

# *California*

## **Essential Drug List**

### **For Ambetter by Health Net Individual & Family Plans**

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 All previous versions are no longer in effect.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

#### **For California Individual & Family Plans:**

[https://ifp.healthnetcalifornia.com/Pharmacy\\_Information/drug\\_lists.html](https://ifp.healthnetcalifornia.com/Pharmacy_Information/drug_lists.html)

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

If you have questions about your pharmacy coverage, call Customer Service at 1-800-839-3366

#### *Hours of Operation*

*8:00am – 6:00pm Monday through Friday*

*8:00am – 5:00pm Saturday*

**Updated May 1, 2024**



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

# Table of Contents

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

# *Welcome to Health Net*

## **What If I Have Questions Regarding My Pharmacy Benefit?**

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

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

## **What is the Drug List?**

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

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

## **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
<b><i>terbutaline sulfate tabs</i></b>	1	

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

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

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

**Generic Drug Example:** *terbutaline sulfate tabs*

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

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

## How much will I pay for my drugs?

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

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

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

## Tier Description Table

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

<i>Tier</i>	<i>Description</i>
1	Tier one shall consist of most generic drugs and low-cost preferred brand name drugs.
2	Tier two shall consist of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three shall consist of nonpreferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Tier four shall consist of drugs that the FDA of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.

## Are there any limits on my drug coverage?

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

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

LA	Limited Access	<p>Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons:</p> <p>The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.</p>
PA	Prior Authorization	<p>This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.</p>
PV	Preventive Drugs	<p>Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.</p>
QL	Quantity Limit	<p>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.</p>
RX/OTC	Prescription & Over the Counter (OTC)	<p>Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.</p>
ST	Step Therapy	<p>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.</p>
SP	Specialty Drug	<p>Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.</p>

## **How often does the Drug List change?**

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

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

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

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

Requests for prior authorization may be submitted electronically through *CoverMyMeds*, by phone at 1-800-548-5524, or by fax at 1-800-314-6223. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health 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.

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

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

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior authorization may be submitted electronically or by telephone or fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

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

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

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

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

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

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

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



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

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

### **Are all contraceptives covered?**

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

### **What blood glucose supplies covered?**

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

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

### **Are preventive drugs covered?**

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

### **What drugs are under my medical benefit?**

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you

instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

### **Can I go to any pharmacy?**

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

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

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

### **Can I use a mail order pharmacy?**

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

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

### **How can I save money on my prescription drugs?**

You can save time and money with these simple steps:

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

## ***Definitions***

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>					
<b>Amphetamines</b>					
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1		<i>amphetamine-dextroamphetamine TABS 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG	1		<i>amphetamine-dextroamphetamine TABS 1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1	QL(90 ea per fill retail)
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG	1		<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	
ADDERALL XR CP24 ( <i>amphetamine-dextroamphetamine</i> )	NF	QL(2 ea daily; 90 Day(s) limit)	<i>DESOXYN (methamphetamine hcl)</i>	NF	PA
ADDERALL TABS 2.5 MG-2.5 MG-2.5 MG ( <i>amphetamine-dextroamphetamine</i> )	NF		<i>DEXEDRINE CP24 (dextroamphetamine sulfate)</i>	NF	
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG ( <i>amphetamine-dextroamphetamine</i> )	NF		<i>dextroamphetamine sulfate CP24</i>	1	
ADDERALL TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG ( <i>amphetamine-dextroamphetamine</i> )	NF	QL(90 ea per fill retail)	<i>dextroamphetamine sulfate SOLN</i>	1	
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)	<i>dextroamphetamine sulfate TABS 10 MG</i>	1	
			<i>dextroamphetamine sulfate TABS 5 MG</i>	1	
			<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
			<i>lisdexamfetamine dimesylate CHEW</i>	1	Limited to 1 per day; QL(1 ea daily)
			<i>methamphetamine hcl</i>	2	PA
			VYVANSE CAPS	2	QL(1 ea daily)
			VYVANSE CHEW	2	Limited to 1 per day; QL(1 ea daily)
<b>Analeptics</b>					
			<i>caffeine citrate SOLN OR</i>	1	
<b>Anorexiants Non-Amphetamine</b>					

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
ADIPEX-P CAPS ( <i>phentermine hcl</i> )	SP	Check Plan Documents for coverage; PA
ADIPEX-P TABS ( <i>phentermine hcl</i> )	SP	Check Plan Documents for coverage; PA
<i>benzphetamine hcl 50 MG</i>	SP	Check Plan Documents for coverage; PA
<i>diethylpropion hcl TABS</i>	SP	Check Plan Documents for coverage; PA
<i>diethylpropion hcl TB24</i>	SP	Check Plan Documents for coverage; PA
LOMAIRA TABS	SP	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	SP	Check Plan Documents for coverage; PA
<i>phentermine hcl TABS</i>	SP	Check Plan Documents for coverage; PA
QSYMIA	SP	Check Plan Documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRACE	SP	Check plan documents for coverage; PA
<i>orlistat</i>	SP	Check Plan Documents for coverage; PA
SAXENDA	SP	Check Plan Documents for coverage; QL(0.5 ml daily); PA
XENICAL ( <i>orlistat</i> )	SP	Check Plan Documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)
<i>clonidine hcl (adhd) TB12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
INTUNIV ( <i>guanfacine hcl (adhd)</i> )	NF	QL(1 ea daily)
KAPVAY TB12 ( <i>clonidine hcl (adhd)</i> )	NF	QL(4 ea daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG ( <i>atomoxetine hcl</i> )	NF	QL(2 ea daily)
STRATTERA 60 MG, 80 MG, 100 MG ( <i>atomoxetine hcl</i> )	NF	QL(1 ea daily)
Stimulants - Misc.		
APTENSIO XR CP24 ( <i>methylphenidate hcl</i> )	NF	QL(1 ea daily)
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	PA
<i>armodafinil 50 MG</i>	1	PA
CONCERTA TBCR 27 MG, 36 MG ( <i>methylphenidate hcl</i> )	NF	QL(1 ea daily; 90 Day(s) limit ; 90 ea per fill retail)
CONCERTA TBCR 18 MG ( <i>methylphenidate hcl</i> )	NF	QL(1 ea daily; 90 ea per fill retail)
CONCERTA TBCR 54 MG ( <i>methylphenidate hcl</i> )	NF	QL(2 ea daily; 180 ea per fill retail)
DAYTRANA PTCH ( <i>methylphenidate</i> )	NF	QL(1 ea daily)
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily; 90 ea per 90 days retail)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)
FOCALIN XR CP24 ( <i>dexmethylphenidate hcl</i> )	NF	QL(1 ea daily; 90 ea per 90 days retail)
FOCALIN TABS ( <i>dexmethylphenidate hcl</i> )	NF	QL(2 ea daily)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
METADATE CD CPR 20 MG, 30 MG ( <i>methylphenidate hcl</i> )	NF	QL(2 ea daily)
METADATE CD CPR 10 MG, 40 MG, 50 MG, 60 MG ( <i>methylphenidate hcl</i> )	NF	
METHYLIN SOLN ( <i>methylphenidate hcl</i> )	NF	
<i>methylphenidate hcl CHEW</i>	1	
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl CPR 20 MG, 30 MG</i>	1	QL(2 ea daily)
<i>methylphenidate hcl CPR 10 MG, 40 MG, 50 MG, 60 MG</i>	1	
<i>methylphenidate hcl SOLN</i>	1	
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 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 54 MG</i>	1	QL(2 ea daily; 180 ea per fill retail)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily; 90 Day(s) limit ; 90 ea per fill retail)
<i>methylphenidate PTCH</i>	1	QL(1 ea daily)
<i>modafinil</i>	2	QL(1 ea daily); ST
NUVIGIL 150 MG, 200 MG, 250 MG ( <i>armodafinil</i> )	NF	PA

Drug Name	Drug Tier	Requirements/Limits
NUVIGIL 50 MG ( <i>armodafinil</i> )	NF	PA
PROVIGIL ( <i>modafinil</i> )	NF	QL(1 ea daily); ST
QUILLIVANT XR SRER	3	QL(12 ml daily); PA
RELEXXII TBCR 18 MG ( <i>methylphenidate hcl</i> )	NF	QL(1 ea daily; 90 ea per fill retail)
RELEXXII TBCR 54 MG ( <i>methylphenidate hcl</i> )	NF	QL(2 ea daily; 180 ea per fill retail)
RELEXXII TBCR 27 MG, 36 MG ( <i>methylphenidate hcl</i> )	NF	QL(1 ea daily; 90 Day(s) limit ; 90 ea per fill retail)
RITALIN LA CP24 ( <i>methylphenidate hcl</i> )	NF	QL(1 ea daily)
RITALIN TABS 5 MG, 10 MG ( <i>methylphenidate hcl</i> )	NF	
RITALIN TABS 20 MG ( <i>methylphenidate hcl</i> )	NF	QL(3 ea daily)
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
Aminoglycosides		
ARIKAYCE	SP	PA
BETHKIS NEBU ( <i>tobramycin</i> )	SP	PA
HUMATIN	2	
KITABIS PAK NEBU ( <i>tobramycin</i> )	NF	
<i>neomycin sulfate TABS</i>	1	
<i>streptomycin sulfate SOLR</i>	SP	PA
TOBI PODHALER CAPS	SP	PA
TOBI NEBU ( <i>tobramycin</i> )	NF	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	SP	PA
<i>tobramycin NEBU</i>	SP	PA
<i>tobramycin NEBU</i>	2	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antirheumatic - Enzyme Inhibitors			HADLIMA PUSHTOUCH SOAJ	SP	QL(0.143 ml daily); PA
RINVOQ	SP	QL(1 ea daily); PA	HADLIMA SOSY	SP	QL(0.143 ml daily); PA
XELJANZ XR TB24	SP	QL(1 ea daily); SP; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	SP	Check plan documents for coverage; 1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA
XELJANZ SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 ea daily); PA
XELJANZ TABS 10 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 ea daily); PA
XELJANZ TABS 5 MG	SP	QL(2 ea daily); PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	SP	Check plan documents for coverage; QL(0.072 ea daily); PA
Antirheumatic Antimetabolites			HUMIRA PEN PNKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 ea daily); PA
OTREXUP SOAJ 10 MG/0.4ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	HUMIRA PEN PNKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 ea daily); PA
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	SP	PA	HUMIRA PEN PNKT 40 MG/0.4ML	SP	Check plan documents for coverage; QL(0.143 ea daily); PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	HUMIRA PEN-PS/UV STARTER PNKT	SP	Check Plan Documents for coverage; QL(0.143 ea daily); PA
RASUVO SOAJ 20 MG/0.4ML	SP	PA			
Anti-TNF-alpha - Monoclonal Antibodies					
ADALIMUMAB-ADAZ SOAJ	SP	QL(0.143 ml daily); PA			
ADALIMUMAB-ADAZ SOSY	SP	QL(0.143 ml daily); PA			

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER PNKT	SP	Check plan documents for coverage; 1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA	(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
HUMIRA PSKT	SP	Check plan documents for coverage; QL(0.143 ea daily); PA	ANAPROX DS TABS ( <i>naproxen sodium</i> )	NF	
Gold Compounds			ARTHROTEC 50 TBEC ( <i>diclofenac w/ misoprostol</i> )	NF	
RIDAURA	2		ARTHROTEC 75 TBEC ( <i>diclofenac w/ misoprostol</i> )	NF	
Interleukin-1 Blockers			CELEBREX 400 MG ( <i>celecoxib</i> )	NF	QL(2 ea daily); PA
ARCALYST	SP	PA;ST; Must Use AcariaHealth Specialty Rx at 1-844-538-4661; PA	CELEBREX 50 MG, 100 MG, 200 MG ( <i>celecoxib</i> )	NF	QL(2 ea daily)
Interleukin-6 Receptor Inhibitors			<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)
KEVZARA SOAJ	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA	<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA
KEVZARA SOSY	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA	DAYPRO TABS ( <i>oxaprozin</i> )	NF	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>diclofenac potassium TABS 50 MG</i>	1	
(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	1		<i>diclofenac sodium TB24</i>	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		<i>diclofenac sodium TBEC</i>	1	
(Indomethacin) INDOCIN SUPP	1		<i>diclofenac w/ misoprostol TBEC</i>	1	
(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)	<i>etodolac CAPS</i>	1	
			<i>etodolac TABS</i>	1	
			<i>etodolac TB24</i>	1	QL(2 ea daily)
			FELDENE CAPS 20 MG ( <i>piroxicam</i> )	NF	QL(1 ea daily)
			FELDENE CAPS 10 MG ( <i>piroxicam</i> )	NF	
			<i>flurbiprofen TABS</i>	1	
			<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
			INDOCIN SUSP ( <i>indomethacin</i> )	NF	
			<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
			<i>indomethacin CPR</i>	1	
			<i>indomethacin SUPP</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin SUSP</i>	1	
<i>ketoprofen CP24</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail)
LODINE TABS ( <i>etodolac</i> )	NF	
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	1	
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
NAPROSYN SUSP ( <i>naproxen</i> )	NF	
NAPROSYN TABS 500 MG ( <i>naproxen</i> )	NF	
<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)
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
<i>sulindac TABS 200 MG</i>	1	
TIVORBEX CAPS ( <i>indomethacin</i> )	NF	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	SP	QL(2 ea daily); PA
OTEZLA TBPK	SP	1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA
Pyrimidine Synthesis Inhibitors		
ARAVA 10 MG ( <i>leflunomide</i> )	NF	QL(2 ea daily)
ARAVA 20 MG ( <i>leflunomide</i> )	NF	QL(1 ea daily)
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA
ENBREL SURECLICK SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA
ENBREL SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
ENBREL SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA
ENBREL SOSY 50 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); PA
ENBREL SOSY 25 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1		(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	PV	PV
(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1				
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1				
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	1				
<i>butalbital-aspirin-caffeine CAPS</i>	1				
ESGIC TABS ( <i>butalbital-acetaminophen-caffeine</i> )	NF				
FIORICET CAPS ( <i>butalbital-acetaminophen-caffeine</i> )	NF				
Salicylates					

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	PV	PV	ACTIQ LPOP 1600 MCG ( <i>fentanyl citrate</i> )	NF	QL(4 ea daily); PA
			ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG ( <i>fentanyl citrate</i> )	NF	PA
			<i>codeine sulfate TABS</i>	1	First fill opioids limited to 7 days.
			CONZIP CP24 ( <i>tramadol hcl</i> )	3	
			DILAUDID LIQD ( <i>hydromorphone hcl</i> )	NF	First fill opioids limited to 7 days.
			DILAUDID TABS ( <i>hydromorphone hcl</i> )	NF	First fill opioids limited to 7 days.
			<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA
			<i>fentanyl citrate LPOP 1600 MCG</i>	2	QL(4 ea daily); PA
			<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	Limit 15 patches per month; QL(0.5 ea daily)
<i>aspirin CHEW</i>	PV	PV	<i>hydromorphone hcl LIQD</i>	1	First fill opioids limited to 7 days.
<i>aspirin TBEC 81 MG</i>	PV	PV	<i>hydromorphone hcl TABS</i>	1	First fill opioids limited to 7 days.
<i>diflunisal TABS</i>	1		<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)
<i>salsalate</i>	1		<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>levorphanol tartrate TABS 2 MG</i>	1	First fill opioids limited to 7 days.; PA
<b>Opioid Agonists</b>			<i>levorphanol tartrate TABS 3 MG</i>	1	PA
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1				
(Methadone Hcl) METHADOSE TBSO	1				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	First fill opioids limited to 7 days.	<i>oxycodone hcl CAPS</i>	1	First fill opioids limited to 7 days.
<i>meperidine hcl TABS 50 MG</i>	1	First fill opioids limited to 7 days.	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	First fill opioids limited to 7 days.
<i>methadone hcl CONC</i>	1		<i>oxycodone hcl SOLN</i>	1	First fill opioids limited to 7 days.
<i>methadone hcl SOLN OR</i>	1		<i>oxycodone hcl TABS 30 MG</i>	1	First fill opioids limited to 7 days.; QL(4 ea daily)
<i>methadone hcl TABS</i>	1	QL(12 ea daily)	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	First fill opioids limited to 7 days.
<i>methadone hcl TBSO</i>	1		<i>oxymorphone hcl TABS 5 MG</i>	1	First fill opioids limited to 7 days.
METHADOSE SUGAR-FREE CONC ( <i>methadone hcl</i> )	NF		<i>oxymorphone hcl TABS 10 MG</i>	1	First fill opioids limited to 7 days.; QL(8 ea daily)
METHADOSE CONC ( <i>methadone hcl</i> )	NF		<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)
<i>morphine sulfate beads</i>	1	QL(1 ea daily)	ROXICODONE TABS 30 MG ( <i>oxycodone hcl</i> )	NF	First fill opioids limited to 7 days.; QL(4 ea daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)	ROXICODONE TABS 5 MG, 15 MG ( <i>oxycodone hcl</i> )	NF	First fill opioids limited to 7 days.
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	1	First fill opioids limited to 7 days.	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order	<i>tramadol hcl TABS 50 MG</i>	1	First fill opioids limited to 7 days.; QL(8 ea daily)
<i>morphine sulfate SUPP 10 MG, 20 MG, 30 MG</i>	1	First fill opioids limited to 7 days.	<i>tramadol hcl TABS 100 MG</i>	1	
<i>morphine sulfate TABS 15 MG</i>	1	First fill opioids limited to 7 days.	<i>tramadol hcl TB24 100 MG</i>	1	QL(3 ea daily)
<i>morphine sulfate TABS 30 MG</i>	1		<i>tramadol hcl TB24 200 MG</i>	1	QL(1 ea daily)
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)	<i>tramadol hcl TB24</i>	1	
MS CONTIN TBCR ( <i>morphine sulfate</i> )	NF	QL(3 ea daily)			
OXAYDO TABS 5 MG	2	First fill opioids limited to 7 days.			
OXAYDO TABS 7.5 MG	3	First fill opioids limited to 7 days.; QL(4 ea daily)			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRAM TABS ( <i>tramadol hcl</i> )	NF	First fill opioids limited to 7 days.; QL(8 ea daily)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	First fill opioids limited to 7 days.
Opioid Combinations					
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	1	First fill opioids limited to 7 days.	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	First fill opioids limited to 7 days.
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	First fill opioids limited to 7 days.; QL(6 ea daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(240 ea per fill retail)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	First fill opioids limited to 7 days.	<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	First fill opioids limited to 7 days.; QL(4 ea daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1	First fill opioids limited to 7 days.
<i>acetaminophen w/ codeine SOLN</i>	1	First fill opioids limited to 7 days.	LORTAB ELIX	3	First fill opioids limited to 7 days.
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	First fill opioids limited to 7 days.	NALOCET TABS	3	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	First fill opioids limited to 7 days.; QL(6 ea daily)	OXYCODONE AND ACETAMINOPHEN TABS	3	First fill opioids limited to 7 days.
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	First fill opioids limited to 7 days.; PA	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	First fill opioids limited to 7 days.	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	First fill opioids limited to 7 days.
<i>butalbital-aspirin-caffeine w/cod</i>	1	First fill opioids limited to 7 days.	<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 ea daily)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG ( <i>butalbital-acetaminophen-caffeine w/ codeine</i> )	NF	First fill opioids limited to 7 days.; PA	OXYCODONE/ACETAMINOPHEN TABS 300 MG-2.5 MG	3	
			OXYCODONE/ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG	3	First fill opioids limited to 7 days.

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PERCOCET TABS 325 MG-2.5 MG ( <i>oxycodone w/ acetaminophen</i> )	NF	First fill opioids limited to 7 days.	BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR ( <i>buprenorphine</i> )	NF	QL(4 ea per 28 days retail)
PERCOCET TABS 325 MG-5 MG ( <i>oxycodone w/ acetaminophen</i> )	NF	First fill opioids limited to 7 days.; QL(6 ea daily)	<i>pentazocine w/ naloxone hcl</i>	1	
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG ( <i>oxycodone w/ acetaminophen</i> )	NF	First fill opioids limited to 7 days.; QL(4 ea daily)	SUBLOCADE SOSY	SP	Covered under Medical Benefit; PA
PROLATE TABS	3	First fill opioids limited to 7 days.	SUBOXONE FILM SL 3 MG-12 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(2 ea daily)
<i>tramadol-acetaminophen</i>	1	First fill opioids limited to 7 days.; QL(8 ea daily)	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	NF	QL(3 ea daily)
ULTRACET ( <i>tramadol-acetaminophen</i> )	NF	First fill opioids limited to 7 days.; QL(8 ea daily)	<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Opioid Partial Agonists</b>			<b>Anabolic Steroids</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)	<i>oxandrolone 2.5 MG</i>	2	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 ea daily)	<i>oxandrolone 10 MG</i>	2	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1		<b>Androgens</b>		
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml daily)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)	ANDROGEL PUMP GEL TD 1.62 % ( <i>testosterone</i> )	NF	Limited to 300 gms per month; QL(10 gm daily)
<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	QL(4 ea per 28 days retail)	ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM ( <i>testosterone</i> )	NF	Limited to 300 gms per month; QL(10 gm daily)
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)	ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM ( <i>testosterone</i> )	NF	QL(10 gm daily)
			<i>danazol CAPS</i>	1	
			FORTESTA GEL TD ( <i>testosterone</i> )	NF	QL(4 gm daily)
			METHITEST TABS	2	
			<i>methyltestosterone CAPS</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
TESTIM GEL TD ( <i>testosterone</i> )	3	QL(10 gm daily); PA
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml daily)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 1 %, 25 MG/2.5GM</i>	1	QL(10 gm daily)
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	Limited to 300 gms per month
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)
<i>testosterone SOLN</i>	1	QL(6 ml daily)
VOGELXO PUMP GEL TD ( <i>testosterone</i> )	NF	QL(10 gm daily)
VOGELXO GEL TD ( <i>testosterone</i> )	NF	QL(10 gm daily)
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	1	PA
CORTENEMA ( <i>hydrocortisone (intrarectal)</i> )	NF	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
UCERIS ( <i>budesonide (intrarectal)</i> )	NF	PA
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		

Drug Name	Drug Tier	Requirements/Limits
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX ( <i>hydrocortisone (rectal)</i> )	NF	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1	
RECTIV ( <i>nitroglycerin (intra-anal)</i> )	NF	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
Anthelmintics		
<i>albendazole</i>	1	
ALBENZA ( <i>albendazole</i> )	NF	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE ( <i>praziquantel</i> )	NF	
<i>ivermectin</i>	1	
<i>praziquantel</i>	1	
STROMEKTOL ( <i>ivermectin</i> )	NF	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Antianginals-Other		
RANEXA TB12 1000 MG ( <i>ranolazine</i> )	NF	
RANEXA TB12 500 MG ( <i>ranolazine</i> )	NF	QL(4 ea daily)
<i>ranolazine TB12 1000 MG</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 ea daily)
Nitrates		
GONITRO PACK	3	PA

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ISORDIL TITRADOSE TABS ( <i>isosorbide dinitrate</i> )	NF		ALPRAZOLAM INTENSOL CONC	3	
<i>isosorbide dinitrate</i> TABS	1		<i>alprazolam</i> TABS	1	
<i>isosorbide mononitrate</i> TABS	1		<i>alprazolam</i> TB24	1	
<i>isosorbide mononitrate</i> TB24	1		<i>alprazolam</i> TBDP	2	
NITRO-BID OINT	2		ATIVAN TABS ( <i>lorazepam</i> )	NF	
NITRO-DUR PT24 ( <i>nitroglycerin</i> )	NF	QL(1 ea daily)	<i>chlordiazepoxide hcl</i> CAPS	1	
NITRO-DUR PT24	2	QL(1 ea daily)	<i>clorazepate dipotassium</i> TABS	1	
<i>nitroglycerin</i> PT24	1	QL(1 ea daily)	<i>diazepam</i> CONC	1	
<i>nitroglycerin</i> SOLN TL 0.4 MG/SPRAY	1		<i>diazepam</i> SOLN OR 5 MG/5ML	1	
<i>nitroglycerin</i> SUBL	1		<i>diazepam</i> TABS 10 MG	1	QL(4 ea daily)
NITROLINGUAL SOLN TL ( <i>nitroglycerin</i> )	NF		<i>diazepam</i> TABS 2 MG, 5 MG	1	
NITROSTAT SUBL ( <i>nitroglycerin</i> )	NF		<i>lorazepam</i> CONC	1	
<b>ANTIANSXIETY AGENTS - Drugs to Treat Anxiety</b>			<i>lorazepam</i> TABS	1	
Antianxiety Agents - Misc.			<i>oxazepam</i> CAPS 10 MG, 15 MG	1	
<i>buspirone hcl</i>	1		<i>oxazepam</i> CAPS 30 MG	1	QL(2 ea daily)
<i>hydroxyzine hcl</i> SOLN 50 MG/ML	SP	PA	TRANXENE T TABS 7.5 MG ( <i>clorazepate dipotassium</i> )	NF	
<i>hydroxyzine hcl</i> SYRP	1		VALIUM TABS 10 MG ( <i>diazepam</i> )	NF	QL(4 ea daily)
<i>hydroxyzine hcl</i> TABS	1		VALIUM TABS 2 MG, 5 MG ( <i>diazepam</i> )	NF	
<i>hydroxyzine pamoate</i> CAPS	1		XANAX XR TB24 ( <i>alprazolam</i> )	NF	
VISTARIL CAPS ( <i>hydroxyzine pamoate</i> )	NF		XANAX TABS ( <i>alprazolam</i> )	NF	
Benzodiazepines			<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
(Alprazolam) ALPRAZOLAM XR TB24	1		Antiarrhythmics Type I-A		
(Diazepam) DIAZEPAM INTENSOL CONC	1		<i>disopyramide phosphate</i> CAPS	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1		NORPACE CR CP12	2	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
NORPACE CAPS <i>(disopyramide phosphate)</i>	NF	
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
RYTHMOL SR CP12 <i>(propafenone hcl)</i>	NF	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
TIKOSYN <i>(dofetilide)</i>	NF	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUCALA SOAJ	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUCALA SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOSY 100 MG/ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA HANDIHALER CAPS <i>(tiotropium bromide monohydrate)</i>	NF	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)
Leukotriene Modulators		
ACCOLATE 20 MG <i>(zafirlukast)</i>	NF	QL(2 ea daily)
ACCOLATE 10 MG <i>(zafirlukast)</i>	NF	
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
SINGULAIR CHEW <i>(montelukast sodium)</i>	NF	QL(1 ea daily)
SINGULAIR PACK <i>(montelukast sodium)</i>	NF	QL(1 ea daily)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SINGULAIR TABS ( <i>montelukast sodium</i> )	NF	QL(1 ea daily)	<i>fluticasone propionate hfa</i>	1	
<i>zafirlukast 20 MG</i>	1	QL(2 ea daily)	PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail)
<i>zafirlukast 10 MG</i>	1				
<i>zileuton TB12</i>	1	ST			
ZYFLO TABS	3	ST			
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
DALIRESP ( <i>roflumilast</i> )	NF	QL(1 ea daily)	PULMICORT SUSP 1 MG/2ML ( <i>budesonide (inhalation)</i> )	NF	QL(2 ml daily)
<i>roflumilast</i>	1	QL(1 ea daily)	PULMICORT SUSP 0.25 MG/2ML ( <i>budesonide (inhalation)</i> )	NF	QL(8 ml daily)
Steroid Inhalants					
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	2	QL(1 ea daily)	PULMICORT SUSP 0.5 MG/2ML ( <i>budesonide (inhalation)</i> )	NF	QL(4 ml daily)
ARNUITY ELLIPTA 50 MCG/ACT	2	Limit 1 inhaler per month; QL(1 ea daily)	QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ml daily)	QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)	Sympathomimetics		
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ml daily)	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
FLOVENT DISKUS AEPB 50 MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	NF	QL(40 ea daily)	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	NF	QL(8 ea daily)	ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )	NF	QL(2 ea daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	NF	QL(20 ea daily)	ADVAIR HFA AERO ( <i>fluticasone-salmeterol</i> )	NF	QL(0.4 gm daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)	AIRDUO RESPICLICK 113/14 AEPB ( <i>fluticasone-salmeterol</i> )	NF	QL(0.04 ea daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)	AIRDUO RESPICLICK 232/14 AEPB ( <i>fluticasone-salmeterol</i> )	NF	QL(0.04 ea daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIRDUO RESPICLICK 55/14 AEPB ( <i>fluticasone-salmeterol</i> )	NF	QL(0.04 ea daily)	<i>levalbuterol tartrate</i>	1	1 inhaler per month; QL(0.6 gm daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)	PROAIR HFA AERS ( <i>albuterol sulfate</i> )	NF	Limit 2 inhalers per month; QL(0.57 gm daily)
<i>albuterol sulfate AERS</i>	1	1 rtl pack lmt per fill; 2 rtl MAX fill; 30 rtl day(s) supply	PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
<i>albuterol sulfate AERS</i>	1	QL(0.6 gm daily)	PROVENTIL HFA AERS ( <i>albuterol sulfate</i> )	NF	
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1		SEREVENT DISKUS	2	QL(2 ea daily)
ALBUTEROL SULFATE NEBU	2		STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>albuterol sulfate SYRP</i>	1		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>albuterol sulfate TABS</i>	1		SYMBICORT ( <i>budesonide-formoterol fumarate dihydrate</i> )	NF	
ANORO ELLIPTA	2	QL(2 ea daily)	<i>terbutaline sulfate TABS</i>	1	
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	NF		TRELEGY ELLIPTA	2	QL(2 ea daily)
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)	VENTOLIN HFA AERS ( <i>albuterol sulfate</i> )	NF	Limit 2 inhalers per month; QL(0.6 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1		XOPENEX ( <i>levalbuterol hcl</i> )	NF	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.16 gm daily)	XOPENEX CONCENTRATE ( <i>levalbuterol hcl</i> )	NF	
<i>fluticasone furoate-vilanterol</i>	1		XOPENEX HFA ( <i>levalbuterol tartrate</i> )	NF	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)	Xanthines		
<i>fluticasone-salmeterol AERO</i>	1	QL(0.4 gm daily)	(Theophylline) ELIXOPHYLLIN ELIX	1	
<i>ipratropium-albuterol SOLN</i>	1		THEO-24 CP24	2	
<i>levalbuterol hcl</i>	1		<i>theophylline ELIX</i>	1	
			<i>theophylline SOLN</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)	<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	2	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(14 ml per fill retail)
<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)			
<i>theophylline TB24</i>	1	QL(1 ea daily)			
<b>ANTICOAGULANTS - Blood Thinners</b>					
Coumarin Anticoagulants					
(Warfarin Sodium) JANTOVEN TABS	1		<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	2	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(12 ml per fill retail)
<i>warfarin sodium TABS</i>	1				
Direct Factor Xa Inhibitors					
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)	<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	2	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(9 ml per fill retail)
ELIQUIS TABS	2	QL(2 ea daily)			
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)			
XARELTO SUSR	2	QL(900 ml per 30 days retail)			
XARELTO TABS	2	QL(1 ea daily)			
Heparins And Heparinoid-Like Agents					
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML ( <i>fondaparinux sodium</i> )	SP	PA	<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	2	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(4.5 ml per fill retail)
ARIXTRA 2.5 MG/0.5ML ( <i>fondaparinux sodium</i> )	SP	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA			
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ml daily); PA	<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	SP	PA
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	2	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(6 ml per fill retail)	<i>fondaparinux sodium 2.5 MG/0.5ML</i>	SP	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
			FRAGMIN SOLN 95000 UNIT/3.8ML	SP	PA
			FRAGMIN SOSY 2500 UNIT/0.2ML	SP	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	SP	PA
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	SP	PA
LOVENOX SOLN IJ 300 MG/3ML ( <i>enoxaparin sodium</i> )	NF	QL(0.1 ml daily); PA
LOVENOX SOSY 60 MG/0.6ML ( <i>enoxaparin sodium</i> )	NF	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(9 ml per fill retail)
LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )	NF	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(14 ml per fill retail)
LOVENOX SOSY 30 MG/0.3ML ( <i>enoxaparin sodium</i> )	NF	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(4.5 ml per fill retail)
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>enoxaparin sodium</i> )	NF	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(12 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOSY 40 MG/0.4ML ( <i>enoxaparin sodium</i> )	NF	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(6 ml per fill retail)
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	QL(24 ml daily)
FYCOMPA TABS 4 MG	3	QL(3 ea daily)
FYCOMPA TABS 6 MG	3	QL(2 ea daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily)
FYCOMPA TABS 2 MG	3	QL(6 ea daily)
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1	
<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	
DIASTAT ACUDIAL GEL ( <i>diazepam (anticonvulsant)</i> )	NF	Limit 4 per month; QL(0.14 ea daily)
DIASTAT PEDIATRIC GEL ( <i>diazepam (anticonvulsant)</i> )	NF	Limit 4 per month; QL(0.14 ea daily)
<i>diazepam (anticonvulsant) GEL</i>	1	QL(0.14 ea daily)
KLONOPIN TABS ( <i>clonazepam</i> )	NF	
NAYZILAM	SP	QL(10 ea per 30 days retail); PA
ONFI SUSP ( <i>clobazam</i> )	NF	
ONFI TABS 20 MG ( <i>clobazam</i> )	NF	QL(2 ea daily)
ONFI TABS 10 MG ( <i>clobazam</i> )	NF	QL(1 ea daily)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALTOCO 10 MG DOSE LIQD	SP	QL(10 ea per 30 days retail); PA	<i>carbamazepine TB12 100 MG</i>	1	
VALTOCO 15 MG DOSE LQPK	SP	QL(10 ea per 30 days retail); PA	<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)
VALTOCO 20 MG DOSE LQPK	SP	QL(10 ea per 30 days retail); PA	<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)
VALTOCO 5 MG DOSE LIQD	SP	QL(10 ea per 30 days retail); PA	CARBATROL CP12 ( <i>carbamazepine</i> )	3	
Anticonvulsants - Misc.			DIACOMIT CAPS 500 MG	SP	QL(6 ea daily); PA
(Carbamazepine) EPITOL TABS	1		DIACOMIT CAPS 250 MG	SP	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1		DIACOMIT PACK 500 MG	SP	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1		DIACOMIT PACK 250 MG	SP	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE TABS	1		EPIDIOLEX	SP	PA
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)	<i>gabapentin CAPS</i>	1	
APTIOM	3	QL(2 ea daily); PA	<i>gabapentin SOLN</i>	1	
BANZEL SUSP ( <i>rufinamide</i> )	3		<i>gabapentin TABS 600 MG, 800 MG</i>	1	
BANZEL TABS 200 MG ( <i>rufinamide</i> )	3		KEPPRA XR TB24 ( <i>levetiracetam</i> )	3	QL(4 ea daily)
BANZEL TABS 400 MG ( <i>rufinamide</i> )	3	QL(8 ea daily)	KEPPRA SOLN OR 100 MG/ML ( <i>levetiracetam</i> )	3	
<i>carbamazepine CHEW</i>	1		KEPPRA TABS ( <i>levetiracetam</i> )	3	QL(6 ea daily)
<i>carbamazepine CP12</i>	1		<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)
<i>carbamazepine SUSP</i>	1		<i>lacosamide TABS</i>	1	QL(2 ea daily)
<i>carbamazepine TABS</i>	1		LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>lamotrigine</i> )	3	
			LAMICTAL ODT KIT	3	PA
			LAMICTAL ODT KIT ( <i>lamotrigine</i> )	NF	PA
			LAMICTAL ODT TBDP ( <i>lamotrigine</i> )	3	PA
			LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT ( <i>lamotrigine</i> )	NF	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT ( <i>lamotrigine</i> )	NF		NEURONTIN SOLN ( <i>gabapentin</i> )	3	
LAMICTAL STARTER/TAKING VALPROATE KIT ( <i>lamotrigine</i> )	NF		NEURONTIN TABS ( <i>gabapentin</i> )	3	
LAMICTAL XR KIT	3	PA	<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)
LAMICTAL XR TB24 300 MG ( <i>lamotrigine</i> )	3	QL(2 ea daily)	<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG ( <i>lamotrigine</i> )	3	QL(1 ea daily); PA	<i>oxcarbazepine TABS 150 MG</i>	1	
LAMICTAL XR TB24 250 MG ( <i>lamotrigine</i> )	3	PA	<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)
LAMICTAL TABS ( <i>lamotrigine</i> )	3		OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); ST
<i>lamotrigine CHEW</i>	1		OXTELLAR XR TB24 150 MG, 300 MG	3	ST
<i>lamotrigine KIT</i>	1	PA	<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 ea daily); PA
<i>lamotrigine KIT 25 MG</i>	1		<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 ea daily); PA
<i>lamotrigine TABS</i>	1		<i>pregabalin SOLN</i>	1	QL(30 ml daily); PA
<i>lamotrigine TB24 300 MG</i>	1	QL(2 ea daily)	<i>primidone 50 MG, 250 MG</i>	1	
<i>lamotrigine TB24 250 MG</i>	1	PA	QUDEXY XR CS24 25 MG, 50 MG ( <i>topiramate</i> )	NF	QL(2 ea daily); PA
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	1	QL(1 ea daily); PA	QUDEXY XR CS24 100 MG, 150 MG, 200 MG ( <i>topiramate</i> )	NF	QL(1 ea daily); PA
<i>lamotrigine TBDP</i>	1	PA	<i>rufinamide SUSP</i>	1	
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1		<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily)
<i>levetiracetam TABS</i>	1	QL(6 ea daily)	<i>rufinamide TABS 200 MG</i>	1	
<i>levetiracetam TB24</i>	1	QL(4 ea daily)	TEGRETOL SUSP ( <i>carbamazepine</i> )	3	
LYRICA CAPS 225 MG, 300 MG ( <i>pregabalin</i> )	3	QL(2 ea daily); PA	TEGRETOL TABS ( <i>carbamazepine</i> )	3	
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ( <i>pregabalin</i> )	3	QL(3 ea daily); PA	TEGRETOL-XR TB12 100 MG ( <i>carbamazepine</i> )	3	
LYRICA SOLN ( <i>pregabalin</i> )	3	QL(30 ml daily); PA	TEGRETOL-XR TB12 400 MG ( <i>carbamazepine</i> )	NF	QL(4 ea daily)
MYSOLINE ( <i>primidone</i> )	3		TEGRETOL-XR TB12 200 MG ( <i>carbamazepine</i> )	NF	QL(8 ea daily)
NEURONTIN CAPS ( <i>gabapentin</i> )	3				

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX SPRINKLE CPSP ( <i>topiramate</i> )	3		ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )	3	QL(6 ea daily)
TOPAMAX TABS 25 MG ( <i>topiramate</i> )	3		<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)
TOPAMAX TABS 200 MG ( <i>topiramate</i> )	3	QL(2 ea daily)	<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
TOPAMAX TABS 100 MG ( <i>topiramate</i> )	3	QL(4 ea daily)	Carbamates		
TOPAMAX TABS 50 MG ( <i>topiramate</i> )	3	QL(8 ea daily)	<i>felbamate SUSP</i>	1	
<i>topiramate CP24 200 MG</i>	1	QL(2 ea daily); PA	<i>felbamate TABS</i>	1	
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	1	PA	FELBATOL SUSP ( <i>felbamate</i> )	3	
<i>topiramate CPSP</i>	1		FELBATOL TABS ( <i>felbamate</i> )	NF	
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	1	QL(1 ea daily); PA	GABA Modulators		
<i>topiramate CS24 25 MG, 50 MG</i>	1	QL(2 ea daily); PA	(Vigabatrin) VIGADRONE, VIGODER PACK	SP	QL(6 ea daily)
<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)	(Vigabatrin) VIGADRONE TABS	SP	
<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)	GABITRIL ( <i>tiagabine hcl</i> )	3	
<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)	SABRIL PACK ( <i>vigabatrin</i> )	SP	QL(6 ea daily)
<i>topiramate TABS 25 MG</i>	1		SABRIL TABS ( <i>vigabatrin</i> )	SP	
TRILEPTAL SUSP ( <i>oxcarbazepine</i> )	3	QL(40 ml daily)	<i>tiagabine hcl</i>	1	
TRILEPTAL TABS 300 MG ( <i>oxcarbazepine</i> )	3	QL(8 ea daily)	<i>vigabatrin PACK</i>	SP	QL(6 ea daily)
TRILEPTAL TABS 600 MG ( <i>oxcarbazepine</i> )	3	QL(4 ea daily)	<i>vigabatrin TABS</i>	SP	
TRILEPTAL TABS 150 MG ( <i>oxcarbazepine</i> )	3		Hydantoins		
TROKENDI XR CP24 200 MG ( <i>topiramate</i> )	NF	QL(2 ea daily); PA	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
TROKENDI XR CP24 25 MG, 50 MG, 100 MG ( <i>topiramate</i> )	NF	PA	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
VIMPAT SOLN OR 10 MG/ML ( <i>lacosamide</i> )	NF	QL(40 ml daily)	DILANTIN ( <i>phenytoin sodium extended</i> )	3	
VIMPAT TABS ( <i>lacosamide</i> )	NF	QL(2 ea daily)	DILANTIN	3	
ZONEGRAN CAPS 25 MG ( <i>zonisamide</i> )	3		DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	3	
			DILANTIN-125 SUSP ( <i>phenytoin</i> )	3	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
CELONTIN ( <i>methsuximide</i> )	3	
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	
ZARONTIN CAPS ( <i>ethosuximide</i> )	3	
ZARONTIN SOLN ( <i>ethosuximide</i> )	3	
Valproic Acid		
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	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	
<i>valproic acid CAPS</i>	1	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
REMERON SOLTAB TBDP ( <i>mirtazapine</i> )	NF	
REMERON TABS 15 MG, 30 MG ( <i>mirtazapine</i> )	NF	
Antidepressants - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 450 MG</i>	1	QL(1 ea daily); ST
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)
FORFIVO XL TB24 ( <i>bupropion hcl</i> )	3	QL(1 ea daily); ST
WELLBUTRIN SR TB12 ( <i>bupropion hcl</i> )	NF	
WELLBUTRIN XL TB24 ( <i>bupropion hcl</i> )	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	3	
NARDIL ( <i>phenelzine sulfate</i> )	NF	
PARNATE ( <i>tranylcypromine sulfate</i> )	NF	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	2	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	SP	PA
SPRAVATO 84MG DOSE	SP	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS ( <i>citalopram hydrobromide</i> )	NF	QL(1 ea daily)
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)
<i>escitalopram oxalate SOLN</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)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)	ZOLOFT CONC ( <i>sertraline hcl</i> )	NF	
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		ZOLOFT TABS ( <i>sertraline hcl</i> )	NF	QL(2 ea daily)
<i>fluoxetine hcl CPDR</i>	1		Serotonin Modulators		
<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)	<i>nefazodone hcl</i>	1	
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 ea daily)	<i>trazodone hcl TABS</i>	1	
<i>fluoxetine hcl TABS 10 MG</i>	1		TRINTELLIX	3	ST
FLUOXETINE HYDROCHLORIDE TABS ( <i>fluoxetine hcl</i> )	NF	QL(1 ea daily)	VIIBRYD STARTER PACK KIT	3	PA
<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 ea daily)	VIIBRYD TABS 10 MG, 40 MG ( <i>vilazodone hcl</i> )	NF	
<i>fluvoxamine maleate CP24 150 MG</i>	2		VIIBRYD TABS 20 MG ( <i>vilazodone hcl</i> )	NF	QL(2 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)	<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1		<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
LEXAPRO TABS 5 MG ( <i>escitalopram oxalate</i> )	NF	QL(2 ea daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
LEXAPRO TABS 10 MG, 20 MG ( <i>escitalopram oxalate</i> )	NF	QL(1 ea daily)	CYMBALTA CPEP ( <i>duloxetine hcl</i> )	NF	QL(2 ea daily)
<i>paroxetine hcl SUSP</i>	1		<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)
<i>paroxetine hcl TABS</i>	1		<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)
<i>paroxetine hcl TB24</i>	1		EFFEXOR XR CP24 ( <i>venlafaxine hcl</i> )	NF	QL(2 ea daily)
PAXIL CR TB24 ( <i>paroxetine hcl</i> )	NF		FETZIMA TITRATION PACK C4PK	3	ST
PAXIL SUSP ( <i>paroxetine hcl</i> )	NF		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
PAXIL TABS ( <i>paroxetine hcl</i> )	NF		FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
PROZAC CAPS 10 MG, 20 MG ( <i>fluoxetine hcl</i> )	NF		PRISTIQ ( <i>desvenlafaxine succinate</i> )	NF	QL(1 ea daily)
PROZAC CAPS 40 MG ( <i>fluoxetine hcl</i> )	NF	QL(1 ea daily)	<i>venlafaxine hcl CP24</i>	1	QL(2 ea daily)
<i>sertraline hcl CONC</i>	1		<i>venlafaxine hcl TABS</i>	1	
<i>sertraline hcl TABS</i>	1	QL(2 ea daily)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl TB24 225 MG</i>	1		<i>glyburide-metformin</i>	1	
Tricyclic Agents			GLYXAMBI	2	
<i>amitriptyline hcl TABS</i>	1		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
<i>amoxapine</i>	1		JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
ANAFRANIL ( <i>clomipramine hcl</i> )	NF		JANUMET TABS	2	QL(2 ea daily)
<i>clomipramine hcl</i>	2		KOMBIGLYZE XR ( <i>saxagliptin-metformin hcl</i> )	NF	QL(1 ea daily)
<i>desipramine hcl TABS</i>	1		<i>pioglitazone hcl-glimepiride</i>	1	
<i>doxepin hcl CAPS</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>doxepin hcl CONC</i>	1		<i>saxagliptin-metformin hcl</i>	1	QL(1 ea daily)
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
<i>imipramine pamoate</i>	1		SYNJARDY TABS	2	QL(2 ea daily)
NORPRAMIN TABS 10 MG, 25 MG ( <i>desipramine hcl</i> )	NF		TRIJARDY XR	2	
<i>nortriptyline hcl CAPS</i>	1		XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
<i>nortriptyline hcl SOLN</i>	1		XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
PAMELOR CAPS ( <i>nortriptyline hcl</i> )	NF		Biguanides		
<i>protriptyline hcl</i>	1		<i>metformin hcl SOLN</i>	1	
<i>trimipramine maleate CAPS</i>	1		<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	PV	Only Covered Ca On/Off Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>			<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
Alpha-Glucosidase Inhibitors					
<i>acarbose</i>	1				
<i>miglitol</i>	1				
PRECOSE ( <i>acarbose</i> )	NF				
Antidiabetic Combinations					
ACTOPLUS MET TABS 850 MG-15 MG ( <i>pioglitazone hcl-metformin hcl</i> )	NF				
DUETACT ( <i>pioglitazone hcl-glimepiride</i> )	NF				
<i>glipizide-metformin hcl</i>	1				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RIOMET SOLN ( <i>metformin hcl</i> )	NF		AFREZZA POWD	3	
Diabetic Other			HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>diazoxide</i>	2		HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(0.8 ml daily)
<i>glucagon (rdna)</i>	2	QL(1 ea per fill retail; 2 ea per 30 days retail)	HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month
GLUCAGON EMERGENCY KIT ( <i>glucagon (rdna)</i> )	NF	Use NDC 00548-5850-00; QL(1 ea per fill retail; 2 ea per 30 days retail)	HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
PROGLYCEM ( <i>diazoxide</i> )	NF		HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>alogliptin benzoate</i>	1	QL(2 ea daily)	HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
JANUVIA	2	QL(1 ea daily)	HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
NESINA ( <i>alogliptin benzoate</i> )	NF	QL(2 ea daily)	HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
ONGLYZA ( <i>saxagliptin hcl</i> )	NF		HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>saxagliptin hcl</i>	1	QL(2 ea daily)	HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
Incretin Mimetic Agents			HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
OZEMPIC SOPN	2	Not available through Mail order; PA	HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
RYBELSUS TABS 7 MG, 14 MG	2	PA	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
RYBELSUS TABS 3 MG	2	Not available through Mail Order.; PA	HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
TRULICITY	2	1.5 mg per week (4 vials or pens per months).; PA	HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ml daily)
VICTOZA	2	1.8 mg per day (4 vials or pens per month).; PA			
Insulin					
AFREZZA POWD	3	QL(6 ea daily)			
AFREZZA POWD	3	QL(3 ea daily)			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	QL(1.5 ml daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	QL(0.9 ml daily)
TRESIBA SOLN	2	QL(1.5 ml daily)
Insulin Sensitizing Agents		
ACTOS 15 MG ( <i>pioglitazone hcl</i> )	NF	
ACTOS 30 MG, 45 MG ( <i>pioglitazone hcl</i> )	NF	QL(1 ea daily)
<i>pioglitazone hcl</i> 30 MG, 45 MG	1	QL(1 ea daily)
<i>pioglitazone hcl</i> 15 MG	1	
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL ( <i>glimepiride</i> )	NF	
<i>glimepiride</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> TABS	1	
<i>glipizide</i> TB24	1	
GLUCOTROL XL TB24 ( <i>glipizide</i> )	NF	
<i>glyburide micronized</i> 1.5 MG, 3 MG, 6 MG	1	
<i>glyburide</i> TABS	1	
GLYNASE ( <i>glyburide micronized</i> )	NF	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	1	RX/OTC
<i>diphenoxylate w/ atropine</i> LIQD	1	
<i>diphenoxylate w/ atropine</i> TABS	1	
IMODIUM A-D CAPS ( <i>loperamide hcl</i> )	NF	RX/OTC
LOMOTIL TABS ( <i>diphenoxylate w/ atropine</i> )	NF	
<i>loperamide hcl</i> CAPS	1	RX/OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET	3	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox</i> <b>PACK</b>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>granisetron hcl</i> <b>TABS</b>	1	Limit 2 tablets per day; QL(2 ea daily); PA
<i>deferasirox</i> <b>TABS</b>	SP	PA	<i>ondansetron hcl</i> <b>SOLN</b> <b>OR 4 MG/5ML</b>	1	Limit 50mls per month; QL(1.67 ml daily)
<i>deferasirox</i> <b>TBSO</b>	SP	PA	<i>ondansetron hcl</i> <b>TABS 4 MG, 8 MG</b>	1	Limit 20 per month; QL(0.67 ea daily)
<i>deferiprone</i> <b>TABS 500 MG</b>	SP	PA	<i>ondansetron</i> <b>TBDP</b>	1	Limit 20 per month; QL(0.67 ea daily)
EXJADE TBSO ( <i>deferasirox</i> )	SP	PA	SANCUSO PTCH	SP	Limit 1 patch per month; QL(0.04 ea daily); PA
FERRIPROX SOLN	SP	PA	ZUPLENZ FILM 4 MG	3	Limit 20 per month; QL(0.67 ea daily)
FERRIPROX TABS 500 MG ( <i>deferiprone</i> )	SP	PA	<b>Antiemetics - Anticholinergic</b>		
JADENU SPRINKLE PACK ( <i>deferasirox</i> )	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	ANTIVERT TABS 50 MG ( <i>meclizine hcl</i> )	NF	
JADENU TABS ( <i>deferasirox</i> )	SP	PA	<i>meclizine hcl</i> <b>TABS 50 MG</b>	1	
<b>Antidotes and Specific Antagonists</b>			<i>scopolamine</i>	1	
ANDEXXA 200 MG	SP	PA	TRANSDERM-SCOP ( <i>scopolamine</i> )	NF	
VISTOGARD	SP		<i>trimethobenzamide hcl</i> <b>CAPS</b>	1	
<b>Opioid Antagonists</b>			<b>Antiemetics - Miscellaneous</b>		
KLOXXADO LIQD	2		AKYNZEO	3	QL(2 ea per 28 days retail)
<i>naloxone hcl</i> <b>LIQD</b>	1	QL(4 ea per 30 days retail); RX/OTC	DICLEGIS TBEC ( <i>doxylamine-pyridoxine</i> )	NF	QL(4 ea daily)
<i>naloxone hcl</i> <b>SOSY</b>	1		<i>doxylamine-pyridoxine</i> <b>TBEC</b>	1	QL(4 ea daily)
<i>naltrexone hcl</i>	1		<i>dronabinol</i> <b>CAPS</b>	2	PA
NARCAN LIQD ( <i>naloxone hcl</i> )	NF	QL(4 ea per 30 days retail); RX/OTC	MARINOL CAPS 2.5 MG ( <i>dronabinol</i> )	NF	PA
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>			SYNDROS SOLN	SP	PA
<b>5-HT3 Receptor Antagonists</b>			<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
ANZEMET TABS 50 MG	3	Limit 2 per month; QL(0.07 ea daily); PA			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 ea daily)
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 ea daily)
<i>aprepitant MISC</i>	1	Limit 3 per month; QL(0.1 ea daily)
EMEND TRIPACK CAPS ( <i>aprepitant</i> )	NF	Limit 3 per month; QL(0.1 ea daily)
EMEND CAPS 80 MG ( <i>aprepitant</i> )	NF	Limit 1 per year; QL(0.04 ea daily)
EMEND SUSR	3	QL(1 ea per 30 days retail)
VARUBI TBPB	3	QL(4 ea per fill retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
Antifungals		
ANCOBON ( <i>flucytosine</i> )	NF	
<i>flucytosine</i>	1	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
DIFLUCAN SUSR ( <i>fluconazole</i> )	NF	
DIFLUCAN TABS ( <i>fluconazole</i> )	NF	
<i>fluconazole SUSR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
NOXAFIL SUSP ( <i>posaconazole</i> )	NF	
NOXAFIL TBEC ( <i>posaconazole</i> )	NF	
<i>posaconazole SUSP</i>	1	
<i>posaconazole TBEC</i>	1	
SPORANOX PULSEPAK CAPS ( <i>itraconazole</i> )	NF	PA
SPORANOX CAPS ( <i>itraconazole</i> )	NF	PA
SPORANOX SOLN ( <i>itraconazole</i> )	NF	PA
TOLSURA CAPS	SP	PA
VFEND SUSR ( <i>voriconazole</i> )	NF	
VFEND TABS ( <i>voriconazole</i> )	NF	QL(2 ea daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	SP	PA
RYVENT TABS	3	

Updated May 1, 2024

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



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

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COLESTID PACK ( <i>colestipol hcl</i> )	NF		LOPID TABS ( <i>gemfibrozil</i> )	NF	
COLESTID TABS ( <i>colestipol hcl</i> )	NF		TRICOR TABS 145 MG ( <i>fenofibrate</i> )	NF	QL(1 ea daily)
<i>colestipol hcl GRAN</i>	1		TRICOR TABS 48 MG ( <i>fenofibrate</i> )	NF	
<i>colestipol hcl PACK</i>	2		TRILIPIX 135 MG ( <i>choline fenofibrate</i> )	NF	QL(1 ea daily)
<i>colestipol hcl TABS</i>	1		TRILIPIX 45 MG ( <i>choline fenofibrate</i> )	NF	
QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> )	NF		HMG CoA Reductase Inhibitors		
QUESTRAN PACK ( <i>cholestyramine</i> )	NF		<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
QUESTRAN POWD ( <i>cholestyramine</i> )	NF		CRESTOR TABS ( <i>rosuvastatin calcium</i> )	NF	QL(1 ea daily)
WELCHOL PACK ( <i>colesevelam hcl</i> )	NF	QL(1 ea daily)	<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
WELCHOL TABS ( <i>colesevelam hcl</i> )	NF	QL(6 ea daily)	<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)
Fibric Acid Derivatives			LESCOL XL TB24 ( <i>fluvastatin sodium</i> )	NF	QL(1 ea daily)
ANTARA 30 MG	3		LIPITOR TABS ( <i>atorvastatin calcium</i> )	NF	QL(1 ea daily)
<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)	LIVALO ( <i>pitavastatin calcium</i> )	NF	QL(1 ea daily); ST
<i>choline fenofibrate 45 MG</i>	1		<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)	<i>pitavastatin calcium</i>	1	QL(1 ea daily); ST
<i>fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG</i>	1		<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); PV
<i>fenofibrate CAPS</i>	1		<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>fenofibrate TABS 48 MG, 160 MG</i>	1		<i>simvastatin TABS</i>	1	QL(1 ea daily)
<i>fenofibrate TABS 145 MG</i>	1	QL(1 ea daily)	ZOCOR TABS 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )	NF	QL(1 ea daily)
<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)	Intestinal Cholesterol Absorption Inhibitors		
FENOFIBRATE TABS	2		<i>ezetimibe</i>	1	
FIBRICOR ( <i>fenofibric acid</i> )	2		ZETIA ( <i>ezetimibe</i> )	NF	
<i>gemfibrozil TABS</i>	1		Microsomal Triglyceride Transfer Protein (MTP)		
LIPOFEN CAPS ( <i>fenofibrate</i> )	NF				
LIPOFEN CAPS ( <i>fenofibrate</i> )	3				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Inhibitors			VASOTEC TABS <i>(enalapril maleate)</i>	NF	QL(2 ea daily)
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	SP	PA	ZESTRIL TABS 40 MG <i>(lisinopril)</i>	NF	QL(2 ea daily)
Nicotinic Acid Derivatives			ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG <i>(lisinopril)</i>	NF	
(Niacin (Antihyperlipidemic)) NIACOR TABS	1		Agents for Pheochromocytoma		
<i>niacin (antihyperlipidemic)</i> TBCR	1		DEMSEER ( <i>metyrosine</i> )	NF	
NIASPAN TBCR ( <i>niacin (antihyperlipidemic)</i> )	NF		DIBENZYLINE <i>(phenoxybenzamine hcl)</i>	NF	Not available through mail
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			<i>metyrosine</i>	1	
PRALUENT SOAJ	SP	PA	<i>phenoxybenzamine hcl</i>	1	Not available through mail
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>			Angiotensin II Receptor Antagonists		
ACE Inhibitors			ATACAND 32 MG <i>(candesartan cilexetil)</i>	NF	QL(1 ea daily)
ACCUPRIL ( <i>quinapril hcl</i> )	NF		ATACAND 4 MG, 8 MG, 16 MG <i>(candesartan cilexetil)</i>	NF	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG <i>(ramipril)</i>	NF	QL(2 ea daily)	AVAPRO ( <i>irbesartan</i> )	NF	
<i>benazepril hcl</i>	1		BENICAR 5 MG, 20 MG <i>(olmesartan medoxomil)</i>	NF	
<i>captopril</i>	1		BENICAR 40 MG <i>(olmesartan medoxomil)</i>	NF	QL(1 ea daily)
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)	<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>fosinopril sodium</i>	1		<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		COZAAR ( <i>losartan potassium</i> )	NF	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)	DIOVAN TABS 160 MG <i>(valsartan)</i>	NF	QL(2 ea daily)
LOTENSIN 10 MG, 20 MG, 40 MG <i>(benazepril hcl)</i>	NF		DIOVAN TABS 40 MG, 80 MG, 320 MG <i>(valsartan)</i>	NF	
<i>moexipril hcl</i>	1		EDARBI 40 MG	3	
<i>perindopril erbumine</i>	1		EDARBI 80 MG	3	QL(1 ea daily)
QBRELIS SOLN	3	QL(5 ml daily)	<i>irbesartan</i>	1	
<i>quinapril hcl</i>	1		<i>losartan potassium</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)	MICARDIS 20 MG, 40 MG <i>(telmisartan)</i>	NF	
<i>trandolapril</i>	1				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MICARDIS 80 MG (telmisartan)	NF	QL(1 ea daily)	<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)	<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>telmisartan 20 MG, 40 MG</i>	1		ATACAND HCT ( <i>candesartan cilexetil-hydrochlorothiazide</i> )	NF	
<i>telmisartan 80 MG</i>	1	QL(1 ea daily)	<i>atenolol &amp; chlorthalidone</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1		AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> )	NF	
<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)	<i>benazepril &amp; hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			<i>BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide)</i>	NF	QL(1 ea daily)
CARDURA ( <i>doxazosin mesylate</i> )	NF		<i>BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide)</i>	NF	
<i>clonidine hcl TABS</i>	1		<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>doxazosin mesylate</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>guanfacine hcl</i>	1		DIOVAN HCT 25 MG-160 MG ( <i>valsartan-hydrochlorothiazide</i> )	NF	QL(1 ea daily)
<i>methyldopa TABS</i>	1		DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG ( <i>valsartan-hydrochlorothiazide</i> )	NF	
MINIPRESS CAPS ( <i>prazosin hcl</i> )	NF		EDARBYCLOR	3	QL(1 ea daily)
<i>prazosin hcl CAPS</i>	1		<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)	EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG ( <i>amlodipine besylate-valsartan</i> )	NF	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1				
Antihypertensive Combinations					
ACCURETIC 25 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )	NF	QL(1 ea daily)			
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )	NF				
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)			
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXFORGE 10 MG-160 MG ( <i>amlodipine besylate-valsartan</i> )	NF	QL(1 ea daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
EXFORGE HCT ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )	NF		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
HYZAAR ( <i>losartan potassium &amp; hydrochlorothiazide</i> )	NF		TEKTURNA HCT	3	ST
<i>irbesartan-hydrochlorothiazide</i>	1		<i>telmisartan-amlodipine</i>	1	
<i>lisinopril &amp; hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)	<i>telmisartan-hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		TENORETIC 100 ( <i>atenolol &amp; chlorthalidone</i> )	NF	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1		TENORETIC 50 ( <i>atenolol &amp; chlorthalidone</i> )	NF	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG ( <i>benazepril &amp; hydrochlorothiazide</i> )	NF		<i>trandolapril-verapamil hcl</i>	1	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG ( <i>amlodipine besylate-benazepril hcl</i> )	NF	QL(1 ea daily)	TRIBENZOR ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	NF	ST
<i>metoprolol &amp; hydrochlorothiazide TABS</i>	1		<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
MICARDIS HCT ( <i>telmisartan-hydrochlorothiazide</i> )	NF		<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST	VASERETIC 25 MG-10 MG ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )	NF	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1		ZESTORETIC 25 MG-20 MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )	NF	QL(2 ea daily)
			ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )	NF	
			ZIAC ( <i>bisoprolol &amp; hydrochlorothiazide</i> )	NF	
Antihypertensives - Misc.					

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VECAMYL	3		BACTRIM TABS ( <i>sulfamethoxazole-trimethoprim</i> )	NF	
Direct Renin Inhibitors			<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>aliskiren fumarate</i>	1		<i>sulfamethoxazole-trimethoprim TABS</i>	1	
TEKTURNA ( <i>aliskiren fumarate</i> )	NF		Antiprotozoal Agents		
Selective Aldosterone Receptor Antagonists (SARAs)			ALINIA SUSR	3	
<i>eplerenone</i>	1		ALINIA TABS ( <i>nitazoxanide</i> )	NF	
INSPRA ( <i>eplerenone</i> )	NF		<i>atovaquone</i>	2	
Vasodilators			LAMPIT	SP	AC; PA
<i>hydralazine hcl TABS</i>	1		MEPRON ( <i>atovaquone</i> )	NF	
<i>minoxidil 2.5 MG, 10 MG</i>	1		<i>nitazoxanide TABS</i>	1	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>			Carbapenems		
Anti-infective Agents - Misc.			<i>ertapenem sodium IJ</i>	SP	PA
FLAGYL CAPS ( <i>metronidazole</i> )	NF		<i>imipenem-cilastatin IV 250 MG-250 MG</i>	SP	PA
<i>metronidazole CAPS</i>	1		<i>imipenem-cilastatin IV 500 MG-500 MG</i>	2	PA
<i>metronidazole TABS</i>	1		INVANZ IJ ( <i>ertapenem sodium</i> )	SP	PA
NEBUPENT IN ( <i>pentamidine isethionate</i> )	NF		<i>meropenem 500 MG</i>	SP	PA
<i>pentamidine isethionate IN</i>	1		PRIMAXIN IV IV 500 MG-500 MG ( <i>imipenem-cilastatin</i> )	SP	PA
<i>tinidazole 250 MG</i>	1	PA	Glycopeptides		
<i>tinidazole 500 MG</i>	1		FIRVANQ SOLR OR 25 MG/ML ( <i>vancomycin hcl</i> )	NF	PA
<i>trimethoprim TABS</i>	1		VANCOGIN CAPS 125 MG ( <i>vancomycin hcl</i> )	NF	PA
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA	VANCOGIN CAPS 250 MG ( <i>vancomycin hcl</i> )	NF	
XIFAXAN 550 MG	3	QL(2 ea daily); PA	<i>vancomycin hcl CAPS 250 MG</i>	1	
Anti-infective Misc. - Combinations			<i>vancomycin hcl CAPS 125 MG</i>	1	PA
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1		<i>vancomycin hcl SOLR OR 25 MG/ML</i>	1	PA
BACTRIM DS TABS ( <i>sulfamethoxazole-trimethoprim</i> )	NF				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<b>Leprostatics</b>		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
<b>Lincosamides</b>		
CLEOCIN ( <i>clindamycin hcl</i> )	NF	
CLEOCIN PEDIATRIC GRANULES ( <i>clindamycin palmitate hydrochloride</i> )	NF	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<b>Monobactams</b>		
CAYSTON	SP	PA
<b>Oxazolidinones</b>		
<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail)
<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR ( <i>linezolid</i> )	NF	QL(210 ml per 90 days retail)
ZYVOX TABS ( <i>linezolid</i> )	NF	QL(20 ea per 90 days retail)
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	1	
HIPREX ( <i>methenamine hippurate</i> )	NF	
MACROBID ( <i>nitrofurantoin monohyd macro</i> )	NF	
MACRODANTIN ( <i>nitrofurantoin macrocrystal</i> )	NF	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate 1 GM</i>	1	
MONUROL ( <i>fosfomycin tromethamine</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 ea daily)
MALARONE ( <i>atovaquone-proguanil hcl</i> )	NF	
<b>Antimalarials</b>		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail; 6 per fill mail)
PLAQUENIL ( <i>hydroxychloroquine sulfate</i> )	NF	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS ( <i>primaquine phosphate</i> )	NF	
QUALAQUIN CAPS ( <i>quinine sulfate</i> )	NF	QL(2 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA
SOVUNA 200 MG	2	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
FIRDAPSE	SP	PA
MESTINON TIMESPAN TBCR ( <i>pyridostigmine bromide</i> )	NF	
MESTINON SOLN OR ( <i>pyridostigmine bromide</i> )	SP	PA
MESTINON TABS ( <i>pyridostigmine bromide</i> )	NF	
<i>neostigmine methylsulfate SOSY</i>	SP	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	SP	PA
<i>pyridostigmine bromide SOLN OR</i>	SP	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	

**ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)**

Antimycobacterial Agents		
<i>cycloserine</i>	1	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG ( <i>ethambutol hcl</i> )	NF	
MYCOBUTIN ( <i>rifabutin</i> )	NF	
PASER PACK	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
TRECTOR	2	

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer**

Alkylating Agents		
-------------------	--	--

Drug Name	Drug Tier	Requirements/Limits
ALKERAN ( <i>melphalan hcl</i> )	SP	PA
ALKERAN ( <i>melphalan busulfan SOLN</i> )	NF	AC
BUSULFEX SOLN ( <i>busulfan</i> )	SP	PA
<i>cyclophosphamide CAPS</i>	1	AC
<i>cyclophosphamide CAPS</i>	1	
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
<i>melphalan hcl</i>	SP	PA
MYLERAN TABS	2	AC
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG ( <i>temozolomide</i> )	NF	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine</i>	1	AC
<i>fludarabine phosphate SOLR</i>	SP	PA
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	SP	PA
<i>methotrexate sodium SOLR</i>	SP	PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	SP	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	SP	AC; PA

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELODA ( <i>capecitabine</i> )	NF	AC	LENVIMA 4 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA
Antineoplastic - Angiogenesis Inhibitors			LENVIMA 8 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA
INLYTA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	Antineoplastic - Anti-HER2 Agents		
LENVIMA 10 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	TRAZIMERA 420 MG	SP	Covered under Medical Benefit; PA
LENVIMA 12MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	TUKYSA	SP	PA
LENVIMA 14 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA 18 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA STARTING PACK TBPK	SP	AC; PA
LENVIMA 20 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 50 MG	SP	AC; PA
LENVIMA 24 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 100 MG	SP	QL(4 ea daily); AC; PA
			VENCLEXTA TABS 10 MG	SP	QL(2 ea daily); AC; PA
			Antineoplastic - EGFR Inhibitors		
			<i>erlotinib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			<i>gefitinib</i>	SP	AC
			GILOTRIF	SP	Must use Accredo SP pharmacy; AC; PA
			IRESSA ( <i>gefitinib</i> )	SP	AC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TAGRISO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	ERLEADA 60 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TARCEVA 25 MG ( <i>erlotinib hcl</i> )	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661	ERLEADA 240 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
TARCEVA 100 MG, 150 MG ( <i>erlotinib hcl</i> )	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC	EULEXIN	2	AC
VIZIMPRO	SP	AC; PA	<i>exemestane</i>	PV	AC
Antineoplastic - Hedgehog Pathway Inhibitors			FARESTON ( <i>toremifene citrate</i> )	NF	AC
DAURISMO	SP	AC; PA	FEMARA ( <i>letrozole</i> )	NF	AC
ERIVEDGE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	<i>flutamide</i>	1	AC
ODOMZO	SP	AC	<i>letrozole</i>	1	AC
Antineoplastic - Hormonal and Related Agents			<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA
<i>abiraterone acetate</i>	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis
<i>anastrozole</i>	PV	AC	LYSODREN	2	AC
ARIMIDEX ( <i>anastrozole</i> )	PV	AC	<i>megestrol acetate SUSP</i>	1	AC
AROMASIN ( <i>exemestane</i> )	PV	AC	<i>megestrol acetate TABS</i>	1	AC
<i>bicalutamide</i>	1	QL(1 ea daily); AC	NILANDRON ( <i>nilutamide</i> )	NF	AC
CASODEX ( <i>bicalutamide</i> )	NF	QL(1 ea daily); AC	<i>nilutamide</i>	1	AC
ELIGARD SC	3	PA	NUBEQA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
EMCYT	2	AC	SOLTAMOX SOLN	PV	PV; AC
			<i>tamoxifen citrate TABS</i>	PV	PV; AC
			<i>toremifene citrate</i>	1	AC
			XTANDI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
YONSA	SP	SP; AC; PA
ZYTIGA ( <i>abiraterone acetate</i> )	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT 25 MG, 50 MG	SP	PA
AYVAKIT 100 MG, 200 MG, 300 MG	SP	QL(1 ea daily); SL; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	SP	PA
XPOVIO 60 MG TWICE WEEKLY	SP	PA
XPOVIO 80 MG TWICE WEEKLY	SP	AC; PA
Antineoplastic Antibiotics		
<i>mitoxantrone hcl 2 MG/ML</i>	2	SP; PA
Antineoplastic Combinations		
INQOVI	SP	PA
KISQALI FEMARA 200 DOSE	SP	AC; PA
KISQALI FEMARA 400 DOSE	SP	AC; PA
KISQALI FEMARA 600 DOSE	SP	AC; PA

Drug Name	Drug Tier	Requirements/Limits
LONSURF	SP	AC; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO ( <i>everolimus</i> )	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
AFINITOR TABS ( <i>everolimus</i> )	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
ALECENSA	SP	AC; PA
ALUNBRIG TABS	SP	AC; PA
ALUNBRIG TBPk	SP	AC; PA
BALVERSA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>bortezomib SOLR IJ</i>	SP	PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	SP	PA
BOSULIF CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
BOSULIF TABS 500 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
BOSULIF TABS 100 MG, 400 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI 75 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	GLEEVEC 100 MG ( <i>imatinib mesylate</i> )	NF	Use NDC 68001-0490-05; 59651-0240-90; 00093-7629-98; 60505-2900-09; QL(3 ea daily); AC
BRUKINSA	SP	AC; PA	IBRANCE CAPS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
CABOMETYX TABS	SP	QL(1 ea daily); AC; PA	IBRANCE TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
CALQUENCE	SP	QL(2 ea daily); AC; PA	ICLUSIG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA
CALQUENCE	SP	QL(2 ea daily); AC; PA	IDHIFA	SP	AC; PA
CAPRELSA	SP	AC; PA	<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA
COMETRIQ KIT	SP	AC; PA	<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA
COPIKTRA	SP	SP; AC; PA	IMBRUVICA CAPS	SP	AC; PA
COTELLIC	SP	AC; PA	IMBRUVICA TABS	SP	QL(1 ea daily); AC; PA
<i>everolimus TABS</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA	INREBIC	SP	AC; PA
<i>everolimus TBSO</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA	ISTODAX SOLR ( <i>romidepsin</i> )	SP	PA
FARYDAK	SP	Must use Caremark SP pharmacy; AC; PA	JAKAFI	SP	QL(2 ea daily); AC; PA
GLEEVEC 400 MG ( <i>imatinib mesylate</i> )	NF	Use NDC 68001-0490-05; 59651-0240-90; 00093-7629-98; 60505-2900-09; QL(2 ea daily); AC	KISQALI	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA
			KOSELUGO	SP	PA
			<i>lapatinib ditosylate</i>	SP	AC; PA

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LORBRENA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	ROZLYTREK CAPS	SP	AC; PA
LYNPARZA TABS	SP	Refer to Accredo SP Rx; QL(4 ea daily); PA	RUBRACA	SP	AC; PA
MEKINIST TABS	SP	AC; PA	RYDAPT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
MEKTOVI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>sorafenib tosylate</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
NERLYNX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	SPRYCEL	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
NEXAVAR ( <i>sorafenib tosylate</i> )	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	STIVARGA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
NINLARO	SP	Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA	<i>sunitinib malate 25 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
<i>pazopanib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
PIQRAY 200MG DAILY DOSE	SP	AC; PA	SUTENT 12.5 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
PIQRAY 250MG DAILY DOSE	SP	AC; PA	SUTENT 25 MG ( <i>sunitinib malate</i> )	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
PIQRAY 300MG DAILY DOSE	SP	AC; PA	TABRECTA	SP	PA
QINLOCK	SP	PA			
RETEVMO	SP	PA			
<i>romidepsin SOLR</i>	SP	PA			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TAFINLAR CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	ZELBORAF	SP	AC; PA
TALZENNA 0.25 MG, 1 MG	SP	AC; PA	ZOLINZA	SP	AC; PA
TASIGNA 150 MG, 200 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	ZYDELIG	3	AC; PA
TASIGNA 50 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	ZYKADIA TABS	SP	AC
TAZVERIK	SP	PA	Antineoplastics Misc.		
<i>temsirolimus</i>	SP	PA	ACTIMMUNE	SP	PA
TIBSOVO	SP	AC; PA	ALFERON N	SP	PA
TORISEL ( <i>temsirolimus</i> )	SP	PA	BESREMI	SP	PA
TURALIO 200 MG	SP	AC; PA	<i>bexarotene</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TYKERB ( <i>lapatinib ditosylate</i> )	SP	AC; PA	HYDREA ( <i>hydroxyurea</i> )	NF	AC
VELCADE SOLR IJ ( <i>bortezomib</i> )	SP	PA	<i>hydroxyurea</i>	1	AC
VERZENIO	SP	QL(2 ea daily); AC; PA	INTRON A SOLR	SP	PA
VITRAKVI CAPS	SP	AC; PA	MATULANE	SP	AC; PA
VITRAKVI SOLN	SP	AC; PA	TARGRETIN ( <i>bexarotene</i> )	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
VOTRIENT ( <i>pazopanib hcl</i> )	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>tretinoin (chemotherapy)</i>	2	AC
XALKORI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	Chemotherapy Rescue/Antidote/Protective Agents		
XOSPATA	SP	AC; PA	<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	SP	PA
ZEJULA CAPS	SP	AC; PA	<i>leucovorin calcium TABS</i>	1	
ZEJULA TABS	SP	PA	<i>leucovorin calcium TABS</i>	1	AC
			MESNEX TABS	3	AC
			Mitotic Inhibitors		
			(Etoposide) TOPOSAR SOLN 1 GM/50ML, 500 MG/25ML	2	SP; PA
			(Etoposide) TOPOSAR SOLN 100 MG/5ML	2	AC; PA
			ETOPOPHOS	3	PA
			<i>etoposide CAPS</i>	1	AC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits
<i>etoposide SOLN 1 GM/50ML, 500 MG/25ML</i>	2	SP; PA
<i>etoposide SOLN 100 MG/5ML</i>	2	AC; PA
Topoisomerase I Inhibitors		
<i>HYCAMTIN CAPS</i>	SP	AC; PA
<i>HYCAMTIN SOLR (topotecan hcl)</i>	SP	PA
<i>topotecan hcl SOLR</i>	SP	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
<i>LODOSYN (carbidopa)</i>	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	SP	PA
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>COMTAN (entacapone)</i>	NF	
<i>entacapone</i>	1	
<i>TASMAR (tolcapone)</i>	NF	
<i>tolcapone</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	1	
<i>carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBDP</i>	1	
<i>DHIVY TABS</i>	2	
<i>DUOPA SUSP</i>	3	PA
<i>INBRIJA CAPS</i>	3	PA
<i>MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride)</i>	NF	
<i>MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)</i>	NF	QL(1 ea daily)
<i>NEUPRO</i>	3	
<i>PARLODEL CAPS (bromocriptine mesylate)</i>	NF	
<i>PARLODEL TABS (bromocriptine mesylate)</i>	NF	
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride TB24 3.75 MG</i>	1	
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 ea daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i>	2	
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	2	
<i>ropinirole hydrochloride TB24 12 MG</i>	2	QL(2 ea daily)
<i>ropinirole hydrochloride TB24 8 MG</i>	1	
RYTARY CPCR	3	QL(10 ea daily); PA
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG ( <i>carbidopa-levodopa</i> )	NF	
STALEVO 100 ( <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 125 ( <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 150 ( <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 200 ( <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 50 ( <i>carbidopa-levodopa-entacapone</i> )	NF	
STALEVO 75 ( <i>carbidopa-levodopa-entacapone</i> )	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT ( <i>rasagiline mesylate</i> )	NF	
<i>rasagiline mesylate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR ( <i>lithium carbonate</i> )	3	
Antipsychotics - Misc.		
EQUETRO	3	
GEODON 20 MG, 40 MG ( <i>ziprasidone hcl</i> )	NF	
GEODON 60 MG, 80 MG ( <i>ziprasidone hcl</i> )	NF	QL(2 ea daily)
LATUDA ( <i>lurasidone hcl</i> )	NF	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	SP	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	SP	QL(1 ea daily); PA
VRAYLAR CAPS	SP	
VRAYLAR CPPK	SP	
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)
Benzisoxazoles		
FANAPT	SP	QL(2 ea daily)
FANAPT TITRATION PACK	SP	

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA ( <i>paliperidone</i> )	NF		SAPHRIS 5 MG	3	
<i>paliperidone</i>	1		SAPHRIS ( <i>asenapine maleate</i> )	NF	
PERSERIS PRSY	SP	PA	SECUADO	3	QL(1 ea daily)
RISPERDAL SOLN ( <i>risperidone</i> )	NF		SEROQUEL XR TB24 ( <i>quetiapine fumarate</i> )	NF	
RISPERDAL TABS 3 MG ( <i>risperidone</i> )	NF	QL(2 ea daily)	SEROQUEL TABS 300 MG, 400 MG ( <i>quetiapine fumarate</i> )	NF	QL(2 ea daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG ( <i>risperidone</i> )	NF		SEROQUEL TABS 25 MG, 50 MG, 100 MG ( <i>quetiapine fumarate</i> )	NF	
<i>risperidone SOLN</i>	1		SEROQUEL TABS 200 MG ( <i>quetiapine fumarate</i> )	NF	QL(4 ea daily)
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)	VERSACLOZ SUSP	3	QL(18 ml daily)
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1		ZYPREXA ZYDIS TBDP ( <i>olanzapine</i> )	NF	
<i>risperidone TBDP</i>	1		ZYPREXA TABS 15 MG, 20 MG ( <i>olanzapine</i> )	NF	QL(1 ea daily)
Butyrophenones			ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG ( <i>olanzapine</i> )	NF	
<i>haloperidol lactate CONC</i>	1		Dihydroindolones		
<i>haloperidol TABS</i>	1		<i>molindone hcl</i>	1	
Dibenzapines			Phenothiazines		
<i>asenapine maleate</i>	1		(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>clozapine TABS</i>	1		<i>chlorpromazine hcl TABS</i>	2	
<i>clozapine TBDP 12.5 MG</i>	1		<i>fluphenazine hcl CONC</i>	1	
CLOZARIL TABS ( <i>clozapine</i> )	NF		<i>fluphenazine hcl ELIX</i>	1	
<i>loxapine succinate</i>	1		<i>fluphenazine hcl TABS</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1		<i>perphenazine TABS</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)	<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>olanzapine TBDP</i>	2		<i>prochlorperazine maleate TABS</i>	1	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)	<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1		<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)	<i>trifluoperazine hcl TABS</i>	1	
<i>quetiapine fumarate TB24</i>	1				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<b>Quinolinone Derivatives</b>		
ABILIFY TABS 15 MG ( <i>aripiprazole</i> )	NF	QL(2 ea daily)
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG ( <i>aripiprazole</i> )	NF	
ABILIFY TABS 20 MG ( <i>aripiprazole</i> )	NF	QL(1 ea daily)
<i>aripiprazole SOLN OR</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</i>	1	PA
REXULTI	3	
<b>Thioxanthenes</b>		
<i>thiothixene</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>Antiseptics &amp; Disinfectants</b>		
<i>formaldehyde SOLN 10 %</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY 200 MG-50 MG-25 MG	2	
CIMDUO	2	
COMBIVIR ( <i>lamivudine-zidovudine</i> )	NF	
COMPLERA	2	
<i>darunavir TABS</i>	1	
DELSTRIGO	2	

Drug Name	Drug Tier	Requirements/Limits
DESCOVY 200 MG-25 MG	PV	
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	
<i>emtricitabine CAPS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	PV	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)
EMTRIVA CAPS ( <i>emtricitabine</i> )	NF	
EMTRIVA SOLN	2	
EPIVIR SOLN ( <i>lamivudine</i> )	NF	
EPIVIR TABS ( <i>lamivudine</i> )	NF	
EPZICOM ( <i>abacavir sulfate-lamivudine</i> )	NF	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir calcium TABS</i>	1	
FUZEON SOLR	SP	PA
GENVOYA	2	
INTELENCE 25 MG	2	
INTELENCE ( <i>etravirine</i> )	NF	
ISENTRESS HD TABS	2	
ISENTRESS CHEW	2	
ISENTRESS PACK	2	
ISENTRESS TABS	2	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JULUCA	2		SELZENTRY TABS 25 MG, 75 MG	2	
KALETRA SOLN ( <i>lopinavir-ritonavir</i> )	NF		SELZENTRY TABS ( <i>maraviroc</i> )	NF	
KALETRA TABS ( <i>lopinavir-ritonavir</i> )	NF		<i>stavudine CAPS</i>	1	
<i>lamivudine SOLN</i>	1		STRIBILD	2	
<i>lamivudine TABS</i>	1		SUSTIVA CAPS ( <i>efavirenz</i> )	NF	
<i>lamivudine-zidovudine</i>	1		SUSTIVA TABS ( <i>efavirenz</i> )	NF	
LEXIVA SUSP	2		SYMFI ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NF	
LEXIVA TABS ( <i>fosamprenavir calcium</i> )	NF		SYMFI LO ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	NF	
<i>lopinavir-ritonavir SOLN</i>	1		SYM TUZA	2	
<i>lopinavir-ritonavir TABS</i>	1		<i>tenofovir disoproxil fumarate TABS</i>	1	
<i>maraviroc TABS</i>	1		TIVICAY TABS	2	
<i>nevirapine SUSP</i>	1		TRIUMEQ PD TBSO	2	
<i>nevirapine TABS</i>	1		TRIUMEQ TABS	2	
<i>nevirapine TB24</i>	1		TRIZIVIR	2	
NORVIR PACK	2		TRUVADA 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	PV	QL(1 ea daily)
NORVIR SOLN	2		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	NF	QL(1 ea daily)
NORVIR TABS ( <i>ritonavir</i> )	NF		TYBOST	2	
ODEFSEY	2		VIRACEPT TABS	2	
PIFELTRO	2		VIREAD POWD	2	
PREZCOBIX	2		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
PREZISTA SUSP	2		VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )	NF	
PREZISTA TABS ( <i>darunavir</i> )	NF		ZIAGEN SOLN ( <i>abacavir sulfate</i> )	NF	
PREZISTA TABS 75 MG, 150 MG	2				
RETROVIR CAPS ( <i>zidovudine</i> )	NF				
RETROVIR SYRP ( <i>zidovudine</i> )	NF				
REYATAZ CAPS 200 MG, 300 MG ( <i>atazanavir sulfate</i> )	NF				
REYATAZ PACK	2				
<i>ritonavir TABS</i>	1				
RUKOBIA	SP				
SELZENTRY SOLN	2				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
ZIAGEN TABS ( <i>abacavir sulfate</i> )	NF	
<i>zidovudine CAPS</i>	1	
<i>zidovudine SYRP</i>	1	
<i>zidovudine TABS</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID 100 MG-150 MG	PV	
PAXLOVID 100 MG-150 MG	PV	PV
PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
TPOXX (TECOVIRIMAT)	5	
CMV Agents		
VALCYTE SOLR ( <i>valganciclovir hcl</i> )	NF	Limit 630mls per month; QL(21 ml daily)
VALCYTE TABS ( <i>valganciclovir hcl</i> )	NF	
<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ml daily)
<i>valganciclovir hcl TABS</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	2	
BARACLUDE TABS ( <i>entecavir</i> )	NF	
<i>entecavir TABS</i>	2	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS	2	SP; PA
EPCLUSA TABS	2	SP; PA

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV TABS ( <i>lamivudine (hbv)</i> )	NF	
HEPSERA ( <i>adefovir dipivoxil</i> )	NF	
<i>lamivudine (hbv) TABS</i>	1	
MAVYRET TABS	SP	PA
PEGASYS SOLN	3	SP; PA
<i>ribavirin (hepatitis c) CAPS</i>	1	PA
VEMLIDY	SP	SP; ST
VOSEVI	2	SP; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<i>acyclovir TABS OR 400 MG</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)
VALTREX 1 GM ( <i>valacyclovir hcl</i> )	NF	QL(4 ea daily)
VALTREX 500 MG ( <i>valacyclovir hcl</i> )	NF	QL(8 ea daily)
ZOVIRAX SUSP ( <i>acyclovir</i> )	NF	
Influenza Agents		
<i>oseltamivir phosphate CAPS 30 MG, 45 MG</i>	1	
<i>oseltamivir phosphate CAPS 75 MG</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride TABS</i>	1	
TAMIFLU CAPS 75 MG ( <i>oseltamivir phosphate</i> )	NF	QL(10 ea per fill retail)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 30 MG, 45 MG ( <i>oseltamivir phosphate</i> )	NF	
TAMIFLU SUSR ( <i>oseltamivir phosphate</i> )	NF	QL(75 ml daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	PV	
TPOXX CAPS	PV	
TPOXX SOLN	PV	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	1	
VIRAZOLE ( <i>ribavirin</i> )	NF	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Alpha-Beta Blockers		
<i>carvedilol</i> 6.25 MG, 12.5 MG, 25 MG	1	
<i>carvedilol</i> 3.125 MG	1	QL(2 ea daily)
<i>carvedilol phosphate</i>	1	
COREG 3.125 MG ( <i>carvedilol</i> )	NF	QL(2 ea daily)
COREG 6.25 MG, 12.5 MG, 25 MG ( <i>carvedilol</i> )	NF	
COREG CR ( <i>carvedilol phosphate</i> )	NF	
<i>labetalol hcl</i> TABS	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> TABS	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
BYSTOLIC ( <i>nebivolol hcl</i> )	NF	
LOPRESSOR TABS ( <i>metoprolol tartrate</i> )	NF	
<i>metoprolol succinate</i> TB24	1	
<i>metoprolol tartrate</i> TABS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hcl</i>	1	
TENORMIN TABS ( <i>atenolol</i> )	NF	
TOPROL XL TB24 ( <i>metoprolol succinate</i> )	NF	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF ( <i>sotalol hcl (afib/afI)</i> )	NF	
BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> )	NF	
CORGARD TABS 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	NF	
HEMANGEOL SOLN OR	3	AL(Up to 1 yrs old); PA
INDERAL LA CP24 ( <i>propranolol hcl</i> )	NF	
INDERAL XL	3	
INNOPRAN XL	3	
<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	1	
<i>pindolol</i> TABS	1	
<i>propranolol hcl</i> CP24	1	
<i>propranolol hcl</i> SOLN OR 20 MG/5ML, 40 MG/5ML	1	
<i>propranolol hcl</i> TABS	1	
<i>sotalol hcl (afib/afI)</i>	1	
<i>sotalol hcl</i> TABS	1	
SOTYLIZE SOLN OR	3	
<i>timolol maleate</i> TABS 10 MG	1	QL(6 ea daily)
<i>timolol maleate</i> TABS 5 MG, 20 MG	1	QL(2 ea daily)
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Calcium Channel Blockers		

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)	<i>felodipine 10 MG</i>	1	QL(1 ea daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>felodipine 2.5 MG, 5 MG</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>isradipine CAPS</i>	1	
(Diltiazem Hcl) DILT-XR CP24	1		<i>nicardipine hcl CAPS</i>	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>nifedipine CAPS</i>	1	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	<i>nifedipine TB24</i>	1	QL(1 ea daily)
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)	<i>nifedipine TB24 30 MG, 60 MG</i>	1	
CALAN SR TBCR 120 MG ( <i>verapamil hcl</i> )	NF		<i>nimodipine CAPS</i>	1	
CALAN SR TBCR 180 MG, 240 MG ( <i>verapamil hcl</i> )	NF	QL(2 ea daily)	<i>nisoldipine</i>	1	
CARDIZEM CD CP24 ( <i>diltiazem hcl coated beads</i> )	NF	QL(1 ea daily)	NORVASC TABS 5 MG, 10 MG ( <i>amlodipine besylate</i> )	NF	QL(1 ea daily)
CARDIZEM LA TB24 ( <i>diltiazem hcl</i> )	NF		NORVASC TABS 2.5 MG ( <i>amlodipine besylate</i> )	NF	QL(2 ea daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>diltiazem hcl</i> )	NF		PROCARDIA XL TB24 ( <i>nifedipine</i> )	NF	QL(1 ea daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)	SULAR 8.5 MG, 17 MG, 34 MG ( <i>nisoldipine</i> )	NF	
<i>diltiazem hcl extended release beads</i>	1		TIAZAC ( <i>diltiazem hcl extended release beads</i> )	NF	
<i>diltiazem hcl CP12</i>	1		<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl CP24</i>	1		<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>diltiazem hcl TABS</i>	1		<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
<i>diltiazem hcl TB24</i>	1		<i>verapamil hcl TABS</i>	1	
			<i>verapamil hcl TBCR 120 MG</i>	1	
			<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
			VERAPAMIL HYDROCHLORIDE ER CP24 ( <i>verapamil hcl</i> )	NF	
			VERELAN PM CP24 ( <i>verapamil hcl</i> )	3	
			VERELAN CP24 180 MG ( <i>verapamil hcl</i> )	NF	QL(2 ea daily)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
VERELAN CP24 120 MG, 240 MG ( <i>verapamil hcl</i> )	NF	
VERELAN CP24 360 MG ( <i>verapamil hcl</i> )	2	QL(1 ea daily)
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1	
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 125 MCG, 250 MCG ( <i>digoxin</i> )	3	
LANOXIN TABS 62.5 MCG ( <i>digoxin</i> )	NF	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	1	PA
<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	1	
BIDIL ( <i>isosorbide dinitrate-hydralazine hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> )	NF	PA
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> )	NF	
ENTRESTO	3	QL(2 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
CIALIS 2.5 MG ( <i>tadalafil</i> )	NF	QL(1 ea daily); PA
CIALIS 5 MG, 10 MG, 20 MG ( <i>tadalafil</i> )	NF	QL(0.27 ea daily); AL(At least 21 yrs old); PA
<i>sildenafil citrate</i>	1	QL(0.27 ea daily); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	QL(0.27 ea daily); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	1	QL(1 ea daily); PA
VIAGRA ( <i>sildenafil citrate</i> )	NF	QL(0.27 ea daily); PA
Peripheral Vasodilators		
<i>isoxsuprine hcl</i>	1	
Prostaglandin Vasodilators		
ORENITRAM TBCR	SP	PA
TYVASO DPI INSTITUTIONALKIT POWD	SP	QL(4 ea daily); PA
TYVASO DPI MAINTENANCE KIT POWD	SP	QL(8 ea daily); PA
TYVASO DPI MAINTENANCE KIT POWD	SP	QL(4 ea daily); PA

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI TITRATION KIT POWD	SP	QL(9 ea daily); PA	REVATIO SUSR ( <i>sildenafil citrate (pulmonary hypertension)</i> )	SP	PA
TYVASO DPI TITRATION KIT POWD	SP	QL(7 ea daily); PA	REVATIO TABS ( <i>sildenafil citrate (pulmonary hypertension)</i> )	NF	QL(3 ea daily); PA
TYVASO REFILL SOLN IN	SP	PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	SP	PA
TYVASO STARTER SOLN IN	SP	PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 ea daily); PA
TYVASO SOLN IN	SP	PA	<i>tadalafil (pulmonary hypertension) TABS</i>	SP	QL(2 ea daily); PA
VENTAVIS	SP	PA	Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
<i>bosentan TABS</i>	SP	PA	UPTRAVI TITRATION PACK TBPK	SP	PA
LETAIRIS ( <i>ambrisentan</i> )	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	UPTRAVI TABS	SP	QL(2 ea daily); PA
OPSUMIT	SP	PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
TRACLEER TABS 62.5 MG ( <i>bosentan</i> )	NF	USE BOSENTAN TABS	ADEMPAS	SP	PA
TRACLEER TABS 125 MG ( <i>bosentan</i> )	NF		Sinus Node Inhibitors		
TRACLEER TABS 125 MG ( <i>bosentan</i> )	SP	PA	CORLANOR SOLN	3	QL(15 ml daily); ST
TRACLEER TBSO	SP	PA	CORLANOR TABS	3	QL(2 ea daily); ST
Pulmonary Hypertension - Phosphodiesterase Inhibitors			Transthyretin Stabilizers		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	SP	QL(2 ea daily); PA	VYNDAMAX	SP	QL(1 ea daily); PA
ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )	SP	QL(2 ea daily); PA	VYNDAQEL	SP	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections					
Cephalosporins - 1st Generation					
<i>cefadroxil CAPS</i>				1	
<i>cefadroxil SUSR</i>				1	
<i>cefadroxil TABS</i>				1	

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium SOLR IV 1 GM</i>	SP	PA	(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	PV	PV
<i>cephalexin CAPS</i>	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	PV	PV
<i>cephalexin SUSR</i>	1		(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	PV	PV
Cephalosporins - 2nd Generation			(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN	PV	PV
CEFACLOR ER TB12	3		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	PV	PV
<i>cefaclor CAPS</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	PV	PV
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	PV	PV
CEFOTAN IJ ( <i>cefotetan disodium</i> )	SP	PA	(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG	PV	PV
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	SP	PA			
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	SP	PA			
CEFOXITIN SODIUM	SP	PA			
<i>cefprozil SUSR</i>	1				
<i>cefprozil TABS</i>	1				
<i>cefuroxime axetil TABS</i>	1				
Cephalosporins - 3rd Generation					
<i>cefdinir CAPS</i>	1				
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
SUPRAX CAPS ( <i>cefixime</i> )	NF				
SUPRAX SUSR 100 MG/5ML ( <i>cefixime</i> )	NF				
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>					
Combination Contraceptives - Oral					

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOIVIA 1/35 50 MCG-1 MG	PV	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	PV	PV
			(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	PV	PV

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	PV	PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	PV	PV
			(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	PV	PV
			(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	PV	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	PV	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	PV	PV
			(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	PV	PV
			(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	PV	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	PV	PV			

Updated May 1, 2024

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

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

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
MIRCETTE ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )	PV	PV
NATAZIA	PV	PV
NEXTSTELLIS	PV	PV
<i>norethin acet &amp; estrad-fe CAPS</i>	PV	PV
<i>norethin acet &amp; estrad-fe CHEW</i>	PV	PV
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	PV	PV
<i>norethindrone &amp; ethinyl estradiol-fe</i>	PV	PV
<i>norethindrone acet &amp; eth estra</i>	PV	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	PV	PV
<i>norgestimate-ethinyl estradiol</i>	PV	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	PV	Equivalent to Ortho Tricyclen Lo
QUARTETTE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	PV	PV
SAFYRAL ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	PV	PV
SEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	PV	PV
TAYTULLA CAPS ( <i>norethin acet &amp; estrad-fe</i> )	PV	PV
TYBLUME CHEW	PV	PV
YASMIN 28 ( <i>drospirenone-ethinyl estradiol</i> )	PV	PV
YAZ ( <i>drospirenone-ethinyl estradiol</i> )	PV	PV
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/Limits
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	PV	PV
<i>norelgestromin-ethinyl estradiol</i>	PV	PV
TWIRLA	PV	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	PV	PV
ANNOVERA	PV	PV
<i>etonogestrel-ethinyl estradiol</i>	PV	PV
NUVARING ( <i>etonogestrel-ethinyl estradiol</i> )	PV	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	PV	PV
ELLA	PV	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	PV	PV
PLAN B ONE-STEP ( <i>levonorgestrel (emergency oc)</i> )	PV	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR	5	Available through the Medical Benefit

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUSY SC	PV	Provided under the Medical Benefit; PA
<b>Progestin Contraceptives - Oral</b>		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	PV	PV
<i>norethindrone (contraceptive)</i>	PV	PV
OPILL	PV	
SLYND	PV	PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK	1	
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	SP	SP; PA
<i>budesonide CPEP</i>	2	QL(3 ea daily)
<i>budesonide TB24</i>	1	PA
CORTEF TABS ( <i>hydrocortisone</i> )	NF	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBPK</i>	1	
<i>hydrocortisone TABS</i>	1	
MEDROL DOSEPAK TBPK ( <i>methylprednisolone</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
MEDROL TABS 4 MG, 8 MG, 16 MG ( <i>methylprednisolone</i> )	NF	
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPK</i>	1	
ORAPRED ODT TBDP ( <i>prednisolone sodium phosphate</i> )	NF	
PEDIAPRED SOLN ( <i>prednisolone sodium phosphate</i> )	NF	
<i>prednisolone sodium phosphate SOLN</i>	1	
<i>prednisolone sodium phosphate TBDP</i>	1	
<i>prednisolone SOLN</i>	1	
<i>prednisolone TABS</i>	1	
PREDNISON INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPK</i>	1	
UCERIS TB24 ( <i>budesonide</i> )	NF	PA
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate TABS</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate</i>	1	
HYCODAN SOLN ( <i>hydrocodone bitartrate-homatropine methylbromide</i> )	NF	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
HYCODAN TABS 1.5 MG-5 MG ( <i>hydrocodone bitartrate-homatropine methylbromide</i> )	NF	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
ACTIDOM DMX LIQD	3	
CODITUSSIN AC LIQD	3	
DOMETUSS-DMX LIQD	3	
GILTUSS COUGH & COLD TABS	3	
GILTUSS SINUS & CONGESTION TABS	3	
<i>guaifenesin-codeine SOLN</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
<i>promethazine &amp; 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</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
TUSNEL TABS	3	
TUSSLIN PEDIATRIC LIQD	3	
TUSSLIN LIQD	3	
Expectorants		
<i>potassium iodide (expectorant) SOLN</i>	1	
SSKI SOLN ( <i>potassium iodide (expectorant)</i> )	NF	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
HYPERSAL NEBU ( <i>sodium chloride (inhalant)</i> )	NF	
HYPERSAL NEBU	3	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1		(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Erythromycin (Acne Aid)) ERY PADS	1		(Tretinoin) AVITA CREA 0.025 %	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(5 ea daily)	(Tretinoin) AVITA GEL 0.025 %	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(2 ea daily)	ABSORICA 20 MG ( <i>isotretinoin</i> )	NF	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(5 ea daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(4 ea daily)	ABSORICA 30 MG ( <i>isotretinoin</i> )	NF	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(3 ea daily)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(3 ea daily)	ABSORICA 35 MG, 40 MG ( <i>isotretinoin</i> )	NF	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(2 ea daily)

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ABSORICA 10 MG, 25 MG ( <i>isotretinoin</i> )	NF	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(4 ea daily)	<i>clindamycin phosphate (topical) SWAB</i>	1	
			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
			<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
ACZONE 5 % ( <i>dapsone (topical)</i> )	NF	PA	<i>clindamycin phosphate-tretinoin</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1		<i>dapsone (topical) 5 %</i>	1	PA
<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)	DIFFERIN CREA ( <i>adapalene</i> )	NF	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	DIFFERIN GEL 0.1 % ( <i>adapalene</i> )	NF	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 per fill mail)	DIFFERIN GEL 0.3 % ( <i>adapalene</i> )	NF	QL(45 gm per fill retail; 135 per fill mail)
			DIFFERIN LOTN	3	
ATRALIN GEL ( <i>tretinoin</i> )	NF		EPIDUO GEL ( <i>adapalene-benzoyl peroxide</i> )	NF	
AZELEX	3		ERYGEL GEL ( <i>erythromycin (acne aid)</i> )	NF	
BENZAMYCIN GEL ( <i>benzoyl peroxide-erythromycin</i> )	NF	QL(2 gm daily)	<i>erythromycin (acne aid) GEL</i>	1	
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)	<i>erythromycin (acne aid) SOLN</i>	1	
CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> )	NF		EVOCLIN FOAM ( <i>clindamycin phosphate (topical)</i> )	NF	
CLINDAGEL GEL ( <i>clindamycin phosphate (topical)</i> )	NF	AL(At least 12 yrs old)	FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>clindamycin phosphate (topical) FOAM</i>	1				
<i>clindamycin phosphate (topical) GEL</i>	1	AL(At least 12 yrs old)			
<i>clindamycin phosphate (topical) LOTN</i>	1				
<i>clindamycin phosphate (topical) SOLN</i>	1				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin 35 MG, 40 MG</i>	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(2 ea daily)	RETIN-A MICRO 0.1 % ( <i>tretinoin microsphere</i> )	NF	QL(1.67 gm daily)
			RETIN-A MICRO 0.04 % ( <i>tretinoin microsphere</i> )	NF	Limit 45gms per month; QL(1.7 gm daily)
			RETIN-A MICRO PUMP 0.1 % ( <i>tretinoin microsphere</i> )	NF	QL(1.67 gm daily)
<i>isotretinoin 30 MG</i>	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(3 ea daily)	RETIN-A MICRO PUMP 0.04 % ( <i>tretinoin microsphere</i> )	NF	Limit 45gms per month; QL(1.7 gm daily)
			RETIN-A CREA ( <i>tretinoin</i> )	NF	
			RETIN-A GEL ( <i>tretinoin</i> )	NF	
			SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
<i>isotretinoin 10 MG, 25 MG</i>	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(4 ea daily)	<i>sulfacetamide sodium (acne)</i>	1	
			<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
			<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2	
			<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 gm daily)
			<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA
<i>isotretinoin 20 MG</i>	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(5 ea daily)	TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
			<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)
			<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 gm daily)
			<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
			<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
			VELTIN ( <i>clindamycin phosphate-tretinoin</i> )	NF	
			KLARON ( <i>sulfacetamide sodium (acne)</i> )	NF	
PLEXION CLEANSER LIQD ( <i>sulfacetamide sodium w/ sulfur</i> )	NF				
PLEXION CREA ( <i>sulfacetamide sodium w/ sulfur</i> )	NF				
PLEXION LOTN ( <i>sulfacetamide sodium w/ sulfur</i> )	NF	PA			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZIANA ( <i>clindamycin phosphate-tretinoin</i> )	NF		EXODERM	3	
Agents for External Genital and Perianal Warts			EXTINA FOAM ( <i>ketoconazole (topical)</i> )	NF	
VEREGEN	3	QL(30 gm per fill retail)	<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
Antibiotics - Topical			<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
ALTABAX	3		<i>ketoconazole (topical) FOAM</i>	2	
CENTANY OINT	2		<i>ketoconazole (topical) SHAM 2 %</i>	1	
<i>gentamicin sulfate (topical) CREA</i>	1		LOPROX SHAMPOO SHAM ( <i>ciclopirox</i> )	NF	
<i>gentamicin sulfate (topical) OINT</i>	1		LOPROX CREA ( <i>ciclopirox olamine</i> )	NF	
<i>mupirocin OINT</i>	1		LOPROX SUSP ( <i>ciclopirox olamine</i> )	NF	
Antifungals - Topical			<i>naftifine hcl CREA</i>	1	
(Ciclopirox) CICLODAN SOLN	1		<i>naftifine hcl GEL 2 %</i>	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1		NAFTIN GEL ( <i>naftifine hcl</i> )	NF	
(Ketoconazole (Topical)) KETODAN FOAM	2		<i>nystatin (topical) CREA</i>	1	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		<i>nystatin (topical) OINT</i>	1	
<i>ciclopirox olamine CREA</i>	1		<i>nystatin (topical) POWD EX</i>	1	
<i>ciclopirox olamine SUSP</i>	1		<i>nystatin-triamcinolone CREA</i>	1	
<i>ciclopirox GEL</i>	1		<i>nystatin-triamcinolone OINT</i>	1	
<i>ciclopirox SHAM</i>	1		<i>oxiconazole nitrate CREA</i>	1	
<i>ciclopirox SOLN</i>	1		OXISTAT CREA ( <i>oxiconazole nitrate</i> )	NF	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 gm daily)	OXISTAT LOTN	3	
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)	<i>sulconazole nitrate CREA</i>	1	
<i>econazole nitrate CREA</i>	1		<i>sulconazole nitrate SOLN</i>	1	
ERTACZO	SP	QL(1 gm daily); PA	VYTONE 1.9 %-1 % ( <i>iodoquinol-hydrocortisone in aloe vehicle</i> )	NF	
EXELDERM CREA ( <i>sulconazole nitrate</i> )	3		Anti-inflammatory Agents - Topical		
EXELDERM SOLN	2				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA
			EFUDEX CREA ( <i>fluorouracil (topical)</i> )	NF	
			<i>fluorouracil (topical) CREA 5 %</i>	1	
			<i>fluorouracil (topical) SOLN</i>	1	
			PANRETIN	3	PA
			TARGRETIN ( <i>bexarotene (topical)</i> )	SP	PA
			VALCHLOR	SP	PA
			Antipruritics - Topical		
			<i>doxepin hcl (antipruritic)</i>	1	QL(3 gm daily)
			PRUDOXIN ( <i>doxepin hcl (antipruritic)</i> )	NF	
			ZONALON ( <i>doxepin hcl (antipruritic)</i> )	NF	
			Antipsoriatics		
			(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
			<i>acitretin 17.5 MG</i>	2	
			<i>acitretin 25 MG</i>	2	QL(2 ea daily)
			<i>acitretin 10 MG</i>	2	QL(1 ea daily)
			<i>calcipotriene CREA</i>	2	QL(5 gm daily)
			<i>calcipotriene FOAM</i>	1	PA
			CALCIPOTRIENE FOAM	3	PA
			<i>calcipotriene OINT</i>	1	QL(5 gm daily)
			<i>calcipotriene SOLN</i>	1	
			<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 gm daily)
			COSENTYX SENSOREADY PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ml daily); PA
			COSENTYX UNOREADY SOAJ	SP	QL(0.072 ml daily); PA
Antineoplastic or Premalignant Lesion Agents - Topical					
<i>bexarotene (topical)</i>	SP	PA			
CARAC CREA ( <i>fluorouracil (topical)</i> )	2	QL(1 gm daily)			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 150 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ml daily); PA	TAZORAC CREA	2	
COSENTYX SOSY 150 MG/ML	SP	QL(0.036 ml daily); PA	TAZORAC GEL ( <i>tazarotene</i> )	NF	
COSENTYX SOSY 75 MG/0.5ML	SP	QL(0.18 ml daily); PA	TREMFYA SOPN	SP	QL(0.018 ml daily); PA
DOVONEX CREA ( <i>calcipotriene</i> )	NF	QL(5 gm daily)	TREMFYA SOSY	SP	QL(0.018 ml daily); PA
<i>methoxsalen rapid</i>	1		VECTICAL ( <i>calcitriol (topical)</i> )	NF	Limit 100gms per month; QL(3.4 gm daily)
SKYRIZI PEN SOAJ	SP	Check Plan Documents for coverage; QL(1 ml per 84 days retail); PA	Antiseborrheic Products		
SKYRIZI PSKT	SP	Check Plan Documents for coverage; QL(1 ea per 84 days retail); PA	OVACE PLUS WASH LIQD ( <i>sulfacetamide sodium</i> )	NF	
SKYRIZI SOSY	SP	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	OVACE PLUS SHAM ( <i>sulfacetamide sodium</i> )	NF	
SORILUX FOAM	3	PA	OVACE WASH LIQD ( <i>sulfacetamide sodium</i> )	NF	
STELARA SOLN 45 MG/0.5ML	SP	PA	<i>selenium sulfide LOTN 2.5 %</i>	1	
STELARA SOSY 45 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.17 ml daily); PA	SODIUM SULFACETAMIDE WASH LIQD	3	
STELARA SOSY 90 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.04 ml daily); PA	<i>sulfacetamide sodium LIQD</i>	1	
<i>tazarotene CREA</i>	1		<i>sulfacetamide sodium SHAM 10 %</i>	1	
<i>tazarotene GEL</i>	1		Antivirals - Topical		
TAZORAC CREA ( <i>tazarotene</i> )	NF		<i>acyclovir topical OINT</i>	1	QL(1 gm daily)
			ZOVIRAX OINT ( <i>acyclovir topical</i> )	NF	QL(1 gm daily)
			Burn Products		
			(Silver Sulfadiazine) SSD	1	
			<i>mafenide acetate PACK</i>	1	
			SILVADENE ( <i>silver sulfadiazine</i> )	NF	
			<i>silver sulfadiazine</i>	1	
			SULFAMYLON CREA	3	
			SULFAMYLON PACK 5 % ( <i>mafenide acetate</i> )	NF	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Corticosteroids - Topical			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1		<i>betamethasone dipropionate augmented LOTN</i>	1	
(Clobetasol Propionate Emulsion) TOVET	1		<i>betamethasone dipropionate augmented OINT</i>	1	
(Clobetasol Propionate) CLODAN SHAM	1		<i>betamethasone valerate CREA</i>	1	
(Desonide) DESRX GEL	1		<i>betamethasone valerate FOAM</i>	1	
(Flurandrenolide) NOLIX CREA	1		<i>betamethasone valerate LOTN</i>	1	
(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 %	1		<i>betamethasone valerate OINT</i>	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		<i>calcipotriene-betamethasone dipropionate OINT</i>	2	ST
ALA-SCALP LOTN	3		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 gm daily)
<i>alclometasone dipropionate CREA</i>	1		CAPEX SHAM	2	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>amcinonide CREA</i>	1		<i>clobetasol propionate emulsion</i>	1	
<i>amcinonide LOTN</i>	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>amcinonide OINT</i>	1		<i>clobetasol propionate FOAM</i>	1	
APEXICON E CREA	2		<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate LIQD</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SHAM</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinolone acetonide CREA</i>	1	
CLOBEX LIQD ( <i>clobetasol propionate</i> )	NF		<i>fluocinolone acetonide OIL</i>	1	
CLOBEX LOTN 0.05 % ( <i>clobetasol propionate</i> )	NF		<i>fluocinolone acetonide OINT</i>	1	
CLOBEX SHAM ( <i>clobetasol propionate</i> )	NF		<i>fluocinolone acetonide SOLN</i>	1	
<i>clocortolone pivalate</i>	1		<i>fluocinonide emulsified base</i>	1	
CLODERM ( <i>clocortolone pivalate</i> )	3		<i>fluocinonide CREA</i>	1	
CORDRAN CREA ( <i>flurandrenolide</i> )	NF		<i>fluocinonide GEL</i>	1	
CORDRAN TAPE	3		<i>fluocinonide OINT</i>	1	
CORTANE-B	3		<i>fluocinonide SOLN</i>	1	
CUTIVATE LOTN ( <i>fluticasone propionate</i> )	NF		<i>flurandrenolide CREA</i>	1	
DERMA-SMOOTH/FS BODY OIL ( <i>fluocinolone acetonide</i> )	NF		<i>fluticasone propionate CREA 0.05 %</i>	1	
DERMA-SMOOTH/FS SCALP OIL ( <i>fluocinolone acetonide</i> )	NF		<i>fluticasone propionate LOTN</i>	1	
<i>desonide CREA</i>	1		<i>fluticasone propionate OINT</i>	1	
<i>desonide GEL</i>	1		<i>halobetasol propionate CREA</i>	1	
<i>desonide LOTN</i>	1		<i>halobetasol propionate OINT</i>	1	
<i>desonide OINT</i>	1		HALOG SOLN	3	
DESOWEN CREA ( <i>desonide</i> )	NF		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>desoximetasone CREA</i>	1		<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1	
<i>desoximetasone GEL</i>	1		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>desoximetasone LIQD</i>	1	ST	<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>desoximetasone OINT</i>	1		<i>hydrocortisone butyrate CREA</i>	1	
<i>diflorasone diacetate CREA</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<i>diflorasone diacetate OINT</i>	1		<i>hydrocortisone butyrate SOLN</i>	1	
DIPROLENE OINT ( <i>betamethasone dipropionate augmented</i> )	NF				
EPIFOAM FOAM	3				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate CREA</i>	1	
<i>hydrocortisone valerate OINT</i>	1	
KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> )	NF	
LOCOID LIPOCREAM	3	
LUXIQ FOAM ( <i>betamethasone valerate</i> )	NF	
<i>mometasone furoate CREA</i>	1	
<i>mometasone furoate OINT</i>	1	
<i>mometasone furoate SOLN</i>	1	
NUCORT LOTN	3	
OLUX-E ( <i>clobetasol propionate emulsion</i> )	NF	
OLUX FOAM ( <i>clobetasol propionate</i> )	NF	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
<i>prednicarbate OINT</i>	1	
SYNALAR CREA ( <i>fluocinolone acetonide</i> )	NF	
SYNALAR OINT ( <i>fluocinolone acetonide</i> )	NF	
SYNALAR SOLN ( <i>fluocinolone acetonide</i> )	NF	
TACLONEX OINT ( <i>calcipotriene-betamethasone dipropionate</i> )	NF	ST
TACLONEX SUSP ( <i>calcipotriene-betamethasone dipropionate</i> )	NF	QL(2 gm daily)
TEMOVATE CREA ( <i>clobetasol propionate</i> )	NF	
TEMOVATE OINT ( <i>clobetasol propionate</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
TEXACORT SOLN 2.5 %	3	
TOPICORT CREA ( <i>desoximetasone</i> )	NF	
TOPICORT GEL ( <i>desoximetasone</i> )	NF	
TOPICORT LIQD ( <i>desoximetasone</i> )	NF	ST
TOPICORT OINT ( <i>desoximetasone</i> )	NF	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDESILON CREA 0.05 % ( <i>desonide</i> )	NF	
VANOS CREA ( <i>fluocinonide</i> )	NF	
<b>Eczema Agents</b>		
DUPIXENT SOPN 300 MG/2ML	SP	PA
DUPIXENT SOSY 200 MG/1.14ML	SP	PA
DUPIXENT SOSY 300 MG/2ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<b>Emollient/Keratolytic Agents</b>		
(Urea) CEROVEL LOTN 40 %	1	
<i>urea LOTN 40 %</i>	1	
<b>Emollients</b>		
<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	3	

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	
ZYCLARA ( <i>imiquimod</i> )	NF	QL(1 ea daily)
ZYCLARA PUMP ( <i>imiquimod</i> )	NF	QL(1 gm daily)
Immunosuppressive Agents - Topical		
ELIDEL ( <i>pimecrolimus</i> )	NF	QL(2 gm daily)
<i>pimecrolimus</i>	1	QL(2 gm daily)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
CONDYLOX GEL ( <i>podofilox</i> )	NF	
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	
<i>salicylic acid in ammonium lactate vehicle</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE PTCH 5 %	1	Limited to 3 patches per day; QL(3 ea daily)
CETACAINE AERO	3	
GEN7T PTCH ( <i>lidocaine</i> )	NF	RX/OTC
<i>lidocaine hcl SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 ea daily)
LIDODERM PTCH ( <i>lidocaine</i> )	NF	Limited to 3 patches per day; QL(3 ea daily)
PREMIUM SCAR PATCH	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	Limited to 60 gm per month; QL(2 gm daily); PA
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limit 45gms per month; QL(1.5 gm daily)
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	1	PA
<i>doxycycline (rosacea)</i>	1	QL(1 ea daily); PA
FINACEA FOAM	3	
FINACEA GEL ( <i>azelaic acid</i> )	NF	
<i>ivermectin (rosacea)</i>	1	QL(1.5 gm daily); PA
METROCREAM CREA ( <i>metronidazole (topical)</i> )	NF	
METROGEL GEL 1 % ( <i>metronidazole (topical)</i> )	NF	
METROLOTION LOTN ( <i>metronidazole (topical)</i> )	NF	QL(2 ml daily)
<i>metronidazole (topical) CREA</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) GEL 1 %</i>	1		BINAXNOW COVID-19 AG CARD HOME TEST KIT	PV	QL(8 ea per fill retail); PV
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)	CARESTART COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV
<i>metronidazole (topical) LOTN</i>	1	QL(2 ml daily)	CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	PV	QL(8 ea per fill retail); PV
MIRVASO ( <i>brimonidine tartrate (topical)</i> )	NF	PA	CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV
NORITATE CREA	SP	PA	CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	PV	QL(8 ea per fill retail); PV
ORACEA ( <i>doxycycline (rosacea)</i> )	3	QL(1 ea daily); PA	COVID-19 AG TEST KIT	PV	QL(8 ea per fill retail); PV
RHOFADE	3	PA	COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
SOOLANTRA ( <i>ivermectin (rosacea)</i> )	NF	QL(1.5 gm daily); PA	COVID-19 AT-HOME TEST KIT KIT	PV	QL(8 ea per fill retail); PV
Scabicides & Pediculicides			COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	PV	QL(8 ea per fill retail); PV
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	1	RX/OTC	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	PV	QL(8 ea per fill retail); PV
<i>ivermectin (pediculicide)</i>	1	RX/OTC	CVS COVID-19 AT HOME TESTKIT KIT	PV	QL(8 ea per fill retail); PV
<i>malathion</i>	1		ELLUME COVID-19 HOME TEST KIT	PV	QL(8 ea per fill retail); PV
OVIDE ( <i>malathion</i> )	NF		FASTEP COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV
<i>permethrin CREA</i>	1	QL(2 gm daily)	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV
SKLICE ( <i>ivermectin (pediculicide)</i> )	NF	RX/OTC	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	QL(6.7 ea daily); RX/OTC
Wound Care Products			FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)	<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC PRODUCTS</b>			Diagnostic Drugs		
METOPIRONE	3		Diagnostic Tests		
Diagnostic Tests			ADVIN COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV
BD VERITOR AT-HOME COVID-19 TEST KIT	PV	QL(8 ea per fill retail); PV			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC	QUICKVUE AT-HOME COVID-19 TEST KIT	PV	QL(8 ea per fill retail); PV
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	PV	QL(8 ea per fill retail); PV	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	PV	QL(8 ea per fill retail); PV
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	PV	QL(8 ea per fill retail); PV	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	PV	QL(8 ea per fill retail); PV
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	PV	QL(8 ea per fill retail); PV	<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	PV	QL(8 ea per fill retail); PV	Digestive Enzymes		
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	PV	QL(8 ea per fill retail); PV	CREON CPEP	2	
INTELISWAB COVID-19 RAPID TEST KIT	PV	QL(8 ea per fill retail); PV	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	PV	QL(8 ea per fill retail); PV	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV	<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
ONETOUCH ULTRA STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC	Carbonic Anhydrase Inhibitors		
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily; 200 ea per fill retail); RX/OTC	(Dichlorphenamide) ORMALVI	SP	PA
PILOT COVID-19 AT-HOME TEST KIT	PV	QL(8 ea per fill retail); PV			
PRECISION XTRA	2	QL(0.36 ea daily)			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>dichlorphenamide</i>	SP	PA
KEVEYIS ( <i>dichlorphenamide</i> )	SP	PA
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
ALDACTAZIDE	2	
ALDACTAZIDE ( <i>spironolactone &amp; hydrochlorothiazide</i> )	NF	
<i>amiloride &amp; hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	NF	QL(2 ea daily)
MAXZIDE TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	NF	QL(1 ea daily)
<i>spironolactone &amp; hydrochlorothiazide</i>	1	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene &amp; hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
<i>triamterene &amp; hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
Loop Diuretics		
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
BUMEX TABS 0.5 MG ( <i>bumetanide</i> )	NF	
EDECIN ( <i>ethacrynic acid</i> )	NF	ST

Drug Name	Drug Tier	Requirements/Limits
<i>ethacrynic acid</i>	1	ST
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	
<i>furosemide TABS</i>	1	
LASIX TABS ( <i>furosemide</i> )	NF	
<i>torseamide TABS 100 MG</i>	1	QL(2 ea daily)
<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS ( <i>spironolactone</i> )	NF	
<i>amiloride hcl TABS</i>	1	
DYRENIUM CAPS ( <i>triamterene</i> )	NF	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 35 MG ( <i>risedronate sodium</i> )	NF	ST
ACTONEL TABS 150 MG ( <i>risedronate sodium</i> )	NF	Limited to 1 per month; QL(0.04 ea daily); ST
<i>alendronate sodium SOLN</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 ea daily)	NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML	SP	PA
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	SEROSTIM SC 4 MG, 5 MG, 6 MG	SP	PA
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 ea daily)	ZOMACTON SOLR SC 10 MG	SP	PA
BONIVA TABS ( <i>ibandronate sodium</i> )	NF	Limit 1 per month; QL(0.04 ea daily)	ZORBTIVE SC	SP	PA
<i>calcitonin (salmon) NA</i>	1		Hormone Receptor Modulators		
<i>calcitonin (salmon) IJ</i>	SP	PA	EVISTA ( <i>raloxifene hcl</i> )	PV	PV
FOSAMAX TABS 70 MG ( <i>alendronate sodium</i> )	NF	Limit 1 tab per week; QL(0.15 ea daily)	OSPHEANA	3	QL(1 ea daily)
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)	<i>raloxifene hcl</i>	PV	PV
MIACALCIN IJ ( <i>calcitonin (salmon)</i> )	SP	PA	Insulin-Like Growth Factors (Somatomedins)		
NATPARA	SP	PA	INCRELEX	SP	PA
PROLIA SOSY	SP	PA	LHRH/GnRH Agonist Analog Pituitary Suppressants		
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 ea daily); ST	FENSOLVI SC	3	PA
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
TYMLOS	SP	PA	SYNAREL	2	
Growth Hormone Receptor Antagonists			Metabolic Modifiers		
SOMAVERT	SP	PA	(Sapropterin Dihydrochloride) JAVYGTOR PACK	SP	Specialty Drug refer to Caremark SP RX
Growth Hormone Releasing Hormones (GHRH)			(Sapropterin Dihydrochloride) JAVYGTOR TABS	SP	Specialty Drug refer to Caremark SP RX
EGRIFTA 2 MG	SP	PA	<i>betaine</i>	SP	PA
EGRIFTA SV	SP	PA	BUPHENYL POWD ( <i>sodium phenylbutyrate</i> )	SP	PA
Growth Hormones			BUPHENYL TABS ( <i>sodium phenylbutyrate</i> )	SP	PA
HUMATROPE CART IJ	SP	PA	<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML	SP	PA	<i>calcitriol CAPS 0.25 MCG</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>calcitriol SOLN OR</i>	1		<i>paricalcitol CAPS</i>	1	
CARNITOR SF SOLN OR ( <i>levocarnitine (metabolic modifiers)</i> )	NF		RAVICTI	SP	
CARNITOR SOLN OR 1 GM/10ML ( <i>levocarnitine (metabolic modifiers)</i> )	NF		ROCALTROL CAPS 0.25 MCG ( <i>calcitriol</i> )	NF	
CARNITOR TABS ( <i>levocarnitine (metabolic modifiers)</i> )	NF		ROCALTROL CAPS 0.5 MCG ( <i>calcitriol</i> )	NF	QL(4 ea daily)
<i>cinacalcet hcl</i>	1	PA	ROCALTROL SOLN OR ( <i>calcitriol</i> )	NF	
CYSTADANE ( <i>betaine</i> )	SP	PA	<i>sapropterin dihydrochloride PACK</i>	SP	Specialty Drug refer to Caremark SP RX
<i>doxercalciferol CAPS</i>	2		<i>sapropterin dihydrochloride TABS</i>	SP	Specialty Drug refer to Caremark SP RX
GALAFOLD	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.5 ea daily); SP; PA	SENSIPAR ( <i>cinacalcet hcl</i> )	NF	PA
KUVAN PACK ( <i>sapropterin dihydrochloride</i> )	SP	Specialty Drug refer to Caremark SP RX	<i>sodium phenylbutyrate POWD</i>	SP	PA
KUVAN TABS ( <i>sapropterin dihydrochloride</i> )	SP	Specialty Drug refer to Caremark SP RX	<i>sodium phenylbutyrate TABS</i>	SP	PA
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1		STRENSIQ	SP	PA
<i>levocarnitine (metabolic modifiers) TABS</i>	1		XURIDEN	SP	
MYALEPT	SP	PA	ZEMPLAR CAPS 1 MCG, 2 MCG ( <i>paricalcitol</i> )	NF	
<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA	Posterior Pituitary Hormones		
<i>nitisinone CAPS 10 MG</i>	SP	PA	DDAVP TABS 0.1 MG ( <i>desmopressin acetate</i> )	NF	
NITYR TABS	SP	PA	DDAVP TABS 0.2 MG ( <i>desmopressin acetate</i> )	NF	QL(6 ea daily)
ORFADIN CAPS 10 MG ( <i>nitisinone</i> )	SP	PA	<i>desmopressin acetate spray</i>	1	
ORFADIN CAPS 2 MG, 5 MG, 20 MG ( <i>nitisinone</i> )	NF	PA	<i>desmopressin acetate spray refrigerated</i>	1	
ORFADIN SUSP	SP	PA	DESMOPRESSIN ACETATE SOLN NA	3	
PALYNZIQ	SP	SP; PA	<i>desmopressin acetate TABS 0.1 MG</i>	1	
			<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
			STIMATE SOLN NA	3	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Progesterone Receptor Antagonists			ACTIVEVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> )	NF	
MIFEPREX ( <i>mifepristone</i> )	PV		ANGELIQ	3	
<i>mifepristone</i>	PV		CLIMARA PRO	2	
Prolactin Inhibitors			COMBIPATCH PTTW	3	
<i>cabergoline</i>	1		DUAVEE	3	
Somatostatic Agents			<i>estradiol &amp; norethindrone acetate TABS</i>	1	
<i>octreotide acetate SOLN</i>	SP	PA	FEMHRT ( <i>norethindrone acetate-ethinyl estradiol</i> )	NF	
<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	SP	PA	<i>norethindrone acetate-ethinyl estradiol</i>	1	
SANDOSTATIN SOLN 500 MCG/ML ( <i>octreotide acetate</i> )	SP	PA	ORIAHNN	SP	PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML ( <i>octreotide acetate</i> )	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661	PREFEST	3	
SIGNIFOR	SP	PA	PREMPHASE	2	
Vasopressin Receptor Antagonists			PREMPRO	2	
JYNARQUE TBPK	SP	PA	Estrogens		
JYNARQUE TBPK	SP	SP; PA	(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>			ALORA PTTW	2	QL(0.29 ea daily)
Estrogen Combinations			CLIMARA PTWK ( <i>estradiol</i> )	NF	Limit 4 patches per month; QL(0.143 ea daily)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1		DELESTROGEN ( <i>estradiol valerate</i> )	NF	QL(5 ml daily)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1		DIVIGEL GEL ( <i>estradiol</i> )	NF	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		ELESTRIN GEL	3	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1		ESTRACE TABS ( <i>estradiol</i> )	NF	
			<i>estradiol valerate</i>	1	QL(5 ml daily)
			<i>estradiol GEL</i>	1	
			<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
			<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 ea daily)
			<i>estradiol TABS</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	
MENEST	2	
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)
MINIVELLE PTTW ( <i>estradiol</i> )	NF	QL(0.29 ea daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
PREMARIN TABS 0.9 MG	2	
VIVELLE-DOT PTTW ( <i>estradiol</i> )	NF	QL(0.29 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	NF	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 days retail; 28 ea per 90 days mail)
<i>ofloxacin 300 MG</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	SP	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
Gallstone Solubilizing Agents		
CHENODAL	SP	PA
URSO 250 TABS ( <i>ursodiol</i> )	NF	
URSO FORTE TABS ( <i>ursodiol</i> )	NF	
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA ( <i>lubiprostone</i> )	NF	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	1	
REGLAN TABS ( <i>metoclopramide hcl</i> )	NF	
Inflammatory Bowel Agents		
APRISO CP24 ( <i>mesalamine</i> )	NF	QL(4 ea daily)
ASACOL HD TBEC ( <i>mesalamine</i> )	NF	
AZULFIDINE EN-TABS TBEC ( <i>sulfasalazine</i> )	NF	QL(8 ea daily)
AZULFIDINE TABS ( <i>sulfasalazine</i> )	NF	QL(8 ea daily)
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 ea daily)
CANASA SUPP ( <i>mesalamine</i> )	NF	QL(1 ea daily)
COLAZAL CAPS ( <i>balsalazide disodium</i> )	NF	Limit 280 caps per month; QL(9 ea daily)
DELZICOL CPDR ( <i>mesalamine</i> )	NF	QL(6 ea daily)
DIPENTUM	3	

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INFLECTRA SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP; PA	Irritable Bowel Syndrome (IBS) Agents		
			<i>alosectron hcl</i>	2	
			LINZESS	2	QL(1 ea daily)
LIALDA TBEC ( <i>mesalamine</i> )	NF	QL(4 ea daily)	LOTROXEX ( <i>alosectron hcl</i> )	NF	
<i>mesalamine CP24</i>	1	QL(4 ea daily)	VIBERZI	3	PA
<i>mesalamine CPCR</i>	1	QL(8 ea daily); PA	Peripheral Opioid Receptor Antagonists		
<i>mesalamine CPDR</i>	1	QL(6 ea daily)	<i>alvimopan</i>	1	
<i>mesalamine ENEM</i>	1	QL(60 ml daily)	ENTEREG ( <i>alvimopan</i> )	NF	
<i>mesalamine SUPP</i>	1	QL(1 ea daily)	MOVANTIK	3	QL(1 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)	Phosphate Binder Agents		
<i>mesalamine TBEC 800 MG</i>	1		(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
PENTASA CPCR ( <i>mesalamine</i> )	NF	QL(8 ea daily); PA	AURYXIA	3	PA
PENTASA CPCR 250 MG	3	PA	<i>calcium acetate (phosphate binder) CAPS</i>	1	
RENFLEXIS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
SFROWASA ENEM	2		FOSRENOL CHEW 1000 MG ( <i>lanthanum carbonate</i> )	NF	QL(3 ea daily)
SKYRIZI SOCT 180 MG/1.2ML	SP	Check Plan Documents for coverage; QL(0.043 ml daily); PA	FOSRENOL CHEW 750 MG ( <i>lanthanum carbonate</i> )	NF	QL(4 ea daily)
SKYRIZI SOCT 360 MG/2.4ML	SP	Check Plan Documents for coverage; QL(0.086 ml daily); PA	FOSRENOL CHEW 500 MG ( <i>lanthanum carbonate</i> )	NF	
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)	FOSRENOL PACK	3	
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)	<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
Intestinal Acidifiers			<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1		<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>lactulose (encephalopathy)</i>	1		PHOSLYRA SOLN	3	
			RENAGEL ( <i>sevelamer hcl</i> )	NF	
			REVELA PACK 2.4 GM ( <i>sevelamer carbonate</i> )	NF	QL(5 ea daily)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
RENVELA PACK 0.8 GM ( <i>sevelamer carbonate</i> )	NF	
RENVELA TABS ( <i>sevelamer carbonate</i> )	NF	
<i>sevelamer carbonate</i> PACK 0.8 GM	1	
<i>sevelamer carbonate</i> PACK 2.4 GM	1	QL(5 ea daily)
<i>sevelamer carbonate</i> TABS	1	
<i>sevelamer hcl</i> 400 MG	1	
<i>sevelamer hcl</i> 800 MG	1	QL(16 ea daily)
Short Bowel Syndrome (SBS) Agents		
GATTEX	SP	Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	SP	Not available through mail; PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
ORACIT	3	
ORAL CITRATE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>pot &amp; sod citrates w/citric ac</i> SOLN	1	
<i>potassium citrate (alkalinizer)</i> TBCR	1	
<i>potassium citrate-citric acid</i> SOLN	1	RX/OTC
<i>sodium citrate &amp; citric acid</i>	1	RX/OTC
UROKIT-K 10 TBCR ( <i>potassium citrate (alkalinizer)</i> )	NF	
UROKIT-K 15 TBCR ( <i>potassium citrate (alkalinizer)</i> )	NF	
UROKIT-K 5 TBCR ( <i>potassium citrate (alkalinizer)</i> )	NF	
Cystinosis Agents		
CYSTAGON CAPS	SP	PA
PROCYSBI CPDR	SP	
PROCYSBI PACK	SP	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART ( <i>dutasteride</i> )	NF	AL(At least 40 yrs old)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX ( <i>tamsulosin hcl</i> )	NF	QL(2 ea daily)
JALYN ( <i>dutasteride-tamsulosin hcl</i> )	NF	
PROSCAR ( <i>finasteride</i> )	NF	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO 8 MG ( <i>silodosin</i> )	NF	QL(1 ea daily)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
RAPAFLO 4 MG ( <i>silodosin</i> )	NF	
<i>silodosin 4 MG</i>	1	
<i>silodosin 8 MG</i>	1	QL(1 ea daily)
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
UROXATRAL ( <i>alfuzosin hcl</i> )	NF	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC ( <i>tiopronin</i> )	NF	
THIOLA TABS ( <i>tiopronin</i> )	NF	
<i>tiopronin TABS</i>	1	
<i>tiopronin TBEC</i>	1	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
COLCRYS TABS ( <i>colchicine</i> )	NF	
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
MITIGARE CAPS ( <i>colchicine</i> )	3	
ULORIC 40 MG ( <i>febuxostat</i> )	NF	QL(2 ea daily)
ULORIC 80 MG ( <i>febuxostat</i> )	NF	QL(1 ea daily)
ZYLOPRIM 100 MG ( <i>allopurinol</i> )	NF	QL(3 ea daily)
ZYLOPRIM 300 MG ( <i>allopurinol</i> )	NF	QL(2 ea daily)
Uricosurics		

Drug Name	Drug Tier	Requirements/Limits
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE	SP	PA
ADYNOVATE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
AFSTYLA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALTUVIIIIO	SP	PA
BENEFIX KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COAGADDEX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
CORIFACT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ELOCTATE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOGENATE FS KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FEIBA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOVALTRY	SP	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOEIGHT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMATE-P SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOSEVEN RT	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
IDELVION	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IXINITY SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	SP- Acaria Health; SP; PA
JIVI	SP	PA	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KCENTRA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	OBIZUR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	PROFILNINE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE SOLR	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	REBINYN	SP	PA
			RECOMBINATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			RIXUBIS SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
TRETTEN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
VONVENDI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
WILATE KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
XYNTHA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
XYNTHA SOLOFUSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<b>Bradykinin B2 Receptor Antagonists</b>		
(Icatibant Acetate) SAJAZIR SOSY	SP	PA
FIRAZYR SOSY ( <i>icatibant acetate</i> )	SP	PA
<i>icatibant acetate SOSY</i>	SP	PA
<b>Complement Inhibitors</b>		
FABHALTA	SP	PA
HAEGARDA SOLR SC	SP	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline</i>	1	QL(3 ea daily)
<b>Human Protein C</b>		
CEPROTIN	SP	PA
<b>Plasma Kallikrein Inhibitors</b>		
ORLADEYO	SP	PA
TAKHZYRO SOLN	SP	PA
TAKHZYRO SOSY	SP	PA

Drug Name	Drug Tier	Requirements/Limits
<b>Platelet Aggregation Inhibitors</b>		
AGRYLIN 0.5 MG ( <i>anagrelide hcl</i> )	NF	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
<i>dipyridamole</i>	1	
EFFIENT ( <i>prasugrel hcl</i> )	NF	
PLAVIX 75 MG ( <i>clopidogrel bisulfate</i> )	NF	QL(2 ea daily)
<i>prasugrel hcl</i>	1	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
(Miglustat) YARGESA	SP	PA
CERDELGA	SP	PA
CEREZYME 400 UNIT	SP	PA
<i>miglustat</i>	SP	PA
ZAVESCA ( <i>miglustat</i> )	SP	PA
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS	2	
ENDARI	SP	PA
SIKLOS TABS	SP	AC; PA
SIKLOS TABS	SP	PA
<b>Folic Acid/Folates</b>		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	PV	PV

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	PV	PV	IRON FOLATE-F	2	
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	PV	PV	<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC	Hemostatics - Systemic		
<i>folic acid TABS 1 MG</i>	1	RX/OTC	AMICAR SOLN OR ( <i>aminocaproic acid</i> )	NF	
<i>folic acid TABS 400 MCG, 800 MCG</i>	PV	PV	AMICAR TABS ( <i>aminocaproic acid</i> )	NF	
<b>Hematopoietic Growth Factors</b>			<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	
DOPTELET	SP	PA	<i>aminocaproic acid TABS</i>	1	
MULPLETA	SP	PA	CYKLOKAPRON SOLN ( <i>tranexamic acid</i> )	SP	PA
PROMACTA PACK	SP	QL(1 ea daily); PA	LYSTEDA TABS ( <i>tranexamic acid</i> )	NF	QL(6 ea daily; 5 Day(s) limit)
PROMACTA TABS	SP	QL(1 ea daily); PA	<i>tranexamic acid SOLN 1000 MG/10ML</i>	SP	PA
RETACRIT	SP	PA	<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
UDENYCA SOSY	SP	PA	<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
ZARXIO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	Barbiturate Hypnotics		
ZIEXTENZO	SP	PA	<i>phenobarbital ELIX</i>	1	
<b>Hematopoietic Mixtures</b>			<i>phenobarbital TABS</i>	1	
FOLIVANE-F	2		Non-Barbiturate Hypnotics		
INTEGRA F	2		AMBIEN CR TBCR ( <i>zolpidem tartrate</i> )	NF	QL(1 ea daily)
			AMBIEN TABS ( <i>zolpidem tartrate</i> )	NF	QL(1 ea daily)
			DORAL ( <i>quazepam</i> )	3	
			<i>estazolam</i>	1	
			<i>eszopiclone</i>	1	QL(1 ea daily)
			<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)
			<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)
			HALCION 0.25 MG ( <i>triazolam</i> )	NF	QL(1 ea daily)
			LUNESTA ( <i>eszopiclone</i> )	NF	QL(1 ea daily)
			<i>midazolam hcl SYRP</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RESTORIL 15 MG <i>(temazepam)</i>	NF	QL(2 ea daily)	NULYTELY ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	PV	PV
RESTORIL 7.5 MG <i>(temazepam)</i>	NF		<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	PV	PV
RESTORIL 22.5 MG, 30 MG <i>(temazepam)</i>	NF	QL(1 ea daily)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	PV	QL(4000 ml per fill retail); PV
<i>temazepam 15 MG</i>	1	QL(2 ea daily)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	PV	PV
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 ea daily)	PEG-PREP	PV	QL(1 ea per fill retail); PV
<i>temazepam 7.5 MG</i>	1		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	PV	PV
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)	SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	PV	PV
<i>triazolam 0.125 MG</i>	1		Laxatives - Miscellaneous		
<i>zaleplon</i>	1	QL(1 ea daily)	(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)	(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD	1	Limit 528gms per month; QL(17.6 gm daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 ea daily)			
Orexin Receptor Antagonists					
BELSOMRA	2	QL(1 ea daily); ST			
Selective Melatonin Receptor Agonists					
<i>ramelteon</i>	1	QL(1 ea daily); ST			
ROZEREM ( <i>ramelteon</i> )	NF	QL(1 ea daily); ST			
<b>LAXATIVES - Bowel Treatment Drugs</b>					
Laxative Combinations					
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	PV	PV			
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	PV	QL(4000 ml per fill retail); PV			
GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	PV	QL(4000 ml per fill retail); PV			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lactulose SOLN</i>	1		(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
MIRALAX POWD ( <i>polyethylene glycol 3350</i> )	NF	Limit 528gms per month; QL(17.6 gm daily)			
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 gm daily)			
Saline Laxatives					
OSMOPREP	PV	PV			
Stimulant Laxatives					
			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl TBEC</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX PINK LAXATIVE TBEC ( <i>bisacodyl</i> )	NF	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX SUPP ( <i>bisacodyl</i> )	NF	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX TBEC ( <i>bisacodyl</i> )	NF	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
Azithromycin		
<i>azithromycin PACK</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
ZITHROMAX TRI-PAK TABS ( <i>azithromycin</i> )	NF	QL(3 ea daily)
ZITHROMAX Z-PAK TABS ( <i>azithromycin</i> )	NF	QL(6 ea per fill retail)
ZITHROMAX PACK ( <i>azithromycin</i> )	NF	
ZITHROMAX SUSR ( <i>azithromycin</i> )	NF	
ZITHROMAX TABS 500 MG ( <i>azithromycin</i> )	NF	QL(3 ea daily)
ZITHROMAX TABS 250 MG ( <i>azithromycin</i> )	NF	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
E.E.S. GRANULES SUSR ( <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 200 SUSR ( <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 400 SUSR ( <i>erythromycin ethylsuccinate</i> )	NF	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base TBEC</i>	1		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO MICRO THIN MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
Fidaxomicin			KIMONO PLUS SPERMICIDE LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
DIFICID TABS	3		KIMONO PLUS SPERMICIDE/LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
<b>MEDICAL DEVICES AND SUPPLIES</b>			KIMONO PS LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
Contraceptives			KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
AIMSCO LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	KIMONO SENSATION LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
CAYA DPRH	PV	QL(1 ea per 365 days retail); PV	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
CONDOMS	PV		KIMONO SPECIAL DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	K-Y ME & YOU EXTRA LUBRICATED DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	K-Y ME & YOU INTENSE DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	MAXX LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
FC2 FEMALE CONDOM	PV	PV			
FEMCAP DEVI	PV	PV			
KAMELEON LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV			
KIMONO COLORS DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV			
KIMONO LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV			
KIMONO MAXX/LARGE FLARE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAXX PLUS SPERMICIDE LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
OMNIFLEX DIAPHRAGM	PV	PV	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
PREMIUM CONDOMS LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX NON-LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
REALITY LATEX CONDOMS/LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA TEXTURED DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA THIN DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
TRUSTEX COLOR CONDOMS + LUBE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX/RIA LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED EXTRALARGE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX/RIA NON-LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	PV	PV
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	PV	PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 85	PV	PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 90	PV	PV

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	PV	PV	ADVANCED MOBILE LANCET 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
Diabetic Supplies			ADVOCATE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ADVOCATE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ADVOCATE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ADVOCATE SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACCU-CHEK SAFE-T-PRO LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	AGAMATRIX ULTRA-THIN LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	AIMSCO TWIST LANCETS 32G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	AIMSCO TWIST LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACTI-LANCE LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	AQUALANCE LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACTI-LANCE LITE SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ASSURE COMFORT LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CAREONE LANCET THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARESENS LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH SAFETY LANCETS/26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE LANCE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH SAFETY LANCETS/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE LANCE LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH SAFETY LANCETS/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH TWIST LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
AURORA LANCET SUPER THIN30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
AURORA LANCET THIN 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CLEANLET LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
BD MICROTAINER LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CLEVER CHEK LANCETS ULTRATHIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
CAREONE LANCET SUPER THIN/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CLEVER CHEK LANCETS ULTRATHIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZLANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS ORIGINAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COAGUCHEK LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT ASSURED LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS ULTRA-THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS ULTRA THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DIATHRIVE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT TOUCH LANCETS ULTRA THIN 31G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DIATHRIVE LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DROPLET PERSONAL LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
CVS LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DRUG MART LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
CVS LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DRUG MART UNILET LANCETSSUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS COLOR	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EQL COLOR LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 28G ULTRA-SOFT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EQL SUPER THIN LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	FIFTY50 SAFETY SEAL LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EQL THIN LANCETS 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	FIFTY50 SAFETY SEAL LANCETS 32G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
E-Z JECT LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	FIFTY50 UNILET LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FINE 30	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FINGERSTIX LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FORA LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE FREEDOM LITE KIT	2	QL(1 ea per 365 days retail); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GLUCOCOM LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	GLUCOCOM LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	GLUCOCOM LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE UNISTICK II LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GNP LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GNP LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GENTLE-LET GP LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GNP STERILE LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HAEMOLANCE PLUS HIGH FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GNP STERILE LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HAEMOLANCE PLUS LOW FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOJJI STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HAEMOLANCE PLUS MAX FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HY-VEE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
HAEMOLANCE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HY-VEE THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	IN TOUCH STERILE LANCETS30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	KINNEY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KINNEY THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS 30G/TWIST TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS 33G EXTRA FINE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS 33G UNIVERSAL DESIGN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS MICRO THIN33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS SUPER THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS ULTRATHIN30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LIBERTY MEDICAL LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LITE TOUCH LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LITETOUCH LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LANCETS 30G TWIST TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER LANCET ULTRATHIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS LANCETS LITE 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS STANDARD	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS LITE LANCETS 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS UNIVERSAL LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS/LITE 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE/EXTRA	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE/LITE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE/UNIVERSAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MPD SAFETY LANCET 30G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MPD SAFETY LANCETS 23G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	NOVA SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEIJER SUPER THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	NOVA SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MICROLET LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	NOVA SUREFLEX LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MM TWIST LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MONOLET LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA PLUS LANCETS FINE 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MONOLET OPD LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MONOLETTOR SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MPD SAFETY LANCET 21G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
MPD SAFETY LANCET 28G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH ULTRASOFT LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PHARMACY COUNTER LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	PIP LANCETS/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	PIP LANCETS/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PC LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRECISION THINS GP LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PERFECT LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS COLORED 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRO COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRO COMFORT LANCETS 31G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRODIGY SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRODIGY TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PSS SELECT GP LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PSS SELECT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS ULTRATHIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	READYLANCANCE SAFETY LANCETS/21G/2.2MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	READYLANCANCE SAFETY LANCETS/23G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PX LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	READYLANCANCE SAFETY LANCETS/26G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PX LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	READYLANCANCE SAFETY LANCETS/28G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
QC LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	READYLANCANCE SAFETY LANCETS/30G/1.6MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
QC LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	REALITY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	REALITY TRIGGER LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RELION 2-IN-1 LANCET DEVICES 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RELION 2-IN-1 LANCING DEVICE 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION 2-IN-1 LANCING DEVICE 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RELION LANCETS MICRO-THIN33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RELION LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RELION LANCETS ULTRA-THIN30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFETY LANCET 30G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN LANCETS30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 32G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
REXALL LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFETY LANCETS/PRESSURE ACTIVATED/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RIGHTEST GL300 LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAPS HEALTH CARE TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE LOW FLOW 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE NORMAL FLOW21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAPS HEALTH TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAPSCARE TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SMARTEST LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SB LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SB LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SOLUS V2 TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SHOPKO ON-THE-GO COMFORTLANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	STERILANCE TL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SHOPKO UNILET LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SUPER THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SHOPKO UNILET LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCETS 18G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SINGLE-LET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SM MICRO THIN LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURELITE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SMART SENSE THIN LANCETSUNIVERSAL 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TECHLITE AST LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TECHLITE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUE COMFORT SAFETY LANCETS/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUE COMFORT TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TECHLITE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TGT LANCET MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TGT LANCET THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 28G SUPER THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TGT LANCET ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
THINLETS GP LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 30G ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH SUPER THINLANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH ULTRA THINLANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 33G MICRO THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRAVEL LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ULTILET CLASSIC LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ULTILET LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET G.P. LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTILET LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET G.P. SUPERLITE LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET GP 28 ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTILET SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTRA THIN LANCETS 31G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS MICRO-THIN33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTRA-CARE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS SUPER-THIN30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTRA-THIN II AUTO LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTRA-THIN II LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET SUPERLITE LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTRA-THIN II LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK 3 GENTLE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK PRO SAFETY LANCET 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET EXCELITE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK PRO SAFETY LANCET 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET EXCELITE II	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK PRO SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE SAFETY LANCET MINI 21G X 2.4MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE SAFETY LANCET MINI 23G X 1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE SAFETY LANCET MINI 28G X 1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS THIN26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS STANDARD 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VIVAGUARD LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIVAGUARD SAFETY LANCETS/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC
WALGREENS ADVANCED TRAVELLANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD PEN MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC
WALGREENS LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
WALGREENS THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	QL(6.67 ea daily); RX/OTC
WALGREENS ULTRA THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ZEV RX TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
Parenteral Therapy Supplies			BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	RX/OTC			
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC			
BD NEEDLE/30G X 1/2"	2	RX/OTC			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	QL(6.67 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC	<b>Respiratory Therapy Supplies</b>		
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC	AIRZONE PEAK FLOW METER	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC	ASSESS PEAK FLOW METER FULL RANGE	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ASSESS PEAK FLOW METER LOW RANGE	2	RX/OTC
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC	BREATHE EASE PEAK FLOW METER	2	RX/OTC
INSULIN SYRINGES AND PEN NEEDLES	2	MO	CLEVER CHOICE PEAK FLOW METER	2	RX/OTC
NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	LUNG PERFORMANCE PEAK FLOW METER	2	RX/OTC
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC	MICROLIFE DIGITAL PEAK FLOW METER	2	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	2	RX/OTC
			MINI WRIGHT PEAK FLOW METER	2	RX/OTC
			MINI WRIGHT PEAK FLOW METER STANDARD RANGE	2	RX/OTC
			PEAK A-I-R FLOW METER	2	RX/OTC
			PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	2	RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
PERSONAL BEST FULL RANGE	2	RX/OTC
PIKO 1 ELECTRONIC	2	RX/OTC
POCKET PEAK FLOW METER	2	RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	2	RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	2	RX/OTC
PURE COMFORT PEAK FLOW METER ADULT	2	RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	2	RX/OTC
STRIVE DUAL ZONE PEAK FLOW METER	2	RX/OTC
TRUZONE PEAK FLOW METER	2	RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY 100 MG/ML	2	PA
EMGALITY SOSY 120 MG/ML	2	PA
UBRELVY	3	QL(10 ea per 30 days retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
CAFERGOT TABS ( <i>ergotamine w/ caffeine</i> )	NF	
<i>ergotamine w/ caffeine</i> TABS	1	
Migraine Products		

Drug Name	Drug Tier	Requirements/Limits
D.H.E. 45 SOLN IJ ( <i>dihydroergotamine mesylate</i> )	SP	PA
<i>dihydroergotamine mesylate</i> SOLN NA 4 MG/ML	1	QL(0.27 ml daily); PA
<i>dihydroergotamine mesylate</i> SOLN IJ 1 MG/ML	2	PA
ERGOMAR SUBL	2	
MIGRANAL SOLN NA ( <i>dihydroergotamine mesylate</i> )	NF	QL(0.27 ml daily); PA
Serotonin Agonists		
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)
AMERGE ( <i>naratriptan hcl</i> )	NF	Limit 9 per month; QL(0.3 ea daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
FROVA ( <i>frovatriptan succinate</i> )	NF	Limit 9 per month; QL(0.3 ea daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)
IMITREX 5 MG/ACT ( <i>sumatriptan</i> )	NF	Limit 6 per month; QL(0.2 ea daily)
IMITREX 20 MG/ACT ( <i>sumatriptan</i> )	NF	Limit 6 sprayers per month; QL(2 ea daily)
IMITREX STATDOSE REFILL SOCT ( <i>sumatriptan succinate</i> )	SP	PA
IMITREX STATDOSE SYSTEM SOAJ ( <i>sumatriptan succinate</i> )	SP	PA
IMITREX TABS ( <i>sumatriptan succinate</i> )	NF	Limit 9 per month; QL(2 ea daily)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAXALT-MLT TBDP 10 MG ( <i>rizatriptan benzoate</i> )	NF	Limit 18 tabs per month; QL(0.6 ea daily)	ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
MAXALT TABS 10 MG ( <i>rizatriptan benzoate</i> )	NF	Limit 18 tabs per month; QL(0.6 ea daily)	ZOMIG SOLN ( <i>zolmitriptan</i> )	NF	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)	ZOMIG TABS 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NF	Limit 6 per month; QL(0.2 ea daily)
RELPAK ( <i>eletriptan hydrobromide</i> )	NF	Limit 6 tabs per month; QL(0.2 ea daily)	<b>MINERALS &amp; ELECTROLYTES</b>		
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)	Calcium		
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)	CALCIFOL	3	
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)	CALCIUM-FOLIC ACID PLUS D	3	
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)	MAGNEBIND 400	3	
<i>sumatriptan succinate SOAJ</i>	SP	PA	Fluoride		
<i>sumatriptan succinate SOCT</i>	SP	PA	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	PV	AL(Up to 6 yrs old); PV
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	SP	Limit 2mls per month; QL(0.07 ml daily); PA	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)	FLORIVA	3	
<i>zolmitriptan SOLN</i>	1	QL(6 ea per 30 days retail; 18 ea per 90 days mail)	<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	PV	AL(Up to 6 yrs old); PV
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)	<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	PV	AL(Up to 6 yrs old); PV; RX/OTC
			<i>sodium fluoride TABS</i>	PV	AL(Up to 6 yrs old); PV
			Magnesium		
			<i>magnesium sulfate IJ 50 %</i>	SP	PA
			Phosphate		

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
K-PHOS NEUTRAL ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	NF		EFFER-K	3	
K-PHOS TABS ( <i>potassium phosphate monobasic</i> )	NF		K-TAB TBCR 8 MEQ ( <i>potassium chloride</i> )	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1		K-TAB TBCR 10 MEQ, 20 MEQ ( <i>potassium chloride</i> )	NF	
Potassium			<i>potassium chloride microencapsulated crystals er</i>	1	
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1		<i>potassium chloride CPCR</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1		<i>potassium chloride PACK OR 20 MEQ</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1		<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1		POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ( <i>potassium chloride</i> )	SP	PA
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1		<i>potassium chloride TBCR</i>	1	
			Zinc		
			GALZIN	3	
			WILZIN	3	
			<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
			Chelating Agents		
			CUPRIMINE CAPS ( <i>penicillamine</i> )	SP	PA
			DEPEN TITRATABS TABS ( <i>penicillamine</i> )	NF	
			<i>penicillamine CAPS</i>	SP	PA
			<i>penicillamine TABS</i>	1	
			SYPRINE ( <i>trientine hcl</i> )	SP	PA
			<i>trientine hcl</i>	SP	PA
			Immunomodulators		

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lenalidomide</i>	1	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>lenalidomide 2.5 MG, 20 MG</i>	1	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	IMURAN TABS ( <i>azathioprine</i> )	NF	
REVLIMID ( <i>lenalidomide</i> )	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<i>mycophenolate mofetil CAPS</i>	1	
THALOMID	3	AC	<i>mycophenolate mofetil SUSR</i>	1	
Immunosuppressive Agents			<i>mycophenolate mofetil TABS</i>	1	
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1		<i>mycophenolate sodium</i>	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		MYFORTIC ( <i>mycophenolate sodium</i> )	NF	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		NEORAL CAPS ( <i>cyclosporine modified (for microemulsion)</i> )	NF	
ASTAGRAF XL CP24	3	ST	NEORAL SOLN ( <i>cyclosporine modified (for microemulsion)</i> )	NF	
<i>azathioprine TABS</i>	1		PROGRAF CAPS ( <i>tacrolimus</i> )	NF	
CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )	NF		PROGRAF PACK	SP	PA
CELLCEPT SUSR ( <i>mycophenolate mofetil</i> )	NF		RAPAMUNE SOLN ( <i>sirolimus</i> )	NF	
CELLCEPT TABS ( <i>mycophenolate mofetil</i> )	NF		RAPAMUNE TABS ( <i>sirolimus</i> )	NF	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		SANDIMMUNE CAPS ( <i>cyclosporine</i> )	NF	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		SANDIMMUNE SOLN OR <i>sirolimus SOLN</i>	3	
<i>cyclosporine CAPS</i>	1		<i>sirolimus TABS</i>	1	
			<i>tacrolimus CAPS</i>	1	
			THYMOGLOBULIN	3	PA
			ZORTRESS ( <i>everolimus (immunosuppressant)</i> )	NF	
			Potassium Removing Agents		
			(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOKELMA	3	QL(1 ea daily)	<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)
<i>sodium polystyrene sulfonate POWD</i>	1		SALAGEN 7.5 MG ( <i>pilocarpine hcl (oral)</i> )	NF	QL(4 ea daily)
Systemic Lupus Erythematosus Agents			SALAGEN 5 MG ( <i>pilocarpine hcl (oral)</i> )	NF	QL(6 ea daily)
BENLYSTA SOAJ	SP	PA	<b>MULTIVITAMINS</b>		
BENLYSTA SOSY	SP	PA	Ped Multi Vitamins w/FI & FE		
<b>MOUTH/THROAT/DENTAL AGENTS</b>			(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
Anesthetics Topical Oral			(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
FIRST-MOUTHWASH BLM	3		(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC
<i>lidocaine hcl (mouth-throat)</i>	1		POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
Anti-infectives - Throat			POLY-VI-FLOR/IRON SUSP	3	RX/OTC
<i>clotrimazole</i>	1		QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
<i>nystatin (mouth-throat)</i>	1		Ped MV w/ Fluoride		
ORAVIG	3				
Antiseptics - Mouth/Throat					
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1				
<i>chlorhexidine gluconate (mouth-throat)</i>	1				
PERIDEX ( <i>chlorhexidine gluconate (mouth-throat)</i> )	NF				
Steroids - Mouth/Throat/Dental					
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1				
<i>triamcinolone acetonide (mouth)</i>	1				
Throat Products - Misc.					
<i>cevimeline hcl</i>	1	QL(3 ea daily)			
EVOXAC ( <i>cevimeline hcl</i> )	NF	QL(3 ea daily)			
MUCOTROL WAFR	3				
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	RX/OTC	<i>pediatric vitamins acid w/ fluoride SOLN</i>	1	AL(Up to 6 yrs old)
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	RX/OTC	POLY-VI-FLOR CHEW	2	RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR SUSP	3	
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW	2	RX/OTC
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	TRI-VI-FLOR	3	
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	TRI-VI-FLORO	3	
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC	<b>Pediatric Multiple Vitamins &amp; Minerals w/ Fluoride</b>		
MULTIVITAMIN + FLUORIDE CHEW	2	RX/OTC	FLORIVA	3	
MULTIVITAMIN WITH FLUORIDE CHEW	2	RX/OTC	<b>Prenatal Vitamins</b>		
MULTI-VIT-FLOR CHEW	2	RX/OTC	(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	1	RX/OTC
<i>pediatric multivitamins w/fl CHEW</i>	1	RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
			(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
			(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
			(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
			(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	1	
			ATABEX EC TBEC	2	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
CITRANATAL ASSURE	3		NEONATAL 19	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
CITRANATAL BLOOM	3		NEONATAL PLUS TABS	2	RX/OTC
CITRANATAL BLOOM DHA	2		NESTABS	3	
CITRANATAL DHA	2		NESTABS DHA	2	
CITRANATAL ESSENCE	2		NESTABS ONE	3	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		NIVA-PLUS TABS	2	RX/OTC
CITRANATAL MEDLEY	3		OB COMPLETE ONE	3	
C-NATE DHA CAPS	3		OB COMPLETE PETITE	3	
COMPLETENATE CHEW	2		OB COMPLETE PREMIER	3	
CONCEPT DHA	2		OB COMPLETE/DHA	3	
CONCEPT OB	2		OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	3	
DUET DHA 400 MISC	3		ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	2	RX/OTC
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3		PNV-DHA+DOCUSATE	3	
FOLIVANE-OB	2		PNV-OMEGA	3	
M-NATAL PLUS TABS	2	RX/OTC	PRENA 1 TRUE	2	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENA1 CHEW	3	
			PRENA1 PEARL	3	
			PRENAISSANCE	3	
			PRENAISSANCE PLUS CAPS	3	
			PRENATAL 19 CHEW	2	
			PRENATAL 19 TABS	3	RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATAL PLUS VITAMIN AND MINERAL TABS	2	RX/OTC	RELNATE DHA CAPS	3	
PRENATAL PLUS TABS	2	RX/OTC	SELECT-OB+DHA MISC	3	
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC	SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC	SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
PRENATAL-U CAPS	2		SE-NATAL 19 CHEW	2	
PRENATE	3		SE-NATAL 19 TABS	3	RX/OTC
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		THRIVITE RX TABS	2	RX/OTC
PRENATE ENHANCE	3		TRICARE TABS	2	RX/OTC
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		TRINATAL RX 1 TABS	2	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3		TRISTART DHA	3	
PRENATE PIXIE	3		TRISTART ONE	3	
PRENATE RESTORE	3		VINATE DHA RF	3	
PRENATRIX TABS	2	RX/OTC	VINATE ONE TABS	2	
PRENATRYL TABS	2	RX/OTC	VIRT-C DHA	2	
PREPLUS TABS	2	RX/OTC	VIRT-NATE DHA CAPS	3	
			VIRT-PN DHA	3	
			VITAFOL GUMMIES	3	
			VITAFOL-NANO	3	
			VITAFOL-ONE CAPS	3	
			VITAMEDMD ONE RX/QUATREFOLIC	3	
			VITAMEDMD REDICHEW RX	3	
			VITAPEARL	3	
			VITATHELY/GINGER TABS	2	RX/OTC
			VITATRUE	2	
			VIVA DHA CAPS	3	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
VP-PNV-DHA CAPS	3	
WESCAP-C DHA	2	
WESNATE DHA CAPS	3	
WESTAB PLUS TABS	2	RX/OTC
WESTGEL DHA	3	
ZATEAN-PN DHA	3	
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 40000 MCG/20ML</i>	SP	Must use Accredo SP pharmacy; PA
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
<i>baclofen TABS 5 MG</i>	1	
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	SP	Must use Accredo SP pharmacy; PA
LIORESAL INTRATHECAL SOLN IT ( <i>baclofen</i> )	SP	Must use Accredo SP pharmacy; PA
LIORESAL INTRATHECAL SOLN IT	SP	Must use Accredo SP pharmacy; PA
<i>metaxalone 800 MG</i>	1	QL(4 ea daily)
<i>metaxalone 400 MG</i>	1	
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OZOBAX SOLN OR ( <i>baclofen</i> )	NF	
SOMA TABS ( <i>carisoprodol</i> )	NF	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
<i>tizanidine hcl TABS 2 MG</i>	1	
ZANAFLEX CAPS ( <i>tizanidine hcl</i> )	NF	
ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )	NF	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG ( <i>dantrolene sodium</i> )	NF	
<i>dantrolene sodium CAPS</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin &amp; codeine</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 gm daily)
DYMISTA SUSP ( <i>azelastine hcl-fluticasone propionate</i> )	NF	Limit 1 inhaler per month; QL(0.77 gm daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ml daily); RX/OTC
<i>olopatadine hcl (nasal)</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PATANASE ( <i>olopatadine hcl (nasal)</i> )	NF		(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)
Nasal Anticholinergics					
<i>ipratropium bromide (nasal)</i>	1				
Nasal Steroids					
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC			
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC			
			FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>fluticasone propionate (nasal)</i> )	NF	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
			FLONASE ALLERGY RELIEF SUSP ( <i>fluticasone propionate (nasal)</i> )	NF	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
			<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 gm daily); RX/OTC
			<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
			NASACORT ALLERGY 24HR CHILDRENS AERO ( <i>triamcinolone acetonide (nasal)</i> )	NF	
			NASACORT ALLERGY 24HR AERO ( <i>triamcinolone acetonide (nasal)</i> )	NF	
			NASONEX 24HR SUSP ( <i>mometasone furoate (nasal)</i> )	NF	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
			<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits
XHANCE EXHU	3	QL(1.07 ml daily); ST
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	SP	PA
RADICAVA ORS SUSP	SP	PA
RELYVRIO	SP	PA
RILUTEK TABS ( <i>riluzole</i> )	NF	
<i>riluzole</i> TABS	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	SP	PA
<b>NUTRIENTS</b>		
Lipids		
DOJOLVI	SP	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	1	
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN ( <i>brimonidine tartrate-timolol maleate</i> )	NF	
COSOPT ( <i>dorzolamide hcl-timolol maleate</i> )	NF	
COSOPT PF ( <i>dorzolamide hcl-timolol maleate</i> )	NF	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate</i>	1	
ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )	NF	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	
TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> )	NF	
TIMOPTIC SOLN ( <i>timolol maleate (ophth)</i> )	NF	
TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
<i>atropine sulfate (ophthalmic) OINT</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL ( <i>cyclopentolate hcl</i> )	NF	
CYCLOGYL	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
ISOPTO ATROPINE SOLN	2	
MYDRIACYL SOLN ( <i>tropicamide</i> )	NF	
<i>phenylephrine hcl (mydriatic) SOLN</i>	1	
<i>tropicamide SOLN</i>	1	
Miotics		

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
ISOPTO CARPINE SOLN 1 % ( <i>pilocarpine hcl</i> )	NF	QL(0.5 ml daily)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P ( <i>brimonidine tartrate</i> )	NF	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYICIN	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYICIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
BLEPH-10 SOLN ( <i>sulfacetamide sodium (ophth)</i> )	NF	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>levofloxacin (ophth) 1.5 %</i>	2	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
OCUFLOX ( <i>ofloxacin (ophth)</i> )	NF	QL(5 ml per fill retail; 5 per fill mail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail)
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM ( <i>polymyxin b-trimethoprim</i> )	NF	
POVIDONE IODINE	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBREX OINT	2	
<i>trifluridine</i>	1	
VIGAMOX SOLN OP ( <i>moxifloxacin hcl (ophth)</i> )	NF	
ZIRGAN GEL	3	
ZYMAXID ( <i>gatifloxacin (ophth)</i> )	NF	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
RESTASIS EMUL ( <i>cyclosporine (ophth)</i> )	NF	Use generic Cyclosporine (Ophth) Emulsion 0.05%; QL(2 ea daily)

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Local Anesthetics			<i>loteprednol etabonate GEL</i>	1	
(Tetracaine Hcl (Ophth)) ALTACAINE	1		<i>loteprednol etabonate SUSP</i>	1	
AKTEN	3		MAXIDEX SUSP OP	2	
ALCAINE ( <i>proparacaine hcl</i> )	NF		MAXITROL OINT ( <i>neomycin-polymy-dexameth</i> )	NF	
<i>proparacaine hcl</i>	1		MAXITROL SUSP ( <i>neomycin-polymy-dexameth</i> )	NF	
<i>tetracaine hcl (ophth)</i>	1		<i>neomycin-polymy-dexameth OINT</i>	1	
Ophthalmic Steroids			<i>neomycin-polymy-dexameth SUSP</i>	1	
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail; 4 per fill mail)	<i>neomycin-polymyxin-hc (ophth)</i>	1	
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1		PRED FORTE ( <i>prednisolone acetate (ophth)</i> )	NF	
ALREX SUSP ( <i>loteprednol etabonate</i> )	NF		PRED MILD	2	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail; 4 per fill mail)	PRED-G S.O.P. OINT	3	
BLEPHAMIDE S.O.P. OINT	2		PRED-G SUSP	3	
BLEPHAMIDE SUSP	2		<i>prednisolone acetate (ophth)</i>	1	
<i>dexamethasone sodium phosphate (ophth)</i>	1		PREDNISOLONE SODIUM PHOSPHATE	3	
<i>difluprednate</i>	1		PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
DUREZOL ( <i>difluprednate</i> )	NF		<i>sulfacetamide sod-prednisolone SOLN</i>	1	
FLAREX	2		TOBRADEX ST SUSP	3	
<i>fluorometholone (ophth) SUSP</i>	1		TOBRADEX OINT	3	
FML FORTE SUSP	2		TOBRADEX SUSP ( <i>tobramycin-dexamethasone</i> )	NF	QL(5 ml per fill retail)
FML LIQUIFILM SUSP ( <i>fluorometholone (ophth)</i> )	NF		<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
FML OINT	2		ZYLET	3	QL(5 ml per fill retail)
LOTEMAX GEL ( <i>loteprednol etabonate</i> )	NF				
LOTEMAX OINT	3				
LOTEMAX SUSP ( <i>loteprednol etabonate</i> )	NF				

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Surgical Aids		
GELFILM OP	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ml daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
ACULAR ( <i>ketorolac tromethamine (ophth)</i> )	NF	
ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> )	NF	
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
AZOPT ( <i>brinzolamide</i> )	NF	Limit 10mls per month; QL(0.4 ml daily)
<i>bepotastine besilate</i>	1	QL(0.34 ml daily); ST
BEPREVE ( <i>bepotastine besilate</i> )	NF	QL(0.34 ml daily); ST

Drug Name	Drug Tier	Requirements/ Limits
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
<i>bromfenac sodium (ophth)</i>	1	
BROMSITE ( <i>bromfenac sodium (ophth)</i> )	NF	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	SP	
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ml daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ml daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PAREMYD	3	
PATADAY 0.1 % ( <i>olopatadine hcl</i> )	NF	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PATADAY 0.2 % ( <i>olopatadine hcl</i> )	NF	QL(0.09 ml daily); RX/OTC
PROLENSA ( <i>bromfenac sodium (ophth)</i> )	NF	
TRUSOPT ( <i>dorzolamide hcl</i> )	NF	Limit 10mls per month; QL(0.34 ml daily)
Prostaglandins - Ophthalmic		

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.09 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>tafluprost</i>	1	QL(1 ea daily)
TRAVATAN Z SOLN ( <i>travoprost</i> )	NF	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)
XALATAN SOLN ( <i>latanoprost</i> )	NF	Limit 2.5mls per month; QL(0.09 ml daily)
ZIOPTAN ( <i>tafluprost</i> )	NF	QL(1 ea daily)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL ( <i>ciprofloxacin hcl (otic)</i> )	NF	
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 ea per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
CIPRODEX ( <i>ciprofloxacin-dexamethasone</i> )	NF	
<i>ciprofloxacin-dexamethasone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-fluocinolone acetamide</i>	1	Limit 15mls per month; QL(0.5 ea daily)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
OTOVEL ( <i>ciprofloxacin-fluocinolone acetamide</i> )	3	Limit 15mls per month; QL(0.5 ea daily)
PRAMOTIC	3	
<b>Otic Steroids</b>		
(Fluocinolone Acetonide (Otic)) FLAC	1	
DERMOTIC ( <i>fluocinolone acetamide (otic)</i> )	NF	
<i>fluocinolone acetamide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ml per fill retail)
HYDROCORTISONE/ACETIC ACID ( <i>hydrocortisone w/acetic acid</i> )	NF	QL(10 ml per fill retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BIVIGAM SOLN	SP	PA	BICILLIN L-A SUSY	SP	PA
FLEBOGAMMA DIF SOLN	SP	PA	<i>penicillin g potassium</i>	SP	PA
GAMASTAN	SP	PA	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SP	PA
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	PENICILLIN G PROCAINE	SP	PA
GAMMAKED 1 GM/10ML	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	<i>penicillin g sodium</i>	SP	PA
GAMMAPLEX SOLN	SP	PA	<i>penicillin v potassium SOLR</i>	1	
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	<i>penicillin v potassium TABS</i>	1	
OCTAGAM SOLN	SP	PA	Penicillin Combinations		
PRIVIGEN SOLN	SP	PA	<i>amoxicillin &amp; pot clavulanate CHEW</i>	1	
Passive Immunizing Agents - Combinations			<i>amoxicillin &amp; pot clavulanate SUSR</i>	1	
HYQVIA	SP	Some members may obtain their medications through their Medical Group; PA	<i>amoxicillin &amp; pot clavulanate TABS</i>	1	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>			<i>amoxicillin &amp; pot clavulanate TB12</i>	1	
Aminopenicillins			<i>ampicillin &amp; sulbactam sodium IV 10 GM-5 GM</i>	SP	PA
<i>amoxicillin CAPS</i>	1		AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )	NF	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1		AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
<i>amoxicillin SUSR</i>	1		AUGMENTIN TABS 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> )	NF	
AMOXICILLIN SUSR ( <i>amoxicillin</i> )	NF		BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	SP	PA
<i>amoxicillin TABS</i>	1		<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	SP	PA
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	SP	PA	UNASYN IJ 2 GM-1 GM ( <i>ampicillin &amp; sulbactam sodium</i> )	SP	PA
<i>ampicillin CAPS 500 MG</i>	1				
Natural Penicillins					
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	SP	PA			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
UNASYN BULK PACK IV (ampicillin & sulbactam sodium)	SP	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
NAFCILLIN 1 GM/50ML-5 %	SP	PA
<i>nafcillin sodium IV 2 GM, 10 GM</i>	SP	PA
<i>oxacillin sodium IV 10 GM</i>	SP	PA
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
AYGESTIN TABS (norethindrone acetate)	NF	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>megestrol acetate (appetite)</i>	1	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 ea daily)
<i>progesterone OIL</i>	1	PA
PROMETRIUM CAPS (progesterone)	NF	QL(1 ea daily)
PROVERA 10 MG (medroxyprogesterone acetate)	NF	QL(1 ea daily)
PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate)	NF	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	SP	PA
XYREM SOLN	SP	PA
Antidementia Agents		
ARICEPT TABS (donepezil hydrochloride)	NF	QL(1 ea daily)
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride TBP</i>	1	QL(1 ea daily)
EXELON ( <i>rivastigmine</i> )	NF	
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24</i>	1	PA
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)
<i>memantine hcl TABS</i>	1	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)
NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> )	NF	
NAMENDA XR CP24 ( <i>memantine hcl</i> )	NF	PA
NAMENDA TABS 10 MG ( <i>memantine hcl</i> )	NF	QL(2 ea daily)
NAMENDA TABS 5 MG ( <i>memantine hcl</i> )	NF	QL(4 ea daily)
NAMZARIC C4PK	3	PA
RAZADYNE ER CP24 ( <i>galantamine hydrobromide</i> )	NF	QL(1 ea daily)
<i>rivastigmine</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate</i> <b>CAPS</b>	1		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)
Combination Psychotherapeutics			<i>AMPYRA (dalfampridine)</i>	NF	PA
<i>chlordiazepoxide- amitriptyline</i>	1		<i>AUBAGIO (teriflunomide)</i>	NF	QL(1 ea daily)
<i>olanzapine-fluoxetine hcl</i> <b>25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG</b>	1		AVONEX PEN AJKT	SP	PA
<i>olanzapine-fluoxetine hcl</i> <b>25 MG-3 MG, 50 MG-6 MG</b>	2		AVONEX PSKT	SP	PA
<i>perphenazine- amitriptyline</i>	1		BETASERON KIT	SP	PA
SYMBYAX 25 MG-3 MG, 25 MG-6 MG ( <i>olanzapine- fluoxetine hcl</i> )	NF		COPAXONE SOSY 40 MG/ML ( <i>glatiramer acetate</i> )	NF	QL(12 ml per 28 days retail)
Fibromyalgia Agents			COPAXONE SOSY 20 MG/ML ( <i>glatiramer acetate</i> )	NF	QL(1 ml daily)
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA	<i>dalfampridine</i>	1	PA
SAVELLA TABS	3	QL(2 ea daily); PA	<i>dimethyl fumarate CDPK</i>	2	
Movement Disorder Drug Therapy			<i>dimethyl fumarate CPDR</i>	2	QL(2 ea daily)
AUSTEDO TABS 6 MG, 9 MG	SP	QL(2 ea daily); PA	<i> fingolimod hcl</i>	1	QL(1 ea daily); SP
AUSTEDO TABS 12 MG	SP	QL(1 ea daily); PA	GILENYA 0.5 MG	2	QL(1 ea daily); SP
INGREZZA CAPS 60 MG	SP	PA	GILENYA ( <i>fingolimod hcl</i> )	NF	QL(1 ea daily); SP
INGREZZA CAPS 40 MG, 80 MG	SP	QL(1 ea daily); PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ml daily)
INGREZZA CPPK	SP	PA	<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 days retail)
<i>tetrabenazine</i>	SP	Specialty drug- Health Net will refer to SP Pharmacy; PA	KESIMPTA	SP	QL(0.0143 ml daily); PA
XENAZINE ( <i>tetrabenazine</i> )	SP	Specialty drug- Health Net will refer to SP Pharmacy; PA	MAYZENT STARTER PACK TBPK	3	Not available through mail order; PA
Multiple Sclerosis Agents			MAYZENT STARTER PACK TBPK	3	Not available through Mail Order; QL(12 ea per 5 days retail); PA
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 days retail)	MAYZENT TABS 1 MG	3	Not available through mail order; PA
			MAYZENT TABS 0.25 MG	3	Not available through mail order; QL(4 ea daily); PA

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAYZENT TABS 2 MG	3	Not available through Mail Order; QL(1 ea daily); PA	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	PV	PV
PLEGRIDY STARTER PACK SOPN	SP	PA			
PLEGRIDY STARTER PACK SOSY SC	SP	PA			
PLEGRIDY SOPN	SP	PA			
PLEGRIDY SOSY SC	SP	PA			
REBIF REBIDOSE TITRATIONPACK SOAJ	SP	PA			
REBIF REBIDOSE SOAJ	SP	PA			
REBIF TITRATION PACK SOSY	SP	PA			
REBIF SOSY	SP	PA			
TECFIDERA STARTER PACK CDPK ( <i>dimethyl fumarate</i> )	NF				
TECFIDERA CPDR ( <i>dimethyl fumarate</i> )	NF	QL(2 ea daily)			
<i>teriflunomide</i>	1	QL(1 ea daily)			
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	1				
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	SP	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	1				
<i>pimozide</i>	1				
Smoking Deterrents					

Updated May 1, 2024

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

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

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	PV	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	PV	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	PV	PV	(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, EQ NICOTINE, GNP NICOTINE TRANSDERMAL SYSTEM, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR PT24 TD 21 MG/24HR	PV	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR	PV	PV	(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR	PV	PV
			APO-VARENICLINE TABS	PV	QL(2 ea daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	PV	PV
			NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR <i>(nicotine)</i>	PV	PV
			NICODERM CQ PT24 TD 21 MG/24HR <i>(nicotine)</i>	PV	
			NICORETTE MINI LOZG <i>(nicotine polacrilex)</i>	PV	PV

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
NICORETTE STARTER KIT GUM ( <i>nicotine polacrilex</i> )	PV	PV
NICORETTE GUM ( <i>nicotine polacrilex</i> )	PV	PV
NICORETTE LOZG ( <i>nicotine polacrilex</i> )	PV	PV
<i>nicotine polacrilex</i> GUM	PV	PV
<i>nicotine polacrilex</i> LOZG	PV	PV
NICOTINE TRANSDERMAL SYSTEM KIT	PV	PV
<i>nicotine</i> MISC XX	PV	
<i>nicotine</i> PT24 TD 21 MG/24HR	PV	
<i>nicotine</i> PT24 TD 7 MG/24HR, 14 MG/24HR	PV	PV
NICOTROL INHALER INHA	PV	PV
NICOTROL NS SOLN	PV	PV
<i>varenicline tartrate</i> TABS	PV	QL(2 ea daily); PV
<i>varenicline tartrate</i> TBPK	PV	PV
Transthyretin Amyloidosis Agents		
TEGSEDI	SP	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Cystic Fibrosis Agents		
KALYDECO PACK	SP	PA
KALYDECO TABS	SP	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ORKAMBI PACK 94 MG-75 MG	SP	PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO	SP	PA
TRIKAFTA TBPK 50 MG-25 MG	SP	PA
TRIKAFTA TBPK 100 MG-50 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS ( <i>pirfenidone</i> )	SP	QL(3 ea daily); LA; PA
ESBRIET TABS ( <i>pirfenidone</i> )	SP	QL(3 ea daily); LA; PA
OFEV	SP	QL(2 ea daily); PA
<i>pirfenidone</i> CAPS	SP	QL(3 ea daily); LA; PA
<i>pirfenidone</i> TABS	SP	QL(3 ea daily); LA; PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<i>sulfadiazine</i> TABS	1	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
ACTICLATE TABS ( <i>doxycycline hyclate</i> )	NF	
<i>demeclocycline hcl</i> TABS	1	
<i>doxycycline (monohydrate)</i> CAPS 150 MG	2	ST
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 75 MG, 100 MG	2	
<i>doxycycline (monohydrate)</i> SUSR	1	
<i>doxycycline (monohydrate)</i> TABS 75 MG	1	ST
<i>doxycycline (monohydrate)</i> TABS 150 MG	2	ST
<i>doxycycline (monohydrate)</i> TABS 50 MG, 100 MG	1	
<i>doxycycline hyclate</i> CAPS	1	
<i>doxycycline hyclate</i> TABS 20 MG, 100 MG	1	
<i>minocycline hcl</i> CAPS	1	
<i>minocycline hcl</i> CP24	3	ST
<i>minocycline hcl</i> TABS 75 MG	1	PA
<i>minocycline hcl</i> TABS 50 MG, 100 MG	1	
TARGADOX TABS ( <i>doxycycline hyclate</i> )	NF	
<i>tetracycline hcl</i> CAPS	1	
VIBRAMYCIN CAPS ( <i>doxycycline hyclate</i> )	NF	
VIBRAMYCIN SUSR ( <i>doxycycline (monohydrate)</i> )	NF	
XIMINO CP24	3	ST
XIMINO CP24 ( <i>minocycline hcl</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
Antithyroid Agents		
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1	
(Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Thyroid) NP THYROID 15 TABS 15 MG	1	
ADTHYZA TABS 32.5 MG, 65 MG, 130 MG	3	
ADTHYZA TABS 16.25 MG, 97.5 MG	2	
ARMOUR THYROID TABS	2	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYROID TABS	2		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG <i>(levothyroxine sodium)</i>	NF	
CYTOMEL TABS 5 MCG <i>(liothyronine sodium)</i>	2				
CYTOMEL TABS 25 MCG, 50 MCG <i>(liothyronine sodium)</i>	2	QL(2 ea daily)			
<i>levothyroxine sodium</i> CAPS	2				
<i>levothyroxine sodium</i> TABS	1				
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	<b>TOXOIDS</b>		
<i>liothyronine sodium</i> TABS 5 MCG	1		Toxoid Combinations		
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 ea daily)	ADACEL SUSP	PV	
NIVA THYROID TABS	1		BOOSTRIX SUSP	PV	
NP THYROID 120 TABS	1		DAPTACEL	PV	
NP THYROID 30 TABS	1		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	PV	
NP THYROID 60 TABS	1		INFANRIX	PV	
NP THYROID 90 TABS	1		PEDIARIX SUSY	PV	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG <i>(levothyroxine sodium)</i>	2		PENTACEL	PV	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG <i>(levothyroxine sodium)</i>	2	QL(1 ea daily)	QUADRACEL SUSP	PV	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1		TDVAX SUSP	PV	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1		TENIVAC INJ	PV	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2		TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	PV	
			<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
			Antispasmodics		
			(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1	
			(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
			(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
			ANASPAZ TBDP <i>(hyoscyamine sulfate)</i>	NF	
			BELLADONNA/OPIUM	3	
			<i>chlordiazepoxide hcl-clidinium bromide</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CUVPOSA SOLN OR ( <i>glycopyrrolate</i> )	NF		(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG	1	RX/OTC
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN OR</i>	1				
<i>dicyclomine hcl TABS</i>	1				
GLYCATE TABS	3				
<i>glycopyrrolate SOLN OR</i> <i>1 MG/5ML</i>	1				
<i>glycopyrrolate TABS 1</i> <i>MG, 2 MG</i>	1				
GLYCOPYRROLATE TABS	3				
<i>hyoscyamine sulfate</i> <i>SUBL 0.125 MG</i>	1				
<i>hyoscyamine sulfate</i> <i>TABS 0.125 MG</i>	1				
<i>hyoscyamine sulfate</i> <i>TB12 0.375 MG</i>	1				
<i>hyoscyamine sulfate</i> <i>TBDP 0.125 MG</i>	1				
LEVBID TB12 ( <i>hyoscyamine sulfate</i> )	NF				
LEVSIN/SL SUBL ( <i>hyoscyamine sulfate</i> )	NF				
LEVSIN TABS ( <i>hyoscyamine sulfate</i> )	NF				
LIBRAX ( <i>chlordiazepoxide hcl-</i> <i>clidinium bromide</i> )	NF				
<i>methscopolamine</i> <i>bromide</i>	1				
ROBINUL FORTE TABS ( <i>glycopyrrolate</i> )	NF				
ROBINUL TABS ( <i>glycopyrrolate</i> )	NF				
H-2 Antagonists			<i>cimetidine hcl OR 300</i> <i>MG/5ML</i>	1	
			<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)
			<i>cimetidine TABS 300 MG,</i> <i>800 MG</i>	1	
			<i>famotidine SUSR</i>	1	

Updated May 1, 2024

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>famotidine TABS 20 MG</i>	1	RX/OTC	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)			
<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)						
<i>nizatidine CAPS</i>	1							
<i>nizatidine SOLN</i>	1							
PEPCID AC MAXIMUM STRENGTH TABS ( <i>famotidine</i> )	NF	RX/OTC						
PEPCID AC TABS 20 MG ( <i>famotidine</i> )	NF	RX/OTC	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily)			
PEPCID TABS 40 MG ( <i>famotidine</i> )	NF	QL(2 ea daily)						
PEPCID TABS 20 MG ( <i>famotidine</i> )	NF	RX/OTC						
Misc. Anti-Ulcer								
CARAFATE SUSP ( <i>sucralfate</i> )	NF							
CARAFATE TABS ( <i>sucralfate</i> )	NF	QL(4 ea daily)	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)			
<i>sucralfate SUSP</i>	1							
<i>sucralfate TABS</i>	1	QL(4 ea daily)						
Proton Pump Inhibitors			ACIPHEX TBEC ( <i>rabeprazole sodium</i> )	NF	QL(1 ea daily); PA			
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	RX/OTC						
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC						
						<i>esomeprazole magnesium PACK</i>	1	PA
						FIRST-OMEPRAZOLE SUSP	3	
						<i>lansoprazole CPDR 30 MG</i>	1	QL(1 ea daily)
						<i>lansoprazole CPDR 15 MG</i>	1	RX/OTC
						<i>lansoprazole TBDD 15 MG</i>	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole TBDD 30 MG</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
NEXIUM PACK	3	PA
NEXIUM PACK ( <i>esomeprazole magnesium</i> )	NF	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
<i>omeprazole CPDR 10 MG</i>	1	
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
<i>pantoprazole sodium PACK</i>	1	QL(1 ea daily)
<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
PREVACID 24HR CPDR ( <i>lansoprazole</i> )	NF	RX/OTC
PREVACID SOLUTAB TBDD 30 MG ( <i>lansoprazole</i> )	NF	QL(1 ea daily); AL(Up to 12 yrs old)
PREVACID SOLUTAB TBDD 15 MG ( <i>lansoprazole</i> )	NF	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
PREVACID CPDR 30 MG ( <i>lansoprazole</i> )	NF	QL(1 ea daily)
PRILOSEC PACK	3	PA
PROTONIX PACK ( <i>pantoprazole sodium</i> )	NF	QL(1 ea daily)
PROTONIX TBEC ( <i>pantoprazole sodium</i> )	NF	QL(1 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>rabeprazole sodium TBEC</i>	2	QL(1 ea daily); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC ( <i>misoprostol</i> )	NF	
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
DETROL LA CP24 ( <i>tolterodine tartrate</i> )	NF	QL(1 ea daily)
DETROL TABS ( <i>tolterodine tartrate</i> )	NF	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG ( <i>oxybutynin chloride</i> )	NF	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily)
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
TOVIAZ ( <i>fesoterodine fumarate</i> )	NF	QL(1 ea daily)
<i>tropium chloride CP24</i>	1	
<i>tropium chloride TABS</i>	1	QL(2 ea daily)
VESICARE TABS 5 MG ( <i>solifenacin succinate</i> )	NF	
VESICARE TABS 10 MG ( <i>solifenacin succinate</i> )	NF	QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
<b>VACCINES</b>		

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Bacterial Vaccines</b>			AFLURIA QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
ACTHIB SOLR IM	PV		COMIRNATY 2023-24 SUSP	PV	
BEXSERO	PV		COMIRNATY 2023-24 SUSY	PV	
HIBERIX SOLR IJ	PV		COMIRNATY SUSP	PV	
MENQUADFI	PV		ENGERIX-B SUSP 20 MCG/ML	PV	
MENVEO SOLR	PV		ENGERIX-B SUSY	PV	
PEDVAX HIB SUSP	PV		FLUAD QUADRIVALENT 2021-2022	PV	
PNEUMOVAX 23	PV		FLUAD QUADRIVALENT 2022-2023	PV	
PNEUMOVAX 23/1 DOSE	PV		FLUAD QUADRIVALENT 2023-2024	PV	
PREVNAR 13	PV		FLUARIX QUADRIVALENT 2021-2022 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
TRUMENBA	PV		FLUARIX QUADRIVALENT 2022-2023 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
<b>Viral Vaccines</b>			FLUARIX QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
AFLURIA QUADRIVALENT 2021-2022 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUBLOK QUADRIVALENT 2021-2022	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
AFLURIA QUADRIVALENT 2021-2022 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill			
AFLURIA QUADRIVALENT 2022-2023 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill			
AFLURIA QUADRIVALENT 2022-2023 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill			
AFLURIA QUADRIVALENT 2023-2024 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill			

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUBLOK QUADRIVALENT 2022-2023	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLULAVAL QUADRIVALENT 2021-2022 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
FLUBLOK QUADRIVALENT 2023-2024	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLULAVAL QUADRIVALENT 2022-2023 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLULAVAL QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUMIST QUADRIVALENT	PV	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE HIGH-DOSE PF 2021-2022	PV	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE HIGH-DOSE PF 2022-2023	PV	
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE HIGH-DOSE PF 2023-2024	PV	
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE QUADRIVALENT 2021-2022 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE QUADRIVALENT 2021-2022 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE QUADRIVALENT 2022-2023 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	RECOMBIVAX HB SUSY	PV	
FLUZONE QUADRIVALENT 2023-2024 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	ROTARIX SUSR	PV	
FLUZONE QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	ROTATEQ SOLN	PV	
GARDASIL 9 SUSP	PV		SHINGRIX	PV	AL (At least 50 yrs old)
GARDASIL 9 SUSY	PV		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	PV	
HAVRIX	PV		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	PV	
HEPLISAV-B SOSY	PV		TWINRIX SUSY	PV	
M-M-R II SOLR	PV		VAQTA	PV	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	PV		VARIVAX INJ	PV	
MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	PV		<b>VAGINAL AND RELATED PRODUCTS</b>		
NOVAVAX COVID-19 VACCINE	PV		Spermicides		
NOVAVAX COVID-19 VACCINE/2023-24	PV		ENCARE SUPP 100 MG	PV	PV
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	PV		OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	PV	PV
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	PV		TODAY SPONGE MISC	PV	PV
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	PV		VCF VAGINAL CONTRACEPTIVE FILM FILM	PV	PV
PROQUAD SUSR	PV		VCF VAGINAL CONTRACEPTIVEGEL GEL	PV	PV
RECOMBIVAX HB SUSP	PV		Vaginal Anti-infectives		
			(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
			CLEOCIN CREA ( <i>clindamycin phosphate vaginal</i> )	NF	
			CLEOCIN SUPP	3	
			<i>clindamycin phosphate vaginal CREA</i>	1	
			CLINDESSE	3	
			GYNAZOLE-1	3	
			<i>metronidazole vaginal</i>	1	
			<i>terconazole vaginal CREA</i>	1	
			<i>terconazole vaginal SUPP</i>	1	

Updated May 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	PV	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA ( <i>estradiol vaginal</i> )	NF	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 per fill mail)
FEMRING	3	QL(1 ea per 90 days retail; 1 ea per 90 days mail)
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS ( <i>estradiol vaginal</i> )	NF	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	PA
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.1 MG/0.1ML	SP	QL(2 ea per fill retail; 4 ea per 30 days retail); PA
<i>epinephrine (anaphylaxis) SOAJ</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</i>	3	QL(2 ea per fill retail; 4 ea per 30 days retail)
EPIPEN 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
EPIPEN-JR 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )	NF	Must try epinephrine auto-injector ; QL(2 ea per fill retail; 4 ea per 30 days retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	SP	PA
NORTHERA ( <i>droxidopa</i> )	SP	PA
Vasopressors		
<i>midodrine hcl</i>	1	
<b>VITAMINS</b>		
Oil Soluble Vitamins		
DRISDOL CAPS ( <i>ergocalciferol</i> )	NF	
<i>ergocalciferol CAPS</i>	1	
MEPHYTON TABS ( <i>phytonadione</i> )	NF	
<i>phytonadione TABS 5 MG</i>	1	
Water Soluble Vitamins		
POTABA CAPS	3	

Updated May 1, 2024

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

# INDEX

(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 % .....59	CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW .....8	GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC .....84
(Alprazolam) ALPRAZOLAM XR TB24 .....13	(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG .....7	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP .....84
(Amiodarone Hcl) PACERONE TABS .....14	(Azathioprine) AZASAN TABS 75 MG, 100 MG .....110	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA .....15
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG .....7	(Azelastrine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY .....115	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG .....6
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW .....8	(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN .....118	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG .....7
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW .....8	(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC .....119	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG .7
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW .....8	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE .....10
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW .....8	(Calcipotriene) CALCITRENE OINT 64	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS .....77
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW .....8	(Carbamazepine) EPITOL TABS ..19	(Carisoprodol) VANADOM TABS 350 MG .....115

(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD .....	111	ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ...	53	QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX .....	64
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG .....	115	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA .....	53	(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG .....	51
(Cholestyramine Light) PREVALITE PACK .....	29	(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN T .....	53	(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG .....	51
(Cholestyramine Light) PREVALITE POWD .....	29	(Desonide) DESRX GEL .....	66	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG .....	50
(Ciclopirox) CICLODAN SOLN ....	63	(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBP ..	58	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER ..	50
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB .....	60	(Dexchlorpheniramine Maleate) RYCLORA SOLN .....	28	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG .....	50
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM .....	60	(Dextroamphetamine Sulfate) PROCENTRA SOLN .....	1	(Diltiazem Hcl) DILT-XR CP24 ....	50
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ...	60	(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG .....	1	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG .....	50
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % .....	66	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG .....	1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG .....	129
(Clobetasol Propionate Emulsion) TOVET .....	66	(Diazepam) DIAZEPAM INTENSOL CONC .....	13	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 129	
(Clobetasol Propionate) CLODAN SHAM .....	66	(Dichlorphenamide) ORMALVI ....	71	(Doxycycline Hyclate) LYMEPAK TABS 100 MG .....	130
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG .....	110	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG .....	5	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG .....	53
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 110		(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM,		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG .....	53
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ...	53			(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY	



0.03 MG-3 MG-0.451 MG .....53	STRENGTH, EQ FAMOTIDINE	ALLER-FLO, QC ALLERGY RELIEF,
(Ergotamine W/ Caffeine)	MAXIMUM STRENGTH, EQL	SM ALLERGY RELIEF NASAL
MIGERGOT SUPP ..... 107	HEARTBURN	SPRAY SUSP ..... 116
(Erythromycin (Acne Aid)) ERY	PREVENTION/MAXIMUM	(Fluticasone-Salmeterol) WIXELA
PADS .....60	STRENGTH, FAMOTIDINE	INHUB AEPB 100 MCG/ACT-50
(Erythromycin Base) ERY-TAB TBEC	MAXIMUM STRENGTH, FT ACID	MCG/ACT, 250 MCG/ACT-50
.....85	REDUCER MAXIMUM STRENGTH,	MCG/ACT, 500 MCG/ACT-50
(Erythromycin Stearate)	GNP ACID REDUCER	MCG/ACT ..... 15
ERYTHROCIN STEARATE TABS	MAXIMUMSTRENGTH,	(Folic Acid) CVS FOLIC ACID,
250 MG .....85	HEARTBURN RELIEF	FOLATE, GNP FOLIC ACID, HM
(Estradiol & Norethindrone Acetate)	MAXIMUMSTRENGTH, HM	FOLIC ACID, KP FOLIC ACID, PX
AMABELZ, MIMVEY TABS 1 MG-0.5	FAMOTIDINE, KLS ACID	FOLIC ACID, QC FOLIC ACID, RA
MG ..... 75	CONTROLLER MAXIMUM	FOLIC ACID, SM FOLIC ACID,
(Estradiol & Norethindrone Acetate)	STRENGTH, MM ACID-PEP	TRUE FOLIC ACID, YL FOLIC ACID
AMABELZ, MIMVEY TABS .....75	MAXIMUM STRENGTH, MM	TABS 400 MCG, 800 MCG .....81
(Estradiol Vaginal) YUVAFEM TABS .	FAMOTIDINE, PX ACID REDUCER	(Folic Acid) CVS FOLIC ACID,
138	MAXIMUM STRENGTH, QC ACID	FOLATE, GNP FOLIC ACID, HM
(Estradiol) DOTTI, LYLLANA PTTW .	CONTROLLER MAXIMUM	FOLIC ACID, KP FOLIC ACID, PX
75	STRENGTH, QC FAMOTIDINE ACID	FOLIC ACID, QC FOLIC ACID, RA
(Ethinodiol Diacet & Eth Estrad)	REDUCER, RA ACID REDUCER	FOLIC ACID, SM FOLIC ACID,
KELNOR 1/35, KELNOR 1/50,	MAXIMUM STRENGTH, SB ACID	TRUE FOLIC ACID, YL FOLIC ACID
ZOVIA 1/35 35 MCG-1 MG .....53	CONTROLLER MAXIMUM	TABS 400 MCG .....82
(Ethinodiol Diacet & Eth Estrad)	STRENGTH, SM ACID REDUCER	(Folic Acid) CVS FOLIC ACID,
KELNOR 1/35, KELNOR 1/50,	MAXIMUM STRENGTH, ZANTAC	FOLATE, GNP FOLIC ACID, HM
ZOVIA 1/35 50 MCG-1 MG .....54	360 MAXIMUM STRENGTH TABS	FOLIC ACID, KP FOLIC ACID, PX
(Etonogestrel-Ethinyl Estradiol)	20 MG .....132	FOLIC ACID, QC FOLIC ACID, RA
ELURYNG, ENILLORING,	(Fluocinolone Acetonide (Otic)) FLAC	FOLIC ACID, SM FOLIC ACID,
HALOETTE .....57	.....121	TRUE FOLIC ACID, YL FOLIC ACID
(Etoposide) TOPOSAR SOLN 1	(Flurandrenolide) NOLIX CREA ... 66	TABS 800 MCG .....82
GM/50ML, 500 MG/25ML .....42	(Fluticasone Propionate (Nasal))	(Folic Acid) KP FOLIC ACID, TRUE
(Etoposide) TOPOSAR SOLN 100	ALLERGY NASAL SPRAY 24	FOLIC ACID TABS 1 MG .....82
MG/5ML .....42	HOUR, ALLERGY RELIEF,	(Gentamicin Sulfate (Ophth))
(Famotidine) ACID CONTROL	CLARISPRAY, CVS FLUTICASONE	GENTAK OINT ..... 118
MAXIMUM STRENGTH, ACID	PROPIONATE NASAL SPRAY, CVS	(Glatiramer Acetate) GLATOPA
CONTROLLER MAXIMUM	FLUTICASONE PROPRIONATE	SOSY 20 MG/ML ..... 124
STRENGTH, ACID REDUCER	NASAL SPRAY, EQ ALLERGY	(Glatiramer Acetate) GLATOPA
MAXIMUM STRENGTH, CVS ACID	RELIEF, EQL FLUTICASONE	SOSY 40 MG/ML ..... 124
CONTROLLER MAXIMUM	PROPIONATE, EQL FLUTICASONE	(Glipizide) GLIPIZIDE XL TB24 ....26
	PROPIONATE CHILDRENS, FT	(Guaifenesin-Codeine) G TUSSIN
	ALLERGY RELIEF 24 HR, GNP	AC, MAXI-TUSS AC SOLN 10
	FLUTICASONE PROPIONATE,	
	GOODSENSE 24-HOUR ALLERGY	
	NASAL SPRAY, HM ALLERGY	
	RELIEF NASAL SPRAY 24HR, KLS	

MG/5ML-100 MG/5ML .....59	CLARAVIS, MYORISAN,	LESSINA, LEVORA 0.15/30-28,
(Guaifenesin-Codeine)	ZENATANE 30 MG ..... 60	LILLOW, LUTERA, MARLISSA,
GUAIA TUSSIN AC, GUAIFENESIN	(Ivermectin (Pediculicide)) CVS	ORSYTHIA, PORTIA-28, SRONYX,
AC SYRP .....59	IVERMECTIN LICE TREATMENT	VIENVA TABS 0.03 MG-0.15 MG .54
(Homatropine Hbr) HOMATROPAIRE	70	(Levonorgestrel & Eth Estradiol)
.....117	(Ketoconazole (Topical)) KETODAN	AFIRMELLE, ALTAVERA, AUBRA,
(Hydrocodone Bitartrate-Homatropine	FOAM ..... 63	AUBRA EQ, AVIANE, AYUNA,
Methylbromide) HYDROMET SOLN .	(Lactulose (Encephalopathy))	CHATEAL, CHATEAL EQ, DELLYLA,
58	ENULOSE, GENERLAC ..... 77	FALMINA, KURVELO, LARISSIA,
(Hydrocortisone (Rectal)) PROCTO-	(Lactulose) CONSTULOSE SOLN 10	LESSINA, LEVORA 0.15/30-28,
MED HC, PROCTOSOL HC,	GM/15ML .....83	LILLOW, LUTERA, MARLISSA,
PROCTOZONE-HC EX 2.5 % .....12	(Lamotrigine) SUBVENITE	ORSYTHIA, PORTIA-28, SRONYX,
(Hydrocortisone (Topical)) ALA-	STARTER KIT/BLUE, SUBVENITE	VIENVA TABS 20 MCG-0.1 MG ...54
SCALP LOTN 2 % ..... 66	STARTER KIT/GREEN, SUBVENITE	(Levonorgestrel & Eth Estradiol)
(Hyoscyamine Sulfate) ED-SPAZ,	STARTER KIT/ORANGE KIT .....19	AFIRMELLE, ALTAVERA, AUBRA,
NULEV TBDP 0.125 MG ..... 131	(Lamotrigine) SUBVENITE TABS . 19	AUBRA EQ, AVIANE, AYUNA,
(Hyoscyamine Sulfate) OSCIMIN	(Lansoprazole) CVS	CHATEAL, CHATEAL EQ, DELLYLA,
SUBL 0.125 MG ..... 131	LANSOPRAZOLE, EQ	FALMINA, KURVELO, LARISSIA,
(Hyoscyamine Sulfate) OSCIMIN	LANSOPRAZOLE, EQL	LESSINA, LEVORA 0.15/30-28,
TABS 0.125 MG ..... 131	LANSOPRAZOLE, FT ACID	LILLOW, LUTERA, MARLISSA,
(Ibuprofen) IBU TABS 400 MG, 600	REDUCER, GNP LANSOPRAZOLE,	ORSYTHIA, PORTIA-28, SRONYX,
MG, 800 MG .....5	GOODSENSE LANSOPRAZOLE,	VIENVA TABS 30 MCG-0.15 MG .54
(Icatibant Acetate) SAJAZIR SOSY	HM LANSOPRAZOLE, KLS	(Levonorgestrel (Emergency OC))
81	LANSOPRAZOLE, QC	AFTERA, AFTERPILL, CURAE,
(Indomethacin) INDOCIN SUPP .....5	LANSOPRAZOLE, SM	ECONTRA EZ, ECONTRA ONE-
(Iodoquinol-Hydrocortisone In Aloe	LANSOPRAZOLE CPDR 15 MG .133	STEP, HER STYLE, MY CHOICE,
Vehicle) IODOQUIMEZ-HC ..... 63	(Lansoprazole) CVS	MY WAY, NEW DAY, OPCICON
(Isotretinoin) ACCUTANE,	LANSOPRAZOLE, GOODSENSE	ONE-STEP, OPTION 2, REACT,
AMNESTEEM, CLARAVIS,	LANSOPRAZOLE TBDD 15 MG .133	TAKE ACTION 1.5 MG ..... 57
MYORISAN, ZENATANE 10 MG ..60	(Levetiracetam) ROWEEPRA TABS	(Levonorgestrel-Eth Estradiol
(Isotretinoin) ACCUTANE,	500 MG .....19	(Triphasic)) ENPRESSE-28,
AMNESTEEM, CLARAVIS,	(Levocetirizine Dihydrochloride)	LEVONEST, TRIVORA-28 .....54
MYORISAN, ZENATANE 20 MG ..60	ALLERGY RELIEF 24HR, CVS	(Levonorgestrel-Ethinyl Estradiol (91-
(Isotretinoin) ACCUTANE,	ALLERGY RELIEF, GNP ALLERGY	Day)) AMETHIA, ASHLYNA,
AMNESTEEM, CLARAVIS,	RELIEF 24 HOUR TABS ..... 29	CAMRESE, CAMRESE LO,
MYORISAN, ZENATANE 40 MG ..60	(Levonorgestrel & Eth Estradiol)	DAYSEE, FAYOSIM, ICLEVIA,
(Isotretinoin) ACCUTANE,	AFIRMELLE, ALTAVERA, AUBRA,	INTROVALE, JAIMIESS, JOLESSA,
AMNESTEEM, CLARAVIS,	AUBRA EQ, AVIANE, AYUNA,	LOJAIMIESS, RIVELSA, SETLAKIN,
MYORISAN, ZENATANE 40 MG ..60	CHATEAL, CHATEAL EQ, DELLYLA,	SIMPESSE ..... 54
(Isotretinoin) ACCUTANE,	FALMINA, KURVELO, LARISSIA,	(Levonorgestrel-Ethinyl Estradiol (91-
		Day)) AMETHIA, ASHLYNA,
		CAMRESE, CAMRESE LO,

DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG ....54	CONC .....8 (Methadone Hcl) METHADOSE TBSO .....8 (Methylergonovine Maleate) METHERGINE TABS .....121 (Metronidazole (Topical)) ROSADAN CREA .....69 (Metronidazole (Topical)) ROSADAN GEL 0.75 % .....69 (Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .137 (Miglustat) YARGESA .....81 (Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP 116 (Nabumetone) RELAFEN 500 MG .5 (Nabumetone) RELAFEN 750 MG .5 (Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....118 (Niacin (Antihyperlipidemic)) NIACOR TABs .....31 (Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG .126 (Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS	NICOTINE POLACRILEX LOZG 2 MG .....126 (Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG .....125 (Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG .126 (Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE .....54		
(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAUX .....54		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABs 112 MCG, 125 MCG, 175 MCG, 200 MCG .....130		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABs 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG .....130		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABs 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG .....130		
(Levothyroxine Sodium) LEVO-T TABs 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....130		
(Lidocaine) LIDOCAN, TRIDACAINE PTCH 5 % .....69		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI- DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS .....26		
(Lorazepam) LORAZEPAM INTENSOL CONC .....13		
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL		

NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 127

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 127

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE

POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM ... 127

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM STEP 1, EQ NICOTINE, GNP NICOTINE TRANSDERMALSYSTEM, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR PT24 TD 21 MG/24HR 127

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE

TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR 128

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..128

(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY ..... 57

(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN

FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG .....55	1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG ..... 55	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG ..... 75
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG ..... 55	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG ..... 55	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE ..... 56
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW ..... 55	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG ..... 55	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 .....56
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS .....55	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG .... 55	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-SPRINTEC, TRI- VYLIBRA ..... 56
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG ..... 55	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAAH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYDA, NORLYROC, SHAROBEL, TULANA ..... 58	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA ..... 56
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG- 20 MCG ..... 56	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG ..... 56	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG ..... 56
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI .... 75		(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 63
		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % ..... 120
		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE

ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % .....120	MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ..111	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....117
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG .....133	(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML ... 111	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG ....21
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....133	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 112	(Phenytoin) PHENYTOIN INFATABS CHEW .....21
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR .....133	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 112	(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD .....83
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG .....10	(Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 112	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP .....78
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG 10	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML .....112	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL .....109
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG .. 10	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN ..... 112	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .109
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML ... 111	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E .....83	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ ..... 109
(Ped Multivitamins W/Fl & Iron)	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM- 22.74 GM-236 GM .....83	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ ..... 109
	(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..122	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ ..... 109

(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ . . . . 109	(Prochlorperazine) COMPRO . . . . 45	WASH EMUL 10 %-10 %-4 % . . . . 60
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ . . . . 109	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG . . . . . 29	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP . . 34
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ . . . . . 109	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG . . . . . 29	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS . . . . . 52
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK . . . . 78	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML . . . . . 59	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM . . . . . 11
(Potassium Citrate-Citric Acid) CYTRA-K SOLN . . . . . 78	(Salicylic Acid) KERALYT SHAM 6 % . . . . . 69	(Tetracaine Hcl (Ophth)) ALTACAINE . . . . . 119
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS . . . . 109	(Sapropterin Dihydrochloride) JAVYGTOR PACK . . . . . 73	(Theophylline) ELIXOPHYLLIN ELIX . 16
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 119	(Sapropterin Dihydrochloride) JAVYGTOR TABS . . . . . 73	(Thyroid) NP THYROID 15 TABS 15 MG . . . . . 130
(Prednisolone) MILLIPRED TABS . 58	(Silver Sulfadiazine) SSD . . . . . 65	(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 % . . . . . 117
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS . . . . . 112	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 59	(Tretinoin) AVITA CREA 0.025 % . 60
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS . . . . . 112	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 59	(Tretinoin) AVITA GEL 0.025 % . . 60
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW 112	(Sodium Citrate & Citric Acid) CYTRA-2 . . . . . 78	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE . . . . . 111
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT . . . . . 112	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP . . . . . 108	(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO . . . . . 116
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG 112	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG . . . . . 108	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % . . . . . 66
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA 112	(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML . . . . . 110	(Urea) CEROVEL LOTN 40 % . . . . 68
	(Sotalol Hcl) SORINE TABS . . . . 49	(Vigabatrin) VIGADRONE TABS . . 21
	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % . . . . . 60	(Vigabatrin) VIGADRONE, VIGPODER PACK . . . . . 21
	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM . . . . . 60	
	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING	

(Warfarin Sodium) JANTOVEN TABS .....17	ACCUPRIL (quinapril hcl) .....31	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G .....88
1ST TIER UNILET COMFORTOUCH LANCETS 28G .....88	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide) ..... 32	ACTIMMUNE .....42
1ST TIER UNILET COMFORTOUCH LANCETS 30G .....88	ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide) ....32	ACTIQ LPOP 1600 MCG (fentanyl citrate) ..... 8
abacavir sulfate SOLN .....46	acebutolol hcl CAPS .....49	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate) ..... 8
abacavir sulfate TABS .....46	acetaminophen w/ codeine SOLN .10	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 75
abacavir sulfate-lamivudine .....46	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG .....10	ACTONEL TABS 150 MG (risedronate sodium) .....72
ABILIFY TABS 15 MG (aripiprazole) . 46	acetaminophen w/ codeine TABS 60 MG-300 MG .....10	ACTONEL TABS 35 MG (risedronate sodium) .....72
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole) .....46	acetazolamide CP12 .....72	ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 24
ABILIFY TABS 20 MG (aripiprazole) . 46	acetazolamide TABS 125 MG ....72	ACTOS 15 MG (pioglitazone hcl) .26
abiraterone acetate .....38	acetazolamide TABS 250 MG ....72	ACTOS 30 MG, 45 MG (pioglitazone hcl) ..... 26
ABSORICA 10 MG, 25 MG (isotretinoin) .....61	acetic acid (otic) .....121	ACULAR (ketorolac tromethamine ophth)) ..... 120
ABSORICA 20 MG (isotretinoin) ...60	acetylcysteine SOLN .....59	ACULAR LS (ketorolac tromethamine (ophth)) .....120
ABSORICA 30 MG (isotretinoin) ...60	ACIPHEX TBEC (rabeprazole sodium) ..... 133	ACUVAIL .....120
ABSORICA 35 MG, 40 MG (isotretinoin) .....60	acitretin 10 MG .....64	acyclovir CAPS ..... 48
acamprosate calcium ..... 123	acitretin 17.5 MG .....64	acyclovir SUSP ..... 48
acarbose .....24	acitretin 25 MG .....64	acyclovir TABS OR 400 MG .....48
ACCOLATE 10 MG (zafirlukast) ...14	ACTHIB SOLR IM ..... 135	acyclovir TABS OR 800 MG .....48
ACCOLATE 20 MG (zafirlukast) ...14	ACTICLATE TABS (doxycycline hyclate) ..... 130	acyclovir topical OINT .....65
ACCU-CHEK FASTCLIX LANCETS . 88	ACTIDOM DMX LIQD .....59	ACZONE 5 % (dapsonsone (topical)) .61
ACCU-CHEK SAFE-T-PRO LANCETS .....88	ACTI-LANCE LANCETS 28G ....88	ADACEL SUSP .....131
ACCU-CHEK SAFE-T-PRO PLUSLANCETS .....88	ACTI-LANCE LITE SAFETY LANCETS 28G .....88	ADALIMUMAB-ADAZ SOAJ .....4
ACCU-CHEK SOFTCLIX LANCETS 88	ACTI-LANCE SPECIAL SAFETY LANCETS 17G .....88	
	ACTI-LANCE SPECIAL SAFETYLANCETS 17G .....88	





alendronate sodium TABS 5 MG, 10 MG .....	73	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril) .....	31	amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG .....	51
alendronate sodium TABS 70 MG .....	73	ALTUVIIIIO .....	79	amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG .....	51
ALFERON N .....	42	ALUNBRIG TABS .....	39	amlodipine besylate-benazepril hcl 10 MG-2.5 MG .....	32
alfuzosin hcl .....	78	ALUNBRIG TBPK .....	39	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG .....	32
ALINIA SUSR .....	34	alvimopan .....	77	amlodipine besylate-valsartan 10 MG-160 MG .....	32
ALINIA TABS (nitazoxanide) .....	34	amantadine hcl CAPS .....	43	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG .....	32
aliskiren fumarate .....	34	amantadine hcl TABS .....	43	amlodipine-valsartan-hydrochlorothiazide .....	32
ALKERAN (melphalan hcl) .....	36	AMARYL (glimepiride) .....	26	amoxapine .....	24
ALKERAN (melphalan) .....	36	AMBIEN CR TBCR (zolpidem tartrate) .....	82	amoxicillin & pot clavulanate CHEW .....	122
allopurinol 100 MG .....	79	AMBIEN TABS (zolpidem tartrate) .....	82	amoxicillin & pot clavulanate SUSR .....	122
allopurinol 300 MG .....	79	ambrisentan .....	52	amoxicillin & pot clavulanate TABS .....	122
almotriptan malate .....	107	amcinonide CREA .....	66	amoxicillin & pot clavulanate TB12 .....	122
ALOCRIL .....	120	amcinonide LOTN .....	66	amoxicillin CAPS .....	122
alogliptin benzoate .....	25	amcinonide OINT .....	66	amoxicillin CHEW 125 MG, 250 MG .....	122
ALOMIDE .....	120	AMERGE (naratriptan hcl) .....	107	AMOXICILLIN SUSR (amoxicillin) .....	122
ALORA PTTW .....	75	AMICAR SOLN OR (aminocaproic acid) .....	82	amoxicillin SUSR .....	122
alosetron hcl .....	77	AMICAR TABS (aminocaproic acid) .....	82	amoxicillin TABS .....	122
ALPHAGAN P (brimonidine tartrate) 118 .....		amiloride & hydrochlorothiazide .....	72		
ALPHANATE SOLR .....	79	amiloride hcl TABS .....	72		
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....	79	aminocaproic acid SOLN OR 0.25 GM/ML .....	82		
ALPRAZOLAM INTENSOL CONC .....	13	aminocaproic acid TABS .....	82		
alprazolam TABS .....	13	amiodarone hcl TABS .....	14		
alprazolam TB24 .....	13	AMITIZA (lubiprostone) .....	76		
alprazolam TBDP .....	13	amitriptyline hcl TABS .....	24		
ALPROLIX .....	79	amlodipine besylate TABS 2.5 MG .....	50		
ALREX SUSP (loteprednol etabonate) .....	119	amlodipine besylate TABS 5 MG, 10 MG .....	50		
ALTABAX .....	63				

amoxicillin-clarithromycin w/ lansoprazole THPK .....134	ANDEXXA 200 MG ..... 27	ARCALYST .....5
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG ..... 1	ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone) ..... 11	ARICEPT TABS (donepezil hydrochloride) .....123
amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG 1	ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (testosterone) ..... 11	ARIKAYCE .....3
amphetamine-dextroamphetamine TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG- 3.75 MG-3.75 MG ..... 1	ANDROGEL PUMP GEL TD 1.62 % (testosterone) ..... 11	ARIMIDEX (anastrozole) .....38
amphetamine-dextroamphetamine TABS 2.5 MG-2.5 MG-2.5 MG-2.5 MG .....1	ANGELIQ .....75	aripiprazole SOLN OR .....46
ampicillin & sulbactam sodium IV 10 GM-5 GM ..... 122	ANNOVERA .....57	aripiprazole TABS 15 MG .....46
ampicillin CAPS 500 MG ..... 122	ANORO ELLIPTA ..... 16	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG .....46
ampicillin sodium IJ 1 GM, 125 MG 122	ANTARA 30 MG ..... 30	aripiprazole TABS 20 MG .....46
AMPYRA (dalfampridine) ..... 124	ANTIVERT TABS 50 MG (meclizine hcl) ..... 27	aripiprazole TBDP .....46
ANAFRANIL (clomipramine hcl) .. 24	ANUSOL-HC EX (hydrocortisone rectal)) .....12	ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium) ..... 17
anagrelide hcl ..... 81	ANZEMET TABS 50 MG .....27	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium) .....17
ANALPRAM-HC LOTN EX ..... 12	APEXICON E CREA .....66	armodafinil 150 MG, 200 MG, 250 MG .....2
ANAPROX DS TABS (naproxen sodium) .....5	APO-VARENICLINE TABS .....128	armodafinil 50 MG .....2
ANASPAZ TBDP (hyoscyamine sulfate) .....131	apraclonidine hcl .....118	ARMOUR THYROID TABS ..... 130
anastrozole .....38	aprepitant CAPS 40 MG ..... 28	ARMOUR THYROID TABS ..... 131
ANCOBON (flucytosine) .....28	aprepitant CAPS 80 MG, 125 MG .28	ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT ..... 15
	aprepitant CAPS .....28	ARNUITY ELLIPTA 50 MCG/ACT .15
	aprepitant MISC .....28	AROMASIN (exemestane) .....38
	APRISO CP24 (mesalamine) .....76	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol) ..... 5
	APTENSIO XR CP24 (methylphenidate hcl) ..... 2	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol) ..... 5
	APTIOM ..... 19	ASACOL HD TBEC (mesalamine) .76
	APTIVUS CAPS .....46	asenapine maleate .....45
	AQUALANCE LANCETS ULTRA THIN 30G .....88	aspirin CHEW ..... 8
	ARAVA 10 MG (leflunomide) .....6	aspirin TBEC 81 MG ..... 8
	ARAVA 20 MG (leflunomide) .....6	

aspirin-dipyridamole .....	81	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil) .....	31	AUSTEDO TABS 12 MG .....	124
ASSESS PEAK FLOW METER FULL RANGE .....	106	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide) .....	32	AUSTEDO TABS 6 MG, 9 MG ...	124
ASSESS PEAK FLOW METER LOW RANGE .....	106	atazanavir sulfate CAPS .....	46	AUVI-Q SOAJ 0.1 MG/0.1ML ....	138
ASSURE COMFORT LANCETS ULTRA THIN 28G .....	88	atenolol & chlorthalidone .....	32	AVALIDE (irbesartan- hydrochlorothiazide) .....	32
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G .....	88	atenolol TABS .....	49	AVAPRO (irbesartan) .....	31
ASSURE HAEMOLANCE PLUS LOW FLOW 25G .....	88	ATIVAN TABS (lorazepam) .....	13	AVODART (dutasteride) .....	78
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G .....	89	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG .....	2	AVONEX PEN AJKT .....	124
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G .....	89	atomoxetine hcl 60 MG, 80 MG, 100 MG .....	2	AVONEX PSKT .....	124
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE .....	89	atorvastatin calcium TABS .....	30	AYGESTIN TABS (norethindrone acetate) .....	123
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64" .....	105	atovaquone .....	34	AYVAKIT 100 MG, 200 MG, 300 MG 39	
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64" .....	105	atovaquone-proguanil hcl .....	35	AYVAKIT 25 MG, 50 MG .....	39
ASSURE LANCE LANCETS .....	89	ATRALIN GEL (tretinoin) .....	61	AZASITE .....	118
ASSURE LANCE LANCETS 21G .	89	atropine sulfate (ophthalmic) OINT 117		azathioprine TABS .....	110
ASSURE LANCE PLUS SAFETYLANCETS 25G .....	89	atropine sulfate (ophthalmic) SOLN 117		azelaic acid GEL .....	69
ASSURE LANCE PLUS SAFETYLANCETS 30G .....	89	ATROPINE SULFATE SOLN 1 % 117		azelastine hcl (ophth) .....	120
ASSURE LANCE SAFETY LANCET 28G .....	89	ATROVENT HFA .....	14	azelastine hcl 0.1 %, 137 MCG/SPRAY .....	115
ASTAGRAF XL CP24 .....	110	AUBAGIO (teriflunomide) .....	124	azelastine hcl 0.15 %, 205.5 MCG/SPRAY .....	115
ATABEX EC TBEC .....	112	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate) ....	122	azelastine hcl-fluticasone propionate SUSP .....	115
ATACAND 32 MG (candesartan cilexetil) .....	31	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....	122	AZELEX .....	61
		AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate) ....	122	AZILECT (rasagiline mesylate) ...	44
		AURORA LANCET SUPER THIN30G .....	89	azithromycin PACK .....	85
		AURORA LANCET THIN 23G ....	89	azithromycin SUSR .....	85
		AURYXIA .....	77	azithromycin TABS 250 MG .....	85
				azithromycin TABS 500 MG .....	85
				azithromycin TABS 600 MG .....	85
				AZOPT (brinzolamide) .....	120

AZULFIDINE EN-TABS TBEC (sulfasalazine) .....	76	BD PEN MISC .....	105	BENSAL HP OINT .....	69
AZULFIDINE TABS (sulfasalazine) 76		BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM .....	105	BENZAMYCIN GEL (benzoyl peroxide-erythromycin) .....	61
bacitracin (ophthalmic) .....	118	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..	105	BENZNIDAZOLE .....	12
bacitracin-polymyxin b (ophth) ...	118	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" ....	105	benzonatate .....	58
bacitracin-poly-neomycin-hc .....	119	BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM .....	105	benzoyl peroxide-erythromycin GEL . 61	
baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 40000 MCG/20ML .....	115	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM .....	105	benzphetamine hcl 50 MG .....	2
baclofen TABS 10 MG .....	115	BD VEO INSULIN SYRINGE ULTRA- FINE/U-100/1ML/31G X 15/64" ..	105	benztropine mesylate SOLN .....	43
baclofen TABS 20 MG .....	115	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64"	105	benztropine mesylate TABS .....	43
baclofen TABS 5 MG .....	115	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64"	105	bepotastine besilate .....	120
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	34	BD VERITOR AT-HOME COVID-19 TEST KIT .....	70	BEPREVE (bepotastine besilate) 120	
BACTRIM TABS (sulfamethoxazole- trimethoprim) .....	34	BELLADONNA/OPIUM .....	131	BESIVANCE .....	118
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) .....	56	BELSOMRA .....	83	BESREMI .....	42
balsalazide disodium CAPS .....	76	benazepril & hydrochlorothiazide .	32	BETADINE OPHTHALMIC PREP 118	
BALVERSA .....	39	benazepril hcl .....	31	betaine .....	73
BANZEL SUSP (rufinamide) .....	19	BENEFIX KIT .....	79	betamethasone dipropionate (topical) CREA .....	66
BANZEL TABS 200 MG (rufinamide) .	19	BENICAR 40 MG (olmesartan medoxomil) .....	31	betamethasone dipropionate (topical) LOTN .....	66
BANZEL TABS 400 MG (rufinamide) .	19	BENICAR 5 MG, 20 MG (olmesartan medoxomil) .....	31	betamethasone dipropionate (topical) OINT .....	66
BARACLUDE TABS (entecavir) ...	48	BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil- hydrochlorothiazide) .....	32	betamethasone dipropionate augmented CREA .....	66
BD AUTOSHIELD DUO 30G X 5MM .....	105	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil- hydrochlorothiazide) .....	32	betamethasone dipropionate augmented GEL 0.05 % .....	66
BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2" .....	105	BENLYSTA SOAJ .....	111	betamethasone dipropionate augmented LOTN .....	66
BD MICROTAINER LANCETS ...	89	BENLYSTA SOSY .....	111	betamethasone dipropionate augmented OINT .....	66
BD NEEDLE/30G X 1/2" .....	105			betamethasone valerate CREA ...	66
BD PEN MINI MISC .....	105			betamethasone valerate FOAM ...	66

betamethasone valerate LOTN ....66	bisoprolol & hydrochlorothiazide ..32	MG ..... 43
betamethasone valerate OINT ....66	bisoprolol fumarate .....49	BROMSITE (bromfenac sodium (ophth)) ..... 120
BETAPACE AF (sotalol hcl (afib/af)) .....49	BIVIGAM SOLN .....122	BRUKINSA ..... 40
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) .....49	BLEPH-10 SOLN (sulfacetamide sodium (ophth)) .....118	budesonide (inhalation) SUSP 0.25 MG/2ML ..... 15
BETASERON KIT ..... 124	BLEPHAMIDE S.O.P. OINT .....119	budesonide (inhalation) SUSP 0.5 MG/2ML ..... 15
betaxolol hcl (ophth) SOLN .....117	BLEPHAMIDE SUSP .....119	budesonide (inhalation) SUSP 1 MG/2ML ..... 15
betaxolol hcl .....49	BONIVA TABS (ibandronate sodium) 73	budesonide (intrarectal) ..... 12
bethanechol chloride .....134	BOOSTRIX SUSP .....131	budesonide CPEP ..... 58
BETHKIS NEBU (tobramycin) ..... 3	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG ..... 39	budesonide TB24 ..... 58
BETIMOL .....117	bortezomib SOLR IJ ..... 39	budesonide-formoterol fumarate dihydrate .....16
BETOPTIC-S SUSP .....117	bosentan TABS ..... 52	bumetanide TABS 0.5 MG, 1 MG ..72
bexarotene (topical) .....64	BOSULIF CAPS .....39	bumetanide TABS 2 MG .....72
bexarotene ..... 42	BOSULIF TABS 100 MG, 400 MG 39	BUMEX TABS 0.5 MG (bumetanide) . 72
BEXSERO .....135	BOSULIF TABS 500 MG .....39	BUPHENYL POWD (sodium phenylbutyrate) .....73
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ....56	BRAFTOVI 75 MG .....40	BUPHENYL TABS (sodium phenylbutyrate) .....73
bicalutamide .....38	BREATHE EASE PEAK FLOW METER .....106	buprenorphine hcl SUBL 2 MG .... 11
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML ..... 122	BREO ELLIPTA (fluticasone furoate-vilanterol) .....16	buprenorphine hcl SUBL 8 MG .... 11
BICILLIN L-A SUSY ..... 122	BREZTRI AEROSPHERE .....16	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....11
BIDIL (isosorbide dinitrate-hydralazine hcl) ..... 51	BRILINTA .....81	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...11
BIKTARVY 200 MG-50 MG-25 MG 46	brimonidine tartrate (topical) ..... 69	buprenorphine hcl-naloxone hcl dihydrate SUBL ..... 11
BILTRICIDE (praziquantel) .....12	brimonidine tartrate ..... 118	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR . 11
bimatoprost SOLN .....121	brimonidine tartrate-timolol maleate . 117	
BINAXNOW COVID-19 AG CARD HOME TEST KIT .....70	brinzolamide ..... 120	
bisacodyl SUPP .....85	bromfenac sodium (ophth) .....120	
bisacodyl TBEC .....85	bromocriptine mesylate CAPS ....43	
	bromocriptine mesylate TABS 2.5	



MG-25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG ..... 43	CARETOUCH TWIST LANCETS 30G ..... 89	cefdinir SUSR ..... 53
carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 75 MG-18.75 MG-200 MG ..... 43	CARETOUCH TWIST LANCETS 33G ..... 89	cefixime CAPS ..... 53
carbinoxamine maleate SOLN ..... 28	CARETOUCH TWIST LANCETS MULTI COLOR/30G ..... 89	cefixime SUSR ..... 53
carbinoxamine maleate TABS ..... 28	carisoprodol TABS ..... 115	CEFOTAN IJ (cefotetan disodium) 53
CARBINOXAMINE MALEATE TABS . 28	carisoprodol w/ aspirin & codeine 115	cefotetan disodium IJ 1 GM, 2 GM 53
CARDIZEM CD CP24 (diltiazem hcl coated beads) ..... 50	CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 74	CEFOXITIN SODIUM ..... 53
CARDIZEM LA TB24 (diltiazem hcl) 50	CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) 74	cefoxitin sodium IV 1 GM, 2 GM ... 53
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl) ..... 50	CARNITOR TABS (levocarnitine (metabolic modifiers)) ..... 74	cefopodoxime proxetil SUSR ..... 53
CARDURA (doxazosin mesylate) .32	carteolol hcl (ophth) ..... 117	cefopodoxime proxetil TABS ..... 53
CARDURA XL ..... 78	carvedilol 3.125 MG ..... 49	cefprozil SUSR ..... 53
CAREONE LANCET SUPER THIN/30G ..... 89	carvedilol 6.25 MG, 12.5 MG, 25 MG 49	cefprozil TABS ..... 53
CAREONE LANCET THIN ..... 89	carvedilol phosphate ..... 49	cefuroxime axetil TABS ..... 53
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2" ..... 105	CASODEX (bicalutamide) ..... 38	CELEBREX 400 MG (celecoxib) .... 5
CARESENS LANCETS ..... 89	CAYA DPRH ..... 86	CELEBREX 50 MG, 100 MG, 200 MG (celecoxib) ..... 5
CARESTART COVID-19 ANTIGEN HOME TEST KIT ..... 70	CAYSTON ..... 35	celecoxib 400 MG ..... 5
CARETOUCH SAFETY LANCETS/26G ..... 89	cefaclor CAPS ..... 53	celecoxib 50 MG, 100 MG, 200 MG 5
CARETOUCH SAFETY LANCETS/28G ..... 89	CEFACLOR ER TB12 ..... 53	CELEXA TABS (citalopram hydrobromide) ..... 22
CARETOUCH SAFETY LANCETS/30G ..... 89	cefaclor SUSR 125 MG/5ML, 375 MG/5ML ..... 53	CELLCEPT CAPS (mycophenolate mofetil) ..... 110
CARETOUCH TWIST LANCETS 28G ..... 89	cefadroxil CAPS ..... 52	CELLCEPT SUSR (mycophenolate mofetil) ..... 110
	cefadroxil SUSR ..... 52	CELLCEPT TABS (mycophenolate mofetil) ..... 110
	cefadroxil TABS ..... 52	CELLTRION DIATRUST COVID-19 AG HOME TEST KIT ..... 70
	cefazolin sodium SOLR IV 1 GM .. 53	CELONTIN (methsuximide) ..... 22
	cefdinir CAPS ..... 53	CENTANY OINT ..... 63
		cephalexin CAPS ..... 53
		cephalexin SUSR ..... 53
		CEPROTIN ..... 81



CERDELGA .....	81	ciclopirox SHAM .....	63	MG-1 MG-400 UNIT-120 MG-20 MG	
CEREZYME 400 UNIT .....	81	ciclopirox SOLN .....	63	113	
CERVIDIL INST .....	121	cilostazol .....	81	CITRANATAL BLOOM .....	113
CETACAINE AERO .....	69	CILOXAN OINT .....	118	CITRANATAL BLOOM DHA .....	113
CETRAXAL (ciprofloxacin hcl (otic)) .	121	CIMDUO .....	46	CITRANATAL DHA .....	113
cevimeline hcl .....	111	cimetidine hcl OR 300 MG/5ML ..	132	CITRANATAL ESSENCE .....	113
CHEMET .....	26	cimetidine TABS 300 MG, 800 MG	132	CITRANATAL HARMONY 25 MG-1	
CHENODAL .....	76	cimetidine TABS 400 MG .....	132	MG-400 UNIT-50 MG-104 MG-27	
chlordiazepoxide hcl CAPS .....	13	cinacalcet hcl .....	74	MG-30 UNIT-260 MG .....	113
chlordiazepoxide hcl-clidinium		CIPRO HC .....	121	CITRANATAL MEDLEY .....	113
bromide .....	131	CIPRO SUSR .....	76	CLARINEX TABS (desloratadine) .	29
chlordiazepoxide-amitriptyline ...	124	CIPRO TABS 250 MG, 500 MG		clarithromycin SUSR .....	85
chlorhexidine gluconate (mouth-		(ciprofloxacin hcl) .....	76	clarithromycin TABS .....	85
throat) .....	111	CIPRODEX (ciprofloxacin-		clarithromycin TB24 .....	85
chloroquine phosphate TABS .....	35	dexamethasone) .....	121	CLEANLET LANCETS 28G .....	89
chlorpromazine hcl TABS .....	45	ciprofloxacin hcl (ophth) SOLN ...	118	CLEARDETECT COVID-19	
chlorthalidone 25 MG, 50 MG .....	72	ciprofloxacin hcl (otic) .....	121	ANTIGEN HOME TEST KIT .....	70
chlorzoxazone TABS 375 MG, 500		ciprofloxacin hcl TABS .....	76	clemastine fumarate TABS 2.68 MG .	
MG, 750 MG .....	115	ciprofloxacin SUSR 5 GM/100ML,		28	
cholestyramine light PACK .....	29	500 MG/5ML .....	76	CLEOCIN (clindamycin hcl) .....	35
cholestyramine light POWD .....	29	ciprofloxacin-dexamethasone ...	121	CLEOCIN CREA (clindamycin	
cholestyramine PACK .....	29	ciprofloxacin-fluocinolone acetonide .		phosphate vaginal) .....	137
cholestyramine POWD .....	29	121		CLEOCIN PEDIATRIC GRANULES	
choline fenofibrate 135 MG .....	30	citalopram hydrobromide SOLN ...	22	(clindamycin palmitate hydrochloride)	
choline fenofibrate 45 MG .....	30	citalopram hydrobromide TABS ...	22	.....	35
CIALIS 2.5 MG (tadalafil) .....	51	CITRANATAL 90 DHA 120 MG-20		CLEOCIN SUPP .....	137
CIALIS 5 MG, 10 MG, 20 MG		MG-1 MG-3 MG-400 UNIT-3.4 MG-		CLEOCIN-T LOTN (clindamycin	
(tadalafil) .....	51	20 MG-50 MG-25 MG-2 MG-159 MG-		phosphate (topical)) .....	61
ciclopirox GEL .....	63	90 MG-150 MCG-30 UNIT-0.75 MG-		CLEVER CHEK LANCETS	
ciclopirox olamine CREA .....	63	300 MG .....	113	ULTRATHIN .....	89
ciclopirox olamine SUSP .....	63	CITRANATAL ASSURE .....	113	CLEVER CHEK LANCETS	
		CITRANATAL B-CALM 120 MG-25		ULTRATHIN 30G .....	89

CLEVER CHOICE COMFORT EZLANCETS 23G .....	90	clobetasol propionate CREA 0.05 % . 66	18	CREA .....	63
CLEVER CHOICE COMFORT EZLANCETS 28G .....	90	clobetasol propionate emollient base 0.05 % .....	66	clotrimazole w/ betamethasone LOTN .....	63
CLEVER CHOICE PEAK FLOW METER .....	106	clobetasol propionate emulsion ...	66	clozapine TABS .....	45
CLIMARA PRO .....	75	clobetasol propionate FOAM .....	66	clozapine TBDP 12.5 MG .....	45
CLIMARA PTWK (estradiol) .....	75	clobetasol propionate GEL 0.05 %	66	CLOZARIL TABS (clozapine) .....	45
CLINDAGEL GEL (clindamycin phosphate (topical)) .....	61	clobetasol propionate LIQD .....	66	C-NATE DHA CAPS .....	113
clindamycin hcl .....	35	clobetasol propionate LOTN .....	66	COAGADDEX .....	79
clindamycin palmitate hydrochloride . 35		clobetasol propionate OINT 0.05 % 66		COAGUCHEK LANCETS .....	90
clindamycin phosphate (topical) FOAM .....	61	clobetasol propionate SHAM .....	66	COARTEM .....	35
clindamycin phosphate (topical) GEL 61		clobetasol propionate SOLN 0.05 % . 67		codeine sulfate TABS .....	8
clindamycin phosphate (topical) LOTN .....	61	CLOBEX LIQD (clobetasol propionate) .....	67	CODITUSSIN AC LIQD .....	59
clindamycin phosphate (topical) SOLN .....	61	CLOBEX LOTN 0.05 % (clobetasol propionate) .....	67	COLAZAL CAPS (balsalazide disodium) .....	76
clindamycin phosphate (topical) SWAB .....	61	CLOBEX SHAM (clobetasol propionate) .....	67	colchicine CAPS .....	79
clindamycin phosphate vaginal CREA .....	137	clocortolone pivalate .....	67	colchicine TABS .....	79
clindamycin phosphate-benzoyl peroxide (refrigerate) .....	61	CLODERM (clocortolone pivalate) 67		colchicine w/ probenecid .....	79
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % .....	61	clomipramine hcl .....	24	COLCRYS TABS (colchicine) .....	79
clindamycin phosphate-tretinoin ..	61	clonazepam TABS .....	18	colesevelam hcl PACK .....	29
CLINDESSE .....	137	clonazepam TBDP .....	18	colesevelam hcl TABS .....	29
CLINITEST RAPID COVID- 19ANTIGEN SELF-TEST KIT .....	70	clonidine hcl (adhd) TB12 .....	2	COLESTID FLAVORED GRAN (colestipol hcl) .....	29
clobazam SUSP .....	18	clonidine hcl TABS .....	32	COLESTID FLAVORED PACK (colestipol hcl) .....	29
clobazam TABS 10 MG .....	18	clopidogrel bisulfate .....	81	COLESTID GRAN (colestipol hcl) .	29
		clorazepate dipotassium TABS ....	13	COLESTID PACK (colestipol hcl) .	30
		clotrimazole .....	111	COLESTID TABS (colestipol hcl) .	30
		clotrimazole w/ betamethasone		colestipol hcl GRAN .....	30
				colestipol hcl PACK .....	30
				colestipol hcl TABS .....	30
				COMBIGAN (brimonidine tartrate- timolol maleate) .....	117

COMBIPATCH PTTW .....	75	CONTRACE .....	2	COSOPT PF (dorzolamide hcl-timolol maleate) .....	117
COMBIVENT RESPIMAT AERS ..	16	CONZIP CP24 (tramadol hcl) .....	8	COTELLIC .....	40
COMBIVIR (lamivudine-zidovudine) .	46	COPAXONE SOSY 20 MG/ML (glatiramer acetate) .....	124	COVID-19 AG TEST KIT .....	70
COMETRIQ KIT .....	40	COPAXONE SOSY 40 MG/ML (glatiramer acetate) .....	124	COVID-19 AT HOME TEST KITS ..	70
COMFORT ASSURED LANCETS MICRO THIN 33G .....	90	COPIKTRA .....	40	COVID-19 AT-HOME TEST KIT KIT .	70
COMFORT ASSURED LANCETS SUPER THIN 28G .....	90	CORDRAN CREA (flurandrenolide) 67		COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT .....	70
COMFORT LANCETS .....	90	CORDRAN TAPE .....	67	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT .....	70
COMFORT TOUCH LANCETS ULTRA THIN 31G .....	90	COREG 3.125 MG (carvedilol) ....	49	COZAAR (losartan potassium) ....	31
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G .....	90	COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol) .....	49	CREON CPEP .....	71
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G .....	90	COREG CR (carvedilol phosphate) 49		CRESEMBA CAPS 186 MG .....	28
COMIRNATY 2023-24 SUSP ....	135	CORLANOR SOLN .....	52	CRESTOR TABS (rosuvastatin calcium) .....	30
COMIRNATY 2023-24 SUSY ....	135	CORLANOR TABS .....	52	CRINONE GEL 8 % .....	138
COMIRNATY SUSP .....	135	CORTANE-B .....	67	cromolyn sodium (ophth) .....	120
COMPLERA .....	46	CORTEF TABS (hydrocortisone) ..	58	cromolyn sodium NEBU .....	14
COMPLETENATE CHEW .....	113	CORTENEMA (hydrocortisone (intrarectal)) .....	12	CUPRIMINE CAPS (penicillamine) 109	
COMTAN (entacapone) .....	43	CORTIFOAM EX 10 % .....	12	CUTIVATE LOTN (fluticasone propionate) .....	67
CONCEPT DHA .....	113	CORTISPORIN-TC .....	121	CUVPOSA SOLN OR (glycopyrrolate) .....	132
CONCEPT OB .....	113	COSENTYX SENSOREADY PEN SOAJ .....	64	CVS COVID-19 AT HOME TESTKIT KIT .....	70
CONCERTA TBCR 18 MG (methylphenidate hcl) .....	2	COSENTYX SOSY 150 MG/ML ...	65	CVS LANCETS 21G .....	90
CONCERTA TBCR 27 MG, 36 MG (methylphenidate hcl) .....	2	COSENTYX SOSY 75 MG/0.5ML .	65	CVS LANCETS MICRO THIN 33G 90	
CONCERTA TBCR 54 MG (methylphenidate hcl) .....	2	COSENTYX UNOREADY SOAJ ..	64	CVS LANCETS MICRO-THIN 33G 90	
CONDOMS .....	86	COSOPT (dorzolamide hcl-timolol maleate) .....	117	CVS LANCETS ORIGINAL .....	90
CONDYLOX GEL (podofilox) .....	69			CVS LANCETS THIN 26G .....	90

CVS LANCETS ULTRA THIN 30G 90	CYTOTEC (misoprostol) .....134	DEM SER (metyrosine) .....31
CVS LANCETS ULTRA-THIN 30G 90	D.H.E. 45 SOLN IJ (dihydroergotamine mesylate) ....107	DEPAKOTE ER TB24 (divalproex sodium) ..... 22
CVS ULTRA THIN LANCETS .....90	dalfampridine .....124	DEPAKOTE SPRINKLES CSDR (divalproex sodium) .....22
cyclobenzaprine hcl TABS 5 MG, 10 MG .....115	DALIRESP (roflumilast) ..... 15	DEPAKOTE TBEC (divalproex sodium) ..... 22
CYCLOGYL (cyclopentolate hcl) 117	DANTRIUM CAPS 25 MG (dantrolene sodium) ..... 115	DEPEN TITRATABS TABS (penicillamine) ..... 109
CYCLOGYL .....117	dantrolene sodium CAPS .....115	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR ..... 57
CYCLOMYDRIL .....117	dapsone (topical) 5 % .....61	DEPO-SUBQ PROVERA 104 SUSY SC .....58
cyclopentolate hcl .....117	dapsone 100 MG .....35	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide) ..... 67
cyclophosphamide CAPS .....36	dapsone 25 MG .....35	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide) ..... 67
CYCLOPHOSPHAMIDE TABS .....36	DAPTACEL ..... 131	DERMOTIC (fluocinolone acetonide (otic)) .....121
cycloserine ..... 36	darifenacin hydrobromide .....134	DESCOVY 200 MG-25 MG ..... 46
cyclosporine (ophth) EMUL .....118	darunavir TABS .....46	desipramine hcl TABS ..... 24
cyclosporine CAPS ..... 110	DAURISMO .....38	desloratadine TABS .....29
cyclosporine modified (for microemulsion) CAPS ..... 110	DAYPRO TABS (oxaprozin) ..... 5	desloratadine TBDP ..... 29
cyclosporine modified (for microemulsion) SOLN ..... 110	DAYTRANA PTCH (methyphenidate) .....2	DESMOPRESSIN ACETATE SOLN NA .....74
CYKLOKAPRON SOLN (tranexamic acid) .....82	DDAVP TABS 0.1 MG (desmopressin acetate) .....74	desmopressin acetate spray .....74
CYMBALTA CPEP (duloxetine hcl) 23	DDAVP TABS 0.2 MG (desmopressin acetate) .....74	desmopressin acetate spray refrigerated ..... 74
cyproheptadine hcl SYRP ..... 29	deferasirox PACK .....27	desmopressin acetate TABS 0.1 MG 74
cyproheptadine hcl TABS .....29	deferasirox TABS .....27	desmopressin acetate TABS 0.2 MG 74
CYSTADANE (betaine) ..... 74	deferasirox TBSO .....27	desogestrel & ethinyl estradiol ....56
CYSTAGON CAPS ..... 78	deferiprone TABS 500 MG .....27	
CYSTARAN .....120	DELESTROGEN (estradiol valerate) 75	
CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) ..... 131	DELSTRIGO .....46	
CYTOMEL TABS 5 MCG (liothyronine sodium) ..... 131	DELZICOL CPDR (mesalamine) .. 76	
	demeclocycline hcl TABS ..... 130	

desogestrel-ethinyl estradiol (biphasic) .....	56	dextroamphetamine sulfate TABS 10 MG .....	1	diclofenac sodium (topical) SOLN EX 1.5 % .....	64
desonide CREA .....	67	dextroamphetamine sulfate TABS 5 MG .....	1	diclofenac sodium (topical) SOLN EX 2 % .....	64
desonide GEL .....	67	DHIVY TABS .....	43	diclofenac sodium TB24 .....	5
desonide LOTN .....	67	DIACOMIT CAPS 250 MG .....	19	diclofenac sodium TBEC .....	5
desonide OINT .....	67	DIACOMIT CAPS 500 MG .....	19	diclofenac w/ misoprostol TBEC ....	5
DESOWEN CREA (desonide) .....	67	DIACOMIT PACK 250 MG .....	19	dicloxacillin sodium .....	123
desoximetasone CREA .....	67	DIACOMIT PACK 500 MG .....	19	dicyclomine hcl CAPS .....	132
desoximetasone GEL .....	67	DIASTAT ACUDIAL GEL (diazepam (anticonvulsant)) .....	18	dicyclomine hcl SOLN OR .....	132
desoximetasone LIQD .....	67	DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant)) .....	18	dicyclomine hcl TABS .....	132
desoximetasone OINT .....	67	DIATHRIVE LANCETS .....	90	diethylpropion hcl TABS .....	2
DESOXYN (methamphetamine hcl) . 1		DIATHRIVE LANCETS ULTRA THIN 30G .....	90	diethylpropion hcl TB24 .....	2
desvenlafaxine succinate .....	23	diazepam (anticonvulsant) GEL ...	18	DIFFERIN CREA (adapalene) .....	61
DETROL LA CP24 (tolterodine tartrate) .....	134	diazepam CONC .....	13	DIFFERIN GEL 0.1 % (adapalene) 61	
DETROL TABS (tolterodine tartrate) . 134		diazepam SOLN OR 5 MG/5ML ...	13	DIFFERIN GEL 0.3 % (adapalene) 61	
dexamethasone ELIX .....	58	diazepam TABS 10 MG .....	13	DIFFERIN LOTN .....	61
DEXAMETHASONE INTENSOL CONC .....	58	diazepam TABS 2 MG, 5 MG .....	13	DIFICID TABS .....	86
dexamethasone sodium phosphate (ophth) .....	119	diazoxide .....	25	diflorasone diacetate CREA .....	67
dexamethasone SOLN .....	58	DIBENZYLINE (phenoxybenzamine hcl) .....	31	diflorasone diacetate OINT .....	67
dexamethasone TABS .....	58	dichlorphenamide .....	72	DIFLUCAN SUSR (fluconazole) ...	28
dexamethasone TBPk .....	58	DICLEGIS TBEC (doxylamine-pyridoxine) .....	27	DIFLUCAN TABS (fluconazole) ...	28
DEXEDRINE CP24 (dextroamphetamine sulfate) .....	1	diclofenac potassium TABS 50 MG .5		diflunisal TABS .....	8
dexmethylphenidate hcl CP24 .....	2	diclofenac sodium (actinic keratoses) EX .....	64	difluprednate .....	119
dexmethylphenidate hcl TABS .....	2	diclofenac sodium (ophth) .....	120	digoxin SOLN OR 0.05 MG/ML ...	51
dextroamphetamine sulfate CP24 ...	1	diclofenac sodium (topical) GEL EX	64	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....	51
dextroamphetamine sulfate SOLN ..	1			dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	107

dihydroergotamine mesylate SOLN NA 4 MG/ML .....	107	diphenoxylate w/ atropine LIQD ...	26	doxepin hcl (antipruritic) .....	64
DILANTIN (phenytoin sodium extended) .....	21	diphenoxylate w/ atropine TABS ...	26	doxepin hcl CAPS .....	24
DILANTIN .....	21	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .	131	doxepin hcl CONC .....	24
DILANTIN INFATABS CHEW (phenytoin) .....	21	DIPROLENE OINT (betamethasone dipropionate augmented) .....	67	doxercalciferol CAPS .....	74
DILANTIN-125 SUSP (phenytoin) .	21	dipyridamole .....	81	doxycycline (monohydrate) CAPS 150 MG .....	130
DILAUDID LIQD (hydromorphone hcl) .....	8	disopyramide phosphate CAPS ...	13	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG .....	130
DILAUDID TABS (hydromorphone hcl) .....	8	disulfiram .....	123	doxycycline (monohydrate) SUSR 130	
diltiazem hcl coated beads CP24 ..	50	DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride) .....	134	doxycycline (monohydrate) TABS 150 MG .....	130
diltiazem hcl CP12 .....	50	DIURIL SUSP .....	72	doxycycline (monohydrate) TABS 50 MG, 100 MG .....	130
diltiazem hcl CP24 .....	50	divalproex sodium CSDR .....	22	doxycycline (monohydrate) TABS 75 MG .....	130
diltiazem hcl extended release beads .....	50	divalproex sodium TB24 .....	22	doxycycline (rosacea) .....	69
diltiazem hcl TABS .....	50	divalproex sodium TBEC .....	22	doxycycline hyclate CAPS .....	130
diltiazem hcl TB24 .....	50	DIVIGEL GEL (estradiol) .....	75	doxycycline hyclate TABS 20 MG, 100 MG .....	130
dimethyl fumarate CDPK .....	124	dofetilide .....	14	doxylamine-pyridoxine TBEC .....	27
dimethyl fumarate CPDR .....	124	DOJOLVI .....	117	DRISDOL CAPS (ergocalciferol) .	138
DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan- hydrochlorothiazide) .....	32	DOMETUSS-DMX LIQD .....	59	dronabinol CAPS .....	27
DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide) ...	32	donepezil hydrochloride TABS ...	123	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64" .....	105
DIOVAN TABS 160 MG (valsartan) 31		donepezil hydrochloride TBDP ...	123	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64" .....	106
DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan) .....	31	DOPTELET .....	82	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....	106
DIPENTUM .....	76	DORAL (quazepam) .....	82	DROPLET LANCETS ULTRA THIN 30G .....	90
diphenhydramine hcl SOLN 50 MG/ML .....	28	dorzolamide hcl .....	120	DROPLET PERSONAL LANCETS30G .....	90
		DORZOLAMIDE HCL .....	120	DROPSAFE INSULIN SAFETY	
		DORZOLAMIDE HCL/TIMOLOL MALEATE .....	117		
		dorzolamide hcl-timolol maleate .	117		
		DOVATO .....	46		
		DOVONEX CREA (calcipotriene) .	65		
		doxazosin mesylate .....	32		

SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML .....	106	60 MG .....	23	TOP .....	91
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML .....	106	DUOPA SUSP .....	43	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED .....	91
drosiprenone-ethinyl estradiol .....	56	DUPIXENT SOPN 300 MG/2ML .....	68	EASY TOUCH LANCETS 28G/PULL- TOP .....	91
drosiprenone-ethinyl estradiol- levomefolate calcium .....	56	DUPIXENT SOSY 200 MG/1.14ML 68		EASY TOUCH LANCETS 28G/TWIST .....	91
DROXIA CAPS .....	81	DUPIXENT SOSY 300 MG/2ML .....	68	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED .....	91
droxidopa .....	138	DUREX EXTRA SENSITIVE THIN DEVI .....	86	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED .....	91
DRUG MART LANCETS THIN .....	90	DUREZOL (difluprednate) .....	119	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED .....	91
DRUG MART ON-THE-GO LANCETS GENTLE 30G .....	90	dutasteride .....	78	EASY TOUCH LANCETS 30G/PULL- TOP .....	91
DRUG MART UNILET LANCETSSUPER THIN 30G .....	91	dutasteride-tamsulosin hcl .....	78	EASY TOUCH LANCETS 30G/TWIST .....	91
DRUG MART UNILET LANCETSULTRA THIN 28G .....	91	DYMISTA SUSP (azelastine hcl- fluticasone propionate) .....	115	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED .....	91
DRUG MART UNILET MICRO THIN LANCETS 33G .....	91	DYRENIUM CAPS (triamterene) .....	72	EASY TOUCH LANCETS 32G/PULL- TOP .....	91
DRYSOL SOLN .....	69	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate) .....	85	EASY TOUCH LANCETS 32G/TWIST .....	91
DUAVEE .....	75	EASY COMFORT LANCETS .....	91	EASY TOUCH LANCETS 33G/TWIST .....	91
DUET DHA 400 MISC .....	113	EASY COMFORT LANCETS 30G/PULL TOP .....	91	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED .....	91
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT- 12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG- 2800 UNIT-25 MG-210 MCG-65 MCG-267 MG .....	113	EASY COMFORT LANCETS 30G/THIN TOP .....	91	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED .....	91
DUETACT (pioglitazone hcl- glimepiride) .....	24	EASY COMFORT LANCETS TWIST TOP .....	91	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED .....	92
DULCOLAX PINK LAXATIVE TBEC (bisacodyl) .....	85	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" .....	106	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....	92
DULCOLAX SUPP (bisacodyl) .....	85	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" .....	106	EASY TOUCH SAFETY LANCETS28G/BUTTON	
DULCOLAX TBEC (bisacodyl) .....	85	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED .....	91		
duloxetine hcl CPEP 20 MG, 30 MG,		EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED .....	91		
		EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED .....	91		
		EASY TOUCH LANCETS 26G/PULL-			

ACTIVATED .....	92	KIT .....	70	ENBREL SOSY 50 MG/ML .....	6
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	92	ELMIRON CAPS .....	78	ENBREL SURECLICK SOAJ .....	6
econazole nitrate CREA .....	63	ELOCTATE .....	80	ENCARE SUPP 100 MG .....	137
EDARBI 40 MG .....	31	EMBRACE LANCETS ULTRA THIN 30G .....	92	ENDARI .....	81
EDARBI 80 MG .....	31	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G .....	92	ENDOMETRIN INST .....	138
EDARBYCLOR .....	32	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G .....	92	ENGERIX-B SUSP 20 MCG/ML .	135
EDECIN (ethacrynic acid) .....	72	EMCYT .....	38	ENGERIX-B SUSY .....	135
EDURANT .....	46	EMEND CAPS 80 MG (aprepitant)	28	enoxaparin sodium SOLN IJ 300 MG/3ML .....	17
efavirenz CAPS .....	46	EMEND SUSR .....	28	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....	17
efavirenz TABS .....	46	EMEND TRIPACK CAPS (aprepitant) .....	28	enoxaparin sodium SOSY 30 MG/0.3ML .....	17
efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	46	EMGALITY SOAJ .....	107	enoxaparin sodium SOSY 40 MG/0.4ML .....	17
efavirenz-lamivudine-tenofovir disoproxil fumarate .....	46	EMGALITY SOSY 100 MG/ML ...	107	enoxaparin sodium SOSY 60 MG/0.6ML .....	17
EFFER-K .....	109	EMGALITY SOSY 120 MG/ML ...	107	enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....	17
EFFEXOR XR CP24 (venlafaxine hcl) .....	23	EMSAM .....	22	entacapone .....	43
EFFIENT (prasugrel hcl) .....	81	emtricitabine CAPS .....	46	entecavir TABS .....	48
EFUDEX CREA (fluorouracil (topical)) .....	64	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG .....	46	ENTEREG (alvimopan) .....	77
EGRIFTA 2 MG .....	73	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....	46	ENTRESTO .....	51
EGRIFTA SV .....	73	EMTRIVA CAPS (emtricitabine) ...	46	EPCLUSA PACK .....	48
ELESTRIN GEL .....	75	EMTRIVA SOLN .....	46	EPCLUSA TABS .....	48
eletriptan hydrobromide .....	107	enalapril maleate & hydrochlorothiazide .....	32	EPIDIOLEX .....	19
ELIDEL (pimecrolimus) .....	69	enalapril maleate TABS .....	31	EPIDUO GEL (adapalene-benzoyl peroxide) .....	61
ELIGARD SC .....	38	ENBREL MINI SOCT .....	6	EPIFOAM FOAM .....	67
ELIQUIS STARTER PACK TBPK .	17	ENBREL SOLN .....	6	epinastine hcl (ophth) .....	120
ELIQUIS TABS .....	17	ENBREL SOLR .....	6	epinephrine (anaphylaxis) SOAJ .	138
ELLA .....	57	ENBREL SOSY 25 MG/0.5ML .....	6	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) .....	138
ELLUME COVID-19 HOME TEST					



EPIPEN-JR 2-PAK SOAJ (epinephrine (anaphylaxis))	138	erythromycin (acne aid) SOLN	61	eszopiclone	82
EPIVIR HBV TABS (lamivudine (hbv))	48	erythromycin (ophth)	118	ethacrynic acid	72
EPIVIR SOLN (lamivudine)	46	ERYTHROMYCIN	118	ethambutol hcl TABS	36
EPIVIR TABS (lamivudine)	46	erythromycin base CPEP	85	ethosuximide CAPS	22
eplerenone	34	erythromycin base TABS	85	ethosuximide SOLN	22
EPZICOM (abacavir sulfate- lamivudine)	46	erythromycin base TBEC	86	ethynodiol diacet & eth estrad	56
EQL COLOR LANCETS 21G	92	erythromycin ethylsuccinate SUSR 86		etodolac CAPS	5
EQL COLOR LANCETS MICRO THIN 33G	92	ESBRIET CAPS (pirfenidone)	129	etodolac TABS	5
EQL SUPER THIN LANCETS 30G 92		ESBRIET TABS (pirfenidone)	129	etodolac TB24	5
EQL THIN LANCETS 26G	92	escitalopram oxalate SOLN	22	etonogestrel-ethinyl estradiol	57
EQUETRO	44	escitalopram oxalate TABS 10 MG, 20 MG	22	ETOPOPHOS	42
ergocalciferol CAPS	138	escitalopram oxalate TABS 5 MG	22	etoposide CAPS	42
ergoloid mesylates TABS	125	ESGIC TABS (butalbital- acetaminophen-caffeine)	7	etoposide SOLN 1 GM/50ML, 500 MG/25ML	43
ERGOMAR SUBL	107	esomeprazole magnesium PACK	133	etoposide SOLN 100 MG/5ML	43
ergotamine w/ caffeine TABS	107	estazolam	82	etravirine	46
ERIVEDGE	38	ESTRACE CREA (estradiol vaginal)	138	EUCRISA	69
ERLEADA 240 MG	38	ESTRACE TABS (estradiol)	75	EULEXIN	38
ERLEADA 60 MG	38	estradiol & norethindrone acetate TABS	75	EVAMIST SOLN	76
erlotinib hcl	37	estradiol GEL	75	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	110
ERTACZO	63	estradiol PTTW	75	everolimus TABS	40
ertapenem sodium IJ	34	estradiol PTWK	75	everolimus TBSO	40
ERYGEL GEL (erythromycin (acne aid))	61	estradiol TABS	75	EVISTA (raloxifene hcl)	73
ERYPED 200 SUSR (erythromycin ethylsuccinate)	85	estradiol vaginal CREA	138	EVOCLIN FOAM (clindamycin phosphate (topical))	61
ERYPED 400 SUSR (erythromycin ethylsuccinate)	85	estradiol vaginal TABS	138	EVOTAZ	46
erythromycin (acne aid) GEL	61	estradiol valerate	75	EVOXAC (cevimeline hcl)	111
		ESTRING RING	138	EVRYSDI	117
		ESTROGEL GEL	76	EXELDERM CREA (sulconazole nitrate)	63

EXELDERM SOLN .....	63	famotidine SUSR .....	132	ethinyl estradiol) .....	75
EXELON (rivastigmine) .....	123	famotidine TABS 20 MG .....	133	FEMRING .....	138
exemestane .....	38	famotidine TABS 40 MG .....	133	fenofibrate CAPS .....	30
EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...	33	FANAPT .....	44	fenofibrate micronized 130 MG, 200 MG .....	30
EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan) .....	32	FANAPT TITRATION PACK .....	44	fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG .....	30
EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide) .....	33	FANTASY LUBRICATED/SPERMICIDE MISC 86		fenofibrate TABS 145 MG .....	30
EXJADE TBSO (deferasirox) .....	27	FARESTON (toremifene citrate) ..	38	fenofibrate TABS 48 MG, 160 MG	.30
EXODERM .....	63	FARXIGA .....	26	fenofibrate TABS 54 MG .....	30
EXTINA FOAM (ketoconazole (topical)) .....	63	FARYDAK .....	40	FENOFIBRATE TABS .....	30
E-Z JECT LANCETS .....	92	FASENRA PEN SOAJ .....	14	FENSOLVI SC .....	73
E-Z JECT LANCETS 21G .....	92	FASTEP COVID-19 ANTIGEN HOME TEST KIT .....	70	fentanyl citrate LPOP 1600 MCG ...	8
E-Z JECT LANCETS COLOR .....	92	FC2 FEMALE CONDOM .....	86	fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG .....	8
E-Z JECT LANCETS SUPER THIN 30G .....	92	febuxostat 40 MG .....	79	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	8
E-Z JECT LANCETS THIN 26G ..	92	febuxostat 80 MG .....	79	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	8
ezetimibe .....	30	FEIBA .....	80	FERRIPROX SOLN .....	27
ezetimibe-simvastatin .....	29	felbamate SUSP .....	21	FERRIPROX TABS 500 MG (deferiprone) .....	27
E-ZJECT LANCETS MICRO-THIN 33G .....	92	felbamate TABS .....	21	fesoterodine fumarate .....	134
EZ-LETS LANCETS 21G .....	92	FELBATOL SUSP (felbamate) ....	21	FETZIMA CP24 20 MG .....	23
EZ-LETS LANCETS 26G SUPER- SOFT .....	92	FELBATOL TABS (felbamate) ....	21	FETZIMA CP24 40 MG, 80 MG, 120 MG .....	23
EZ-LETS LANCETS 28G ULTRA- SOFT .....	92	FELDENE CAPS 10 MG (piroxicam) . 5		FETZIMA TITRATION PACK C4PK 23	
EZ-LETS LANCETS 30G .....	92	FELDENE CAPS 20 MG (piroxicam) . 5		FIBRICOR (fenofibric acid) .....	30
FABHALTA .....	81	felodipine 10 MG .....	50	FIFTY50 SAFETY SEAL LANCETS 30G .....	92
FABIOR FOAM .....	61	felodipine 2.5 MG, 5 MG .....	50	FIFTY50 SAFETY SEAL LANCETS	
famciclovir .....	48	FEMARA (letrozole) .....	38		
		FEMCAP DEVI .....	86		
		FEMHRT (norethindrone acetate-			

32G .....	92	FLORIVA .....	112	FLUCELVAX QUADRIVALENT 2022-2023 SUSY .....	136
FIFTY50 UNILET LANCETS 33G .....	92	FLORIVA PLUS SOLN .....	112	FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	136
FINACEA FOAM .....	69	FLOVENT DISKUS AEPB 100 MCG/BLIST (fluticasone propionate (inhalation)) .....	15	FLUCELVAX QUADRIVALENT 2023-2024 SUSY .....	136
FINACEA GEL (azelaic acid) .....	69	FLOVENT DISKUS AEPB 250 MCG/BLIST (fluticasone propionate (inhalation)) .....	15	fluconazole SUSR .....	28
finasteride .....	78	FLOVENT DISKUS AEPB 50 MCG/BLIST (fluticasone propionate (inhalation)) .....	15	fluconazole TABS .....	28
FINE 30 .....	93	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT .....	70	flucytosine .....	28
FINGERSTIX LANCETS .....	93	FLUAD QUADRIVALENT 2021-2022 .....	135	fludarabine phosphate SOLR .....	36
fingolimod hcl .....	124	FLUAD QUADRIVALENT 2022-2023 .....	135	fludrocortisone acetate TABS .....	58
FIORICET CAPS (butalbital- acetaminophen-caffeine) .....	7	FLUAD QUADRIVALENT 2023-2024 .....	135	FLULAVAL QUADRIVALENT 2021- 2022 SUSY .....	136
FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) . 10		FLUARIX QUADRIVALENT 2021- 2022 SUSY .....	135	FLULAVAL QUADRIVALENT 2022- 2023 SUSY .....	136
FIRAZYR SOSY (icatibant acetate) 81		FLUARIX QUADRIVALENT 2022- 2023 SUSY .....	135	FLULAVAL QUADRIVALENT 2023- 2024 SUSY .....	136
FIRDAPSE .....	36	FLUARIX QUADRIVALENT 2023- 2024 SUSY .....	135	FLUMIST QUADRIVALENT .....	136
FIRST-MOUTHWASH BLM .....	111	FLUBLOK QUADRIVALENT 2021- 2022 .....	135	fluocinolone acetonide (otic) .....	121
FIRST-OMEPRAZOLE SUSP ....	133	FLUBLOK QUADRIVALENT 2022- 2023 .....	136	fluocinolone acetonide CREA .....	67
FIRVANQ SOLR OR 25 MG/ML (vancomycin hcl) .....	34	FLUBLOK QUADRIVALENT 2023- 2024 .....	136	fluocinolone acetonide OIL .....	67
FLAGYL CAPS (metronidazole) ...	34	FLUCELVAX QUADRIVALENT 2021-2022 SUSP .....	136	fluocinolone acetonide OINT .....	67
FLAREX .....	119	FLUCELVAX QUADRIVALENT 2021-2022 SUSY .....	136	fluocinolone acetonide SOLN .....	67
flavoxate hcl .....	134	FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	136	fluocinonide CREA .....	67
FLEBOGAMMA DIF SOLN .....	122	FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	136	fluocinonide emulsified base .....	67
flecainide acetate .....	14	FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	136	fluocinonide GEL .....	67
FLOMAX (tamsulosin hcl) .....	78	FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	136	fluocinonide OINT .....	67
FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal)) .....	116	FLUCELVAX QUADRIVALENT 2023-2024 SUSP .....	136	fluocinonide SOLN .....	67
FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) ..	116	FLUCELVAX QUADRIVALENT 2022-2023 SUSP .....	136	fluorometholone (ophth) SUSP ...	119
FLORIVA .....	108			fluorouracil (topical) CREA 5 % ...	64
				fluorouracil (topical) SOLN .....	64
				fluoxetine hcl (pmdd) TABS .....	125

fluoxetine hcl CAPS 10 MG, 20 MG 23	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....16	FML OINT .....119
fluoxetine hcl CAPS 40 MG .....23	fluticasone-salmeterol AERO ..... 16	FOCALIN TABS (dexmethylphenidate hcl) ..... 2
fluoxetine hcl CPDR ..... 23	fluvastatin sodium CAPS ..... 30	FOCALIN XR CP24 (dexmethylphenidate hcl) ..... 2
fluoxetine hcl SOLN .....23	fluvastatin sodium TB24 ..... 30	folic acid TABS 1 MG .....82
fluoxetine hcl TABS 10 MG .....23	fluvoxamine maleate CP24 100 MG 23	folic acid TABS 400 MCG, 800 MCG . 82
fluoxetine hcl TABS 20 MG, 60 MG 23	fluvoxamine maleate CP24 150 MG 23	FOLIVANE-F ..... 82
FLUOXETINE HYDROCHLORIDE TABS (fluoxetine hcl) ..... 23	fluvoxamine maleate TABS 100 MG . 23	FOLIVANE-OB .....113
fluphenazine hcl CONC .....45	fluvoxamine maleate TABS 25 MG, 50 MG .....23	fondaparinux sodium 2.5 MG/0.5ML . 17
fluphenazine hcl ELIX ..... 45	FLUZONE HIGH-DOSE PF 2021- 2022 .....136	fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML .....17
fluphenazine hcl TABS ..... 45	FLUZONE HIGH-DOSE PF 2022- 2023 .....136	FORA LANCETS .....93
flurandrenolide CREA .....67	FLUZONE HIGH-DOSE PF 2023- 2024 .....136	FORFIVO XL TB24 (bupropion hcl) 22
flurazepam hcl 15 MG ..... 82	FLUZONE QUADRIVALENT 2021- 2022 SUSP ..... 136	formaldehyde SOLN 10 % .....46
flurazepam hcl 30 MG ..... 82	FLUZONE QUADRIVALENT 2021- 2022 SUSY ..... 136	FORTESTA GEL TD (testosterone) 11
flurbiprofen sodium .....120	FLUZONE QUADRIVALENT 2022- 2023 SUSP ..... 136	FOSAMAX TABS 70 MG (alendronate sodium) ..... 73
flurbiprofen TABS ..... 5	FLUZONE QUADRIVALENT 2022- 2023 SUSY ..... 137	fosamprenavir calcium TABS .....46
flutamide .....38	FLUZONE QUADRIVALENT 2022- 2023 SUSY ..... 137	fosfomycin tromethamine ..... 35
fluticasone furoate-vilanterol ..... 16	FLUZONE QUADRIVALENT 2023- 2024 SUSP ..... 137	fosinopril sodium & hydrochlorothiazide ..... 33
fluticasone propionate (inhalation) AEPB 100 MCG/ACT ..... 15	FML FORTE SUSP .....119	fosinopril sodium ..... 31
fluticasone propionate (inhalation) AEPB 250 MCG/ACT ..... 15	FML LIQUIFILM SUSP (fluorometholone (ophth)) ..... 119	FOSRENOL CHEW 1000 MG (lanthanum carbonate) .....77
fluticasone propionate (inhalation) AEPB 50 MCG/ACT .....15		FOSRENOL CHEW 500 MG (lanthanum carbonate) .....77
fluticasone propionate (nasal) SUSP . 116		FOSRENOL CHEW 750 MG (lanthanum carbonate) .....77
fluticasone propionate CREA 0.05 % 67		FOSRENOL PACK .....77
fluticasone propionate hfa .....15		
fluticasone propionate LOTN ..... 67		
fluticasone propionate OINT .....67		

FRAGMIN SOLN 95000 UNIT/3.8ML 17	furosemide TABS ..... 72	gefitinib ..... 37
FRAGMIN SOSY 2500 UNIT/0.2ML 17	FUZEON SOLR ..... 46	GELFILM OP ..... 120
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..18	FYCOMPA SUSP ..... 18	gemfibrozil TABS ..... 30
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G ..... 93	FYCOMPA TABS 2 MG ..... 18	GEN7T PTCH (lidocaine) ..... 69
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G ..... 93	FYCOMPA TABS 4 MG ..... 18	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT ..... 71
FREESTYLE FREEDOM LITE KIT 93	FYCOMPA TABS 6 MG ..... 18	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT ..... 71
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP ..... 70	FYCOMPA TABS 8 MG, 10 MG, 12 MG ..... 18	GENERESS FE (norethindrone & ethinyl estradiol-fe) ..... 56
FREESTYLE LANCETS ..... 93	gabapentin CAPS ..... 19	gentamicin sulfate (ophth) SOLN .118
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT ..... 93	gabapentin SOLN ..... 19	gentamicin sulfate (topical) CREA .63
FREESTYLE LITE TEST STRIPS STRP ..... 70	gabapentin TABS 600 MG, 800 MG 19	gentamicin sulfate (topical) OINT ..63
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT ..... 93	GABITRIL (tiagabine hcl) ..... 21	GENTEEL BUTTERFLY TOUCH LANCETS ..... 93
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP ..... 71	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML .. 115	GENTLE-LET GP LANCETS ..... 93
FREESTYLE TEST STRIPS STRP 71	GALAFOLD ..... 74	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..93
FREESTYLE UNISTICK II LANCETS ..... 93	galantamine hydrobromide CP24 123	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 93
FROVA (frovatriptan succinate) . 107	galantamine hydrobromide SOLN 123	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT ..... 93
frovatriptan succinate ..... 107	galantamine hydrobromide TABS 123	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT ..... 93
furosemide SOLN OR 10 MG/ML, 40 MG/5ML ..... 72	GALZIN ..... 109	GENVOYA ..... 46
	GAMASTAN ..... 122	GEODON 20 MG, 40 MG (ziprasidone hcl) ..... 44
	GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML ..... 122	GEODON 60 MG, 80 MG (ziprasidone hcl) ..... 44
	GAMMAKED 1 GM/10ML ..... 122	GILENYA (fingolimod hcl) ..... 124
	GAMMAPLEX SOLN ..... 122	GILENYA 0.5 MG ..... 124
	GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML ..... 122	GILOTRIF ..... 37
	GARDASIL 9 SUSP ..... 137	GILTUSS COUGH & COLD TABS 59
	GARDASIL 9 SUSY ..... 137	
	gatifloxacin (ophth) ..... 118	
	GATTEX ..... 78	

GILTUSS SINUS & CONGESTION TABS .....	59	glyburide-metformin .....	24	griseofulvin microsize SUSP .....	28
glatiramer acetate SOSY 20 MG/ML . 124		GLYCATE TABS .....	132	griseofulvin microsize TABS .....	28
glatiramer acetate SOSY 40 MG/ML . 124		glycopyrrolate SOLN OR 1 MG/5ML . 132		griseofulvin ultramicrosize .....	28
GLEEVEC 100 MG (imatinib mesylate) .....	40	glycopyrrolate TABS 1 MG, 2 MG 132		guaifenesin-codeine SOLN .....	59
GLEEVEC 400 MG (imatinib mesylate) .....	40	GLYCOPYRROLATE TABS .....	132	guanfacine hcl (adhd) .....	2
GLEOSTINE 10 MG, 40 MG, 100 MG .....	36	GLYNASE (glyburide micronized) 26		guanfacine hcl .....	32
glimepiride .....	26	GLYXAMBI .....	24	GYNAZOLE-1 .....	137
glipizide TABS .....	26	GNP LANCETS 21G .....	93	HADLIMA PUSHTOUCH SOAJ ....	4
glipizide TB24 .....	26	GNP LANCETS THIN 26G .....	93	HADLIMA SOSY .....	4
glipizide-metformin hcl .....	24	GNP STERILE LANCETS 28G ...	93	HAEGARDA SOLR SC .....	81
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..	106	GNP STERILE LANCETS 30G ...	94	HAEMOLANCE .....	94
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" ....	106	GNP STERILE LANCETS 33G ...	94	HAEMOLANCE LOW FLOW LANCETS .....	94
GLOBAL INJECT EASE LANCETS 28G .....	93	GOJJI STERILE LANCETS 30G ..	94	HAEMOLANCE PLUS .....	94
GLOBAL INJECT EASE LANCETS 30G .....	93	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	83	HAEMOLANCE PLUS HIGH FLOW .	94
glucagon (rdna) .....	25	GONITRO PACK .....	12	HAEMOLANCE PLUS LOW FLOW .	94
GLUCAGON EMERGENCY KIT (glucagon (rdna)) .....	25	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..	94	HAEMOLANCE PLUS MAX FLOW	94
GLUCOCOM LANCETS 28G .....	93	GOODSENSE LANCETS MICRO- THIN 33G .....	94	HAEMOLANCE PLUS PEDIATRIC FLOW .....	94
GLUCOCOM LANCETS 30G .....	93	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL .....	94	HALCION 0.25 MG (triazolam) ....	82
GLUCOCOM LANCETS 33G .....	93	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL .....	94	halobetasol propionate CREA .....	67
GLUCOTROL XL TB24 (glipizide) .	26	GOODSENSE LANCETS ULTRA- THIN 30G .....	94	halobetasol propionate OINT .....	67
glyburide micronized 1.5 MG, 3 MG, 6 MG .....	26	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL .....	94	HALOG SOLN .....	67
glyburide TABS .....	26	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT .....	71	haloperidol lactate CONC .....	45
		granisetron hcl TABS .....	27	haloperidol TABS .....	45
				HAVRIX .....	137
				HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G ....	94
				H-E-B INCONTROL LANCETS	

MICRO THIN 33G .....	94	DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	4	HYDREA (hydroxyurea) .....	42
H-E-B INCONTROL LANCETS SUPER THIN 30G .....	94	HUMIRA PEN PNKT 40 MG/0.4ML .4		hydrochlorothiazide CAPS .....	72
H-E-B INCONTROL LANCETS ULTRA THIN 28G .....	94	HUMIRA PEN PNKT 40 MG/0.8ML .4		hydrochlorothiazide TABS .....	72
HEMANGEOL SOLN OR .....	49	HUMIRA PEN PNKT 80 MG/0.8ML .4		hydrocodone bitartrate-homatropine methylbromide SOLN .....	59
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT .....	80	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML .....	4	hydrocodone bitartrate-homatropine methylbromide TABS .....	59
heparin sodium (porcine) SOLN IJ 10000 UNIT/ML .....	18	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML .....	4	hydrocodone polistirex-chlorpheniramine polistirex SUER .59	
HEPLISAV-B SOSY .....	137	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	10
HEPSERA (adefovir dipivoxil) ....	48	HUMIRA PEN-PS/UV STARTER PNKT .....	4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG ....	10
HIBERIX SOLR IJ .....	135	HUMIRA PEN-PS/UV STARTER PNKT .....	5	hydrocodone-acetaminophen TABS 300 MG-7.5 MG .....	10
HIPREX (methenamine hippurate) 35		HUMIRA PSKT .....	5	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	10
HUMALOG JUNIOR KWIKPEN SOPN .....	25	HUMULIN 70/30 KWIKPEN SUPN 25		hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	10
HUMALOG KWIKPEN SOPN 100 UNIT/ML .....	25	HUMULIN 70/30 SUSP .....	25	hydrocortisone (intrarectal) .....	12
HUMALOG KWIKPEN SOPN 200 UNIT/ML .....	25	HUMULIN N KWIKPEN SUPN ....	25	hydrocortisone (rectal) EX 2.5 % ..	12
HUMALOG MIX 50/50 KWIKPEN SUPN .....	25	HUMULIN N SUSP .....	25	hydrocortisone (topical) CREA 2.5 %	67
HUMALOG MIX 50/50 SUSP .....	25	HUMULIN R SOLN IJ .....	25	hydrocortisone (topical) LOTN 2 %, 2.5 % .....	67
HUMALOG MIX 75/25 KWIKPEN SUPN .....	25	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	25	hydrocortisone (topical) OINT 2.5 % .	67
HUMALOG MIX 75/25 SUSP .....	25	HUMULIN R U-500 KWIKPEN SOPN SC .....	25	hydrocortisone butyrate CREA ....	67
HUMALOG SOCT .....	25	HYCAMTIN CAPS .....	43	hydrocortisone butyrate hydrophilic lipo base .....	67
HUMALOG SOLN IJ .....	25	HYCAMTIN SOLR (topotecan hcl) 43		hydrocortisone butyrate OINT .....	67
HUMATE-P SOLR .....	80	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide) .....	58		
HUMATIN .....	3	HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide) .....	59		
HUMATROPE CART IJ .....	73	hydralazine hcl TABS .....	34		
HUMIRA PEDIATRIC CROHNS					

hydrocortisone butyrate SOLN . . . . .	67	HY-VEE LANCETS . . . . .	94	IMITREX 5 MG/ACT (sumatriptan) 107
hydrocortisone TABS . . . . .	58	HY-VEE THIN LANCETS . . . . .	94	IMITREX STATDOSE REFILL SOCT (sumatriptan succinate) . . . . .
hydrocortisone valerate CREA . . . . .	68	HYZAAR (losartan potassium & hydrochlorothiazide) . . . . .	33	IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate) . . . . .
hydrocortisone valerate OINT . . . . .	68	ibandronate sodium TABS . . . . .	73	IMITREX TABS (sumatriptan succinate) . . . . .
hydrocortisone w/acetic acid . . . . .	121	IBRANCE CAPS . . . . .	40	
HYDROCORTISONE/ACETIC ACID (hydrocortisone w/acetic acid) . . . . .	121	IBRANCE TABS . . . . .	40	
hydromorphone hcl LIQD . . . . .	8	ibuprofen TABS 400 MG, 600 MG, 800 MG . . . . .	5	IMODIUM A-D CAPS (loperamide hcl) . . . . .
hydromorphone hcl TABS . . . . .	8	icatibant acetate SOSY . . . . .	81	IMURAN TABS (azathioprine) . . . . .
hydromorphone hcl TB24 32 MG . . . . .	8	ICLUSIG . . . . .	40	IN TOUCH STERILE LANCETS30G 94
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG . . . . .	8	icosapent ethyl . . . . .	29	INBRIJA CAPS . . . . .
hydroxychloroquine sulfate 200 MG 35		IDELVION . . . . .	80	INCRELEX . . . . .
hydroxyurea . . . . .	42	IDHIFA . . . . .	40	INCRUSE ELLIPTA . . . . .
hydroxyzine hcl SOLN 50 MG/ML . . . . .	13	IHEALTH COVID-19 ANTIGENRAPID TEST KIT . . . . .	71	indapamide TABS 1.25 MG, 2.5 MG . 72
hydroxyzine hcl SYRP . . . . .	13	ILEVRO . . . . .	120	INDERAL LA CP24 (propranolol hcl) . 49
hydroxyzine hcl TABS . . . . .	13	imatinib mesylate 100 MG . . . . .	40	INDERAL XL . . . . .
hydroxyzine pamoate CAPS . . . . .	13	imatinib mesylate 400 MG . . . . .	40	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT . . . . .
hyoscyamine sulfate SUBL 0.125 MG . . . . .	132	IMBRUVICA CAPS . . . . .	40	INDOCIN SUSP (indomethacin) . . . . .
hyoscyamine sulfate TABS 0.125 MG . . . . .	132	IMBRUVICA TABS . . . . .	40	indomethacin CAPS 25 MG, 50 MG 5
hyoscyamine sulfate TB12 0.375 MG 132		imipenem-cilastatin IV 250 MG-250 MG . . . . .	34	indomethacin CPCR . . . . .
hyoscyamine sulfate TBDP 0.125 MG . . . . .	132	imipenem-cilastatin IV 500 MG-500 MG . . . . .	34	indomethacin SUPP . . . . .
HYPERSAL NEBU (sodium chloride (inhalant)) . . . . .	59	imipramine hcl TABS 10 MG, 25 MG . 24		indomethacin SUSP . . . . .
HYPERSAL NEBU . . . . .	59	imipramine hcl TABS 50 MG . . . . .	24	INFANRIX . . . . .
HYPODERMIC NEEDLE 30GX1/2" . . . . .	106	imipramine pamoate . . . . .	24	INFLECTRA SOLR . . . . .
HYQVIA . . . . .	122	imiqumod 5 % . . . . .	69	INGREZZA CAPS 40 MG, 80 MG 124
		IMITREX 20 MG/ACT (sumatriptan) 107		INGREZZA CAPS 60 MG . . . . .



INGREZZA CPPK .....	124	ISENTRESS PACK .....	46	JAKAFI .....	40
INLYTA .....	37	ISENTRESS TABS .....	46	JALYN (dutasteride-tamsulosin hcl) .	78
INNOPRAN XL .....	49	isoniazid SYRP .....	36	JANUMET TABS .....	24
INQOVI .....	39	isoniazid TABS .....	36	JANUMET XR TB24 1000 MG-100	MG .....
INREBIC .....	40	ISOPTO ATROPINE SOLN .....	117	MG .....	24
INSPIRA (eplerenone) .....	34	ISOPTO CARPINE SOLN 1 %	(pilocarpine hcl) .....	JANUMET XR TB24 1000 MG-50	MG, 500 MG-50 MG .....
INSULIN LISPRO		ISORDIL TITRADOSE TABS		JANUVIA .....	25
PROTAMINE/INSULIN LISPRO		(isosorbide dinitrate) .....	13	JARDIANCE .....	26
KWIKPEN SUPN .....	26	isosorbide dinitrate TABS .....	13	JIVI .....	80
INSULIN SYRINGES AND PEN		isosorbide dinitrate-hydralazine hcl		JULUCA .....	47
NEEDLES .....	106	51		JUXTAPID 5 MG, 10 MG, 20 MG, 30	MG .....
INTEGRA F .....	82	isosorbide mononitrate TABS .....	13	MG .....	31
INTELENCE (etravirine) .....	46	isosorbide mononitrate TB24 .....	13	JYNARQUE TBPK .....	75
INTELENCE 25 MG .....	46	isotretinoin 10 MG, 25 MG .....	62	KALETRA SOLN (lopinavir-ritonavir) .	47
INTELISWAB COVID-19 RAPID		isotretinoin 20 MG .....	62	KALETRA TABS (lopinavir-ritonavir) .	47
TEST KIT .....	71	isotretinoin 30 MG .....	62	KALYDECO PACK .....	129
INTRON A SOLR .....	42	isotretinoin 35 MG, 40 MG .....	62	KALYDECO TABS .....	129
INTUNIV (guanfacine hcl (adhd)) ..	2	isoxsuprine hcl .....	51	KAMELEON LUBRICATED MISC .	86
INVANZ IJ (ertapenem sodium) ...	34	isradipine CAPS .....	50	KAPVAY TB12 (clonidine hcl (adhd))	2
INVEGA (paliperidone) .....	45	ISTALOL SOLN (timolol maleate		KCENTRA .....	80
iodoquinol-hydrocortisone in aloe		(ophth)) .....	117	KENALOG AERS (triamcinolone	acetoneide (topical)) .....
vehicle .....	63	ISTODAX SOLR (romidepsin) .....	40	68	
IOPIDINE .....	118	itraconazole CAPS .....	28	KEPPRA SOLN OR 100 MG/ML	(levetiracetam) .....
ipratropium bromide (nasal) .....	116	itraconazole SOLN .....	28	19	
ipratropium bromide SOLN 0.02 %	14	ivermectin (pediculicide) .....	70	KEPPRA TABS (levetiracetam) ...	19
ipratropium-albuterol SOLN .....	16	ivermectin (rosacea) .....	69	19	
irbesartan .....	31	ivermectin .....	12	KEPPRA XR TB24 (levetiracetam)	19
irbesartan-hydrochlorothiazide ...	33	IXINITY SOLR .....	80	KESIMPTA .....	124
IRESSA (gefitinib) .....	37	JADENU SPRINKLE PACK		ketoconazole (topical) CREA .....	63
IRON FOLATE-F .....	82	(deferasirox) .....	27		
ISENTRESS CHEW .....	46	JADENU TABS (deferasirox) .....	27		
ISENTRESS HD TABS .....	46				

ketoconazole (topical) FOAM . . . . .	63	KISQALI . . . . .	40	KROGER LANCETS THIN . . . . .	95
ketoconazole (topical) SHAM 2 % .	63	KISQALI FEMARA 200 DOSE . . .	39	KROGER LANCETS THIN 26G . .	95
ketoconazole . . . . .	28	KISQALI FEMARA 400 DOSE . . .	39	KROGER LANCETS ULTRATHIN30G . . . . .	95
ketoprofen CP24 . . . . .	6	KISQALI FEMARA 600 DOSE . . .	39	K-TAB TBCR 10 MEQ, 20 MEQ (potassium chloride) . . . . .	109
ketorolac tromethamine (ophth) .	120	KITABIS PAK NEBU (tobramycin) .	3	K-TAB TBCR 8 MEQ (potassium chloride) . . . . .	109
ketorolac tromethamine TABS . . . .	6	KLARITY-A . . . . .	118	KUVAN PACK (sapropterin dihydrochloride) . . . . .	74
KEVEYIS (dichlorphenamide) . . . .	72	KLARON (sulfacetamide sodium (acne)) . . . . .	62	KUVAN TABS (sapropterin dihydrochloride) . . . . .	74
KEVZARA SOAJ . . . . .	5	KLONOPIN TABS (clonazepam) . .	18	K-Y ME & YOU EXTRA LUBRICATED DEVI . . . . .	86
KEVZARA SOSY . . . . .	5	KLOXXADO LIQD . . . . .	27	K-Y ME & YOU INTENSE DEVI . .	86
KIMONO COLORS DEVI . . . . .	86	KOATE SOLR . . . . .	80	labetalol hcl TABS . . . . .	49
KIMONO LUBRICATED MISC . . . . .	86	KOATE-DVI SOLR 500 UNIT, 1000 UNIT . . . . .	80	lacosamide SOLN OR 10 MG/ML .	19
KIMONO MAXX/LARGE FLARE MISC . . . . .	86	KOGENATE FS KIT . . . . .	80	lacosamide TABS . . . . .	19
KIMONO MICRO THIN MISC . . . . .	86	KOMBIGLYZE XR (saxagliptin- metformin hcl) . . . . .	24	lactic acid (ammonium lactate) CREA . . . . .	68
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC 86		KOSELUGO . . . . .	40	lactulose (encephalopathy) . . . .	77
KIMONO PLUS SPERMICIDE LUBRICATED MISC . . . . .	86	KOVALTRY . . . . .	80	lactulose SOLN . . . . .	84
KIMONO PLUS SPERMICIDE/LUBRICATED MISC 86		K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic) . . . . .	109	LAGEVRIO . . . . .	49
KIMONO PS LUBRICATED MISC .86		K-PHOS NO 2 . . . . .	78	LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 19	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 86		K-PHOS TABS (potassium phosphate monobasic) . . . . .	109	LAMICTAL ODT KIT (lamotrigine) .19	
KIMONO SENSATION LUBRICATED MISC . . . . .	86	KRINTAFEL . . . . .	35	LAMICTAL ODT KIT . . . . .	19
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC 86		KROGER HEALTHPRO TWIST LANCETS/26G . . . . .	95	LAMICTAL ODT TBDP (lamotrigine) .	19
KIMONO SPECIAL DEVI . . . . .	86	KROGER LANCETS . . . . .	95	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine) .	19
KINNEY LANCETS . . . . .	94	KROGER LANCETS 21G . . . . .	95	LAMICTAL STARTER/TAKING	
KINNEY THIN LANCETS . . . . .	95	KROGER LANCETS MICRO THIN33G . . . . .	95		
		KROGER LANCETS SUPER THIN 95			

CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine) . . . . .20	DESIGN . . . . .95	LENVIMA 12MG DAILY DOSE . . . 37
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine) . . . . .20	LANCETS MICRO THIN 33G . . . . .95	LENVIMA 14 MG DAILY DOSE . . 37
LAMICTAL TABS (lamotrigine) . . . . .20	LANCETS SUPER THIN 28G . . . . .95	LENVIMA 18 MG DAILY DOSE . . 37
LAMICTAL XR KIT . . . . .20	LANCETS THIN . . . . .95	LENVIMA 20 MG DAILY DOSE . . 37
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine) . . . . .20	LANCETS ULTRA THIN . . . . .95	LENVIMA 24 MG DAILY DOSE . . 37
LAMICTAL XR TB24 250 MG (lamotrigine) . . . . .20	LANCETS ULTRA THIN 30G . . . . .95	LENVIMA 4 MG DAILY DOSE . . . 37
LAMICTAL XR TB24 300 MG (lamotrigine) . . . . .20	LANOXIN TABS 125 MCG, 250 MCG (digoxin) . . . . .51	LENVIMA 8 MG DAILY DOSE . . . 37
lamivudine (hbv) TABS . . . . .48	LANOXIN TABS 62.5 MCG (digoxin) . 51	LESCOL XL TB24 (fluvastatin sodium) . . . . .30
lamivudine SOLN . . . . .47	lansoprazole CPDR 15 MG . . . . .133	LETAIRIS (ambrisentan) . . . . .52
lamivudine TABS . . . . .47	lansoprazole CPDR 30 MG . . . . .133	letrozole . . . . .38
lamivudine-zidovudine . . . . .47	lansoprazole TBDD 15 MG . . . . .133	leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG . . . . .42
lamotrigine CHEW . . . . .20	lansoprazole TBDD 30 MG . . . . .134	leucovorin calcium TABS . . . . .42
lamotrigine KIT 25 MG . . . . .20	lanthanum carbonate CHEW 1000 MG . . . . .77	LEUKERAN . . . . .36
lamotrigine KIT . . . . .20	lanthanum carbonate CHEW 500 MG . . . . .77	leuprolide acetate KIT IJ 1 MG/0.2ML . . . . .38
lamotrigine TABS . . . . .20	lanthanum carbonate CHEW 750 MG . . . . .77	levalbuterol hcl . . . . .16
lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG . . . . .20	LANTUS SOLN . . . . .26	levalbuterol tartrate . . . . .16
lamotrigine TB24 250 MG . . . . .20	LANTUS SOLOSTAR SOPN . . . . .26	LEVIBID TB12 (hyoscyamine sulfate) 132
lamotrigine TB24 300 MG . . . . .20	lapatinib ditosylate . . . . .40	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML . . . . .20
lamotrigine TBDP . . . . .20	LASIX TABS (furosemide) . . . . .72	levetiracetam TABS . . . . .20
LAMPIT . . . . .34	LASTACRAFT . . . . .120	levetiracetam TB24 . . . . .20
LANCETS . . . . .95	latanoprost SOLN . . . . .121	levobunolol hcl 0.5 % . . . . .117
LANCETS 30G . . . . .95	LATUDA (lurasidone hcl) . . . . .44	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML . . . . .74
LANCETS 30G TWIST TOP . . . . .95	leflunomide 10 MG . . . . .6	levocarnitine (metabolic modifiers) TABS . . . . .74
LANCETS 30G/TWIST TOP . . . . .95	leflunomide 20 MG . . . . .6	levocetirizine dihydrochloride SOLN 29
LANCETS 33G EXTRA FINE . . . . .95	lenalidomide . . . . .110	levocetirizine dihydrochloride TABS
LANCETS 33G UNIVERSAL	lenalidomide 2.5 MG, 20 MG . . . . .110	
	LENVIMA 10 MG DAILY DOSE . . .37	

29	LIALDA TBEC (mesalamine) .....	77	LITE TOUCH LANCETS .....	95
levofloxacin (ophth) 1.5 % .....	118	LIBERTY MEDICAL LANCETS 30G .	LITETOUCH LANCETS MICRO	
levofloxacin SOLN OR .....	76	95	THIN 33G .....	95
levofloxacin TABS .....	76	LIBRAX (chlordiazepoxide hcl-	lithium .....	44
levonorgestrel & eth estradiol TABS	56	clidinium bromide) .....	lithium carbonate CAPS 150 MG, 600	
levonorgestrel (emergency oc) 1.5		lidocaine hcl (mouth-throat) .....	MG .....	44
MG .....	57	lidocaine hcl SOLN .....	lithium carbonate CAPS 300 MG ..	44
levonorgestrel-eth estradiol		lidocaine PTCH 5 % .....	lithium carbonate TABS .....	44
(triphasic) .....	56	lidocaine-prilocaine CREA .....	lithium carbonate TBCR .....	44
levonorgestrel-ethinyl estradiol (91-		LIDODERM PTCH (lidocaine) .....	LITHOBID TBCR (lithium carbonate) .	
day) 0.03 MG-0.15 MG .....	56	linezolid SUSR .....	44	
levonorgestrel-ethinyl estradiol		linezolid TABS .....	LITHOSTAT .....	79
(continuous) .....	56	LINZESS .....	LIVALO (pitavastatin calcium) ....	30
levonorgestrel-ethinyl estradiol-iron		LIORESAL INTRATHECAL SOLN IT	LIVE BETTER LANCET SUPERTHIN	
56		(baclofen) .....	30G .....	95
levorphanol tartrate TABS 2 MG ....	8	LIORESAL INTRATHECAL SOLN IT	LIVE BETTER LANCET ULTRATHIN	
levorphanol tartrate TABS 3 MG ....	8	115	28G .....	96
levothyroxine sodium CAPS .....	131	liothyronine sodium TABS 25 MCG,	LO LOESTRIN FE TABS .....	56
levothyroxine sodium TABS 112		50 MCG .....	LOCOID LIPOCREAM .....	68
MCG, 125 MCG, 175 MCG, 200		liothyronine sodium TABS 5 MCG	LODINE TABS (etodolac) .....	6
MCG .....	131	131	LODOSYN (carbidopa) .....	43
levothyroxine sodium TABS .....	131	LIPITOR TABS (atorvastatin calcium)	LOKELMA .....	111
LEVSIN TABS (hyoscyamine sulfate)		.....	LOMAIRA TABS .....	2
.....	132	LIPOFEN CAPS (fenofibrate) .....	LOMOTIL TABS (diphenoxylate w/	
LEVSIN/SL SUBL (hyoscyamine		lisdexamfetamine dimesylate CAPS 1	atropine) .....	26
sulfate) .....	132	lisdexamfetamine dimesylate CHEW .	LONGS LANCETS STANDARD ..	96
LEXAPRO TABS 10 MG, 20 MG		1	LONGS LANCETS THIN .....	96
(escitalopram oxalate) .....	23	lisinopril & hydrochlorothiazide 12.5	LONGS LANCETS ULTRA THIN .	96
LEXAPRO TABS 5 MG (escitalopram		MG-10 MG, 12.5 MG-20 MG .....	33	
oxalate) .....	23	lisinopril & hydrochlorothiazide 25	LONSURF .....	39
LEXIVA SUSP .....	47	MG-20 MG .....	loperamide hcl CAPS .....	26
LEXIVA TABS (fosamprenavir		lisinopril TABS 2.5 MG, 5 MG, 10	LOPID TABS (gemfibrozil) .....	30
calcium) .....	47	MG, 20 MG, 30 MG .....	31	
		lisinopril TABS 40 MG .....	31	
			lopinavir-ritonavir SOLN .....	47

lopinavir-ritonavir TABS .....	47	lovastatin TABS .....	30	LYSODREN .....	38
LOPRESSOR TABS (metoprolol tartrate) .....	49	LOVAZA (omega-3-acid ethyl esters) .....	29	LYSTEDA TABS (tranexamic acid) 82	
LOPROX CREA (ciclopirox olamine) . 63		LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium) .....	18	MACROBID (nitrofurantoin monohyd macro) .....	35
LOPROX SHAMPOO SHAM (ciclopirox) .....	63	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium) .....	18	MACRODANTIN (nitrofurantoin macrocrystal) .....	35
LOPROX SUSP (ciclopirox olamine) . 63		LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium) .....	18	mafenide acetate PACK .....	65
lorazepam CONC .....	13	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium) .....	18	MAGNEBIND 400 .....	108
lorazepam TABS .....	13	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium) .....	18	magnesium sulfate IJ 50 % .....	108
LORBRENA .....	41	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	18	MALARONE (atovaquone-proguanil hcl) .....	35
LORTAB ELIX .....	10	loxapine succinate .....	45	malathion .....	70
losartan potassium & hydrochlorothiazide .....	33	lubiprostone .....	76	maraviroc TABS .....	47
losartan potassium .....	31	LUMIGAN SOLN 0.01 % .....	121	MARINOL CAPS 2.5 MG (dronabinol) .....	27
LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) .....	56	LUNESTA (eszopiclone) .....	82	MARPLAN .....	22
LOTEMAX GEL (loteprednol etabonate) .....	119	LUNG PERFORMANCE PEAK FLOW METER .....	106	MATULANE .....	42
LOTEMAX OINT .....	119	LUPRON DEPOT (1-MONTH) KIT IM .....	38	MAVYRET TABS .....	48
LOTEMAX SUSP (loteprednol etabonate) .....	119	LUPRON DEPOT-PED (1-MONTH) 7.5 MG .....	73	MAXALT TABS 10 MG (rizatriptan benzoate) .....	108
LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl) .....	31	lurasidone hcl .....	44	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) .....	108
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 33		LUXIQ FOAM (betamethasone valerate) .....	68	MAXIDEX SUSP OP .....	119
loteprednol etabonate GEL .....	119	LYNPARZA TABS .....	41	MAXITROL OINT (neomycin-polymy- dexameth) .....	119
loteprednol etabonate SUSP .....	119	LYRICA CAPS 225 MG, 300 MG (pregabalin) .....	20	MAXITROL SUSP (neomycin- polymy-dexameth) .....	119
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 33		LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin) .....	20	MAXX LUBRICATED MISC .....	86
LOTRONEX (alose tron hcl) .....	77	LYRICA SOLN (pregabalin) .....	20	MAXX PLUS SPERMICIDE LUBRICATED MISC .....	87

hydrochlorothiazide) ..... 72	MEDLANCE PLUS/LITE 25G .....96	melphalan ..... 36
MAYZENT STARTER PACK TBPK 124	MEDLANCE/EXTRA ..... 96	melphalan hcl ..... 36
MAYZENT TABS 0.25 MG ..... 124	MEDLANCE/LITE ..... 96	memantine hcl CP24 ..... 123
MAYZENT TABS 1 MG .....124	MEDLANCE/UNIVERSAL .....96	memantine hcl SOLN .....123
MAYZENT TABS 2 MG .....125	MEDROL DOSEPAK TBPK (methylprednisolone) .....58	memantine hcl TABS 10 MG ..... 123
meclizine hcl TABS 50 MG ..... 27	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone) .....58	memantine hcl TABS 5 MG ..... 123
meclofenamate sodium CAPS ..... 6	MEDROL TABS .....58	memantine hcl TABS ..... 123
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE .....96	medroxyprogesterone acetate 10 MG .....123	MENEST .....76
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW .....96	medroxyprogesterone acetate 2.5 MG, 5 MG .....123	MENOSTAR PTWK .....76
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW .....96	mefenamic acid CAPS ..... 6	MENQUADFI .....135
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW .....96	mefloquine hcl .....35	MENVEO SOLR .....135
MEDICHOICE SAFETY LANCETEXTRA .....96	megestrol acetate (appetite) .....123	meperidine hcl SOLN OR 50 MG/5ML ..... 9
MEDICHOICE SAFETY LANCETNORMAL .....96	megestrol acetate SUSP .....38	meperidine hcl TABS 50 MG .....9
MEDLANCE PLUS EXTRA LANCETS 21G .....96	megestrol acetate TABS .....38	MEPHYTON TABS (phytonadione) 138
MEDLANCE PLUS LANCETS .....96	MEIJER COLOR LANCETS UNIVERSAL 33G .....96	MEPRON (atovaquone) .....34
MEDLANCE PLUS LANCETS LITE 25G .....96	MEIJER LANCETS .....96	mercaptopurine TABS ..... 36
MEDLANCE PLUS LITE LANCETS 25G .....96	MEIJER LANCETS THIN ..... 97	meropenem 500 MG .....34
MEDLANCE PLUS SPECIAL LANCETS 0.8MM .....96	MEIJER LANCETS UNIVERSAL21G .....97	mesalamine CP24 ..... 77
MEDLANCE PLUS SUPERLITE 30G .....96	MEIJER LANCETS UNIVERSAL30G .....97	mesalamine CPDR .....77
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX .....96	MEIJER LANCETS UNIVERSAL33G .....97	mesalamine ENEM ..... 77
MEDLANCE PLUS UNIVERSAL LANCETS 21G .....96	MEIJER SUPER THIN LANCETS 97	mesalamine SUPP .....77
	MEKINIST TABS .....41	mesalamine TBEC 1.2 GM ..... 77
	MEKTOVI .....41	mesalamine TBEC 800 MG .....77
	meloxicam TABS 15 MG .....6	MESNEX TABS .....42
	meloxicam TABS 7.5 MG ..... 6	MESTINON SOLN OR (pyridostigmine bromide) ..... 36
		MESTINON TABS (pyridostigmine bromide) .....36

MESTINON TIMESPAN TBCR (pyridostigmine bromide) .....	36	methotrexate sodium TABS 2.5 MG MG/5ML, 10 MG/10ML .....	76
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl) .....	3	methoclopramide hcl TABS .....	76
METADATE CD CPCR 20 MG, 30 MG (methylphenidate hcl) .....	3	methoclopramide hcl TBDP .....	76
metaxalone 400 MG .....	115	metolazone .....	72
metaxalone 800 MG .....	115	METOPIRONE .....	70
metformin hcl SOLN .....	24	metoprolol & hydrochlorothiazide TABS .....	33
metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	24	metoprolol succinate TB24 .....	49
metformin hcl TB24 500 MG, 750 MG .....	24	metoprolol tartrate TABS .....	49
methadone hcl CONC .....	9	METROCREAM CREA (metronidazole (topical)) .....	69
methadone hcl SOLN OR .....	9	METROGEL GEL 1 % (metronidazole (topical)) .....	69
methadone hcl TABS .....	9	METROLOTION LOTN (metronidazole (topical)) .....	69
methadone hcl TBSO .....	9	metronidazole (topical) CREA .....	69
METHADOSE CONC (methadone hcl) .....	9	metronidazole (topical) GEL 0.75 % 70	
METHADOSE SUGAR-FREE CONC (methadone hcl) .....	9	metronidazole (topical) GEL 1 % ..	70
methamphetamine hcl .....	1	metronidazole (topical) LOTN .....	70
methazolamide TABS .....	72	metronidazole CAPS .....	34
methenamine hippurate .....	35	metronidazole TABS .....	34
methenamine mandelate 1 GM ....	35	metronidazole vaginal .....	137
methimazole TABS .....	130	metyrosine .....	31
METHITEST TABS .....	11	mexiletine hcl .....	14
methocarbamol TABS 500 MG, 750 MG .....	115	MG217 PSORIASIS MULTI- SYMPTOM OINT .....	69
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	36	MIACALCIN IJ (calcitonin (salmon)) 73	
methotrexate sodium SOLR .....	36	MICARDIS 20 MG, 40 MG (telmisartan) .....	31
methoxyphenol rapid .....	65	MICARDIS 80 MG (telmisartan) ...	32
methscopolamine bromide .....	132	MICARDIS HCT (telmisartan-	
methsuximide .....	22		
methyl dopa TABS .....	32		
methylergonovine maleate TABS 121			
METHYLIN SOLN (methylphenidate hcl) .....	3		
methylphenidate hcl CHEW .....	3		
methylphenidate hcl CP24 60 MG ..	3		
methylphenidate hcl CP24 .....	3		
methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG .....	3		
methylphenidate hcl CPCR 20 MG, 30 MG .....	3		
methylphenidate hcl SOLN .....	3		
methylphenidate hcl TABS 20 MG ..	3		
methylphenidate hcl TABS 5 MG, 10 MG .....	3		
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....	3		
methylphenidate hcl TB24 36 MG ..	3		
methylphenidate hcl TBCR 10 MG, 20 MG .....	3		
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....	3		
methylphenidate hcl TBCR 54 MG ..	3		
methylphenidate PTCH .....	3		
methylprednisolone TABS .....	58		
methylprednisolone TBPK .....	58		
methyltestosterone CAPS .....	11		
metoclopramide hcl SOLN OR 5			

hydrochlorothiazide) ..... 33	MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride) ..... 43	montelukast sodium CHEW .....14
MICROLET LANCETS .....97	MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) ..... 57	montelukast sodium PACK ..... 14
MICROLIFE DIGITAL PEAK FLOW METER .....106	mirtazapine TABS .....22	montelukast sodium TABS .....14
midazolam hcl SYRP ..... 82	mirtazapine TBDP ..... 22	MONUROL (fosfomycin tromethamine) ..... 35
midodrine hcl .....138	MIRVASO (brimonidine tartrate (topical)) .....70	morphine sulfate beads .....9
MIFEPREX (mifepristone) .....75	misoprostol .....134	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....9
mifepristone ..... 75	MITIGARE CAPS (colchicine) ..... 79	morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML 9
miglitol .....24	mitoxantrone hcl 2 MG/ML .....39	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML ..... 9
miglustat .....81	MM TWIST LANCETS ..... 97	morphine sulfate SUPP 10 MG, 20 MG, 30 MG .....9
MIGRANAL SOLN NA (dihydroergotamine mesylate) ....107	M-M-R II SOLR ..... 137	morphine sulfate TABS 15 MG .....9
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) ..... 56	M-NATAL PLUS TABS ..... 113	morphine sulfate TABS 30 MG .....9
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE .... 106	modafinil ..... 3	morphine sulfate TBCR ..... 9
MINI WRIGHT PEAK FLOW METER .....106	MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML ..... 137	MOVANTIK .....77
MINI WRIGHT PEAK FLOW METER STANDARD RANGE .....106	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 137	moxifloxacin hcl (ophth) SOLN OP 118
MINIPRESS CAPS (prazosin hcl) . 32	moexipril hcl ..... 31	moxifloxacin hcl TABS .....76
MINIVELLE PTTW (estradiol) .....76	molindone hcl .....45	MPD SAFETY LANCET 21G/1.8MM 97
minocycline hcl CAPS ..... 130	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG) .....48	MPD SAFETY LANCET 28G/1.8MM 97
minocycline hcl CP24 .....130	mometasone furoate (nasal) SUSP 116	MPD SAFETY LANCET 30G/1.8MM 97
minocycline hcl TABS 50 MG, 100 MG ..... 130	mometasone furoate CREA .....68	MPD SAFETY LANCETS 23G/1.8MM .....97
minocycline hcl TABS 75 MG .... 130	mometasone furoate OINT ..... 68	MS CONTIN TBCR (morphine sulfate) .....9
minoxidil 2.5 MG, 10 MG .....34	mometasone furoate SOLN .....68	MUCOTROL WAFR ..... 111
MIRALAX POWD (polyethylene glycol 3350) ..... 84	MONOLET LANCETS .....97	
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) 43	MONOLET OPD LANCETS .....97	
	MONOLETTOR SAFETY LANCETS 97	



MULPLETA .....	82	NAFTIN GEL (naftifine hcl) .....	63	113
MULTIVITAMIN + FLUORIDE CHEW .....	112	NALOCET TABS .....	10	NATACYN .....
MULTIVITAMIN WITH FLUORIDE CHEW .....	112	naloxone hcl LIQD .....	27	NATAZIA .....
MULTI-VIT-FLOR CHEW .....	112	naloxone hcl SOSY .....	27	nateglinide .....
mupirocin OINT .....	63	naltrexone hcl .....	27	NATPARA .....
MYALEPT .....	74	NAMENDA TABS 10 MG (memantine hcl) .....	123	NAYZILAM .....
MYAMBUTOL TABS 400 MG (ethambutol hcl) .....	36	NAMENDA TABS 5 MG (memantine hcl) .....	123	neбиволol hcl .....
MYCOBUTIN (rifabutin) .....	36	NAMENDA TITRATION PAK TABS (memantine hcl) .....	123	NEBUPENT IN (pentamidine isethionate) .....
mycophenolate mofetil CAPS ....	110	NAMENDA XR CP24 (memantine hcl) .....	123	NEBUSAL NEBU .....
mycophenolate mofetil SUSR ....	110	NAMZARIC C4PK .....	123	NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG .....
mycophenolate mofetil TABS ....	110	NAPROSYN SUSP (naproxen) ....	6	nefazodone hcl .....
mycophenolate sodium .....	110	NAPROSYN TABS 500 MG (naproxen) .....	6	neomycin sulfate TABS .....
MYDRIACYL SOLN (tropicamide) 117		naproxen sodium TABS 275 MG, 550 MG .....	6	neomycin-bacitracin zn-polymyxin 118
MYFORTIC (mycophenolate sodium) .....	110	naproxen SUSP .....	6	neomycin-polymy-dexameth OINT 119
MYGLUCOHEALTH MGH		naproxen TABS .....	6	neomycin-polymy-dexameth SUSP 119
SOFTLANCE LANCETS 30G ....	97	naratriptan hcl .....	108	neomycin-polymyxin-gramicidin . 118
MYLERAN TABS .....	36	NARCAN LIQD (naloxone hcl) ....	27	neomycin-polymyxin-hc (ophth) . 119
MYSOLINE (primidone) .....	20	NARDIL (phenelzine sulfate) .....	22	neomycin-polymyxin-hc (otic) SOLN . 121
MYTESI .....	26	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) 116		neomycin-polymyxin-hc (otic) SUSP . 121
nabumetone 500 MG .....	6	NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone acetonide (nasal)) .....	116	NEONATAL 19 .....
nabumetone 750 MG .....	6	NASONEX 24HR SUSP (mometasone furoate (nasal)) ....	116	NEONATAL COMPLETE TABS 120
nadolol TABS 20 MG, 40 MG, 80 MG .....	49	NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG		MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG ....
NAFCILLIN 1 GM/50ML-5 % .....	123			113
nafcillin sodium IV 2 GM, 10 GM .	123			
naftifine hcl CREA .....	63			
naftifine hcl GEL 2 % .....	63			

NEONATAL PLUS TABS .....	113	NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR (nicotine) 128	NITRO-BID OINT .....	13	
NEORAL CAPS (cyclosporine modified (for microemulsion)) .....	110	NICORETTE GUM (nicotine polacrilex) .....	129	NITRO-DUR PT24 (nitroglycerin) ..	13
NEORAL SOLN (cyclosporine modified (for microemulsion)) .....	110	NICORETTE LOZG (nicotine polacrilex) .....	129	NITRO-DUR PT24 .....	13
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML .....	36	NICORETTE MINI LOZG (nicotine polacrilex) .....	128	nitrofurantoin .....	35
neostigmine methylsulfate SOSY ..	36	NICORETTE STARTER KIT GUM (nicotine polacrilex) .....	129	nitrofurantoin macrocrystal .....	35
NERLYNX .....	41	nicotine MISC XX .....	129	nitrofurantoin monohyd macro .....	35
NESINA (alogliptin benzoate) .....	25	nicotine polacrilex GUM .....	129	nitroglycerin (intra-anal) .....	12
NESTABS .....	113	nicotine polacrilex LOZG .....	129	nitroglycerin PT24 .....	13
NESTABS DHA .....	113	nicotine PT24 TD 21 MG/24HR ..	129	nitroglycerin SOLN TL 0.4 MG/SPRAY .....	13
NESTABS ONE .....	113	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR .....	129	nitroglycerin SUBL .....	13
NEUPRO .....	43	NICOTINE TRANSDERMAL SYSTEM KIT .....	129	NITROLINGUAL SOLN TL (nitroglycerin) .....	13
NEURONTIN CAPS (gabapentin) ..	20	NICOTROL INHALER INHA .....	129	NITROSTAT SUBL (nitroglycerin) ..	13
NEURONTIN SOLN (gabapentin) ..	20	NICOTROL NS SOLN .....	129	NITYR TABS .....	74
NEURONTIN TABS (gabapentin) ..	20	nifedipine CAPS .....	50	NIVA THYROID TABS .....	131
NEVANAC .....	120	nifedipine TB24 30 MG, 60 MG ...	50	NIVA-PLUS TABS .....	113
nevirapine SUSP .....	47	nifedipine TB24 .....	50	nizatidine CAPS .....	133
nevirapine TABS .....	47	NILANDRON (nilutamide) .....	38	nizatidine SOLN .....	133
nevirapine TB24 .....	47	nilutamide .....	38	NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML, 30 MG/3ML .....	73
NEXAVAR (sorafenib tosylate) ...	41	nimodipine CAPS .....	50	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML .....	73
NEXIUM PACK (esomeprazole magnesium) .....	134	NINLARO .....	41	norelgestromin-ethinyl estradiol ...	57
NEXIUM PACK .....	134	nisoldipine .....	50	norethin acet & estrad-fe CAPS ...	57
NEXTSTELLIS .....	57	nitazoxanide TABS .....	34	norethin acet & estrad-fe CHEW ...	57
niacin (antihyperlipidemic) TBCR ..	31	nitisinone CAPS 10 MG .....	74	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	57
NIASPAN TBCR (niacin (antihyperlipidemic)) .....	31	nitisinone CAPS 2 MG, 5 MG, 20 MG .....	74	norethindrone & ethinyl estradiol-fe 57	
nicardipine hcl CAPS .....	50			norethindrone (contraceptive) .....	58
NICODERM CQ PT24 TD 21 MG/24HR (nicotine) .....	128				

norethindrone acet & eth estra	57	NOVOSEVEN RT	80	nystatin (topical) POWD EX	63
norethindrone acetate TABS	123	NOXAFIL SUSP (posaconazole)	28	nystatin TABS	28
norethindrone acetate-ethinyl estradiol	75	NOXAFIL TBEC (posaconazole)	28	nystatin-triamcinolone CREA	63
norethindrone acetate-ethinyl estradiol-fe	57	NP THYROID 120 TABS	131	nystatin-triamcinolone OINT	63
norgestimate-ethinyl estradiol (triphasic)	57	NP THYROID 30 TABS	131	OB COMPLETE ONE	113
norgestimate-ethinyl estradiol	57	NP THYROID 60 TABS	131	OB COMPLETE PETITE	113
NORITATE CREA	70	NP THYROID 90 TABS	131	OB COMPLETE PREMIER	113
NORPACE CAPS (disopyramide phosphate)	14	NUBEQA	38	OB COMPLETE/DHA	113
NORPACE CR CP12	13	NUCALA SOAJ	14	OBIZUR	80
NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	24	NUCALA SOLR	14	OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	113
NORTHERA (droxidopa)	138	NUCALA SOSY 100 MG/ML	14	OCALIVA	76
nortriptyline hcl CAPS	24	NUCORT LOTN	68	OCTAGAM SOLN	122
nortriptyline hcl SOLN	24	NUEDEXTA	125	octreotide acetate SOLN	75
NORVASC TABS 2.5 MG (amlodipine besylate)	50	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	83	octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML	75
NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	50	NUPLAZID CAPS	44	OCUFLOX (ofloxacin (ophth))	118
NORVIR PACK	47	NUPLAZID TABS 10 MG	44	ODEFSEY	47
NORVIR SOLN	47	NUVARING (etonogestrel-ethinyl estradiol)	57	ODOMZO	38
NORVIR TABS (ritonavir)	47	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	3	OFEV	129
NOVA SAFETY LANCETS 23G	97	NUVIGIL 50 MG (armodafinil)	3	ofloxacin (ophth)	118
NOVA SAFETY LANCETS 28G	97	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	80	ofloxacin (otic)	121
NOVA SUREFLEX LANCETS	97	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	80	ofloxacin 300 MG	76
NOVAVAX COVID-19 VACCINE	137	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	80	ofloxacin 400 MG	76
NOVAVAX COVID-19 VACCINE/2023-24	137	nystatin (mouth-throat)	111	olanzapine TABS 15 MG, 20 MG	45
NOVOEIGHT	80	nystatin (topical) CREA	63	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	45
NOVOPEN ECHO DEVI	106	nystatin (topical) OINT	63	olanzapine TBDP	45

124	ondansetron hcl TABS 4 MG, 8 MG 27	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 137
olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG .....124	ondansetron TBDP .....27	ORACEA (doxycycline (rosacea)) 70
olmesartan medoxomil 40 MG .....32	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 113	ORACIT ..... 78
olmesartan medoxomil 5 MG, 20 MG 32	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G .....97	ORAL CITRATE .....78
olmesartan medoxomil-amlodipine- hydrochlorothiazide .....33	ONETOUCH DELICA PLUS LANCETS FINE 30G .....97	ORAPRED ODT TBDP (prednisolone sodium phosphate) ..... 58
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 33	ONETOUCH DELICA SAFETY LANCING DEVICE .....97	ORAVIG .....111
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG .....33	ONETOUCH DELICA SAFETY LANCING DEVICE 30G .....97	ORENITRAM TBCR ..... 51
olopatadine hcl (nasal) .....115	ONETOUCH ULTRA 2 KIT .....97	ORFADIN CAPS 10 MG (nitisinone) . 74
olopatadine hcl 0.1 % .....120	ONETOUCH ULTRA STRP .....71	ORFADIN CAPS 2 MG, 5 MG, 20 MG (nitisinone) .....74
olopatadine hcl 0.2 % .....120	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....97	ORFADIN SUSP .....74
OLUX FOAM (clobetasol propionate) 68	ONETOUCH ULTRASOFT LANCETS .....98	ORIAHNN ..... 75
OLUX-E (clobetasol propionate emulsion) .....68	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT .....98	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG .....129
omega-3-acid ethyl esters .....29	ONETOUCH VERIO REFLECT KIT 98	ORKAMBI PACK 94 MG-75 MG . 129
OMEPRAZOLE + SYRSPEND SFALKA SUSP ..... 134	ONETOUCH VERIO TEST STRIPS STRP .....71	ORKAMBI TABS .....129
omeprazole CPDR 10 MG .....134	ONFI SUSP (clobazam) ..... 18	ORLADEYO .....81
omeprazole CPDR 20 MG, 40 MG 134	ONFI TABS 10 MG (clobazam) ....18	orlistat .....2
omeprazole magnesium CPDR .. 134	ONFI TABS 20 MG (clobazam) ....18	orphenadrine citrate TB12 .....115
OMNIFLEX DIAPHRAGM .....87	ONGLYZA (saxagliptin hcl) ..... 25	oseltamivir phosphate CAPS 30 MG, 45 MG .....48
ON/GO COVID-19 ANTIGEN SELF- TEST KIT .....71	ONUREG TABS .....36	oseltamivir phosphate CAPS 75 MG . 48
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT .....71	OPILL .....58	oseltamivir phosphate SUSR ..... 48
ondansetron hcl SOLN OR 4 MG/5ML .....27	OPSUMIT .....52	OSMOPREP ..... 84
		OSPHENA .....73
		OTEZLA TABS .....6
		OTEZLA TBPK .....6
		OTOVEL (ciprofloxacin-fluocinolone

acetonide) .....121	oxybutynin chloride TB24 .....134	UNIT, 98400 UNIT-56800 UNIT-16800 UNIT ..... 71
OTREXUP SOAJ 10 MG/0.4ML .... 4	OXYCODONE AND ACETAMINOPHEN TABS ..... 10	PANRETIN ..... 64
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML ..... 4	oxycodone hcl CAPS .....9	pantoprazole sodium PACK ..... 134
OVACE PLUS SHAM (sulfacetamide sodium) ..... 65	oxycodone hcl CONC 100 MG/5ML 9	pantoprazole sodium TBEC ..... 134
OVACE PLUS WASH LIQD (sulfacetamide sodium) ..... 65	oxycodone hcl SOLN .....9	PAREMYD ..... 120
OVACE WASH LIQD (sulfacetamide sodium) ..... 65	oxycodone hcl TABS 30 MG ..... 9	paricalcitol CAPS ..... 74
OVIDE (malathion) ..... 70	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG .....9	PARLODEL CAPS (bromocriptine mesylate) ..... 43
oxacillin sodium IV 10 GM .....123	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG .....9	PARLODEL TABS (bromocriptine mesylate) ..... 43
oxandrolone 10 MG ..... 11	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ..10	PARNATE (tranylcypromine sulfate) 22
oxandrolone 2.5 MG ..... 11	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....10	paroxetine hcl SUSP ..... 23
oxaprozin TABS .....6	oxycodone w/ acetaminophen TABS 325 MG-5 MG .....10	paroxetine hcl TABS ..... 23
OXAYDO TABS 5 MG ..... 9	OXYCODONE/ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG .....10	paroxetine hcl TB24 ..... 23
OXAYDO TABS 7.5 MG ..... 9	OXYCODONE/ACETAMINOPHEN TABS 300 MG-2.5 MG .....10	PASER PACK .....36
oxazepam CAPS 10 MG, 15 MG .. 13	oxymorphone hcl TABS 10 MG ..... 9	PATADAY 0.1 % (olopatadine hcl) 120
oxazepam CAPS 30 MG .....13	oxymorphone hcl TABS 5 MG ..... 9	PATADAY 0.2 % (olopatadine hcl) 120
oxcarbazepine SUSP .....20	oxymorphone hcl TB12 .....9	PATANASE (olopatadine hcl (nasal)) .....116
oxcarbazepine TABS 150 MG .....20	OZEMPIC SOPN .....25	PAXIL CR TB24 (paroxetine hcl) .. 23
oxcarbazepine TABS 300 MG .....20	OZOBAX SOLN OR (baclofen) ...115	PAXIL SUSP (paroxetine hcl) ..... 23
oxcarbazepine TABS 600 MG .....20	paliperidone ..... 45	PAXIL TABS (paroxetine hcl) .....23
oxiconazole nitrate CREA .....63	PALYNZIQ .....74	PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK .48
OXISTAT CREA (oxiconazole nitrate) .....63	PAMELOR CAPS (nortriptyline hcl) 24	PAXLOVID 100 MG-150 MG ..... 48
OXISTAT LOTN .....63	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000	pazopanib hcl ..... 41
OXTELLAR XR TB24 150 MG, 300 MG ..... 20		PC LANCETS SUPER THIN 30G .98
OXTELLAR XR TB24 600 MG .....20		PEAK A-I-R FLOW METER .....106
oxybutynin chloride TABS 5 MG . 134		PEAK AIR PEAK FLOW

METERADULT/PEDIATRIC .....	106	PENTASA CPCR (mesalamine) ...	77	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP .....	137
PEDIAPRED SOLN (prednisolone sodium phosphate) .....	58	PENTASA CPCR 250 MG .....	77	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP .	137
PEDIARIX SUSY .....	131	pentazocine w/ naloxone hcl .....	11	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN .	98
pediatric multivitamins w/fl CHEW 112		pentoxifylline .....	81	PHARMACIST CHOICE ULTRA THIN LANCETS .....	98
pediatric vitamins acid w/ fluoride SOLN .....	112	PEPCID AC MAXIMUM STRENGTH TABS (famotidine) .....	133	PHARMACIST CHOICE ULTRA THIN LANCETS 28G .....	98
PEDVAX HIB SUSP .....	135	PEPCID AC TABS 20 MG (famotidine) .....	133	PHARMACIST CHOICE ULTRA THIN LANCETS 30G .....	98
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	83	PEPCID TABS 20 MG (famotidine) 133		PHARMACIST CHOICE ULTRA THIN LANCETS 31G .....	98
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....	83	PEPCID TABS 40 MG (famotidine) 133		PHARMACIST CHOICE ULTRA THIN LANCETS 33G .....	98
peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	83	PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) .....	11	PHARMACY COUNTER LANCETS .	98
PEGASYS SOLN .....	48	PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ...	11	phenelzine sulfate .....	22
PEG-PREP .....	83	PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen) ...	11	PHENERGAN SOLN IJ (promethazine hcl) .....	29
penicillamine CAPS .....	109	PERFECT LANCETS 30G .....	98	phenobarbital ELIX .....	82
penicillamine TABS .....	109	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G .....	98	phenobarbital TABS .....	82
penicillin g potassium .....	122	PERIDEX (chlorhexidine gluconate (mouth-throat)) .....	111	phenoxybenzamine hcl .....	31
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE .....	122	perindopril erbumine .....	31	phentermine hcl CAPS .....	2
PENICILLIN G PROCAINE .....	122	permethrin CREA .....	70	phentermine hcl TABS .....	2
penicillin g sodium .....	122	perphenazine TABS .....	45	phenylephrine hcl (mydriatic) SOLN 117	
penicillin v potassium SOLR .....	122	perphenazine-amitriptyline .....	124	phenytoin CHEW .....	22
penicillin v potassium TABS .....	122	PERSERIS PRSY .....	45	phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	22
PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) .....	64	PERSONAL BEST FULL RANGE 107		phenytoin SUSP .....	22
PENNSAID SOLN EX .....	64	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP 137		PHEXXI .....	138
PENTACEL .....	131				
pentamidine isethionate IN .....	34				

PHOSLYRA SOLN .....	77	(emergency oc) .....	57	POLYTRIM (polymyxin b-trimethoprim) .....	118
phytonadione TABS 5 MG .....	138	PLAQUENIL (hydroxychloroquine sulfate) .....	35	POLY-VI-FLOR CHEW .....	112
PIFELTRO .....	47	PLAVIX 75 MG (clopidogrel bisulfate) .....	81	POLY-VI-FLOR SUSP .....	112
PIKO 1 ELECTRONIC .....	107	PLEGRIDY SOPN .....	125	POLY-VI-FLOR/IRON CHEW .....	111
pilocarpine hcl (oral) 5 MG .....	111	PLEGRIDY SOSY SC .....	125	POLY-VI-FLOR/IRON SUSP .....	111
pilocarpine hcl (oral) 7.5 MG .....	111	PLEGRIDY STARTER PACK SOPN .	125	POMALYST .....	39
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	118	PLEGRIDY STARTER PACK SOSY SC .....	125	posaconazole SUSP .....	28
PILOT COVID-19 AT-HOME TEST KIT .....	71	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	62	posaconazole TBEC .....	28
pimecrolimus .....	69	PLEXION CREA (sulfacetamide sodium w/ sulfur) .....	62	pot & sod citrates w/citric ac SOLN	78
pimozide .....	125	PLEXION LOTN (sulfacetamide sodium w/ sulfur) .....	62	pot phosphate monobasic w/ sod phosphate dibasic & monobasic .	109
pindolol TABS .....	49	PNEUMOVAX 23 .....	135	POTABA CAPS .....	138
pioglitazone hcl 15 MG .....	26	PNEUMOVAX 23/1 DOSE .....	135	potassium chloride CPCR .....	109
pioglitazone hcl 30 MG, 45 MG .....	26	PNV-DHA+DOCUSATE .....	113	potassium chloride microencapsulated crystals er ...	109
pioglitazone hcl-glimepiride .....	24	PNV-OMEGA .....	113	potassium chloride PACK OR 20 MEQ .....	109
pioglitazone hcl-metformin hcl TABS .	24	POCKET PEAK FLOW METER .	107	POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride)	109
PIP LANCETS/28G .....	98	POCKETPEAK PEAK FLOW METER LOW RANGE .....	107	potassium chloride SOLN OR 10 %, 20 % .....	109
PIP LANCETS/30G .....	98	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM .....	107	potassium chloride TBCR .....	109
piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM .....	122	PODOCON-25 SOLN .....	69	potassium citrate (alkalinizer) TBCR .	78
PIQRAY 200MG DAILY DOSE ...	41	podofilox GEL .....	69	potassium citrate-citric acid SOLN .	78
PIQRAY 250MG DAILY DOSE ...	41	podofilox SOLN .....	69	potassium iodide (expectorant) SOLN .....	59
PIQRAY 300MG DAILY DOSE ...	41	POLY HUB NEEDLE/30G X 1/2" .	106	POVIDONE IODINE .....	118
pirfenidone CAPS .....	129	polyethylene glycol 3350 POWD ..	84	PRALUENT SOAJ .....	31
pirfenidone TABS .....	129	polymyxin b-trimethoprim .....	118	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75	
piroxicam CAPS 10 MG .....	6				
piroxicam CAPS 20 MG .....	6				
pitavastatin calcium .....	30				
PLAN B ONE-STEP (levonorgestrel					

MG .....	43	prednisolone sodium phosphate SOLN .....	58	PRENA 1 TRUE .....	113
pramipexole dihydrochloride TABS 1 MG .....	43	prednisolone sodium phosphate TBDP .....	58	PRENA1 CHEW .....	113
pramipexole dihydrochloride TABS 1.5 MG .....	43	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN .....	119	PRENA1 PEARL .....	113
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG .....	44	prednisolone SOLN .....	58	PRENAISSANCE .....	113
pramipexole dihydrochloride TB24 3 MG .....	44	prednisolone TABS .....	58	PRENAISSANCE PLUS CAPS ..	113
pramipexole dihydrochloride TB24 3.75 MG .....	44	PREDNISON INTENSOL CONC .....	58	PRENATAL 19 CHEW .....	113
PRAMOSONE LOTN .....	68	prednisone SOLN .....	58	PRENATAL 19 TABS .....	113
PRAMOSONE OINT .....	68	prednisone TABS .....	58	PRENATAL PLUS TABS .....	114
PRAMOTIC .....	121	prednisone TBPK .....	58	PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	114
prasugrel hcl .....	81	PREFERRED PLUS LANCETS COLORED 21G .....	98	PRENATAL TABS 120 MG-10 MG-10 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG .....	114
pravastatin sodium .....	30	PREFERRED PLUS LANCETS SUPER THIN 30G .....	98	PRENATAL VITAMINS PLUS LOW IRON TABS .....	114
praziquantel .....	12	PREFERRED PLUS LANCETS THIN 26G .....	98	PRENATAL-U CAPS .....	114
prazosin hcl CAPS .....	32	PREFEST .....	75	PRENATE .....	114
PRECISION THINS GP LANCET .....	98	pregabalin CAPS 225 MG, 300 MG 20 .....	20	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG .....	114
PRECISION XTRA .....	71	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ..	20	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..	114
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	71	pregabalin SOLN .....	20	PRENATE ENHANCE .....	114
PRECOSE (acarbose) .....	24	PREMARIN .....	138	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG .....	114
PRED FORTE (prednisolone acetate (ophth)) .....	119	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG .....	76	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG ..	114
PRED MILD .....	119	PREMARIN TABS 0.9 MG .....	76		
PRED-G S.O.P. OINT .....	119	PREMIUM CONDOMS LUBRICATED MISC .....	87		
PRED-G SUSP .....	119	PREMIUM SCAR PATCH .....	69		
prednicarbate OINT .....	68	PREMPHASE .....	75		
prednisolone acetate (ophth) ....	119	PREMPRO .....	75		
PREDNISOLONE SODIUM PHOSPHATE .....	119				



PRENATE PIXIE .....	114	PRO COMFORT SAFETY LANCETS	promethazine hcl SOLN IJ 25
PRENATE RESTORE .....	114	30G PRESSURE ACTIVATED ...	98 MG/ML, 50 MG/ML .....
PRENATRIX TABS .....	114	PROAIR HFA AERS (albuterol	promethazine hcl SOLN OR 6.25
PRENATRYL TABS .....	114	sulfate) .....	16 MG/5ML .....
PREPIDIL GEL .....	121	PROAIR RESPICLICK AEPB .....	16 promethazine hcl SUPP 12.5 MG, 25
PREPLUS TABS .....	114	probenecid .....	79 MG .....
PREVACID 24HR CPDR		PROCARDIA XL TB24 (nifedipine)	promethazine hcl TABS 12.5 MG ..
(lansoprazole) .....	134	50	29 promethazine hcl TABS 25 MG ...
PREVACID CPDR 30 MG		prochlorperazine .....	45 promethazine hcl TABS 50 MG ...
(lansoprazole) .....	134	prochlorperazine maleate TABS ..	45 promethazine w/codeine SOLN ...
PREVACID SOLUTAB TBDD 15 MG		PROCTOFOAM HC FOAM EX ....	12 promethazine w/codeine SYRP ...
(lansoprazole) .....	134	PROCYSBI CPDR .....	78 promethazine-dm SYRP .....
PREVACID SOLUTAB TBDD 30 MG		PROCYSBI PACK .....	78 promethazine-phenylephrine-codeine
(lansoprazole) .....	134	PRODIGY PRESSURE ACTIVATED	.....59
PREVNAR 13 .....	135	SAFETY LANCETS .....	98 PROMETRIUM CAPS (progesterone)
PREZCOBIX .....	47	PRODIGY SAFETY LANCETS ...	98 .....
PREZISTA SUSP .....	47	PRODIGY TWIST TOP LANCETS	propafenone hcl CP12 .....
PREZISTA TABS (darunavir) .....	47	99	propafenone hcl TABS 150 MG ...
PREZISTA TABS 75 MG, 150 MG	47	PROFILNINE .....	80 propafenone hcl TABS 225 MG, 300
PRIFTIN .....	36	progesterone CAPS .....	123 MG .....
PRILOSEC PACK .....	134	progesterone OIL .....	123 proparacaine hcl .....
PRIMAQUINE PHOSPHATE TABS		PROGLYCEM (diazoxide) .....	25 propranolol hcl CP24 .....
(primaquine phosphate) .....	35	PROGRAF CAPS (tacrolimus) ...	110 propranolol hcl SOLN OR 20
primaquine phosphate TABS .....	35	PROGRAF PACK .....	110 MG/5ML, 40 MG/5ML .....
PRIMAXIN IV IV 500 MG-500 MG		PROLATE TABS .....	11 propranolol hcl TABS .....
(imipenem-cilastatin) .....	34	PROLENSA (bromfenac sodium	propylthiouracil .....
primidone 50 MG, 250 MG .....	20	(ophth)) .....	120 PROQUAD SUSR .....
PRISTIQ (desvenlafaxine succinate)		PROLIA SOSY .....	73 PRO-RED AC SYRP 9 MG/5ML-5
23		PROMACTA PACK .....	82 MG/5ML-1 MG/5ML .....
PRIVIGEN SOLN .....	122	PROMACTA TABS .....	82 PROSCAR (finasteride) .....
PRO COMFORT LANCETS 30G .	98	promethazine & phenylephrine SYRP	.....134
PRO COMFORT LANCETS 31G .	98	.....	59 PROTONIX TBEC (pantoprazole

sodium) ..... 134	PURIXAN SUSP ..... 36	quetiapine fumarate TABS 200 MG 45
protriptyline hcl ..... 24	PX LANCETS MICROTHIN 33G ..99	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG ..... 45
PROVENTIL HFA AERS (albuterol sulfate) ..... 16	PX LANCETS ULTRA THIN ..... 99	quetiapine fumarate TABS 300 MG, 400 MG ..... 45
PROVERA 10 MG (medroxyprogesterone acetate) ..123	PX LANCETS ULTRA THIN 28G ..99	quetiapine fumarate TB24 ..... 45
PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate) ..123	pyrazinamide ..... 36	QUFLORA FE PEDIATRIC LIQD 111
PROVIGIL (modafinil) ..... 3	pyridostigmine bromide SOLN OR 36	QUFLORA GUMMIES CHEW ....112
PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl) ..... 23	pyridostigmine bromide TABS 60 MG .....36	QUFLORA PEDIATRIC CHEW .. 112
PROZAC CAPS 40 MG (fluoxetine hcl) ..... 23	pyridostigmine bromide TBCR .....36	QUFLORA PEDIATRIC SOLN ... 112
PRUDOXIN (doxepin hcl (antipruritic)) .....64	QBRELIS SOLN ..... 31	QUICKVUE AT-HOME COVID-19 TEST KIT .....71
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 59	QC LANCETS SUPER THIN .....99	QUILLIVANT XR SRER .....3
PSS SELECT GP LANCETS ..... 99	QC LANCETS ULTRA THIN .....99	quinapril hcl ..... 31
PSS SELECT SAFETY LANCETS 99	QC UNILET LANCETS 28G/ULTRA THIN .....99	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG ..... 33
PULMICORT FLEXHALER AEPB .15	QC UNILET LANCETS 33G/MICRO THIN .....99	quinapril-hydrochlorothiazide 25 MG- 20 MG .....33
PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation)) ..... 15	QINLOCK .....41	quinidine gluconate TBCR ..... 14
PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) ..... 15	QSYMIA ..... 2	quinine sulfate CAPS 324 MG .....35
PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) ..... 15	QUADRACEL SUSP ..... 131	QVAR REDHALER 40 MCG/ACT .15
PULMOZYME .....129	QUALAQUIN CAPS (quinine sulfate) 35	QVAR REDHALER 80 MCG/ACT .15
PURE COMFORT LANCETS 30G 99	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)) .....57	RA E-ZJECT LANCETS 28G ..... 99
PURE COMFORT PEAK FLOW METER ADULT ..... 107	QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate) ..... 20	RA E-ZJECT LANCETS THIN 26G 99
PURE COMFORT PEAK FLOW METER CHILD .....107	QUDEXY XR CS24 25 MG, 50 MG (topiramate) .....20	RA E-ZJECT LANCETS THIN 28G 99
	QUESTRAN LIGHT POWD (cholestyramine light) ..... 30	RA E-ZJECT LANCETS ULTRATHIN 30G .....99
	QUESTRAN PACK (cholestyramine) 30	RABEPRAZOLE SODIUM DR SPRINKLE CPSP .....134
	QUESTRAN POWD (cholestyramine) .....30	rabeprazole sodium TBEC ..... 134

RADICAVA ORS STARTER KIT SUSP .....	117	READYLANCE SAFETY LANCETS/28G/1.8MM .....	99	RELION 2-IN-1 LANCING DEVICE 25G .....	99
RADICAVA ORS SUSP .....	117	READYLANCE SAFETY LANCETS/30G/1.6MM .....	99	RELION 2-IN-1 LANCING DEVICE 30G .....	100
raloxifene hcl .....	73	REALITY LANCETS .....	99	RELION INSULIN SYRINGE 0.5ML/31G X 15/64" .....	106
ramelteon .....	83	REALITY LATEX CONDOMS/LUBRICATED MISC .....	87	RELION INSULIN SYRINGE 1ML/31GX15/64" .....	106
ramipril CAPS .....	31	REALITY LATEX/ULTRA TEXTURED DEVI .....	87	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....	106
RANEXA TB12 1000 MG (ranolazine) .....	12	REALITY LATEX/ULTRA THIN DEVI 87	87	RELION LANCETS MICRO- THIN33G .....	100
RANEXA TB12 500 MG (ranolazine) . 12		REALITY TRIGGER LANCETS .....	99	RELION LANCETS THIN 26G ...	100
ranolazine TB12 1000 MG .....	12	REBIF REBIDOSE SOAJ .....	125	RELION LANCETS ULTRA- THIN30G .....	100
ranolazine TB12 500 MG .....	12	REBIF REBIDOSE TITRATIONPACK SOAJ .....	125	RELION ULTRA THIN LANCETS/30G .....	100
RAPAFLO 4 MG (silodosin) .....	79	REBIF SOSY .....	125	RELION ULTRA THIN LANCETS30G .....	100
RAPAFLO 8 MG (silodosin) .....	78	REBIF TITRATION PACK SOSY .....	125	RELION ULTRA THIN PLUS LANCETS 32G .....	100
RAPAMUNE SOLN (sirolimus) ...	110	REBINYN .....	80	RELION ULTRA THIN PLUS LANCETS 33G .....	100
RAPAMUNE TABS (sirolimus) ...	110	RECOMBIVAX HB SUSP .....	137	RELNATE DHA CAPS .....	114
RAPID SARS-COV-2 ANTIGENTEST CARD KIT .....	71	RECOMBIVAX HB SUSY .....	137	RELNATE DHA CAPS .....	114
rasagiline mesylate .....	44	RECTIV (nitroglycerin (intra-anal)) 12	12	RELNATE DHA CAPS .....	114
RASUVO SOAJ 20 MG/0.4ML .....	4	REGLAN TABS (metoclopramide hcl) .....	76	RELNATE DHA CAPS .....	114
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML .....	4	REGRANEX .....	70	RELNATE DHA CAPS .....	114
RAVICTI .....	74	RELENZA DISKHALER .....	48	RELNATE DHA CAPS .....	114
RAZADYNE ER CP24 (galantamine hydrobromide) .....	123	RELEXII TBCR 18 MG (methylphenidate hcl) .....	3	RELNATE DHA CAPS .....	114
READYLANCE SAFETY LANCETS/21G/2.2MM .....	99	RELEXII TBCR 27 MG, 36 MG (methylphenidate hcl) .....	3	RELNATE DHA CAPS .....	114
READYLANCE SAFETY LANCETS/23G/1.8MM .....	99	RELEXII TBCR 54 MG (methylphenidate hcl) .....	3	RELNATE DHA CAPS .....	114
READYLANCE SAFETY LANCETS/26G/1.8MM .....	99	RELION 2-IN-1 LANCET DEVICES		RELNATE DHA CAPS .....	114

carbonate) .....78	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) .....47	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl) ..... 3
REVELA PACK 2.4 GM (sevelamer carbonate) .....77	REYATAZ PACK .....47	ritonavir TABS .....47
REVELA TABS (sevelamer carbonate) .....78	RHOFADE .....70	rivastigmine .....123
repaglinide .....26	ribavirin (hepatitis c) CAPS .....48	rivastigmine tartrate CAPS .....124
RESTASIS EMUL (cyclosporine (ophth)) .....118	ribavirin .....49	RIXUBIS SOLR .....80
RESTORIL 15 MG (temazepam) ..83	RIDAURA .....5	rizatriptan benzoate TABS .....108
RESTORIL 22.5 MG, 30 MG (temazepam) .....83	rifabutin .....36	rizatriptan benzoate TBDP .....108
RESTORIL 7.5 MG (temazepam) .83	rifampin CAPS .....36	ROBINUL FORTE TABS (glycopyrrolate) .....132
RETACRIT .....82	RIGHTEST GL300 LANCETS ...100	ROBINUL TABS (glycopyrrolate) .132
RETEVMO .....41	RILUTEK TABS (riluzole) .....117	ROCALTROL CAPS 0.25 MCG (calcitriol) .....74
RETIN-A CREA (tretinoin) .....62	riluzole TABS .....117	ROCALTROL CAPS 0.5 MCG (calcitriol) .....74
RETIN-A GEL (tretinoin) .....62	rimantadine hydrochloride TABS ..48	ROCALTROL SOLN OR (calcitriol) 74
RETIN-A MICRO 0.04 % (tretinoin microsphere) .....62	RINVOQ .....4	roflumilast .....15
RETIN-A MICRO 0.1 % (tretinoin microsphere) .....62	RIOMET SOLN (metformin hcl) ...25	romidepsin SOLR .....41
RETIN-A MICRO PUMP 0.04 % (tretinoin microsphere) .....62	risedronate sodium TABS 150 MG 73	ropinirole hydrochloride TABS .....44
RETIN-A MICRO PUMP 0.1 % (tretinoin microsphere) .....62	risedronate sodium TABS 5 MG, 30 MG, 35 MG .....73	ropinirole hydrochloride TB24 12 MG 44
RETROVIR CAPS (zidovudine) ...47	RISPERDAL SOLN (risperidone) .45	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG .....44
RETROVIR SYRP (zidovudine) ...47	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone) .....45	ropinirole hydrochloride TB24 8 MG 44
REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) .....52	RISPERDAL TABS 3 MG (risperidone) .....45	rosuvastatin calcium TABS .....30
REVATIO TABS (sildenafil citrate (pulmonary hypertension)) .....52	risperidone SOLN .....45	ROTARIX SUSR .....137
REVLIMID (lenalidomide) .....110	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG .....45	ROTATEQ SOLN .....137
REXALL LANCETS ULTRA THIN 100	risperidone TABS 3 MG .....45	ROXICODONE TABS 30 MG (oxycodone hcl) .....9
REXULTI .....46	risperidone TBDP .....45	ROXICODONE TABS 5 MG, 15 MG (oxycodone hcl) .....9
	RITALIN LA CP24 (methylphenidate hcl) .....3	
	RITALIN TABS 20 MG (methylphenidate hcl) .....3	

ROZEREM (ramelteon) .....	83	SAFETY LANCETS/PRESSURE ACTIVATED/28G .....	100	SAPSCARE TWIST TOP LANCETS 30G .....	101
ROZLYTREK CAPS .....	41	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	57	SAVELLA TABS .....	124
RUBRACA .....	41	SALAGEN 5 MG (pilocarpine hcl (oral)) .....	111	SAVELLA TITRATION PACK MISC 124	
rufinamide SUSP .....	20	SALAGEN 7.5 MG (pilocarpine hcl (oral)) .....	111	saxagliptin hcl .....	25
rufinamide TABS 200 MG .....	20	salicylic acid in ammonium lactate vehicle .....	69	saxagliptin-metformin hcl .....	24
rufinamide TABS 400 MG .....	20	SALICYLIC ACID OINT .....	69	SAXENDA .....	2
RUKOBIA .....	47	salicylic acid SHAM 6 % .....	69	SB LANCETS THIN .....	101
RYBELSUS TABS 3 MG .....	25	SALIMEZ CREA .....	69	SB LANCETS ULTRA THIN .....	101
RYBELSUS TABS 7 MG, 14 MG ..	25	salsalate .....	8	scopolamine .....	27
RYDAPT .....	41	SALYCIM CREA .....	69	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) .....	57
RYTARY CPCR .....	44	SANCUSO PTCH .....	27	SECUADO .....	45
RYTHMOL SR CP12 (propafenone hcl) .....	14	SANDIMMUNE CAPS (cyclosporine) 110		SELECT-OB CHEW 60 MG-2.5 MG- 0.4 MG-1.6 MG-400 UNIT-5 MCG- 1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG .....	114
RYVENT TABS .....	28	SANDIMMUNE SOLN OR .....	110	SELECT-OB CHEW 60 MG-2.5 MG- 1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT- 29 MG-1700 UNIT .....	114
SABRIL PACK (vigabatrin) .....	21	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (octreotide acetate) .	75	SELECT-OB+DHA MISC .....	114
SABRIL TABS (vigabatrin) .....	21	SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate) .....	75	selegiline hcl CAPS .....	44
SAFE-T-LANCE LOW FLOW 25G 100		SANTYL OINT .....	68	selegiline hcl TABS .....	44
SAFE-T-LANCE NORMAL FLOW21G .....	100	SAPHRIS (asenapine maleate) ..	45	selenium sulfide LOTN 2.5 % .....	65
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ..	100	SAPHRIS 5 MG .....	45	SELZENTRY SOLN .....	47
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ..	100	sapropterin dihydrochloride PACK .	74	SELZENTRY TABS (maraviroc) ...	47
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 100		sapropterin dihydrochloride TABS .	74	SELZENTRY TABS 25 MG, 75 MG 47	
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ..	100	SAPS HEALTH CARE TWIST TOP LANCETS .....	100	SE-NATAL 19 CHEW .....	114
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ..	100	SAPS HEALTH PLUS TWIST TOP LANCETS 30G .....	100	SE-NATAL 19 TABS .....	114
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 100		SAPS HEALTH TWIST TOP LANCETS 30G .....	100	SENSIPAR (cinacalcet hcl) .....	74

SEREVENT DISKUS .....	16	sildenafil citrate .....	51	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G .....	101
SEROQUEL TABS 200 MG (quetiapine fumarate) .....	45	silodosin 4 MG .....	79	SMART SENSE THIN LANCETSUNIVERSAL 26G .....	101
SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate) .....	45	silodosin 8 MG .....	79	SMARTEST LANCETS 28G .....	101
SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate) .....	45	SILVADENE (silver sulfadiazine) .	65	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 % .....	59
SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate) .....	45	silver sulfadiazine .....	65	sodium citrate & citric acid .....	78
SEROQUEL XR TB24 (quetiapine fumarate) .....	45	simvastatin TABS .....	30	sodium fluoride CHEW 0.25 MG, 0.5 MG .....	108
SEROSTIM SC 4 MG, 5 MG, 6 MG 73		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa) .....	44	sodium fluoride CHEW 1 MG, 2.2 MG .....	108
sertraline hcl CONC .....	23	SINGLE-LET .....	101	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML .....	108
sertraline hcl TABS .....	23	SINGULAIR CHEW (montelukast sodium) .....	14	sodium fluoride TABS .....	108
sevelamer carbonate PACK 0.8 GM . 78		SINGULAIR PACK (montelukast sodium) .....	14	SODIUM OXYBATE SOLN .....	123
sevelamer carbonate PACK 2.4 GM . 78		SINGULAIR TABS (montelukast sodium) .....	15	sodium phenylbutyrate POWD ....	74
sevelamer carbonate TABS .....	78	sirolimus SOLN .....	110	sodium phenylbutyrate TABS .....	74
sevelamer hcl 400 MG .....	78	sirolimus TABS .....	110	sodium polystyrene sulfonate POWD 111	
sevelamer hcl 800 MG .....	78	SIVEXTRO TABS .....	35	SODIUM SULFACETAMIDE WASH LIQD .....	65
SFROWASA ENEM .....	77	SKLICE (ivermectin (pediculicide)) 70		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL .....	62
SHINGRIX .....	137	SKYRIZI PEN SOAJ .....	65	sodium sulfate-potassium sulfate- magnesium sulfate .....	83
SHOPKO ON-THE-GO COMFORTLANCETS 30G .....	101	SKYRIZI PSKT .....	65	solifenacin succinate TABS 10 MG 134	
SHOPKO UNILET LANCETS SUPER THIN 30G .....	101	SKYRIZI SOCT 180 MG/1.2ML ....	77	solifenacin succinate TABS 5 MG 134	
SHOPKO UNILET LANCETS ULTRA THIN 28G .....	101	SKYRIZI SOCT 360 MG/2.4ML ....	77	SOLTAMOX SOLN .....	38
SIGNIFOR .....	75	SKYRIZI SOSY .....	65	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G .....	101
SIKLOS TABS .....	81	SLYND .....	58	SOLUS V2 TWIST LANCETS 30G	
sildenafil citrate (pulmonary hypertension) SUSR .....	52	SM MICRO THIN LANCETS 33G 101			
sildenafil citrate (pulmonary hypertension) TABS .....	52	SMART SENSE COLOR LANCETS UNIVERSAL 33G .....	101		
		SMART SENSE STANDARD LANCETS UNIVERSAL 21G ....	101		



sulfamethoxazole-trimethoprim TABS .....34	SURE COMFORT LANCETS 30G 101	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) ..... 131
SULFAMYLON CREA ..... 65	SURELITE LANCETS ..... 101	SYPRINE (trientine hcl) .....109
SULFAMYLON PACK 5 % (mafenide acetate) .....65	SUSTIVA CAPS (efavirenz) ..... 47	TABLOID ..... 36
sulfasalazine TABS .....77	SUSTIVA TABS (efavirenz) .....47	TABRECTA ..... 41
sulfasalazine TBEC .....77	SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate) .....41	TACLONEX OINT (calcipotriene- betamethasone dipropionate) ..... 68
sulindac TABS 150 MG ..... 6	SUTENT 25 MG (sunitinib malate) 41	TACLONEX SUSP (calcipotriene- betamethasone dipropionate) ..... 68
sulindac TABS 200 MG ..... 6	SYMBICORT (budesonide- formoterol fumarate dihydrate) ....16	tacrolimus (topical) OINT 0.03 % ..69
sumatriptan 20 MG/ACT .....108	SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl) ...124	tacrolimus (topical) OINT 0.1 % ... 69
sumatriptan 5 MG/ACT ..... 108	SYMDEKO ..... 129	tacrolimus CAPS .....110
sumatriptan succinate SOAJ ..... 108	SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate) .....47	tadalafil (pulmonary hypertension) TABS .....52
sumatriptan succinate SOCT .....108	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate) .....47	tadalafil 2.5 MG ..... 51
sumatriptan succinate SOLN 6 MG/0.5ML .....108	SYMTUZA .....47	tadalafil 5 MG, 10 MG, 20 MG .....51
sumatriptan succinate TABS ..... 108	SYNALAR CREA (fluocinolone acetone) ..... 68	TAFINLAR CAPS ..... 42
sunitinib malate 12.5 MG, 37.5 MG, 50 MG .....41	SYNALAR OINT (fluocinolone acetone) .....68	tafluprost ..... 121
sunitinib malate 25 MG ..... 41	SYNALAR SOLN (fluocinolone acetone) .....68	TAGRISSO .....38
SUPER THIN LANCETS .....101	SYNAREL ..... 73	TAKHZYRO SOLN .....81
SUPRAX CAPS (cefixime) .....53	SYNDROS SOLN .....27	TAKHZYRO SOSY ..... 81
SUPRAX SUSR 100 MG/5ML (cefixime) .....53	SYNJARDY TABS ..... 24	TALZENNA 0.25 MG, 1 MG ..... 42
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate) .....83	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....24	TAMIFLU CAPS 30 MG, 45 MG (oseltamivir phosphate) .....49
SURE COMFORT LANCETS 18G 101	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG ..... 24	TAMIFLU CAPS 75 MG (oseltamivir phosphate) ..... 48
SURE COMFORT LANCETS 21G 101	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) ..... 131	TAMIFLU SUSR (oseltamivir phosphate) .....49
SURE COMFORT LANCETS 23G 101		tamoxifen citrate TABS ..... 38
SURE COMFORT LANCETS 28G 101		tamsulosin hcl ..... 79
		TARCEVA 100 MG, 150 MG



(erlotinib hcl) .....	38	TEGRETOL SUSP (carbamazepine) .	TENORETIC 50 (atenolol & chlorthalidone) .....	33
TARCEVA 25 MG (erlotinib hcl) ...	38	20		
TARGADOX TABS (doxycycline hyclate) .....	130	TEGRETOL TABS (carbamazepine) .	TENORMIN TABS (atenolol) .....	49
TARGRETIN (bexarotene (topical)) 64		20	terazosin hcl 1 MG, 2 MG, 5 MG ..	32
TARGRETIN (bexarotene) .....	42	TEGRETOL-XR TB12 100 MG (carbamazepine) .....	terazosin hcl 10 MG .....	32
TASIGNA 150 MG, 200 MG .....	42	20	terbinafine hcl TABS .....	28
TASIGNA 50 MG .....	42	TEGRETOL-XR TB12 200 MG (carbamazepine) .....	terbutaline sulfate TABS .....	16
TASMAR (tolcapone) .....	43	20	terconazole vaginal CREA .....	137
TAYTULLA CAPS (norethin acet & estrad-fe) .....	57	TEGRETOL-XR TB12 400 MG (carbamazepine) .....	terconazole vaginal SUPP .....	137
tazarotene CREA .....	65	20	teriflunomide .....	125
TAZAROTENE FOAM .....	62	TEGSEDI .....	129	TESTIM GEL TD (testosterone) ...
tazarotene GEL .....	65	TEKTURNA (aliskiren fumarate) ..	34	testosterone cypionate SOLN IM ..
TAZORAC CREA (tazarotene) ....	65	TEKTURNA HCT .....	33	testosterone enanthate SOLN IM ..
TAZORAC CREA .....	65	telmisartan 20 MG, 40 MG .....	32	testosterone GEL TD 1 %, 25 MG/2.5GM .....
TAZORAC GEL (tazarotene) .....	65	telmisartan 80 MG .....	32	12
TAZVERIK .....	42	telmisartan-amlodipine .....	33	testosterone GEL TD 1 %, 50 MG/5GM .....
TDVAX SUSP .....	131	telmisartan-hydrochlorothiazide ..	33	12
TECFIDERA CPDR (dimethyl fumarate) .....	125	temazepam 15 MG .....	83	testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM .....
TECFIDERA STARTER PACK CDPK (dimethyl fumarate) .....	125	temazepam 22.5 MG, 30 MG .....	83	12
TECHLITE AST LANCETS .....	101	temazepam 7.5 MG .....	83	testosterone GEL TD 10 MG/ACT .12
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" .....	106	TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (temozolomide) .	36	testosterone SOLN .....
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" .....	106	TEMOVATE CREA (clobetasol propionate) .....	68	12
TECHLITE LANCETS .....	102	TEMOVATE OINT (clobetasol propionate) .....	68	TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP .....
TECHLITE LANCETS 26G .....	102	temozolomide CAPS .....	36	131
TECHLITE LANCETS 30G .....	102	temsirolimus .....	42	tetrabenazine .....
		TENIVAC INJ .....	131	124
		tenofovir disoproxil fumarate TABS 47		tetracaine hcl (ophth) .....
		TENORETIC 100 (atenolol & chlorthalidone) .....	33	119
				tetracycline hcl CAPS .....
				130
				TEXACORT SOLN 2.5 % .....
				68
				TGT LANCET MICRO THIN 33G 102
				TGT LANCET THIN 26G .....
				102
				TGT LANCET ULTRA THIN 30G 102



topiramate CPSP .....	21	tramadol hcl TB24 100 MG .....	9	% .....	62
topiramate CS24 100 MG, 150 MG, 200 MG .....	21	tramadol hcl TB24 200 MG .....	9	tretinoin GEL 0.01 %, 0.025 %, 0.05 % .....	62
topiramate CS24 25 MG, 50 MG ..	21	tramadol hcl TB24 .....	9	tretinoin microsphere 0.04 % .....	62
topiramate TABS 100 MG .....	21	tramadol-acetaminophen .....	11	tretinoin microsphere 0.1 % .....	62
topiramate TABS 200 MG .....	21	trandolapril .....	31	TRETTEN .....	81
topiramate TABS 25 MG .....	21	trandolapril-verapamil hcl .....	33	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	36
topiramate TABS 50 MG .....	21	tranexamic acid SOLN 1000 MG/10ML .....	82	triamcinolone acetonide (mouth)	111
topotecan hcl SOLR .....	43	tranexamic acid TABS .....	82	triamcinolone acetonide (nasal) AERO .....	116
TOPROL XL TB24 (metoprolol succinate) .....	49	TRANSDERM-SCOP (scopolamine) 27		triamcinolone acetonide (topical) AERS .....	68
toremifene citrate .....	38	TRANXENE T TABS 7.5 MG (clorazepate dipotassium) .....	13	triamcinolone acetonide (topical) CREA .....	68
TORISEL (temsirolimus) .....	42	tranylcypromine sulfate .....	22	triamcinolone acetonide (topical) LOTN .....	68
toremide TABS 100 MG .....	72	TRAVATAN Z SOLN (travoprost)	121	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % .....	68
toremide TABS 5 MG, 10 MG, 20 MG .....	72	TRAVEL LANCETS 30G .....	102	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	72
TOUJEO MAX SOLOSTAR SOPN 26		TRAVEL LANCETS ADVANCED 28G .....	102	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG .....	72
TOUJEO SOLOSTAR SOPN .....	26	travoprost SOLN .....	121	triamterene & hydrochlorothiazide TABS 50 MG-75 MG .....	72
TOVIAZ (fesoterodine fumarate)	134	TRAZIMERA 420 MG .....	37	triamterene CAPS .....	72
TPOXX (TECOVIRIMAT) .....	48	trazodone hcl TABS .....	23	triazolam 0.125 MG .....	83
TPOXX CAPS .....	49	TRECATOR .....	36	triazolam 0.25 MG .....	83
TPOXX SOLN .....	49	TRELEGY ELLIPTA .....	16	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide) .....	33
TRACLEER TABS 125 MG (bosentan) .....	52	TREMFYA SOPN .....	65	TRICARE TABS .....	114
TRACLEER TABS 62.5 MG (bosentan) .....	52	TREMFYA SOSY .....	65	TRICOR TABS 145 MG (fenofibrate) . 30	
TRACLEER TBSO .....	52	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML .....	26		
tramadol hcl CP24 100 MG, 200 MG, 300 MG .....	9	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML .....	26		
tramadol hcl TABS 100 MG .....	9	TRESIBA SOLN .....	26		
tramadol hcl TABS 50 MG .....	9	tretinoin (chemotherapy) .....	42		
		tretinoin CREA 0.025 %, 0.05 %, 0.1			

TRICOR TABS 48 MG (fenofibrate) 30	TRIUMEQ TABS .....47	EXTRALARGE MISC .....87
TRIDESILON CREA 0.05 % (desonide) .....68	TRI-VI-FLOR .....112	TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....87
trientine hcl .....109	TRI-VI-FLORO .....112	TRUSTEX LUBRICATED MISC ...87
trifluoperazine hcl TABS .....45	TRIZIVIR .....47	TRUSTEX LUBRICATED/RIBBED/STUDED MISC .....87
trifluridine .....118	TROKENDI XR CP24 200 MG (topiramate) .....21	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....87
trihexyphenidyl hcl SOLN .....43	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate) .....21	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....87
trihexyphenidyl hcl TABS .....43	tropicamide SOLN .....117	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....87
TRIJARDY XR .....24	tropium chloride CP24 .....134	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....87
TRIKAFTA TBPK 100 MG-50 MG 129	tropium chloride TABS .....134	TRUSTEX LUBRICATED/SPERMICIDE MISC 87
TRIKAFTA TBPK 50 MG-25 MG .129	TRUE COMFORT SAFETY LANCETS/30G .....102	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC .....87
TRILEPTAL SUSP (oxcarbazepine) 21	TRUE COMFORT TWIST TOP LANCETS 30G .....102	TRUSTEX NON-LUBRICATED MISC .....87
TRILEPTAL TABS 150 MG (oxcarbazepine) .....21	TRUEPLUS LANCETS 26G .....102	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC .....87
TRILEPTAL TABS 300 MG (oxcarbazepine) .....21	TRUEPLUS LANCETS 28G .....102	TRUSTEX/RIA LUBRICATED MISC . 87
TRILEPTAL TABS 600 MG (oxcarbazepine) .....21	TRUEPLUS LANCETS 28G SUPER THIN .....102	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC .....87
TRILIPIX 135 MG (choline fenofibrate) .....30	TRUEPLUS LANCETS 30G .....102	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 87
TRILIPIX 45 MG (choline fenofibrate) .....30	TRUEPLUS LANCETS 30G ULTRA THIN .....102	TRUSTEX/RIA NON-LUBRICATED MISC .....87
trimethobenzamide hcl CAPS .....27	TRUEPLUS LANCETS 33G .....102	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate) .....47
trimethoprim TABS .....34	TRUEPLUS LANCETS 33G MICRO THIN .....102	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) .....47
trimipramine maleate CAPS .....24	TRUEPLUS SAFETY LANCETS 28G .....102	
TRINATAL RX 1 TABS .....114	TRULICITY .....25	
TRINTELLIX .....23	TRUMENBA .....135	
TRISTART DHA .....114	TRUSOPT (dorzolamide hcl) ....120	
TRISTART ONE .....114	TRUSTEX COLOR CONDOMS + LUBE MISC .....87	
TRIUMEQ PD TBSO .....47	TRUSTEX LUBRICATED	

TRUZONE PEAK FLOW METER 107	ULTILET LANCETS 33G ..... 103	UNISTIK 3 GENTLE ..... 103
TUKYSA ..... 37	ULTILET SAFETY LANCETS 21G X 2.2MM ..... 103	UNISTIK PRO SAFETY LANCET 21G ..... 103
TURALIO 200 MG ..... 42	ULTILET SAFETY LANCETS 23G 103	UNISTIK PRO SAFETY LANCET 25G ..... 103
TUSNEL TABS ..... 59	ULTRA THIN LANCETS 31G .... 103	UNISTIK PRO SAFETY LANCET 28G ..... 103
TUSSLIN LIQD ..... 59	ULTRA-CARE LANCETS 30G ... 103	UNISTIK SAFETY LANCETS 28G 104
TUSSLIN PEDIATRIC LIQD ..... 59	ULTRACET (tramadol- acetaminophen) ..... 11	UNISTIK SAFETY LANCETS 30G 104
TWINRIX SUSY ..... 137	ULTRAM TABS (tramadol hcl) .... 10	UNISTIK TOUCH SAFETY LANCETS 21G ..... 104
TWIRLA ..... 57	ULTRA-THIN II AUTO LANCET . 103	UNISTIK TOUCH SAFETY LANCETS 23G ..... 104
TWIST TOP LANCETS 30G ..... 102	ULTRA-THIN II LANCETS 28G . 103	UNISTIK TOUCH SAFETY LANCETS 28G ..... 104
TYBLUME CHEW ..... 57	ULTRA-THIN II LANCETS 30G . 103	UNISTIK TOUCH SAFETY LANCETS 30G ..... 104
TYBOST ..... 47	UNASYN BULK PACK IV (ampicillin & sulbactam sodium) ..... 123	UNIVERSAL 1 LANCETS THIN26G . 104
TYKERB (lapatinib ditosylate) .... 42	UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium) ..... 122	UNIVERSAL 1 LANCETS ULTRA THIN 30G ..... 104
TYMLOS ..... 73	UNILET COMFORTOUCH LANCET 103	UNIVERSAL 1 LANCETS/33G/MICRO-THIN ... 104
TYVASO DPI INSTITUTIONALKIT POWD ..... 51	UNILET EXCELITE ..... 103	UPTRAVI TABS ..... 52
TYVASO DPI MAINTENANCE KIT POWD ..... 51	UNILET EXCELITE II ..... 103	UPTRAVI TITRATION PACK TBPK 52
TYVASO DPI TITRATION KIT POWD ..... 52	UNILET G.P. LANCET ..... 103	urea LOTN 40 % ..... 68
TYVASO REFILL SOLN IN ..... 52	UNILET G.P. SUPERLITE LANCET . 103	UROCIT-K 10 TBCR (potassium citrate (alkalinizer)) ..... 78
TYVASO SOLN IN ..... 52	UNILET GP 28 ULTRA THIN .... 103	UROCIT-K 15 TBCR (potassium citrate (alkalinizer)) ..... 78
TYVASO STARTER SOLN IN ..... 52	UNILET LANCET ..... 103	UROCIT-K 5 TBCR (potassium citrate (alkalinizer)) ..... 78
UBRELVY ..... 107	UNILET LANCETS MICRO-THIN33G ..... 103	
UCERIS (budesonide (intrarectal)) 12	UNILET LANCETS SUPER- THIN30G ..... 103	
UCERIS TB24 (budesonide) ..... 58	UNILET LANCETS ULTRA-THIN 28G ..... 103	
UDENYCA SOSY ..... 82	UNILET SUPERLITE LANCET .. 103	
ULORIC 40 MG (febuxostat) ..... 79		
ULORIC 80 MG (febuxostat) ..... 79		
ULTILET CLASSIC LANCETS ... 102		
ULTILET LANCETS ..... 103		

UROXATRAL (alfuzosin hcl) . . . . .	79	VALTOCO 5 MG DOSE LIQD . . . . .	19	VCF VAGINAL CONTRACEPTIVE FILM FILM . . . . .	137
URSO 250 TABS (ursodiol) . . . . .	76	VALTRESX 1 GM (valacyclovir hcl) .	48	VCF VAGINAL CONTRACEPTIVEGEL GEL . . . . .	137
URSO FORTE TABS (ursodiol) . . . . .	76	VALTRESX 500 MG (valacyclovir hcl) .	48	VECAMEYL . . . . .	34
ursodiol CAPS . . . . .	76	VALUE PLUS LANCETS STANDARD 21G . . . . .	104	VECTICAL (calcitriol (topical)) . . . . .	65
ursodiol TABS . . . . .	76	VALUE PLUS LANCETS SUPERTHIN 30G . . . . .	104	VELCADE SOLR IJ (bortezomib) . . . . .	42
VAGIFEM TABS (estradiol vaginal) 138		VALUE PLUS LANCETS THIN 26G . . . . .	104	VELTIN (clindamycin phosphate- tretinoin) . . . . .	62
valacyclovir hcl 1 GM, 1000 MG . . . . .	48	VALUMARK LANCET SUPER THIN 30G . . . . .	104	VEMLIDY . . . . .	48
valacyclovir hcl 500 MG . . . . .	48	VALUMARK LANCET ULTRA THIN 28G . . . . .	104	VENCLEXTA STARTING PACK TBPK . . . . .	37
VALCHLOR . . . . .	64	VANOCIN CAPS 125 MG (vancomycin hcl) . . . . .	34	VENCLEXTA TABS 10 MG . . . . .	37
VALCYTE SOLR (valganciclovir hcl) .	48	VANOCIN CAPS 250 MG (vancomycin hcl) . . . . .	34	VENCLEXTA TABS 100 MG . . . . .	37
VALCYTE TABS (valganciclovir hcl) .	48	vancomycin hcl CAPS 125 MG . . . . .	34	VENCLEXTA TABS 50 MG . . . . .	37
valganciclovir hcl SOLR . . . . .	48	vancomycin hcl CAPS 250 MG . . . . .	34	venlafaxine hcl CP24 . . . . .	23
valganciclovir hcl TABS . . . . .	48	vancomycin hcl SOLR OR 25 MG/ML . . . . .	34	venlafaxine hcl TABS . . . . .	23
VALIUM TABS 10 MG (diazepam) 13		VANDAZOLE . . . . .	138	venlafaxine hcl TB24 225 MG . . . . .	24
VALIUM TABS 2 MG, 5 MG (diazepam) . . . . .	13	VANOS CREA (fluocinonide) . . . . .	68	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG . . . . .	23
valproate sodium SOLN OR 250 MG/5ML . . . . .	22	VAQTA . . . . .	137	VENTAVIS . . . . .	52
valproic acid CAPS . . . . .	22	varenciline tartrate TABS . . . . .	129	VENTOLIN HFA AERS (albuterol sulfate) . . . . .	16
valsartan TABS 160 MG . . . . .	32	varenciline tartrate TBPK . . . . .	129	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG . . . . .	50
valsartan TABS 40 MG, 80 MG, 320 MG . . . . .	32	VARIVAX INJ . . . . .	137	verapamil hcl CP24 180 MG . . . . .	50
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG . . . . .	33	VARUBI TBPK . . . . .	28	verapamil hcl CP24 360 MG . . . . .	50
valsartan-hydrochlorothiazide 25 MG- 160 MG . . . . .	33	VASCEPA (icosapent ethyl) . . . . .	29	verapamil hcl TABS . . . . .	50
VALTOCO 10 MG DOSE LIQD . . . . .	19	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) . . . . .	33	verapamil hcl TBCR 120 MG . . . . .	50
VALTOCO 15 MG DOSE LQPK . . . . .	19	VASOTEC TABS (enalapril maleate) .	31	verapamil hcl TBCR 180 MG, 240 MG . . . . .	50
VALTOCO 20 MG DOSE LQPK . . . . .	19			VERAPAMIL HYDROCHLORIDE ER CP24 (verapamil hcl) . . . . .	50

VEREGEN .....	63	VIBRAMYCIN SUSR (doxycycline (monohydrate)) .....	130	VIRT-PN DHA .....	114
VERELAN CP24 120 MG, 240 MG (verapamil hcl) .....	51	VICTOZA .....	25	VISTARIL CAPS (hydroxyzine pamoate) .....	13
VERELAN CP24 180 MG (verapamil hcl) .....	50	VIDA MIA UNILET LANCETS SUPER THIN 30G .....	104	VISTOGARD .....	27
VERELAN CP24 360 MG (verapamil hcl) .....	51	VIDA MIA UNILET LANCETS ULTRA THIN 28G .....	104	VITAFOL GUMMIES .....	114
VERELAN PM CP24 (verapamil hcl) . 50		vigabatrin PACK .....	21	VITAFOL-NANO .....	114
VERIFINE SAFETY LANCET MINI 21G X 2.4MM .....	104	vigabatrin TABS .....	21	VITAFOL-ONE CAPS .....	114
VERIFINE SAFETY LANCET MINI 23G X 1.8MM .....	104	VIGAMOX SOLN OP (moxifloxacin hcl (ophth)) .....	118	VITAMEDMD ONE RX/QUATREFOLIC .....	114
VERIFINE SAFETY LANCET MINI 28G X 1.8MM .....	104	VIIBRYD STARTER PACK KIT ....	23	VITAMEDMD REDICHEW RX ...	114
VERIFINE SAFETY LANCET MINI 30G X 1.8MM .....	104	VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl) .....	23	VITAPEARL .....	114
VERIFINE UNIVERSAL LANCETS 28G .....	104	VIIBRYD TABS 20 MG (vilazodone hcl) .....	23	VITATHELY/GINGER TABS .....	114
VERIFINE UNIVERSAL LANCETS 30G .....	104	vilazodone hcl TABS 10 MG, 40 MG . 23		VITATRUE .....	114
VERIFINE UNIVERSAL LANCETS 33G .....	104	vilazodone hcl TABS 20 MG .....	23	VITRAKVI CAPS .....	42
VERSACLOZ SUSP .....	45	VIMPAT SOLN OR 10 MG/ML (lacosamide) .....	21	VITRAKVI SOLN .....	42
VERZENIO .....	42	VIMPAT TABS (lacosamide) .....	21	VIVA DHA CAPS .....	114
VESICARE TABS 10 MG (solifenacin succinate) .....	134	VINATE DHA RF .....	114	VIVAGUARD LANCETS .....	104
VESICARE TABS 5 MG (solifenacin succinate) .....	134	VINATE ONE TABS .....	114	VIVAGUARD SAFETY LANCETS/28G .....	105
VFEND SUSR (voriconazole) .....	28	VIRACEPT TABS .....	47	VIVELLE-DOT PTTW (estradiol) ..	76
VFEND TABS (voriconazole) .....	28	VIRAZOLE (ribavirin) .....	49	VIZIMPRO .....	38
VIAGRA (sildenafil citrate) .....	51	VIREAD POWD .....	47	VOGELXO GEL TD (testosterone) 12	
VIBERZI .....	77	VIREAD TABS (tenofovir disoproxil fumarate) .....	47	VOGELXO PUMP GEL TD (testosterone) .....	12
VIBRAMYCIN CAPS (doxycycline hyclate) .....	130	VIREAD TABS 150 MG, 200 MG, 250 MG .....	47	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...	64
		VIRT-C DHA .....	114	VONVENDI .....	81
		VIRT-NATE DHA CAPS .....	114	voriconazole SUSR .....	28
				voriconazole TABS .....	28
				VOSEVI .....	48
				VOTRIENT (pazopanib hcl) .....	42
				VP-PNV-DHA CAPS .....	115

VRAYLAR CAPS .....	44	WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....	87	XENAZINE (tetrabenazine) .....	124
VRAYLAR CPPK .....	44	WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....	87	XENICAL (orlistat) .....	2
VYNDAMAX .....	52	WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....	87	XERAC AC .....	69
VYNDAQEL .....	52	WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	87	XERMELO .....	78
VYTONE 1.9 %-1 % (iodoquinol- hydrocortisone in aloe vehicle) .....	63	WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	87	XHANCE EXHU .....	117
VYTORIN (ezetimibe-simvastatin) 29		WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	87	XIFAXAN 200 MG .....	34
VYVANSE CAPS .....	1	WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	87	XIFAXAN 550 MG .....	34
VYVANSE CHEW .....	1	WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....	88	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG .....	24
WALGREENS ADVANCED TRAVELLANCETS 28G .....	105	WILATE KIT .....	81	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG .....	24
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G .....	105	WILZIN .....	109	XIMINO CP24 (minocycline hcl) ..	130
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G .....	105	XADAGO .....	44	XIMINO CP24 .....	130
WALGREENS LANCETS .....	105	XALATAN SOLN (latanoprost) ...	121	XOPENEX (levalbuterol hcl) .....	16
WALGREENS THIN LANCETS .	105	XALKORI CAPS .....	42	XOPENEX CONCENTRATE (levalbuterol hcl) .....	16
WALGREENS ULTRA THIN LANCETS .....	105	XANAX TABS (alprazolam) .....	13	XOPENEX HFA (levalbuterol tartrate) .....	16
warfarin sodium TABS .....	17	XANAX XR TB24 (alprazolam) ....	13	XOSPATA .....	42
WELCHOL PACK (colesevelam hcl) . 30		XARELTO STARTER PACK TBPK 17		XPOVIO .....	39
WELCHOL TABS (colesevelam hcl) . 30		XARELTO SUSR .....	17	XPOVIO 60 MG TWICE WEEKLY 39	
WELLBUTRIN SR TB12 (bupropion hcl) .....	22	XARELTO TABS .....	17	XPOVIO 80 MG TWICE WEEKLY 39	
WELLBUTRIN XL TB24 (bupropion hcl) .....	22	XATMEP SOLN .....	36	XTANDI CAPS .....	38
WESCAP-C DHA .....	115	XELJANZ SOLN .....	4	XTANDI TABS .....	39
WESNATE DHA CAPS .....	115	XELJANZ TABS 10 MG .....	4	XURIDEN .....	74
WESTAB PLUS TABS .....	115	XELJANZ TABS 5 MG .....	4	XYNTHA .....	81
WESTGEL DHA .....	115	XELJANZ XR TB24 .....	4	XYNTHA SOLOFUSE .....	81
		XELODA (capecitabine) .....	37	XYREM SOLN .....	123
				XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride) .....	29



XYZAL ALLERGY 24HR TABS (levocetirizine dihydrochloride) . . . .	29	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide) . . . . .	33	ZITHROMAX TRI-PAK TABS (azithromycin) . . . . .	85
YASMIN 28 (drospirenone-ethinyl estradiol) . . . . .	57	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) . . .	33	ZITHROMAX Z-PAK TABS (azithromycin) . . . . .	85
YAZ (drospirenone-ethinyl estradiol) 57		ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril) . . . .	31	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin) . . . . .	30
YONSA . . . . .	39	ZESTRIL TABS 40 MG (lisinopril) .	31	ZOLINZA . . . . .	42
zafirlukast 10 MG . . . . .	15	ZETIA (ezetimibe) . . . . .	30	zolmitriptan SOLN . . . . .	108
zafirlukast 20 MG . . . . .	15	ZEVRX TWIST TOP LANCETS 30G 105		zolmitriptan TABS . . . . .	108
zaleplon . . . . .	83	ZIAC (bisoprolol & hydrochlorothiazide) . . . . .	33	zolmitriptan TBDP . . . . .	108
ZANAFLEX CAPS (tizanidine hcl) 115		ZIAGEN SOLN (abacavir sulfate) .	47	ZOLOFT CONC (sertraline hcl) . . .	23
ZANAFLEX TABS 4 MG (tizanidine hcl) . . . . .	115	ZIAGEN TABS (abacavir sulfate) .	48	ZOLOFT TABS (sertraline hcl) . . .	23
ZARONTIN CAPS (ethosuximide) .	22	ZIANA (clindamycin phosphate- tretinoin) . . . . .	63	zolpidem tartrate TABS . . . . .	83
ZARONTIN SOLN (ethosuximide) .	22	zidovudine CAPS . . . . .	48	zolpidem tartrate TBCR . . . . .	83
ZARXIO . . . . .	82	zidovudine SYRP . . . . .	48	ZOMACTON SOLR SC 10 MG . . .	73
ZATEAN-PN DHA . . . . .	115	zidovudine TABS . . . . .	48	ZOMIG SOLN (zolmitriptan) . . . .	108
ZAVESCA (miglustat) . . . . .	81	ZIEXTENZO . . . . .	82	ZOMIG SOLN 2.5 MG . . . . .	108
ZEJULA CAPS . . . . .	42	zileuton TB12 . . . . .	15	ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan) . . . . .	108
ZEJULA TABS . . . . .	42	ZIOPTAN (tafluprost) . . . . .	121	ZONALON (doxepin hcl (antipruritic)) . . . . .	64
ZELAPAR TBDP . . . . .	44	ziprasidone hcl 20 MG, 40 MG . . .	44	ZONEGRAN CAPS 100 MG (zonisamide) . . . . .	21
ZELBORAF . . . . .	42	ziprasidone hcl 60 MG, 80 MG . . .	44	ZONEGRAN CAPS 25 MG (zonisamide) . . . . .	21
ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol) . . . . .	74	ZIRGAN GEL . . . . .	118	zonisamide CAPS 100 MG . . . . .	21
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT . . . . .	71	ZITHROMAX PACK (azithromycin) 85		zonisamide CAPS 25 MG, 50 MG .	21
		ZITHROMAX SUSR (azithromycin) 85		ZORBTIVE SC . . . . .	73
		ZITHROMAX TABS 250 MG (azithromycin) . . . . .	85	ZORTRESS (everolimus (immunosuppressant)) . . . . .	110
		ZITHROMAX TABS 500 MG (azithromycin) . . . . .	85	ZOVIRAX OINT (acyclovir topical) .	65
				ZOVIRAX SUSP (acyclovir) . . . . .	48
				ZUPLENZ FILM 4 MG . . . . .	27

ZYCLARA (imiquimod) .....	69
ZYCLARA PUMP (imiquimod) ....	69
ZYDELIG .....	42
ZYFLO TABS .....	15
ZYKADIA TABS .....	42
ZYLET .....	119
ZYLOPRIM 100 MG (allopurinol) ..	79
ZYLOPRIM 300 MG (allopurinol) ..	79
ZYMAXID (gatifloxacin (ophth)) ..	118
ZYPREXA TABS 15 MG, 20 MG (olanzapine) .....	45
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine) .....	45
ZYPREXA ZYDIS TBDP (olanzapine) .....	45
ZYTIGA (abiraterone acetate) ....	39
ZYVOX SUSR (linezolid) .....	35
ZYVOX TABS (linezolid) .....	35