCIN HC OINT	1	QL(4 gm per fill retail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F SUSP	1	
ALREX SUSP (<i>loteprednol etabonate</i>)	3	
<i>bacitracin-poly-neomycin-hc oint</i>	1	QL(4 gm per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
BLEPHAMIDE S.O.P. OINT (<i>sulfacetamide sod-prednisolone</i>)	2	
BLEPHAMIDE SUSP (<i>sulfacetamide sod-prednisolone</i>)	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN (<i>dexamethasone sodium phosphate (ophth)</i>)	2	
DUREZOL EMUL (<i>difluprednate</i>)	3	
FLAREX SUSP (<i>fluorometholone acetate</i>)	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP (<i>fluorometholone (ophth)</i>)	2	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	7	
FML OINT (<i>fluorometholone (ophth)</i>)	2	
LOTEMAX GEL (<i>loteprednol etabonate</i>)	3	
LOTEMAX OINT (<i>loteprednol etabonate</i>)	3	
LOTEMAX SUSP (<i>loteprednol etabonate</i>)	7	Limit 6 per month; QL(0.2 ml daily)
<i>loteprednol etabonate susp</i>	3	Limit 6 per month; QL(0.2 ml daily)
MAXIDEX SUSP (<i>dexamethasone (ophth)</i>)	2	
MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	7	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
PRED FORTE SUSP (<i>prednisolone acetate (ophth)</i>)	2	
PRED MILD SUSP (<i>prednisolone acetate (ophth)</i>)	2	
PRED-G S.O.P. OINT (<i>gentamicin-prednisolone acetate</i>)	3	
PRED-G SUSP (<i>gentamicin-prednisolone acetate</i>)	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % (<i>prednisolone sodium phosphate (ophth)</i>)	2	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN (<i>prednisolone-moxifloxacin</i>)	3	
<i>sulfacetamide sod-prednisolone soln</i>	1	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN (<i>sulfacetamide sod-prednisolone</i>)	2	
TOBRADEX OINT (<i>tobramycin-dexamethasone</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX ST SUSP (<i>tobramycin-dexamethasone</i>)	3	
TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	7	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail)
ZYLET SUSP (<i>loteprednol etabonate-tobramycin</i>)	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP FILM (<i>gelatin adsorbable (ophth)</i>)	3	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>ketorolac tromethamine (ophth)</i>)	7	
ACULAR SOLN (<i>ketorolac tromethamine (ophth)</i>)	7	
ACUVAIL SOLN (<i>ketorolac tromethamine (ophth)</i>)	3	
ALOCRIAL SOLN (<i>nedocromil sodium (ophth)</i>)	3	
ALOMIDE SOLN (<i>lodoxamide tromethamine</i>)	2	
<i>azelastine hcl (ophth) soln</i>	1	
AZOPT SUSP (<i>brinzolamide</i>)	2	Limit 10mls per month;QL(0.34 ml daily)
BEPREVE SOLN (<i>bepotastine besilate</i>)	3	ST; QL(0.34 ml daily)
<i>bromfenac sodium (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
BROMSITE SOLN (<i>bromfenac sodium (ophth)</i>)	3	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN (<i>cysteamine hcl</i>)	4	PA; Limit 4 bottles per month;QL(2.15 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
DORZOLAMIDE HCL SOLN (<i>dorzolamide hcl</i>)	2	
ELESTAT SOLN (<i>epinastine hcl (ophth)</i>)	7	
EMADINE SOLN (<i>emedastine difumarate</i>)	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
FLURBIPROFEN SODIUM SOLN (<i>flurbiprofen sodium</i>)	2	
ILEVRO SUSP (<i>nepafenac</i>)	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	
LASTACAFT SOLN (<i>alcaftadine</i>)	3	ST
NEVANAC SUSP (<i>nepafenac</i>)	3	
<i>olopatadine hcl soln 0.1 %</i>	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
<i>olopatadine hcl soln 0.2 %</i>	1	Limit 2.5mls per month;QL(0.08 4 ml daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
PAREMYD SOLN (<i>hydroxyamphetamine-tropicamide</i>)	3	
PATADAY SOLN 0.1 % (<i>olopatadine hcl</i>)	7	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
PATADAY SOLN 0.2 % (<i>olopatadine hcl</i>)	7	Limit 2.5mls per month;QL(0.08 4 ml daily); RX/OTC
PATANOL SOLN (<i>olopatadine hcl</i>)	7	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
PAZEO SOLN (<i>olopatadine hcl</i>)	3	ST; Limit 1 bottle per month;QL(0.08 4 ml daily)
PROLENSA SOLN (<i>bromfenac sodium ophth</i>)	3	
TRUSOPT SOLN (<i>dorzolamide hcl</i>)	7	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	1	Limit 2.5mls per month;QL(0.08 4 ml daily)
<i>latanoprost soln op</i>	1	Limit 2.5mls per month;QL(0.08 4 ml daily)
LATANOPROST SOLN OP (<i>latanoprost</i>)	2	Limit 2.5mls per month;QL(0.08 4 ml daily)
LUMIGAN SOLN (<i>bimatoprost</i>)	2	Limit 2.5mls per month;QL(0.08 4 ml daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month;QL(0.08 4 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>travoprost soln</i>	1	Limit 2.5mls per month;QL(0.08 4 ml daily)
XALATAN SOLN (<i>latanoprost</i>)	7	Limit 2.5mls per month;QL(0.08 4 ml daily)
ZIOPTAN SOLN (<i>tafluprost</i>)	3	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (<i>ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN (<i>ofloxacin (otic)</i>)	7	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
(Pramoxine-Hc-Chloroxylenol) CORTIC-ND, EXOTIC-HC SOLN	1	
CIPRO HC SUSP (<i>ciprofloxacin-hydrocortisone</i>)	3	
CIPRODEX SUSP (<i>ciprofloxacin-dexamethasone</i>)	2	QL(8 ml per fill retail)
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF SOLN (<i>ciprofloxacin-fluocinolone acetonide</i>)	3	Limit 15mls per month;QL(0.5 ea daily)
COLY-MYCIN S SUSP (<i>neomycin-colistin-hc-thonzonium</i>)	3	
CORTANE-B-OTIC SOLN (<i>pramoxine-hc-chloroxylenol</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
CORTISPORIN-TC SUSP (<i>neomycin-colistin-hc-thonzonium</i>)	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTICIN HC NR SOLN (<i>pramoxine-hc-chloroxylenol</i>)	7	
OTOVEL SOLN (<i>ciprofloxacin-fluocinolone acetonide</i>)	3	Limit 15mls per month;QL(0.5 ea daily)
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC OIL	3	
(Hydrocortisone W/Acetic Acid) ACETASOL HC SOLN	3	QL(10 ml per fill retail,30 ml per fill mail)
DERMOTIC OIL (<i>fluocinolone acetonide (otic)</i>)	7	
<i>fluocinolone acetonide (otic) oil</i>	3	
<i>hydrocortisone w/acetic acid soln</i>	3	QL(10 ml per fill retail,30 ml per fill mail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST (<i>dinoprostone</i>)	3	
PREPIDIL GEL (<i>dinoprostone</i>)	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate tabs</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Aminopenicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
MOXATAG TB24 (<i>amoxicillin</i>)	3	PA; QL(1 ea daily,10 ea per fill retail)
Natural Penicillins		
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML (<i>penicillin v potassium</i>)	2	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW (<i>amoxicillin & pot clavulanate</i>)	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12 (<i>amoxicillin & pot clavulanate</i>)	2	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7	
AUGMENTIN SUSR 125 MG/5ML-31.25 MG/5ML (<i>amoxicillin & pot clavulanate</i>)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (<i>amoxicillin & pot clavulanate</i>)	7	
AUGMENTIN TABS 500 MG-125 MG, 875 MG-125 MG (<i>amoxicillin & pot clavulanate</i>)	7	
AUGMENTIN XR TB12 (<i>amoxicillin & pot clavulanate</i>)	7	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
BASE GELATIN GUMMY TROCHE GEL (<i>gummy gel base</i>)	3	
GUM BASE GELATIN GEL (<i>gummy gel base</i>)	3	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>norethindrone acetate</i>)	7	
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	QL(1 ea daily)
<i>medroxyprogesterone acetate tabs 5 mg, 2.5 mg</i>	1	
MEGACE ES SUSP (<i>megestrol acetate (appetite)</i>)	7	AC
<i>megestrol acetate (appetite) susp</i>	3	AC
<i>norethindrone acetate tabs</i>	1	
<i>progesterone micronized caps</i>	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PROMETRIUM CAPS (<i>progesterone micronized</i>)	7	QL(1 ea daily)
PROVERA TABS 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 ea daily)
PROVERA TABS 5 MG, 2.5 MG (<i>medroxyprogesterone acetate</i>)	7	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (<i>disulfiram</i>)	7	
<i>disulfiram tabs</i>	1	
Anti-Cataleptic Agents		
XYREM SOLN (<i>sodium oxybate</i>)	4	PA; ST
Antidementia Agents		
ARICEPT TABS (<i>donepezil hydrochloride</i>)	7	QL(1 ea daily)
<i>donepezil hydrochloride tabs</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
EXELON PT24 (<i>rivastigmine</i>)	7	
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML (<i>galantamine hydrobromide</i>)	2	

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

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg	1	
memantine hcl cp24 14 mg, 21 mg, 28 mg	3	PA
memantine hcl cp24 7 mg	3	PA; ST
memantine hcl soln 2 mg/ml, 10 mg/5ml	1	
memantine hcl tabs	1	
memantine hcl tabs 10 mg	1	QL(2 ea daily)
memantine hcl tabs 5 mg	1	QL(4 ea daily)
NAMENDA TABS 10 MG (memantine hcl)	7	QL(2 ea daily)
NAMENDA TABS 5 MG (memantine hcl)	7	QL(4 ea daily)
NAMENDA TITRATION PAK TABS (memantine hcl)	7	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl)	7	PA
NAMENDA XR CP24 7 MG (memantine hcl)	7	PA; ST
NAMENDA XR TITRATION PACK CP24 (memantine hcl)	3	PA; ST
NAMZARIC C4PK 10 MG (memantine hcl-donepezil hcl)	3	PA
NAMZARIC CP24 10 MG-14 MG, 10 MG-21 MG, 10 MG-28 MG (memantine hcl-donepezil hcl)	3	PA
NAMZARIC CP24 10 MG-7 MG (memantine hcl-donepezil hcl)	3	PA; ST

Drug Name	Drug Tier	Requirements/Limits
RAZADYNE ER CP24 (galantamine hydrobromide)	7	QL(1 ea daily)
RAZADYNE TABS (galantamine hydrobromide)	7	
rivastigmine pt24	1	
rivastigmine tartrate caps	1	
Combination Psychotherapeutics		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS (chlordiazepoxide-amitriptyline)	3	
olanzapine-fluoxetine hcl caps	3	
PERPHENAZINE/AMITRIPTYLINE TABS (perphenazine-amitriptyline)	3	
SYMBYAX CAPS (olanzapine-fluoxetine hcl)	7	
Fibromyalgia Agents		
SAVELLA TABS 12.5 MG (milnacipran hcl)	3	PA; ST; QL(2 ea daily)
SAVELLA TABS 25 MG, 50 MG, 100 MG (milnacipran hcl)	3	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC (milnacipran hcl)	3	PA; QL(2 ea daily)
Movement Disorder Drug Therapy		
AUSTEDO TABS 6 MG (deutetrabenazine)	4	PA; ST
AUSTEDO TABS 9 MG, 12 MG (deutetrabenazine)	4	PA
INGREZZA CAPS (valbenazine tosylate)	4	PA; Specialty drug-Health Net will refer to SP Pharmacy

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

Drug Name	Drug Tier	Requirements/ Limits
INGREZZA CPPK (<i>valbenazine tosylate</i>)	4	PA
<i>tetrabenazine tabs</i>	4	
XENAZINE TABS (<i>tetrabenazine</i>)	7	
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY	1	PA
AMPYRA TB12 (<i>dalfampridine</i>)	7	PA
AUBAGIO TABS (<i>teriflunomide</i>)	3	PA
AVONEX KIT (<i>interferon beta-1a</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
AVONEX PEN AJKT (<i>interferon beta-1a</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
AVONEX PSKT (<i>interferon beta-1a</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
BETASERON KIT (<i>interferon beta-1b</i>)	4	PA
COPAXONE SOSY (<i>glatiramer acetate</i>)	7	PA
<i>dalfampridine tb12</i>	1	PA
EXTAVIA KIT (<i>interferon beta-1b</i>)	4	PA
GILENYA CAPS (<i> fingolimod hcl</i>)	3	PA; LA
<i>glatiramer acetate sosy</i>	1	PA
MAVENCLAD TBPB (<i>cladribine (multiple sclerosis)</i>)	4	PA
MAYZENT STARTER PACK TBPB (<i>siponimod fumarate</i>)	3	PA

Drug Name	Drug Tier	Requirements/ Limits
MAYZENT TABS (<i>siponimod fumarate</i>)	3	PA
PLEGRIDY SOPN (<i>peginterferon beta-1a</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PLEGRIDY SOSY (<i>peginterferon beta-1a</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
PLEGRIDY STARTER PACK SOPN (<i>peginterferon beta-1a</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PLEGRIDY STARTER PACK SOSY (<i>peginterferon beta-1a</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
REBIF REBIDOSE SOAJ (<i>interferon beta-1a</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
REBIF REBIDOSE TITRATIONPACK SOAJ (<i>interferon beta-1a</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
REBIF SOSY (<i>interferon beta-1a</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
REBIF TITRATION PACK SOSY (<i>interferon beta-1a</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
TECFIDERA STARTER PACK MISC (<i>dimethyl fumarate</i>)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
Postherpetic Neuralgia (PHN)/Neuropathic Pain		

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

Drug Name	Drug Tier	Requirements/ Limits
GRALISE STARTER MISC (<i>gabapentin (once-daily)</i>)	3	PA; ST
GRALISE TABS 300 MG (<i>gabapentin (once-daily)</i>)	3	PA; ST
GRALISE TABS 600 MG (<i>gabapentin (once-daily)</i>)	3	PA; ST; QL(3 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS 10 MG (<i>fluoxetine hcl (pmdd)</i>)	2	
FLUOXETINE CAPS 20 MG (<i>fluoxetine hcl (pmdd)</i>)	2	QL(1 ea daily)
<i>fluoxetine hcl (pmdd) tabs</i>	3	
SARAFEM TABS (<i>fluoxetine hcl (pmdd)</i>)	7	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA CAPS (<i>dextromethorphan hbr-quinidine sulfate</i>)	4	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS (<i>ergoloid mesylates</i>)	3	
ORAP TABS (<i>pimozide</i>)	7	
PIMOZIDE TABS (<i>pimozide</i>)	3	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 300 MG (<i>gabapentin enacarbil</i>)	3	QL(1 ea daily)
HORIZANT TBCR 600 MG (<i>gabapentin enacarbil</i>)	3	QL(2 ea daily)
Smoking Deterrents		

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) SR NICOTINE GUM, SM NICOTINE POLACRILEX, SM NICOTINE, RA NICOTINE POLACRILEX, RA NICOTINE GUM, RA NICOTINE, PX STOP SMOKING AID, NICORELIEF, KLS QUIT4, KLS QUIT2, HM NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GNP NICOTINE POLACRILEX, GNP NICOTINE GUM, EQL NICOTINE POLACRILEX STARTER, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX, EQ NICOTINE POLACRILEX, EQ NICOTINE GUM STARTER, EQ NICOTINE GUM REFILL, CVS NICOTINE POLACRILEX STARTER, CVS NICOTINE POLACRILEX, CVS NICOTINE, THRIVE, TGT NICOTINE POLACRILEX, TGT NICOTINE GUM GUM	7	PV

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

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) TGT NICOTINE POLACRILEX, SM NICOTINE POLACRILEX, SM NICOTINE, RA NICOTINE POLACRILEX, RA MINI NICOTINE, PX STOP SMOKING AID, NICOTINE MINI LOZENGE, KLS QUIT4, KLS QUIT2, HM NICOTINE POLACRILEX, GOODSENSE NICOTINE POLACRILEX, GOODSENSE NICOTINE, GNP NICOTINE POLACRILEX MINI, GNP NICOTINE POLACRILEX, GNP NICOTINE MINI LOZENGE, EQL NICOTINE POLACRILEX, EQ NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE, CVS NICOTINE POLACRILEX, CVS NICOTINE LOZENGE LOZG	7	PV

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, TGT NICOTINE STEP TWO, TGT NICOTINE STEP THREE, TGT NICOTINE STEP ONE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE TRANSDERMAL SYSTEM STEP 3, RA NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE STEP 3, NICOTINE STEP 2, NICOTINE STEP 1, HM NICOTINE TRANSDERMALSYSTEM, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, GNP NICOTINE TRANSDERMALSYSTEM, EQ NICOTINE STEP 3, EQ NICOTINE, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM	7	PV

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

Drug Name	Drug Tier	Requirements/Limits
STEP 1 PT24		
<i>bupropion hcl (smoking deterrent) tb12</i>	7	PV
CHANTIX CONTINUING MONTHPAK TABS (<i>varenicline tartrate</i>)	5	QL(2 ea daily); PV
CHANTIX STARTING MONTH PAK TABS (<i>varenicline tartrate</i>)	5	PV
CHANTIX TABS 0.5 MG (<i>varenicline tartrate</i>)	5	PV
CHANTIX TABS 1 MG (<i>varenicline tartrate</i>)	5	QL(2 ea daily); PV
NICODERM CQ PT24 (<i>nicotine</i>)	5	PV
NICORETTE GUM (<i>nicotine polacrilex</i>)	5	PV
NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	PV
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	PV
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	PV
<i>nicotine polacrilex gum</i>	7	PV
<i>nicotine polacrilex lozg</i>	7	PV
<i>nicotine pt24</i>	7	PV
NICOTINE TRANSDERMAL SYSTEM KIT (<i>nicotine</i>)	5	PV
NICOTROL INHALER INHA (<i>nicotine</i>)	5	PV
NICOTROL NS SOLN (<i>nicotine</i>)	5	PV
ZYBAN TB12 (<i>bupropion hcl (smoking deterrent)</i>)	5	PV
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY (<i>inotersen sodium</i>)	4	PA

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK 25 MG (<i>ivacaftor</i>)	4	PA
KALYDECO PACK 50 MG, 75 MG (<i>ivacaftor</i>)	4	PA; Must use Accredo SP pharmacy; LA
KALYDECO TABS 150 MG (<i>ivacaftor</i>)	4	PA; Must use Accredo SP pharmacy; LA
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG (<i>lumacaftor-ivacaftor</i>)	4	PA
ORKAMBI TABS 100 MG-125 MG, 200 MG-125 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 ea daily); LA
PULMOZYME SOLN (<i>dornase alfa</i>)	4	PA; QL(5 ml daily)
SYMDEKO TBPk (<i>tezacaftor-ivacaftor</i>)	4	PA; LA
TRIKAFTA TBPk (<i>elexacaftor-tezacaftor-ivacaftor</i>)	4	PA; QL(3 ea daily)
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	4	PA
ESBRIET TABS (<i>pirfenidone</i>)	4	PA
OFEV CAPS (<i>nintedanib esylate</i>)	4	PA; QL(1 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS (<i>sulfadiazine</i>)	3	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		

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

Drug Name	Drug Tier	Requirements/ Limits
(Doxycycline (Monohydrate)) AVIDOXY TABS	3	
(Doxycycline (Monohydrate)) MONDOXYNE NL, OKEBO CAPS	1	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG, MORGIDOX 1X50MG CAPS	1	
ACTICLATE TABS (<i>doxycycline hyclate</i>)	7	
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 150 mg</i>	3	ST
<i>doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg</i>	1	
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	
<i>doxycycline (monohydrate) tabs 150 mg</i>	3	ST
<i>doxycycline (monohydrate) tabs 50 mg, 75 mg, 100 mg</i>	3	
<i>doxycycline hyclate caps 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate tabs 100 mg</i>	1	
<i>doxycycline hyclate tabs 20 mg, 75 mg, 150 mg</i>	3	
MINOCIN CAPS (<i>minocycline hcl</i>)	7	
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>minocycline hcl tabs 50 mg, 75 mg, 100 mg</i>	1	PA
<i>tetracycline hcl caps</i>	1	
VIBRAMYCIN CAPS 100 MG (<i>doxycycline hyclate</i>)	7	
VIBRAMYCIN SUSR 25 MG/5ML (<i>doxycycline (monohydrate)</i>)	7	
VIBRAMYCIN SYRP 50 MG/5ML (<i>doxycycline calcium</i>)	2	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	QL(3 ea daily)
TAPAZOLE TABS (<i>methimazole</i>)	7	
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVOXYL TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, UNITHROID, LEVOXYL, LEVO-T TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) LEVO-T, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Thyroid) NP THYROID 15, NP THYROID 90, NP THYROID 60, NP THYROID 30 TABS	1	
ARMOUR THYROID TABS (<i>thyroid</i>)	2	

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

Drug Name	Drug Tier	Requirements/Limits
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	7	QL(2 ea daily)
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	7	
<i>levothyroxine sodium tabs or 112 mcg, 125 mcg, 175 mcg, 200 mcg</i>	1	QL(1 ea daily)
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 137 mcg, 150 mcg, 300 mcg</i>	1	
<i>liothyronine sodium tabs 25 mcg, 50 mcg</i>	1	QL(2 ea daily)
<i>liothyronine sodium tabs 5 mcg</i>	1	
NATURE-THROID NT-2.5 TABS (<i>thyroid</i>)	3	
NATURE-THROID TABS 48.75 MG (<i>thyroid</i>)	3	
NATURE-THROID TABS 65 MG, 130 MG, 195 MG, 260 MG, 325 MG, 32.5 MG, 97.5 MG, 16.25 MG, 81.25 MG, 113.75 MG, 146.25 MG (<i>thyroid</i>)	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	7	QL(1 ea daily)
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	7	
<i>thyroid tabs</i>	1	
THYROLAR-1 TABS (<i>liotrix (t3-t4)</i>)	3	
THYROLAR-1/2 TABS (<i>liotrix (t3-t4)</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1/4 TABS (<i>liotrix (t3-t4)</i>)	3	
THYROLAR-2 TABS (<i>liotrix (t3-t4)</i>)	3	
THYROLAR-3 TABS (<i>liotrix (t3-t4)</i>)	3	
WESTHROID TABS (<i>thyroid</i>)	2	
WP THYROID TABS 48.75 MG (<i>thyroid</i>)	3	
WP THYROID TABS 65 MG, 130 MG, 32.5 MG, 97.5 MG, 16.25 MG, 81.25 MG, 113.75 MG (<i>thyroid</i>)	2	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
(Hyoscyamine Sulfate) ED-SPAZ, OSCIMIN, NULEV TBDP	1	
(Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR TB12	1	
(Hyoscyamine Sulfate) OSCIMIN TABS	1	
ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	7	
BELLADONNA/OPIUM SUPP (<i>belladonna alkaloids & opium</i>)	3	
BENTYL CAPS (<i>dicyclomine hcl</i>)	7	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	PA
CUVPOSA SOLN (<i>glycopyrrolate</i>)	2	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
GLYCATE TABS (<i>glycopyrrolate</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
glycopyrrolate tabs or 1 mg, 2 mg	1	
GLYCOPYRROLATE TABS OR 1.5 MG (glycopyrrolate)	3	
hyoscyamine sulfate tabs	1	
hyoscyamine sulfate tb12	1	
hyoscyamine sulfate tbdp	1	
LEVVID TB12 (hyoscyamine sulfate)	7	
LEVSIN TABS (hyoscyamine sulfate)	7	
LIBRAX CAPS (chlordiazepoxide hcl-clidinium bromide)	7	PA
methscopolamine bromide tabs	1	
propantheline bromide tabs	1	
ROBINUL FORTE TABS (glycopyrrolate)	7	
ROBINUL TABS (glycopyrrolate)	7	
H-2 Antagonists		
(Ranitidine Hcl) ACID CONTROL MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, RA ACID REDUCER MAXIMUM STRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH TABS 150 MG	1	QL(4 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Ranitidine Hcl) ACID REDUCER, WAL-ZAN 150 MAXIMUM STRENGTH, SB ACID REDUCER, RANITIDINE 150 MAXIMUM STRENGTH, KLS ACID REDUCER MAXIMUMSTRENGTH, HM ACID REDUCER MAXIMUM STRENGTH, HM ACID REDUCER, HEARTBURN RELIEF 150 MAXIMUM STRENGTH, GOODSENSE ACID REDUCER, GNP ACID CONTROL 150 MAXIMUM STRENGTH, EQL HEARTBURN RELIEF MAXIMUM STRENGTH, EQL ACID REDUCER MAXIMUMSTRENGTH, EQ ACID REDUCER, CVS ACID REDUCER MAXIMUMSTRENGTH TABS	1	QL(4 ea daily); RX/OTC
CIMETIDINE HCL SOLN (cimetidine hcl)	2	
cimetidine tabs 300 mg, 800 mg	1	
cimetidine tabs 400 mg	1	QL(4 ea daily)
famotidine susr 40 mg/5ml	3	
famotidine tabs 40 mg	1	QL(2 ea daily)
NIZATIDINE CAPS 150 MG (nizatidine)	2	
nizatidine caps 150 mg, 300 mg	1	
NIZATIDINE SOLN 15 MG/ML (nizatidine)	2	
PEPCID SUSR 40 MG/5ML (famotidine)	7	
PEPCID TABS 40 MG (famotidine)	7	QL(2 ea daily)
ranitidine hcl caps 150 mg, 300 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
ranitidine hcl syrp 15 mg/ml, 75 mg/5ml, 150 mg/10ml	1	
ranitidine hcl tabs 150 mg	1	QL(4 ea daily); RX/OTC
ranitidine hcl tabs 300 mg	1	QL(2 ea daily)
ZANTAC 150 MAXIMUM STRENGTH TABS (ranitidine hcl)	7	QL(4 ea daily); RX/OTC
ZANTAC TABS (ranitidine hcl)	7	QL(2 ea daily)
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (sucralfate)	7	
CARAFATE TABS 1 GM (sucralfate)	7	QL(4 ea daily)
sucralfate susp 1 gm/10ml	1	
sucralfate tabs 1 gm	1	QL(4 ea daily)
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE, SM LANSOPRAZOLE, RA LANSOPRAZOLE, QC LANSOPRAZOLE, KLS LANSOPRAZOLE, HM LANSOPRAZOLE, HEARTBURN TREATMENT 24 HOUR, GOODSENSE LANSOPRAZOLE, GNP LANSOPRAZOLE, EQ LANSOPRAZOLE CPDR	1	QL(1 ea daily); RX/OTC
ACIPHEX SPRINKLE CPSP 10 MG (rabeprazole sodium)	3	PA
ACIPHEX SPRINKLE CPSP 5 MG (rabeprazole sodium)	3	PA; ST
ACIPHEX TBEC (rabeprazole sodium)	7	PA; ST;QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
lansoprazole cpdr 15 mg	1	QL(1 ea daily); RX/OTC
lansoprazole cpdr 30 mg	1	QL(1 ea daily)
lansoprazole tbdd 15 mg	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
lansoprazole tbdd 30 mg	3	QL(1 ea daily); AL(Up to 12 yrs old)
omeprazole cpdr 20 mg	1	QL(1 ea daily); RX/OTC
omeprazole cpdr 40 mg	1	QL(1 ea daily)
pantoprazole sodium tbec	1	QL(1 ea daily)
PREVACID 24HR CPDR (lansoprazole)	7	QL(1 ea daily); RX/OTC
PREVACID CPDR 15 MG (lansoprazole)	7	QL(1 ea daily); RX/OTC
PREVACID CPDR 30 MG (lansoprazole)	7	QL(1 ea daily)
PREVACID SOLUTAB TBDD 15 MG (lansoprazole)	7	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
PREVACID SOLUTAB TBDD 30 MG (lansoprazole)	7	QL(1 ea daily); AL(Up to 12 yrs old)
PRIOLOSEC PACK (omeprazole magnesium)	3	PA
PROTONIX PACK 40 MG (pantoprazole sodium)	3	QL(1 ea daily)
PROTONIX TBEC 20 MG, 40 MG (pantoprazole sodium)	7	QL(1 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP (rabeprazole sodium)	3	PA
rabeprazole sodium tbec	3	PA; ST;QL(1 ea daily)
Ulcer Drugs - Prostaglandins		

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

Drug Name	Drug Tier	Requirements/Limits
CYTOTEC TABS (<i>misoprostol</i>)	7	
<i>misoprostol tabs</i>	1	
Ulcer Therapy Combinations		
OMECLAMOX-PAK MISC (<i>amoxicillin-clarithromycin w/omeprazole</i>)	3	
PYLERA CAPS (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	2	PA
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (<i>nitrofurantoin</i>)	7	
HIPREX TABS (<i>methenamine hippurate</i>)	7	
MACROBID CAPS (<i>nitrofurantoin monohydrate macro</i>)	7	
MACRODANTIN CAPS (<i>nitrofurantoin macrocrystal</i>)	7	
<i>methenamine hippurate tabs</i>	3	
<i>methenamine mandelate tabs</i>	1	
MONUROL PACK (<i>fosfomicin tromethamine</i>)	3	
<i>nitrofurantoin macrocrystal caps</i>	1	
<i>nitrofurantoin monohydrate macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		

Drug Name	Drug Tier	Requirements/Limits
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	3	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 ea daily)
DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 ea daily)
DITROPAN XL TB24 (<i>oxybutynin chloride</i>)	7	
ENABLEX TB24 (<i>darifenacin hydrobromide</i>)	7	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	QL(15 ml daily)
<i>oxybutynin chloride tabs 5 mg</i>	1	QL(4 ea daily)
<i>oxybutynin chloride tb24 5 mg, 10 mg, 15 mg</i>	1	
<i>solifenacin succinate tabs 10 mg</i>	3	QL(1 ea daily)
<i>solifenacin succinate tabs 5 mg</i>	3	
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	QL(2 ea daily)
TOVIAZ TB24 (<i>fesoterodine fumarate</i>)	2	QL(1 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	
<i>tropium chloride tabs 20 mg</i>	1	QL(2 ea daily)
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	7	QL(1 ea daily)
VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	7	
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24 (<i>mirabegron</i>)	3	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	
URECHOLINE TABS (<i>bethanechol chloride</i>)	7	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Viral Vaccines		
FLUMIST QUADRIVALENT SUSP (<i>influenza virus vaccine live quadrivalent</i>)	3	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
FEM PH GEL (<i>acetic acid-oxyquinoline vaginal</i>)	3	
Spermicides		
(Nonoxynol-9) VCF VAGINAL CONTRACEPTIVE GEL	7	PV
ENCARE SUPP (<i>nonoxynol-9</i>)	5	PV
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (<i>nonoxynol-9</i>)	5	PV
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL (<i>nonoxynol-9</i>)	5	PV
TODAY SPONGE MISC (<i>nonoxynol-9</i>)	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM (<i>nonoxynol-9</i>)	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM FOAM (<i>nonoxynol-9</i>)	5	PV

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Anti-infectives		
(Metronidazole Vaginal) VANDAZOLE GEL	1	
AVC CREA (<i>sulfanilamide vaginal</i>)	3	
CLEOCIN CREA VA 2 % (<i>clindamycin phosphate vaginal</i>)	7	
CLEOCIN SUPP VA 100 MG (<i>clindamycin phosphate vaginal</i>)	3	
<i>clindamycin phosphate vaginal crea</i>	1	
CLINDESSE CREA (<i>clindamycin phosphate (one dose)</i>)	3	
GYNAZOLE-1 CREA (<i>butoconazole nitrate (one dose)</i>)	3	
METROGEL-VAGINAL GEL (<i>metronidazole vaginal</i>)	7	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP (<i>miconazole nitrate vaginal</i>)	3	
NUVESSA GEL (<i>metronidazole vaginal</i>)	3	PA
TERAZOL 7 CREA (<i>terconazole vaginal</i>)	7	
TERCONAZOLE CREA (<i>terconazole vaginal</i>)	2	
<i>terconazole vaginal crea 0.4 %</i>	1	
<i>terconazole vaginal supp 80 mg</i>	3	
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	7	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
ESTRING RING (<i>estradiol vaginal</i>)	3	
FEMRING RING (<i>estradiol acetate vaginal</i>)	3	Limit 1 per month; QL(0.04 ea daily)
PREMARIN CREA VA 0.625 MG/GM (<i>estrogens, conjugated vaginal</i>)	2	QL(2 gm daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	7	
Vaginal Progestins		
CRINONE GEL (<i>progesterone vaginal</i>)	3	PA
ENDOMETRIN INST (<i>progesterone vaginal</i>)	3	PA; ST
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml</i>	4	Not available through mail; QL(2 ea per fill retail, 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml</i>	4	QL(2 ea per fill retail, 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	3	Limited to 2 pens per fill; 4 pens per month; QL(2 ea per fill retail, 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	3	QL(2 ea per fill retail, 4 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
EPINEPHRINE SOAJ 0.3 MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)	3	QL(2 ea per fill retail, 4 ea per 30 days retail)
SYMJEPI SOSY 0.15 MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)	3	PA; QL(2 ea per fill retail)
SYMJEPI SOSY 0.3 MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)	3	PA; QL(2 ea per fill retail, 4 ea per 30 days retail)
Neurogenic Orthostatic Hypotension (NOH) -		
NORTHERA CAPS (<i>droxidopa</i>)	4	PA
Vasopressors		
<i>midodrine hcl tabs</i>	3	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>ergocalciferol</i>)	7	PV
<i>ergocalciferol caps</i>	1	PV
MEPHYTON TABS (<i>phytonadione</i>)	7	
<i>phytonadione tabs</i>	1	
Water Soluble Vitamins		
AMINO BENZOATE POTASSIUM PACK (<i>potassium aminobenzoate</i>)	3	
POTABA CAPS (<i>potassium aminobenzoate</i>)	3	

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

Index

1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	99	ACIPHEX SPRINKLE	151	AEROCHAMBER PLUS FLOW- VU/LARGE MASK	116
1ST TIER UNIFINE PENTIPS29GX12MM	99	acitretin	73	AEROCHAMBER PLUS FLOW- VU/MASK	116
1ST TIER UNIFINE PENTIPS31GX6MM	99	ACTEMRA	4	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK	116
1ST TIER UNIFINE PENTIPS31GX8MM	99	ACTEMRA ACTPEN	4	AEROCHAMBER PLUS FLOW- VU/SMALL MASK	116
1ST TIER UNIFINE PENTIPS32GX6MM	99	ACTICLATE	148	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU	116
1ST TIER UNIFINE PENTIPS33GX4MM	99	ACTIGALL	87	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL	116
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM	99	ACTIMMUNE	46	AEROCHAMBER Z-STAT PLUS/LARGE MASK	116
1ST TIER UNIFINE PENTIPSPLUS 33GX4MM	99	ACTINEL PEDIATRIC	66	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK	116
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	99	ACTIQ	8	AEROCHAMBER Z-STAT PLUS/SMALL MASK	116
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX 12MM	99	ACTIVELLA	85	AEROCHAMBER/FLOWSIGNAL	116
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	99	ACTONEL	82	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE	116
abacavir sulfate	51	ACTOPLUS MET	28	afeditab cr	56
abacavir sulfate-lamivudine	51	ACTOPLUS MET XR	28	AFINITOR	44
abacavir sulfate-lamivudine- zidovudine	51	ACTOS	29	AFINITOR DISPERZ	44
ABILIFY	50,51	ACULAR	139	afirmelle	60
abiraterone acetate	43	ACULAR LS	139	AFSTYLA	90
ABOUTTIME PEN NEEDLES 30GX 5/16"	100	ACUVAIL	139	aftera	64
ABOUTTIME PEN NEEDLES 31G X 3/16"	100	acyclovir	54,55	AGGRENOX	93
ABOUTTIME PEN NEEDLES 31G X 5/16"	100	acyclovir topical	74	AGRYLIN	93
ABSTRAL	8	ACZONE	69	AIMOVIG	119
acamprosate calcium	142	ADALAT CC	56	AJOVY	119
acarbose	28	adapalene	69	AKTEN	137
ACCUPRIL	37	ADAPALENE	69	AKYNZEO	32
ACCURETIC	38	adapalene-benzoyl peroxide	69	ALA SCALP	75
acebutolol hcl	55	ADCIRCA	59	ala-cort	75
acetaminophen w/ codeine	11	ADDERALL	1	albendazole	13
ACETAMINOPHEN/CAFFEINE/D IHYDROCODEINE	11	ADDERALL XR	1	ALBENZA	13
acetazolamide	81	adefovir dipivoxil	54	albuterol sulfate	18,19
acetic acid (otic)	140	ADEMPAS	59	ALBUTEROL SULFATE ER	19
acetylcysteine	69	adult aspirin ec low strength	7	ALCAINE	137
acid control maximum strength	150	ADVAIR DISKUS	18	alclometasone dipropionate	75
acid reducer	150	ADVAIR HFA	18	ALDACTAZIDE	81
ACIPHEX	151	ADVATE	90	ALDACTONE	82
		ADVOCATE INSULIN PEN NEEDLES	100	ALDARA	79
		ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	100	ALECENSA	44
		ADVOCATE INSULIN PEN NEEDLES 31GX5MM	100	ALENDRONATE SODIUM	83
		ADVOCATE INSULIN PEN NEEDLES 31GX8MM	100	alendronate sodium	83
		ADYNOVATE	90	ALENDRONATE SODIUM	83
		AEROCHAMBER MINI AEROSOLCHAMBER	116	alendronate sodium	83
		AEROCHAMBER MV	116		
		AEROCHAMBER PLUS FLOW VU	116		
		AEROCHAMBER PLUS FLOW-VU	116		

ALFERON N	46	AMICAR	94	ANZEMET	32
alfuzosin hcl	89	amiloride & hydrochlorothiazide	81	AP-HIST DM	66
ALINIA	14	amiloride hcl	82	APEXICON E	75
aliskiren fumarate	41	AMINO BENZOATE POTASSIUM	154	apraclonidine hcl	136
ALKERAN	42	aminocaproic acid	94	aprepitant	33
allergy nasal spray 24 hour	134	amiodarone hcl	16	apri	60
allergy relief	134	AMITIZA	87	APRISO	87
allopurinol	90	amitriptyline hcl	27	APTENSIO XR	2
almotriptan malate	120	amlodipine besylate	56	APTIOM	22
ALOCRIAL	139	amlodipine besylate-atorvastatin calcium	58	APTIVUS	51
ALOMIDE	139	amlodipine besylate-benazepril hcl	38	aranelle	61
alophen	97	amlodipine besylate-valsartan	38	ARAVA	6
ALORA	86	amlodipine-valsartan-hydrochlorothiazide	38	ARCALYST	4
alosetron hcl	88	amnestem	69	ARCAPTA NEOHALER	19
ALPHAGAN P	136	AMOXAPINE	27	ARIAL CHAMBER	116
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN	91	amoxicillin	141	ARICEPT	142
ALPHANINE SD	91	amoxicillin & pot clavulanate	141	ARIKAYCE	3
alprazolam	16	AMOXICILLIN/CLAVULANATE POTASSIUM	141	ARIMIDEX	43
ALPRAZOLAM INTENSOL	16	AMOXICILLIN/CLAVULANATE POTASSIUM ER	141	aripiprazole	51
alprazolam xr	15	amphetamine-dextroamphetamine	1	ARIXTRA	20
ALPROLIX	91	ampicillin	141	armodafinil	2
ALREX	137	AMPYRA	144	ARMONAIR RESPICLICK 113	17
ALTABAX	72	ANADROL-50	12	ARMONAIR RESPICLICK 232	17
altacaine	137	ANAFRANIL	27	ARMONAIR RESPICLICK 55	17
ALTACE	37	anagrelide hcl	93	ARMOUR THYROID	148
altafrin	135	ANALPRAM-HC	13	ARNUITY ELLIPTA	18
ALUNBRIG	44	ANAPROX DS	4	AROMASIN	43
ALVESCO	17	ANASPAZ	149	ARTHROTEC 50	4
alyacen 1/35	61	anastrozole	43	ARTHROTEC 75	4
alyacen 7/7/7	61	ANCOBON	33	ARYMO ER	8
alyq	59	ANDEXXA	32	ASACOL HD	87
amabelz	85	ANDRODERM	12	ascomp/codeine	10
amantadine hcl	47	ANDROGEL	12	ASMANEX HFA	18
AMARYL	31	ANDROGEL PUMP	12	ASMANEX TWISTHALER 120 METERED DOSES	18
AMBI 12.5CPD/100GFN/30PSE	66	ANGELIQ	85	ASMANEX TWISTHALER 14 METERED DOSES	18
ambi 12.5cpd/1dcpm/30pse	65	ANORO ELLIPTA	19	ASMANEX TWISTHALER 30 METERED DOSES	18
ambi 40pse/400gfn	65	ANTABUSE	142	ASMANEX TWISTHALER 60 METERED DOSES	18
AMBIEN	94	ANTARA	35	ASMANEX TWISTHALER 7 METERED DOSES	18
AMBIEN CR	94	anti-diarrheal	31	aspirin	8
ambrisentan	58	ANUSOL-HC	13	aspirin 81 low dose	8
AMCINONIDE	75			aspirin-dipyridamole	93
AMERGE	120				
amethia	61				
amethyst	61				

ASSURE ID SAFETY PEN NEEDLES 30G X 5/16".....	100	AVONEX PEN.....	144	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64".....	100
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16".....	100	AXERT.....	120	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	100
ASTAGRAF XL.....	123	AYGESTIN.....	142	BD VEO INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM.....	101
ASTEPRO.....	133	AZASAN.....	123	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM.....	101
ATABEX EC.....	127	AZASITE.....	136	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM.....	101
ATACAND.....	37	azathioprine.....	123	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	101
ATACAND HCT.....	38	azelaic acid.....	80	BEBULIN.....	91
atazanavir sulfate.....	51	azelastine hcl.....	133	BELLADONNA/OPIUM.....	149
atenolol.....	55	azelastine hcl (ophth).....	139	BELSOMRA.....	95
atenolol & chlorthalidone.....	38	azelastine hcl-fluticasone propionate.....	133	benazepril & hydrochlorothiazide.....	39
ATIVAN.....	16	AZELEX.....	69	benazepril hcl.....	37
atomoxetine hcl.....	1	AZILECT.....	48	BENEFIX.....	91
atorvastatin calcium.....	36	AZITHROMYCIN.....	98	BENICAR.....	37
atovaquone.....	14	azithromycin.....	98	BENICAR HCT.....	39
atovaquone-proguanil hcl.....	41	AZOPT.....	139	BENLYSTA.....	124
ATRALIN.....	69	AZULFIDINE.....	87	BENSAL HP.....	79
ATRIPLA.....	51	AZULFIDINE EN-TABS.....	87	BENTYL.....	149
ATROPINE SULFATE.....	135	bacitracin (ophthalmic).....	136	BENZAACLIN.....	69
ATROVENT HFA.....	17	bacitracin-poly-neomycin-hc	137	BENZAACLIN WITH PUMP.....	69
AUBAGIO.....	144	bacitracin-polymyxin b (ophth).....	136	BENZAMYCIN.....	69
AUGMENTED BETAMETHASONE DIPROPIONATE.....	75	baclofen.....	132	BENZNIDAZOLE.....	13
AUGMENTIN.....	141,142	BACLOFEN.....	132	benzonatate.....	65
AUGMENTIN ES-600.....	141	BACTRIM.....	14	benzoyl peroxide- erythromycin.....	69
AUGMENTIN XR.....	142	BACTRIM DS.....	14	benztropine mesylate.....	47
AURORA PEN NEEDLES 29GX12MM.....	100	BACTROBAN NASAL.....	133	BEPREVE.....	139
AURORA PEN NEEDLES 31G X6MM.....	100	balsalazide disodium.....	87	beser.....	75
AURORA PEN NEEDLES 31G X8MM.....	100	BALVERSA.....	44	BESIVANCE.....	136
AURORA UNIFINE PENTIPS/MINI/31GX3/16".....	100	BANZEL.....	22	BETADINE OPHTHALMIC PREP.....	136
aurovela 1.5/30.....	61	BAQSIMI ONE PACK.....	29	BETAGAN.....	135
AURYXIA.....	88	BAQSIMI TWO PACK.....	29	betamethasone dipropionate (topical).....	75
AUSTEDO.....	143	BARACLUDE.....	54	betamethasone dipropionate augmented.....	75
av-phos 250 neutral.....	122	BASE GELATIN GUMMY TROCHE.....	142	betamethasone valerate.....	75
AVALIDE.....	39	BD ECLIPSE NEEDLE 30G X1/2".....	100	BETAPACE.....	56
AVANDIA.....	29	BD NEEDLE/30G X 1/2".....	100	BETAPACE AF.....	56
AVAPRO.....	37	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	100	BETASERON.....	144
AVC.....	153	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	100		
AVELOX.....	86	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	100		
avidoxy.....	148	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	100		
avita.....	69				
AVODART.....	89				
AVONEX.....	144				

betaxolol hcl.....	55	BREATHERITE		butalbital-aspirin-caffeine.....	6
betaxolol hcl (ophth).....	135	COLLAPSIBLEINFANT		butalbital-aspirin-caffeine	
bethanechol chloride.....	153	SPACER W/MASK.....	117	w/cod.....	11
BETHKIS.....	3	BREATHERITE		BUTISOL SODIUM.....	94
BETIMOL.....	135	COLLAPSIBLESMALL CHILD		butorphanol tartrate.....	12
BETOPTIC-S.....	135	SPACER W/MASK.....	117	BYSTOLIC.....	55
BEVESPI AEROSPHERE...	19	BREATHERITE		BYVALSON.....	39
BEVYXXA.....	20	COLLAPSIBLESPACER W/		C-NATE DHA.....	127
bexarotene.....	46	NEONATE MASK.....	117	cabergoline.....	85
BEYAZ.....	62	BREATHERITE RIGID		CABOMETYX.....	44
bicalutamide.....	43	SPACERW/MASK.....	117	CADUET.....	58
bidex.....	68	BREATHERITE W/LARGE		CAFERGOT.....	120
BIDIL.....	58	MASK.....	117	caffeine citrate.....	1
BIKTARVY.....	51	BREATHERITE W/MEDIUM		CALAN.....	56
BILTRICIDE.....	13	MASK.....	117	CALAN SR.....	56
bimatoprost.....	140	BREATHERITE W/SMALL		CALCIFOL.....	121
bio t pres-b.....	65	MASK.....	117	calcipotriene.....	73
BIO-DTUSS DMX.....	66	BREO ELLIPTA.....	19	CALCIPOTRIENE.....	73
bio-statin.....	33	BRILINTA.....	93	calcipotriene-betamethasone	
BIO-STATIN.....	33	brimonidine tartrate.....	136	dipropionate.....	75
BIONEL PEDIATRIC.....	66	BRIVIACT.....	22	calcitonin (salmon).....	83
bisacodyl.....	97	bromfed dm.....	65	calcitrene.....	73
bisacodyl laxative.....	97	bromfenac sodium		calcitriol.....	84
bisoprolol &		(ophth).....	139	calcitriol (topical).....	73
hydrochlorothiazide.....	39	bromocriptine mesylate.....	47	calcium acetate (phosphate	
bisoprolol fumarate.....	55	BROMPHENIRAMINE		binder).....	88
BLEPH-10.....	136	TANNATE.....	34	CALCIUM-FOLIC ACID PLUS	
BLEPHAMIDE.....	138	BROMSITE.....	139	D.....	121
BLEPHAMIDE S.O.P.....	138	BRONKIDS.....	66	calphron.....	88
BONIVA.....	83	BRUKINSA.....	44	CALQUENCE.....	44
bosentan.....	58	budesonide.....	64	camila.....	64
BOSULIF.....	44	budesonide (inhalation).....	18	CANASA.....	87
bp 10-1.....	69	budesonide-formoterol		candesartan cilexetil.....	37
BP CLEANSING WASH.....	69	fumarate dihydrate.....	19	candesartan cilexetil-	
BRAFTOVI.....	44	bumetanide.....	82	hydrochlorothiazide.....	39
BREATHE EASE/LARGE		BUMEX.....	82	CAPCOF.....	66
MASK.....	117	bupap.....	6	capecitabine.....	42
BREATHE EASE/MEDIUM		BUPHENYL.....	84	CAPEX.....	75
MASK.....	117	buprenorphine.....	12	CAPRELSA.....	44
BREATHE EASE/SMALL		buprenorphine hcl.....	12	captopril.....	37
MASK.....	117	buprenorphine hcl-naloxone hcl		captopril &	
BREATHERITE.....	117	dihydrate.....	12	hydrochlorothiazide.....	39
BREATHERITE		bupropion hcl.....	25	CARAC.....	73
COLLAPSIBLEADULT SPACER		bupropion hcl (smoking		CARAFATE.....	151
W/MASK.....	117	deterrent).....	147	CARBAGLU.....	84
BREATHERITE		BUPROPION		carbamazepine.....	22
COLLAPSIBLECHILD SPACER		HYDROCHLORIDE ER		CARBAPHEN 12.....	66
W/MASK.....	117	(XL).....	25	CARBAPHEN 12 PED.....	66
		buspirone hcl.....	15	CARBATROL.....	22
		butalbital-acetaminophen...	6		
		butalbital-acetaminophen-			
		caffeine.....	6		
		butalbital-acetaminophen-			
		caffeine w/ codeine.....	11		

carbidopa.....	47	carisoprodol w/ aspirin.....	133	CHENODAL.....	87
carbidopa-levodopa.....	47	carisoprodol w/ aspirin &		cheratussin ac.....	65
carbidopa-levodopa-entacapone		codeine.....	133	chlordiazepoxide hcl.....	16
.....	47	CARISOPRODOL/ASPIRIN		chlordiazepoxide hcl-clidinium	
carbinoxamine maleate.....	34	.....	133	bromide.....	149
CARBINOXAMINE		CARISOPRODOL/ASPIRIN/CO		CHLORDIAZEPOXIDE/AMITRIP	
MALEATE.....	34	DEINE.....	133	TYLINE.....	143
carbinoxamine maleate.....	34	CARNITOR.....	84	chloroquine phosphate.....	41
CARBINOXAMINE		CARNITOR SF.....	84	CHLOROQUINE	
MALEATE.....	34	CARTEOLOL HCL.....	135	PHOSPHATE.....	41
CARDIZEM.....	56	cartia xt.....	56	CHLOROTHIAZIDE.....	82
CARDIZEM CD.....	56	carvedilol.....	55	chlorothiazide.....	82
CARDIZEM LA.....	56	carvedilol phosphate.....	55	chlorpromazine hcl.....	50
CARDURA.....	38	CASODEX.....	43	chlorpropamide.....	31
CARDURA XL.....	89	CATAPRES.....	38	chlorthalidone.....	82
CAREFINE PEN NEEDLES		CAYA.....	98	chlorzoxazone.....	132
29GX1/2".....	101	caziant.....	60	cholestyramine.....	35
CAREFINE PEN NEEDLES		cefaclor.....	59	cholestyramine light.....	35
30GX5/16".....	101	CEFACLOR.....	60	choline & mag salicylate.....	8
CAREFINE PEN NEEDLES		CEFACLOR ER.....	59	choline fenofibrate.....	35
31GX6MM.....	101	cefadroxil.....	59	CHOLINE MAGNESIUM	
CAREFINE PEN NEEDLES		cefdinir.....	60	TRISALICYLATE.....	8
31GX8MM.....	101	CEFDITOREN PIVOXIL.....	60	ciclodan.....	72
CAREFINE PEN NEEDLES		cefixime.....	60	ciclopirox.....	72
32GX5MM.....	101	cefopodoxime proxetil.....	60	ciclopirox olamine.....	72
CAREFINE PEN NEEDLES		cefprozil.....	60	cilostazol.....	93
32GX6MM.....	101	cefuroxime axetil.....	60	CILOXAN.....	136
CAREONE UNIFINE PENTIPS		CELEBREX.....	4	CIMDUO.....	51
29GX12MM.....	101	celecoxib.....	4,5	cimetidine.....	150
CAREONE UNIFINE PENTIPS		CELEXA.....	26	CIMETIDINE HCL.....	150
31GX5MM.....	101	CELLCEPT.....	123	cinacalcet hcl.....	84
CAREONE UNIFINE PENTIPS		CELONTIN.....	25	CIPRO.....	86
31GX6MM.....	101	CENTANY.....	72	CIPRO HC.....	140
CAREONE UNIFINE PENTIPS		cephalexin.....	59	CIPRODEX.....	140
31GX8MM.....	101	CEPHALEXIN.....	59	ciprofloxacin.....	87
CAREONE UNIFINE PENTIPS		CEPROTIN.....	93	CIPROFLOXACIN ER.....	86,87
PLUS PEN NEEDLES		CERDELGA.....	93	CIPROFLOXACIN HCL.....	87
29GX12MM.....	101	CERVIDIL.....	141	ciprofloxacin hcl.....	87
CAREONE UNIFINE PENTIPS		CESAMET.....	32	ciprofloxacin hcl (ophth).....	136
PLUS PEN NEEDLES		CETRAXAL.....	140	ciprofloxacin hcl (otic).....	140
31GX5MM.....	101	CETYLEV.....	32	CIPROFLOXACIN/FLUOCINOLO	
CAREONE UNIFINE PENTIPS		cevimeline hcl.....	124	NE ACETONIDE PF.....	140
PLUS PEN NEEDLES		CHANTIX.....	147	citalopram hydrobromide.....	26
31GX6MM.....	101	CHANTIX CONTINUING		CITRANATAL 90 DHA.....	127
CAREONE UNIFINE PENTIPS		MONTHPAK.....	147	CITRANATAL ASSURE.....	127
PLUS PEN NEEDLES		CHANTIX STARTING MONTH		CITRANATAL B-CALM.....	127
31GX8MM.....	101	PAK.....	147	CITRANATAL BLOOM.....	127
CARETOUCH PEN NEEDLES		CHEMET.....	32	CITRANATAL BLOOM	
31G X 6 MM.....	101			DHA.....	127
CARETOUCH PEN NEEDLES					
31GX 5MM.....	101				
CARETOUCH PEN NEEDLES					
31GX 8MM.....	102				
CARETOUCH PEN NEEDLES					
32GX 5MM.....	102				
carisoprodol.....	132				

CITRANATAL HARMONY	127	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	102	clomiphene citrate	83
CITRANATAL MEDLEY	127	CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	102	clomipramine hcl	27
CITRANATAL RX	127	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	102	clonazepam	21
claravis	69	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	102	clonidine hcl	38
CLARINEX	34	CLICKFINE PEN NEEDLES 31G X 1/4"	102	clopidogrel bisulfate	93
CLARITHROMYCIN	98	CLICKFINE PEN NEEDLES 31G X 3/16"	102	clorazepate dipotassium	16
clarithromycin	98	CLICKFINE PEN NEEDLES 31G X 5/16"	102	clotrimazole	124
clearlax	96	CLICKFINE PEN NEEDLES 31G X 8MM	102	clotrimazole w/ betamethasone	72
CLEMASTINE FUMARATE	34	CLICKFINE PEN NEEDLES/31GX1/4"	102	clovique	123
CLEOCIN	14,153	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	103	clozapine	49
CLEOCIN PEDIATRIC GRANULES	14	CLIMARA	86	CLOZAPINE ODT	49
CLEOCIN-T	69	CLIMARA PRO	85	CLOZARIL	49
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/ADULT LARGE	117	clindacin etz pledgets	69	COAGADDEX	91
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM	117	clindamycin hcl	15	COARTEM	41
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA	117	clindamycin palmitate hydrochloride	15	codeine sulfate	8
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL	117	CLINDAMYCIN PHOSPHATE	70	CODITUSSIN AC	66
CLEVER CHOICE ANTI- STATICVALVED HOLDING CHAMBER/SMALL INFANT	117	clindamycin phosphate (topical)	70	COLAZAL	87
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM	102	clindamycin phosphate vaginal	153	COLCHICINE	90
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM	102	clindamycin phosphate-benzoyl peroxide	70	colchicine	90
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	102	clindamycin phosphate-benzoyl peroxide (refrigerate)	70	colchicine w/ probenecid	90
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	102	clindamycin phosphate- tretinoin	70	COLCRYST	90
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	102	CLINDESSE	153	colesevelam hcl	35
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	102	clobazam	21	COLESTID	35
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	102	clobetasol propionate	75	COLESTID FLAVORED	35
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	102	clobetasol propionate e	75	colestipol hcl	35
		clobetasol propionate emollient base	75	colocort	13
		clobetasol propionate emulsion	76	COLY-MYCIN S	140
		CLOBEX	76	COLYTE-FLAVOR PACKS	95
		CLOCORTOLONE PIVALATE	76	COMBIGAN	135
		CLOCORTOLONE PIVALATE PUMP	76	COMBIPATCH	85
		clodan	75	COMBIVENT RESPIMAT	19
		CLODERM	76	COMBIVIR	51
		CLODERM PUMP	76	COMETRIQ	44
				COMFORT EZ SHORT/31G X 8MM	103
				COMFORT EZ/31G X 5MM	103
				COMFORT EZ/31G X 6MM	103
				COMPACT SPACE CHAMBER/ANTI-STATIC	118
				COMPACT SPACE CHAMBER/ANTI- STATIC/LARGE MASK	118
				COMPACT SPACE CHAMBER/ANTI- STATIC/MEDIUM MASK	118
				COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK	118

COMPLERA	51	CUTIVATE	76	DELSTRIGO	51
COMPLETENATE	127	CUVPOSA	149	DELZICOL	87
compro	50	cvs folic acid	93	DEMADEX	82
COMTAN	47	cvs lansoprazole	151	demeclocycline hcl	148
CONCEPT DHA	127	cvs mucus d extended		DEMSEER	37
CONCEPT OB	127	release	66	DEPAKENE	25
CONCERTA	2	cvs mucus d maximum strength	66	DEPAKOTE	25
CONDYLOX	79	er	66	DEPAKOTE ER	25
constulose	96	cvs nasal allergy spray	134	DEPAKOTE SPRINKLES	25
CONZIP	8	cvs nicotine		DEPEN TITRATABS	123
COPAXONE	144	transdermalsystem	146	DERMA-SMOOTH/FS	
COPIKTRA	44	CVS WOMENS		BODY	76
CORDARONE	17	PRENATAL+DHA	127	DERMA-SMOOTH/FS	
CORDRAN	76	cyclobenzaprine hcl	133	SCALP	76
COREG	55	CYCLOGYL	135	DERMOTIC	141
COREG CR	55	CYCLOMYDRIL	135	DESCOVY	51
CORGARD	56	cyclopentolate hcl	135	desipramine hcl	27
CORIFACT	91	cyclophosphamide	42	desloratadine	34
CORLANOR	59	cycloserine	42	DESLORATADINE ODT	34
CORTANE-B-OTIC	140	cyclosporine	123	desmopressin acetate	85
CORTEF	64	cyclosporine modified (for		desmopressin acetate spray	85
CORTENEMA	13	microemulsion)	123	desmopressin acetate spray	
cortic-nd	140	CYMBALTA	27	refrigerated	85
CORTIFOAM	13	cyproheptadine hcl	34	DESOGEN	62
cortisone acetate	64	CYSTADANE	84	desogestrel & ethinyl	
CORTISPORIN	72	CYSTAGON	89	estradiol	62
CORTISPORIN-TC	141	CYSTARAN	139	desogestrel-ethinyl estradiol	
CORZIDE	39	CYTOMEL	149	(biphasic)	62
COSENTYX	74	CYTOTEC	152	DESONATE	76
COSENTYX SENSOREADY		cytra k crystals	89	desonide	76
PEN	74	cytra-3	89	DESOWEN	76
COSOPT	135	cytra-k	89	DESOXIMETASONE	76
COSOPT PF	135	D-PENAMINE	123	desoximetasone	76
COTELLIC	44	D.H.E. 45	120	DESOXYN	1
COUMADIN	20	dalfampridine	144	DESVENLAFAXINE ER	27
COZAAR	37	danazol	12	desvenlafaxine succinate	27
CREON	81	DANTRIUM	133	DETROL	152
CRESEMBA	33	dantrolene sodium	133	DETROL LA	152
CRESTOR	36	dapsone	14	dexamethasone	64
CRINONE	154	dapsone (topical)	70	DEXAMETHASONE	
CRIXIVAN	51	darifenacin hydrobromide	152	INTENSOL	64
cromolyn sodium	17	DAURISMO	43	DEXAMETHASONE SODIUM	
CROMOLYN SODIUM	17	DAYPRO	5	PHOSPHATE	138
cromolyn sodium (ophth)	139	DAYTRANA	2	DEXEDRINE	1
cryselle-28	62	DDAVP	85	dexmethylphenidate hcl	2
CUPRIMINE	123	decadron	64	dextroamphetamine sulfate	1
		DECON-G	66	DIACOMIT	22
		deferasirox	32	DIASTAT ACUDIAL	21
				DIASTAT PEDIATRIC	21

diazepam.....	16	DIURIL.....	82	DROPLET PEN NEEDLES 32G	
diazepam (anticonvulsant)...	21	divalproex sodium.....	25	X 3/16".....	103
diazepam intensol.....	15	DIVIGEL.....	86	DROPLET PEN NEEDLES 32G	
DIAZEPAM RECTAL GEL.....	21	dofetilide.....	17	X 5/16".....	103
diazoxide.....	29	DOLOPHINE.....	8	DROPLET PEN NEEDLES	
DIBENZYLIN.....	37	donepezil hydrochloride..	142	32GX5MM.....	103
DICLEGIS.....	32	DORAL.....	94	DROPLET PEN NEEDLES	
DICLOFENAC EPOLAMINE.....	71	dorzolamide hcl.....	139	32GX6MM.....	103
diclofenac potassium.....	5	DORZOLAMIDE HCL.....	139	DROPLET PEN NEEDLES	
diclofenac sodium.....	5	dorzolamide hcl-timolol		32GX8MM.....	103
diclofenac sodium (actinic		maleate.....	135	DROPSAFE SAFETY PEN	
keratoses).....	73	DORZOLAMIDE		NEEDLES/31G X 5/16".....	103
diclofenac sodium (ophth)...	139	HCL/TIMOLOL		DROPSAFE SAFETY PEN	
diclofenac sodium (topical)...	71	MALEATE.....	135	NEEDLES/31G X 1/4".....	103
diclofenac w/ misoprostol.....	5	DOTHELLE DHA.....	127	drosiprone-ethinyl	
dicloxacillin sodium.....	142	dotti.....	86	estradiol.....	62
dicyclomine hcl.....	149	DOVATO.....	51	drosiprone-ethinyl estradiol-	
DIDANOSINE.....	51	DOVONEX.....	74	levomefolate calcium.....	62
DIFFERIN.....	70	doxazosin mesylate.....	38	DROXIA.....	93
DIFICID.....	98	doxepin hcl.....	27	DRUG MART UNIFINE PENTIPS	
diflorasone diacetate.....	76	DOXEPIN HCL.....	27	31GX5MM.....	103
DIFLUCAN.....	33	doxepin hcl.....	27	DRUG MART UNIFINE	
diflunisal.....	8	doxercalciferol.....	84	PENTIPS29G X 12MM.....	103
digitek.....	57	DOXYCYCLINE.....	80	DRUG MART UNIFINE	
digoxin.....	57,58	doxycycline		PENTIPS31GX6MM.....	104
dihydroergotamine		(monohydrate).....	148	DRUG MART UNIFINE	
mesylate.....	120	doxycycline hyclate.....	148	PENTIPS31GX8MM.....	104
DILANTIN.....	25	doxylamine-pyridoxine.....	32	DRYSOL.....	79
DILANTIN INFATABS.....	25	DRISDOL.....	154	DUAC.....	70
DILANTIN-125.....	25	dronabinol.....	33	DUAVEE.....	85
DILATRATE SR.....	15	DROPLET INSULIN SYRINGE		DUET DHA 400.....	127
DILAUDID.....	8	U-100/0.3ML/31G X		DUET DHA BALANCED.....	127
DILT-XR.....	56	15/64".....	103	DUETACT.....	28
diltiazem hcl.....	57	DROPLET INSULIN SYRINGE		DULCOLAX.....	97
diltiazem hcl coated beads..	57	U-100/1ML/31G X 15/64".....	103	duloxetine hcl.....	27
diltiazem hcl extended release		DROPLET INSULIN		DUPIXENT.....	79
beads.....	57	SYRINGE/U-100/0.3ML/31G X		DURAGESIC.....	8
DIOVAN.....	38	15/64".....	103	DUREZOL.....	138
DIOVAN HCT.....	39	DROPLET INSULIN		dutasteride.....	90
DIPENTUM.....	87	SYRINGE/U-100/1ML/31G X		dutasteride-tamsulosin hcl..	90
diphenoxylate w/ atropine....	31	15/64".....	103	DYAZIDE.....	81
DIPROLENE.....	77	DROPLET PEN NEEDLES		DYMISTA.....	133
DIPROLENE AF.....	76	29GX12MM.....	103	DYRENIUM.....	82
dipyridamole.....	93	DROPLET PEN NEEDLES 30G		e.e.s. 400.....	98
disopyramide phosphate.....	16	X 5/16".....	103	E.E.S. GRANULES.....	98
disulfiram.....	142	DROPLET PEN NEEDLES		EASIVENT.....	118
DITROPAN XL.....	152	31GX5MM.....	103	EASIVENT/MASK-LARGE.....	118
		DROPLET PEN NEEDLES		EASIVENT/MASK-MEDIUM.....	118
		31GX6MM.....	103	EASIVENT/MASK-SMALL.....	118
		DROPLET PEN NEEDLES		EASY COMFORT PEN	
		31GX8MM.....	103	NEEDLES31GX1/4".....	104
		DROPLET PEN NEEDLES 32G			
		X 1/4".....	103		

EASY COMFORT PEN NEEDLES31GX3/16".....	104	eletriptan hydrobromide..	120	epinephrine (anaphylaxis) ..	154
EASY COMFORT PEN NEEDLES31GX5/16".....	104	ELIDEL.....	79	epitol.....	21
EASY COMFORT PEN NEEDLES33G X 4MM.....	104	ELIGARD.....	43	EPIVIR.....	51
EASY GLIDE PEN NEEDLES 33G X 5/32".....	104	ELIMITE.....	80	EPIVIR HBV.....	54
EASY TOUCH 32GX5MM.....	104	ELIQUIS.....	20	eplerenone.....	41
EASY TOUCH 32GX6MM.....	104	ELIQUIS STARTER PACK 20		EPROSARTAN MESYLATE.....	38
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2".....	104	ELIXOPHYLLIN.....	19	EPZICOM.....	52
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2".....	104	ELLA.....	64	EQUETRO.....	49
EASY TOUCH PEN NEEDLE 30G X 5/16".....	104	ELMIRON.....	89	ergocalciferol.....	154
EASY TOUCH PEN NEEDLES 29GX1/2".....	104	ELOCON.....	77	ERGOLOID MESYLATES.....	145
EASY TOUCH PEN NEEDLES 31GX1/4".....	104	ELOCTATE.....	91	ERGOMAR.....	120
EASY TOUCH PEN NEEDLES 31GX5/16".....	104	eluryng.....	63	ergotamine w/ caffeine.....	120
EASY TOUCH PEN NEEDLES 32GX1/4".....	104	EMADINE.....	139	ERIVEDGE.....	43
EASY TOUCH PEN NEEDLES 32GX3/16".....	104	EMBEDA.....	9	ERLEADA.....	43
EASY TOUCH PEN NEEDLES/31G X 3/16".....	104	EMCYT.....	43	erlotinib hcl.....	44
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16".....	104	EMEND.....	33	ERTACZO.....	72
econazole nitrate.....	72	EMEND TRIPACK.....	33	ERY.....	70
ECOZA.....	72	EMFLAZA.....	64	ery-tab.....	98
ed a-hist dm.....	65	EMSAM.....	26	ERYGEL.....	70
ED BRON GP.....	66	EMTRIVA.....	51	ERYPED 200.....	98
ed-spaz.....	149	ENABLEX.....	152	ERYPED 400.....	98
EDARBI.....	38	enalapril maleate.....	37	erythrocin stearate.....	98
EDARBYCLOR.....	39	enalapril maleate & hydrochlorothiazide.....	39	ERYTHROMYCIN.....	98
EDECIN.....	82	ENBRACE HR.....	127	erythromycin (acne aid).....	70
EDURANT.....	51	ENBREL.....	6	erythromycin (ophth).....	136
efavirenz.....	51	ENBREL MINI.....	6	erythromycin base.....	98
effer-k.....	122	ENBREL SURECLICK.....	6	erythromycin ethylsuccinate.....	98
EFFER-K.....	122	ENCARE.....	153	ESBRIET.....	147
effervescent pot chloride... ..	122	endocet.....	10,11	ESCAVITE D.....	126
EFFERVESCENT POTASSIUM/CHLORIDE..	122	ENDOMETRIN.....	154	escitalopram oxalate.....	26
EFFEXOR XR.....	27	enoxaparin sodium.....	20	esgic.....	6
EFFIENT.....	93	enpresse-28.....	60	ESGIC.....	7
EFUDEX.....	73	entacapone.....	47	estarylla.....	62
EGRIFTA.....	83	entecavir.....	54	estazolam.....	94
EGRIFTA SV.....	83	ENTEREG.....	88	ESTRACE.....	86
ELDEPRYL.....	48	ENTOCORT EC.....	64	estradiol.....	86
ELESTAT.....	139	ENTRESTO.....	58	estradiol & norethindrone acetate.....	85
ELESTRIN.....	86	enulose.....	88	ESTRADIOL CONCENTRATE.....	60
		EPCLUSA.....	54	estradiol vaginal.....	154
		EPIDIOLEX.....	22	ESTRING.....	154
		EPIDUO.....	70	ESTROGEL.....	86
		EPIDUO FORTE.....	70	ESTROPIPATE.....	86
		EPIFOAM.....	77	ESTROSTEP FE.....	62
		epinastine hcl (ophth).....	139	eszopiclone.....	94
		EPINEPHRINE.....	154	ethacrynic acid.....	82

ethambutol hcl.....	42	febuxostat.....	90	flac.....	141
ethosuximide.....	25	FEIBA.....	91	FLAGYL.....	14
ethynodiol diacet & eth		felbamate.....	24	FLAREX.....	138
estrad.....	62	FELBATOL.....	24	flavoxate hcl.....	153
ETIDRONATE DISODIUM.....	83	FELDENE.....	5	flecainide acetate.....	16
etodolac.....	5	felodipine.....	57	FLECTOR.....	71
etonogestrel-ethinyl estradiol	63	FEM PH.....	153	FLEXICHAMBER.....	118
ETOPOSIDE.....	47	FEMARA.....	43	FLOMAX.....	90
EUCRISA.....	79	FEMCAP.....	98	FLONASE ALLERGY	
euthyrox.....	148	FEMHRT LOW DOSE.....	85	RELIEF.....	134
EVAMIST.....	86	FEMRING.....	154	FLONASE ALLERGY RELIEF	
everolimus.....	44	FENOFIBRATE.....	35	CHILDRENS.....	134
everolimus		fenofibrate.....	35	FLORIVA.....	121
(immunosuppressant).....	123	FENOFIBRATE.....	35	FLORIVA PLUS.....	125
EVISTA.....	83	fenofibrate.....	35	FLOVENT DISKUS.....	18
EVOCLIN.....	70	fenofibrate micronized.....	35	FLOVENT HFA.....	18
EVOTAZ.....	52	FENOFIBRIC ACID.....	35	FLOXIN OTIC.....	140
EVOXAC.....	124	FENOPROFEN CALCIUM.....	5	fluconazole.....	33
EXACTUSS TR.....	66	fenoprofen calcium.....	5	flucytosine.....	33
EXALGO.....	9	FENORTHO.....	5	fludrocortisone acetate.....	65
EXAPHEX TR.....	66	FENSOLVI.....	43	FLUMADINE.....	55
EXEL COMFORT POINT		fentanyl.....	9	FLUMIST QUADRIVALENT	153
INSULIN PEN NEEDLES 29G X		fentanyl citrate.....	9	fluocinolone acetonide.....	77
12MM.....	104	FERRIPROX.....	32	fluocinolone acetonide	
EXEL COMFORT POINT		FETZIMA.....	27	(otic).....	141
INSULIN PEN NEEDLES 31G X		FETZIMA TITRATION		fluocinonide.....	77
6MM.....	104	PACK.....	27	fluocinonide emulsified base	77
EXEL COMFORT POINT		FIBRICOR.....	36	FLUORABON.....	121
INSULIN PEN NEEDLES 31G X		FIBRYGA.....	91	fluoritab.....	121
8MM.....	104	FIFTY50 PEN NEEDLES 31G		fluorometholone (ophth).....	138
EXELDERM.....	72	X3/16" (5MM).....	104	FLUOROPLEX.....	73
EXELON.....	142	FIFTY50 PEN NEEDLES 31G		FLUOROURACIL.....	73
exemestane.....	43	X5/16" (8MM).....	105	fluorouracil (topical).....	73
EXFORGE.....	39	FIFTY50 PEN NEEDLES		FLUOXETINE.....	145
EXFORGE HCT.....	39	31GX5MM.....	105	FLUOXETINE DR.....	26
EXODERM.....	72	FIFTY50 PEN		fluoxetine hcl.....	26
EXTAVIA.....	144	NEEDLES/31GX8MM.....	105	fluoxetine hcl (pmd).....	145
EXTINA.....	72	FIFTY50 PEN		FLUOXETINE	
ezetimibe.....	36	NEEDLES/32GX6MM.....	105	HYDROCHLORIDE.....	26
ezetimibe-simvastatin.....	34	FINACEA.....	80	FLUPHENAZINE HCL.....	50
FABIOR.....	70	finasteride.....	90	fluphenazine hcl.....	50
famciclovir.....	55	FIORICET.....	7	FLUPHENAZINE HCL.....	50
famotidine.....	150	FIORICET/CODEINE.....	11	FLURA-DROPS.....	121
FARESTON.....	43	FIORINAL.....	7	flurandrenolide.....	77
FARXIGA.....	31	FIORINAL/CODEINE #3.....	11	flurazepam hcl.....	94
FARYDAK.....	44	FIRDAPSE.....	41	flurbiprofen.....	5
FAZACLO.....	50	FIRST-MOUTHWASH		flurbiprofen sodium.....	139
FC FEMALE CONDOM.....	98	BLM.....	124	FLURBIPROFEN SODIUM.....	139
FC2 FEMALE CONDOM.....	98	FIRVANQ.....	14		

flutamide	43	gabapentin	22	GLOBAL EASE INJECT PEN	
fluticasone propionate	77	GABITRIL	24	NEEDLES 31GX5MM	105
fluticasone propionate (nasal)	134	GALAFOLD	84	GLOBAL EASY GLIDE INSULIN	
fluticasone-salmeterol	19	galantamine		SYRINGE/0.3ML/31G X	
fluvastatin sodium	36	hydrobromide	142	15/64"	105
flvoxamine maleate	26	GALANTAMINE		GLOBAL EASY GLIDE INSULIN	
FML	138	HYDROBROMIDE	142	SYRINGE/1ML/31G X	
FML FORTE	138	galantamine		15/64"	105
FML LIQUIFILM	138	hydrobromide	143	GLUCAGEN HYPOKIT	29
FOCALIN	2	GALZIN	122	GLUCAGON EMERGENCY	
FOCALIN XR	2	gatifloxacin (ophth)	136	KIT	29
FOLET DHA	127	GATTEX	89	GLUCOPHAGE	29
folic acid	93	GAVILYTE-C	95	GLUCOPHAGE XR	29
FOLIVANE-OB	127	gavilyte-g	95	GLUCOTROL	31
fondaparinux sodium	20	gavilyte-h	95	GLUCOTROL XL	31
FORFIVO XL	25	gavilyte-n/flower pack	95	GLUCOVANCE	28
FORTEO	83	GELFILM OP	139	glyburide	31
FORTESTA	12	gemfibrozil	36	glyburide micronized	31
FOSAMAX	83	GENERESS FE	62	glyburide-metformin	28
fosamprenavir calcium	52	gengraf	123	GLYCATE	149
fosinopril sodium	37	GENTAK	136	glycopyrrolate	150
fosinopril sodium & hydrochlorothiazide	39	gentamicin sulfate		GLYCOPYRROLATE	150
FOSRENOL	88	(ophth)	136	GLYNASE	31
FRAGMIN	20,21	gentamicin sulfate (topical)	72	GLYSET	28
FREDS PHARMACY UNIFINE		GENVOYA	52	GLYXAMBI	28
PENTIPS PLUS 31GX5MM	105	GEODON	49	gnp aspirin	8
FREDS PHARMACY UNIFINE		gianvi	60	GNP CLICKFINE PEN	
PENTIPS PLUS 31GX8MM	105	GIAZO	87	NEEDLEUNIVERSAL/31GX5/16"	
FREESTYLE INSULINX		GILENYA	144		105
BLOODGLUCOSE TEST	80	GILOTRIF	45	GNP CLICKFINE UNIVERSAL	
FREESTYLE INSULINX		GILPHEX TR	66	PEN NEEDLES 31GX1/4"	105
BLOODGLUCOSE TEST		GILTUSS COUGH &		GNP CLICKFINE UNIVERSAL	
STRIPS	80	COLD	66	PEN NEEDLES 31GX5/16"	105
FREESTYLE LITE TEST		GILTUSS SINUS &		GOLYTELY	95
STRIPS	80	CONGESTION	67	goodsense aspirin	8
FREESTYLE TEST STRIPS	81	GILTUSS TR	67	GOODSENSE CLICKFINE	
FROVA	120	glatiramer acetate	144	SAFETY PEN NEEDLE/31G X	
frovatriptan succinate	120	glatopa	144	3/16"	105
FULPHILA	93	GLEEVEC	45	GOODSENSE PEN	
FURADANTIN	152	GLENMAX PEB	67	NEEDLE/PENFINE	
furosemide	82	GLEOSTINE	42	CLASSIC/31G X 3/16"	105
FUROSEMIDE	82	glimepiride	31	GOODSENSE PEN	
furosemide	82	glipizide	31	NEEDLE/PENFINE	
FUZEON	52	glipizide xl	31	CLASSIC/31G X 5/16"	105
fyavolv	85	glipizide-metformin hcl	28	GOODSENSE PEN	
FYCOMPA	21	GLOBAL EASE INJECT PEN		NEEDLE/PENFINE	
g tussin ac	65	NEEDLES 29GX12MM	105	CLASSIC/32G X 1/4"	105
		GLOBAL EASE INJECT PEN		GRALISE	145
		NEEDLES 31GX8MM	105	GRALISE STARTER	145
				granisetron hcl	32
				GRANIX	93
				GRIS-PEG	33

griseofulvin microsize	33	HEPSERA	54	hydrocodone- acetaminophen	11
griseofulvin ultramicrosize	33	HETLIOZ	95	hydrocodone-ibuprofen	11
guaifenesin	68	HEXALEN	42	hydrocortisone	64
guaifenesin dac	65	HIPREX	152	hydrocortisone (intrarectal)	13
guaifenesin-codeine	67	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	106	hydrocortisone (rectal)	13
guanfacine hcl	38	HOMATROPAIRE	135	hydrocortisone (topical)	77
guanfacine hcl (adhd)	1	homatropine hbr	135	hydrocortisone butyrate	77
GUANIDINE HCL	41	HORIZANT	145	hydrocortisone butyrate hydrophilic lipo base	77
GUM BASE GELATIN	142	HUMALOG	30	hydrocortisone valerate	77
GVOKE PFS	29	HUMALOG JUNIOR KWIKPEN	29	hydrocortisone w/acetic acid	141
GYNAZOLE-1	153	HUMALOG KWIKPEN	30	hydromet	65
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	105	HUMALOG MIX 50/50	30	hydromorphone hcl	9
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	105	HUMALOG MIX 50/50 KWIKPEN	30	hydroxychloroquine sulfate	41
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	106	HUMALOG MIX 75/25	30	hydroxyurea	46
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	106	HUMALOG MIX 75/25 KWIKPEN	30	hydroxyzine hcl	15
H-E-B INCONTROL PEN NEEDLES 29GX12MM	106	HUMATE-P	91	hydroxyzine pamoate	15
HALCION	94	HUMATROPE	83	hyoscyamine sulfate	150
halobetasol propionate	77	HUMATROPE COMBO PACK	83	HYPER-SAL	68
haloperidol	49	HUMIRA	4	HYPERSAL	68
haloperidol lactate	49	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3	HYPODERMIC NEEDLE 30GX1/2"	106
HARVONI	54	HUMIRA PEN	3	HYSINGLA ER	9
HEALTHWISE MINI PEN NEEDLES 31GX6MM	106	HUMIRA PEN-CD/UC/HS STARTER	3	HYZAAR	39
HEALTHWISE PEN NEEDLES 29GX12MM	106	HUMIRA PEN-PS/UV STARTER	3	ibandronate sodium	83
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	106	HUMULIN 70/30	30	IBRANCE	45
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	106	HUMULIN 70/30 KWIKPEN	30	ibu	4
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	106	HUMULIN N	30	ibudone	10
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	106	HUMULIN N KWIKPEN	30	ibuprofen	5
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	106	HUMULIN R	30	icatibant acetate	92
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	106	HUMULIN R U-500 (CONCENTRATED)	30	ICLUSIG	45
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	106	HUMULIN R U-500 KWIKPEN	30	IDELVION	91
HELIKATE FS	91	HYCAMTIN	47	IDHIFA	45
HEMENATAL OB	128	hydralazine hcl	41	ILEVRO	139
HEMENATAL OB + DHA	127	HYDREA	46	ilotycin	136
HEMOFIL M	91	hydrochlorothiazide	82	ILUMYA	74
		HYDROCODONE BITARTRATE/CHLORPHENIR AMINE MALEATE/PSE	67	imatinib mesylate	45
		hydrocodone polistirex- chlorpheniramine polistirex	67	IMBRUVICA	45
		hydrocodone w/ homatropine	65	imipramine hcl	27
				imipramine pamoate	28
				imiquimod	79
				IMITREX	120
				IMITREX STATDOSE REFILL	120
				IMITREX STATDOSE SYSTEM	120
				IMODIUM A-D	31

IMPAVIDO.....	14	INTUNIV.....	1	JIVI.....	91
IMURAN.....	123	INVEGA.....	49	JUBLIA.....	72
inatal gt.....	127	INVIRASE.....	52	JULUCA.....	52
INCRELEX.....	84	INVOKAMET.....	28	JUXTAPID.....	36
INCRUSE ELLIPTA.....	17	INVOKAMET XR.....	28	JYNARQUE.....	85
indapamide.....	82	INVOKANA.....	31	k-effervescent.....	122
INDERAL LA.....	56	IODINE STRONG.....	121	K-PHOS.....	122
INDERAL XL.....	56	iodoquimez-hc.....	72	K-PHOS NEUTRAL.....	122
INDOCIN.....	5	iodoquinol-hydrocortisone in aloe vehicle.....	72	K-PHOS NO 2.....	89
INDOMETHACIN.....	5	IOPIDINE.....	136	k-sol.....	122
indomethacin.....	5	ipratropium bromide.....	17	K-TAB.....	122
INFANATE BALANCE.....	128	ipratropium bromide (nasal).....	133	KADIAN.....	9
INGREZZA.....	143	ipratropium-albuterol.....	19	kaitlib fe.....	61
INLYTA.....	45	IPRIVASK.....	21	KALETRA.....	52
INNOPRAN XL.....	56	irbesartan.....	38	KALYDECO.....	147
INREBIC.....	45	irbesartan-hydrochlorothiazide	39	KARBINAL ER.....	34
INSPIRACHAMBER/ANTI- STATIC VALVED/MOUTHPIECE.....	118	IRESSA.....	45	KCENTRA.....	91
INSPIRACHAMBER/LARGE	118	ISENTRESS.....	52	KEFLEX.....	59
INSPIRACHAMBER/SOOTHER MASK/INSPIRAMASK/MEDIUM	118	ISENTRESS HD.....	52	kelnor 1/35.....	60
INSPIRACHAMBER/SOOTHER MASK/INSPIRAMASK/SMALL	118	isoniazid.....	42	KENALOG.....	77
INSPIREASE DRUG DELIVERY SYSTEM.....	118	ISOPTO ATROPINE.....	136	KEPPRA.....	22
INSPIREASE DRUG DELIVERY SYSTEM.....	118	ISOPTO CARPINE.....	136	KEPPRA XR.....	22
INSPIREASE DRUG DELIVERY SYSTEM.....	118	ISORDIL TITRADOSE.....	15	ketoconazole.....	33
INSPIREASE DRUG DELIVERY SYSTEM.....	118	isosorbide dinitrate.....	15	ketoconazole (topical).....	72
INSPIREASE DRUG DELIVERY SYSTEM.....	118	ISOSORBIDE DINITRATE ER.....	15	ketodan.....	72
INSPIREASE DRUG DELIVERY SYSTEM.....	118	isosorbide mononitrate.....	15	KETONE.....	81
INSPIREASE DRUG DELIVERY SYSTEM.....	118	isotretinoin.....	70	KETOPROFEN.....	5
INSPIREASE DRUG DELIVERY SYSTEM.....	118	isoxsuprine hcl.....	58	KETOPROFEN ER.....	5
INSPIREASE DRUG DELIVERY SYSTEM.....	118	isradipine.....	57	ketorolac tromethamine.....	5
INSPIREASE DRUG DELIVERY SYSTEM.....	118	ISTALOL.....	135	ketorolac tromethamine (ophth).....	139
INSPIREASE DRUG DELIVERY SYSTEM.....	118	itraconazole.....	33	KETOSTIX.....	81
INSPIREASE DRUG DELIVERY SYSTEM.....	118	ivermectin.....	13	KEVZARA.....	4
INSPIREASE DRUG DELIVERY SYSTEM.....	118	IVERMECTIN.....	80	KHEDEZLA.....	27
INSPIREASE DRUG DELIVERY SYSTEM.....	118	ivermectin (rosacea).....	80	kimidess.....	60
INSPIREASE DRUG DELIVERY SYSTEM.....	118	IXINITY.....	91	kionex.....	124
INSPIREASE DRUG DELIVERY SYSTEM.....	118	JADENU.....	32	KISQALI.....	45
INSPIREASE DRUG DELIVERY SYSTEM.....	118	JADENU SPRINKLE.....	32	KISQALI FEMARA 200 DOSE.....	44
INSPIREASE DRUG DELIVERY SYSTEM.....	118	JAKAFI.....	45	KISQALI FEMARA 400 DOSE.....	44
INSPIREASE DRUG DELIVERY SYSTEM.....	118	JALYN.....	90	KISQALI FEMARA 600 DOSE.....	44
INSPIREASE DRUG DELIVERY SYSTEM.....	118	jantoven.....	20	KITABIS PAK.....	3
INSPIREASE DRUG DELIVERY SYSTEM.....	118	JANUMET.....	28	KLARITY-A.....	136
INSPIREASE DRUG DELIVERY SYSTEM.....	118	JANUMET XR.....	28	KLARON.....	70
INSPIREASE DRUG DELIVERY SYSTEM.....	118	JANUVIA.....	29	klofensaid ii.....	71
INSPIREASE DRUG DELIVERY SYSTEM.....	118	JARDIANCE.....	31	KLONOPIN.....	21

klor-con.....	122	LANTUS.....	30	levonorgestrel & eth	
klor-con 10.....	122	LANTUS SOLOSTAR.....	30	estradiol.....	62
klor-con m10.....	122	LASIX.....	82	levonorgestrel (emergency	
KLOR-CON M15.....	122	LASTACAPT.....	139	oc).....	64
klor-con sprinkle.....	122	latanoprost.....	140	levonorgestrel-eth estradiol	
KOATE.....	92	LATANOPROST.....	140	(triphasic).....	62
KOATE-DVI.....	92	LATUDA.....	49	levonorgestrel-ethinyl estradiol	
KOGENATE FS.....	92	LEADER UNIFINE PENTIPS		(91-day).....	62
KOGENATE FS BIO-SET.....	92	PLUS/MINI/31GX3/16".....	107	levonorgestrel-ethinyl estradiol	
KOVALTRY.....	92	LEADER UNIFINE PENTIPS		(continuous).....	62
kp folic acid.....	93	PLUS/SHORT/31GX5/16".....	107	levorphanol tartrate.....	9
KRINTAFEL.....	41	LEADER UNIFINE		LEVORPHANOL TARTRATE.....	9
KROGER PEN NEEDLES 29G		PENTIPS/MINI/31GX3/16".....	107	levothyroxine sodium.....	149
X12MM.....	107	LEDIPASVIR/SOFOSBUVIR		LEVSIN.....	150
KROGER PEN NEEDLES 31G		.....	54	LEXAPRO.....	26
X8MM.....	107	leflunomide.....	6	LEXIVA.....	52
KROGER PEN NEEDLES		LENVIMA 10 MG DAILY		LIALDA.....	88
31GX1/4".....	107	DOSE.....	45	LIBRAX.....	150
KROGER PEN NEEDLES/31G		LENVIMA 14 MG DAILY		lidocaine.....	79
X1/4".....	107	DOSE.....	45	lidocaine hcl (mouth-throat).....	124
KROGER PEN NEEDLES/31G		LENVIMA 18 MG DAILY		lidocaine-prilocaine.....	79
X3/16".....	107	DOSE.....	45	LIDODERM.....	79
KROGER PEN NEEDLES/31G		LENVIMA 20 MG DAILY		linezolid.....	15
X5/16".....	107	DOSE.....	45	LINZESS.....	88
KROGER PEN NEEDLES/33G		LENVIMA 24 MG DAILY		liothyronine sodium.....	149
X5/32".....	107	DOSE.....	45	LIPITOR.....	36
KUVAN.....	84	LENVIMA 8 MG DAILY		LIPOFEN.....	36
KYNAMRO.....	35	DOSE.....	45	lisinopril.....	37
labetalol hcl.....	55	LESCOL XL.....	36	lisinopril &	
LACRISERT.....	135	LETAIRIS.....	58	hydrochlorothiazide.....	39
lactulose.....	96	letrozole.....	43	LITEAIRE.....	118
lactulose (encephalopathy).....	88	leucovorin calcium.....	47	LITETOUCH PEN NEEDLES	
LAMICTAL.....	22	LEUKERAN.....	42	29GX12.7MM.....	107
LAMICTAL CHEWABLE		LEUKINE.....	93	LITETOUCH PEN NEEDLES	
DISPERSIBLE.....	22	leuprolide acetate.....	43	31G X 6MM.....	107
LAMICTAL ODT.....	22	levabuterol hcl.....	19	LITETOUCH PEN NEEDLES	
LAMICTAL STARTER/NOT		levabuterol tartrate.....	19	31G X 6MM/ULTRA	
TAKING CARBAMAZEPINE.....	22	LEVAQUIN.....	87	SHORT.....	107
LAMICTAL STARTER/TAKING		LEVBID.....	150	LITETOUCH PEN NEEDLES	
CARBAMAZEPINE/NOT TAKING		LEVEMIR.....	30	31GX8MM SHORT.....	107
VALPROATE.....	22	LEVEMIR FLEXTOUCH.....	30	LITETOUCH PEN	
LAMICTAL STARTER/TAKING		levetiracetam.....	23	NEEDLES/31G X 3/16".....	107
VALPROATE.....	22	levo-t.....	148	LITETOUCH PEN	
LAMICTAL XR.....	23	levobunolol hcl.....	135	NEEDLES/31G X	
lamivudine.....	52	LEVOBUNOLOL HCL.....	135	5MM/MINI.....	107
lamivudine (hbv).....	54	levocarnitine (metabolic		LITETOUCH PEN	
lamivudine-zidovudine.....	52	modifiers).....	84	NEEDLES/31G X	
lamotrigine.....	23	levofloxacin.....	87	8MM/SHORT.....	107
LANOXIN.....	58	levofloxacin (ophth).....	136	LITHIUM.....	49
lansoprazole.....	151			lithium carbonate.....	49
lanthanum carbonate.....	88,89			LITHOBID.....	49
				LITHOSTAT.....	90

LO LOESTRIN FE	62	LYRICA	23	medroxyprogesterone acetate	142
LOCOID	77	LYSODREN	43	mefenamic acid	5
LOCOID LIPOCREAM	77	LYSTEDA	94	MEFLOQUINE HCL	41
LODINE	5	M-CLEAR WC	67	MEGACE ES	142
LODOSYN	47	M-END PE	67	megestrol acetate	43
LOESTRIN 1.5/30-21	62	MACROBID	152	megestrol acetate (appetite)	142
LOESTRIN 1/20-21	62	MACRODANTIN	152	MEIJER PEN NEEDLES 29G X12MM	108
LOESTRIN FE 1.5/30	62	mafenide acetate	74	MEIJER PEN NEEDLES 31G X6MM	108
LOESTRIN FE 1/20	62	MAGNEBIND 400	121	MEIJER PEN NEEDLES 31G X8MM	108
LOHIST-DM	67	MALARONE	41	MEKINIST	45
LOKELMA	124	malathion	80	MEKTOVI	45
LOMOTIL	31	maprotiline hcl	25	melodetta 24 fe	61
LONSURF	44	MAR-COF BP	67	meloxicam	5
loperamide hcl	31	MAR-COF CG		melphalan	42
LOPID	36	EXPECTORANT	67	memantine hcl	143
lopinavir-ritonavir	52	MARATHON MEDICAL PENTIPS29GX12MM	107	MENEST	86
LOPRESSOR	55	MARATHON MEDICAL PENTIPS31GX5MM	108	MENOSTAR	86
LOPRESSOR HCT	39	MARATHON MEDICAL PENTIPS31GX8MM	108	meperidine hcl	9
LOPROX	72	MARINOL	33	MEPERIDINE HCL	9
LOPROX SHAMPOO	72	MARNATAL-F	128	MEPHYTON	154
lorazepam	16	MARPLAN	26	MEPRON	14
lorazepam intensol	16	MATULANE	46	mercaptopurine	42
LORBRENA	45	matzim la	56	mesalamine	88
lorcet	10	MAVENCLAD	144	MESNEX	47
LORTAB	11	MAVYRET	54	MESTINON	41
losartan potassium	38	MAXALT	120	MESTINON TIMESPAN	41
losartan potassium & hydrochlorothiazide	39	MAXALT-MLT	120	metadate er	2
LOSEASONIQUE	62	MAXICOMFORT II PEN NEEDLES/31G X 1/4"	108	metaproterenol sulfate	19
LOTEMAX	138	MAXIDEX	138	metaxall	132
LOTENSIN	37	MAXITROL	138	metaxalone	133
LOTENSIN HCT	39	MAXZIDE	81	metformin hcl	29
loteprednol etabonate	138	MAXZIDE-25	81	methadone hcl	9
LOTREL	39	MAYZENT	144	methadone hcl intensol	8
LOTRISONE	72	MAYZENT STARTER PACK	144	methadose	8
LOTRONEX	88	mccarnitine	84	METHADOSE	9
lovastatin	36	meclofenamate sodium	5	METHADOSE SUGAR-FREE	9
LOVAZA	35	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	108	methamphetamine hcl	1
LOVENOX	21	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	108	methazolamide	81
loxapine succinate	50	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	108	methenamine hippurate	152
LULICONAZOLE	72	MEDROL	64	methenamine mandelate	152
LUMIGAN	140	MEDROL DOSEPAK	64	methergine	141
LUNESTA	94			methimazole	148
LUXIQ	78			METHITEST	13
LUZU	72				
LYNPARZA	45				

methocarbamol.....	133	midazolam hcl.....	94	MOVIPREP.....	95
METHOTREXATE.....	4	midodrine hcl.....	154	MOXATAG.....	141
methotrexate sodium.....	42	MIGERGOT.....	120	MOXEZA.....	136
METHOTREXATE SODIUM.....	42	miglitol.....	28	moxifloxacin hcl.....	87
methotrexate sodium.....	42	miglustat.....	93	moxifloxacin hcl (ophth).....	137
methoxsalen rapid.....	74	MIGRANAL.....	120	MS CONTIN.....	10
methscopolamine bromide.....	150	MINASTRIN 24 FE.....	62	MUCINEX D.....	67
methyl dopa.....	38	MINIPRESS.....	38	MUCINEX D MAXIMUM	
methyl dopa &		minitran.....	15	STRENGTH.....	67
hydrochlorothiazide.....	40	MINIVELLE.....	86	MUCOTROL.....	125
methylergonovine maleate.....	141	MINOCIN.....	148	mucus relief d.....	66
METHYLIN.....	2	minocycline hcl.....	148	MULPLETA.....	93
METHYLPEHNIDATE		minoxidil.....	41	MULTAQ.....	17
HYDROCHLORIDE ER.....	2	MIRALAX.....	96	multi-vit/fluoride.....	125
methylphenidate hcl.....	2	MIRAPEX.....	47	multi-vit/iron/fluoride.....	126
METHYLPHENIDATE		MIRAPEX ER.....	47	multivitamin with fluoride...	125
HYDROCHLORIDE ER.....	2	MIRCETTE.....	62	multivitamin/fluoride.....	125
methylprednisolone.....	64	mirtazapine.....	25	MULTIVITAMIN/FLUORIDE	
METHYLTESTOSTERONE.....	13	MIRVASO.....	80	.....	126
METIPRANOLOL.....	135	misoprostol.....	152	mupirocin.....	72
metoclopramide hcl.....	87	MITIGARE.....	90	MYALEPT.....	84
METOCLOPRAMIDE ODT.....	87	MM PEN NEEDLES 31G X		MYAMBUTOL.....	42
metolazone.....	82	1/4".....	108	MYCOBUTIN.....	42
METOPIRONE.....	80	MM PEN NEEDLES 31G X		mycophenolate mofetil.....	123
metoprolol &		3/16".....	108	mycophenolate sodium.....	123
hydrochlorothiazide.....	40	MM PEN NEEDLES 31G X		MYDRIACYL.....	136
metoprolol succinate.....	55	5/16".....	108	MYFORTIC.....	123
metoprolol tartrate.....	56	MOBIC.....	5	MYLERAN.....	42
METOPROLOL/HYDROCHLOR		modafinil.....	3	MYNATAL ADVANCE.....	128
OTHIAZIDE.....	40	moderiba.....	54	MYNATAL ULTRACAPLET.....	128
METROCREAM.....	80	MODERIBA 1200 DOSE		MYNATE 90 PLUS.....	128
METROGEL.....	80	PACK.....	54	myorisan.....	69
METROGEL-VAGINAL.....	153	moexipril hcl.....	37	MYRBETRIQ.....	152
METROLOTION.....	80	moexipril-hydrochlorothiazide		MYSOLINE.....	23
metronidazole.....	14	.....	40	MYTESI.....	31
metronidazole (topical).....	80	mometasone furoate.....	78	nabumetone.....	5
metronidazole vaginal.....	153	mometasone furoate		nadolol.....	56
mexiletine hcl.....	16	(nasal).....	134	NADOLOL/BENDROFLUMETHIA	
MIACALCIN.....	83	mondoxyne nl.....	148	ZIDE.....	40
MICARDIS.....	38	MONOCLATE-P.....	92	NAFTIFINE HCL.....	73
MICARDIS HCT.....	40	MONONINE.....	92	naftifine hcl.....	73
MICONAZOLE 3.....	153	montelukast sodium.....	17	NAFTIN.....	73
MICROCHAMBER.....	118	MONUROL.....	152	NALFON.....	5
MICRODOT PEN NEEDLE/31G		morgidox 1x100mg.....	148	naloxone hcl.....	32
X 6 MM.....	108	morphine sulfate.....	9,10	naltrexone hcl.....	32
MICRODOT PEN NEEDLE/33G		MORPHINE SULFATE.....	10	NAMENDA.....	143
X 4 MM.....	108	morphine sulfate.....	10	NAMENDA TITRATION	
MICROSPACER.....	118	MORPHINE SULFATE ER.....	9	PAK.....	143
MICROZIDE.....	82	MOVANTIK.....	88		

NAMENDA XR	143	NESTABS	128	NITROMIST	15
NAMENDA XR TITRATION PACK	143	NESTABS ABC	128	NITROSTAT	15
NAMZARIC	143	NESTABS DHA	128	NIVESTYM	93,94
NAPROSYN	5	NESTABS ONE	128	NIZATIDINE	150
naproxen	5	neuac	69	nizatidine	150
naproxen sodium	5	NEUPRO	47	NIZATIDINE	150
naratriptan hcl	120	NEURONTIN	23	NIZORAL	73
NARCAN	32	neutral sodium fluoride	124	nolix	75
NARDIL	26	NEVANAC	139	NORCO	11
NASACORT ALLERGY 24HR	134	nevirapine	52	NORDITROPIN FLEXPRO	83
NASACORT ALLERGY 24HR CHILDRENS	134	NEVIRAPINE ER	52	norethin acet & estrad-fe	63
NASONEX	134	NEXA PLUS	128	norethindrone & ethinyl estradiol- fe	63
NATACHEW	128	NEXAVAR	45	norethindrone (contraceptive)	64
NATACYN	137	NIACIN	36	norethindrone acet & eth estra	63
NATAZIA	63	niacin (antihyperlipidemic)	36	norethindrone acetate	142
nateglinide	31	NIACOR	37	norethindrone acetate-ethinyl estradiol	85
NATELLE ONE	128	NIASPAN	37	norgestimate-ethinyl estradiol	63
NATPARA	83	nicardipine hcl	57	norgestimate-ethinyl estradiol (triphasic)	63
NATROBA	80	NICODERM CQ	147	NORPACE	16
NATURE-THROID	149	NICORETTE	147	NORPACE CR	16
NATURE-THROID NT-2.5	149	NICORETTE MINI	147	NORPRAMIN	28
NAYZILAM	21	NICORETTE STARTER KIT	147	NORTHERA	154
NEBUPENT	14	nicotine	147	nortriptyline hcl	28
NEBUSAL	68	nicotine polacrilex	147	NORTRIPTYLINE HCL	28
NEEVO DHA	128	NICOTINE TRANSDERMAL SYSTEM	147	NORVASC	57
NEFAZODONE HCL	27	NICOTROL INHALER	147	NORVIR	52
nefazodone hcl	27	NICOTROL NS	147	NOVOEIGHT	92
NEFAZODONE HYDROCHLORIDE	27	nifedipine	57	NOVOFINE 32GX6MM	108
neo-polycin	136	NILANDRON	43	NOVOFINE AUTOCOVER 30GX8MM	108
neo-polycin hc	137	nilutamide	43	NOVOLIN N FLEXPEN	30
neomycin sulfate	3	nimodipine	57	NOVOLIN N FLEXPEN RELION	30
neomycin-bacitracin zn- polymyxin	137	NINJACOF-XG	67	NOVOSEVEN RT	92
neomycin-polymy- dexameth	138	NINLARO	45	NOVOTWIST 32GX5MM	108
neomycin-polymyxin-hc (ophth)	138	nisoldipine	57	NOXAFIL	33
neomycin-polymyxin-hc (otic)	141	NISOLDIPINE ER	57	np thyroid 15	148
NEOMYCIN/POLYMYXIN/GRAM ICIDIN	137	nitisinone	84	NUBEQA	43
NEORAL	123	NITRO-BID	15	NUCYNTA	10
NEOSPORIN	137	NITRO-DUR	15	NUCYNTA ER	10
NEOTUSS PLUS	67	nitrofurantoin	152	NUDEXTA	145
NEPTAZANE	81	nitrofurantoin macrocrystal	152	NULYTELY/FLAVOR PACKS	95
NERLYNX	45	nitrofurantoin monohyd macro	152	NUPLAZID	49
		nitroglycerin	15		
		NITROLINGUAL PUMPSPRAY	15		

NUVARING.....	63	ONETOUCH ULTRA 2.....	99	ORKAMBI.....	147
NUVESSA.....	153	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM.....	99	orphenadrine citrate.....	133
NUVIGIL.....	3	ONETOUCH VERIO TEST STRIPS.....	81	orphenadrine w/ aspirin & caff.....	133
NUWIQ.....	92	ONEVITE.....	125	ORTHO MICRONOR.....	64
nyamyc.....	72	ONFI.....	21	ORTHO TRI-CYCLEN.....	63
NYMALIZE.....	57	OPANA.....	10	ORTHO TRI-CYCLEN LO.....	63
nystatin.....	33	opium tincture.....	31	ORTHO-CYCLEN.....	63
nystatin (mouth-throat).....	124	OPSUMIT.....	58	ORTHO-NOVUM 1/35.....	63
nystatin (topical).....	73	OPTICHAMBER ADVANTAGE/LARGE MASK.....	118	ORTHO-NOVUM 7/7/7.....	63
nystatin-triamcinolone.....	73	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK.....	118	oscimin.....	149
OB COMPLETE ONE.....	128	OPTICHAMBER ADVANTAGE/SMALL FACE MASK.....	118	oscimin sr.....	149
OB COMPLETE PETITE.....	128	OPTICHAMBER DIAMOND.....	118	oseltamivir phosphate.....	55
OB COMPLETE PREMIER.....	128	OPTICHAMBER DIAMOND/LARGEFACE MASK.....	119	OSMOPREP.....	96
OB COMPLETE/DHA.....	128	OPTICHAMBER DIAMOND/MEDIUM FACE MASK.....	119	OSPHERA.....	83
OBIZUR.....	92	OPTICHAMBER DIAMOND/SMALLFACE MASK.....	119	OTEZLA.....	6
OBSTETRIX DHA.....	128	OPTICHAMBER FACE MASK/LARGE.....	119	OTICIN HC NR.....	141
OBTREX DHA.....	128	OPTICHAMBER FACE MASK/MEDIUM.....	119	OTOVEL.....	141
OICALIVA.....	87	OPTICHAMBER FACE MASK/SMALL.....	119	OTREXUP.....	4
OCTREOTIDE ACETATE.....	85	OPTIHALER.....	119	OVACE PLUS WASH.....	74
octreotide acetate.....	85	OPTIHALER MDI DRUG DELIVERY SYSTEM.....	119	OVACE WASH.....	74
OCUFLOX.....	137	OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE.....	153	OVIDE.....	80
ODOMZO.....	43	OPTIONS GYNOL II VAGINALCONTRACEPTIVE	153	oxandrolone.....	12
OFEV.....	147	ORACEA.....	80	oxaprozin.....	6
OFLOXACIN.....	87	ORACIT.....	89	oxazepam.....	16
ofloxacin.....	87	ORAL SALINE LAXATIVE.....	96	OXAZEPAM.....	16
ofloxacin (ophth).....	137	oralone dental paste.....	124	oxcarbazepine.....	23
ofloxacin (otic).....	140	ORAP.....	145	OXERVATE.....	137
OGESTREL.....	63	ORAPRED ODT.....	64	oxiconazole nitrate.....	73
olanzapine.....	50	ORAVIG.....	124	OXISTAT.....	73
olanzapine-fluoxetine hcl.....	143	ORENITRAM.....	58	OXSORALEN ULTRA.....	74
olmesartan medoxomil.....	38	ORFADIN.....	84	OXTELLAR XR.....	23
olmesartan medoxomil- amlodipine-hydrochlorothiazide	40			oxybutynin chloride.....	152
olmesartan medoxomil- hydrochlorothiazide.....	40			oxycodone hcl.....	10
olopatadine hcl.....	139			oxycodone w/ acetaminophen.....	11
olopatadine hcl (nasal).....	133			OXYCODONE/IBUPROFEN.....	11
OLUX.....	78			oxymorphone hcl.....	10
OLUX-E.....	78			OXYMORPHONE HYDROCHLORIDE ER.....	10
OMECLAMOX-PAK.....	152			OXYMORPHONE HYDROCHLORIDEER.....	10
omega-3-acid ethyl esters.....	35			OZEMPIC.....	29
omeprazole.....	151			pacerone.....	16
OMNIFLEX DIAPHRAGM.....	98			paliperidone.....	49
ondansetron.....	32			PALYNZIQ.....	84
ondansetron hcl.....	32			PAMELOR.....	28
ONETOUCH ULTRA.....	81			PANCREAZE.....	81

PANRETIN.....	73	PEN NEEDLES 31GX6MM (1/4").....	109	phenytoin infatabs.....	25
pantoprazole sodium.....	151	PEN NEEDLES 31GX8MM.....	109	phenytoin sodium extended.....	25
PAREGORIC.....	32	PEN NEEDLES 31GX8MM (5/16").....	109	PHOSLYRA.....	89
PAREMYD.....	140	PEN NEEDLES 32G X 5MM.....	109	PHOSPHOLINE IODIDE... ..	136
paricalcitol.....	84	PEN NEEDLES 32G X 6MM.....	109	phrenilin forte.....	6
PARLODEL.....	47	PEN NEEDLES 33G X 5/32".....	109	phytonadione.....	154
PARNATE.....	26	PEN NEEDLES/29G X 1/2".....	109	PICATO.....	73
paromomycin sulfate.....	3	PEN NEEDLES/31G X 1/4".....	109	PIFELTRO.....	52
PAROMOMYCIN SULFATE..	3	PEN NEEDLES/31G X 3/16".....	109	pilocarpine hcl.....	136
paroxetine hcl.....	26	PEN NEEDLES/31G X 5/16".....	109	pilocarpine hcl (oral).....	125
PASER.....	42	penicillamine.....	123	pimecrolimus.....	79
PATADAY.....	140	PENICILLIN V.....	141	PIMOZIDE.....	145
PATANASE.....	133	POTASSIUM.....	141	pindolol.....	56
PATANOL.....	140	penicillin v potassium.....	141	pioglitazone hcl.....	29
PAXIL.....	26	PENLAC NAIL LACQUER.....	73	pioglitazone hcl-glimepiride.....	28
PAXIL CR.....	26	pentamidine isethionate... ..	14	pioglitazone hcl-metformin hcl.....	28
PAZEO.....	140	PENTASA.....	88	PIQRAY 200MG DAILY DOSE.....	45
PC UNIFINE PENTIPS 29G X1/2".....	108	pentazocine w/ naloxone..	12	PIQRAY 250MG DAILY DOSE.....	45
PC UNIFINE PENTIPS 31G X5MM MINI.....	108	PENTIPS 29G X 12MM..	109	PIQRAY 300MG DAILY DOSE.....	45
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	108	PENTIPS 29GX12MM.....	109	piroxicam.....	6
PC UNIFINE PENTIPS 31G X8MM SHORT.....	108	PENTIPS 31G X 5MM.....	109	PLAN B ONE-STEP.....	64
pediatric vitamins acid w/ fluoride.....	126	PENTIPS 31G X 8MM.....	109	PLAQUENIL.....	41
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	95	PENTIPS 31GX5MM.....	109	PLAVIX.....	93
peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	95	PENTIPS 31GX6MM.....	110	PLEGRIDY.....	144
PEGANONE.....	25	PENTIPS 31GX8MM.....	110	PLEGRIDY STARTER PACK.....	144
PEGASYS.....	54	pentoxifylline.....	93	PLENVU.....	95
PEGASYS PROCLICK.....	54	PEPCID.....	150	PLEXION.....	71
PEGINTRON.....	54	PERCOCET.....	11,12	PLEXION CLEANSER.....	71
PEN NEEDLES 29G X 12MM.....	108	perindopril erbumine.....	37	PNV TABS 29-1.....	128
PEN NEEDLES 29GX1/2".....	108	permethrin.....	80	PNV-DHA.....	129
PEN NEEDLES 30GX5/16".....	109	perphenazine.....	50	PNV-DHA+DOCUSATE... ..	129
PEN NEEDLES 30GX8MM.....	109	PERPHENAZINE/AMITRIPTYL INE.....	143	PNV-OMEGA.....	129
PEN NEEDLES 31G X 1/4" SHORT.....	109	PERTZYE.....	81	PNV-SELECT.....	129
PEN NEEDLES 31G X 3/16".....	109	phenadoz.....	34	POCKET CHAMBER.....	119
PEN NEEDLES 31G X 5MM.....	109	phenelzine sulfate.....	26	POCKET SPACER.....	119
PEN NEEDLES 31G X 6MM.....	109	phenobarbital.....	94	PODOCON 25 IN BENZOIN TINCTURE.....	79
PEN NEEDLES 31G X 8MM.....	109	phenoxybenzamine hcl... ..	37	podofilox.....	79
PEN NEEDLES 31GX5/16".....	109	phenylephrine hcl (mydriatic).....	136	POLY HUB NEEDLE/30G X 1/2".....	110
		PHENYTEK.....	25	POLY-VI-FLOR.....	126
		phenytoin.....	25	POLY-VI-FLOR/IRON.....	126
				polycin.....	136
				polyethylene glycol 3350.....	96

polymyxin b-trimethoprim . . .	137	prednisolone sodium phosphate	64,65	PREVACID 24HR	151
POLYTRIM	137	PREDNISOLONE SODIUM PHOSPHATE	138	PREVACID SOLUTAB	151
POMALYST	44	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN	138	prevalite	35
posaconazole	33	prednisone	65	PREVENT SAFETY PEN NEEDLES 31GX1/4"	110
pot & sod citrates w/citric ac .	89	PREDNISONE INTENSOL	65	PREVENT SAFETY PEN NEEDLES 31GX5/16"	110
pot phosphate monobasic w/ sod phosphate dibasic & monobasic	122	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	110	PREVIDENT RINSE	124
POTABA	154	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	110	PREZCOBIX	52
potassium bicarbonate	122	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT	110	PREZISTA	52
potassium chloride	122	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	110	PRIFTIN	42
POTASSIUM CHLORIDE ER	122	PRIFLOXACIN	151	PRILOSEC	151
potassium chloride microencapsulated crystals er	122	PRIMAQUINE phosphate	41	PRIMAQUINE PHOSPHATE	41
potassium citrate (alkalinizer)	89	primidone	23	PRIMLEV	12
potassium citrate-citric acid	89	PRINIVIL	37	PRIMSOL	14
POVIDONE IODINE	137	PRISTIQ	27	PRINIVIL	37
PR NATAL 400 EC	129	PRO COMFORT INHALER SPACER CHAMBER ADULT	119	PRIVINIL	37
PR NATAL 430	129	PRO COMFORT INHALER SPACER CHAMBER CHILD	119	PRIVINIL	37
PR NATAL 430 EC	129	PRO COMFORT INHALER SPACER CHAMBER INFANT	119	PRIVINIL	37
PRADAXA	21	PRO COMFORT PEN NEEDLES/31G X 8MM	110	PRIVINIL	37
PRALUENT	37	PRO COMFORT PEN NEEDLES/32G X 5MM	110	PRIVINIL	37
pramipexole dihydrochloride	48	PRO COMFORT PEN NEEDLES/32G X 6MM	110	PRIVINIL	37
PRAMOSONE	78	PRO-RED AC	67	PRIVINIL	37
PRAMOSONE E	78	PROAIR RESPICLICK	19	PRIVINIL	37
PRANDIN	31	probenecid	90	PRIVINIL	37
prasugrel hcl	93	PROCARDIA	57	PRIVINIL	37
PRAVACHOL	36	PROCARDIA XL	57	PRIVINIL	37
pravastatin sodium	36	PROCARE SPACER CHAMBER W/ADULT MASK	119	PRIVINIL	37
praziquantel	14	PROCARE SPACER CHAMBER W/CHILD MASK	119	PRIVINIL	37
prazosin hcl	38	procentra	1	PRIVINIL	37
PRECISION XTRA	81	prochlorperazine	50	PRIVINIL	37
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS	81	prochlorperazine maleate	50	PRIVINIL	37
PRECOSE	28	procto-med hc	13	PRIVINIL	37
PRED FORTE	138	PROCTOFOAM HC	13	PRIVINIL	37
PRED MILD	138	PROCYSBI	89	PRIVINIL	37
PRED-G	138	profeno	4	PRIVINIL	37
PRED-G S.O.P	138	PROFILNINE	92	PRIVINIL	37
PREDNICARBATE	78			PRIVINIL	37
prednisolone	65			PRIVINIL	37
prednisolone acetate (ophth)	138			PRIVINIL	37
prednisolone acetate p-f	137			PRIVINIL	37
PREDNISOLONE SODIUM PHOSPHATE	64			PRIVINIL	37

PROFILNINE SD	92	PURE COMFORT PEN		rajani	60
progesterone micronized	142	NEEDLE 32G X8MM	110	raloxifene hcl	83
PROGLYCEM	29	PURE COMFORT PEN		ramelteon	95
PROGRAF	123	NEEDLE/32G X 5MM	110	ramipril	37
PROLATE	12	PURIXAN	42	RANEXA	15
PROLENSA	140	PX EXTRA SHORT PEN		ranitidine hcl	150,151
PROMACTA	94	NEEDLES 31GX6MM	110	ranolazine	15
promethazine &		PX MINI PEN NEEDLES		RAPAFLO	90
phenylephrine	67	31GX5MM	110	RAPAMUNE	123
promethazine hcl	34	PX PEN NEEDLE		rasagiline mesylate	48
promethazine vc plain	65	29GX12MM	110	RASUVO	4
promethazine vc/codeine	65	PX PEN NEEDLE		RAVICTI	84
promethazine w/codeine	67	31GX8MM	110	RAZADYNE	143
promethazine-dm	67	PX SHORTLENGTH PEN		RAZADYNE ER	143
promethazine-phenylephrine-		NEEDLES/31GX8MM	110	REBIF	144
codeine	67	PYLERA	152	REBIF REBIDOSE	144
PROMETHAZINE/DEXTROMET		pyrazinamide	42	REBIF REBIDOSE	
HORPHAN	67	pyridostigmine bromide	41,42	TITRATIONPACK	144
PROMETHAZINE/PHENYLEPHR		QBRELIS	37	REBIF TITRATION PACK	144
INE	67	QC PEN NEEDLES 29G X		RECOMBINATE	92
PROMETHAZINE/PHENYLEPHR		12MM	110	RECTIV	13
INE/CODEINE	67	QC PEN NEEDLES 31G X		REGLAN	87
promethegan	34	6MM	110	REGRANEX	80
PROMETHEGAN	34	QC PEN NEEDLES 31G X		RELENZA DISKHALER	55
PROMETRIUM	142	8MM	111	RELEXII	3
propafenone hcl	16	QUALAQUIN	41	RELION INSULIN SYRINGE	
propantheline bromide	150	QUARTETTE	63	1ML/31GX15/64"	111
proparacaine hcl	137	QUAZEPAM	94	RELION INSULIN SYRINGE/U-	
propranolol &		QUDEXY XR	23	100/0.3ML/31G X 15/64"	111
hydrochlorothiazide	40	QUESTRAN	35	RELION INSULIN SYRINGE/U-	
propranolol hcl	56	QUESTRAN LIGHT	35	100/1ML/31G X 15/64"	111
propylthiouracil	148	quetiapine fumarate	50	RELION KETONE	81
PROSCAR	90	QUFLORA FE		RELION MINI PEN NEEDLES	
PROTONIX	151	PEDIATRIC	126	31GX6MM	111
PROTOPIC	79	QUFLORA PEDIATRIC	126	RELION PEN NEEDLES	
protriptyline hcl	28	QUILLICHEW ER	3	29GX12MM	111
PROVERA	142	QUILLIVANT XR	3	RELION PEN NEEDLES	
PROVIDA OB	130	quinapril hcl	37	31GX6MM	111
PROVIGIL	3	quinapril-hydrochlorothiazide	40	RELION PEN NEEDLES	
PROZAC	26	quinidine gluconate	16	31GX8MM	111
pseudoephed-bromphen-dm	67	QUINIDINE SULFATE	16	RELION PEN NEEDLES/31G	
pseudoephedrine-guaifenesin	67	quinine sulfate	41	X1/4"	111
psorcon	75	QVAR REDHALER	18	RELION SHORT PEN	
PULMICORT	18	R-NATAL OB	130	NEEDLES31GX8MM	111
PULMICORT FLEXHALER	18	ra laxative	96,97	RELISTOR	88
pulmosal	68	RA PEN NEEDLES 31G X		RELNATE DHA	130
PULMOZYME	147	5MM3/16"	111	RELPAK	120
PURE COMFORT PEN NEEDLE		RA PEN NEEDLES 31G X		REMERON	25
32G X6MM	110	8MM5/16"	111	REMERON SOLTAB	25
		rabeprazole sodium	151	RENAGEL	89
		RABEPRAZOLE SODIUM DR			
		SPRINKLE	151		

RENVELA	89	RITALIN	3	SAVELLA TITRATION	
repaglinide	31	RITALIN LA	3	PACK	143
REPAGLINIDE/METFORMIN		RITEFLO	119	scopolamine	32
HYDROCHLORIDE	28	ritonavir	53	SE-NATAL 19	130
REPATHA	37	rivastigmine	143	SEASONIQUE	63
REPATHA PUSHTRONEX		rivastigmine tartrate	143	seb-prev wash	74
SYSTEM	37	RIXUBIS	92	SEEBRI NEOHALER	17
REPATHA SURECLICK	37	rizatriptan benzoate	121	SEGLUROMET	28
REQUIP	48	ROBAXIN	133	SELECT-OB	130,131
REQUIP XL	48	ROBAXIN-750	133	SELECT-OB+DHA	131
RESCRIPTOR	52	ROBINUL	150	selegiline hcl	48
RESTASIS	137	ROBINUL FORTE	150	SELEGILINE HCL	48
RESTASIS MULTIDOSE	137	ROCALTROL	84	selenium sulfide	74
RESTORIL	94	ropinirole hydrochloride	48	SELZENTRY	53
RETACRIT	94	rosadan	80	SENSIPAR	84
RETIN-A	71	rosuvastatin calcium	36	SEREVENT DISKUS	19
RETIN-A MICRO	71	roweepra	21	SEROQUEL	50
RETIN-A MICRO PUMP	71	roweepra xr	22	SEROQUEL XR	50
RETROVIR	52	ROXICODONE	10	SEROSTIM	83
REVATIO	59	ROZEREM	95	sertraline hcl	26
REVLIMID	123	ROZLYTREK	45	sevelamer carbonate	89
REXAPHENAC	71	RUBRACA	45	sevelamer hcl	89
REXULTI	51	RUZURGI	42	SEVELAMER	
REYATAZ	52,53	RYDAPT	45	HYDROCHLORIDE	89
RHOFADE	80	RYDEX	68	SFROWASA	88
RIASTAP	92	RYTARY	48	SHOPKO UNIFINE PENTIPS	
ribasphere	54	RYTHMOL SR	16	PEN NEEDLES/MINI/31GX5MM	111
RIBASPHERE RIBAPAK	54	RYVENT	34	SHOPKO UNIFINE PENTIPS	
ribavirin (hepatitis c)	54	SABRIL	24	PEN	
RIDAURA	4	SAFYRAL	63	NEEDLES/ORIGINAL/29GX12M	111
rifabutin	42	SALAGEN	125	M	111
RIFADIN	42	SALEX	79	SHOPKO UNIFINE PENTIPS	
RIFAMATE	42	salicylic acid	79	PEN	
rifampin	42	SALICYLIC ACID	79	NEEDLES/SHORT/31GX8MM	111
RIFATER	42	salicylic acid	79	SHOPKO UNIFINE PENTIPS	
RILUTEK	134	salimez	79	PLUS PEN	
riluzole	135	salisol forte	79	NEEDLES/MINI/REMOVER/31G	111
RIMANTADINE		salsalate	8	X5MM	111
HYDROCHLORIDE	55	SANCUSO	32	SHOPKO UNIFINE PENTIPS	
RINVOQ	4	SANDIMMUNE	124	PLUS PEN	
RIOMET	29	SANDOSTATIN	85	NEEDLES/REMOVER/29GX12M	111
risedronate sodium	83	SANTYL	79	M	111
RISPERDAL	49	SAPHRIS	50	SHOPKO UNIFINE PENTIPS	
RISPERDAL M-TAB	49	SARAFEM	145	PLUS PEN	
risperidone	49	SAVAYSA	20	NEEDLES/SHORT/REMOVR/31	111
risperidone m-tab	49	SAVELLA	143	GX8MM	111
RISPERIDONE ODT	49			SIGNIFOR	85
				SIKLOS	93
				sildenafil citrate	58

sildenafil citrate (pulmonary hypertension).....	59	SPIRIVA RESPIMAT.....	17	sulfamethoxazole-trimethoprim.....	14
silodosin.....	90	spironolactone.....	82	SULFAMYLON.....	74
SILVADENE.....	74	spironolactone & hydrochlorothiazide.....	82	sulfasalazine.....	88
silver sulfadiazine.....	74	SPORANOX.....	33,34	sulfatrim pediatric.....	14
SIMBRINZA.....	136	SPORANOX PULSEPAK.....	33	sulindac.....	6
simvastatin.....	36	SPRITAM.....	23	sumatriptan.....	121
SINEMET.....	48	SPRYCEL.....	45,46	sumatriptan succinate.....	121
SINEMET CR.....	48	sr nicotine gum.....	145	SUMATRIPTAN SUCCINATE.....	121
SINGULAIR.....	17	ssd.....	74	sumatriptan succinate.....	121
sirolimus.....	124	SSS 10-5.....	71	SUPRAX.....	60
SITAVIG.....	55	STALEVO 100.....	48	SUPREP BOWEL PREP KIT.....	96
SIVEXTRO.....	15	STALEVO 125.....	48	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM.....	111
SKELAXIN.....	133	STALEVO 150.....	48	SURE COMFORT PEN NEEDLES30GX5/16" SHORT.....	111
SKLICE.....	80	STALEVO 50.....	48	SURE COMFORT PEN NEEDLES31GX3/16" (5MM).....	112
SKYRIZI.....	74	STALEVO 75.....	48	SURE COMFORT PEN NEEDLES31GX5/16" (8MM).....	112
SLYND.....	64	STARLIX.....	31	SURE COMFORT PEN NEEDLES32GX6MM.....	112
sodium chloride (inhalant).....	68,69	stavudine.....	53	SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM.....	112
sodium fluoride.....	121	STEGLATRO.....	31	SURE-FINE PEN NEEDLES 31GX3/16" 5MM.....	112
sodium phenylbutyrate.....	84	STIMATE.....	85	SURE-FINE PEN NEEDLES 31GX5/16" 8MM.....	112
sodium polystyrene sulfonate.....	124	STIOLTO RESPIMAT.....	19	SURMONTIL.....	28
sodium sulfacetamide wash.....	74	STIVARGA.....	46	SUSTIVA.....	53
SODIUM SULFACETAMIDE WASH.....	74	STRATTERA.....	2	SUTENT.....	46
SODIUM SULFACETAMIDE/SULFUR.....	71	STRENSIQ.....	84	SYLATRON.....	46
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA.....	71	STRIANT.....	13	SYMBICORT.....	19
SOFOSBUVIR/VELPATASVIR.....	54	STRIBILD.....	53	SYMBYAX.....	143
solifenacin succinate.....	152	STRIVERDI RESPIMAT.....	19	SYMDEKO.....	147
SOLTAMOX.....	43	STROMECTOL.....	14	SYMJEPI.....	154
SOMA.....	133	SUBSYS.....	10	SYMTUZA.....	53
SOMAVERT.....	83	subvenite.....	21	SYNALAR.....	78
SONATA.....	94	subvenite starter kit/blue.....	21	SYNAREL.....	84
SOOLANTRA.....	80	SUCRAID.....	81	SYNJARDY.....	29
SORBUTUSS NR.....	68	sucralfate.....	151	SYNJARDY XR.....	29
SORIATANE.....	74	SULAR.....	57	SYNTHROID.....	149
SORILUX.....	74	SULCONAZOLE NITRATE.....	73	SYPRINE.....	123
sorine.....	56	sulfacetamide sod-prednisolone.....	138	TABLOID.....	42
sotalol hcl.....	56	sulfacetamide sodium.....	74	TACLONEX.....	78
sotalol hcl (afib/afl).....	56	sulfacetamide sodium (acne).....	71	tacrolimus.....	124
SOVALDI.....	54	sulfacetamide sodium (ophth).....	137		
SPECTRACEF.....	60	sulfacetamide sodium w/ sulfur.....	71		
SPINOSAD.....	80	SULFACETAMIDE SODIUM/PREDNISOLONE.....	138		
SPIRIVA HANDIHALER.....	17	SODIUM PHOSPHATE.....	138		
		SULFADIAZINE.....	147		

tacrolimus (topical).....	79	telmisartan-hydrochlorothiazide	40	TIGAN.....	32
tadalafil (pulmonary		.....	40	TIKOSYN.....	17
hypertension).....	59	temazepam.....	95	tilia fe.....	61
TAFINLAR.....	46	TEMIXYS.....	53	timolol maleate.....	56
TAGRISSO.....	46	TEMODAR.....	42	timolol maleate (ophth).....	135
TALZENNA.....	46	TEMOVATE.....	78	TIMOLOL MALEATE	
TAMIFLU.....	55	temozolomide.....	42	OPHTHALMIC GEL	
tamoxifen citrate.....	43	TENCON.....	7	FORMING.....	135
tamsulosin hcl.....	90	tenofovir disoproxil		TIMOPTIC.....	135
TAPAZOLE.....	148	fumarate.....	53	TIMOPTIC OCUDOSE.....	135
TARCEVA.....	46	TENORETIC 100.....	40	TIMOPTIC-XE.....	135
TARGRETIN.....	46,73	TENORETIC 50.....	40	TINDAMAX.....	14
tarina fe 1/20.....	61	TENORMIN.....	56	tinidazole.....	14
TARKA.....	40	TERAZOL 7.....	153	TIVICAY.....	53
TARON-C DHA.....	131	terazosin hcl.....	38	TIVORBEX.....	6
TARON-PREX.....	131	terbinafine hcl.....	33	tizanidine hcl.....	133
TASIGNA.....	46	terbutaline sulfate.....	19	TL-CARE DHA.....	131
TASMAR.....	47	TERCONAZOLE.....	153	TL-SELECT.....	131
TAVALISSE.....	93	terconazole vaginal.....	153	TOBI.....	3
TAYTULLA.....	63	TESSALON PERLES.....	65	TOBI PODHALER.....	3
tazarotene.....	74	TESTIM.....	13	TOBRADEX.....	138
TAZORAC.....	74	testosterone.....	13	TOBRADEX ST.....	139
taztia xt.....	56	TESTOSTERONE PUMP.....	13	tobramycin.....	3
TECFIDERA.....	144	tetrabenazine.....	144	TOBRAMYCIN.....	3
TECFIDERA STARTER		tetracaine hcl (ophth).....	137	tobramycin (ophth).....	137
PACK.....	144	tetracycline hcl.....	148	tobramycin inhalation solution	
TECHLITE INSULIN SYRINGEU-		TEXACORT.....	78	pak.....	3
100/0.3ML/31G X 15/64".....	112	tgt nicotine polacrilex.....	146	tobramycin-	
TECHLITE INSULIN SYRINGEU-		THALOMID.....	123	dexamethasone.....	139
100/1ML/31G X 15/64".....	112	THEO-24.....	19	TOBEX.....	137
TECHLITE PEN NEEDLES 29GX		theophylline.....	20	TODAY SPONGE.....	153
12 MM.....	112	THEOPHYLLINE ER.....	19	TODAYS HEALTH MINI PEN	
TECHLITE PEN NEEDLES 31GX		THIOLA.....	90	NEEDLES 31G X 1/4".....	112
5MM.....	112	THIOLA EC.....	90	TODAYS HEALTH ORIGINAL	
TECHLITE PEN NEEDLES/31GX		thioridazine hcl.....	50	PEN NEEDLES 29G X 1/2".....	112
5MM.....	112	thiothixene.....	51	TODAYS HEALTH SHORT PEN	
TECHLITE PEN NEEDLES/31GX		THRIVITE 19.....	125	NEEDLES 31G X 5/16".....	112
6 MM.....	112	THRIVITE RX.....	131	TOFRANIL.....	28
TECHLITE PEN NEEDLES/31GX		thyroid.....	149	TOLAZAMIDE.....	31
8MM.....	112	THYROLAR-1.....	149	tolazamide.....	31
TECHLITE PEN NEEDLES/32GX		THYROLAR-1/2.....	149	tolbutamide.....	31
6MM.....	112	THYROLAR-1/4.....	149	tolcapone.....	47
TECHLITE PEN NEEDLES/32GX		THYROLAR-2.....	149	TOLMETIN SODIUM.....	6
8MM.....	112	THYROLAR-3.....	149	tolmetin sodium.....	6
TEGRETOL.....	23	tiagabine hcl.....	24	TOLSURA.....	34
TEGRETOL-XR.....	24	TIAZAC.....	57	tolterodine tartrate.....	152
TEGSEDI.....	147	TIBSOVO.....	46	TOPAMAX.....	24
TEKTURNA HCT.....	40			TOPAMAX SPRINKLE.....	24
telmisartan.....	38				
telmisartan-amlodipine.....	40				

TOPCARE CLICKFINE			
UNIVERSAL PEN EEDLES			
31GX1/4"	112		
TOPCARE CLICKFINE			
UNIVERSAL PEN EEDLES			
31GX5/16"	112		
TOPICORT	78		
topiramate	24		
TOPIRAMATE ER	24		
TOPROL XL	56		
toremifene citrate	43		
torsemide	82		
TOUJEO MAX SOLOSTAR	30		
TOUJEO SOLOSTAR	30		
tovet	75		
TOVIAZ	152		
TRACLEER	58		
tramadol hcl	10		
TRAMADOL HCL ER	10		
tramadol-acetaminophen	12		
trandolapril	37		
trandolapril-verapamil hcl	40		
TRANDOLAPRIL/VERAPAMIL			
HCL ER	40		
tranexamic acid	94		
TRANSDERM SCOP	32		
TRANSDERM-SCOP	32		
TRANXENE T	16		
tranylcypromine sulfate	26		
TRAVATAN Z	140		
travoprost	140		
trazodone hcl	27		
TRECATOR	42		
TRELEGY ELLIPTA	19		
TRESIBA	31		
TRESIBA FLEXTOUCH	30,31		
tretinoin	71		
tretinoin (chemotherapy)	46		
tretinoin microsphere	71		
TRETTEN	92		
TREXALL	42		
TREZIX	12		
tri femynor	61		
tri-lo-estarylla	62		
TRI-NORINYL 28	63		
TRI-TABS DHA	131		
TRI-VI-FLOR	126		
TRI-VI-FLORO	126		
tri-vit/fluoride	125		
tri-vit/fluoride/iron	126		
triamcinolone acetonide			
(mouth)	124		
triamcinolone acetonide			
(nasal)	134		
triamcinolone acetonide			
(topical)	78		
triamterene	82		
triamterene &			
hydrochlorothiazide	82		
triazolam	95		
TRIBENZOR	40		
TRICARE PRENATAL DHA			
ONE	131		
TRICOR	36		
triderm	75		
TRIDESILON	78		
trientine hcl	123		
trifluoperazine hcl	50		
TRIFLURIDINE	137		
TRIGLIDE	36		
trihexyphenidyl hcl	47		
TRIKAFTA	147		
triklo	35		
TRILEPTAL	24		
TRILIPIX	36		
trimethobenzamide hcl	32		
trimethoprim	14		
trimipramine maleate	28		
TRIMPEX	14		
TRINATAL RX 1	131		
TRINTELLIX	27		
TRISTART DHA	131		
TRISTART ONE	131		
TRIUMEQ	53		
TRIZIVIR	53		
TROKENDI XR	24		
tropicamide	136		
tropium chloride	152		
TRUE COMFORT PEN			
NEEDLES31G X 5MM	113		
TRUE COMFORT PEN			
NEEDLES31G X 6MM	113		
TRUEPLUS 5-BEVEL PEN			
NEEDLES 29GX12.7MM	113		
TRUEPLUS 5-BEVEL PEN			
NEEDLES 31GX5MM	113		
TRUEPLUS 5-BEVEL PEN			
NEEDLES 31GX6MM	113		
TRUEPLUS 5-BEVEL PEN			
NEEDLES 31GX8MM	113		
TRUEPLUS 5-BEVEL PEN			
NEEDLES 31GX8MM	113		
TRULANCE	87		
TRULICITY	29		
TRUSOPT	140		
TRUVADA	53		
trymine cg	65		
TUDORZA PRESSAIR	17		
TURALIO	46		
TUSNEL	68		
TUSNEL C	68		
TUSNEL PEDIATRIC	68		
TUSSICAPS	68		
TUSSIONEX PENNKINETIC			
EXTENDED RELEASE	68		
TWYNSTA	40		
TYBOST	53		
TYKERB	46		
TYLENOL/CODEINE #3	12		
TYLENOL/CODEINE #4	12		
TYMLOS	83		
TYVASO	58		
TYVASO REFILL	58		
TYVASO STARTER	58		
UCERIS	13,65		
UDAMIN SP	125		
UDENYCA	94		
ULORIC	90		
ULTICARE MICRO PEN			
NEEDLES 31G X 8MM	113		
ULTICARE MICRO PEN			
NEEDLES/31G X 1/4"	113		
ULTICARE MICRO PEN			
NEEDLES/31G X 5/16"	113		
ULTICARE MINI PEN NEEDLES			
31GX6MM	113		
ULTICARE MINI PEN NEEDLES			
ULTI-FINE IV	113		
ULTICARE MINI PEN			
NEEDLES/31G X 6MM	113		
ULTICARE MINI PEN			
NEEDLES/32G X 1/4"	113		
ULTICARE MINI PEN			
NEEDLES31GX6MM	113		

ULTICARE ORIGINAL PEN			
NEEDLES ULTI-FINE.....	113		
ULTICARE PEN NEEDLES			
31GX 5MM.....	113		
ULTICARE PEN NEEDLES			
31GX 5MM/MINI.....	113		
ULTICARE PEN			
NEEDLES/29GX 12.7MM..	114		
ULTICARE SHORT PEN			
NEEDLES 31GX8MM.....	114		
ULTICARE SHORT PEN			
NEEDLES ULTI-FINE IV...	114		
ULTICARE SHORT PEN			
NEEDLES/31G X 8MM.....	114		
ULTIGUARD SAFEPACK/MINI			
PEN NEEDLE/31G X			
1/4"/SHARPS CONTAIN...	114		
ULTIGUARD SAFEPACK/MINI			
PEN NEEDLE/31G X			
3/16"/SHARPS CONTAI...	114		
ULTIGUARD SAFEPACK/MINI			
PEN NEEDLE/32G X			
1/4"/SHARPS CONTAIN...	114		
ULTIGUARD			
SAFEPACK/SHORTPEN			
NEEDLE/31G X 5/16"/SHARPS			
CONTA.....	114		
ULTILET INSULIN SYRINGE			
31X6MM.....	114		
ULTILET PEN NEEDLE			
29GX12.7MM.....	114		
ULTILET PEN NEEDLE			
31GX5MM.....	114		
ULTILET PEN NEEDLE			
31GX8MM.....	114		
ULTILET SHORT PEN			
NEEDLES 31GX5/16".....	114		
ULTILET SHORT PEN			
NEEDLES31GX3/16".....	114		
ULTRA FLO INSULIN PEN			
NEEDLES.....	114		
ULTRA-THIN II MINI PEN			
NEEDLES/31GX3/16".....	114		
ULTRA-THIN II PEN NEEDLES			
29GX1/2".....	114		
ULTRA-THIN II PEN			
NEEDLES/SHORT/31GX5/16"			
.....	114		
ULTRACARE PEN			
NEEDLES/31G X 1/4".....	114		
ULTRACARE PEN			
NEEDLES/31G X 3/16".....	114		
ULTRACARE PEN			
NEEDLES/31G X 5/16".....	115		
ULTRACARE PEN			
NEEDLES/32G X 1/14".....	115		
ULTRACARE PEN			
NEEDLES/32G X 3/16".....	115		
ULTRACARE PEN			
NEEDLES/33G X 5/32".....	115		
ULTRACET.....	12		
ULTRAM.....	10		
ULTRASAL-ER.....	79		
ULTRAVATE.....	78		
UNIFINE PENTIPS			
29GX12MM.....	115		
UNIFINE PENTIPS 31G X			
3/16".....	115		
UNIFINE PENTIPS			
31GX5MM.....	115		
UNIFINE PENTIPS			
31GX6MM.....	115		
UNIFINE PENTIPS			
31GX8MM.....	115		
UNIFINE PENTIPS			
32GX6MM.....	115		
UNIFINE PENTIPS			
33GX4MM.....	115		
UNIFINE PENTIPS PLUS			
29GX12MM.....	115		
UNIFINE PENTIPS PLUS			
31GX5MM.....	115		
UNIFINE PENTIPS PLUS			
31GX6MM.....	115		
UNIFINE PENTIPS PLUS			
31GX8MM.....	115		
UNIFINE PENTIPS PLUS			
33GX 5/32".....	115		
UNIFINE PENTIPS PLUS			
33GX4MM.....	115		
UNIFINE SAFECONTROL PEN			
NEEDLE/30G X 5/16".....	115		
UPTRAVI.....	59		
URECHOLINE.....	153		
UROCIT-K 10.....	89		
UROCIT-K 15.....	89		
UROCIT-K 5.....	89		
UROXATRAL.....	90		
URSO 250.....	87		
URSO FORTE.....	87		
ursodiol.....	87		
UTIBRON NEOHALER.....	19		
VAGIFEM.....	154		
valacyclovir hcl.....	55		
VALCHLOR.....	73		
VALCYTE.....	53,54		
valganciclovir hcl.....	54		
VALIUM.....	16		
valproate sodium.....	25		
valproic acid.....	25		
valsartan.....	38		
valsartan-hydrochlorothiazide			
.....	40		
VALTREX.....	55		
VALUMARK PEN NEEDLES			
29GX12MM.....	115		
VALUMARK PEN NEEDLES			
31GX 6MM.....	115		
VALUMARK PEN NEEDLES			
31GX 8MM.....	115		
VALVED HOLDING			
CHAMBER.....	119		
VANACOF.....	68		
VANCOCIN HCL.....	14		
vancomycin hcl.....	14		
VANCOMYCIN			
HYDROCHLORIDE.....	14		
vandazole.....	153		
VANOS.....	79		
VARUBI.....	33		
VASCEPA.....	35		
VASERETIC.....	40		
VASOTEC.....	37		
VCF VAGINAL			
CONTRACEPTIVE FILM...	153		
VCF VAGINAL			
CONTRACEPTIVE FOAM...	153		
vcf vaginal contraceptivegel			
153			
VECAMYL.....	41		
VECTICAL.....	74		
VELTIN.....	71		
VEMLIDY.....	54		
VENCLEXTA.....	43		
VENCLEXTA STARTING			
PACK.....	43		
venlafaxine hcl.....	27		
VENTAVIS.....	58		
verapamil hcl.....	57		
VERAPAMIL HCL ER.....	57		
VERAPAMIL HCL SR.....	57		
VERAPAMIL HYDROCHLORIDE			
ER.....	57		
VEREGEN.....	71		
VERELAN.....	57		
VERELAN PM.....	57		
VERSACLOZ.....	50		
VERZENIO.....	46		
VESICARE.....	152		
VFEND.....	34		
VIAGRA.....	58		
VIBERZI.....	88		

VIBRAMYCIN	148	VIZIMPRO	46	wixela inhub	18
VICTOZA	29	VOGELXO	13	WP THYROID	149
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	115	VOGELXO PUMP	13	wymzya fe	61
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM	116	VOL-TAB RX	132	XALATAN	140
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM	116	VOLTAREN	71	XALKORI	46
VIDEX EC	53	VONVENDI	92	XANAX	16
VIDEXPEDIATRIC	53	voriconazole	34	XANAX XR	16
VIEKIRA PAK	54	VORTEX VALVED HOLDING CHAMBER	119	XARELTO	20
vigabatrin	24	VOSEVI	54	XATMEP	42
vigadrone	24	VOTRIENT	46	XELJANZ	4
VIGAMOX	137	VP-HEME OB	132	XELJANZ XR	4
VIIBRYD	27	VP-HEME OB + DHA	132	XELODA	42
VIIBRYD STARTER PACK	27	VP-PNV-DHA	132	XENAZINE	144
VIL-RX	131	VRAYLAR	49	XERAC AC	79
VIMPAT	24	VYNDAMAX	59	XERMELO	89
VINATE DHA RF	131	VYNDAQEL	59	XIFAXAN	14
VINATE ONE	131	VYTONE	73	XIGDUO XR	29
VIOKACE	81	VYTORIN	35	XIIDRA	137
VIRACEPT	53	VYVANSE	1	XOLAIR	17
VIRAMUNE	53	warfarin sodium	20	XOPENEX	19
VIRAMUNE XR	53	WATCHHALER	119	XOPENEX CONCENTRATE	19
VIREAD	53	WEGMANS COMPLETE PRENATAL+DHA	132	XOSPATA	46
VIROPTIC	137	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	116	XPOVIO 100 MG ONCE WEEKLY	44
VIRT-C DHA	131	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	116	XPOVIO 60 MG ONCE WEEKLY	44
VIRT-NATE DHA	131	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	116	XPOVIO 80 MG ONCE WEEKLY	44
VIRT-PN	131	WELCHOL	35	XPOVIO 80 MG TWICE WEEKLY	44
VIRT-PN DHA	131	WELLBUTRIN SR	25	XTANDI	43
VIRT-PN PLUS	131	WELLBUTRIN XL	25	XULANE	63
virtussin ac/alc	65	WESTHROID	149	XYNTHA	92
VISTARIL	15	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	99	XYNTHA SOLOFUSE	92
VISTOGARD	32	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	99	XYREM	142
VITAFOL FE+	132	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	99	YASMIN 28	63
VITAFOL GUMMIES	132	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	99	YAZ	63
VITAFOL-NANO	132	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	99	YONSA	43
VITAFOL-ONE	132	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	99	yuvafem	153
VITAMEDMD ONE RX/QUATREFOLIC	132	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	99	zaleplon	95
VITAPEARL	132	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	99	ZANAFLEX	133
VITATRUE	132	WILATE	92	ZANTAC	151
VITRAKVI	46			ZANTAC 150 MAXIMUM STRENGTH	151
VIVA DHA	132			ZARONTIN	25
VIVELLE-DOT	86			ZARXIO	94
VIVLODEX	6			ZATEAN-PN DHA	132
				ZATEAN-PN PLUS	132

ZAVESCA.....	93	ZYMAXID.....	137
ZEJULA.....	46	ZYPREXA.....	50
ZELAPAR.....	48	ZYPREXA ZYDIS.....	50
ZELBORAF.....	46	ZYTIGA.....	44
ZEMPLAR.....	85	ZYVOX.....	15
ZENPEP.....	81		
zenzedi.....	1		
ZENZEDI.....	1		
ZEPATIER.....	54		
ZERIT.....	53		
ZESTORETIC.....	41		
ZESTRIL.....	37		
ZETIA.....	36		
ZIAC.....	41		
ZIAGEN.....	53		
ZIANA.....	71		
zidovudine.....	53		
ZIEXTENZO.....	94		
zileuton.....	17		
ZIOPTAN.....	140		
ziprasidone hcl.....	49		
ZIRGAN.....	137		
ZITHROMAX.....	98		
ZITHROMAX TRI-PAK.....	98		
ZITHROMAX Z-PAK.....	98		
ZOCOR.....	36		
ZOFRAN.....	32		
ZOFRAN ODT.....	32		
ZOLINZA.....	46		
zolmitriptan.....	121		
ZOLOFT.....	26,27		
zolpidem tartrate.....	95		
ZOMIG.....	121		
ZOMIG ZMT.....	121		
ZONEGRAN.....	24		
zonisamide.....	24		
ZORBTIVE.....	83		
ZORTRESS.....	124		
ZOVIRAX.....	55,74		
ZYBAN.....	147		
ZYDELIG.....	46		
ZYFLO.....	17		
ZYFLO CR.....	17		
ZYKADIA.....	46		
ZYLET.....	139		
ZYLOPRIM.....	90		