

California

Essential Drug List

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 All previous versions are no longer in effect.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

For California Individual & Family Plans:

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

For Small Business Group:

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

NOTE: To search the drug list online, open the (pdf) document. Hold down the “Control” (Ctrl) and “F” keys. When the search box appears, type the name of your drug and press the “Enter” key. If you have questions or need more information call us toll free.

California Individual & Family Plans (off-Exchange)

If you have questions about your pharmacy coverage call Customer Service at [1-800-839-2172](tel:1-800-839-2172)

California Individual & Family Plans (on-Exchange)

If you have questions about your pharmacy coverage call Customer Service at [1-888-926-4988](tel:1-888-926-4988)

Hours of Operation

8:00am – 7:00pm Monday through Friday

8:00am – 5:00pm Saturday

Small Business 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



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 covered?	vi
What drugs are 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 therapeutic categories. If you know what therapeutic category your drug is in look through the list to find the category. Then look under the category and class for your drug.

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

How are the drugs listed in the categorical list?

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

Example:

Drug Name	Drug Tier	Requirements/Limits
MAVYRET (<i>glecaprevir-pibrentasvir</i>) TABS	3	PA
<i>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 covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

Drug 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.

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 Drug	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 (Specialty) copayment applies.

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

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 covered?

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy. Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

What drugs are under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* 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](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

Some injectable and high cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy. After your drug has been approved, we will arrange for the specialty pharmacy to contact you to set up delivery.

Can I use a mail order pharmacy?

For certain kinds of prescription drugs, you can use the Health Net contracted Mail Order Pharmacy. 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 or Specialty drugs are not available through mail order.

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at in-network pharmacies.
- Be sure your doctor prescribes drugs on the drug list.
- Fill your maintenance drugs through our mail order pharmacy program.

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	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
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	1	QL(2 ea daily,90 day(s) limit)
amphetamine-dextroamphetamine tabs 3.75 mg-3.75 mg-3.75 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg	1	QL(90 ea per fill retail)
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, 3.125 mg-3.125 mg-3.125 mg-3.125 mg	1	
dextroamphetamine sulfate cp24	1	
dextroamphetamine sulfate soln	1	
dextroamphetamine sulfate tabs	1	

Drug Name	Drug Tier	Requirements/Limits
methamphetamine hcl tabs	2	PA; ST;
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	2	QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	2	Limited to 1 per day;QL(1 ea daily)
ZENZEDI TABS 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	3	
Analeptics		
caffeine citrate soln	1	
Anorexiants Non-Amphetamine		
BENZPHETAMINE HCL TABS 25 MG (benzphetamine hcl)	3	PA
benzphetamine hcl tabs 50 mg	1	PA
DIETHYLPROPION HCL ER TB24 (diethylpropion hcl)	3	PA
diethylpropion hcl tabs 25 mg	1	PA
diethylpropion hcl tb24 75 mg	1	PA
LOMAIRA TABS (phentermine hcl)	3	PA
phentermine hcl caps	1	PA
phentermine hcl tabs	1	PA
PHENTERMINE HYDROCHLORIDE CAPS (phentermine hcl)	3	PA
QSYMIA CP24 (phentermine hcl-topiramate)	3	PA; QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
Anti-Obesity Agents		
CONTRAVE TB12 (<i>naltrexone hcl-bupropion hcl</i>)	3	PA
SAXENDA SOPN (<i>liraglutide (weight management)</i>)	3	PA; QL(0.5 ml daily)
XENICAL CAPS (<i>orlistat</i>)	3	PA
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>clonidine hcl (adhd) tb12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily)
Stimulants - Misc.		
(Methylphenidate Hcl) METADATE ER TBCR	1	QL(1 ea daily,90 ea per fill retail)
<i>armodafinil tabs</i>	1	PA; ST
DAYTRANA PTCH (<i>methylphenidate</i>)	3	QL(1 ea daily)
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl chew 5 mg, 10 mg, 2.5 mg</i>	1	
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cp24 60 mg</i>	1	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl cpcr 20 mg, 30 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl soln 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 day(s) limit)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily,90 day(s) limit)
<i>methylphenidate hcl tbcr 10 mg, 20 mg</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 54 mg</i>	1	QL(2 ea daily)
<i>modafinil tabs</i>	2	ST; QL(1 ea daily)
QUILLIVANT XR SRER (<i>methylphenidate hcl</i>)	3	PA; ST;QL(12 ml daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
(Tobramycin) TOBRAMYCIN INHALATION SOLUTION PAK NEBU	1	PA
ARIKAYCE SUSP (<i>amikacin sulfato liposome</i>)	4	PA

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

Drug Name	Drug Tier	Requirements/ Limits
BETHKIS NEBU (<i>tobramycin</i>)	4	PA; LA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
PAROMOMYCIN SULFATE CAPS (<i>paromomycin sulfate</i>)	2	
STREPTOMYCIN SULFATE SOLR (<i>streptomycin sulfate</i>)	4	PA
TOBI PODHALER CAPS (<i>tobramycin</i>)	4	PA
<i>tobramycin nebu</i>	2	PA
TOBRAMYCIN SULFATE SOLN 10 MG/ML (<i>tobramycin sulfate</i>)	4	PA
<i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml</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;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 ACARIA SPECIALTY RX 844-538- 4661

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT (<i>adalimumab</i>)	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538- 4661
HUMIRA PEN-PS/UV STARTER PNKT (<i>adalimumab</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538- 4661
HUMIRA PEN-PS/UV STARTER PNKT (<i>adalimumab</i>)	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538- 4661
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;LA
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24 (<i>upadacitinib</i>)	4	PA; ST
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)
XELJANZ XR TB24 11 MG (<i>tofacitinib citrate</i>)	4	PA; ST;QL(1 ea daily)
Antirheumatic Antimetabolites		
METHOTREXATE TABS (<i>methotrexate sodium antirheumatic</i>)	3	
OTREXUP SOAJ 10 MG/0.4ML (<i>methotrexate antirheumatic</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
OTREXUP SOAJ 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 12.5 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML (methotrexate (antirheumatic))	4	PA; ST;LA
RASUVO SOAJ 10 MG/0.2ML, 15 MG/0.3ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML, 12.5 MG/0.25ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML (methotrexate (antirheumatic))	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
RASUVO SOAJ 20 MG/0.4ML (methotrexate (antirheumatic))	4	PA; ST;LA
Gold Compounds		
RIDAURA CAPS (auranofin)	2	
Interleukin-1 Blockers		
ARCALYST SOLR (rilonacept)	4	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ (tocilizumab)	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661
KEVZARA SOSY (sarilumab)	4	PA; ST
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Fenoprofen Calcium) PROFENO TABS	1	
(Ibuprofen) IBU TABS	1	
celecoxib caps 200 mg	1	ST; QL(2 ea daily); AL(At least 60 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
celecoxib caps 400 mg	1	ST; QL(1 ea daily); AL(At least 60 yrs old)
celecoxib caps 50 mg, 100 mg	1	ST; AL(At least 60 yrs old)
diclofenac potassium tabs	1	
diclofenac sodium tb24	1	
diclofenac sodium tbec	1	
diclofenac w/ misoprostol tbec	1	
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)
fenoprofen calcium tabs	1	
flurbiprofen tabs	1	
ibuprofen tabs	1	
INDOCIN SUPP RE 50 MG (indomethacin)	3	
INDOCIN SUSP OR 25 MG/5ML (indomethacin)	2	
INDOMETHACIN CAPS 20 MG (indomethacin)	3	ST; QL(3 ea daily)
indomethacin caps 25 mg, 50 mg	1	
indomethacin cpcr 75 mg	1	
KETOPROFEN CAPS 50 MG, 75 MG (ketoprofen)	2	
ketoprofen cp24 200 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	3	QL(1 ea daily,5 day(s) limit)
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(20 ea per fill retail)
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	
<i>meloxicam tabs 15 mg</i>	1	QL(1 ea daily)
<i>meloxicam tabs 7.5 mg</i>	1	QL(2 ea daily)
<i>nabumetone tabs 500 mg</i>	1	QL(4 ea daily)
<i>nabumetone tabs 750 mg</i>	1	QL(3 ea daily)
<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	
<i>naproxen susp</i>	1	
<i>naproxen tabs</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps 10 mg</i>	1	
<i>piroxicam caps 20 mg</i>	1	QL(1 ea daily)
SPRIX SOLN (<i>ketorolac tromethamine</i>)	3	QL(1 ea daily,5 day(s) limit)
<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	
Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABS (<i>apremilast</i>)	4	PA; ST
OTEZLA TBPB (<i>apremilast</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide tabs 10 mg</i>	1	QL(2 ea daily)
<i>leflunomide tabs 20 mg</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ (<i>abatacept</i>)	4	PA
ORENCIA SOSY (<i>abatacept</i>)	4	PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT (<i>etanercept</i>)	4	PA; ST
ENBREL SOLR (<i>etanercept</i>)	4	PA; ST;LA
ENBREL SOSY (<i>etanercept</i>)	4	PA; ST;LA
ENBREL SURECLICK SOAJ (<i>etanercept</i>)	4	PA; ST;LA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL, PHRENILIN FORTE CAPS	1	
<i>butalbital-acetaminophen tabs 300 mg-50 mg, 325 mg-50 mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
DURAXIN CAPS (<i>acetaminophen-salicylamide-phenyltoloxamine</i>)	3	
TENCON TABS (<i>butalbital-acetaminophen</i>)	3	
Salicylates		

Drug Name	Drug Tier	Requirements/ Limits
(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, ASPIR-LOW, ADULT ASPIRIN REGIMEN, 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 TBEC	5	PV

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

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) EQ ASPIRIN LOW DOSE, TGT CHILDRENS ASPIRIN, 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, ASPIRIN 81 LOW DOSE, 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 CHEW	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) EQ ASPIRIN, CVS ASPIRIN, BAYER ASPIRIN, BAYER ADVANCED ASPIRIN REGULAR STRENGTH, ASPIRIN ADULT, TGT ASPIRIN, SM ASPIRIN, SB ASPIRIN, RA PAIN RELIEF ASPIRIN, RA ASPIRIN, QC ASPIRIN, PX ASPIRIN, NORWICH ASPIRIN, MM ASPIRIN, MEDIQUE ASPIRIN, EQL ASPIRIN TABS	5	PV
(Aspirin) GNP ASPIRIN, HM ASPIRIN, GOODSENSE ASPIRIN TABS 325 MG	5	PV
(Aspirin) GNP ASPIRIN, RA ASPIRIN EC, PX ENTERIC ASPIRIN TBEC 81 MG	5	PV
(Aspirin) GOODSENSE ASPIRIN, HM ASPIRIN CHEW 81 MG	5	PV
<i>aspirin chew 81 mg</i>	5	PV
<i>aspirin tabs 325 mg</i>	5	PV
<i>aspirin tbec 81 mg</i>	5	PV
<i>choline & mag salicylate liqd</i>	1	
CHOLINE MAGNESIUM TRISALICYLATE LIQD (<i>choline & mag salicylate</i>)	2	
<i>diflunisal tabs</i>	1	
<i>salsalate tabs</i>	1	
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW (<i>aspirin</i>)	5	PV
ST JOSEPH ADULT CHEW (<i>aspirin</i>)	5	PV

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

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
(Methadone Hcl) METHADONE HCL INTENSOL, METHADOSE SUGAR-FREE, METHADOSE CONC	1	
(Methadone Hcl) METHADOSE TBSO	1	
ABSTRAL SUBL (<i>fentanyl citrate</i>)	3	PA
<i>codeine sulfate tabs</i>	1	
CONZIP CP24 (<i>tramadol hcl</i>)	3	
EMBEDA CPR 0.8 MG- 20 MG (<i>morphine-naltrexone</i>)	3	PA; ST
EMBEDA CPR 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
<i>fentanyl citrate lpop bu 1600 mcg</i>	2	PA; ST; QL(4 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg</i>	2	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>	1	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>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl t24a 8 mg, 12 mg, 16 mg</i>	1	QL(4 ea daily)
<i>hydromorphone hcl tabs 2 mg, 4 mg, 8 mg</i>	1	
KADIAN CP24 200 MG (<i>morphine sulfate</i>)	3	QL(2 ea daily)
LAZANDA SOLN (<i>fentanyl citrate</i>)	3	PA
<i>levorphanol tartrate tabs 2 mg</i>	1	PA; ST
LEVORPHANOL TARTRATE TABS 3 MG (<i>levorphanol tartrate</i>)	2	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 tbs 40 mg</i>	1	
<i>morphine sulfate cp24 or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	QL(2 ea daily)
MORPHINE SULFATE ER CP24 (<i>morphine sulfate beads</i>)	2	QL(1 ea daily)
<i>morphine sulfate soln or 10 mg/5ml</i>	1	
<i>morphine sulfate soln or 20 mg/ml, 20 mg/5ml, 100 mg/5ml</i>	1	Not available through mail order

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

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate suppre 10 mg, 20 mg	1	
MORPHINE SULFATE SUPP RE 30 MG (morphine sulfate)	3	
morphine sulfate tabs or 15 mg	1	First fill opioids limited to 7 days.
morphine sulfate tabs or 30 mg	1	
morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg	1	QL(3 ea daily)
NUCYNTA ER TB12 (tapentadol hcl)	2	QL(2 ea daily)
NUCYNTA TABS (tapentadol hcl)	2	QL(6 ea daily)
OXAYDO TABA 7.5 MG (oxycodone hcl)	3	QL(4 ea daily)
oxycodone hcl caps 5 mg	1	
oxycodone hcl conc 100 mg/5ml	1	
oxycodone hcl soln 5 mg/5ml	1	
oxycodone hcl tabs 30 mg	1	QL(4 ea daily)
oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg	1	
oxymorphone hcl tabs 10 mg	1	QL(8 ea daily)
oxymorphone hcl tabs 5 mg	1	
OXYMORPHONE HYDROCHLORIDE ER TB12 (oxymorphone hcl)	3	QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDEER TB12 (oxymorphone hcl)	3	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SUBSYS LIQD 100 MCG (fentanyl)	3	PA; QL(4 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG, 1600 MCG (fentanyl)	3	PA
TRAMADOL HCL ER CP24 (tramadol hcl)	3	
tramadol hcl tabs 50 mg	1	QL(8 ea daily)
tramadol hcl tb24 100 mg	1	QL(3 ea daily)
tramadol hcl tb24 100 mg, 200 mg, 300 mg	1	
tramadol hcl tb24 200 mg	1	QL(1 ea daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE CAPS	1	
(Hydrocodone-Acetaminophen) LORCET, LORCET PLUS, LORCET HD TABS	1	QL(240 ea per fill retail)
(Hydrocodone-Ibuprofen) IBUDONE TABS	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 10 MG-325 MG, 7.5 MG-325 MG	1	QL(4 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 2.5 MG-325 MG	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 5 MG-325 MG	1	QL(6 ea daily)
(Oxycodone W/ Acetaminophen) NALOCET TABS	1	
acetaminophen w/ codeine soln 120 mg/5ml-12 mg/5ml	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300 mg-50 mg-40 mg-30 mg</i>	1	PA
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325 mg-50 mg-40 mg-30 mg</i>	1	
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	
<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	
<i>hydrocodone-acetaminophen tabs 5 mg-300 mg, 10 mg-300 mg, 2.5 mg-325 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-5 mg, 200 mg-10 mg, 200 mg-7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
LORTAB ELIX (<i>hydrocodone-acetaminophen</i>)	3	
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 7.5 mg-325 mg</i>	1	QL(4 ea daily)
<i>oxycodone w/ acetaminophen tabs 2.5 mg-300 mg, 2.5 mg-325 mg</i>	1	
<i>oxycodone w/ acetaminophen tabs 5 mg-325 mg</i>	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN (<i>oxycodone w/ acetaminophen</i>)	2	
OXYCODONE/IBUPROFEN TABS (<i>oxycodone-ibuprofen</i>)	3	QL(4 ea daily)
PRIMLEV TABS (<i>oxycodone w/ acetaminophen</i>)	3	
PROLATE TABS (<i>oxycodone w/ acetaminophen</i>)	3	
ROXICET SOLN (<i>oxycodone w/ acetaminophen</i>)	2	
<i>tramadol-acetaminophen tabs</i>	1	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	

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

Drug Name	Drug Tier	Requirements/Limits
BUPRENORPHINE PTWK TD 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (<i>buprenorphine</i>)	3	Limited to 4 patches per month; QL(4 ea per 28 days retail)
BUPRENORPHINE PTWK TD 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	3	QL(4 ea per 28 days retail)
<i>buprenorphine ptwk td 7.5 mcg/hr</i>	3	Limited to 4 patches per month; QL(4 ea per 28 days retail)
<i>butorphanol tartrate soln</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1	
PROBUPHINE IMPLANT KIT IMPL (<i>buprenorphine hcl</i>)	4	PA
SUBLOCADE SOSY (<i>buprenorphine</i>)	4	PA; Covered under the Medical Benefit
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS (<i>oxymetholone</i>)	3	
<i>oxandrolone tabs 10 mg</i>	2	QL(2 ea daily)
<i>oxandrolone tabs 2.5 mg</i>	2	
Androgens		
ANDRODERM PT24 (<i>testosterone</i>)	3	ST; QL(60 ea per fill retail, 120 ea per fill mail)
<i>danazol caps</i>	1	
METHITEST TABS (<i>methyltestosterone</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
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	PA; 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, 25 mg/2.5gm</i>	1	QL(10 gm daily)
<i>testosterone gel 10 mg/act</i>	1	QL(4 gm daily)
<i>testosterone gel 25 mg/2.5gm</i>	1	1.5 GM/50 ML; QL(10 gm daily)
<i>testosterone gel 50 mg/5gm</i>	1	Limit 300gms per month; QL(10 gm daily)
<i>testosterone soln 30 mg/act</i>	1	QL(6 ml daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intra-rectal Steroids		
(Hydrocortisone (Intra-rectal)) COLOCORT ENEM	1	QL(60 ml daily)
CORTIFOAM FOAM (<i>hydrocortisone acetate (intra-rectal)</i>)	2	
<i>hydrocortisone (intra-rectal) enem</i>	1	QL(60 ml daily)
UCERIS FOAM RE 2 MG/ACT (<i>budesonide (intra-rectal)</i>)	3	PA; ST
Rectal Combinations		

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

Drug Name	Drug Tier	Requirements/ Limits
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	
<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>	1	
BENZNIDAZOLE TABS (<i>benznidazole</i>)	2	AL (At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin tabs or 3 mg</i>	1	
<i>praziquantel tabs</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
<i>pentamidine isethionate solr</i>	1	
PRIMSOL SOLN (<i>trimethoprim hcl</i>)	3	
<i>tinidazole tabs 250 mg</i>	1	PA; ST
<i>tinidazole tabs 500 mg</i>	1	ST

Drug Name	Drug Tier	Requirements/ Limits
<i>trimethoprim tabs</i>	1	
TRIMPEX SOLN (<i>trimethoprim hcl</i>)	3	
XIFAXAN TABS 200 MG (<i>rifaximin</i>)	3	PA; QL(9 ea per fill retail)
XIFAXAN TABS 550 MG (<i>rifaximin</i>)	3	PA; QL(2 ea daily)
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<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>	2	
Carbapenems		
DORIPENEM SOLR (<i>doripenem</i>)	4	PA
<i>ertapenem sodium solr</i>	4	PA
<i>imipenem-cilastatin solr</i>	2	PA
IMIPENEM/CILASTATIN SOLR (<i>imipenem-cilastatin</i>)	4	PA
INVANZ SOLR IJ (<i>ertapenem sodium</i>)	4	PA
INVANZ SOLR IV (<i>ertapenem sodium</i>)	4	PA
<i>meropenem solr</i>	4	PA
MERREM SOLR (<i>meropenem</i>)	4	PA
PRIMAXIN IV SOLR (<i>imipenem-cilastatin</i>)	4	PA

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

Drug Name	Drug Tier	Requirements/ Limits
Glycopeptides		
FIRVANQ SOLR (<i>vancomycin hcl</i>)	3	PA
<i>vancomycin hcl caps 125 mg</i>	1	PA
<i>vancomycin hcl caps 250 mg</i>	1	
Leprostatics		
<i>dapsone tabs 100 mg</i>	1	QL(4 ea daily)
<i>dapsone tabs 25 mg</i>	1	
Lincosamides		
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
Monobactams		
CAYSTON SOLR (<i>aztreonam lysine</i>)	4	PA
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)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine tb12 1000 mg</i>	1	
<i>ranolazine tb12 500 mg</i>	1	QL(4 ea daily)
Nitrates		
(Nitroglycerin) MINITRAN PT24	1	QL(1 ea daily)
DILATRATE SR CPCR (<i>isosorbide dinitrate</i>)	3	
GONITRO PACK (<i>nitroglycerin</i>)	3	PA

Drug Name	Drug Tier	Requirements/ Limits
ISOSORBIDE DINITRATE ER TBCR (<i>isosorbide dinitrate</i>)	2	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT (<i>nitroglycerin</i>)	2	
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	
NITROMIST AERS (<i>nitroglycerin</i>)	3	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs</i>	1	
HYDROXYZINE HCL SOLN IM 25 MG/ML (<i>hydroxyzine hcl</i>)	4	PA
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
HYDROXYZINE HYDROCHLORIDE SOLN (<i>hydroxyzine hcl</i>)	4	PA
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	1	
Benzodiazepines		

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

Drug Name	Drug Tier	Requirements/ Limits
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(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>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
ATIVAN TABS (<i>lorazepam</i>)	4	PA
<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	
<i>oxazepam caps 30 mg</i>	1	QL(2 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NORPACE CR CP12 100 MG (<i>disopyramide phosphate</i>)	2	
NORPACE CR CP12 150 MG (<i>disopyramide phosphate</i>)	3	
<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)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl tabs</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS (<i>dronedarone hcl</i>)	2	
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 SOSY (<i>omalizumab</i>)	4	PA

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

Drug Name	Drug Tier	Requirements/ Limits
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 ipratropium bromide soln</i>)	2	QL(1 ea daily)
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)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	Limit 1 inhaler per month; QL(0.14 gm daily)
Leukotriene Modulators		
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
<i>zafirlukast tabs 10 mg</i>	1	
<i>zafirlukast tabs 20 mg</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	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)

Drug Name	Drug Tier	Requirements/ Limits
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)
ARNUITY ELLIPTA AEPB (<i>fluticasone furoate (inhalation)</i>)	2	QL(1 ea daily)
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate (inhalation)</i>)	2	Limit 1 inhaler per month; QL(0.44 gm daily)
ASMANEX HFA AERO 50 MCG/ACT (<i>mometasone furoate (inhalation)</i>)	2	
ASMANEX TWISTHALER 120 METERED DOSES AEPB (<i>mometasone furoate (inhalation)</i>)	2	QL(1 ea per fill retail, 3 ea per fill mail)
ASMANEX TWISTHALER 14 METERED DOSES AEPB (<i>mometasone furoate (inhalation)</i>)	2	QL(1 ea per fill retail, 3 ea per fill mail)
ASMANEX TWISTHALER 30 METERED DOSES AEPB (<i>mometasone furoate (inhalation)</i>)	2	QL(1 ea per fill retail, 3 ea per fill mail)
ASMANEX TWISTHALER 60 METERED DOSES AEPB (<i>mometasone furoate (inhalation)</i>)	2	QL(1 ea per fill retail, 3 ea per fill mail)
ASMANEX TWISTHALER 7 METERED DOSES AEPB (<i>mometasone furoate (inhalation)</i>)	2	QL(1 ea per fill retail, 3 ea per fill mail)
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	2	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	2	QL(4 ml daily)

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

Drug Name	Drug Tier	Requirements/ Limits
budesonide (inhalation) susp 1 mg/2ml	1	QL(2 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST (fluticasone propionate (inhalation))	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST (fluticasone propionate (inhalation))	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST (fluticasone propionate (inhalation))	2	QL(40 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT (fluticasone propionate hfa)	2	Limit 2 inhalers per month;QL(0.8 gm daily)
FLOVENT HFA AERO 44 MCG/ACT (fluticasone propionate hfa)	2	Limit 1 inhaler per month;QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB (budesonide (inhalation))	2	Limit 1 inhaler per month;QL(1 ea per fill retail,3 ea per fill mail)
QVAR REDIHALER AERB 40 MCG/ACT (beclomethasone dipropionate hfa)	2	Limit 1 inhaler per month;QL(0.36 gm daily)
QVAR REDIHALER AERB 80 MCG/ACT (beclomethasone dipropionate hfa)	2	Limit 2 Inhalers per month;QL(0.72 gm daily)
Sympathomimetics		
(Fluticasone-Salmeterol) WIXELA INHUB AEPB	1	QL(2 ea daily)
ADVAIR HFA AERO (fluticasone-salmeterol)	2	Limit 1 inhaler per month;QL(0.4 gm daily)
albuterol sulfate aers in 108 mcg/act	1	QL(0.72 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate aers in 108 mcg/act	1	QL(0.57 gm daily)
albuterol sulfate aers in 108 mcg/act	1	QL(0.47 gm daily)
ALBUTEROL SULFATE ER TB12 (albuterol sulfate)	3	QL(2 ea daily)
albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 0.5 %, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate syrp or 2 mg/5ml	1	
albuterol sulfate tabs or 2 mg, 4 mg	1	
ANORO ELLIPTA AEPB (umeclidinium-vilanterol)	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS (indacaterol maleate)	3	QL(1 ea daily)
BEVESPI AEROSPHERE AERO (glycopyrrolate-formoterol fumarate)	3	QL(0.36 gm daily)
BREO ELLIPTA AEPB (fluticasone furoate-vilanterol)	2	QL(2 ea daily)
budesonide-formoterol fumarate dihydrate aero	2	Limit 1 inhaler per month;QL(0.34 gm daily)
COMBIVENT RESPIMAT AERS (ipratropium-albuterol)	3	Limit 1 inhaler per month;QL(0.2 gm daily)
fluticasone-salmeterol aepb	1	QL(2 ea daily)
ipratropium-albuterol soln	1	
levalbuterol hcl nebu	1	
levalbuterol tartrate aero	1	QL(0.6 gm daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>metaproterenol sulfate syrup</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)
Xanthines		
ELIXOPHYLLIN ELIX (<i>theophylline</i>)	3	
THEO-24 CP24 (<i>theophylline</i>)	2	
THEOPHYLLINE ER TB12 (<i>theophylline</i>)	3	QL(1 ea daily)
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tb12 100 mg, 200 mg</i>	1	
<i>theophylline tb12 300 mg, 450 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline tb24 400 mg, 600 mg</i>	1	QL(1 ea daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
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 STARTER PACK TBPK (<i>rivaroxaban</i>)	2	
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 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	4	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
ARIXTRA SOLN 5 MG/0.4ML, 10 MG/0.8ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	4	PA
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	2	PA; QL(0.1 ml daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 120 mg/0.8ml</i>	2	QL(4 ml per 7 days retail)
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
<i>fondaparinux sodium soln 5 mg/0.4ml, 10 mg/0.8ml, 7.5 mg/0.6ml</i>	4	PA
FRAGMIN SOLN 10000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	4	PA
FRAGMIN SOLN 2500 UNIT/0.2ML (<i>dalteparin sodium</i>)	4	
<i>heparin sodium (porcine) soln</i>	4	PA
Thrombin Inhibitors		
IPRIVASK SOLR (<i>desirudin</i>)	4	PA; LA
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>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clobazam tabs 10 mg</i>	1	QL(1 ea daily)
<i>clobazam tabs 20 mg</i>	1	QL(2 ea daily)
<i>clonazepam tabs</i>	1	
<i>clonazepam tbdp</i>	1	
<i>diazepam (anticonvulsant) gel</i>	1	QL(0.14 ea daily)
NAYZILAM SOLN (<i>midazolam (anticonvulsant)</i>)	4	PA; QL(10 ea per 30 days retail)
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)
(Levetiracetam) ROWEEPRA XR TB24	1	QL(4 ea daily)
APTIOM TABS (<i>eslicarbazepine acetate</i>)	3	PA; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (<i>rufinamide</i>)	3	
BANZEL TABS 200 MG (<i>rufinamide</i>)	3	
BANZEL TABS 400 MG (<i>rufinamide</i>)	3	QL(8 ea daily)
<i>carbamazepine chew 100 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
carbamazepine cp12 100 mg, 200 mg, 300 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tabs 200 mg	1	
carbamazepine tb12 100 mg	1	
carbamazepine tb12 200 mg	1	QL(8 ea daily)
carbamazepine tb12 400 mg	1	QL(4 ea daily)
CARBATROL CP12 (carbamazepine)	3	
DIACOMIT CAPS 250 MG (stiripentol)	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG (stiripentol)	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG (stiripentol)	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG (stiripentol)	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN (cannabidiol)	4	PA; ST
gabapentin caps	1	
gabapentin soln	1	
gabapentin tabs	1	
KEPPRA SOLN 100 MG/ML (levetiracetam)	3	
KEPPRA TABS 1000 MG (levetiracetam)	3	QL(3 ea daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	3	QL(6 ea daily)
KEPPRA XR TB24 (levetiracetam)	3	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine)	3	

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL ODT KIT (lamotrigine)	3	PA; ST
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine)	3	PA
LAMICTAL TABS (lamotrigine)	3	
LAMICTAL XR KIT (lamotrigine)	3	PA; ST
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine)	3	PA; QL(1 ea daily)
LAMICTAL XR TB24 250 MG (lamotrigine)	3	PA
LAMICTAL XR TB24 300 MG (lamotrigine)	3	QL(2 ea daily)
lamotrigine chew 5 mg, 25 mg	1	
lamotrigine kit	1	PA; ST
lamotrigine kit 25 mg	1	ST
lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg	1	
lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg	1	PA; QL(1 ea daily)
lamotrigine tb24 250 mg	1	PA
lamotrigine tb24 300 mg	1	QL(2 ea daily)
lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg	1	PA
levetiracetam soln 100 mg/ml, 500 mg/5ml	1	
levetiracetam tabs 1000 mg	1	QL(3 ea daily)
levetiracetam tabs 250 mg, 500 mg, 750 mg	1	QL(6 ea daily)
levetiracetam tb24 500 mg, 750 mg	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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	3	PA; ST;QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	3	PA; ST;QL(3 ea daily)
LYRICA SOLN 20 MG/ML (<i>pregabalin</i>)	3	PA
MYSOLINE TABS (<i>primidone</i>)	3	
NEURONTIN CAPS (<i>gabapentin</i>)	3	
NEURONTIN SOLN (<i>gabapentin</i>)	3	
NEURONTIN TABS (<i>gabapentin</i>)	3	
<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>	1	PA; ST;QL(2 ea daily)
<i>pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	1	PA; ST;QL(3 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA
<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)

Drug Name	Drug Tier	Requirements/ Limits
TEGRETOL SUSP (<i>carbamazepine</i>)	3	
TEGRETOL TABS (<i>carbamazepine</i>)	3	
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	3	
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	3	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	3	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>topiramate</i>)	3	QL(2 ea daily)
TOPAMAX TABS 25 MG (<i>topiramate</i>)	3	
TOPAMAX TABS 50 MG (<i>topiramate</i>)	3	QL(8 ea daily)
<i>topiramate cpsp 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>)	3	QL(40 ml daily)
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	3	
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	3	QL(8 ea daily)
TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	3	QL(4 ea daily)
TROKENDI XR CP24 200 MG (<i>topiramate</i>)	3	PA; QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
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>)	3	QL(6 ea daily)
ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	3	
<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 600 MG/5ML (<i>felbamate</i>)	3	
GABA Modulators		
(Vigabatrin) VIGADRONE PACK	4	QL(6 ea daily)
GABITRIL TABS (<i>tiagabine hcl</i>)	3	
SABRIL PACK (<i>vigabatrin</i>)	4	QL(6 ea daily)
SABRIL TABS (<i>vigabatrin</i>)	4	
<i>tiagabine hcl tabs</i>	1	
<i>vigabatrin pack</i>	4	QL(6 ea daily)
<i>vigabatrin tabs</i>	4	
Hydantoins		
(Phenytoin) PHENYTOIN INFATABS CHEW	1	

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN CAPS 100 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN CAPS 30 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	
DILANTIN-125 SUSP (<i>phenytoin</i>)	3	
PEGANONE TABS (<i>ethotoin</i>)	3	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS (<i>methsuximide</i>)	3	
<i>ethosuximide caps</i>	1	
<i>ethosuximide soln</i>	1	
ZARONTIN CAPS (<i>ethosuximide</i>)	3	
ZARONTIN SOLN (<i>ethosuximide</i>)	3	
Valproic Acid		
DEPAKENE CAPS 250 MG (<i>valproic acid</i>)	3	
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	3	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<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	
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 (bupropion hcl)	3	ST; QL(1 ea daily)
<i>maprotiline hcl tabs</i>	1	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24 (<i>selegiline</i>)	3	QL(1 ea daily)
MARPLAN TABS (<i>isocarboxazid</i>)	3	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	2	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>fluoxetine hcl tabs 20 mg, 60 mg</i>	1	QL(1 ea daily)
<i>fluvoxamine maleate cp24 100 mg</i>	2	QL(3 ea daily)
<i>fluvoxamine maleate cp24 150 mg</i>	2	
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	
<i>paroxetine hcl tabs</i>	1	
<i>paroxetine hcl tb24</i>	1	
PAXIL SUSP 10 MG/5ML (<i>paroxetine hcl</i>)	3	
<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)
Serotonin Modulators		
<i>nefazodone hcl tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
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		
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)
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)
FETZIMA TITRATION PACK C4PK (<i>levomilnacipran hcl</i>)	3	ST
KHEDEZLA TB24 (<i>desvenlafaxine</i>)	3	ST; QL(1 ea daily)
<i>venlafaxine hcl cp24 75 mg, 150 mg, 37.5 mg</i>	1	QL(2 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		

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS (<i>amoxapine</i>)	2	
<i>clomipramine hcl caps</i>	2	
<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)
<i>imipramine pamoate caps</i>	1	
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>protriptyline hcl tabs</i>	1	
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs or 25 mg, 50 mg, 100 mg</i>	1	
<i>miglitol tabs</i>	1	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN (<i>pramlintide acetate</i>)	2	PA
SYMLINPEN 60 SOPN (<i>pramlintide acetate</i>)	2	PA

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

Drug Name	Drug Tier	Requirements/ Limits
Antidiabetic Combinations		
ACTOPLUS MET XR TB24 (<i>pioglitazone hcl-metformin hcl</i>)	3	
<i>glipizide-metformin hcl tabs</i>	1	
<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	

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>)	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic;PV
<i>metformin hcl soln 500 mg/5ml</i>	1	
<i>metformin hcl tabs 500 mg, 850 mg, 1000 mg</i>	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic;PV
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
Diabetic Other		
BAQSIMI ONE PACK POWD (<i>glucagon</i>)	4	PA; QL(2 ea per 30 days retail)

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

Drug Name	Drug Tier	Requirements/ Limits
BAQSIMI TWO PACK POWD (<i>glucagon</i>)	4	PA; QL(2 ea per 30 days retail)
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT SOLR (<i>glucagon hcl (rdna)</i>)	4	PA
GLUCAGON EMERGENCY KIT KIT (<i>glucagon (rdna)</i>)	2	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)
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
TANZEUM PEN (<i>albiglutide</i>)	4	PA; Not available through mail order
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		
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		

Drug Name	Drug Tier	Requirements/ Limits
AFREZZA POWD (<i>insulin regular (human)</i>)	3	
AFREZZA POWD (<i>insulin regular (human)</i>)	3	QL(6 ea daily)
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT (<i>insulin regular (human)</i>)	3	QL(3 ea daily)
APIDRA SOLN (<i>insulin glulisine</i>)	3	PA; Limit 45mls per month; QL(1.5 ml daily)
APIDRA SOLOSTAR SOPN (<i>insulin glulisine</i>)	3	PA; Limit 45mls per month; QL(1.5 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN (<i>insulin lispro</i>)	2	Limit 45mls per month; QL(1.5 ml daily)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN 70/30 KWIKPEN SUPN (<i>insulin nph isophane & reg (human)</i>)	2	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 45mls per month;QL(1.5 ml daily)
HUMULIN R SOLN (<i>insulin regular (human)</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R SOLN (<i>insulin regular (human)</i>)	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN (insulin regular (human))	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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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	
<i>repaglinide tabs</i>	1	
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-pyroglutamic acid</i>)	3	
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>chlorpropamide tabs</i>	1	
<i>glimepiride tabs</i>	1	
<i>glipizide tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide tb24</i>	1	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs 5 mg, 2.5 mg, 1.25 mg</i>	1	
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	1	RX/OTC
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
<i>loperamide hcl caps</i>	1	RX/OTC
<i>opium tincture tinc</i>	2	QL(2.4 ml daily)
PAREGORIC TINC (<i>paregoric</i>)	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS (<i>succimer</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>deferasirox tabs</i>	4	PA
<i>deferasirox tbso</i>	4	PA
EXJADE TBSO (<i>deferasirox</i>)	4	PA
FERRIPROX SOLN 100 MG/ML (<i>deferiprone</i>)	4	PA
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	4	PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
JADENU TABS (<i>deferasirox</i>)	4	PA
Antidotes and Specific Antagonists		
ANDEXXA SOLR (<i>coagulation factor xa recomb inact-zhzo (andexanet alfa)</i>)	4	PA
VISTOGARD PACK (<i>uridine triacetate (emergency treatment)</i>)	4	
Opioid Antagonists		
EVZIO SOAJ 0.4 MG/0.4ML, 2 MG/0.4ML (<i>naloxone hcl</i>)	4	PA
<i>naloxone hcl sosy</i>	1	
NALOXONE HYDROCHLORIDE SOAJ (<i>naloxone hcl</i>)	4	PA
<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		

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

Drug Name	Drug Tier	Requirements/ Limits
ANZEMET TABS (<i>dolasetron mesylate</i>)	3	PA; ST; Limit 2 per month; QL(0.07 ea daily)
<i>granisetron hcl tabs</i>	1	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	Limit 20 per month; QL(0.67 ea daily)
<i>ondansetron tbdp</i>	1	Limit 20 per month; QL(0.67 ea daily)
SANCUSO PTCH (<i>granisetron</i>)	3	PA; ST; Limit 1 patch per month; QL(0.04 ea daily)
ZUPLENZ FILM (<i>ondansetron</i>)	3	Limit 20 per month; QL(0.67 ea daily)
Antiemetics - Anticholinergic		
<i>scopolamine pt72</i>	1	
<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)
<i>doxylamine-pyridoxine tbec</i>	1	QL(4 ea daily)
<i>dronabinol caps 2.5 mg</i>	2	PA; ST
<i>dronabinol caps 5 mg, 10 mg</i>	2	PA
SYNDROS SOLN (<i>dronabinol</i>)	4	PA
Substance P/Neurokinin 1 (NK1) Receptor		

Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant caps</i>	1	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant caps 40 mg</i>	1	Limit 2 per month; QL(0.07 ea daily)
<i>aprepitant caps 80 mg, 125 mg</i>	1	Limit 1 per year; QL(0.04 ea daily)
EMEND SUSR 125 MG (<i>aprepitant</i>)	3	QL(1 ea per 30 days retail)
VARUBI TBPK (<i>rolapitant hcl</i>)	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
(Nystatin) BIO-STATIN POWD	1	
BIO-STATIN CAPS 500000 UNIT, 1000000 UNIT (<i>nystatin</i>)	3	
<i>flucytosine caps</i>	1	
<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
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	1	PA; ST

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

Drug Name	Drug Tier	Requirements/ Limits
<i>itraconazole soln 10 mg/ml</i>	1	PA
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP 40 MG/ML (<i>posaconazole</i>)	3	
ONMEL TABS (<i>itraconazole</i>)	3	PA
<i>posaconazole tbec</i>	1	
TOLSURA CAPS (<i>itraconazole</i>)	4	PA
<i>voriconazole susr 40 mg/ml</i>	1	
<i>voriconazole tabs 50 mg, 200 mg</i>	1	QL(2 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
BROMPHENIRAMINE TANNATE CHEW (<i>brompheniramine tannate</i>)	3	
DEXCHLORPHENIRAMIN E MALEATE SOLN (<i>dexchlorpheniramine maleate</i>)	2	
RYCLORA SOLN (<i>dexchlorpheniramine maleate</i>)	2	
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>	1	
CARBINOXAMINE MALEATE TABS 4 MG, 6 MG (<i>carbinoxamine maleate</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
CLEMASTINE FUMARATE TABS (<i>clemastine fumarate</i>)	2	
<i>diphenhydramine hcl soln</i>	4	PA
RYVENT TABS (<i>carbinoxamine maleate</i>)	3	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF TABS	1	QL(1 ea daily); RX/OTC
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>	1	PA; ST; QL(1 ea daily)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PHENADOZ SUPP	2	
(Promethazine Hcl) PROMETHEGAN SUPP 25 MG, 12.5 MG	2	
PHENERGAN SOLN (<i>promethazine hcl</i>)	4	PA
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	4	PA
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	
<i>promethazine hcl supp re 25 mg, 12.5 mg</i>	2	
<i>promethazine hcl supp re 50 mg</i>	2	QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<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>)	3	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)
Antihyperlipidemics - Misc.		
(Omega-3-Acid Ethyl Esters) TRIKLO CAPS	1	QL(4 ea daily)
KYNAMRO SOSY (<i>mipomersen sodium</i>)	4	PA; ST; Must use Caremark Specialty Pharmacy;LA
<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	1	
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light pack</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light powd</i>	1	
<i>cholestyramine pack or 4 gm</i>	1	
<i>cholestyramine powd or 4 gm/dose</i>	1	
<i>colesevelam hcl pack 3.75 gm</i>	1	QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	2	
<i>colestipol hcl tabs 1 gm</i>	1	
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>)	2	
FIBRICOR TABS 35 MG, 105 MG (<i>fenofibric acid</i>)	2	

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

Drug Name	Drug Tier	Requirements/Limits
gemfibrozil tabs	1	
LIPOFEN CAPS (fenofibrate)	3	
TRIGLIDE TABS (fenofibrate)	2	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs	1	QL(1 ea daily)
fluvastatin sodium caps	1	QL(1 ea daily)
fluvastatin sodium tb24	1	QL(1 ea daily)
LIVALO TABS (pitavastatin calcium)	3	ST; QL(1 ea daily)
lovastatin tabs	1	\$0 copay for Generic only, age 40 to 75;PV
pravastatin sodium tabs	1	\$0 copay for Generic only, age 40 to 75;QL(1 ea daily); PV
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)
Intestinal Cholesterol Absorption Inhibitors		
ezetimibe tabs	1	
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (lomitapide mesylate)	4	PA
JUXTAPID CAPS 5 MG (lomitapide mesylate)	4	PA; ST
Nicotinic Acid Derivatives		
niacin (antihyperlipidemic) tbc	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>phenoxybenzamine hcl caps</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tabs 32 mg</i>	1	ST; QL(1 ea daily)
<i>candesartan cilexetil tabs 4 mg, 8 mg, 16 mg</i>	1	ST
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>)	3	
<i>irbesartan tabs</i>	1	
<i>losartan potassium tabs or 25 mg, 50 mg, 100 mg</i>	1	
<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		
<i>clonidine hcl tabs</i>	1	
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
<i>prazosin hcl caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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		
<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	
<i>atenolol & chlorthalidone tabs</i>	1	
<i>benazepril & hydrochlorothiazide tabs</i>	1	
<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	

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

Drug Name	Drug Tier	Requirements/ Limits
CORZIDE TABS 80 MG-5 MG (<i>nadolol & bendroflumethiazide</i>)	3	
EDARBYCLOR TABS (<i>azilsartan medoxomil-chlorthalidone</i>)	3	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
<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)
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	
<i>methyldopa & hydrochlorothiazide tabs</i>	1	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS (<i>metoprolol & hydrochlorothiazide</i>)	3	
<i>moexipril-hydrochlorothiazide tabs</i>	1	
NADOLOL/BENDROFLUMETHIAZIDE TABS (<i>nadolol & bendroflumethiazide</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
<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)
TEKTURNA HCT TABS (<i>aliskiren-hydrochlorothiazide</i>)	3	ST
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR (<i>trandolapril-verapamil hcl</i>)	3	
<i>valsartan-hydrochlorothiazide tabs 160 mg-25 mg</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
valsartan-hydrochlorothiazide tabs 320 mg-25 mg, 80 mg-12.5 mg, 160 mg-12.5 mg, 320 mg-12.5 mg	1	
Antihypertensives - Misc.		
VECAMYL TABS (<i>mecamylamine hcl</i>)	3	
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	
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>	1	
COARTEM TABS (<i>artemether-lumefantrine</i>)	2	Limit 24 doses per month; QL(0.8 ea daily)
Antimalarials		
<i>chloroquine phosphate tabs 250 mg, 500 mg</i>	1	
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, 6 ea per fill mail)
<i>primaquine phosphate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>pyrimethamine tabs</i>	1	PA
<i>quinine sulfate caps</i>	1	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>)	4	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	4	PA
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbc 180 mg</i>	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>	1	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
PASER PACK (<i>aminosalicylic acid</i>)	3	

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

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN TABS (<i>rifapentine</i>)	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	
<i>rifampin caps</i>	1	
TRECTOR TABS (<i>ethionamide</i>)	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (<i>melphalan hcl</i>)	4	PA; LA
<i>busulfan soln</i>	4	PA
BUSULFEX SOLN (<i>busulfan</i>)	4	PA
<i>cyclophosphamide caps 25 mg, 50 mg</i>	1	
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG (<i>lomustine</i>)	2	AC
GLEOSTINE CAPS 5 MG (<i>lomustine</i>)	2	PA; AC
HEXALEN CAPS (<i>altretamine</i>)	2	AC
LEUKERAN TABS (<i>chlorambucil</i>)	2	AC
<i>melphalan hcl solr</i>	4	PA; LA
<i>melphalan tabs</i>	1	AC
MYLERAN TABS (<i>busulfan</i>)	2	AC
<i>temozolomide caps</i>	1	AC
Antimetabolites		
<i>capecitabine tabs</i>	1	AC
<i>fludarabine phosphate solr</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine tabs</i>	1	AC
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 250 mg/10ml</i>	4	PA; LA
<i>methotrexate sodium soln ij 25 mg/ml</i>	4	PA
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML (<i>methotrexate sodium</i>)	4	PA; LA
<i>methotrexate sodium solr ij 1 gm</i>	4	PA; LA
<i>methotrexate sodium tabs or 2.5 mg</i>	1	AC
PURIXAN SUSP (<i>mercaptopurine</i>)	3	AL(Up to 13 yrs old); AC
TABLOID TABS (<i>thioguanine</i>)	2	AC
TREXALL TABS (<i>methotrexate sodium</i>)	3	AC
XATMEP SOLN (<i>methotrexate</i>)	4	PA; AC
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK (<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	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ODOMZO CAPS (<i>sonidegib phosphate</i>)	4	AC

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

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
<i>anastrozole tabs or</i>	5	QL(1 ea daily); PV; AC
<i>bicalutamide tabs</i>	1	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
EMCYT CAPS (<i>estramustine phosphate sodium</i>)	2	AC
ERLEADA TABS (<i>apalutamide</i>)	4	PA; AC
<i>exemestane tabs</i>	5	PV; 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>	1	PA
LYSODREN TABS (<i>mitotane</i>)	2	AC
<i>megestrol acetate susp</i>	1	AC
<i>megestrol acetate tabs</i>	1	AC
<i>nilutamide tabs</i>	1	AC
NUBEQA TABS (<i>darolutamide</i>)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
SOLTAMOX SOLN (<i>tamoxifen citrate</i>)	5	PV; AC
<i>tamoxifen citrate tabs</i>	5	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
ZYTIGA TABS 250 MG (<i>abiraterone acetate</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ZYTIGA TABS 500 MG (<i>abiraterone acetate</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
Antineoplastic - Immunomodulators		
POMALYST CAPS (<i>pomalidomide</i>)	4	PA; AC
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK (<i>selinexor</i>)	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPK (<i>selinexor</i>)	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPK (<i>selinexor</i>)	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPK (<i>selinexor</i>)	4	PA
Antineoplastic Antibiotics		
<i>mitoxantrone hcl conc</i>	2	PA
Antineoplastic Combinations		

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

Drug Name	Drug Tier	Requirements/ Limits
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; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
AFINITOR TABS 10 MG (<i>everolimus</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
AFINITOR TABS 5 MG, 2.5 MG, 7.5 MG (<i>everolimus</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ALECENSA CAPS (<i>alectinib hcl</i>)	4	PA; AC
ALUNBRIG TABS (<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; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
BOSULIF TABS 400 MG (<i>bosutinib</i>)	4	PA; AC
BRAFTOVI CAPS (<i>encorafenib</i>)	4	PA; AC

Drug Name	Drug Tier	Requirements/ Limits
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	PA; 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 25 mg, 100 mg, 150 mg</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
<i>everolimus tabs</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
FARYDAK CAPS (<i>panobinostat lactate</i>)	4	PA; Must use Caremark SP pharmacy;LA; AC
GILOTRIF TABS (<i>afatinib dimaleate</i>)	4	PA; Must use Accredo SP pharmacy;LA; 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; AC
<i>imatinib mesylate tabs</i>	1	PA; AC

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

Drug Name	Drug Tier	Requirements/ Limits
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; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
INREBIC CAPS (<i>fedratinib hcl</i>)	4	PA; AC
IRESSA TABS (<i>gefitinib</i>)	4	AC
ISTODAX (OVERFILL) SOLR (romidepsin)	4	PA
JAKAFI TABS (<i>ruxolitinib phosphate</i>)	4	PA; 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
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; AC=Anti-Cancer ;AC

Drug Name	Drug Tier	Requirements/ Limits
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; AC
NERLYNX TABS (<i>neratinib maleate</i>)	4	PA; AC
NEXAVAR TABS (<i>sorafenib tosylate</i>)	4	PA; 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
ROMIDEPSIN SOLR (<i>romidepsin</i>)	4	PA
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
SPRYCEL TABS 80 MG, 100 MG, 140 MG (<i>dasatinib</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
STIVARGA TABS (<i>regorafenib</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC

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

Drug Name	Drug Tier	Requirements/ Limits
SUTENT CAPS (<i>sunitinib malate</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TAFINLAR CAPS (<i>dabrafenib mesylate</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TAGRISSE TABS (<i>osimertinib mesylate</i>)	4	PA; AC
TALZENNA CAPS (<i>talazoparib tosylate</i>)	4	PA; AC
TASIGNA CAPS 150 MG, 200 MG (<i>nilotinib hcl</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TASIGNA CAPS 50 MG (<i>nilotinib hcl</i>)	4	PA; AC
<i>temsirolimus soln</i>	4	PA
TIBSOVO TABS (<i>ivosidenib</i>)	4	PA; AC
TORISEL SOLN (<i>temsirolimus</i>)	4	PA
TURALIO CAPS (<i>pexidartinib hcl</i>)	4	PA; AC
TYKERB TABS (<i>lapatinib ditosylate</i>)	4	PA; AC
VELCADE SOLR (<i>bortezomib</i>)	4	PA
VERZENIO TABS (<i>abemaciclib</i>)	4	PA; AC
VITRAKVI CAPS 100 MG (<i>larotrectinib sulfite</i>)	4	PA; AC
VITRAKVI CAPS 25 MG (<i>larotrectinib sulfite</i>)	4	PA; AC=Anti-Cancer ;AC
VITRAKVI SOLN 20 MG/ML (<i>larotrectinib sulfite</i>)	4	PA; AC=Anti-Cancer ;AC
VIZIMPRO TABS (<i>dacomitinib</i>)	4	PA; AC

Drug Name	Drug Tier	Requirements/ Limits
VOTRIENT TABS (<i>pazopanib hcl</i>)	4	PA; AC
XALKORI CAPS (<i>crizotinib</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; 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	AC
ZYKADIA TABS (<i>ceritinib</i>)	4	AC
Antineoplastics Misc.		
ACTIMMUNE SOLN (<i>interferon gamma-1b</i>)	4	PA; LA
ALFERON N SOLN (<i>interferon alfa-n3</i>)	4	PA; LA
<i>bexarotene caps</i>	4	PA; AC
<i>hydroxyurea caps or</i>	1	AC
INTRON A SOLN (<i>interferon alfa-2b</i>)	4	PA; LA
INTRON A SOLR (<i>interferon alfa-2b</i>)	4	PA; LA
MATULANE CAPS (<i>procarbazine hcl</i>)	4	PA; AC
SYLATRON KIT (<i>peginterferon alfa-2b antineoplastic</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
TARGRETIN CAPS OR 75 MG (<i>bexarotene</i>)	4	PA; AC

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

Drug Name	Drug Tier	Requirements/ Limits
<i>retinoin (chemotherapy) caps</i>	2	AC
Chemotherapy Rescue/Antidote Agents		
ETHYOL SOLR (<i>amifostine crystalline</i>)	4	PA
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg</i>	4	PA
<i>leucovorin calcium tabs or 5 mg, 10 mg, 15 mg, 25 mg</i>	1	AC
MESNEX TABS (<i>mesna</i>)	3	AC
Mitotic Inhibitors		
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 500 MG/25ML	2	PA
(Etoposide) TOPOSAR SOLN 100 MG/5ML	2	PA; AC
ETOPOPHOS SOLR (<i>etoposide phosphate</i>)	3	PA
ETOPOSIDE CAPS OR 50 MG (<i>etoposide</i>)	2	AC
<i>etoposide soln iv 1 gm/50ml, 500 mg/25ml</i>	2	PA
<i>etoposide soln iv 100 mg/5ml</i>	2	PA; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS OR 0.25 MG, 1 MG (<i>topotecan hcl</i>)	4	PA; AC
HYCAMTIN SOLR IV 4 MG (<i>topotecan hcl</i>)	4	PA; LA
<i>topotecan hcl solr</i>	4	PA; LA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa tabs</i>	2	
Antiparkinson Anticholinergics		

Drug Name	Drug Tier	Requirements/ Limits
<i>benztropine mesylate soln ij 1 mg/ml</i>	4	PA
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
COGENTIN SOLN (<i>benztropine mesylate</i>)	4	PA
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone tabs</i>	1	
<i>tolcapone tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	
<i>bromocriptine mesylate caps</i>	1	
<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 tbc 25 mg-100 mg</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa tbc 50 mg-200 mg</i>	1	
<i>carbidopa-levodopa tbdp 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone tabs 200 mg-25 mg-100 mg, 200 mg-50 mg-200 mg, 200 mg-12.5 mg-50 mg, 200 mg-18.75 mg-75 mg, 200 mg-37.5 mg-150 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 200 mg-31.25 mg-125 mg</i>	2	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS (<i>carbidopa-levodopa-entacapone</i>)	2	
NEUPRO PT24 (<i>rotigotine</i>)	3	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	QL(3 ea daily)
<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 4.5 mg, 2.25 mg</i>	2	
<i>pramipexole dihydrochloride tb24 3 mg</i>	2	QL(1 ea daily)
<i>pramipexole dihydrochloride tb24 3.75 mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride tb24 12 mg</i>	2	QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	2	
<i>ropinirole hydrochloride tb24 8 mg</i>	1	
RYTARY CPCR 23.75 MG-95 MG (<i>carbidopa-levodopa</i>)	3	PA; ST;QL(10 ea daily)
RYTARY CPCR 36.25 MG-145 MG, 48.75 MG-195 MG, 61.25 MG-245 MG (<i>carbidopa-levodopa</i>)	3	PA; QL(10 ea daily)
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps</i>	1	QL(2 ea daily)
<i>selegiline hcl tabs</i>	1	QL(2 ea daily)
SELEGILINE HCL TABS (<i>selegiline hcl</i>)	2	QL(2 ea daily)
XADAGO TABS (<i>safinamide mesylate</i>)	3	PA
ZELAPAR TBDP (<i>selegiline hcl</i>)	3	
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>)	3	
LITHOBID TBCR (<i>lithium carbonate</i>)	3	
Antipsychotics - Misc.		

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

Drug Name	Drug Tier	Requirements/Limits
EQUETRO CP12 (<i>carbamazepine</i>) (<i>antipsychotic</i>)	3	
LATUDA TABS (<i>lurasidone hcl</i>)	3	
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		
(Risperidone) RISPERIDONE M-TAB TBDP	1	
FANAPT TABS (<i>iloperidone</i>)	4	QL(2 ea daily)
FANAPT TITRATION PACK TABS (<i>iloperidone</i>)	4	
<i>paliperidone tb24</i>	1	
PERSERIS PRSY (<i>risperidone</i>)	4	PA
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)

Drug Name	Drug Tier	Requirements/Limits
<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	
FAZACLO TBDP 150 MG, 200 MG (<i>clozapine</i>)	3	
<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>	2	
<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>	1	PA
<i>quetiapine fumarate tb24 50 mg</i>	1	PA; ST
SAPHRIS SUBL (<i>asenapine maleate</i>)	3	
SECUADO PT24 (<i>asenapine</i>)	3	QL(1 ea daily)
VERSACLOZ SUSP (<i>clozapine</i>)	3	QL(18 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits
Dihydroindolones		
MOLINDONE HYDROCHLORIDE TABS (<i>molindone hcl</i>)	3	
Phenothiazines		
(Prochlorperazine) COMPRO SUPP	1	QL(2 ea daily)
<i>chlorpromazine hcl tabs</i>	2	
<i>fluphenazine hcl conc 5 mg/ml</i>	1	
<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		
<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>	1	PA

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS (<i>brexpiprazole</i>)	3	
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
(Formaldehyde) FORMADON SOLN	1	
<i>formaldehyde soln</i>	1	
FORMALDEHYDE SOLN (<i>formaldehyde</i>)	3	
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)
BIKTARVY TABS (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	2	
CIMDUO TABS (<i>lamivudine-tenofovir disoproxil fumarate</i>)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
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 200 MG, 250 MG (<i>didanosine</i>)	2	
<i>didanosine cpdr 400 mg</i>	1	
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	
EVOTAZ TABS (<i>atazanavir sulfate-cobicistat</i>)	2	
<i>fosamprenavir calcium tabs</i>	1	
FUZEON SOLR (<i>enfuvirtide</i>)	4	PA; ST;LA
GENVOYA TABS (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
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 PACK (<i>raltegravir potassium</i>)	2	
ISENTRESS TABS (<i>raltegravir potassium</i>)	2	
JULUCA TABS (<i>dolutegravir sodium-rilpivirine hcl</i>)	2	
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	
LEXIVA SUSP 50 MG/ML (<i>fosamprenavir calcium</i>)	2	
<i>lopinavir-ritonavir soln</i>	1	
NEVIRAPINE ER TB24 (<i>nevirapine</i>)	3	
<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	

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

Drug Name	Drug Tier	Requirements/ Limits
NORVIR SOLN 80 MG/ML (<i>ritonavir</i>)	2	
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	
REYATAZ PACK 50 MG (<i>atazanavir sulfat</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	
SYMFI LO TABS (<i>efavirenz-lamivudine- tenofovir disoproxil fumarate</i>)	2	
SYMFI TABS (<i>efavirenz- lamivudine-tenofovir disoproxil fumarate</i>)	2	
SYM TUZA TABS (<i>darunavir-cobicistat- emtricitabine-tenofovir alafenamide</i>)	2	QL(1 ea daily)
TEMIXYS TABS (<i>lamivudine-tenofovir disoproxil fumarate</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS (<i>dolutegravir sodium</i>)	2	
TRIUMEQ TABS (<i>abacavir-dolutegravir- lamivudine</i>)	2	
TRUVADA TABS (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	2	
TYBOST TABS (<i>cobicistat</i>)	2	
VIDEX EC CPDR 125 MG (<i>didanosine</i>)	2	
VIDEXPEDIATRIC SOLR (<i>didanosine</i>)	2	
VIRACEPT TABS (<i>nelfinavir mesylate</i>)	2	
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	
ZERIT SOLR 1 MG/ML (<i>stavudine</i>)	2	
<i>zidovudine caps</i>	1	
<i>zidovudine syr</i>	1	
<i>zidovudine tabs</i>	1	
CMV Agents		
<i>cidofovir soln</i>	4	PA
<i>valganciclovir hcl solr 50 mg/ml</i>	1	Limit 630mls per month;QL(21 ml daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	
Hepatitis Agents		

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

Drug Name	Drug Tier	Requirements/ Limits
(Ribavirin (Hepatitis C)) MODERIBA, RIBASPHERE TABS	1	PA
(Ribavirin (Hepatitis C)) RIBASPHERE CAPS	1	PA
adefovir dipivoxil tabs	2	
BARACLUDGE SOLN 0.05 MG/ML (entecavir)	4	
DAKLINZA TABS (daclatasvir dihydrochloride)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;LA
entecavir tabs	2	
EPCLUSA TABS (sofosbuvir-velpatasvir)	3	PA
EPIVIR HBV SOLN 5 MG/ML (lamivudine (hbv))	3	
HARVONI TABS 200 MG- 45 MG (ledipasvir- sofosbuvir)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538- 4661
HARVONI TABS 400 MG- 90 MG (ledipasvir- sofosbuvir)	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661
lamivudine (hbv) tabs	1	
LEDIPASVIR/SOFOSBUVI R TABS (ledipasvir- sofosbuvir)	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661
MAVYRET TABS (glecaprevir- pibrentasvir)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538- 4661
MODERIBA 1200 DOSE PACK TBPK (ribavirin (hepatitis c))	3	PA

Drug Name	Drug Tier	Requirements/ Limits
OLYSIO CAPS (simeprevir sodium)	4	PA; LA
PEGASYS PROCLICK SOLN (peginterferon alfa-2a)	3	PA
PEGASYS SOLN (peginterferon alfa-2a)	3	PA
PEGINTRON KIT (peginterferon alfa-2b)	3	PA
REBETOL SOLN 40 MG/ML (ribavirin (hepatitis c))	2	PA
RIBASPHERE RIBAPAK TBPK (ribavirin (hepatitis c))	3	PA
ribavirin (hepatitis c) caps	1	PA
ribavirin (hepatitis c) tabs	1	PA
SOFOSBUVIR/VELPATAS VIR TABS (sofosbuvir- velpatasvir)	3	PA
SOVALDI TABS 400 MG (sofosbuvir)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;LA
TECHNIVIE TABS (ombitasvir-paritaprevir- ritonavir)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;LA
VEMLIDY TABS (tenofovir alafenamide fumarate)	4	ST
VIEKIRA PAK TBPK (ombitasvir-paritaprevir- ritonavir-dasabuvir)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;LA
VOSEVI TABS (sofosbuvir-velpatasvir- voxilaprevir)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661

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

Drug Name	Drug Tier	Requirements/ Limits
ZEPATIER TABS (<i>elbasvir-grazoprevir</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs or 125 mg, 250 mg, 500 mg</i>	1	
<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)
Influenza Agents		
<i>oseltamivir phosphate caps or 30 mg, 45 mg</i>	1	QL(10 ea per fill retail, 10 ea per fill mail); 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	
RIMANTADINE HYDROCHLORIDE TABS (<i>rimantadine hydrochloride</i>)	3	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr</i>	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		

Drug Name	Drug Tier	Requirements/ Limits
<i>carvedilol phosphate cp24</i>	1	
<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)
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	
<i>atenolol tabs or 25 mg, 50 mg, 100 mg</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	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
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 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	
<i>sotalol hcl tabs</i>	1	
SOTYLIZE SOLN (<i>sotalol hcl</i>)	3	
<i>timolol maleate tabs or 10 mg</i>	1	QL(6 ea daily)
<i>timolol maleate tabs or 5 mg, 20 mg</i>	1	QL(2 ea daily)
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	
<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)
CARDIZEM LA TB24 120 MG (<i>diltiazem hcl coated beads</i>)	2	
DILT-XR CP24 (<i>diltiazem hcl</i>)	2	
<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 360 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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>	1	
<i>nicardipine hcl caps</i>	1	
<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 30 MG (<i>nisoldipine</i>)	2	
NISOLDIPINE ER TB24 40 MG (<i>nisoldipine</i>)	3	
<i>nisoldipine tb24</i>	1	
NYMALIZE SOLN 30 MG/10ML, 60 MG/20ML (<i>nimodipine</i>)	3	
<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>)	3	
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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tbc</i> 120 mg	1	
<i>verapamil hcl tbc</i> 180 mg, 240 mg	1	QL(2 ea daily)
VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	3	
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 ea daily)
VERELAN PM CP24 (<i>verapamil hcl</i>)	3	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS	1	
<i>digoxin soln</i> 0.05 mg/ml	1	
<i>digoxin tabs</i> 0.125 mg, 125 mcg, 250 mcg	1	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3	
LANOXIN TABS 62.5 MCG, 187.5 MCG (<i>digoxin</i>)	3	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i> 10 mg-5 mg, 20 mg-5 mg, 40 mg-5 mg, 80 mg-5 mg, 10 mg-10 mg, 10 mg-2.5 mg, 20 mg-2.5 mg, 40 mg-2.5 mg	1	PA
<i>amlodipine besylate-atorvastatin calcium tabs</i> 20 mg-10 mg, 40 mg-10 mg, 80 mg-10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
BIDIL TABS (<i>isosorbide dinitrate-hydralazine hcl</i>)	3	
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>	1	PA; QL(0.27 ea daily)
<i>ildenafil citrate tabs</i>	1	Limit 8 per month - Not available through Mail; QL(0.27 ea daily); AL(At least 21 yrs old)
Peripheral Vasodilators		
<i>isosuxsuprine hcl tabs</i>	1	
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> 10 mg	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ambrisentan tabs 5 mg</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg
<i>bosentan tabs 125 mg</i>	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661
<i>bosentan tabs 62.5 mg</i>	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LETAIRIS TABS 10 MG (<i>ambrisentan</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST
LETAIRIS TABS 5 MG (<i>ambrisentan</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg
OPSUMIT TABS (<i>macitentan</i>)	4	PA; ST
TRACLEER TBSO 32 MG (<i>bosentan</i>)	4	PA; ST
Pulmonary Hypertension - Phosphodiesterase		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	PA; New commercial members to be referred to AcariaHealth;Q L(2 ea daily)
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	4	PA; New commercial members to be referred to AcariaHealth;Q L(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
REVATIO SUSR 10 MG/ML (<i>sildenafil citrate (pulmonary hypertension)</i>)	4	PA
<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;Q L(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		
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)

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

Drug Name	Drug Tier	Requirements/Limits
VYNDAQEL CAPS (<i>tafamidis meglumine</i> (cardiac))	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>cefazolin sodium solr ij</i> 1 gm, 10 gm, 500 mg	4	PA
CEFAZOLIN SODIUM SOLR IV 1 GM (<i>cefazolin sodium</i>)	4	PA
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACLOR ER TB12 (<i>cefaclor monohydrate</i>)	3	
<i>cefaclor susr 125 mg/5ml, 375 mg/5ml</i>	1	
CEFACLOR SUSR 250 MG/5ML (<i>cefaclor</i>)	2	
CEFOTAN SOLR (<i>cefotetan disodium</i>)	4	PA
<i>cefotetan disodium solr</i>	4	PA
CEFOTETAN SOLR (<i>cefotetan disodium</i>)	4	PA
<i>cefoxitin sodium solr ij</i> 10 gm	4	PA
<i>cefoxitin sodium solr iv</i> 1 gm, 2 gm	4	PA

Drug Name	Drug Tier	Requirements/Limits
CEFOXITIN SODIUM SOLR IV 1 GM-4 %, 2 GM-2.2 % (<i>cefoxitin sodium and dextrose</i>)	4	PA
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefditoren pivoxil tabs</i>	1	
<i>cefixime caps</i>	1	
<i>cefixime susr</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
SUPRAX CHEW 100 MG, 200 MG (<i>cefixime</i>)	3	
SUPRAX SUSR 500 MG/5ML (<i>cefixime</i>)	3	
CHEMICALS		
Bulk Chemicals - P's		
PROGESTERONE CONCENTRATE CREA (<i>progesterone (bulk)</i>)	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, RECLIPSEN, KALLIGA, JULEBER, ISIBLOOM, ENSKYCE, EMOQUETTE, CYRED EQ, CYRED TABS	5	PV

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

Drug Name	Drug Tier	Requirements/ Limits
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, VOLNEA, VIORELE, SIMLIYA, PIMTREA, KIMIDESS, KARIVA, BEKYREE TABS	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN, VELIVET TABS	5	PV
(Drospirenone-Ethinyl Estradiol) GIANVI, ZUMANDIMINE, ZARAH, SYEDA, OCELLA, NIKKI, LORYNA, LO-ZUMANDIMINE, JASMIEL TABS	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) RAJANI, TYDEMY TABS	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, ZOVIA 1/35E, KELNOR 1/50 TABS	5	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	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, TRIVORA-28, MYZILRA, LEVONEST TABS	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, SIMPESE, SETLAKIN, RIVELSA, QUASENSE, LOJAIMIESS, JOLESSA, JAIMIESS, INTROVALE, FAYOSIM, DAYSEE, CAMRESE LO, CAMRESE, ASHLYNA, AMETHIA LO TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST TABS	5	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, TARINA FE 1/20 EQ, TARINA FE 1/20, TARINA 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE, LARIN FE 1/20, LARIN FE 1.5/30, LARIN 24 FE, JUNEL FE 24, JUNEL FE 1/20, JUNEL FE 1.5/30, HAILEY 24 FE, BLISOVI FE 1/20, BLISOVI FE 1.5/30, BLISOVI 24 FE, AUROVELA FE 1/20, AUROVELA FE 1.5/30 TABS	5	PV
(Norethin Acet & Estrad-Fe) MELODETTA 24 FE, MIBELAS 24 FE CHEW	5	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	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, WYMZYA FE, LAYOLIS FE CHEW	5	PV

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

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	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE TABS	5	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	5	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	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, VYLIBRA, SPRINTEC 28, PREVIFEM, MONONESSA, MONO-LINYAH, MILI, FEMYNOR TABS	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, OGESTREL, LOW-OGESTREL, ELINEST TABS	5	PV
BALCOLTRA TABS (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>)	5	QL(1 ea daily); PV

Drug Name	Drug Tier	Requirements/ Limits
BEYAZ TABS (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV
DESOGEN TABS (<i>desogestrel & ethinyl estradiol</i>)	5	PV
<i>desogestrel & ethinyl estradiol tabs</i>	5	PV
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	5	PV
<i>drospirenone-ethinyl estradiol tabs</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	5	PV
ESTROSTEP FE TABS (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	5	PV
<i>ethynodiol diacet & eth estrad tabs</i>	5	PV
GENERESS FE CHEW (<i>norethindrone & ethinyl estradiol-fe</i>)	5	PV
<i>levonorgestrel & eth estradiol tabs</i>	5	PV
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	5	PV
LO LOESTRIN FE TABS (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>)	5	PV
LOESTRIN 1.5/30-21 TABS (<i>norethindrone acet & eth estra</i>)	5	PV

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

Drug Name	Drug Tier	Requirements/ Limits
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	PV
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	PV
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	PV
MIRCETTE TABS (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	PV
NATAZIA TABS (<i>estradiol valerate-dienogest</i>)	5	PV
<i>norethin acet & estrad-fe chew</i>	5	PV
<i>norethin acet & estrad-fe tabs</i>	5	PV
<i>norethindrone & ethinyl estradiol-fe chew</i>	5	PV
<i>norethindrone acet & eth estra tabs</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	5	PV
<i>norgestimate-ethinyl estradiol tabs</i>	5	PV
ORTHO TRI-CYCLEN LO TABS (<i>norgestimate-ethinyl estradiol (triphasic)</i>)	5	PV

Drug Name	Drug Tier	Requirements/ Limits
ORTHO TRI-CYCLEN TABS (<i>norgestimate-ethinyl estradiol (triphasic)</i>)	5	PV
ORTHO-CYCLEN TABS (<i>norgestimate-ethinyl estradiol</i>)	5	PV
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	PV
QUARTETTE TABS (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
SAFYRAL TABS (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV
SEASONIQUE TABS (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	PV
TRI-NORINYL 28 TABS (<i>norethindrone-eth estradiol (triphasic)</i>)	5	PV
YASMIN 28 TABS (<i>drospirenone-ethinyl estradiol</i>)	5	PV
YAZ TABS (<i>drospirenone-ethinyl estradiol</i>)	5	PV
Combination Contraceptives - Transdermal		
XULANE PTWK (<i>norelgestromin-ethinyl estradiol</i>)	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG RING	5	PV

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

Drug Name	Drug Tier	Requirements/Limits
ANNOVERA RING (<i>segesterone acetate-ethinyl estradiol</i>)	5	QL(1 ea daily); PV
<i>etonogestrel-ethinyl estradiol ring</i>	5	PV
NUVARING RING (<i>etonogestrel-ethinyl estradiol</i>)	5	PV
Emergency Contraceptives		
(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	5	PV
ELLA TABS (<i>ulipristal acetate</i>)	5	PV
<i>levonorgestrel (emergency oc) tabs</i>	5	PV
PLAN B ONE-STEP TABS (<i>levonorgestrel (emergency oc)</i>)	5	PV
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, TULANA, SHAROBEL, NORLYROC, NORLYDA, NORA-BE, LYZA, JOLIVETTE, JENCYCLA, INCASSIA, HEATHER, ERRIN, DEBLITANE TABS	5	PV
<i>norethindrone (contraceptive) tabs</i>	5	PV
ORTHO MICRONOR TABS (<i>norethindrone (contraceptive)</i>)	5	PV
SLYND TABS (<i>drospirenone</i>)	5	QL(1 ea daily); PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		

Drug Name	Drug Tier	Requirements/Limits
(Dexamethasone) DECADRON ELIX	1	
(Dexamethasone) DECADRON TABS	1	
(Dexamethasone) DEXPAK 13 DAY TBPK	1	
<i>budesonide cpep 3 mg</i>	2	QL(3 ea daily)
<i>budesonide tb24 9 mg</i>	1	PA
CORTISONE ACETATE TABS (<i>cortisone acetate</i>)	2	
<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	
<i>dexamethasone tbpk 1.5 mg</i>	1	
<i>hydrocortisone tabs</i>	1	
MEDROL TABS 2 MG (<i>methylprednisolone</i>)	2	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPK (<i>prednisolone</i>)	3	
MILLIPRED TABS 5 MG (<i>prednisolone</i>)	2	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML (<i>prednisolone sodium phosphate</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 10 mg/5ml, 15 mg/5ml, 20 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisolone soln</i>	1	
PREDNISONO INTENSOL CONC (<i>prednisone</i>)	2	
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
TAPERDEX 12-DAY TBP (<i>dexamethasone</i>)	3	
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	
(Hydrocodone W/ Homatropine) TUSSIGON TABS	1	
<i>benzonatate caps 100 mg, 150 mg, 200 mg</i>	1	
<i>hydrocodone w/ homatropine syrp</i>	1	
<i>hydrocodone w/ homatropine tabs</i>	1	
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) VIRTUSSIN AC/ALC LIQD	1	
(Phenylephrine W/ Dm-Gg) BIOGTUSS, GILTUSS PEDIATRIC LIQD	1	RX/OTC
(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	1	
(Pseudoephedrine W/ Codeine-Gg) GUAIFENESIN DAC, VIRTUSSIN DAC SOLN	1	
ACTIDOM DMX LIQD (<i>phenylephrine w/ dm-gg</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	
DOCTOR MANZANILLA PE SYRUP ANTIHISTAMINE/DECONGESTANT LIQD (<i>triprolidine-phenylephrine</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
DOMETUSS-DMX LIQD (<i>phenylephrine w/ dm-gg</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
GILTUSS SINUS & CONGESTION TABS (<i>phenylephrine-guaifenesin</i>)	3	RX/OTC
GILTUSS TR TABS (<i>phenylephrine w/ dm-gg</i>)	3	RX/OTC
<i>guaifenesin-codeine soln</i>	1	
HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE SOLN (<i>pseudoephed-cpm w/ hydrocod</i>)	3	
HYDROCODONE BITARTRATE/GUAIFENESIN SOLN (<i>hydrocodone-guaifenesin</i>)	3	
<i>hydrocodone polistirex-chlorpheniramine polistirex lqcr</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
NEOTUSS PLUS LIQD (<i>phenylephrine-chlorphen-dm</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
OBREDON SOLN (<i>hydrocodone-guaifenesin</i>)	3	
PRO-RED AC SYRP (<i>phenylephrine-dexchlorpheniramine-codeine</i>)	3	
<i>promethazine & phenylephrine syrp</i>	1	QL(30 ml daily)
<i>promethazine w/codeine soln</i>	1	QL(30 ml daily)
<i>promethazine w/codeine syrp</i>	1	QL(30 ml daily)
<i>promethazine-dm syrp</i>	1	QL(30 ml daily)
<i>promethazine-phenylephrine-codeine syrp</i>	1	
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>)	2	
<i>pseudoephed-bromphen-dm syrp</i>	1	
TUSNEL TABS (<i>pseudoephedrine w/ dm-gg</i>)	3	
TUSSICAPS CP12 (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>)	3	
TUSSLIN LIQD (<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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
TUSSLIN PEDIATRIC LIQD (<i>phenylephrine w/ dm-gg</i>)	3	RX/OTC
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) PULMOSAL NEBU	1	
HYPERSAL NEBU 3.5 % (<i>sodium chloride (inhalant)</i>)	3	
NEBUSAL NEBU 6 % (<i>sodium chloride (inhalant)</i>)	3	
<i>sodium chloride (inhalant) nebu</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC GEL	1	
(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) AMNESTEEM, ZENATANE, MYORISAN, CLARAVIS CAPS 20 MG	1	QL(5 ea daily, 150 day(s) limit)

Drug Name	Drug Tier	Requirements/Limits
(Isotretinoin) AMNESTEEM, ZENATANE, MYORISAN, CLARAVIS CAPS 40 MG	1	QL(2 ea daily)
(Isotretinoin) AMNESTEEM, ZENATANE, MYORISAN, CLARAVIS CAPS 40 MG	1	QL(2 ea daily, 150 day(s) limit)
(Isotretinoin) CLARAVIS, ZENATANE, MYORISAN CAPS 30 MG	1	
(Isotretinoin) CLARAVIS, ZENATANE, MYORISAN CAPS 30 MG	1	QL(2 ea daily)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL	1	
(Tretinoin) AVITA CREA	1	
(Tretinoin) AVITA GEL	1	
<i>adapalene crea 0.1 %</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>adapalene gel 0.1 %</i>	1	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
<i>adapalene gel 0.3 %</i>	1	QL(45 gm per fill retail, 135 gm per fill mail)
ADAPALENE LOTN 0.1 % (<i>adapalene</i>)	3	
<i>adapalene-benzoyl peroxide gel</i>	1	
AZELEX CREA (<i>azelaic acid (acne)</i>)	3	
<i>benzoyl peroxide-erythromycin gel</i>	1	QL(2 gm daily)
BP CLEANSING WASH EMUL (<i>sulfacetamide sodium-sulfur in urea vehicle</i>)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) foam</i>	1	
<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>	1	
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>	1	
<i>clindamycin phosphate-tretinoin gel</i>	1	
<i>dapsone (topical) gel 5 %</i>	1	PA; ST
DIFFERIN LOTN 0.1 % (<i>adapalene</i>)	3	
ERY PADS (<i>erythromycin (acne aid)</i>)	3	
<i>erythromycin (acne aid) gel</i>	1	
<i>erythromycin (acne aid) pads</i>	1	
<i>erythromycin (acne aid) soln</i>	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin caps 20 mg</i>	1	QL(5 ea daily)
<i>isotretinoin caps 30 mg</i>	1	
<i>isotretinoin caps 40 mg</i>	1	QL(2 ea daily)
RIAX FOAM (<i>benzoyl peroxide</i>)	3	
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(1 gm daily)
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>	1	
<i>sulfacetamide sodium w/ sulfur liqd 4.8 %-9.8 %</i>	2	
<i>sulfacetamide sodium w/ sulfur lotn 4.8 %-9.8 %</i>	1	PA
TRETIN-X CREA (<i>tretinoin</i>)	3	
<i>tretinoin crea</i>	1	
<i>tretinoin gel</i>	1	
<i>tretinoin microsphere gel 0.04 %</i>	1	Limit 45gms per month;QL(1.7 gm daily)
<i>tretinoin microsphere gel 0.1 %</i>	1	QL(1.67 gm daily)

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

Drug Name	Drug Tier	Requirements/ Limits
VELTIN GEL (<i>clindamycin phosphate-tretinoin</i>)	3	
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)
PENNSAID SOLN (<i>diclofenac sodium (topical)</i>)	3	PA; QL(4 gm daily)
Antibiotics - Topical		
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	1	

Drug Name	Drug Tier	Requirements/ Limits
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC CREA	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) NYAMYC, NYSTOP POWD	1	
<i>ciclopirox gel</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham</i>	1	
<i>ciclopirox soln</i>	1	
<i>clotrimazole w/ betamethasone crea</i>	1	Limit 1 tube per month; QL(1.5 gm daily)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(2 ml daily)
<i>econazole nitrate crea</i>	1	
ERTACZO CREA (<i>sertaconazole nitrate</i>)	4	PA; QL(1 gm daily)
EXELDERM CREA (<i>sulconazole nitrate</i>)	3	
EXELDERM SOLN (<i>sulconazole nitrate</i>)	2	
EXODERM LOTN (<i>sodium thiosulfate-salicylic acid</i>)	3	
HALOTIN CREA (<i>haloprogin</i>)	3	
<i>iodoquinol-hydrocortisone in aloe vehicle crea</i>	1	
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)
<i>ketoconazole (topical) foam</i>	2	
<i>ketoconazole (topical) sham</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brands
4=High Cost Drugs 5=Preventive Drugs AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access 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>	1	
<i>naftifine hcl gel 1 %</i>	1	
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	3	
<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>	1	
OXISTAT LOTN (<i>oxiconazole nitrate</i>)	3	
SULCONAZOLE NITRATE CREA (<i>sulconazole nitrate</i>)	3	
SULCONAZOLE NITRATE SOLN (<i>sulconazole nitrate</i>)	2	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)
<i>diclofenac sodium (actinic keratoses) gel</i>	2	PA
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	

Drug Name	Drug Tier	Requirements/ Limits
PANRETIN GEL (<i>alitretinoin</i>)	3	PA
PICATO GEL (<i>ingenol mebutate</i>)	3	
TARGRETIN GEL EX 1 % (<i>bexarotene (topical)</i>)	4	PA
VALCHLOR GEL (<i>mechlorethamine hcl (topical)</i>)	4	PA; ST
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	1	QL(3 gm daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
<i>acitretin caps 10 mg</i>	2	QL(1 ea daily)
<i>acitretin caps 17.5 mg</i>	2	
<i>acitretin caps 25 mg</i>	2	QL(2 ea daily)
<i>calcipotriene crea</i>	2	QL(5 gm daily)
CALCIPOTRIENE FOAM (<i>calcipotriene</i>)	3	PA
<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(3.4 gm daily)
COSENTYX SENSOREADY PEN SOAJ (<i>secukinumab</i>)	4	PA; ST;LA
COSENTYX SOSY (<i>secukinumab</i>)	4	PA; ST;LA
ILUMYA SOSY (<i>tildrakizumab-asmn</i>)	4	PA; ST
<i>methoxsalen rapid caps</i>	1	
SKYRIZI PSKT (<i>risankizumab-rzaa</i>)	4	PA

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

Drug Name	Drug Tier	Requirements/ Limits
SORILUX FOAM (<i>calcipotriene</i>)	3	PA
STELARA SOLN SC 45 MG/0.5ML (<i>ustekinumab</i>)	4	LA
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 % (<i>tazarotene</i>)	2	
TAZORAC GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	2	
Antiseborrheic Products		
(Sulfacetamide Sodium) SEB-PREV WASH LIQD	1	
(Sulfacetamide Sodium) SODIUM SULFACETAMIDE WASH LIQD 10 %	1	
<i>selenium sulfide lotn</i> 2.5 %	1	
SODIUM SULFACETAMIDE WASH LIQD 0.5 %-10 % (<i>sulfacetamide sodium</i> <i>in bakuchiol vehicle</i>)	3	
<i>sulfacetamide sodium</i> <i>liqd</i>	1	
<i>sulfacetamide sodium</i> <i>sham</i>	1	
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	QL(1 gm daily)
Burn Products		
(Silver Sulfadiazine) SSD CREA	1	
<i>mafenide acetate pack</i>	1	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM (<i>mafenide</i> <i>acetate</i>)	3	
Corticosteroids - Topical		

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

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

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</i>	1	
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene- betamethasone dipropionate oint</i>	2	ST
<i>calcipotriene- betamethasone dipropionate susp</i>	1	ST; QL(2 gm daily)
CAPEX SHAM (<i>fluocinolone acetonide</i>)	2	
<i>clobetasol propionate crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate emulsion foam</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate liqd</i>	1	
<i>clobetasol propionate lotn</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate soln</i>	1	
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 TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	3	
CORTANE-B LOTN (<i>hydrocortisone-pramoxine-chloroxylonol</i>)	3	
DESONATE GEL (<i>desonide</i>)	3	
<i>desonide crea</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
DESOXIMETASONE CREA 0.05 % (<i>desoximetasone</i>)	2	
<i>desoximetasone crea</i> 0.05 %, 0.25 %	1	
<i>desoximetasone gel</i> 0.05 %	1	
<i>desoximetasone liqd</i> 0.25 %	1	ST
<i>desoximetasone oint</i> 0.05 %, 0.25 %	1	
<i>diflorasone diacetate crea</i>	1	
<i>diflorasone diacetate oint</i>	1	
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>	1	
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate lotn</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate oint</i>	1	
<i>halobetasol propionate crea</i>	1	
<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>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
NUCORT LOTN (<i>hydrocortisone acetate (topical)</i>)	3	
PRAMOSONE E CREA (<i>pramoxine-hc emollient base</i>)	3	
PRAMOSONE LOTN (<i>pramoxine-hc</i>)	3	
PRAMOSONE OINT (<i>pramoxine-hc</i>)	3	

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

Drug Name	Drug Tier	Requirements/Limits
PREDNICARBATE CREA (<i>prednicarbate</i>)	2	
PREDNICARBATE OINT (<i>prednicarbate</i>)	3	
TEXACORT SOLN (<i>hydrocortisone topical</i>)	3	
<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	
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
Emollient/Keratolytic Agents		
(Urea) CEROVEL, UREA-C40, REA LO 40 LOTN	1	
GORDONS UREA OINT (<i>urea</i>)	3	
UREA HYDRATING FOAM (<i>urea in lactic acid vehicle</i>)	3	
<i>urea lotn</i>	1	
UREA NAIL STCK 50 % (<i>urea in zinc undecylenate-lactic acid vehicle</i>)	3	
UREA TOPICAL SUSP (<i>urea</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
Emollients		
(Lactic Acid (Ammonium Lactate)) GERI-HYDROLAC 12 CREA	1	RX/OTC
HYLINATE LOTN (<i>hyaluronate sodium emollient</i>)	3	
<i>lactic acid (ammonium lactate) crea</i>	1	RX/OTC
SODIUM HYALURONATE GEL (<i>hyaluronate sodium emollient</i>)	3	
Enzymes - Topical		
SANTYL OINT (<i>collagenase</i>)	3	
Immunomodulating Agents - Topical		
<i>imiquimod crea</i>	1	
Immunosuppressive Agents - Topical		
<i>pimecrolimus crea</i>	1	QL(2 gm daily)
<i>tacrolimus (topical) oint 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic Agents		
(Salicylic Acid) SALIMEZ CREA	1	
(Salicylic Acid) SALITECH FORTE LOTN	1	
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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>salicylic acid crea 6 %</i>	1	
<i>salicylic acid in ammonium lactate vehicle foam</i>	1	
<i>salicylic acid lotn 6 %</i>	1	
SALICYLIC ACID LOTN 6 % (<i>salicylic acid</i>)	2	
<i>salicylic acid sham 6 %</i>	1	
Liniments		
MEDROX-RX OINT (<i>capsaicin-menthol-methyl salicylate</i>)	3	PA
Local Anesthetics - Topical		
ANASTIA LOTN (<i>lidocaine hcl</i>)	2	
C-TOPICAL SOLN (<i>cocaine hcl</i>)	3	
CETACAINE AERO (<i>butamben-tetracaine-benzocaine</i>)	3	
<i>lidocaine hcl soln ex</i>	1	
<i>lidocaine ptch</i>	1	Limited to 3 patches per day;QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	1	
NUMBONEX LOTN (<i>lidocaine hcl</i>)	2	
PREMIUM SCAR PATCH PTCH (<i>allantoin-lidocaine-petrolatum</i>)	3	
Misc. Topical		
DRYSOL SOLN (<i>aluminum chloride</i>)	2	
XERAC AC SOLN (<i>aluminum chloride in alcohol</i>)	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		

Drug Name	Drug Tier	Requirements/Limits
EUCRISA OINT (<i>crisaborole</i>)	3	PA; ST; Limited to 60 gm per month;QL(2 gm daily)
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL	1	Limit 45gms per month;QL(1.5 gm daily)
<i>azelaic acid gel</i>	1	
DOXYCYCLINE CPDR (<i>doxycycline (rosacea)</i>)	3	PA; ST;QL(1 ea daily)
FINACEA FOAM (<i>azelaic acid</i>)	3	
<i>ivermectin (rosacea) crea</i>	1	PA; ST;QL(1.5 gm daily)
IVERMECTIN CREA EX 1 % (<i>ivermectin (rosacea)</i>)	3	PA; ST;QL(1.5 gm daily)
<i>metronidazole (topical) crea 0.75 %</i>	1	
<i>metronidazole (topical) gel 0.75 %</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>metronidazole (topical) gel 1 %</i>	1	
<i>metronidazole (topical) lotn 0.75 %</i>	1	QL(2 ml daily)
MIRVASO GEL (<i>brimonidine tartrate (topical)</i>)	3	PA; ST
NORITATE CREA (<i>metronidazole (topical)</i>)	4	PA
ORACEA CPDR (<i>doxycycline (rosacea)</i>)	3	PA; ST;QL(1 ea daily)
RHOFADE CREA (<i>oxymetazoline hcl (topical)</i>)	3	PA; ST

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

Drug Name	Drug Tier	Requirements/Limits
SOOLANTRA CREA (<i>ivermectin (rosacea)</i>)	3	PA; ST;QL(1.5 gm daily)
Scabicides & Pediculicides		
EURAX CREA (<i>crotamiton</i>)	2	
<i>malathion lotn</i>	1	
<i>permethrin crea</i>	1	QL(2 gm daily)
SKLICE LOTN (<i>ivermectin (pediculicide)</i>)	3	
Wound Care Products		
REGRANEX GEL (<i>becaplermin</i>)	3	Limit 15gms per month;QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR (<i>glucagon hcl rdn</i>)	4	PA
METOPIRONE CAPS (<i>metyrapone</i>)	3	
Diagnostic Tests		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
FREESTYLE LITE TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
FREESTYLE TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC

Drug Name	Drug Tier	Requirements/Limits
KETONE STRP (<i>acetone (urine)</i> test)	2	
KETOSTIX STRP (<i>acetone (urine)</i> test)	2	
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
RELION KETONE STRP (<i>acetone (urine)</i> test)	2	
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; AC
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		

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

Drug Name	Drug Tier	Requirements/Limits
<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)
KEVEYIS TABS (<i>dichlorphenamide</i>)	4	PA
<i>methazolamide tabs</i>	1	
Diuretic Combinations		
ALDACTAZIDE TABS 50 MG-50 MG (<i>spironolactone & hydrochlorothiazide</i>)	2	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
<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)
<i>ethacrynic acid tabs</i>	1	ST
<i>furosemide soln 10 mg/ml</i>	1	
FUROSEMIDE SOLN 8 MG/ML (<i>furosemide</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tabs 20 mg, 40 mg, 80 mg</i>	1	
<i>torsemide tabs 100 mg</i>	1	QL(2 ea daily)
<i>torsemide tabs 5 mg, 10 mg, 20 mg</i>	1	
Potassium Sparing Diuretics		
<i>amiloride hcl tabs</i>	1	
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG, 500 MG (<i>chlorothiazide</i>)	3	
<i>chlorothiazide tabs 500 mg</i>	1	
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP (<i>chlorothiazide</i>)	3	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium soln 70 mg/75ml</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	Limit 1 tab per week;QL(0.144 ea daily)
<i>alendronate sodium tabs 40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
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)
<i>alendronate sodium tabs 70 mg</i>	1	Limit 1 tab per week;QL(0.15 ea daily)
BINOSTO TBEF (<i>alendronate sodium</i>)	3	PA; Limit 4 packets per month;QL(0.15 ea daily)
<i>calcitonin (salmon) soln</i>	1	
<i>etidronate disodium tabs</i>	1	
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	4	PA; LA
FOSAMAX PLUS D TABS (<i>alendronate sodium-cholecalciferol</i>)	3	PA; Limit 4 per month;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; LA
NATPARA CART (<i>parathyroid hormone (recombinant)</i>)	4	PA; LA
PROLIA SOSY (<i>denosumab</i>)	4	PA; LA
<i>risedronate sodium tabs 150 mg</i>	1	ST; Limited to 1 per month;QL(0.04 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg, 35 mg</i>	1	ST
TYMLOS SOPN (<i>abaloparatide</i>)	4	PA; LA
Fertility Regulators		

Drug Name	Drug Tier	Requirements/Limits
<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; LA
Growth Hormones		
HUMATROPE COMBO PACK SOLR (<i>somatropin</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
HUMATROPE SOLR 5 MG (<i>somatropin</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
HUMATROPE SOLR 6 MG, 12 MG, 24 MG (<i>somatropin</i>)	4	PA; LA
NORDITROPIN FLEXPRO SOLN (<i>somatropin</i>)	4	PA; LA
SEROSTIM SOLR (<i>somatropin (non-refrigerated)</i>)	4	PA; LA
ZOMACTON SOLR (<i>somatropin</i>)	4	PA
ZORBTIVE SOLR (<i>somatropin (non-refrigerated)</i>)	4	PA; LA
Hormone Receptor Modulators		
EVISTA TABS (<i>raloxifene hcl</i>)	5	PV
OSPHENA TABS (<i>ospemifene</i>)	3	
<i>raloxifene hcl tabs</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN (<i>mecasermin</i>)	4	PA; LA
LHRH/GnRH Agonist Analog Pituitary		

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

Drug Name	Drug Tier	Requirements/ Limits
SYNAREL SOLN (<i>nafarelin acetate</i>)	2	
Metabolic Modifiers		
(Levocarnitine (Metabolic Modifiers)) MCCARNITINE TABS	1	RX/OTC
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	4	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	4	PA
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	QL(4 ea daily)
<i>calcitriol soln 1 mcg/ml</i>	1	
CARBAGLU TABS (<i>carglumic acid</i>)	4	PA
<i>cinacalcet hcl tabs</i>	1	PA
CYSTADANE POWD (<i>betaine</i>)	4	PA
<i>doxercalciferol caps</i>	2	
GALAFOLD CAPS (<i>migalastat hcl</i>)	4	PA; QL(0.5 ea daily)
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>	1	
<i>levocarnitine (metabolic modifiers) tabs 330 mg</i>	1	RX/OTC
MYALEPT SOLR (<i>metreleptin</i>)	4	PA; LA
<i>nitisinone caps 10 mg</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>nitisinone caps 2 mg, 5 mg</i>	1	PA
NITYR TABS (<i>nitisinone</i>)	4	PA
ORFADIN CAPS 10 MG (<i>nitisinone</i>)	4	PA
ORFADIN CAPS 20 MG (<i>nitisinone</i>)	3	PA
ORFADIN SUSP 4 MG/ML (<i>nitisinone</i>)	4	PA
PALYNZIQ SOSY (<i>pegvaliase-pqpz</i>)	4	PA
<i>paricalcitol caps</i>	1	
RAVICTI LIQD (<i>glycerol phenylbutyrate</i>)	4	
<i>sodium phenylbutyrate powd</i>	4	PA
<i>sodium phenylbutyrate tabs</i>	4	PA
STRENSIQ SOLN (<i>asfotase alfa</i>)	4	PA
XURIDEN PACK (<i>uridine triacetate</i>)	4	
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 % (<i>desmopressin acetate refrigerated</i>)	2	
<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)
NOCTIVA EMUL (<i>desmopressin acetate</i>)	3	PA
STIMATE SOLN (<i>desmopressin acetate</i>)	3	
Prolactin Inhibitors		

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

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
OCTREOTIDE ACETATE SOLN 1000 MCG/ML (<i>octreotide acetate</i>)	4	PA; LA
OCTREOTIDE ACETATE SOLN 200 MCG/ML (<i>octreotide acetate</i>)	4	PA
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml</i>	4	PA
<i>octreotide acetate soln 500 mcg/ml, 1000 mcg/ml</i>	4	PA; LA
SANDOSTATIN SOLN 500 MCG/ML, 1000 MCG/ML (<i>octreotide acetate</i>)	4	PA; LA
SIGNIFOR SOLN (<i>pasireotide diaspertate</i>)	4	PA; LA
Vasopressin Receptor Antagonists		
JYNARQUE TBP (<i>tolvaptan</i>)	4	PA
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	
ANGELIQ TABS (<i>drospirenone-estradiol</i>)	3	
CLIMARA PRO PTWK (<i>estradiol-levonorgestrel</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH PTTW (<i>estradiol & norethindrone acetate</i>)	3	
DUAVEE TABS (<i>conjugated estrogens-bazedoxifene</i>)	3	
<i>estradiol & norethindrone acetate tabs</i>	1	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREFEST TABS (<i>estradiol-norgestimate</i>)	3	
PREMPHASE TABS (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	
PREMPRO TABS (<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)
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM (<i>estradiol</i>)	3	
ELESTRIN GEL (<i>estradiol</i>)	3	
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	Limit 4 patches per month;QL(0.14 3 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
ESTROGEL GEL (<i>estradiol</i>)	3	Limit 50gms per month;QL(1.67 gm daily)
ESTROPIPATE TABS (<i>estropipate</i>)	2	
EVAMIST SOLN (<i>estradiol</i>)	3	
MENEST TABS (<i>esterified estrogens</i>)	2	
MENOSTAR PTWK (<i>estradiol</i>)	3	Limit 4 patches per month;QL(0.14 3 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	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO SUSR 5 GM/100ML, 500 MG/5ML (<i>ciprofloxacin</i>)	2	
CIPROFLOXACIN ER TB24 1000 MG (<i>ciprofloxacin-ciprofloxacin hcl</i>)	2	QL(14 ea per fill retail,14 ea per fill mail)
CIPROFLOXACIN ER TB24 500 MG (<i>ciprofloxacin-ciprofloxacin hcl</i>)	2	QL(3 ea per fill retail,3 ea per fill mail)

Drug Name	Drug Tier	Requirements/Limits
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	
<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>)	3	
<i>ofloxacin tabs 400 mg</i>	1	QL(28 ea per 90 days retail,28 ea per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS 10 MG (<i>obeticholic acid</i>)	4	PA
OCALIVA TABS 5 MG (<i>obeticholic acid</i>)	4	PA; ST
Gallstone Solubilizing Agents		
CHENODAL TABS (<i>chenodiol</i>)	4	PA
<i>ursodiol caps 300 mg</i>	2	
<i>ursodiol tabs 250 mg, 500 mg</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS (<i>lubiprostone</i>)	2	
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln</i>	1	
<i>metoclopramide hcl tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
METOCLOPRAMIDE ODT TBDP (<i>metoclopramide hcl</i>)	3	
Inflammatory Bowel Agents		
<i>balsalazide disodium caps</i>	1	Limit 280 caps per month; QL(9 ea daily)
CIMZIA KIT (<i>certolizumab pegol</i>)	4	PA; LA
CIMZIA STARTER KIT KIT (<i>certolizumab pegol</i>)	4	PA; LA
DIPENTUM CAPS (<i>olsalazine sodium</i>)	3	
GIAZO TABS (<i>balsalazide disodium</i>)	3	ST; QL(6 ea daily)
INFLECTRA SOLR (<i>infliximab-dyyb</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<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)
REMICADE SOLR (<i>infliximab</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
SFROWASA ENEM (<i>mesalamine</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOLN IV 130 MG/26ML (<i>ustekinumab (iv)</i>)	4	PA; LA
<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>alose tron hcl tabs</i>	2	
LINZESS CAPS (<i>linaclotide</i>)	2	
VIBERZI TABS 100 MG (<i>eluxadoline</i>)	3	PA
VIBERZI TABS 75 MG (<i>eluxadoline</i>)	3	PA; ST
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; LA
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

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
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	
<i>lanthanum carbonate chew 750 mg</i>	1	QL(4 ea daily)
PHOSLYRA SOLN <i>(calcium acetate (phosphate binder))</i>	3	
<i>sevelamer carbonate pack 0.8 gm</i>	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	QL(5 ea daily)
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sevelamer hcl tabs</i>	1	PA; ST; QL(16 ea daily)
SEVELAMER HYDROCHLORIDE TABS <i>(sevelamer hcl)</i>	3	PA; ST
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT <i>(teduglutide (rdna))</i>	4	PA; ST; Specialty Drug refer to Caremark SP RX;LA
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS <i>(telotristat etiprate)</i>	4	PA; ST; Not available through mail
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		

Drug Name	Drug Tier	Requirements/Limits
Acidifiers		
K-PHOS NO 2 TABS <i>(potassium & sodium acid phosphates)</i>	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS, TARON-CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2 SOLN	1	RX/OTC
ORACIT SOLN (<i>sodium citrate & citric acid</i>)	3	
<i>pot & sod citrates w/citric ac soln</i>	1	
<i>potassium citrate (alkalinizer) tbc 15 meq, 540 mg, 1080 mg</i>	1	
<i>potassium citrate-citric acid soln</i>	1	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS <i>(cysteamine bitartrate)</i>	4	PA
PROCYSBI CPDR 25 MG, 75 MG <i>(cysteamine bitartrate)</i>	4	
PROCYSBI PACK 75 MG, 300 MG <i>(cysteamine bitartrate)</i>	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS <i>(pentosan polysulfate sodium)</i>	3	QL(3 ea daily)
Prostatic Hypertrophy Agents		

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

Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
CARDURA XL TB24 (<i>doxazosin mesylate (bph)</i>)	3	
<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)
<i>silodosin caps 4 mg</i>	1	
<i>silodosin caps 8 mg</i>	1	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	1	QL(2 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	
DUZALLO TABS (<i>lesinurad-allopurinol</i>)	3	PA
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	
<i>colchicine tabs</i>	1	
<i>febuxostat tabs 40 mg</i>	1	QL(2 ea daily)
<i>febuxostat tabs 80 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MITIGARE CAPS (<i>colchicine</i>)	3	
ZURAMPIC TABS (<i>lesinurad</i>)	3	PA
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; LA
ADYNOVATE SOLR (<i>antihemophilic factor recombinant</i>) pegylated)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
AFSTYLA KIT (<i>antihemophilic factor recombinant</i>) single chain)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANINE SD SOLR (<i>coagulation factor ix</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPROLIX SOLR (<i>coagulation factor ix recomb</i>) fc fusion protein (rfixfc))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
BEBULIN SOLR (<i>factor ix complex</i>)	4	PA; Must use AcariaHlth Sp Rx 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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
BENEFIX KIT (<i>coagulation factor ix (recombinant)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COAGADEX SOLR (<i>coagulation factor x (human)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
CORIFACT KIT (<i>factor xiii concentrate (human)</i>)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
ELOCTATE SOLR (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
FEIBA SOLR (<i>antiinhibitor coagulant complex</i>)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
HEMOFIL M SOLR (<i>antihemophilic factor (human)</i>)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
HUMATE-P SOLR (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
IDELVION SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT (<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
IDELVION SOLR 3500 UNIT (<i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA

Drug Name	Drug Tier	Requirements/ Limits
IXINITY SOLR (<i>coagulation factor ix (recombinant)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
JIVI SOLR (<i>antihemophilic factor (recombinant) pegylated-aucl</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KCENTRA KIT (<i>prothrombin complex concentrate human</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KOATE SOLR (<i>antihemophilic factor (human)</i>)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
KOATE-DVI SOLR (<i>antihemophilic factor (human)</i>)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
KOVALTRY SOLR (<i>antihemophilic factor rahf-pfm</i>)	4	PA; LA
MONOCLATE-P KIT (<i>antihemophilic factor (human)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
MONONINE SOLR (<i>coagulation factor ix</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOEIGHT SOLR (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOSEVEN RT SOLR (<i>coagulation factor viia (recombinant)</i>)	4	PA; Must use AcariaHlth Sp Rx 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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
NUWIQ KIT (<i>antihemophilic factor (rcmb)</i>) simoctocog alfa(bdd-rfviii,sim))	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
OBIZUR SOLR (<i>antihemophilic factor (recombinant porcine)</i>) (rpfviii))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PROFILNINE SD SOLR (<i>factor ix complex</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PROFILNINE SOLR (<i>factor ix complex</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
RECOMBIMATE SOLR (<i>antihemophilic factor (recombinant)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
RIXUBIS SOLR (<i>coagulation factor ix (recombinant)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TRETTEN SOLR (<i>coagulation factor xiii a-subunit (recombinant)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VONVENDI SOLR (<i>von willebrand factor (recombinant)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
WILATE KIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

Drug Name	Drug Tier	Requirements/ Limits
XYNTHA KIT (<i>antihemophilic factor (recombinant)</i>) plasma/albumin free)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XYNTHA SOLOFUSE KIT (<i>antihemophilic factor (recombinant)</i>) plasma/albumin free)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate soln</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS 100 MG (<i>fostamatinib disodium</i>)	4	PA; ST
TAVALISSE TABS 150 MG (<i>fostamatinib disodium</i>)	4	PA
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	QL(3 ea daily)
Human Protein C		
CEPROTIN SOLR (<i>protein c concentrate (human)</i>)	4	PA; LA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	
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	
<i>prasugrel hcl tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS (<i>eliglustat tartrate</i>)	4	PA
CEREZYME SOLR (<i>imiglucerase</i>)	4	PA; LA
<i>miglustat caps</i>	4	PA; ST
ZAVESCA CAPS (<i>miglustat</i>)	4	PA; ST
Agents for Sickle Cell Disease		
DROXIA CAPS (<i>hydroxyurea (sickle cell anemia)</i>)	2	
ENDARI PACK (<i>glutamine (sickle cell)</i>)	4	PA; ST
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	5	PV
(Folic Acid) KP FOLIC ACID TABS 1 MG	1	RX/OTC
(Folic Acid) KP FOLIC ACID TABS 800 MCG	5	PV
<i>folic acid tabs 1 mg</i>	1	RX/OTC
<i>folic acid tabs 400 mcg, 800 mcg</i>	5	PV
Hematopoietic Growth Factors		
FULPHILA SOSY (<i>pegfilgrastim-jmdb</i>)	4	PA

Drug Name	Drug Tier	Requirements/Limits
GRANIX SOLN (<i>tbo-filgrastim</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
GRANIX SOSY (<i>tbo-filgrastim</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LEUKINE SOLR (<i>sargramostim</i>)	4	PA; LA
MULPLETA TABS (<i>lusutrombopag</i>)	4	PA
NIVESTYM SOLN 300 MCG/ML (<i>filgrastim-aafi</i>)	4	PA; ST
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

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

Drug Name	Drug Tier	Requirements/Limits
ZARXIO SOSY (<i>filgrastim-sndz</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
ZIEXTENZO SOSY (<i>pegfilgrastim-bmez</i>)	4	PA; ST
Hematopoietic Mixtures		
FOLIVANE-F CAPS (<i>ferrous fumarate-iron polysaccharide complex-folic acid-c-b3</i>)	2	
INTEGRA F CAPS (<i>ferrous fumarate-iron polysaccharide complex-folic acid-c-b3</i>)	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid soln</i>	1	
<i>aminocaproic acid tabs</i>	1	
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	4	PA
<i>tranexamic acid soln iv 1000 mg/10ml</i>	4	PA
<i>tranexamic acid tabs or 650 mg</i>	1	QL(6 ea daily,5 day(s) limit)
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		
DORAL TABS (<i>quazepam</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	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)
<i>midazolam hcl syrp</i>	1	
<i>quazepam tabs</i>	1	
<i>temazepam caps 15 mg</i>	1	QL(2 ea daily)
<i>temazepam caps 30 mg, 22.5 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 tbcr or 12.5 mg, 6.25 mg</i>	1	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>	1	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	5	QL(1 ea per fill retail); PV

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

Drug Name	Drug Tier	Requirements/ Limits
(Peg 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR	5	QL(4000 ml per fill retail); PV
(Peg 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK, TRILYTE SOLR	5	PV
CLENPIQ SOLN (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	5	PV
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>	5	QL(4000 ml per fill retail); PV

Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	5	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
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	Limit 528gms per month;QL(17.6 gm daily); RX/OTC
(Polyethylene Glycol 3350) RA LAXATIVE POWD 17 GM/SCOOP	1	Limit 528gms per month;QL(17.6 gm daily); RX/OTC
<i>lactulose soln</i>	1	
<i>polyethylene glycol 3350 powd</i>	1	Limit 528gms per month;QL(17.6 gm daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
Saline Laxatives		
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; PV
Stimulant Laxatives		

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

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

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
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack 1 gm</i>	1	
<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)
Clarithromycin		

Drug Name	Drug Tier	Requirements/ Limits
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	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS	1	
<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	
PCE TBEC (<i>erythromycin base (coated)</i>)	3	
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

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

Drug Name	Drug Tier	Requirements/ Limits
FC2 FEMALE CONDOM MISC (condoms - female)	5	PV
FEMCAP DEVI (cervical caps)	5	PV
OMNIFLEX DIAPHRAGM DPRH (diaphragms)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH (diaphragm wide seal)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH (diaphragm wide seal)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH (diaphragm wide seal)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH (diaphragm wide seal)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH (diaphragm wide seal)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH (diaphragm wide seal)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH (diaphragm wide seal)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH (diaphragm wide seal)	5	PV
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE LANCETS 28G MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ADVANCED MOBILE LANCET 30G MISC (lancets)	2	Limit 200 per month;QL(6.67 ea daily)
ADVOCATE LANCETS 30G MISC (lancets)	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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ADVOCATE SAFETY LANCETS 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ADVOCATE SAFETY LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
AIMSCO TWIST LANCETS 32G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
AQUALANCE LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE LANCE LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE LANCE LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ASSURE LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
AURORA LANCET SUPER THIN30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
AURORA LANCET THIN 23G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
BD LANCET ULTRAFINE 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
BD LANCET ULTRAFINE 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
BD MICROTAINER LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
BULLSEYE SAFETY LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CAREONE LANCET THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CAREONE LANCET ULTRA THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CARESENS LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH SAFETY LANCETS/26G MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH SAFETY LANCETS/28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH TWIST LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CLEANLET LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
COAGUCHEK LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
COMFORT LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS ORIGINAL MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS THIN 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
CVS ULTRA THIN LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
DIATHRIVE LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART LANCETS THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNILET MICRO THIN LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS COLOR MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY COMFORT LANCETS 30G/PULL TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY COMFORT LANCETS 30G/THIN TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY COMFORT LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY COMFORT LANCETS TWIST TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 26G/PULL-TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EASY TWIST & CAP LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EQL COLOR LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EQL THIN LANCETS 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SAFETY SEAL LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
FIFTY50 UNILET LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
FINE 30 MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
FINGERSTIX LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
FORA LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
FREESTYLE LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
FREESTYLE UNISTICK II LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET GP LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GLOBAL INJECT EASE LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GLUCOCOM LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GLUCOCOM LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GLUCOCOM LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GNP MICRO THIN LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GNP SUPER THIN LANCETS/30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GOJJI STERILE LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS MAX FLOW MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
HY-VEE LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
HY-VEE THIN LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
IN TOUCH STERILE LANCETS30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KINNEY LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KINNEY THIN LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KROGER HEALTHPRO TWIST LANCETS/26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KROGER HEALTHPRO TWIST LANCETS/30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KROGER HEALTHPRO TWIST LANCETS/33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS MICRO THIN33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS SUPER THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS THIN 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS 26G TWIST TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS 30G TWIST TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS 30G/TWIST TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS 31G TWIST TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS 33G UNIVERSAL DESIGN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
LANCETS SAFETY SEAL 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS SUPER THIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS TWIST TOP MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS ULTRA FINE MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LANCETSBULLSEYE SAFETY MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LIBERTY MEDICAL LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LIFESCAN UNISTIK II LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LITE TOUCH LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LITETOUCH LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LIVE BETTER LANCET SUPERTHIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER LANCET ULTRATHIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LONGS LANCETS STANDARD MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LONGS LANCETS THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
LONGS LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDISENSE THIN LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS LANCETS MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS LITE LANCETS 25G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE PLUS/LITE 25G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE/EXTRA MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE/LITE MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEDLANCE/UNIVERSAL MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEIJER SUPER THIN LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MICROLET LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MM TWIST LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MONOLET LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MONOLET OPD LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MONOLETTOR SAFETY LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
NOVA SAFETY LANCETS 23G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
NOVA SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
NOVA SUREFLEX LANCETS MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
ON CALL LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ON CALL PLUS LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH CLUB LANCETS FINE POINT MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH FINEPOINT LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH ULTRA 2 KIT (<i>blood glucose monitoring supplies</i>)	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT (<i>blood glucose monitoring supplies</i>)	2	QL(1 ea per 365 days retail); RX/OTC
PC LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PERFECT LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PHARMACY COUNTER LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PIP LANCETS/28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PIP LANCETS/30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PRECISION THINS GP LANCET MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PRO COMFORT LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PRO COMFORT LANCETS 31G MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PRODIGY SAFETY LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PRODIGY TWIST TOP LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PSS SELECT GP LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PX LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
PX LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
QC LANCETS SUPER THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
QC LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT LANCETS THIN 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
READYLANCANCE SAFETY LANCETS/21G/2.2MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
READYLANCANCE SAFETY LANCETS/23G/1.8MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
READYLANCANCE SAFETY LANCETS/26G/1.8MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
READYLANCANCE SAFETY LANCETS/28G/1.8MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
READYLANCANCE SAFETY LANCETS/30G/1.6MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
REALITY LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
REALITY TRIGGER LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RELION LANCETS MICRO-THIN33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RELION LANCETS STANDARD 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RELION LANCETS THIN 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RELION ULTRA THIN LANCETS/30G MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN LANCETS30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
REXALL LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RIGHTEST GL300 LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY LET LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAPS HEALTH CARE TWIST TOP LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SAPSCARE TWIST TOP LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SB LANCETS THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SB LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
SIDE BUTTON SAFETY LANCET21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SINGLE-LET MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SM MICRO THIN LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SMARTTEST LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
STERILANCE TL MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SUPER THIN LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 18G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 23G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE FLAT LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE LANCETS 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE THIN LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SURE-TOUCH LANCETS UNIVERSAL MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
SURELITE LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE AST LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET THIN 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
THINLETS GP LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TODAYS HEALTH SUPER THINLANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRAVEL LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET CLASSIC LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET LANCETS 33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET SAFETY LANCETS 23G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA THIN LANCETS 31G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-CARE LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II AUTO LANCET MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ULTRA-THIN II LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNILET EXCELITE II MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNILET EXCELITE MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNILET G.P. LANCET MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
UNILET GP 28 ULTRA THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCET MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNILET SUPERLITE LANCET MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNISTIK 3 GENTLE MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNISTIK SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNISTIK SAFETY LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK TOUCH SAFETY LANCETS 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
VALUMARK LANCET SUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
VITALET PRO LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
VITALET PRO PLUS LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
VIVAGUARD LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month;QL(6.67 ea daily)
WALGREENS ADVANCED TRAVELLANCETS 28G MISC (<i>lancets</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC (<i>lancets</i>)	2	Limit 200 per month; QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC (<i>lancets</i>)	2	Limit 200 per month; QL(6.67 ea daily)
WALGREENS LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month; QL(6.67 ea daily)
WALGREENS THIN LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month; QL(6.67 ea daily)
WALGREENS ULTRA THIN LANCETS MISC (<i>lancets</i>)	2	Limit 200 per month; QL(6.67 ea daily)
Parenteral Therapy Supplies		
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 PENTIPSPLUS/MINI/31GX5MM 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 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); 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
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 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

Drug Name	Drug Tier	Requirements/Limits
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 MINI MISC (<i>injection device for insulin</i>)	3	Limited to 1 device per year; QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
BD PEN MISC (<i>injection device for insulin</i>)	3	Limited to 1 device per year; QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
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 SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
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)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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 PLUS PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); 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
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
CLICKFINE 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
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
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-100/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 MART UNIFINE PENTIPS 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES 31GX3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
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 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
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
FIFTY50 PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
GLOBAL EASY GLIDE 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)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;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
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
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
HYPODERMIC NEEDLE 30GX1/2" MISC (<i>needle (disp)</i> 30 g)	2	
INSULIN SYRINGES AND PEN NEEDLES	2	MO

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN 31G X 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); 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
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
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/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
MARATHON MEDICAL PENTIPS31GX5MM 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 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
NOVOPEN ECHO DEVI (<i>injection device for insulin</i>)	3	Limited to 1 device per year;QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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
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 3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); 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 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; 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/MINI/31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); 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
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

Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE 0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
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-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month; QL(6.67 ea daily)
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 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
SURE COMFORT PEN NEEDLES31GX3/16" (<i>5MM</i>) MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month; QL(6.67 ea daily)
TECHLITE 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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
TECHLITE PEN NEEDLES/31GX 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 5MM 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 31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); 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
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
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
ULTILET PEN NEEDLE 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
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-THIN II MINI PEN NEEEDLES/31GX3/16" MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); 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
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 PLUS 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/MINI/31GX5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ (<i>erenumab-aooe</i>)	2	PA; ST
AJOVY SOAJ (<i>fremanezumab-vfrm</i>)	2	PA
AJOVY SOSY (<i>fremanezumab-vfrm</i>)	2	PA; ST
Migraine Combinations		

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

Drug Name	Drug Tier	Requirements/ Limits
ergotamine w/ caffeine tabs	1	
MIGERGOT SUPP (ergotamine w/ caffeine)	2	
Migraine Products		
D.H.E. 45 SOLN (dihydroergotamine mesylate)	4	PA
dihydroergotamine mesylate soln ij 1 mg/ml	2	PA
dihydroergotamine mesylate soln na 4 mg/ml	1	PA; QL(0.27 ml daily)
ERGOMAR SUBL (ergotamine tartrate)	2	
Serotonin Agonists		
almotriptan malate tabs	1	Limit 6 per month;QL(0.2 ea daily)
eletriptan hydrobromide tabs	1	Limit 6 tabs per month;QL(0.2 ea daily)
frovatriptan succinate tabs	1	Limit 9 per month;QL(0.3 ea daily)
IMITREX SOLN SC 6 MG/0.5ML (sumatriptan succinate)	4	PA; ST; Limit 2mls per month;QL(0.07 ml daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate)	4	PA; ST
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate)	4	PA
IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate)	4	PA
naratriptan hcl tabs	1	Limit 9 per month;QL(0.3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
rizatriptan benzoate tabs	1	Limit 18 tabs per month;QL(0.6 ea daily)
rizatriptan benzoate tbdp	1	Limit 18 tabs per month;QL(0.6 ea daily)
sumatriptan soln 20 mg/act	1	Limit 6 sprayers per month;QL(2 ea daily)
sumatriptan soln 5 mg/act	1	Limit 6 per month;QL(0.2 ea daily)
sumatriptan soln 5 mg/act	1	Limit 6 sprayers per month;QL(0.2 ea daily)
sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml	4	PA
sumatriptan succinate soct sc 4 mg/0.5ml	4	PA; ST
sumatriptan succinate soct sc 6 mg/0.5ml	4	PA
sumatriptan succinate soln sc 6 mg/0.5ml	4	PA; ST; Limit 2mls per month;QL(0.07 ml daily)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML (sumatriptan succinate)	4	PA
sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg	1	Limit 9 per month;QL(2 ea daily)
zolmitriptan tabs 5 mg, 2.5 mg	1	Limit 6 per month;QL(0.2 ea daily)
zolmitriptan tbdp 5 mg, 2.5 mg	1	Limit 6 tabs 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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN NA 5 MG, 2.5 MG (<i>zolmitriptan</i>)	3	QL(6 ea per 30 days retail, 18 ea per 90 days mail)
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	
Electrolyte Mixtures		
<i>potassium chloride in dextrose & sodium chloride soln</i>	4	PA
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE SOLN (<i>potassium chloride in dextrose & sodium chloride</i>)	4	PA
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	
FLURABON 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

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride tabs</i>	1	AL(Up to 6 yrs old); PV
Magnesium		
MAGNEBIND 400 TABS (<i>magnesium-calcium-folic acid</i>)	3	
<i>magnesium sulfate soln ij 50 %</i>	4	PA
MAGNESIUM SULFATE SOLN IJ 50 % (<i>magnesium sulfate</i>)	4	PA
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 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	

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

Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR	1	
(Potassium Chloride) KLOR-CON PACK	1	
(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 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 iv 20 meq/100ml</i>	4	PA
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML <i>(potassium chloride)</i>	4	PA
<i>potassium chloride soln or 10 %, 20 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride tbcR or 8 meq, 10 meq, 20 meq</i>	1	
Sodium		
<i>sodium chloride soln</i>	3	QL(500 ml daily)
Zinc		
GALZIN CAPS <i>(zinc acetate (oral))</i>	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
(Trientine Hcl) CLOVIQUE CAPS	4	PA
D-PENAMINE TABS <i>(penicillamine)</i>	2	
<i>penicillamine caps</i>	1	PA
<i>penicillamine tabs</i>	1	
SYPRINE CAPS <i>(trientine hcl)</i>	4	PA
<i>trientine hcl caps</i>	4	PA
Immunomodulators		
REVLIMID CAPS <i>(lenalidomide)</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; 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	ST
AZASAN TABS <i>(azathioprine)</i>	3	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>azathioprine tabs</i>	1	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps 25 mg, 50 mg, 100 mg</i>	1	
<i>cyclosporine modified (for microemulsion) soln 100 mg/ml</i>	1	
<i>everolimus (immunosuppressant) tabs</i>	1	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil susr</i>	1	
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate sodium tbec</i>	1	
PROGRAF PACK 0.2 MG, 1 MG (<i>tacrolimus</i>)	4	PA
SANDIMMUNE SOLN 100 MG/ML (<i>cyclosporine</i>)	3	
<i>sirolimus soln</i>	1	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR (<i>anti-thymocyte globulin (rabbit)</i> , lymphocyte immune globulin)	3	PA
ZORTRESS TABS 1 MG (<i>everolimus (immunosuppressant)</i>)	2	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX POWD	1	

Drug Name	Drug Tier	Requirements/ Limits
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP	1	
LOKELMA PACK (<i>sodium zirconium cyclosilicate</i>)	3	ST
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ (<i>belimumab</i>)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
BENLYSTA SOSY (<i>belimumab</i>)	4	PA; MUST USE ACARIA SPECIALTY RX 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	
LIDOCAINE HCL SOLN MT (<i>lidocaine hcl (mouth-throat)</i>)	3	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	1	
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
ORAVIG TABS (<i>miconazole (mouth-throat)</i>)	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PAROEX, PERIOGARD SOLN	1	
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
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>	1	QL(3 ea daily)
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)
MULTIVITAMINS		
Multiple Vitamins & Fluoride-Folic Acid		
MULTIVITAMIN WITH FLUORIDE CHEW 0.25 MG-15 UNIT-400 UNIT-2500 UNIT-1.2 MG-4.5 MCG-1.05 MG-13.5 MG-1.05 MG-0.3 MG-60 MG, 0.5 MG-15 UNIT-400 UNIT-2500 UNIT-1.2 MG-4.5 MCG-1.05 MG-13.5 MG-1.05 MG-0.3 MG-60 MG, 1 MG-15 UNIT-400 UNIT-2500 UNIT-1.2 MG-4.5 MCG-1.05 MG-13.5 MG-1.05 MG-0.3 MG-60 MG (<i>multiple vitamins & fluoride-folic acid</i>)	3	
Multiple Vitamins w/ Minerals		

Drug Name	Drug Tier	Requirements/ Limits
THRIVITE 19 TABS (<i>multiple vitamins w/ minerals & folic acid</i>)	3	
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/FI) MULTI-VIT/FLUORIDE, MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old)
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE CHEW 0.25 MG-15 UNIT-400 UNIT-2500 UNIT-1.2 MG-4.5 MCG-13.5 MG-1.05 MG-0.3 MG-1.05 MG-60 MG, 0.5 MG-15 UNIT-400 UNIT-2500 UNIT-1.2 MG-4.5 MCG-13.5 MG-1.05 MG-0.3 MG-1.05 MG-60 MG, 1 MG-15 UNIT-400 UNIT-2500 UNIT-1.2 MG-4.5 MCG-13.5 MG-1.05 MG-0.3 MG-1.05 MG-60 MG	1	AL(Up to 6 yrs old)
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE SOLN 0.25 MG/ML-0.6 MG/ML-8 MG/ML-1500 UNIT/ML-2 MCG/ML-400 UNIT/ML-0.5 MG/ML-5 UNIT/ML-0.4 MG/ML-35 MG/ML, 0.5 MG/ML-0.6 MG/ML-8 MG/ML-1500 UNIT/ML-2 MCG/ML-400 UNIT/ML-0.5 MG/ML-5 UNIT/ML-0.4 MG/ML-35 MG/ML, 5 UNIT/ML-0.5 MG/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, 5 UNIT/ML-0.25 MG/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)

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

Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORID E 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/FLUORID E 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 Multivitamins W/FI) MULTIVITAMINS/FLUORIDE, MVC-FLUORIDE CHEW	1	AL(Up to 6 yrs old)
(Pediatric Multivitamins W/FI) 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	1	AL(Up to 6 yrs old)
(Pediatric Vitamins Acd W/ Fluoride) TRI-VIT/FLUORIDE, VITAMINS A/C/D/FLUORIDE, TRI-VITE/FLUORIDE, TRI-VITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLORIVA PLUS SOLN (<i>pediatric multivitamins w/fl</i>)	2	AL(Up to 6 yrs old)
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, 2500 UNIT-0.25 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 acd w/ fluoride soln</i>	1	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 GUMMIES CHEW (<i>pediatric multivitamins w/fl</i>)	2	AL(Up to 6 yrs old)
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)

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

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/FLUORIDE/IRON, MULTI-VITAMIN/FLUORIDE/IRON SOLN	1	AL(Up to 6 yrs old)
(Pediatric Vitamins Acid Fluoride & Iron) TRI-VIT/FLUORIDE/IRON SOLN	1	AL(Up to 6 yrs old)
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		

Drug Name	Drug Tier	Requirements/ Limits
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) 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	1	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-Fa-Dha) PNV-DHA CAPS	1	
ATABEX EC TBEC <i>(prenatal vit w/ docusate-iron carbonyl-folic acid)</i>	2	
BAL-CARE DHA MISC <i>(prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3)</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>	3	
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	

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

Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL BLOOM TABS (<i>prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid</i>)	3	
CITRANATAL DHA MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	
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>)	3	
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
FOLET DHA THPK (<i>prenatal vit w/fe carbonyl-fe bisglyc-methylfol-dss & dha</i>)	3	
FOLET ONE CAPS (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l 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	
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	
M-NATAL PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
M-VIT TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
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	

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

Drug Name	Drug Tier	Requirements/ Limits
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	
NEONATAL COMPLETE TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
NEONATAL PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
NESTABS ABC MISC (<i>prenatal mv & min w/o vit a w/fe polysac cmplx-fa-ca-omega 3</i>)	3	
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	
NIVA-PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
O-CAL FA TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
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 ONE CAPS (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i>)	3	
PNV FOLIC ACID + IRON MULTIVITAMIN TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
PNV OB+DHA MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate- dss-fa-dha</i>)	2	
PNV PRENATAL PLUS MULTIVITAMIN TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
PNV TABS 29-1 TABS (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	2	
PNV-DHA+DOCUSATE CAPS (<i>prenatal w/o vit a w/ fe fumarate-dss-fa- dha</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
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	
PNV-TOTAL CAPS (<i>prenatal vit w/ fe carbonyl-fe bisglycinate-fa-fish oil</i>)	3	
PR NATAL 400 EC MISC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa- ca-omega 3</i>)	3	
PR NATAL 430 EC MISC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa- ca-omega 3</i>)	3	
PR NATAL 430 MISC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa- ca-omega 3</i>)	3	
PREFERA OB TABS (<i>prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa</i>)	3	
PREFERAOB +DHA MISC (<i>prenatal vit w/ fe polysacch cmplx-fe heme polypept-fa & dha</i>)	2	
PRENA 1 TRUE MISC (<i>prenatal without a w/ fe amino acid chelate- fa-dha</i>)	2	
PRENA1 CHEW CHEW (<i>prenatal w/ vit b2-b6- b12-cholecalciferol-folic acid</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
PRENA1 PEARL CPCR (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>)	3	
PRENAISSANCE BALANCE CAPS (<i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i>)	3	
PRENAISSANCE CAPS (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>)	3	
PRENAISSANCE HARMONY DHA MISC (<i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i>)	3	
PRENAISSANCE NEXT TABS (<i>prenatal w/ calcium-vit b6-folic acid-ginger</i>)	3	
PRENAISSANCE NEXT-B TABS (<i>prenatal w/ calcium-vit b6-folic acid-ginger</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	

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

Drug Name	Drug Tier	Requirements/ Limits
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 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	
PRENATAL PLUS IRON TABS <i>(prenatal vit w/ iron carbonyl-folic acid)</i>	2	
PRENATAL PLUS TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	2	RX/OTC
PRENATAL TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	2	RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	2	RX/OTC
PRENATAL-U CAPS <i>(prenatal without a vit w/ fe fumarate-folic acid)</i>	2	
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	

Drug Name	Drug Tier	Requirements/ Limits
PRENATE ELITE TABS <i>(prenatal w/ fe asparto glycinate-l methylfolate-folic acid)</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	
PRENATE RESTORE CAPS <i>(prenatal without a w/ fe fumarate-l methylfolate-fa-dha)</i>	3	
PREPLUS TABS <i>(prenatal vit w/ ferrous fumarate-folic acid)</i>	2	RX/OTC
PROVIDA DHA CAPS <i>(prenatal without a w/fe fum-fe polysacch complex-fa-dha)</i>	2	
R-NATAL OB CAPS <i>(prenatal w/o vit a w/ fe carbonyl-folic acid-dha)</i>	2	
RELNATE DHA CAPS <i>(prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)</i>	3	

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

Drug Name	Drug Tier	Requirements/ Limits
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	
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-BC MISC (<i>prenatal without vit a w/ iron carbonyl-folic acid & vit b6</i>)	3	
TARON-C DHA CAPS (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
TARON-PREX CAPS (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>)	3	
THERANATAL CORE NUTRITION TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
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	
TRICARE PRENATAL DHA ONE/FOLATE CAPS (<i>prenatal multivit-min w/fe-fa</i>)	2	
TRICARE TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
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	
TRISTART ONE CAPS (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
ULTIMATECARE ONE CAPS (<i>prenatal vit w/ iron carbonyl-fe aspart glyc-fa-omega 3</i>)	3	
VENA-BAL DHA MISC (<i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i>)	2	
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	

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	
VITAMEDMD REDICHEW RX CHEW (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>)	3	
VITAPEARL CPCR (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>)	3	
VITATHELY/GINGER TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
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-PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
VOL-TAB RX TABS (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	2	
VP-GGR-B6 PRENATAL TABS (<i>prenatal w/ calcium-vit b6-folic acid-ginger</i>)	3	
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	
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		

Drug Name	Drug Tier	Requirements/Limits
(Chlorzoxazone) LORZONE TABS	1	
(Metaxalone) METAXALL TABS	1	QL(4 ea daily)
<i>baclofen soln it 40 mg/20ml, 500 mcg/ml</i>	4	PA; Must use Accredo SP pharmacy;LA
<i>baclofen tabs or 10 mg</i>	1	QL(6 ea daily)
<i>baclofen tabs or 20 mg</i>	1	QL(4 ea daily)
BACLOFEN TABS OR 5 MG (<i>baclofen</i>)	2	
<i>carisoprodol tabs</i>	1	
<i>chlorzoxazone tabs</i>	1	
<i>cyclobenzaprine hcl tabs</i>	1	
GABLOFEN SOLN (<i>baclofen</i>)	4	PA; Must use Accredo SP pharmacy;LA
LIORESAL INTRATHECAL SOLN 0.05 MG/ML, 10 MG/5ML (<i>baclofen</i>)	4	PA; Must use Accredo SP pharmacy;LA
LIORESAL INTRATHECAL SOLN 10 MG/20ML, 40 MG/20ML (<i>baclofen</i>)	4	PA; Must use Accredo SP pharmacy;LA
<i>metaxalone tabs 400 mg</i>	1	
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate tb12</i>	1	
<i>tizanidine hcl caps 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	QL(9 ea daily)
Direct Muscle Relaxants		
<i>dantrolene sodium caps</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	
<i>carisoprodol w/ aspirin tabs</i>	1	
CARISOPRODOL/ASPIRIN TABS (<i>carisoprodol w/ aspirin</i>)	2	
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>	1	Limit 1 inhaler per month;QL(0.77 gm daily)
Nasal Anti-infectives		
BACTROBAN NASAL OINT (<i>mupirocin calcium</i>)	2	
Nasal Antiallergy		
<i>azelastine hcl soln 0.1 %, 137 mcg/spray</i>	1	Limit 1 sprayer per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.15 %</i>	1	QL(1 ml daily)
<i>olopatadine hcl (nasal) soln</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	1	
Nasal Steroids		

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(1.2 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 PROPRIONATE NASAL SPRAY, CLARISPRAY SUSP	1	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR AERO 55 MCG/ACT	1	QL(1.2 ml daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) CVS NASAL ALLERGY SPRAY, RA NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR MULTI-SYMPATOM, NASAL ALLERGY 24 HOUR, GOODSENSE NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY AERO	1	QL(1.2 ml daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1	QL(1.2 ml daily); RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	1	QL(1.2 gm daily); RX/OTC
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole tabs</i>	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST (<i>artificial tear insert</i>)	3	
Beta-blockers - Ophthalmic		
<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	
<i>dorzolamide hcl-timolol maleate soln</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN (<i>dorzolamide hcl-timolol maleate</i>)	2	
<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 OPHTHALMIC GEL FORMING SOLG (<i>timolol maleate (ophth)</i>)	2	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	3	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Cycloplegic Mydriatics		
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
ATROPINE SULFATE OINT OP 1 % (<i>atropine sulfate (ophthalmic)</i>)	3	
ATROPINE SULFATE SOLN OP 1 % (<i>atropine sulfate (ophthalmic)</i>)	2	
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	
ISOPTO ATROPINE SOLN (<i>atropine sulfate (ophthalmic)</i>)	2	
<i>phenylephrine hcl (mydriatic) soln</i>	1	
<i>tropicamide soln</i>	1	
Miotics		

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

Drug Name	Drug Tier	Requirements/ Limits
PHOSPHOLINE IODIDE SOLR (<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	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 1 % (<i>apraclonidine hcl</i>)	3	
SIMBRINZA SUSP (<i>brinzolamide-brimonidine tartrate</i>)	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN OINT	1	
(Erythromycin (Ophth)) ILOTYCIN OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN OINT	1	
AZASITE SOLN (<i>azithromycin (ophth)</i>)	3	Limit 5mls per month;QL(0.17 ml daily)
BACITRACIN OINT (<i>bacitracin (ophthalmic)</i>)	2	
<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	
CILOXAN OINT (<i>ciprofloxacin hcl (ophth)</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
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>	1	
<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	
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail,5 ml per fill mail)
<i>polymyxin b-trimethoprim soln</i>	1	
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	
TOBEX OINT (<i>tobramycin (ophth)</i>)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluridine soln</i>	1	
ZIRGAN GEL (<i>ganciclovir ophthalmic</i>)	3	
Ophthalmic Immunomodulators		
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	3	QL(2 ml daily,64 ml per fill retail)
RESTASIS MULTIDOSE EMUL (<i>cyclosporine (ophth)</i>)	3	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	1	
AKTEN GEL (<i>lidocaine hcl (ophth)</i>)	3	
<i>proparacaine hcl soln</i>	1	
<i>tetracaine hcl (ophth) soln</i>	1	
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,4 gm per fill mail)
(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,4 gm per fill mail)
BLEPHAMIDE S.O.P. OINT (<i>sulfacetamide sod-prednisolone</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
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 OINT (<i>fluorometholone (ophth)</i>)	2	
LOTEMAX GEL (<i>loteprednol etabonate</i>)	3	
LOTEMAX OINT (<i>loteprednol etabonate</i>)	3	
<i>loteprednol etabonate susp</i>	1	
MAXIDEX SUSP (<i>dexamethasone (ophth)</i>)	2	
<i>neomycin-polymyxin-dexameth oint</i>	1	
<i>neomycin-polymyxin-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
PRED-G S.O.P. OINT (<i>gentamicin-prednisolone acetate</i>)	3	
PRED-G SUSP (<i>gentamicin-prednisolone acetate</i>)	3	

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

Drug Name	Drug Tier	Requirements/Limits
prednisolone acetate (ophth) susp	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % (prednisolone sodium phosphate (ophth))	3	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN (prednisolone-moxifloxacin)	3	
sulfacetamide sod-prednisolone soln	1	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN (sulfacetamide sod-prednisolone)	2	
TOBRADEX OINT (tobramycin-dexamethasone)	3	
TOBRADEX ST SUSP (tobramycin-dexamethasone)	3	
tobramycin-dexamethasone susp	1	QL(5 ml per fill retail)
ZYLET SUSP (loteprednol etabonate-tobramycin)	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP FILM (gelatin adsorbable (ophth))	3	
Ophthalmics - Misc.		
ACUVAIL SOLN (ketorolac tromethamine (ophth))	3	
ALOCRIAL SOLN (nedocromil sodium (ophth))	3	
ALOMIDE SOLN (loxamide tromethamine)	2	

Drug Name	Drug Tier	Requirements/Limits
azelastine hcl (ophth) soln	1	
AZOPT SUSP (brinzolamide)	2	Limit 10mls per month;QL(0.4 ml daily)
BEPREVE SOLN (bepotastine besilate)	3	ST; QL(0.34 ml daily)
bromfenac sodium (ophth) soln	1	
BROMSITE SOLN (bromfenac sodium (ophth))	3	
cromolyn sodium (ophth) soln	1	
CYSTARAN SOLN (cysteamine hcl)	4	
diclofenac sodium (ophth) soln	1	
dorzolamide hcl soln	1	Limit 10mls per month;QL(0.34 ml daily)
DORZOLAMIDE HCL SOLN (dorzolamide hcl)	2	Limit 10mls per month;QL(0.34 ml daily)
EMADINE SOLN (emedastine difumarate)	3	
epinastine hcl (ophth) soln	1	
flurbiprofen sodium soln	1	
FLURBIPROFEN SODIUM SOLN (flurbiprofen sodium)	2	
ILEVRO SUSP (nepafenac)	3	
ketorolac tromethamine (ophth) soln	1	
LASTACFT SOLN (alcaftadine)	3	ST
NEVANAC SUSP (nepafenac)	3	

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

Drug Name	Drug Tier	Requirements/ Limits
<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	QL(0.09 ml daily); RX/OTC
PAREMYD SOLN (<i>hydroxyamphetamine-tropicamide</i>)	3	
PROLENSA SOLN (<i>bromfenac sodium (ophth)</i>)	3	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
<i>latanoprost soln op</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
LATANOPROST SOLN OP (<i>latanoprost</i>)	2	Limit 2.5mls per month;QL(0.09 ml daily)
LUMIGAN SOLN (<i>bimatoprost</i>)	2	Limit 2.5mls per month;QL(0.09 ml daily)
<i>travoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
ZIOPTAN SOLN (<i>tafluprost</i>)	3	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic) soln</i>	1	QL(14 ea per fill retail)
<i>ofloxacin (otic) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	
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	
OTOVEL SOLN (<i>ciprofloxacin-fluocinolone acetonide</i>)	3	Limit 15mls per month;QL(0.5 ea daily)
PRAMOTIC LIQD (<i>pramoxine-chloroxylenol</i>)	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC OIL	1	
(Hydrocortisone W/Acetic Acid) ACETASOL HC SOLN	2	QL(10 ml per fill retail)
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	2	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		

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

Drug Name	Drug Tier	Requirements/Limits
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST (<i>dinoprostone</i>)	3	
PREPIDIL GEL (<i>dinoprostone</i>)	3	
PROSTIN E2 SUPP (<i>dinoprostone</i>)	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate tabs</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN (<i>immune globulin (human) iv</i>)	4	PA; LA
CARIMUNE NANOFILTERED SOLR (<i>immune globulin (human) iv</i>)	4	PA; LA
FLEBOGAMMA DIF SOLN (<i>immune globulin (human) iv</i>)	4	PA; LA
GAMASTAN INJ (<i>immune globulin (human) im</i>)	4	PA; LA
GAMASTAN S/D INJ (<i>immune globulin (human) im</i>)	4	PA; LA
GAMMAGARD LIQUID SOLN (<i>immune globulin (human) iv or subcutaneous</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
GAMMAKED SOLN (<i>immune globulin (human) iv or subcutaneous</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
GAMMAPLEX SOLN (<i>immune globulin (human) iv</i>)	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C SOLN (<i>immune globulin (human) iv or subcutaneous</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 5 GM/50ML, 5 GM/100ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML (<i>immune globulin (human) iv</i>)	4	PA; LA
PRIVIGEN SOLN (<i>immune globulin (human) iv</i>)	4	PA; LA
Passive Immunizing Agents - Combinations		
HYQVIA KIT (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	4	PA; Some members may obtain their medications through their Medical Group;LA
PENICILLINS - Drugs to Treat Bacterial Infections		
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	
<i>ampicillin sodium solr ij 1 gm</i>	4	PA
AMPICILLIN SODIUM SOLR IJ 125 MG (<i>ampicillin sodium</i>)	4	PA
<i>ampicillin sodium solr iv 10 gm</i>	4	PA
MOXATAG TB24 (<i>amoxicillin</i>)	3	PA; QL(1 ea daily, 10 ea per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
Natural Penicillins		
BICILLIN L-A SUSP (<i>penicillin g benzathine</i>)	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN (<i>penicillin g pot in dextrose</i>)	4	PA
<i>penicillin g potassium solr</i>	4	PA
PENICILLIN G PROCAINE SUSP (<i>penicillin g procaine</i>)	4	PA
PENICILLIN G SODIUM SOLR (<i>penicillin g sodium</i>)	4	PA
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	
PFIZERPEN SOLR (<i>penicillin g potassium</i>)	4	PA
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	
<i>ampicillin & sulbactam sodium solr</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN SUSR 125 MG/5ML-31.25 MG/5ML (<i>amoxicillin & pot clavulanate</i>)	2	
BICILLIN C-R SUSP (<i>penicillin g benzathine & procaine</i>)	4	PA
<i>piperacillin sodium-tazobactam sodium solr</i>	4	PA
UNASYN BULK PACK SOLR (<i>ampicillin & sulbactam sodium</i>)	4	PA
UNASYN SOLR (<i>ampicillin & sulbactam sodium</i>)	4	PA
ZOSYN SOLR (<i>piperacillin sodium-tazobactam sodium</i>)	4	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	4	PA
NAFCILLIN SODIUM SOLR IJ 10 GM (<i>nafcillin sodium</i>)	4	PA
NAFCILLIN SODIUM SOLR IV 2 GM (<i>nafcillin sodium</i>)	4	PA
NAFCILLIN SOLN (<i>nafcillin sodium in dextrose</i>)	4	PA
<i>oxacillin sodium solr</i>	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	QL(1 ea daily)
<i>medroxyprogesterone acetate tabs 5 mg, 2.5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate (appetite) susp</i>	1	AC
<i>norethindrone acetate tabs</i>	1	
<i>progesterone micronized caps</i>	1	QL(1 ea daily)
<i>progesterone oil</i>	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS (<i>lofexidine hcl</i>)	4	PA; ST;QL(224 ea per 14 days retail)
Anti-Cataplectic Agents		
XYREM SOLN (<i>sodium oxybate</i>)	4	PA; ST
Antidementia Agents		
<i>donepezil hydrochloride tabs</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML (<i>galantamine hydrobromide</i>)	2	
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	
<i>memantine hcl cp24 14 mg, 21 mg, 28 mg</i>	1	PA
<i>memantine hcl cp24 7 mg</i>	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl soln 2 mg/ml, 10 mg/5ml</i>	1	
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(4 ea daily)
NAMENDA XR TITRATION PACK CP24 (<i>memantine hcl</i>)	3	PA; ST
NAMZARIC C4PK 10 MG (<i>memantine hcl-donepezil hcl</i>)	3	PA
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	
<i>olanzapine-fluoxetine hcl caps 3 mg-25 mg, 6 mg-50 mg</i>	2	
<i>olanzapine-fluoxetine hcl caps 6 mg-25 mg, 12 mg-25 mg, 12 mg-50 mg</i>	1	
<i>perphenazine-amitriptyline tabs</i>	1	
Fibromyalgia Agents		
SAVELLA TABS 12.5 MG (<i>milnacipran hcl</i>)	3	PA; ST;QL(2 ea daily)
SAVELLA TABS 25 MG, 50 MG, 100 MG (<i>milnacipran hcl</i>)	3	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC (<i>milnacipran hcl</i>)	3	PA; QL(2 ea daily)
Movement Disorder Drug Therapy		
AUSTEDO TABS 6 MG (<i>deutetrabenazine</i>)	4	PA; ST

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

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO TABS 9 MG, 12 MG (<i>deutetrabenazine</i>)	4	PA
INGREZZA CAPS (<i>valbenazine tosylate</i>)	4	PA
INGREZZA CPPK (<i>valbenazine tosylate</i>)	4	PA
<i>tetrabenazine tabs</i>	4	PA; Specialty drug-Health Net will refer to SP Pharmacy
XENAZINE TABS (<i>tetrabenazine</i>)	4	PA; Specialty drug-Health Net will refer to SP Pharmacy
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY	1	PA
AUBAGIO TABS (<i>teriflunomide</i>)	2	PA
AVONEX KIT (<i>interferon beta-1a</i>)	4	PA; LA
AVONEX PEN AJKT (<i>interferon beta-1a</i>)	4	PA; LA
AVONEX PSKT (<i>interferon beta-1a</i>)	4	PA; LA
BETASERON KIT (<i>interferon beta-1b</i>)	4	PA
<i>dalfampridine tb12</i>	1	PA
EXTAVIA KIT (<i>interferon beta-1b</i>)	2	PA; LA
GILENYA CAPS (<i> fingolimod hcl</i>)	3	PA
<i>glatiramer acetate sosy</i>	1	PA
MAVENCLAD TBPK (<i>cladribine (multiple sclerosis)</i>)	4	PA
MAVENCLAD TBPK (<i>cladribine (multiple sclerosis)</i>)	4	PA; ST
MAYZENT STARTER PACK TBPK (<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; LA
PLEGRIDY SOSY (<i>peginterferon beta-1a</i>)	4	PA; LA
PLEGRIDY STARTER PACK SOPN (<i>peginterferon beta-1a</i>)	4	PA; LA
PLEGRIDY STARTER PACK SOSY (<i>peginterferon beta-1a</i>)	4	PA; LA
REBIF REBIDOSE SOAJ (<i>interferon beta-1a</i>)	4	PA; LA
REBIF REBIDOSE TITRATIONPACK SOAJ (<i>interferon beta-1a</i>)	4	PA; LA
REBIF SOSY (<i>interferon beta-1a</i>)	4	PA; LA
REBIF TITRATION PACK SOSY (<i>interferon beta-1a</i>)	4	PA; LA
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	3	PA; LA
TECFIDERA STARTER PACK MISC (<i>dimethyl fumarate</i>)	3	PA; LA
TYSABRI CONC (<i>natalizumab</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
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		

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

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE CAPS 10 MG (<i>fluoxetine hcl (pmdd)</i>)	3	
FLUOXETINE CAPS 20 MG (<i>fluoxetine hcl (pmdd)</i>)	3	QL(1 ea daily)
<i>fluoxetine hcl (pmdd) tabs</i>	1	
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	
PIMOZIDE TABS (<i>pimozide</i>)	3	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 300 MG (<i>gabapentin enacarbil</i>)	3	Limited to 1 tablet daily;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) CVS NICOTINE LOZENGE, 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 LOZG	5	PV

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

Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, THRIVE, TGT NICOTINE POLACRILEX, TGT NICOTINE GUM, 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 GUM	5	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, 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	5	PV

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

Drug Name	Drug Tier	Requirements/Limits
STEP 1 PT24		
<i>bupropion hcl (smoking deterrent) tb12</i>	5	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>	5	PV
<i>nicotine polacrilex lozg</i>	5	PV
<i>nicotine pt24</i>	5	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; Must use AcariaHlth Sp Rx 1-844-538-4662;LA
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; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
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;LA
PULMOZYME SOLN (<i>dornase alfa</i>)	2	PA; QL(5 ml daily)
SYMDEKO TBPK (<i>tezacaftor-ivacaftor</i>)	4	PA; LA
TRIKAFTA TBPK (<i>elexacaftor-tezacaftor-ivacaftor</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4662;QL(3 ea daily); LA
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	

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

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL, OKEBO CAPS	2	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG, MORGIDOX 1X50MG CAPS	1	
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 150 mg</i>	2	ST
<i>doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg</i>	2	
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	
<i>doxycycline (monohydrate) tabs 150 mg</i>	2	ST
<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	1	
<i>doxycycline (monohydrate) tabs 75 mg</i>	1	ST
<i>doxycycline hyclate caps 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate tabs 20 mg, 100 mg</i>	1	
MINOCIN CAPS 50 MG (<i>minocycline hcl</i>)	4	PA
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl tabs 50 mg, 100 mg</i>	1	
<i>minocycline hcl tabs 75 mg</i>	1	PA
MINOCYCLINE HYDROCHLORIDEER CP24 (<i>minocycline hcl</i>)	3	ST
<i>tetracycline hcl caps 250 mg, 500 mg</i>	1	
VIBRAMYCIN SYRP 50 MG/5ML (<i>doxycycline calcium</i>)	2	
XIMINO CP24 (<i>minocycline hcl</i>)	3	ST
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	QL(3 ea daily)
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 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (<i>thyroid</i>)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	3	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	3	
<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 260 MG, 325 MG, 97.5 MG, 16.25 MG, 48.75 MG, 81.25 MG, 113.75 MG, 146.25 MG (<i>thyroid</i>)	2	
NATURE-THROID TABS 65 MG, 130 MG, 195 MG, 32.5 MG (<i>thyroid</i>)	3	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	3	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>)	3	
<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 65 MG, 130 MG, 195 MG, 32.5 MG (<i>thyroid</i>)	3	
WESTHROID TABS 97.5 MG (<i>thyroid</i>)	2	
WP THYROID TABS 65 MG, 130 MG, 32.5 MG (<i>thyroid</i>)	3	
WP THYROID TABS 97.5 MG, 16.25 MG, 48.75 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	
(Hyoscyamine Sulfate) OSCIMIN, SYMAX-SL SUBL	1	
BELLADONNA/OPIUM SUPP (<i>belladonna alkaloids & opium</i>)	3	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
CUVPOSA SOLN (<i>glycopyrrolate</i>)	2	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
GLYCATE TABS (<i>glycopyrrolate</i>)	3	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE TABS OR 1.5 MG (<i>glycopyrrolate</i>)	3	
<i>hyoscyamine sulfate subl</i>	1	
<i>hyoscyamine sulfate tabs</i>	1	
<i>hyoscyamine sulfate tb12</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
<i>methscopolamine bromide tabs</i>	1	
<i>propantheline bromide tabs</i>	1	
H-2 Antagonists		
(Famotidine) EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, EQ ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, MM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, HM FAMOTIDINE, HEARTBURN RELIEF MAXIMUMSTRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH TABS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Famotidine) PX ACID REDUCER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, ACID CONTROL MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, RA ACID REDUCER MAXIMUM STRENGTH TABS 20 MG	1	RX/OTC
(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
(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 (<i>cimetidine hcl</i>)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>cimetidine tabs 300 mg, 800 mg</i>	1	
<i>cimetidine tabs 400 mg</i>	1	QL(4 ea daily)
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 20 mg</i>	1	RX/OTC
<i>famotidine tabs 40 mg</i>	1	QL(2 ea daily)
NIZATIDINE CAPS 150 MG (<i>nizatidine</i>)	2	
<i>nizatidine caps 150 mg, 300 mg</i>	1	
NIZATIDINE SOLN 15 MG/ML (<i>nizatidine</i>)	2	
<i>ranitidine hcl caps 150 mg, 300 mg</i>	1	
<i>ranitidine hcl syrp 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	
<i>ranitidine hcl tabs 150 mg</i>	1	QL(4 ea daily); RX/OTC
<i>ranitidine hcl tabs 300 mg</i>	1	QL(2 ea daily)
Misc. Anti-Ulcer		
<i>sucralfate susp 1 gm/10ml</i>	1	
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE, SM LANSOPRAZOLE, RA LANSOPRAZOLE, KLS LANSOPRAZOLE, HM LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, GNP LANSOPRAZOLE, EQ LANSOPRAZOLE CPDR	1	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Lansoprazole) HEARTBURN TREATMENT 24 HOUR CPDR 15 MG	1	QL(1 ea daily); RX/OTC
ACIPHEX SPRINKLE CPSP 10 MG (<i>rabeprazole sodium</i>)	3	PA
ACIPHEX SPRINKLE CPSP 5 MG (<i>rabeprazole sodium</i>)	3	PA; ST
<i>esomeprazole magnesium pack 10 mg, 20 mg, 40 mg</i>	1	PA
FIRST-OMEPRAZOLE SUSP (<i>omeprazole</i>)	3	
<i>lansoprazole cpdr 15 mg</i>	1	QL(1 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	QL(1 ea daily)
<i>lansoprazole tbdd 15 mg</i>	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
<i>lansoprazole tbdd 30 mg</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
NEXIUM PACK 5 MG, 2.5 MG (<i>esomeprazole magnesium</i>)	3	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP (<i>omeprazole</i>)	3	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	QL(1 ea daily); RX/OTC
<i>omeprazole cpdr 40 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec</i>	1	QL(1 ea daily)
PRILOSEC PACK (<i>omeprazole magnesium</i>)	3	PA
PROTONIX PACK 40 MG (<i>pantoprazole sodium</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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
RABEPRAZOLE SODIUM DR SPRINKLE CPSP (<i>rabeprazole sodium</i>)	3	PA
<i>rabeprazole sodium tbec</i>	2	PA; ST; QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol tabs</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	2	
OMECLAMOX-PAK MISC (<i>amoxicillin-clarithromycin w/ omeprazole</i>)	3	
PYLERA CAPS (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	3	
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
<i>methenamine hippurate tabs</i>	1	
<i>methenamine mandelate tabs</i>	1	
MONUROL PACK (<i>fosfomycin tromethamine</i>)	3	
<i>nitrofurantoin macrocrystal caps</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride syrp 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>	1	QL(1 ea daily)
<i>solifenacin succinate tabs 5 mg</i>	1	
<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)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24 (<i>mirabegron</i>)	3	QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
(Acetic Acid-Oxyquinoline Vaginal) RELAGARD GEL	1	
Spermicides		
(Nonoxynol-9) VCF VAGINAL CONTRACEPTIVEGEL GEL	5	PV

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

Drug Name	Drug Tier	Requirements/ Limits
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
SHUR-SEAL GEL (<i>nonoxynol-9</i>)	5	PV
TODAY SPONGE MISC (<i>nonoxynol-9</i>)	5	PV
VCF VAGINAL CONTRACEPTIVE FILM (<i>nonoxynol-9</i>)	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM (<i>nonoxynol-9</i>)	5	PV
Vaginal Anti-infectives		
(Metronidazole Vaginal) VANDAZOLE GEL	1	
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP	1	
AVC CREA (<i>sulfanilamide vaginal</i>)	3	
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	
<i>metronidazole vaginal gel</i>	1	
TERCONAZOLE CREA (<i>terconazole vaginal</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
ESTRING RING (<i>estradiol vaginal</i>)	3	QL(1 ea per fill mail)
FEMRING RING (<i>estradiol acetate vaginal</i>)	3	QL(1 ea per 90 days retail, 1 ea per 90 days mail)
PREMARIN CREA VA 0.625 MG/GM (<i>estrogens, conjugated vaginal</i>)	2	QL(2 gm daily)
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, 0.3 mg/0.3ml</i>	3	Limited to 2 auto-injectors per fill; QL(2 ea per fill retail, 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL(2 ea per fill retail, 4 ea per 30 days retail)

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

Drug Name	Drug Tier	Requirements/ Limits
EPINEPHRINE SOAJ 0.3 MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)	3	Limited to 2 pens per fill; 4 pens per month; QL(2 ea per fill retail, 4 ea per 30 days retail)
SYMJEPI SOSY 0.15 MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)	3	QL(2 ea per fill retail)
SYMJEPI SOSY 0.3 MG/0.3ML (<i>epinephrine (anaphylaxis)</i>)	3	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>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol caps</i>	1	PA
<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 AL=Age Limit PA=Prior Authorization
PV=Preventive Drugs QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer
LA=Limited Access RX/OTC=Prescription & Over-the-Counter

Index

1ST TIER UNIFINE PENTIPS/MINI/31GX5MM .. 98	1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM 98	1ST TIER UNILET COMFORTOUCH LANCETS 28G 83	1ST TIER UNILET COMFORTOUCH LANCETS 30G 83	abacavir sulfate 43	abacavir sulfate-lamivudine . 43	abacavir sulfate-lamivudine- zidovudine 43	abiraterone acetate 36	ABOUTTIME PEN NEEDLES 31G X 3/16" 98	ABSTRAL 8	acamprosate calcium 125	acarbose 23	ACCU-CHEK FASTCLIX LANCETS 83	ACCU-CHEK MULTICLIX LANCETS 83	ACCU-CHEK SAFE-T-PRO LANCETS 83	ACCU-CHEK SAFE-T-PRO PLUSLANCETS 83	ACCU-CHEK SOFTCLIX LANCETS 83	acebutolol hcl 47	acetaminophen w/ codeine 9,10	acetazol hc 122	acetazolamide 68	acetic acid (otic) 122	acetylcysteine 58	acid control maximum strength 132	acid reducer 132	ACIPHEX SPRINKLE 133	acitretin 61	ACTEMRA ACTPEN 4	ACTI-LANCE LANCETS 28G 83	ACTI-LANCE LITE SAFETY LANCETS 28G 83	ACTI-LANCE SPECIAL SAFETY LANCETS 17G 83	ACTI-LANCE SPECIAL SAFETYLANCETS 17G 83	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G 83	ACTIDOM DMX 56	ACTIMMUNE 39	ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP 83	ACTOPLUS MET XR 24	ACUVAIL 121	acyclovir 47	acyclovir topical 62	adapalene 58	ADAPALENE 58	adapalene-benzoyl peroxide 58	ADCIRCA 50	adefovir dipivoxil 46	ADEMPAS 50	ADVAIR HFA 16	ADVANCED MOBILE LANCET 30G 83	ADVATE 75	ADVOCATE INSULIN PEN NEEDLES 31GX5MM 98	ADVOCATE LANCETS 84	ADVOCATE LANCETS 30G 83	ADVOCATE SAFETY LANCETS 84	ADVOCATE SAFETY LANCETS 26G 84	ADYNOVATE 75	afeditab cr 48	AFINITOR 37	AFINITOR DISPERZ 37	afirmelle 52	AFREZZA 25	AFSTYLA 75	aftera 55	AGAMATRIX ULTRA-THIN LANCETS 33G 84	AIMOVIG 102	AIMSCO TWIST LANCETS 32G 84	AIMSCO TWIST LANCETS 33G 84	AJOVY 102	ak-poly-bac 119	AKTEN 120	AKYNZEO 28	ALA SCALP 62	ala-cort 62	albendazole 12	albuterol sulfate 16	ALBUTEROL SULFATE ER . 16	alclometasone dipropionate . 62	ALDACTAZIDE 68	ALECENSA 37	alendronate sodium 68	ALENDRONATE SODIUM .. 69	alendronate sodium 69	ALFERON N 39	alfuzosin hcl 75	ALINIA 12	ALKERAN 35	allergy nasal spray 24 hour . 117	allergy relief 117	allergy relief 24hr 29	allopurinol 75	almotriptan malate 103	ALOCRIIL 121	ALOMIDE 121	alopen 81	ALORA 71	alosetron hcl 73	ALPHAGAN P 119	ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN 75	ALPHANINE SD 75	alprazolam 14	ALPRAZOLAM INTENSOL .. 14	alprazolam xr 14	ALPROLIX 75	ALREX 120	ALTABAX 60	altacaine 120	altafrin 118	ALUNBRIG 37	ALVESCO 15	alyacen 1/35 52	alyacen 7/7/7 53	alyq 50	amabelz 71	amantadine hcl 40	ambrisentan 49,50	AMCINONIDE 62	amcinonide 62	amethia 52	amethyst 52
--	--	--	--	---------------------------	----------------------------------	---	------------------------------	---	-----------------	-------------------------------	-------------------	--	---	--	--	--	-------------------------	-------------------------------	-----------------------	------------------------	------------------------------	-------------------------	--	------------------------	----------------------------	--------------------	------------------------	------------------------------------	--	---	--	---	----------------------	--------------------	---	--------------------------	-------------------	--------------------	----------------------------	--------------------	--------------------	--	------------------	-----------------------------	------------------	---------------------	--	-----------------	--	---------------------------	----------------------------------	-------------------------------------	---	--------------------	----------------------	-------------------	---------------------------	--------------------	------------------	------------------	-----------------	--	-------------------	--------------------------------------	--------------------------------------	-----------------	-----------------------	-----------------	------------------	--------------------	-------------------	----------------------	----------------------------	---------------------------	---------------------------------	----------------------	-------------------	-----------------------------	--------------------------	-----------------------------	--------------------	------------------------	-----------------	------------------	-----------------------------------	--------------------------	------------------------------	----------------------	------------------------------	--------------------	-------------------	-----------------	----------------	------------------------	----------------------	---	-----------------------	---------------------	---------------------------	------------------------	-------------------	-----------------	------------------	---------------------	--------------------	-------------------	------------------	-----------------------	------------------------	---------------	------------------	-------------------------	-------------------------	---------------------	---------------------	------------------	-------------------

amiloride & hydrochlorothiazide	68	APIDRA	25	ASSURE LANCE LANCETS	84
amiloride hcl	68	APIDRA SOLOSTAR	25	ASSURE LANCE LANCETS 21G	84
AMINO BENZOATE POTASSIUM	136	apraclonidine hcl	119	ASSURE LANCE PLUS SAFETYLANCETS 25G	84
aminocaproic acid	79	aprepitant	28	ASSURE LANCE PLUS SAFETYLANCETS 30G	84
amiodarone hcl	14	apri	51	ASSURE LANCE SAFETY LANCET 28G	84
AMITIZA	72	APTIOM	18	ASSURE LANCETS	84
amitriptyline hcl	23	APTIVUS	43	ASTAGRAF XL	105
amlodipine besylate	48	AQUALANCE LANCETS ULTRA THIN 30G	84	ATABEX EC	109
amlodipine besylate-atorvastatin calcium	49	ARCALYST	4	atazanavir sulfate	43
amlodipine besylate-benazepril hcl	32	ARCAPTA NEOHALER	16	atenolol	47
amlodipine besylate-valsartan	32	ARIKAYCE	2	atenolol & chlorthalidone	32
amlodipine-valsartan-hydrochlorothiazide	32	aripiprazole	43	ATIVAN	14
amnestem	58	ARIXTRA	17	atomoxetine hcl	2
AMOXAPINE	23	armodafinil	2	atorvastatin calcium	31
amoxicillin	123	ARMONAIR RESPICLICK 113	15	atovaquone	12
amoxicillin & pot clavulanate	124	ARMONAIR RESPICLICK 232	15	atovaquone-proguanil hcl	34
amoxicillin-clarithromycin w/ lansoprazole	134	ARMONAIR RESPICLICK 55	15	ATRIPLA	43
AMOXICILLIN/CLAVULANATE POTASSIUM	124	ARMOUR THYROID 130,131		ATROPINE SULFATE	118
AMOXICILLIN/CLAVULANATE POTASSIUM ER	124	ARNUITY ELLIPTA	15	ATROVENT HFA	15
amphetamine-dextroamphetamine	1	ascomp/codeine	9	AUBAGIO	126
ampicillin	123	ASMANEX HFA	15	AUGMENTED BETAMETHASONE DIPROPIONATE	62
ampicillin & sulbactam sodium	124	ASMANEX TWISTHALER METERED DOSES	15	AUGMENTIN	124
ampicillin sodium	123	ASMANEX TWISTHALER 14 METERED DOSES	15	AURORA LANCET SUPER THIN30G	84
AMPICILLIN SODIUM	123	ASMANEX TWISTHALER 30 METERED DOSES	15	AURORA LANCET THIN 23G	84
ampicillin sodium	123	ASMANEX TWISTHALER 60 METERED DOSES	15	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	98
ANADROL-50	11	ASMANEX TWISTHALER 7 METERED DOSES	15	aurovela 1.5/30	53
anagrelide hcl	77	aspirin	7	aurovela 24 fe	52
ANALPRAM-HC	12	aspirin-dipyridamole	77	AURYXIA	73
ANASTIA	66	ASSURE COMFORT LANCETS ULTRA THIN 28G	84	AUSTEDO	125,126
anastrozole	36	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	84	av-phos 250 neutral	104
ANDEXXA	27	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	84	AVANDIA	25
ANDRODERM	11	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	84	AVC	135
ANGELIQ	71	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	84	avidoxy	130
ANNOVERA	55	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	84	avita	58
ANORO ELLIPTA	16	ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	98	AVONEX	126
ANTARA	30			AVONEX PEN	126
anti-diarrheal	27			AZASAN	105
ANZEMET	28			AZASITE	119
APEXICON E	62			azathioprine	106
				azelaic acid	66
				azelastine hcl	117

azelastine hcl (ophth).....	121	benazepril hcl.....	31	BLEPHAMIDE.....	120
azelastine hcl-fluticasone propionate.....	117	BENEFIX.....	76	BLEPHAMIDE S.O.P.....	120
AZELEX.....	58	BENLYSTA.....	106	bosentan.....	50
azithromycin.....	82	BENSAL HP.....	65	BOSULIF.....	37
AZOPT.....	121	BENZNIDAZOLE.....	12	bp 10-1.....	58
azurette.....	52	benzonatate.....	56	BP CLEANSING WASH.....	58
BACITRACIN.....	119	benzoyl peroxide- erythromycin.....	58	BRAFTOVI.....	37
bacitracin-poly-neomycin-hc	120	BENZPHETAMINE HCL.....	1	BREO ELLIPTA.....	16
bacitracin-polymyxin b (ophth).....	119	benzphetamine hcl.....	1	BRILINTA.....	77
baclofen.....	116	benztropine mesylate.....	40	brimonidine tartrate.....	119
BACLOFEN.....	116	BEPREVE.....	121	bromfed dm.....	56
BACTROBAN NASAL.....	117	beser.....	62	bromfenac sodium (ophth).....	121
BAL-CARE DHA.....	109	BESIVANCE.....	119	bromocriptine mesylate.....	40
BALCOLTRA.....	53	BETADINE OPHTHALMIC PREP.....	119	BROMPHENIRAMINE TANNATE.....	29
balsalazide disodium.....	73	betamethasone dipropionate (topical).....	63	BROMSITE.....	121
BALVERSA.....	37	betamethasone dipropionate augmented.....	63	BRUKINSA.....	37
BANZEL.....	18	betamethasone valerate...	63	budesonide.....	55
BAQSIMI ONE PACK.....	24	BETASERON.....	126	budesonide (inhalation)...	15,16
BAQSIMI TWO PACK.....	25	betaxolol hcl.....	47	budesonide-formoterol fumarate dihydrate.....	16
BARACLUDE.....	46	betaxolol hcl (ophth).....	118	BULLSEYE MINI SAFETY LANCETS.....	84
BD ECLIPSE NEEDLE 30G X1/2".....	98	bethanechol chloride.....	134	BULLSEYE SAFETY LANCETS.....	84
BD LANCET ULTRAFINE 30G.....	84	BETHKIS.....	3	bumetanide.....	68
BD LANCET ULTRAFINE 33G.....	84	BETIMOL.....	118	bupap.....	5
BD MICROTAINER LANCETS.....	84	BETOPTIC-S.....	118	BUPHENYL.....	70
BD NEEDLE/30G X 1/2".....	98	BEVESPI AEROSPHERE.....	16	BUPRENORPHINE.....	11
BD PEN.....	98	BEVYXXA.....	17	buprenorphine.....	11
BD PEN MINI.....	98	bexarotene.....	39	buprenorphine hcl.....	10
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	98	BEYAZ.....	53	buprenorphine hcl-naloxone hcl dihydrate.....	10
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64".....	98	bicalutamide.....	36	bupropion hcl.....	22
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	98	BICILLIN C-R.....	124	bupropion hcl (smoking deterrent).....	129
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM.....	98	BICILLIN L-A.....	124	BUPROPION HYDROCHLORIDE ER (XL).....	22
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	98	BIDIL.....	49	bupirone hcl.....	13
BEBULIN.....	75	BIKTARVY.....	43	busulfan.....	35
BELLADONNA/OPIUM.....	131	bimatoprost.....	122	BUSULFEX.....	35
BELSOMRA.....	79	BINOSTO.....	69	butalbital-acetaminophen.....	5
benazepril & hydrochlorothiazide.....	32	bio-statin.....	28	butalbital-acetaminophen- caffeine.....	5
		BIO-STATIN.....	28	butalbital-acetaminophen- caffeine w/ codeine.....	10
		biogtuss.....	56	butalbital-aspirin-caffeine.....	6
		bisacodyl.....	82	butalbital-aspirin-caffeine w/cod.....	10
		bisacodyl laxative.....	82	BUTISOL SODIUM.....	79
		bisoprolol & hydrochlorothiazide.....	32		
		bisoprolol fumarate.....	47		
		BIVIGAM.....	123		

butorphanol tartrate	11	CARBINOXAMINE		CEFOTAN	51
BYSTOLIC	47	MALEATE	29	CEFOTETAN	51
BYVALSON	32	CARDIZEM LA	48	cefotetan disodium	51
C-NATE DHA	109	CARDURA XL	75	cefoxitin sodium	51
C-TOPICAL	66	CAREONE LANCET THIN	84	CEFOXITIN SODIUM	51
cabergoline	71	CAREONE LANCET ULTRA		cefpodoxime proxetil	51
CABOMETYX	37	THIN	84	cefprozil	51
caffeine citrate	1	CAREONE UNIFINE PENTIPS		cefuroxime axetil	51
CALCIFOL	104	31GX5MM	99	celecoxib	4
calcipotriene	61	CAREONE UNIFINE PENTIPS		CELONTIN	21
CALCIPOTRIENE	61	PLUS PEN NEEDLES		CENTANY	60
calcipotriene-betamethasone		31GX5MM	99	cephalexin	51
dipropionate	63	CARESENS LANCETS	84	CEPROTIN	77
calcitonin (salmon)	69	CARETOUCH PEN NEEDLES		CERDELGA	78
calcitrene	61	31GX 5MM	99	CEREZYME	78
calcitriol	70	CARETOUCH SAFETY		cerovel	65
calcitriol (topical)	61	LANCETS/26G	84	CERVIDIL	123
calcium acetate (phosphate		CARETOUCH SAFETY		CESAMET	28
binder)	74	LANCETS/28G	85	CETACAINE	66
CALCIUM-FOLIC ACID PLUS		CARETOUCH SAFETY		cevimeline hcl	107
D	104	LANCETS/30G	85	CHANTIX	129
calphron	73	CARETOUCH TWIST		CHANTIX CONTINUING	
CALQUENCE	37	LANCETS 28G	85	MONTHPAK	129
camila	55	CARETOUCH TWIST		CHANTIX STARTING MONTH	
candesartan cilexetil	32	LANCETS 30G	85	PAK	129
candesartan cilexetil-		CARETOUCH TWIST		CHEMET	27
hydrochlorothiazide	32	LANCETS 33G	85	CHENODAL	72
capecitabine	35	CARIMUNE		cheratussin ac	56
CAPEX	63	NANOFILTERED	123	chlordiazepoxide hcl	14
CAPRELSA	37	carisoprodol	116	chlordiazepoxide hcl-clidinium	
captopril	31	carisoprodol w/ aspirin	117	bromide	131
captopril &		carisoprodol w/ aspirin &		chlordiazepoxide-amitriptyline	
hydrochlorothiazide	32	codeine	117		125
CARAC	61	CARISOPRODOL/ASPIRIN		chlorhexidine gluconate (mouth-	
CARBAGLU	70		117	throat)	107
carbamazepine	18,19	CARISOPRODOL/ASPIRIN/CO		chloroquine phosphate	34
CARBAPHEN 12	56	DEINE	117	CHLOROQUINE	
CARBAPHEN 12 PED	56	CARTEOLOL HCL	118	PHOSPHATE	34
CARBATROL	19	cartia xt	48	CHLOROTHIAZIDE	68
carbidopa	40	carvedilol	47	chlorothiazide	68
carbidopa-levodopa	40	carvedilol phosphate	47	chlorpromazine hcl	43
carbidopa-levodopa-entacapone		CAYA	82	chlorpropamide	26
	41	CAYSTON	13	chlorthalidone	68
CARBIDOPA/LEVODOPA/ENTA		caziant	52	chlorzoxazone	116
CAPONE	41	cefaclor	51	cholestyramine	30
carbinoxamine maleate	29	CEFACLOR	51	cholestyramine light	30
CARBINOXAMINE		CEFACLOR ER	51	choline & mag salicylate	7
MALEATE	29	cefadroxil	51	choline fenofibrate	30
carbinoxamine maleate	29	cefazolin sodium	51		
		CEFAZOLIN SODIUM	51		
		cefdinir	51		
		cefditoren pivoxil	51		
		cefixime	51		

CHOLINE MAGNESIUM TRISALICYLATE	7	CLEVER CHOICE COMFORT EZLANCETS 21G	85	clozapine	42
ciclodan	60	CLEVER CHOICE COMFORT EZLANCETS 23G	85	CLOZAPINE ODT	42
ciclopirox	60	CLEVER CHOICE COMFORT EZLANCETS 28G	85	COAGADDEX	76
ciclopirox olamine	60	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	99	COAGUCHEK LANCETS	85
cidofovir	45	CLICKFINE PEN NEEDLES 31G X 3/16"	99	COARTEM	34
cilostazol	77	CLIMARA PRO	71	codeine sulfate	8
CILOXAN	119	clindacin etz pledgets	58	CODITUSSIN AC	56
CIMDUO	43	clindamycin hcl	13	COGENTIN	40
cimetidine	133	clindamycin palmitate hydrochloride	13	COLCHICINE	75
CIMETIDINE HCL	132	CLINDAMYCIN PHOSPHATE (topical)	59	colchicine	75
CIMZIA	73	clindamycin phosphate vaginal	135	colchicine w/ probenecid	75
CIMZIA STARTER KIT	73	clindamycin phosphate-benzoyl peroxide	59	colesevelam hcl	30
cinacalcet hcl	70	clindamycin phosphate-benzoyl peroxide (refrigerate)	59	colestipol hcl	30
CIPRO	72	clindamycin phosphate-tretinoin	59	colocort	11
CIPRO HC	122	CLINDESSE	135	COLY-MYCIN S	122
CIPRODEX	122	clobazam	18	COLYTE-FLAVOR PACKS	80
ciprofloxacin	72	clobetasol propionate	63	COMBIGAN	118
CIPROFLOXACIN ER	72	clobetasol propionate e	62	COMBIPATCH	71
CIPROFLOXACIN HCL	72	clobetasol propionate emollient base	63	COMBIVENT RESPIMAT	16
ciprofloxacin hcl	72	clobetasol propionate emulsion	63	COMETRIQ	37
ciprofloxacin hcl (ophth)	119	CLOCORTOLONE PIVALATE	63	COMFORT ASSURED LANCETS MICRO THIN 33G	85
ciprofloxacin hcl (otic)	122	CLOCORTOLONE PIVALATE PUMP	63	COMFORT ASSURED LANCETS SUPER THIN 28G	85
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF	122	clodan	62	COMFORT EZ/31G X 5MM	99
cialopram hydrobromide	22	CLODERM	63	COMFORT LANCETS	85
CITRANATAL 90 DHA	109	CLODERM PUMP	63	COMPLERA	44
CITRANATAL ASSURE	109	clomiphene citrate	69	COMPLETENATE	110
CITRANATAL B-CALM	109	clomipramine hcl	23	compro	43
CITRANATAL BLOOM	110	clonazepam	18	CONCEPT DHA	110
CITRANATAL BLOOM DHA	109	clonidine hcl	32	CONCEPT OB	110
CITRANATAL DHA	110	clonidine hcl (adhd)	2	CONDYLOX	65
CITRANATAL HARMONY	110	clodogrel bisulfate	77	constulose	80
CITRANATAL MEDLEY	110	clorazepate dipotassium	14	CONTRAVE	2
CITRANATAL RX	110	clotrimazole	106	CONZIP	8
claravis	58	clotrimazole w/ betamethasone	60	COPIKTRA	37
CLARITHROMYCIN	82	clovique	105	CORDRAN	63
clarithromycin	82			CORIFACT	76
CLEANLET LANCETS 28G	85			CORLANOR	50
clearlax	80			CORTANE-B	63
CLEMASTINE FUMARATE	29			cortic-nd	122
CLENPIQ	80			CORTIFOAM	11
CLEOCIN	135			CORTISONE ACETATE	55
CLEVER CHEK LANCETS ULTRATHIN	85			CORTISPORIN	60
CLEVER CHEK LANCETS ULTRATHIN 30G	85			CORTISPORIN-TC	122

CORZIDE.....	33	cytra-2.....	74	DEXAMETHASONE SODIUM	
COSENTYX.....	61	cytra-3.....	74	PHOSPHATE.....	120
COSENTYX SENSOREADY		cytra-k.....	74	DEXCHLORPHENIRAMINE	
PEN.....	61	D-PENAMINE.....	105	MALEATE.....	29
COTELLIC.....	37	D.H.E. 45.....	103	dexamethylphenidate hcl.....	2
CREON.....	67	DAKLINZA.....	46	dexpak 13 day.....	55
CRESEMBA.....	28	dalfampridine.....	126	dextroamphetamine sulfate... 1	
CRINONE.....	135	danazol.....	11	DIACOMIT.....	19
CRIXIVAN.....	44	dantrolene sodium.....	116	DIATHRIVE LANCETS.....	85
cromolyn sodium.....	14	dapsone.....	13	DIATHRIVE LANCETS ULTRA	
CROMOLYN SODIUM.....	14	dapsone (topical).....	59	THIN 30G.....	85
cromolyn sodium (ophth)...	121	darifenacin hydrobromide	134	diazepam.....	14
cryselle-28.....	53	DAURISMO.....	35	diazepam (anticonvulsant)...	18
CUVPOSA.....	131	DAYTRANA.....	2	diazepam intensol.....	14
cvs aspirin low strength.....	6	DDAVP.....	70	diazoxide.....	25
cvs folic acid.....	78	decadron.....	55	DICLOFENAC EPOLAMINE.....	60
CVS LANCETS 21G.....	85	DECON-G.....	56	diclofenac potassium.....	4
CVS LANCETS MICRO THIN		deferasirox.....	27	diclofenac sodium.....	4
33G.....	85	DELSTRIGO.....	44	diclofenac sodium (actinic	
CVS LANCETS MICRO-THIN		demeclocycline hcl.....	130	keratoses).....	61
33G.....	85	DEM SER.....	31	diclofenac sodium (ophth) ..	121
CVS LANCETS ORIGINAL... 85		DEPAKENE.....	21	diclofenac sodium (topical)..	60
CVS LANCETS THIN 26G... 85		DEPAKOTE.....	21	diclofenac w/ misoprostol....	4
CVS LANCETS ULTRA THIN		DEPAKOTE ER.....	21	dicloxacillin sodium.....	124
30G.....	85	DEPAKOTE SPRINKLES... 21		dicyclomine hcl.....	131
CVS LANCETS ULTRA-THIN		DESCOVY.....	44	DIDANOSINE.....	44
30G.....	85	desipramine hcl.....	23	didanosine.....	44
cvs lansoprazole.....	133	desloratadine.....	29	diethylpropion hcl.....	1
cvs nasal allergy spray....	117	DES Loratadine ODT... 29		DIETHYLPROPION HCL ER... 1	
cvs nicotine.....	128	desmopressin acetate.....	70	DIFFERIN.....	59
cvs nicotine lozenge.....	127	desmopressin acetate		DIFICID.....	82
cvs nicotine		spray.....	70	diflorasone diacetate.....	64
transdermalsystem.....	128	desmopressin acetate spray		diflunisal.....	7
CVS ULTRA THIN		refrigerated.....	70	digitek.....	49
LANCETS.....	85	DE SO GEN.....	53	digoxin.....	49
cyclobenzaprine hcl.....	116	desogestrel & ethinyl		dihydroergotamine	
CYCLOMYDRIL.....	118	estradiol.....	53	mesylate.....	103
cyclopentolate hcl.....	118	desogestrel-ethinyl estradiol		DILANTIN.....	21
cyclophosphamide.....	35	(biphasic).....	53	DILANTIN INFATABS.....	21
cycloserine.....	34	DESONATE.....	63	DILANTIN-125.....	21
cyclosporine.....	106	desonide.....	63	DILATRATE SR.....	13
cyclosporine modified (for		DES OXIMETASONE.....	64	DILT-XR.....	48
microemulsion).....	106	desoximetasone.....	64	diltiazem hcl.....	48
CYKLOKAPRON.....	79	DES VENLAFAXINE ER... 23		diltiazem hcl coated beads... 48	
cyproheptadine hcl.....	30	desvenlafaxine succinate..	23	diltiazem hcl extended release	
CYSTADANE.....	70	dexamethasone.....	55	beads.....	48
CYSTAGON.....	74	DEXAMETHASONE		DIPENTUM.....	73
CYSTARAN.....	121	INTENSOL.....	55	diphenhydramine hcl.....	29
CYTOMEL.....	131			diphenoxylate w/ atropine... 27	
cytra k crystals.....	74				

dipyridamole	77	DROXIA	78	EASY TOUCH LANCETS	
disopyramide phosphate	14	DRUG MART LANCETS		23G/PRESSURE	
disulfiram	125	THIN	85	ACTIVATED	86
DIURIL	68	DRUG MART ON-THE-GO		EASY TOUCH LANCETS	
divalproex sodium	21	LANCETS GENTLE 30G	85	26G/PRESSURE	
DIVIGEL	71	DRUG MART UNIFINE		ACTIVATED	86
DOCTOR MANZANILLA PE		PENTIPS 31GX5MM	99	EASY TOUCH LANCETS	
SYRUP		DRUG MART UNILET		26G/PULL-TOP	86
ANTI-HISTAMINE/DECONGESTA		LANCETSSUPER THIN		EASY TOUCH LANCETS	
NT	56	30G	85	28G/PRESSURE	
dofetilide	14	DRUG MART UNILET		ACTIVATED	86
DOMETUSS-DMX	57	LANCETSULTRA THIN		EASY TOUCH LANCETS	
donepezil hydrochloride	125	28G	85	28G/PULL-TOP	86
DORAL	79	DRUG MART UNILET MICRO		EASY TOUCH LANCETS	
DORIPENEM	12	THIN LANCETS 33G	86	28G/TWIST	86
dorzolamide hcl	121	DRYSOL	66	EASY TOUCH LANCETS	
DORZOLAMIDE HCL	121	DUAVEE	71	30G/BUTTON-ACTIVATED	86
dorzolamide hcl-timolol		DUET DHA 400	110	EASY TOUCH LANCETS	
maleate	118	DUET DHA BALANCED	110	30G/PRESSURE	
DORZOLAMIDE HCL/TIMOLOL		duloxetine hcl	23	ACTIVATED	86
MALEATE	118	DUPIXENT	65	EASY TOUCH LANCETS	
DOTHELLE DHA	110	DURAXIN	6	30G/PULL-TOP	86
dotti	71	DUREZOL	120	EASY TOUCH LANCETS	
DOVATO	44	dutasteride	75	ACTIVATED	86
doxazosin mesylate	32	dutasteride-tamsulosin hcl	75	EASY TOUCH LANCETS	
doxepin hcl	23	DUZALLO	75	32G/PULL-TOP	86
DOXEPIN HCL	23	E-Z JECT LANCETS	86	EASY TOUCH LANCETS	
doxepin hcl	23	E-Z JECT LANCETS 21G	86	32G/TWIST	86
doxepin hcl (antipruritic)	61	E-Z JECT LANCETS		EASY TOUCH PEN	
doxercalciferol	70	COLOR	86	NEEDLES/31G X 3/16"	99
DOXYCYCLINE	66	E-Z JECT LANCETS SUPER		EASY TOUCH SAFETY	
doxycycline (monohydrate)	130	THIN 30G	86	LANCETS21G/PRESSURE	
doxycycline hyclate	130	E-Z JECT LANCETS THIN		ACTIVATED	86
doxylamine-pyridoxine	28	26G	86	EASY TOUCH SAFETY	
dronabinol	28	E-ZJECT LANCETS MICRO-		LANCETS23G/PRESSURE	
DROPLET INSULIN SYRINGE		THIN 33G	86	ACTIVATED	86
U-100/1ML/31G X 15/64"	99	e.e.s. 400	82	EASY TOUCH SAFETY	
DROPLET INSULIN		EASY COMFORT		LANCETS26G/PRESSURE	
SYRINGE/U-100/0.5ML/31G X		LANCETS	86	ACTIVATED	87
15/64"	99	EASY COMFORT LANCETS		EASY TOUCH SAFETY	
DROPLET INSULIN		30G/PULL TOP	86	LANCETS28G/BUTTON	
SYRINGE/U-100/1ML/31G X		EASY COMFORT LANCETS		ACTIVATED	87
15/64"	99	30G/THIN TOP	86	EASY TOUCH SAFETY	
DROPLET LANCETS ULTRA		EASY COMFORT LANCETS		LANCETS28G/PRESSURE	
THIN 30G	85	TWIST TOP	86	ACTIVATED	87
DROPLET PEN NEEDLES		EASY COMFORT PEN		EASY TWIST & CAP	
31GX5MM	99	NEEDLES31GX3/16"	99	LANCETS	87
drospirenone-ethinyl		EASY TOUCH FLIPLOCK		econazole nitrate	60
estradiol	53	NEEDLES 30GX1/2"	99	ed-spaz	131
drospirenone-ethinyl estradiol-		EASY TOUCH HYPODERMIC		EDARBI	32
levomefolate calcium	53	NEEDLES 30GX1/2"	99	EDARBYCLOR	33
		EASY TOUCH LANCETS		EDURANT	44
		21G/PRESSURE		efavirenz	44
		ACTIVATED	86		

effer-k.....	104	EPIVIR HBV.....	46	ESTROSTEP FE.....	53
EFFER-K.....	105	eplerenone.....	34	eszopiclone.....	79
effervescent pot chloride... 104		EPROSARTAN		ethacrynic acid.....	68
EFFERVESCENT		MESYLATE.....	32	ethambutol hcl.....	34
POTASSIUM/CHLORIDE.. 105		eq aspirin.....	7	ethosuximide.....	21
ELESTRIN.....	71	eq aspirin low dose.....	7	ethynodiol diacet & eth	
eletriptan hydrobromide.... 103		EQL COLOR LANCETS		estrad.....	53
ELIGARD.....	36	21G.....	87	ETHYOL.....	40
ELIQUIS.....	17	EQL COLOR LANCETS		etidronate disodium.....	69
ELIQUIS STARTER PACK.. 17		MICRO THIN 33G.....	87	etodolac.....	4
ELIXOPHYLLIN.....	17	eql heartburn		etonogestrel-ethinyl estradiol	55
ELLA.....	55	prevention/maximum		ETOPOPHOS.....	40
ELMIRON.....	74	strength.....	132	ETOPOSIDE.....	40
ELOCTATE.....	76	EQL SUPER THIN LANCETS		etoposide.....	40
eluryng.....	54	30G.....	87	EUCRISA.....	66
EMADINE.....	121	EQL THIN LANCETS 26G.....	87	EURAX.....	67
EMBEDA.....	8	EQUETRO.....	42	euthyrox.....	130
EMBRACE LANCETS ULTRA		ergocalciferol.....	136	EVAMIST.....	72
THIN 30G.....	87	ERGOLOID		everolimus.....	37
EMCYT.....	36	MESYLATES.....	127	everolimus	
EMEND.....	28	ERGOMAR.....	103	(immunosuppressant).....	106
EMSAM.....	22	ergotamine w/ caffeine... 103		EVISTA.....	69
EMTRIVA.....	44	ERIVEDGE.....	35	EVOTAZ.....	44
enalapril maleate.....	31	ERLEADA.....	36	EVZIO.....	27
enalapril maleate &		erlotinib hcl.....	37	EXACTUSS TR.....	57
hydrochlorothiazide.....	33	ERTACZO.....	60	EXAPHEX TR.....	57
ENBREL.....	5	ertapenem sodium.....	12	EXELDERM.....	60
ENBREL MINI.....	5	ERY.....	59	exemestane.....	36
ENBREL SURECLICK.....	5	ery-tab.....	82	EXJADE.....	27
ENCARE.....	135	erythrocin stearate.....	82	EXODERM.....	60
ENDARI.....	78	ERYTHROMYCIN.....	82	EXTAVIA.....	126
endocet.....	9	erythromycin (acne aid)... 59		EZ SMART BLOOD GLUCOSE	
ENDOMETRIN.....	135	erythromycin (ophth).....	119	LANCETS.....	87
enoxaparin sodium.....	17,18	erythromycin base.....	82	EZ-LETS LANCETS 21G... 87	
enpresse-28.....	52	erythromycin		EZ-LETS LANCETS 26G	
entacapone.....	40	ethylsuccinate.....	82	SUPER-SOFT.....	87
entecavir.....	46	ESBRIET.....	129	EZ-LETS LANCETS 28G	
ENTEREG.....	73	escitalopram oxalate.....	22	ULTRA-SOFT.....	87
ENTRESTO.....	49	esgic.....	5	EZ-LETS LANCETS 30G... 87	
enulose.....	73	esomeprazole.....	133	ezetimibe.....	31
EPCLUSA.....	46	estarylla.....	53	ezetimibe-simvastatin.....	30
EPIDIOLEX.....	19	estazolam.....	79	FABIOR.....	59
EPIFOAM.....	64	estradiol.....	71,72	famciclovir.....	47
epinastine hcl (ophth).....	121	estradiol & norethindrone		famotidine.....	133
EPINEPHRINE.....	136	acetate.....	71	FANAPT.....	42
epinephrine (anaphylaxis).. 135		estradiol vaginal.....	135	FANAPT TITRATION PACK 42	
epitol.....	18	ESTRING.....	135	FARXIGA.....	26
		ESTROGEL.....	72	FARYDAK.....	37
		ESTROPIPATE.....	72		

FAZACLO	42	FLORIVA	104	FORA LANCETS	87
FC FEMALE CONDOM	82	FLORIVA PLUS	108	FORFIVO XL	22
FC2 FEMALE CONDOM	83	FLOVENT DISKUS	16	formadon	43
febuxostat	75	FLOVENT HFA	16	formaldehyde	43
FEIBA	76	fluconazole	28	FORMALDEHYDE	43
felbamate	21	flucytosine	28	FORTEO	69
FELBATOL	21	fludarabine phosphate	35	FOSAMAX PLUS D	69
felodipine	48	fludrocortisone acetate	56	fosamprenavir calcium	44
FEMCAP	83	fluocinolone acetonide	64	fosinopril sodium	31
FEMRING	135	fluocinolone acetonide (otic)	122	fosinopril sodium & hydrochlorothiazide	33
FENOFIBRATE	30	fluocinonide	64	FOSRENOL	74
fenofibrate	30	fluocinonide emulsified base	64	FRAGMIN	18
FENOFIBRATE	30	FLUORABON	104	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	99
fenofibrate	30	fluoritab	104	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	87
fenofibrate micronized	30	fluorometholone (ophth)	120	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	87
FENOFIBRIC ACID	30	FLUOROPLEX	61	FREESTYLE INSULINX BLOODGLUCOSE TEST	67
fenopropfen calcium	4	FLUOROURACIL	61	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS	67
FENSOLVI	36	fluorouracil (topical)	61	FREESTYLE LANCETS	87
fentanyl	8	FLUOXETINE	127	FREESTYLE LITE TEST STRIPS	67
fentanyl citrate	8	FLUOXETINE DR	22	FREESTYLE TEST STRIPS	67
FERRIPROX	27	fluoxetine hcl	22	FREESTYLE UNISTICK II LANCETS	87
FETZIMA	23	fluoxetine hcl (pmdd)	127	frovatriptan succinate	103
FETZIMA TITRATION PACK	23	fluphenazine hcl	43	FULPHILA	78
FIBRICOR	30	FLUPHENAZINE HCL	43	furosemide	68
FIFTY50 PEN NEEDLES 31G X3/16" (5MM)	99	FLURA-DROPS	104	FUROSEMIDE	68
FIFTY50 PEN NEEDLES 31GX5MM	99	flurandrenolide	64	furosemide	68
FIFTY50 SAFETY SEAL LANCETS 30G	87	flurazepam hcl	79	FUZEON	44
FIFTY50 SAFETY SEAL LANCETS 32G	87	flurbiprofen	4	fyavolv	71
FIFTY50 UNILET LANCETS 33G	87	flurbiprofen sodium	121	FYCOMPA	18
FINACEA	66	FLURBIPROFEN SODIUM	121	g tussin ac	56
finasteride	75	flutamide	36	gabapentin	19
FINE 30	87	fluticasone propionate	64	GABITRIL	21
FINGERSTIX LANCETS	87	fluticasone propionate (nasal)	118	GABLOFEN	116
FIRDAPSE	34	fluticasone-salmeterol	16	GALAFOLD	70
FIRST-MOUTHWASH BLM	106	fluvastatin sodium	31	galantamine hydrobromide	125
FIRST-OMEPRAZOLE	133	fluvoxamine maleate	22	GALANTAMINE HYDROBROMIDE	125
FIRVANQ	13	FML	120	galantamine hydrobromide	125
flac	122	FML FORTE	120	GALZIN	105
FLAREX	120	FOLET DHA	110	GAMASTAN	123
flavoxate hcl	134	FOLET ONE	110		
FLEBOGAMMA DIF	123	folic acid	78		
flecainide acetate	14	FOLIVANE-F	79		
FLECTOR	60	FOLIVANE-OB	110		
		fondaparinux sodium	18		

GAMASTAN S/D.....	123	glipizide xl.....	26	GOODSENSE COLOR	
GAMMAGARD LIQUID.....	123	glipizide-metformin hcl.....	24	LANCETS MICRO-THIN 33G	
GAMMAKED.....	123	GLOBAL EASE INJECT PEN		UNIVERSAL.....	88
GAMMAPLEX.....	123	NEEDLES 31GX5MM.....	99	GOODSENSE LANCETS	
GAMUNEX-C.....	123	GLOBAL EASY GLIDE		MICRO-THIN 33G.....	88
gatifloxacin (ophth).....	119	INSULIN SYRINGE/0.5ML/31G		GOODSENSE LANCETS	
GATTEX.....	74	X 15/64".....	100	MICRO-THIN 33G	
GAVILYTE-C.....	80	GLOBAL EASY GLIDE		UNIVERSAL.....	88
gavilyte-g.....	80	INSULIN SYRINGE/1ML/31G X		GOODSENSE LANCETS	
gavilyte-h.....	79	15/64".....	100	ULTRA-THIN 26G	
gavilyte-n/flavor pack.....	80	GLOBAL INJECT EASE		UNIVERSAL.....	88
GELFILM OP.....	121	LANCETS 28G.....	88	GOODSENSE LANCETS	
gemfibrozil.....	31	GLOBAL INJECT EASE		ULTRA-THIN 30G.....	88
GENERESS FE.....	53	LANCETS 30G.....	88	GOODSENSE LANCETS	
gengraf.....	105	GLUCAGEN		ULTRA-THIN 30G	
GENTAK.....	119	DIAGNOSTIC.....	67	UNIVERSAL.....	88
gentamicin sulfate (ophth).....	119	GLUCAGEN HYPOKIT.....	25	GOODSENSE PEN	
gentamicin sulfate (topical).....	60	GLUCAGON EMERGENCY		NEEDLE/PENFINE	
GENTEEL BUTTERFLY TOUCH		KIT.....	25	CLASSIC/31G X 3/16".....	100
LANCETS.....	87	GLUCOCOM LANCETS		GORDONS UREA.....	65
GENTLE-LET GP LANCETS	87	28G.....	88	GRALISE.....	126
GENTLE-LET LANCETS		GLUCOCOM LANCETS		GRALISE STARTER.....	126
GENERAL PURPOSE		30G.....	88	granisetron hcl.....	28
STYLE/FINE POINT.....	87	GLUCOCOM LANCETS		GRANIX.....	78
GENTLE-LET LANCETS		33G.....	88	griseofulvin microsize.....	28
GENERAL PURPOSE		GLUCOPHAGE.....	24	griseofulvin ultramicrosize.....	28
STYLE/MEDIUM POINT.....	87	glyburide.....	27	guaifenesin dac.....	56
GENTLE-LET LANCETS		glyburide micronized.....	27	guaifenesin-codeine.....	57
SAFETY STYLE/FINE		glyburide-metformin.....	24	guanfacine hcl.....	32
POINT.....	88	GLYCATE.....	132	guanfacine hcl (adhd).....	2
GENTLE-LET LANCETS		glycopyrrolate.....	132	GUANIDINE HCL.....	34
SAFETY STYLE/MEDIUM		GLYCOPYRROLATE.....	132	GVOKE PFS.....	25
POINT.....	88	GLYXAMBI.....	24	GYNAZOLE-1.....	135
GENVOYA.....	44	gnp aspirin.....	7	H-E-B IN CONTROL PEN	
geri-hydrolac 12.....	65	GNP LANCETS.....	88	NEEDLES 31GX5MM.....	100
gianvi.....	52	GNP LANCETS 21G.....	88	H-E-B IN CONTROL	
GIAZO.....	73	GNP LANCETS MICRO THIN		UNIFINEPENTIPS PLUS	
GILENYA.....	126	33G.....	88	31GX5MM.....	100
GILOTRIF.....	37	GNP LANCETS SUPER THIN		H-E-B INCONTROL LANCETS	
GILPHEX TR.....	57	30G.....	88	MICRO THIN 33G.....	88
GILTUSS COUGH & COLD.....	57	GNP LANCETS THIN.....	88	H-E-B INCONTROL LANCETS	
GILTUSS SINUS &		GNP LANCETS THIN 26G.....	88	SUPER THIN 30G.....	88
CONGESTION.....	57	GNP MICRO THIN LANCETS		H-E-B INCONTROL LANCETS	
GILTUSS TR.....	57	33G.....	88	ULTRA THIN 28G.....	88
glatiramer acetate.....	126	GNP SUPER THIN		HAEMOLANCE.....	88
glatopa.....	126	LANCETS/30G.....	88	HAEMOLANCE LOW FLOW	
GLEOSTINE.....	35	GOJJI STERILE LANCETS		LANCETS.....	88
glimepiride.....	26	30G.....	88	HAEMOLANCE PLUS.....	89
glipizide.....	26	GOLYTELY.....	80	HAEMOLANCE PLUS HIGH	
		GONITRO.....	13	FLOW.....	88
		goodsense aspirin.....	7	HAEMOLANCE PLUS LOW	
		GOODSENSE CLICKFINE		FLOW.....	88
		SAFETY PEN NEEDLE/31G X		HAEMOLANCE PLUS MAX	
		3/16".....	100	FLOW.....	89

HAEMOLANCE PLUS			
PEDIATRIC FLOW	89		
halobetasol propionate	64		
haloperidol	42		
haloperidol lactate	42		
HALOTIN	60		
HARVONI	46		
HEALTHWISE SHORT PEN			
NEEDLES/31G X 3/16"	100		
HEALTHY ACCENTS UNIFINE			
PENTIPS PEN NEEDLES			
31GX5MM	100		
HEALTHY ACCENTS UNILET			
LANCETS SUPER THIN			
30G	89		
heartburn treatment 24			
hour	133		
HEMENATAL OB	110		
HEMENATAL OB + DHA	110		
HEMOFIL M	76		
heparin sodium (porcine)	18		
HETLIOZ	79		
HEXALEN	35		
HOMATROPAIRE	118		
homatropine hbr	118		
HORIZANT	127		
HUMALOG	25		
HUMALOG JUNIOR			
KWIKPEN	25		
HUMALOG KWIKPEN	25		
HUMALOG MIX 50/50	25		
HUMALOG MIX 50/50			
KWIKPEN	25		
HUMALOG MIX 75/25	25		
HUMALOG MIX 75/25			
KWIKPEN	25		
HUMATE-P	76		
HUMATROPE	69		
HUMATROPE COMBO			
PACK	69		
HUMIRA	3		
HUMIRA PEDIATRIC CROHNS			
DISEASE STARTER PACK	3		
HUMIRA PEN	3		
HUMIRA PEN-CD/UC/HS			
STARTER	3		
HUMIRA PEN-PS/UV			
STARTER	3		
HUMULIN 70/30	26		
HUMULIN 70/30 KWIKPEN	26		
HUMULIN N	26		
HUMULIN N KWIKPEN	26		
HUMULIN R	26		
HUMULIN R U-500			
(CONCENTRATED)	26		
HUMULIN R U-500			
KWIKPEN	26		
HY-VEE LANCETS	89		
HY-VEE THIN LANCETS	89		
HYCAMTIN	40		
hydralazine hcl	34		
hydrochlorothiazide	68		
HYDROCODONE			
BITARTRATE/CHLORPHENIR			
AMINE MALEATE/PSE	57		
HYDROCODONE			
BITARTRATE/GUAIFENESIN			
	57		
hydrocodone polistirex-			
chlorpheniramine polistirex	57		
hydrocodone w/			
homatropine	56		
hydrocodone-			
acetaminophen	10		
hydrocodone-ibuprofen	10		
hydrocortisone	55		
hydrocortisone (intrarectal)	11		
hydrocortisone (rectal)	12		
hydrocortisone (topical)	64		
hydrocortisone butyrate	64		
hydrocortisone butyrate			
hydrophilic lipo base	64		
hydrocortisone valerate	64		
hydrocortisone w/acetic			
acid	122		
hydromet	56		
hydromorphone hcl	8		
hydroxychloroquine sulfate	34		
hydroxyurea	39		
HYDROXYZINE HCL	13		
hydroxyzine hcl	13		
HYDROXYZINE			
HYDROCHLORIDE	13		
hydroxyzine pamoate	13		
HYLINATE	65		
hyoscyamine sulfate	132		
HYPERSAL	58		
HYPODERMIC NEEDLE			
30GX1/2"	100		
HYQVIA	123		
ibandronate sodium	69		
IBRANCE	37		
ibu	4		
ibudone	9		
ibuprofen	4		
icatibant acetate	77		
ICLUSIG	37		
IDELVION	76		
IDHIFA	37		
ILEVRO	121		
ilotycin	119		
ILUMYA	61		
imatinib mesylate	37		
IMBRUVICA	38		
imipenem-cilastatin	12		
IMIPENEM/CILASTATIN	12		
imipramine hcl	23		
imipramine pamoate	23		
imiquimod	65		
IMITREX	103		
IMITREX STATDOSE			
REFILL	103		
IMITREX STATDOSE			
SYSTEM	103		
IN TOUCH STERILE			
LANCETS30G	89		
inatal gt	109		
INCRELEX	69		
INCRUSE ELLIPTA	15		
indapamide	68		
INDERAL XL	47		
INDOCIN	4		
INDOMETHACIN	4		
indomethacin	4		
INFANATE BALANCE	110		
INFLECTRA	73		
INGREZZA	126		
INLYTA	38		
INNOPRAN XL	47		
INREBIC	38		
INSULIN LISPRO			
PROTAMINE/INSULIN LISPRO			
KWIKPEN	26		
INSULIN SYRINGES AND PEN			
NEEDLES	100		
INSUPEN 31G X 5MM	100		
INTEGRA F	79		
INTELENCE	44		
INTRON A	39		
INVANZ	12		
INVIRASE	44		

INVOKAMET	24	k-sol	104	KROGER HEALTHPRO TWIST	
INVOKAMET XR	24	K-TAB	105	LANCETS/30G	89
INVOKANA	26	KADIAN	8	KROGER HEALTHPRO TWIST	
iodoquimez-hc	60	kaitlib fe	52	LANCETS/33G	89
iodoquinol-hydrocortisone in aloe		KALETRA	44	KROGER LANCETS	89
vehicle	60	KALYDECO	129	KROGER LANCETS 21G	89
IOPIDINE	119	KCENTRA	76	KROGER LANCETS MICRO	
ipratropium bromide	15	kelnor 1/35	52	THIN33G	89
ipratropium bromide (nasal)	117	KEPPRA	19	KROGER LANCETS SUPER	
ipratropium-albuterol	16	KEPPRA XR	19	THIN	89
IPRIVASK	18	ketoconazole	29	KROGER LANCETS THIN	89
irbesartan	32	ketoconazole (topical)	60	KROGER LANCETS THIN	
irbesartan-hydrochlorothiazide		ketodan	60	26G	89
	33	KETONE	67	KROGER LANCETS	
IRESSA	38	KETOPROFEN	4	ULTRATHIN30G	89
ISENTRESS	44	ketoprofen	4	KROGER PEN NEEDLES/31G	
ISENTRESS HD	44	KETOROLAC		X3/16"	100
isoniazid	34	TROMETHAMINE	5	KUVAN	70
ISOPTO ATROPINE	118	ketorolac tromethamine	5	KYNAMRO	30
isosorbide dinitrate	13	ketorolac tromethamine		labetalol hcl	47
ISOSORBIDE DINITRATE		(ophth)	121	LACRISERT	118
ER	13	KETOSTIX	67	lactic acid (ammonium	
isosorbide mononitrate	13	KEVEYIS	68	lactate)	65
isotretinoin	59	KEVZARA	4	lactulose	80
isoxsuprine hcl	49	KHEDEZLA	23	lactulose (encephalopathy)	73
isradipine	48	KINNEY LANCETS	89	LAMICTAL	19
ISTODAX (OVERFILL)	38	KINNEY THIN LANCETS	89	LAMICTAL CHEWABLE	
itraconazole	28,29	kionex	106	DISPERSIBLE	19
ivermectin	12	KISQALI	38	LAMICTAL ODT	19
IVERMECTIN	66	KISQALI FEMARA 200		LAMICTAL XR	19
ivermectin (rosacea)	66	DOSE	37	lamivudine	44
IXINITY	76	KISQALI FEMARA 400		lamivudine (hbv)	46
JADENU	27	DOSE	37	lamivudine-zidovudine	44
JADENU SPRINKLE	27	KISQALI FEMARA 600		lamotrigine	19
JAKAFI	38	DOSE	37	LANCETS	89
jantoven	17	KLARITY-A	119	LANCETS 26G TWIST TOP	89
JANUMET	24	klofensaid ii	60	LANCETS 28G	89
JANUMET XR	24	klor-con	105	LANCETS 30G	89
JANUVIA	25	klor-con 10	105	LANCETS 30G TWIST TOP	89
JARDIANCE	26	klor-con m10	104	LANCETS 30G/TWIST TOP	89
JIVI	76	KLOR-CON M15	105	LANCETS 31G TWIST TOP	89
JULUCA	44	klor-con sprinkle	105	LANCETS 33G UNIVERSAL	
JUXTAPID	31	KOATE	76	DESIGN	89
JYNARQUE	71	KOATE-DVI	76	LANCETS MICRO THIN	
k-effervescent	104	KOVALTRY	76	33G	89
K-PHOS	104	kp folic acid	78	LANCETS SAFETY SEAL	
K-PHOS NO 2	74	KRINTAFEL	34	21G	89
		KROGER HEALTHPRO TWIST		LANCETS SAFETY SEAL	
		LANCETS/26G	89	26G	89
				LANCETS SAFETY SEAL	
				28G	90
				LANCETS SAFETY SEAL	
				30G	90

LANCETS SUPER THIN 28G	90	levobunolol hcl	118	LITHOBID	41
LANCETS THIN	90	LEVOBUNOLOL HCL	118	LITHOSTAT	75
LANCETS TWIST TOP	90	levocarnitine (metabolic modifiers)	70	LIVALO	31
LANCETS ULTRA FINE	90	levocetirizine dihydrochloride	29	LIVE BETTER LANCET SUPERTHIN 30G	90
LANCETS ULTRA THIN	90	levofloxacin	72	LIVE BETTER LANCET ULTRATHIN 28G	90
LANCETS ULTRA THIN 30G	90	levofloxacin (ophth)	119	LO LOESTRIN FE	53
LANCETSBULLSEYE SAFETY	90	levonorgestrel & eth estradiol	53	LOESTRIN 1.5/30-21	53
LANOXIN	49	levonorgestrel (emergency oc)	55	LOESTRIN 1/20-21	54
lansoprazole	133	levonorgestrel-eth estradiol (triphasic)	53	LOESTRIN FE 1.5/30	54
lanthanum carbonate	74	levonorgestrel-ethinyl estradiol (91-day)	53	LOESTRIN FE 1/20	54
LANTUS	26	levonorgestrel-ethinyl estradiol (continuous)	53	LOKELMA	106
LANTUS SOLOSTAR	26	levorphanol tartrate	8	LOMAIRA	1
LASTACAPT	121	LEVORPHANOL TARTRATE	8	LONGS LANCETS STANDARD	90
latanoprost	122	levothyroxine sodium	131	LONGS LANCETS THIN	90
LATANOPROST	122	LEXIVA	44	LONGS LANCETS ULTRA THIN	90
LATUDA	42	LIBERTY MEDICAL LANCETS 30G	90	LONSURF	37
LAZANDA	8	lidocaine	66	loperamide hcl	27
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	100	lidocaine hcl	66	lopinavir-ritonavir	44
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	100	LIDOCAINE HCL	106	lorazepam	14
LEDIPASVIR/SOFOSBUVIR	46	lidocaine hcl (mouth-throat)	106	lorazepam intensol	14
leflunomide	5	lidocaine-prilocaine	66	LORBRENA	38
LENVIMA 10 MG DAILY DOSE	38	LIFESCAN UNISTIK 2 DEEP PENETRATION	90	lorcet	9
LENVIMA 14 MG DAILY DOSE	38	LIFESCAN UNISTIK II LANCETS	90	LORTAB	10
LENVIMA 18 MG DAILY DOSE	38	linezolid	13	lorzone	116
LENVIMA 20 MG DAILY DOSE	38	LINZESS	73	losartan potassium	32
LENVIMA 24 MG DAILY DOSE	38	LIORESAL INTRATHECAL	116	losartan potassium & hydrochlorothiazide	33
LENVIMA 8 MG DAILY DOSE	38	liothyronine sodium	131	LOSEASONIQUE	54
LETAIRIS	50	LIPOFEN	31	LOTEMAX	120
letrozole	36	lisinopril	31	loteprednol etabonate	120
leucovorin calcium	40	lisinopril & hydrochlorothiazide	33	lovastatin	31
LEUKERAN	35	LITE TOUCH LANCETS	90	loxapine succinate	42
LEUKINE	78	LITETOUCH LANCETS MICRO THIN 33G	90	LUCEMYRA	125
leuprolide acetate	36	LITETOUCH PEN NEEDLES/31G X 3/16"	100	LUMIGAN	122
levabuterol hcl	16	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	100	LYNPARZA	38
levabuterol tartrate	16	LITHIUM	41	LYRICA	20
LEVEMIR	26	lithium carbonate	41	LYSODREN	36
LEVEMIR FLEXTOUCH	26			M-NATAL PLUS	110
levetiracetam	19			M-VIT	110
levo-t	130			mafenide acetate	62

maprotiline hcl.....	22	MEDROX-RX.....	66	methenamine mandelate...	134
MARATHON MEDICAL		medroxyprogesterone		methergine.....	123
PENTIPS31GX5MM.....	100	acetate.....	124	methimazole.....	130
MARNATAL-F.....	110	mefenamic acid.....	5	METHITEST.....	11
MARPLAN.....	22	MEFLOQUINE HCL.....	34	methocarbamol.....	116
MATULANE.....	39	megestrol acetate.....	36	METHOTREXATE.....	3
matzim la.....	48	megestrol acetate		methotrexate sodium.....	35
MAVENCLAD.....	126	(appetite).....	125	METHOTREXATE SODIUM.....	35
MAVYRET.....	46	MEIJER COLOR LANCETS		methotrexate sodium.....	35
MAXIDEX.....	120	UNIVERSAL 33G.....	91	methoxsalen rapid.....	61
MAYZENT.....	126	MEIJER LANCETS.....	91	methscopolamine bromide.....	132
MAYZENT STARTER		MEIJER LANCETS THIN.....	91	methyclothiazide.....	68
PACK.....	126	MEIJER LANCETS		methyldopa.....	32
mccarnitine.....	70	UNIVERSAL21G.....	91	methyldopa &	
meclofenamate sodium.....	5	MEIJER LANCETS		hydrochlorothiazide.....	33
MEDICHOICE PRE-SET		UNIVERSAL30G.....	91	methylergonovine maleate.....	123
SAFETY LANCET DUAL		MEIJER LANCETS		methylphenidate hcl.....	2
USE.....	90	UNIVERSAL33G.....	91	methylprednisolone.....	55
MEDICHOICE PRE-SET		MEIJER SUPER THIN		METHYLTESTOSTERONE.....	11
SAFETY LANCET LOW		LANCETS.....	91	METIPRANOLOL.....	118
FLOW.....	90	MEKINIST.....	38	metoclopramide hcl.....	72
MEDICHOICE PRE-SET		MEKTOVI.....	38	METOCLOPRAMIDE ODT.....	73
SAFETY LANCET MEDIUM		melodetta 24 fe.....	52	metolazone.....	68
FLOW.....	90	meloxicam.....	5	METOPIRONE.....	67
MEDICHOICE PRE-SET		melphalan.....	35	metoprolol &	
SAFETY LANCET MODERATE		melphalan hcl.....	35	hydrochlorothiazide.....	33
FLOW.....	90	memantine hcl.....	125	metoprolol succinate.....	47
MEDICHOICE SAFETY		MENEST.....	72	metoprolol tartrate.....	47
LANCETEXTRA.....	90	MENOSTAR.....	72	METOPROLOL/HYDROCHLOR	
MEDICHOICE SAFETY		meperidine hcl.....	8	OTHIAZIDE.....	33
LANCETNORMAL.....	90	MEPERIDINE HCL.....	8	metronidazole.....	12
MEDISENSE THIN		meprobamate.....	13	metronidazole (topical).....	66
LANCETS.....	90	mercaptapurine.....	35	metronidazole vaginal.....	135
MEDLANCE PLUS EXTRA		meropenem.....	12	mexiletine hcl.....	14
LANCETS 21G.....	90	MERREM.....	12	MIACALCIN.....	69
MEDLANCE PLUS		mesalamine.....	73	miconazole 3.....	135
LANCETS.....	90	MESNEX.....	40	MICROLET LANCETS.....	91
MEDLANCE PLUS LANCETS		MESTINON.....	34	MICROTAINER SAFETY FLOW	
LITE 25G.....	90	metadate er.....	2	LANCET/STERILE/SINGLE-USE	
MEDLANCE PLUS LITE		metaproterenol sulfate.....	17	.....	91
LANCETS 25G.....	91	metaxall.....	116	midazolam hcl.....	79
MEDLANCE PLUS SPECIAL		metaxalone.....	116	midodrine hcl.....	136
LANCETS 0.8MM.....	91	metformin hcl.....	24	MIGERGOT.....	103
MEDLANCE PLUS SUPERLITE		methadone hcl.....	8	miglitol.....	23
30G.....	91	methadone hcl intensol.....	8	miglustat.....	78
MEDLANCE PLUS SUPERLITE		methadose.....	8	MILLIPRED.....	55
30G/COMFORT MAX.....	91	methamphetamine hcl.....	1	MILLIPRED DP.....	55
MEDLANCE PLUS UNIVERSAL		methazolamide.....	68	MINASTRIN 24 FE.....	54
LANCETS 21G.....	91	methenamine hippurate.....	134		
MEDLANCE PLUS/LITE					
25G.....	91				
MEDLANCE/EXTRA.....	91				
MEDLANCE/LITE.....	91				
MEDLANCE/UNIVERSAL.....	91				
MEDROL.....	55				

minitran.....	13	MPD SAFETY LANCET		naratriptan hcl.....	103
MINOCIN.....	130	30G/1.8MM.....	91	NARCAN.....	27
minocycline hcl.....	130	MPD SAFETY LANCETS		NATACHEW.....	111
MINOCYCLINE		23G/1.8MM.....	91	NATACYN.....	119
HYDROCHLORIDEER.....	130	MUCOTROL.....	107	NATAZIA.....	54
minoxidil.....	34	MULPLETA.....	78	nateglinide.....	26
MIRCETTE.....	54	MULTAQ.....	14	NATELLE ONE.....	111
mirtazapine.....	22	multi-vit/fluoride.....	107	NATPARA.....	69
MIRVASO.....	66	multi-vit/iron/fluoride.....	109	NATURE-THROID.....	131
misoprostol.....	134	MULTIVITAMIN WITH		NATURE-THROID NT-2.5.....	131
MITIGARE.....	75	FLUORIDE.....	107	NAYZILAM.....	18
mitoxantrone hcl.....	36	multivitamin with fluoride.....	107	nebusal.....	58
MM PEN NEEDLES 31G X		multivitamin/fluoride.....	108	NEBUSAL.....	58
3/16".....	100	MULTIVITAMIN/FLUORIDE		NEEVO DHA.....	111
MM TWIST LANCETS.....	91	.....	108	nefazodone hcl.....	22
modafinil.....	2	multivitamins/fluoride.....	108	NEFAZODONE	
moderiba.....	46	mupirocin.....	60	HYDROCHLORIDE.....	23
MODERIBA 1200 DOSE		MYALEPT.....	70	neo-polycin.....	119
PACK.....	46	mycophenolate mofetil.....	106	neo-polycin hc.....	120
moexipril hcl.....	31	mycophenolate sodium.....	106	neomycin sulfate.....	3
moexipril-hydrochlorothiazide		MYGLUCOHEALTH MGH		neomycin-bacitracin zn-	
.....	33	SOFTLANCE LANCETS		polymyxin.....	119
MOLINDONE		30G.....	91	neomycin-polymy-	
HYDROCHLORIDE.....	43	MYLERAN.....	35	dexameth.....	120
mometasone furoate.....	64	MYNATAL ADVANCE.....	110	neomycin-polymyxin-hc	
mometasone furoate		MYNATAL		(ophth).....	120
(nasal).....	118	ULTRACAPLET.....	110	neomycin-polymyxin-hc	
mondoxyne nl.....	130	MYRBETRIQ.....	134	(otic).....	122
MONOCLATE-P.....	76	MYSOLINE.....	20	NEOMYCIN/POLYMYXIN/GRAM	
MONOLET LANCETS.....	91	MYTESI.....	27	ICIDIN.....	119
MONOLET OPD LANCETS.....	91	nabumetone.....	5	NEONATAL COMPLETE.....	111
MONOLETTOR SAFETY		nadolol.....	47	NEONATAL PLUS.....	111
LANCETS.....	91	NADOLOL/BENDROFLUMETH		NEOTUSS PLUS.....	57
MONONINE.....	76	IAZIDE.....	33	NERLYNX.....	38
montelukast sodium.....	15	NAFCILLIN.....	124	NESTABS.....	111
MONUROL.....	134	nafcillin sodium.....	124	NESTABS ABC.....	111
morgidox 1x100mg.....	130	NAFCILLIN SODIUM.....	124	NESTABS DHA.....	111
morphine sulfate.....	8,9	NAFTIFINE HCL.....	61	NESTABS ONE.....	111
MORPHINE SULFATE.....	9	naftifine hcl.....	61	neuac.....	58
morphine sulfate.....	9	NAFTIN.....	61	NEUPRO.....	41
MORPHINE SULFATE ER.....	8	nalocet.....	9	NEURONTIN.....	20
MOVANTIK.....	73	naloxone hcl.....	27	NEVANAC.....	121
MOVIPREP.....	80	NALOXONE		nevirapine.....	44
MOXATAG.....	123	HYDROCHLORIDE.....	27	NEVIRAPINE ER.....	44
moxifloxacin hcl.....	72	naltrexone hcl.....	27	NEXA PLUS.....	111
moxifloxacin hcl (ophth).....	119	NAMENDA XR TITRATION		NEXAVAR.....	38
MPD SAFETY LANCET		PACK.....	125	NEXIUM.....	133
21G/1.8MM.....	91	NAMZARIC.....	125	niacin (antihyperlipidemic).....	31
MPD SAFETY LANCET		naproxen.....	5	NIACOR.....	31
28G/1.8MM.....	91	naproxen sodium.....	5		

nicardipine hcl.....	48	NORITATE.....	66	OFLOXACIN.....	72
NICODERM CQ.....	129	NORPACE CR.....	14	ofloxacin.....	72
NICORETTE.....	129	NORTHERA.....	136	ofloxacin (ophth).....	119
NICORETTE MINI.....	129	nortriptyline hcl.....	23	ofloxacin (otic).....	122
NICORETTE STARTER KIT.....	129	NORVIR.....	44,45	olanzapine.....	42
nicotine.....	129	NOVA SAFETY LANCETS 23G.....	91	olanzapine-fluoxetine hcl...	125
nicotine polacrilex.....	129	NOVA SAFETY LANCETS 28G.....	91	olmesartan medoxomil.....	32
NICOTINE TRANSDERMAL SYSTEM.....	129	NOVA SUREFLEX LANCETS.....	91	olmesartan medoxomil- amlodipine-hydrochlorothiazide	33
NICOTROL INHALER.....	129	NOVOEIGHT.....	76	olmesartan medoxomil- hydrochlorothiazide.....	33
NICOTROL NS.....	129	NOVOPEN ECHO.....	100	olopatadine hcl.....	122
nifedipine.....	48	NOVOSEVEN RT.....	76	olopatadine hcl (nasal).....	117
nilutamide.....	36	NOXAFIL.....	29	OLYSIO.....	46
nimodipine.....	48	np thyroid 15.....	130	OMECLAMOX-PAK.....	134
NINLARO.....	38	NUBEQA.....	36	omega-3-acid ethyl esters...	30
nisoldipine.....	48	NUCORT.....	64	omeprazole.....	133
NISOLDIPINE ER.....	48	NUCYNTA.....	9	OMEPRAZOLE + SYRSPEND SFALKA.....	133
nitisinone.....	70	NUCYNTA ER.....	9	OMNIFLEX DIAPHRAGM...	83
NITRO-BID.....	13	NUEDEXTA.....	127	ON CALL LANCETS.....	92
NITRO-DUR.....	13	NULYTELY/FLAVOR PACKS.....	80	ON CALL PLUS LANCETS...	92
nitrofurantoin.....	134	NUMBONEX.....	66	ondansetron.....	28
nitrofurantoin macrocrystal...	134	NUPLAZID.....	42	ondansetron hcl.....	28
nitrofurantoin monohyd macro.....	134	NUVARING.....	55	ONETOUCH CLUB LANCETS FINE POINT.....	92
nitroglycerin.....	13	NUWIQ.....	77	ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	92
NITROMIST.....	13	nyamyc.....	60	ONETOUCH DELICA LANCETS FINE 30G.....	92
NITYR.....	70	NYMALIZE.....	48	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G.....	92
NIVA-PLUS.....	111	nystatin.....	28	ONETOUCH DELICA PLUS LANCETS FINE 30G.....	92
NIVESTYM.....	78	nystatin (mouth-throat)...	106	ONETOUCH FINEPOINT LANCETS.....	92
NIZATIDINE.....	133	nystatin (topical).....	61	ONETOUCH ULTRA.....	67
nizatidine.....	133	nystatin-triamcinolone...	61	ONETOUCH ULTRA 2.....	92
NIZATIDINE.....	133	O-CAL FA.....	111	ONETOUCH ULTRASOFT LANCETS.....	92
NOCTIVA.....	70	OB COMPLETE ONE.....	111	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM...	92
nolix.....	62	OB COMPLETE PETITE...	111	ONETOUCH VERIO TEST STRIPS.....	67
NORDITROPIN FLEXPRO...	69	OB COMPLETE PREMIER.....	111	ONMEL.....	29
norethin acet & estrad-fe...	54	OB COMPLETE/DHA...	111	opium tincture.....	27
norethindrone & ethinyl estradiol- fe.....	54	OBIZUR.....	77	OPSUMIT.....	50
norethindrone (contraceptive).....	55	OBREDON.....	57	OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE.....	135
norethindrone acet & eth estra.....	54	OBSTETRIX ONE.....	111		
norethindrone acetate.....	125	OCALIVA.....	72		
norethindrone acetate-ethinyl estradiol.....	71	OCTAGAM.....	123		
norgestimate-ethinyl estradiol.....	54	OCTREOTIDE ACETATE...	71		
norgestimate-ethinyl estradiol (triphasic).....	54	octreotide acetate.....	71		
		ODOMZO.....	35		
		OFEV.....	129		

OPTIONS GYNOL II	OXYMORPHONE	penicillin v potassium	124
VAGINALCONTRACEPTIVE	HYDROCHLORIDE ER	PENNSAID	60
..... 135	OXYMORPHONE	pentamidine isethionate	12
ORACEA	HYDROCHLORIDEER	PENTASA	73
..... 66	OZEMPIC	pentazocine w/ naloxone	11
ORACIT	pacerone	PENTIPS 31G X 5MM	101
..... 74	paliperidone	PENTIPS 31GX5MM	101
ORAL SALINE LAXATIVE	PALYNZIQ	pentoxifylline	77
..... 81	PANCREAZE	PERFECT LANCETS 30G	92
oralone dental paste	PANRETIN	PERFECT PRESSURE	
..... 107	pantoprazole sodium	ACTIVATED SAFETY LANCETS	
ORAVIG	PAREGORIC	28G	92
..... 107	PAREMYD	perindopril erbumine	31
ORENCIA	paricalcitol	permethrin	67
..... 5	paroex	perphenazine	43
ORENCIA CLICKJECT	paramomycin sulfate	perphenazine-amitriptyline	125
..... 5	PAROMOMYCIN SULFATE 3	PERSERIS	42
ORENITRAM	paroxetine hcl	PERTZYE	67
..... 49	PASER	PFIZERPEN	124
ORFADIN	PAXIL	PHARMACIST CHOICE ULTRA	
..... 70	PC LANCETS SUPER THIN	THIN LANCETS	92
ORKAMBI	30G	PHARMACIST CHOICE ULTRA	
..... 129	PC UNIFINE PENTIPS 31G	THIN LANCETS 28G	92
orphenadrine citrate	X5MM MINI	PHARMACIST CHOICE ULTRA	
..... 116	PCE	THIN LANCETS 30G	92
orphenadrine w/ aspirin &	pediatric vitamins acd w/	PHARMACIST CHOICE ULTRA	
caff	fluoride	THIN LANCETS 31G	92
..... 117	peg 3350-kcl-sod bicarb-sod	PHARMACIST CHOICE ULTRA	
ORTHO MICRONOR	chloride-sod sulfate	THIN LANCETS 33G	92
..... 55	peg 3350-potassium chloride-	PHARMACY COUNTER	
ORTHO TRI-CYCLEN	sod bicarbonate-sod	LANCETS	92
..... 54	chloride	phenadoz	29
ORTHO TRI-CYCLEN LO	PEGANONE	phenelzine sulfate	22
..... 54	PEGASYS	PHENERGAN	29
ORTHO-CYCLEN	PEGASYS PROCLICK	phenobarbital	79
..... 54	PEGINTRON	phenoxybenzamine hcl	32
ORTHO-NOVUM 1/35	PEN NEEDLES 31G X	phentermine hcl	1
..... 54	3/16"	PHENTERMINE	
ORTHO-NOVUM 7/7/7	PEN NEEDLES 31G X	HYDROCHLORIDE	1
..... 54	5MM	phenylephrine hcl	
oscimin	PEN NEEDLES/31G X	(mydriatic)	118
..... 131	3/16"	phenytoin	21
oscimin sr	penicillamine	phenytoin infatabs	21
..... 131	penicillin g potassium	phenytoin sodium extended	21
oseltamivir phosphate	PENICILLIN G POTASSIUM IN	PHOSLYRA	74
..... 47	ISO-OSMOTIC	PHOSPHOLINE IODIDE	119
OSMOPREP	DEXTROSE	phytonadione	136
..... 81	PENICILLIN G	PICATO	61
OSPHENA	PROCAINE	PIFELTRO	45
..... 69	PENICILLIN G SODIUM	pilocarpine hcl	119
OTEZLA	PENICILLIN V		
..... 5	POTASSIUM		
OTOVEL			
..... 122			
OTREXUP			
..... 3,4			
oxacillin sodium			
..... 124			
oxandrolone			
..... 11			
oxaprozin			
..... 5			
OXAYDO			
..... 9			
oxazepam			
..... 14			
oxcarbazepine			
..... 20			
OXERVATE			
..... 120			
oxiconazole nitrate			
..... 61			
OXISTAT			
..... 61			
OXTELLAR XR			
..... 20			
oxybutynin chloride			
..... 134			
oxycodone hcl			
..... 9			
oxycodone w/			
acetaminophen			
..... 10			
OXYCODONE/ACETAMINOPHE			
N			
..... 10			
OXYCODONE/IBUPROFEN			
..... 10			
oxymorphone hcl			
..... 9			

pilocarpine hcl (oral).....	107	POTABA.....	136	PREDNISOLONE SODIUM	
pimecrolimus.....	65	potassium bicarbonate...	105	PHOSPHATE/MOXIFLOXACIN	121
PIMOZIDE.....	127	potassium chloride.....	105	.....	121
pindolol.....	47	POTASSIUM CHLORIDE	105	prednisone.....	56
pioglitazone hcl.....	25	potassium chloride.....	105	PREDNISONE INTENSOL..	56
pioglitazone hcl-glimepiride..	24	POTASSIUM CHLORIDE		PREFERA OB.....	112
pioglitazone hcl-metformin		ER.....	105	PREFERAOB +DHA.....	112
hcl.....	24	potassium chloride in dextrose		PREFERRED PLUS LANCETS	
PIP LANCETS/28G.....	92	& sodium chloride.....	104	COLORED 21G.....	92
PIP LANCETS/30G.....	92	potassium chloride		PREFERRED PLUS LANCETS	
piperacillin sodium-tazobactam		microencapsulated crystals		SUPER THIN 30G.....	92
sodium.....	124	er.....	105	PREFERRED PLUS LANCETS	
PIQRAY 200MG DAILY		POTASSIUM		THIN 26G.....	92
DOSE.....	38	CHLORIDE/DEXTROSE/SODI		PREFERRED PLUS UNIFINE	
PIQRAY 250MG DAILY		UM CHLORIDE.....	104	PENTIPS/MINI/31GX5MM	101
DOSE.....	38	potassium citrate		PREFEST.....	71
PIQRAY 300MG DAILY		(alkalinizer).....	74	pregabalin.....	20
DOSE.....	38	potassium citrate-citric acid	74	PREMARIN.....	72,135
piroxicam.....	5	POVIDONE IODINE.....	119	PREMIUM SCAR PATCH...	66
PLAN B ONE-STEP.....	55	PR NATAL 400 EC.....	112	PREMPHASE.....	71
PLEGRIDY.....	126	PR NATAL 430.....	112	PREMPRO.....	71
PLEGRIDY STARTER		PR NATAL 430 EC.....	112	PRENA 1 TRUE.....	112
PACK.....	126	PRADAXA.....	18	PRENA1 CHEW.....	112
PLENVU.....	80	PRALUENT.....	31	PRENA1 PEARL.....	112
PNV FOLIC ACID + IRON		pramipexole		PRENAISSANCE.....	112
MULTIVITAMIN.....	111	dihydrochloride.....	41	PRENAISSANCE	
PNV OB+DHA.....	111	PRAMOSONE.....	64	BALANCE.....	112
PNV PRENATAL PLUS		PRAMOSONE E.....	64	PRENAISSANCE HARMONY	
MULTIVITAMIN.....	111	PRAMOTIC.....	122	DHA.....	112
PNV TABS 29-1.....	111	prasugrel hcl.....	77	PRENAISSANCE NEXT...	112
pnv-dha.....	109	pravastatin sodium.....	31	PRENAISSANCE NEXT-B.	112
PNV-DHA+DOCUSATE...	111	praziquantel.....	12	PRENAISSANCE PLUS...	112
PNV-OMEGA.....	112	prazosin hcl.....	32	PRENATA.....	112
PNV-SELECT.....	112	PRECISION THINS GP		PRENATABS RX.....	112
PNV-TOTAL.....	112	LANCET.....	92	PRENATAL.....	113
PODOCON 25 IN BENZOIN		PRECISION XTRA BLOOD		PRENATAL + DHA.....	112
TINCTURE.....	65	GLUCOSE TEST STRIPS.	67	prenatal 19.....	109
podofilox.....	65	PRED-G.....	120	PRENATAL 19.....	113
POLY HUB NEEDLE/30G X		PRED-G S.O.P.....	120	PRENATAL PLUS.....	113
1/2".....	101	PREDNICARBATE.....	65	PRENATAL PLUS IRON...	113
poly-vi-flor.....	108	prednisolone.....	56	PRENATAL VITAMINS PLUS	
POLY-VI-FLOR.....	108	prednisolone acetate		LOW IRON.....	113
POLY-VI-FLOR/IRON.....	109	(ophth).....	121	PRENATAL-U.....	113
polyethylene glycol 3350...	80	prednisolone acetate p-f.	120	PRENATE.....	113
polymyxin b-trimethoprim...	119	PREDNISOLONE SODIUM		PRENATE DHA.....	113
POMALYST.....	36	PHOSPHATE.....	55	PRENATE ELITE.....	113
posaconazole.....	29	prednisolone sodium		PRENATE ENHANCE.....	113
pot & sod citrates w/citric ac.	74	phosphate.....	56	PRENATE ESSENTIAL...	113
pot phosphate monobasic w/ sod		PREDNISOLONE SODIUM		PRENATE MINI.....	113
phosphate dibasic &		PHOSPHATE.....	121	PRENATE PIXIE.....	113
monobasic.....	104				

PRENATE RESTORE.....	113	PROMACTA.....	78	pyrazinamide.....	35
PREPIDIL.....	123	promethazine & phenylephrine.....	57	pyridostigmine bromide.....	34
PREPLUS.....	113	promethazine hcl.....	29,30	pyrimethamine.....	34
PREPOPIK.....	80	promethazine vc plain.....	56	QBRELIS.....	31
PRESSURE ACTIVATED SAFETYLANCET 21G.....	92	promethazine vc/codeine..	56	QC LANCETS SUPER THIN	93
prevalite.....	30	promethazine w/codeine...57		QC LANCETS ULTRA THIN	93
PREZCOBIX.....	45	promethazine-dm.....	57	QC UNILET LANCETS 28G/ULTRA THIN.....	93
PREZISTA.....	45	promethazine-phenylephrine- codeine.....	57	QC UNILET LANCETS 33G/MICRO THIN.....	93
PRIFTIN.....	35	PROMETHAZINE/DEXTROME THORPHAN.....	57	QSYMIA.....	1
PRILOSEC.....	133	PROMETHAZINE/PHENYLEP HRINE.....	57	QUARTETTE.....	54
primaquine phosphate.....	34	PROMETHAZINE/PHENYLEP HRINE/CODEINE.....	57	quazepam.....	79
PRIMAXIN IV.....	12	promethegan.....	29	QUDEXY XR.....	20
primidone.....	20	PROMETHEGAN.....	30	quetiapine fumarate.....	42
PRIMLEV.....	10	propafenone hcl.....	14	QUFLORA FE PEDIATRIC	109
PRIMSOL.....	12	propantheline bromide.....	132	QUFLORA GUMMIES.....	108
PRIVIGEN.....	123	proparacaine hcl.....	120	QUFLORA PEDIATRIC.....	108
PRO COMFORT LANCETS 30G.....	92	propranolol & hydrochlorothiazide.....	33	QUILLIVANT XR.....	2
PRO COMFORT LANCETS 31G.....	92	propranolol hcl.....	47,48	quinapril hcl.....	31
PRO-RED AC.....	57	propylthiouracil.....	130	quinapril-hydrochlorothiazide	33
PROAIR RESPICLICK.....	17	PROSTIN E2.....	123	quinidine gluconate.....	14
probenecid.....	75	PROTONIX.....	133	QUINIDINE SULFATE.....	14
PROBUPHINE IMPLANT KIT.....	11	protriptyline hcl.....	23	quinine sulfate.....	34
procentra.....	1	PROVIDA DHA.....	113	QVAR REDIHALER.....	16
prochlorperazine.....	43	pseudoephed-bromphen- dm.....	57	R-NATAL OB.....	113
prochlorperazine maleate...43		psorcon.....	62	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	93
procto-med hc.....	12	PSS SELECT GP LANCETS.....	93	RA E-ZJECT LANCETS 28G	93
PROCTOFOAM HC.....	12	PSS SELECT SAFETY LANCETS.....	93	RA E-ZJECT LANCETS THIN 26G.....	93
PROCYSBI.....	74	PULMICORT FLEXHALER	16	RA E-ZJECT LANCETS THIN 28G.....	93
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	93	pulmosal.....	58	RA E-ZJECT LANCETS ULTRATHIN 30G.....	93
PRODIGY SAFETY LANCETS.....	93	PULMOZYME.....	129	ra laxative.....	80,82
PRODIGY TWIST TOP LANCETS.....	93	PURIXAN.....	35	RA PEN NEEDLES 31G X 5MM3/16".....	101
profeno.....	4	PUSH BUTTON SAFETY LANCETS 21G.....	93	rabeprazole sodium.....	134
PROFILNINE.....	77	PUSH BUTTON SAFETY LANCETS 28G.....	93	RABEPRAZOLE SODIUM DR SPRINKLE.....	134
PROFILNINE SD.....	77	px acid reducer maximum strength.....	132	rajani.....	52
progesterone.....	125	PX LANCETS ULTRA THIN.....	93	raloxifene hcl.....	69
PROGESTERONE CONCENTRATE.....	51	PX LANCETS ULTRA THIN 28G.....	93	ramelteon.....	79
progesterone micronized...125		PX MINI PEN NEEDLES 31GX5MM.....	101	ramipril.....	31
PROGRAF.....	106	PYLERA.....	134	ranitidine hcl.....	133
PROLATE.....	10			ranolazine.....	13
PROLENSA.....	122			rasagiline mesylate.....	41
PROLIA.....	69			RASUVO.....	4

RAVICTI.....	70	REPATHA PUSHTRONEX SYSTEM.....	31	RUZURGI.....	34
READYLANCE SAFETY LANCETS/21G/2.2MM.....	93	REPATHA SURECLICK.....	31	RYCLORA.....	29
READYLANCE SAFETY LANCETS/23G/1.8MM.....	93	RESCRIPTOR.....	45	RYDAPT.....	38
READYLANCE SAFETY LANCETS/26G/1.8MM.....	93	RESTASIS.....	120	RYTARY.....	41
READYLANCE SAFETY LANCETS/28G/1.8MM.....	93	RESTASIS MULTIDOSE.....	120	RYVENT.....	29
READYLANCE SAFETY LANCETS/30G/1.6MM.....	93	RETACRIT.....	78	SABRIL.....	21
REALITY LANCETS.....	93	REVATIO.....	50	SAFE-T-LANCE LOW FLOW 25G.....	94
REALITY TRIGGER LANCETS.....	93	REVLIMID.....	105	SAFE-T-LANCE NORMAL FLOW21G.....	94
REBETOL.....	46	REXALL LANCETS ULTRA THIN.....	94	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	94
REBIF.....	126	REXULTI.....	43	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	94
REBIF REBIDOSE.....	126	REYATAZ.....	45	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	94
REBIF REBIDOSE TITRATIONPACK.....	126	RHOFADE.....	66	SAFETY LANCET 21G/PRESSURE ACTIVATED.....	94
REBIF TITRATION PACK.....	126	RIAX.....	59	SAFETY LANCET 23G/PRESSURE ACTIVATED.....	94
RECOMBINATE.....	77	ribasphere.....	46	SAFETY LANCET 28G/PRESSURE ACTIVATED.....	94
RECTIV.....	12	RIBASPHERE RIBAPAK.....	46	SAFETY LANCET 30G/PRESSURE ACTIVATED.....	94
REGANEX.....	67	ribavirin.....	47	SAFETY LANCETS.....	94
relagard.....	134	ribavirin (hepatitis c).....	46	SAFETY LANCETS 21G.....	94
RELENZA DISKHALER.....	47	RIDAURA.....	4	SAFETY LANCETS 28G.....	94
RELION INSULIN SYRINGE 0.5ML/31G X 15/64".....	101	rifabutin.....	35	SAFETY LET LANCETS.....	94
RELION INSULIN SYRINGE 1ML/31GX15/64".....	101	RIFAMATE.....	34	SAFETY SEAL LANCETS 28G.....	94
RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64".....	101	rifampin.....	35	SAFETY SEAL LANCETS 30G.....	94
RELION KETONE.....	67	RIFATER.....	34	SAFYRAL.....	54
RELION LANCETS MICRO- THIN33G.....	93	RIGHTEST GL300 LANCETS.....	94	salicylic acid.....	66
RELION LANCETS STANDARD 21G.....	93	riluzole.....	118	SALICYLIC ACID.....	66
RELION LANCETS THIN 26G.....	93	RIMANTADINE HYDROCHLORIDE.....	47	salicylic acid in ammonium lactate vehicle.....	66
RELION LANCETS ULTRA- THIN30G.....	93	RINVOQ.....	3	salimez.....	65
RELION ULTRA THIN LANCETS/30G.....	93	risedronate sodium.....	69	salitech forte.....	65
RELION ULTRA THIN LANCETS30G.....	94	risperidone.....	42	salsalate.....	7
RELION ULTRA THIN PLUS LANCETS 32G.....	94	risperidone m-tab.....	42	SANCUSO.....	28
RELION ULTRA THIN PLUS LANCETS 33G.....	94	RISPERIDONE ODT.....	42	SANDIMMUNE.....	106
RELISTOR.....	73	ritonavir.....	45	SANDOSTATIN.....	71
RELNATE DHA.....	113	rivastigmine.....	125	SANTYL.....	65
REMICADE.....	73	rivastigmine tartrate.....	125	SAPHRIS.....	42
repaglinide.....	26	RIXUBIS.....	77		
REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	24	rizatriptan benzoate.....	103		
REPATHA.....	31	ROMIDEPSIN.....	38		
		ropinirole hydrochloride.....	41		
		rosadan.....	66		
		rosuvastatin calcium.....	31		
		roweepra.....	18		
		roweepra xr.....	18		
		ROXICET.....	10		
		ROZLYTREK.....	38		
		RUBRACA.....	38		

SAPS HEALTH CARE TWIST TOP LANCETS	94	sildenafil citrate	49	SOLUS V2 TWIST LANCETS 30G	95
SAPS HEALTH TWIST TOP LANCETS 30G	94	sildenafil citrate (pulmonary hypertension)	50	SOMAVERT	69
SAPSCARE TWIST TOP LANCETS 30G	94	silodosin	75	SOOLANTRA	67
SAVAYSA	17	silver sulfadiazine	62	SORILUX	62
SAVELLA	125	SIMBRINZA	119	sorine	47
SAVELLA TITRATION PACK	125	simvastatin	31	sotalol hcl	48
SAXENDA	2	SINGLE-LET	95	sotalol hcl (afib/af)	48
SB LANCETS THIN	94	sirolimus	106	SOTYLIZE	48
SB LANCETS ULTRA THIN	94	SIVEXTRO	13	SOVALDI	46
scopolamine	28	SKLICE	67	SPIRIVA HANDIHALER	15
SE-NATAL 19	114	SKYRIZI	61	SPIRIVA RESPIMAT	15
SEASONIQUE	54	SLYND	55	spironolactone	68
seb-prev wash	62	SM MICRO THIN LANCETS 33G	95	spironolactone & hydrochlorothiazide	68
SECUADO	42	SMART SENSE COLOR LANCETS UNIVERSAL 33G	95	SPRIX	5
SEEBRI NEOHALER	15	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	95	SPRYCEL	38
SEGLUROMET	24	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	95	ssd	62
SELECT-OB	114	SMART SENSE THIN LANCETS UNIVERSAL 26G	95	SSS 10-5	59
SELECT-OB+DHA	114	SMARTEST LANCETS 28G	95	ST JOSEPH ADULT	7
selegiline hcl	41	sodium chloride	105	ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE	7
SELEGILINE HCL	41	sodium chloride (inhalant)	58	stavudine	45
selenium sulfide	62	sodium citrate & citric acid	74	STEGLATRO	26
SELZENTRY	45	sodium fluoride	104	STELARA	62,73
SEREVENT DISKUS	17	SODIUM HYALURONATE	65	STERILANCE TL	95
SEROSTIM	69	sodium phenylbutyrate	70	STIMATE	70
sertraline hcl	22	sodium polystyrene sulfonate	106	STIOLTO RESPIMAT	17
sevelamer carbonate	74	sodium sulfacetamide wash	62	STIVARGA	38
sevelamer hcl	74	SODIUM SULFACETAMIDE WASH	62	STRENSIQ	70
SEVELAMER HYDROCHLORIDE	74	SODIUM SULFACETAMIDE/SULFUR	59	STREPTOMYCIN SULFATE	3
SFROWASA	73	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA	59	STRIANT	11
SHOPKO ON-THE-GO COMFORTLANCETS 30G	94	SOFOSBUVIR/VELPATASVIR	46	STRIBILD	45
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	101	solifenacin succinate	134	STRIVERDI RESPIMAT	17
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM	101	SOLTAMOX	36	SUBLOCADE	11
SHOPKO UNILET LANCETS SUPER THIN 30G	94	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	95	SUBSYS	9
SHOPKO UNILET LANCETS ULTRA THIN 28G	94			subvenite	18
SHUR-SEAL	135			subvenite starter kit/blue	18
SIDE BUTTON SAFETY LANCET21G	95			SUCRAID	67
SIGNIFOR	71			sucrafate	133
SIKLOS	78			SULCONAZOLE NITRATE	61
				sulfacetamide sod-prednisolone	121
				sulfacetamide sodium	62
				sulfacetamide sodium (acne)	59
				sulfacetamide sodium (ophth)	119

sulfacetamide sodium w/ sulfur.....	59	SYMLINPEN 60.....	23	TEGSEDI.....	129
SULFACETAMIDE		SYMTUZA.....	45	TEKTURN HCT.....	33
SODIUM/PREDNISOLONE		SYNAREL.....	70	telmisartan.....	32
SODIUM PHOSPHATE.....	121	SYNDROS.....	28	telmisartan-amlodipine.....	33
SULFADIAZINE.....	129	SYNJARDY.....	24	telmisartan-hydrochlorothiazide	
sulfamethoxazole-trimethoprim		SYNJARDY XR.....	24	.....	33
.....	12	SYNTHROID.....	131	temazepam.....	79
SULFAMYLLON.....	62	SYPRINE.....	105	TEMIXYS.....	45
sulfasalazine.....	73	TABLOID.....	35	temozolomide.....	35
sulfatrim pediatric.....	12	tacrolimus.....	106	temsirolimus.....	39
sulindac.....	5	tacrolimus (topical).....	65	TENCON.....	6
sumatriptan.....	103	tadalafil (pulmonary		tenofovir disoproxil fumarate.....	45
sumatriptan succinate.....	103	hypertension).....	50	terazosin hcl.....	32
SUMATRIPTAN		TAFINLAR.....	39	terbinafine hcl.....	28
SUCCINATE.....	103	TAGRISSO.....	39	terbutaline sulfate.....	17
sumatriptan succinate.....	103	TALZENNA.....	39	TERCONAZOLE.....	135
SUPER THIN LANCETS.....	95	tamoxifen citrate.....	36	terconazole vaginal.....	135
SUPRAX.....	51	tamsulosin hcl.....	75	TESTIM.....	11
SUPREP BOWEL PREP KIT80		TANZEUM.....	25	testosterone.....	11
SURE COMFORT LANCETS		TAPERDEX 12-DAY.....	56	tetrabenazine.....	126
18G.....	95	TARGRETIN.....	39,61	tetracaine hcl (ophth).....	120
SURE COMFORT LANCETS		TARON-BC.....	114	tetracycline hcl.....	130
21G.....	95	TARON-C DHA.....	114	TEXACORT.....	65
SURE COMFORT LANCETS		TARON-PREX.....	114	TGT LANCET MICRO THIN	
23G.....	95	TASIGNA.....	39	33G.....	95
SURE COMFORT LANCETS		TAVALISSE.....	77	TGT LANCET THIN 26G.....	95
28G.....	95	TAYTULLA.....	54	TGT LANCET ULTRA THIN	
SURE COMFORT LANCETS		tazarotene.....	62	30G.....	95
30G.....	95	TAZORAC.....	62	THALOMID.....	105
SURE COMFORT PEN		taztia xt.....	48	THEO-24.....	17
NEEDLES31GX3/16"		TECFIDERA.....	126	theophylline.....	17
(5MM).....	101	TECFIDERA STARTER		THEOPHYLLINE ER.....	17
SURE-FINE PEN NEEDLES		PACK.....	126	THERANATAL CORE	
31GX3/16" 5MM.....	101	TECHLITE AST LANCETS.....	95	NUTRITION.....	114
SURE-LANCE FLAT		TECHLITE INSULIN		THINLETS GP LANCETS.....	96
LANCETS.....	95	SYRINGEU-100/0.5ML/31G X		THIOLA.....	75
SURE-LANCE LANCETS		15/64".....	101	THIOLA EC.....	75
26G.....	95	TECHLITE INSULIN		thioridazine hcl.....	43
SURE-LANCE THIN LANCETS		SYRINGEU-100/1ML/31G X		thiothixene.....	43
28G.....	95	15/64".....	101	THRIVITE 19.....	107
SURE-LANCE ULTRA THIN		TECHLITE LANCETS.....	95	THRIVITE RX.....	114
LANCETS.....	95	TECHLITE LANCETS 30G.....	95	THYMOGLOBULIN.....	106
SURE-TOUCH LANCETS		TECHLITE PEN NEEDLES		thyroid.....	131
UNIVERSAL.....	95	31GX 5MM.....	101	THYROLAR-1.....	131
SURELITE LANCETS.....	95	TECHLITE PEN		THYROLAR-1/2.....	131
SUTENT.....	39	NEEDLES/31GX 5MM.....	102	THYROLAR-1/4.....	131
SYLATRON.....	39	TECHNIVIE.....	46	THYROLAR-2.....	131
SYMBICORT.....	17	TEGRETOL.....	20	THYROLAR-3.....	131
SYMDEKO.....	129	TEGRETOL-XR.....	20		
SYMFI.....	45				
SYMFI LO.....	45				
SYMJEPI.....	136				
SYMLINPEN 120.....	23				

tiagabine hcl.....	21	toremifene citrate.....	36	triazolam.....	79
TIBSOVO.....	39	TORISEL.....	39	TRICARE.....	114
tilia fe.....	53	torsemide.....	68	TRICARE PRENATAL DHA	
timolol maleate.....	48	TOUJEO MAX		ONE.....	114
timolol maleate (ophth).....	118	SOLOSTAR.....	26	TRICARE PRENATAL DHA	
TIMOLOL MALEATE		TOUJEO SOLOSTAR.....	26	ONE/FOLATE.....	114
OPHTHALMIC GEL		tovet.....	62	triderm.....	62
FORMING.....	118	TOVIAZ.....	134	trientine hcl.....	105
TIMOPTIC OCUDOSE.....	118	TRACLEER.....	50	trifluoperazine hcl.....	43
TIMOPTIC-XE.....	118	tramadol hcl.....	9	trifluridine.....	120
tinidazole.....	12	TRAMADOL HCL ER.....	9	TRIGLIDE.....	31
TIVICAY.....	45	tramadol-acetaminophen..	10	trihexyphenidyl hcl.....	40
TIVORBEX.....	5	trandolapril.....	31	TRIKAFTA.....	129
tizanidine hcl.....	116	trandolapril-verapamil hcl..	33	triklo.....	30
TL-CARE DHA.....	114	TRANDOLAPRIL/VERAPAMIL		TRILEPTAL.....	20
TL-SELECT.....	114	HCL ER.....	33	trimethobenzamide hcl.....	28
TOBI PODHALER.....	3	tranexamic acid.....	79	trimethoprim.....	12
TOBRADEX.....	121	tranylcypropine sulfate....	22	trimipramine maleate.....	23
TOBRADEX ST.....	121	TRAVEL LANCETS 30G.....	96	TRIMPEX.....	12
tobramycin.....	3	TRAVEL LANCETS		TRINATAL RX 1.....	114
tobramycin (ophth).....	119	ADVANCED 28G.....	96	TRINTELLIX.....	23
tobramycin inhalation solution		travoprost.....	122	TRISTART DHA.....	114
pak.....	2	trazodone hcl.....	23	TRISTART ONE.....	114
TOBRAMYCIN SULFATE.....	3	TRECATOR.....	35	TRIUMEQ.....	45
tobramycin sulfate.....	3	TRELEGY ELLIPTA.....	17	TROKENDI XR.....	20,21
tobramycin-		TRESIBA.....	26	tropicamide.....	118
dexamethasone.....	121	TRESIBA FLEXTOUCH.....	26	tropium chloride.....	134
TOBREX.....	119	TRETIN-X.....	59	TRUE COMFORT PEN	
TODAY SPONGE.....	135	tretinoin.....	59	NEEDLES31G X 5MM.....	102
TODAYS HEALTH SUPER		tretinoin (chemotherapy)....	40	TRUE COMFORT TWIST TOP	
THINLANCETS 30G.....	96	tretinoin microsphere.....	59	LANCETS 30G.....	96
TODAYS HEALTH ULTRA		TRETTEN.....	77	TRUEPLUS 5-BEVEL PEN	
THINLANCETS 28G.....	96	TREXALL.....	35	NEEDLES 31GX5MM.....	102
TOLAZAMIDE.....	27	tri femynor.....	53	TRUEPLUS LANCETS 26G.....	96
tolazamide.....	27	TRI-NORINYL 28.....	54	TRUEPLUS LANCETS 28G.....	96
tolbutamide.....	27	TRI-TABS DHA.....	114	TRUEPLUS LANCETS 28G	
tolcapone.....	40	TRI-VI-FLOR.....	109	SUPER THIN.....	96
TOLMETIN SODIUM.....	5	TRI-VI-FLORO.....	109	TRUEPLUS LANCETS 30G.....	96
tolmetin sodium.....	5	tri-vit/fluoride.....	108	TRUEPLUS LANCETS 30G	
TOLSURA.....	29	tri-vit/fluoride/iron.....	109	ULTRA THIN.....	96
tolterodine tartrate.....	134	triamcinolone acetonide		TRUEPLUS LANCETS 33G.....	96
TOPAMAX.....	20	(mouth).....	107	TRUEPLUS LANCETS 33G	
TOPAMAX SPRINKLE.....	20	triamcinolone acetonide		MICRO THIN.....	96
TOPCARE LANCETS MICRO-		(nasal).....	118	TRUEPLUS PEN NEEDLES	
THIN 33G.....	96	triamcinolone acetonide		31GX5MM.....	102
topiramate.....	20	(topical).....	65	TRUEPLUS SAFETY LANCETS	
TOPIRAMATE ER.....	20	triamterene.....	68	28G.....	96
toposar.....	40	triamterene &		TRULICITY.....	25
topotecan hcl.....	40	hydrochlorothiazide.....	68	TRUVADA.....	45
				TURALIO.....	39

TUSNEL.....	57	UNIFINE PENTIPS		VALCHLOR.....	61
TUSSICAPS.....	57	31GX5MM.....	102	valganciclovir hcl.....	45
tussigon.....	56	UNIFINE PENTIPS PLUS		valproate sodium.....	22
TUSSLIN.....	57	31GX5MM.....	102	valproic acid.....	22
TUSSLIN PEDIATRIC.....	58	UNILET COMFORTOUCH		valsartan.....	32
TYBOST.....	45	LANCET.....	96	valsartan-hydrochlorothiazide	
TYKERB.....	39	UNILET EXCELITE.....	96	.....	33,34
TYMLOS.....	69	UNILET EXCELITE II.....	96	VALUE PLUS LANCETS	
TYSABRI.....	126	UNILET G.P. LANCET.....	96	STANDARD 21G.....	97
TYVASO.....	49	UNILET G.P. SUPERLITE		VALUE PLUS LANCETS	
TYVASO REFILL.....	49	LANCET.....	96	SUPERTHIN 30G.....	97
TYVASO STARTER.....	49	UNILET GP 28 ULTRA		VALUE PLUS LANCETS THIN	
UCERIS.....	11	THIN.....	97	26G.....	97
UDENYCA.....	78	UNILET LANCET.....	97	VALUMARK LANCET SUPER	
ULTICARE PEN NEEDLES		UNILET LANCETS MICRO-		THIN 30G.....	97
31GX 5MM.....	102	THIN33G.....	97	VALUMARK LANCET ULTRA	
ULTICARE PEN NEEDLES		UNILET LANCETS SUPER-		THIN 28G.....	97
31GX 5MM/MINI.....	102	THIN30G.....	97	vancomycin hcl.....	13
ULTIGUARD SAFEPACK/MINI		UNILET LANCETS ULTRA-		vandazole.....	135
PEN NEEDLE/31G X		THIN 28G.....	97	vardenafil hcl.....	49
3/16"/SHARPS CONTAI.....	102	UNILET SUPERLITE		VARUBI.....	28
ULTILET CLASSIC		LANCET.....	97	VASCEPA.....	30
LANCETS.....	96	UNISTIK 3 GENTLE.....	97	VCF VAGINAL	
ULTILET INSULIN SYRINGE/U-		UNISTIK PRO SAFETY		CONTRACEPTIVE FILM.....	135
100/0.5ML/31GX6MM.....	102	LANCET 21G.....	97	VCF VAGINAL	
ULTILET LANCETS.....	96	UNISTIK PRO SAFETY		CONTRACEPTIVE FOAM.....	135
ULTILET LANCETS 33G.....	96	LANCET 25G.....	97	vcf vaginal contraceptivegel	134
ULTILET PEN NEEDLE		UNISTIK PRO SAFETY		VECAMYL.....	34
31GX5MM.....	102	LANCET 28G.....	97	VELCADE.....	39
ULTILET SAFETY LANCETS		UNISTIK SAFETY LANCETS		VELTIN.....	60
21G X 2.2MM.....	96	28G.....	97	VEMLIDY.....	46
ULTILET SAFETY LANCETS		UNISTIK SAFETY LANCETS		VENA-BAL DHA.....	115
23G.....	96	30G.....	97	VENCLEXTA.....	35
ULTILET SHORT PEN		UNISTIK TOUCH SAFETY		VENCLEXTA STARTING	
NEEDLES31GX3/16".....	102	LANCETS 21G.....	97	PACK.....	35
ULTIMATECARE ONE.....	115	UNISTIK TOUCH SAFETY		venlafaxine hcl.....	23
ULTRA THIN LANCETS		LANCETS 23G.....	97	VENTAVIS.....	49
31G.....	96	UNISTIK TOUCH SAFETY		verapamil hcl.....	48,49
ULTRA-CARE LANCETS		LANCETS 28G.....	97	VERAPAMIL HCL ER.....	48
30G.....	96	UNISTIK TOUCH SAFETY		VERAPAMIL HCL SR.....	48
ULTRA-THIN II AUTO		LANCETS 30G.....	97	VERAPAMIL HYDROCHLORIDE	
LANCET.....	96	UNIVERSAL 1 LANCETS		ER.....	49
ULTRA-THIN II LANCETS		THIN26G.....	97	VEREGEN.....	60
28G.....	96	UNIVERSAL 1 LANCETS		VERELAN.....	49
ULTRA-THIN II LANCETS		ULTRA THIN 30G.....	97	VERELAN PM.....	49
30G.....	96	UNIVERSAL 1		VERSACLOZ.....	42
ULTRA-THIN II MINI PEN		LANCETS/33G/MICRO-THIN		VERZENIO.....	39
NEEDLES/31GX3/16".....	102	.....	97	VIBERZI.....	73
ULTRACARE PEN		UPTRAVI.....	50	VIBRAMYCIN.....	130
NEEDLES/31G X 3/16".....	102	urea.....	65	VICTOZA.....	25
UNASYN.....	124	UREA HYDRATING.....	65		
UNASYN BULK PACK.....	124	UREA NAIL.....	65		
UNIFINE PENTIPS 31G X		UREA TOPICAL.....	65		
3/16".....	102	ursodiol.....	72		
		UTIBRON NEOHALER.....	17		
		valacyclovir hcl.....	47		

VIDA MIA UNILET LANCETS SUPER THIN 30G	97	VOTRIENT	39	XENAZINE	126
VIDA MIA UNILET LANCETS ULTRA THIN 28G	97	VP-GGR-B6 PRENATAL	116	XENICAL	2
VIDEX EC	45	VP-HEME OB	116	XERAC AC	66
VIDEXPEDIATRIC	45	VP-HEME OB + DHA	116	XERMELo	74
VIEKIRA PAK	46	VP-PNV-DHA	116	XIFAXAN	12
vigabatrin	21	VRAYLAR	42	XIGDUO XR	24
vigadrone	21	VYNDAMAX	50	XIIDRA	120
VIIBRYD	23	VYNDAQEL	51	XIMINO	130
VIIBRYD STARTER PACK	23	VYVANSE	1	XOLAIR	14
VIL-RX	115	WALGREENS ADVANCED TRAVELLANCETS 28G	97	XOSPATA	39
VIMPAT	21	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	98	XPOVIO 100 MG ONCE WEEKLY	36
VINATE DHA RF	115	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	98	XPOVIO 60 MG ONCE WEEKLY	36
VINATE ONE	115	WALGREENS LANCETS	98	XPOVIO 80 MG ONCE WEEKLY	36
VIOKACE	67	WALGREENS THIN LANCETS	98	XPOVIO 80 MG TWICE WEEKLY	36
VIRACEPT	45	WALGREENS ULTRA THIN LANCETS	98	XTANDI	36
VIREAD	45	warfarin sodium	17	XULANE	54
VIRT-C DHA	115	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	102	XURIDEN	70
VIRT-NATE DHA	115	WESTHROID	131	XYNTHA	77
VIRT-PN	115	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	83	XYNTHA SOLOFUSE	77
VIRT-PN DHA	115	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	83	XYREM	125
VIRT-PN PLUS	115	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	83	YASMIN 28	54
virtussin ac/alc	56	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	83	YAZ	54
VISTOGARD	27	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	83	YONSA	36
VITAFOL FE+	115	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	83	yuvafem	135
VITAFOL GUMMIES	115	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	83	zafirlukast	15
VITAFOL-NANO	115	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	83	zaleplon	79
VITAFOL-ONE	115	WILATE	77	ZARONTIN	21
VITALET PRO LANCETS	97	wixela inhub	16	ZARXIO	79
VITALET PRO PLUS LANCETS	97	WP THYROID	131	ZATEAN-PN DHA	116
VITAMEDMD ONE RX/QUATREFOLIC	115	XADAGO	41	ZATEAN-PN PLUS	116
VITAMEDMD REDICHEW RX	115	XALKORI	39	ZAVESCA	78
VITAPEARL	115	XARELTO	17	ZEJULA	39
VITATHELY/GINGER	115	XARELTO STARTER PACK	17	ZELAPAR	41
VITATRUE	116	XATMEP	35	ZELBORAF	39
VITRAKVI	39	XELJANZ	3	zenatane	58
VIVA DHA	116	XELJANZ XR	3	ZENPEP	67
VIVAGUARD LANCETS	97			zenzedi	1
VIZIMPRO	39			ZENZEDI	1
VOL-PLUS	116			ZEPATIER	47
VOL-TAB RX	116			ZERIT	45
VONVENDI	77			zidovudine	45
voriconazole	29			ZIEXTENZO	79
VOSEVI	46			zileuton	15
				ZIOPTAN	122

ziprasidone hcl	42
ZIRGAN	120
ZOLINZA	39
zolmitriptan	103
zolpidem tartrate	79
ZOMACTON	69
ZOMIG	104
ZONEGRAN	21
zonisamide	21
ZORBTIVE	69
ZORTRESS	106
ZOSYN	124
ZUPLENZ	28
ZURAMPIC	75
ZYBAN	129
ZYDELIG	39
ZYFLO	15
ZYKADIA	39
ZYLET	121
ZYTIGA	36