

# California

## Essential Drug List

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 All previous versions are no longer in effect.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

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

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

### **For Small Business Group:**

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

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

### **California Individual & Family Plans (on-Exchange or off-Exchange)**

If you have questions about your pharmacy coverage call Customer Service at 1-800-839-2172

#### *Hours of Operation*

8:00am – 6:00pm Monday through Friday

8:00am – 5:00pm Saturday

### **Small Business Group**

If you have questions about your pharmacy coverage call Customer Service at 1-800-361-3366

#### *Hours of Operation*

8:00am – 6:00pm Monday through Friday



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# *Welcome to Health Net*

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

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

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

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

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

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

## **How do I find a drug in the Drug List?**

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

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

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

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

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

## How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

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

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

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

## How much will I pay for my drugs?

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

Drug Class / Plan	Benefit Phase	Maximum Cost Share	Days Supply
Oral Cancer Drugs	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.

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

## Tier Description Table

<i>Tier</i>	<i>Description</i>
1	Drugs in this tier include generic drugs and low-cost preferred brand drugs.
2	Drugs in this tier are higher cost generic drugs and preferred brand drugs
3	Drugs in this tier are non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier.
4	Tier 4 Drugs include drugs that are made using biotechnology, drugs that must be distributed through a specialty pharmacy, drugs that require special training for self-administration, or drugs that require regular monitoring of care by a pharmacy, and drugs that cost more than six hundred dollars for a one-month supply.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	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.

## Abbreviations Table

<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</p> <p>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 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 with the exception of some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.</p>
SF	Split Fill	<p>Split-fill means the drug is eligible for our split-fill program. The program provides certain high-cost drugs with an initial 14-day supply at no charge to the member. If the member tolerates the drug and requests a refill, the applicable copay will be applied.</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>

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

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

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

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

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

Requests for prior authorization may be submitted electronically 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 when medically necessary.

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

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

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing provider within 72 hours of receipt or within 24 hours of receipt if exigent or urgent 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. Coverage is subject to limitations and restrictions. Prior authorization or step therapy may be required for some other FDA-approved prescription contraceptive drugs, devices, or products prescribed by your doctor.

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

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

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

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

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

Yes, preventive drugs on the Drug List, with “A” and “B” grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives 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* or *Certificate of Insurance* for coverage information and exceptions.

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

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

Some injectable and high-cost drugs are considered specialty drugs. These drugs must be filled at an in-network specialty pharmacy. Specialty drugs are noted on the drug list in the

Requirements/Limits column with the abbreviation “LA” or a statement indicating the drug must be dispensed from a network specialty pharmacy.

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

### **Pharmacy Lock-In Program (Individual Market Only)**

Health Net’s pharmacy benefit manager, together with Medical Management, reviews a member's medication usage and history, and using the criteria below, may enroll members in the Pharmacy Lock-In Program.

A member enrolled in the Pharmacy Lock-In Program is limited to using one specific retail pharmacy for a 12-month period to obtain all prescription drugs, except prescription drugs dispensed in conjunction with emergency care, 90-day supplies of maintenance drugs through the mail-order program and specialty drugs obtained through the specialty pharmacy vendor.

A member also has the right to request a review of the decision to place them in a lock-in program upon receiving the notification letter.

#### Criteria:

A member needs to meet **one** of the following criteria to be considered for the Pharmacy Lock-In Program:

- Prescriptions written on a stolen, forged or altered prescription blank issued by a licensed prescriber, which led to a member conviction within the past 24 months. Generally, this is reported by the Provider to the plan.
- Member has diagnosis in the past 24 months of drug poisoning, drug or alcohol abuse, a suicide attempt or suicidal ideations and has filled prescription medications in two or more pharmacies in the last 180 days. Illicit drug abuse or dependency may be counted as well.
- Referrals from the provider reporting suspected abuse or the prescriber is specifically requesting the lock-in due to alleged abuse. Such provider request will be clearly documented in clinical database.
- Member had two or more violations of a pain contract with the same or different prescriber in a 24-month period.

A member needs to meet **two or more** of the following criteria to be considered for the Pharmacy Lock-In Program:

Prescribed medications do not correlate with the member’s medical condition, as identified by his/her PCP, or ICD-10 code from encounter data.

- Member has filled controlled prescriptions at three or more pharmacies per any 90-day period. Pharmacies are distinct and do not share a database. Example: Two CVS stores would count as one pharmacy but a Walgreens and a CVS store would count as two pharmacies.
- Member receives three or more controlled substance medications from two or more doctors in any 90-day period. The doctors are not affiliated with the same practice.

- Member receives overlapping or duplicative psychiatric medications or anti-anxiety agents from two or more providers in any 90-day period. Providers are not affiliated with the same practice.
- Member has been seen in a hospital emergency room two or more times in any 90-day period with excessive non-emergent claims. Example; toothache, back pain, contusion, unspecified pain, etc.
- Member has a high Morphine Equivalency Dose (MED) of greater than or equal to 90 morphine milligram equivalents (MME) in any 90-day period. If there are any cash claims known and validated, these can be factored into the total MME calculation.
- Member has medication claims in profile of high abuse potential such as combinations of opiates, muscle relaxers, stimulants and benzodiazepines (also known as Holy Trinity or Houston Cocktail) in any 90-day period.

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

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

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

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

You can save time and money with these simple steps:

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

# Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

plan.

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

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

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

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

**Split-fill program:** For certain high-cost chemotherapy drugs, displayed as “SF”, provides the first fill of the drug at no copayment or coinsurance for up to a 14 day supply. Refills will be at the applicable copayment or coinsurance.

**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 defined as a decision based on medical necessity 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
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG, 5 MG	1	
<b>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</b>	1	QL(2 ea daily,90 day(s) limit)
<b>amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 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</b>	1	
<b>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</b>	1	QL(90 ea per fill retail)
<b>dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg</b>	1	
<b>dextroamphetamine sulfate soln 5 mg/5ml</b>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>dextroamphetamine sulfate tabs 10 mg, 5 mg</b>	1	
<b>methamphetamine hcl tabs</b>	2	PA;
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG <b>(lisdexamfetamine dimesylate)</b>	2	QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG <b>(lisdexamfetamine dimesylate)</b>	2	Limited to 1 per day;QL(1 ea daily)
<b>Analeptics</b>		
<b>caffeine citrate soln</b>	1	
<b>Anorexiants Non-Amphetamine</b>		
ADIPEX-P CAPS <b>(phentermine hcl)</b>	7	PA; Check plan documents for coverage
ADIPEX-P TABS <b>(phentermine hcl)</b>	7	PA; Check plan documents for coverage
<b>benzphetamine hcl tabs</b>	4	PA; Check plan documents for coverage
<b>diethylpropion hcl tabs</b>	4	PA; Check plan documents for coverage
<b>diethylpropion hcl tb24</b>	4	PA; Check plan documents for coverage
LOMAIRA TABS <b>(phentermine hcl)</b>	4	PA; Check plan documents for coverage
<b>phentermine hcl caps</b>	4	PA; Check plan documents for coverage
<b>phentermine hcl tabs</b>	4	PA; Check plan documents for coverage

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

Drug Name	Drug Tier	Requirements/ Limits
QSYMIA CP24 ( <i>phentermine hcl-topiramate</i> )	4	PA; Check plan documents for coverage; QL(1 ea daily)
<b>Anti-Obesity Agents</b>		
CONTRAVE TB12 ( <i>naltrexone hcl-bupropion hcl</i> )	4	PA; Check plan documents for coverage
<i>orlistat caps</i>	1	PA
SAXENDA SOPN ( <i>liraglutide (weight management)</i> )	4	PA; Check plan documents for coverage; QL(0.5 ml daily)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) tb12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily)
<b>Stimulants - Misc.</b>		
<i>armodafinil tabs</i>	1	PA; ST
<i>dexmethylphenidate hcl cp24 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl chew 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl cp24 60 mg</i>	1	QL(1 ea daily, 90 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl cpcr 20 mg, 30 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl tabs 10 mg, 5 mg</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	QL(3 ea daily)
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily, 90 day(s) limit)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily, 90 day(s) limit)
<i>methylphenidate hcl tbcR 10 mg, 20 mg</i>	1	QL(1 ea daily, 90 ea per fill retail)
<i>methylphenidate hcl tbcR 18 mg, 27 mg, 36 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl tbcR 54 mg</i>	1	QL(2 ea daily)
<i>methylphenidate ptch</i>	1	QL(1 ea daily)
<i>modafinil tabs</i>	2	ST; QL(1 ea daily)
QUILLIVANT XR SRER ( <i>methylphenidate hcl</i> )	3	PA; ST; QL(12 ml daily)
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
ARIKAYCE SUSP ( <i>amikacin sulfate liposome</i> )	4	PA
BETHKIS NEBU ( <i>tobramycin</i> )	7	PA; LA
<i>neomycin sulfate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin sulfate caps</i>	1	
<i>streptomycin sulfate solr</i>	4	PA
TOBI PODHALER CAPS ( <i>tobramycin</i> )	4	PA
<i>tobramycin nebu 300 mg/4ml</i>	4	PA; LA
<i>tobramycin nebu 300 mg/5ml</i>	2	PA
<i>tobramycin nebu 300 mg/5ml</i>	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<i>tobramycin sulfate soln</i>	4	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ( <i>adalimumab</i> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN PNKT ( <i>adalimumab</i> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN-CD/UC/HS STARTER PNKT ( <i>adalimumab</i> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT ( <i>adalimumab</i> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER PNKT ( <i>adalimumab</i> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PSKT ( <i>adalimumab</i> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ TB24 15 MG ( <i>upadacitinib</i> )	4	PA; ST
RINVOQ TB24 30 MG, 45 MG ( <i>upadacitinib</i> )	4	PA
XELJANZ TABS 10 MG ( <i>tofacitinib citrate</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
XELJANZ TABS 5 MG ( <i>tofacitinib citrate</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily)
XELJANZ XR TB24 ( <i>tofacitinib citrate</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily)
<b>Antirheumatic Antimetabolites</b>		
OTREXUP SOAJ 10 MG/0.4ML ( <i>methotrexate antirheumatic</i> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA
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 ( <i>methotrexate antirheumatic</i> )	4	PA; ST; LA

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Drug Name	Drug Tier	Requirements/ Limits
RASUVO SOAJ 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, 7.5 MG/0.15ML <b>(methotrexate antirheumatic)</b>	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
RASUVO SOAJ 20 MG/0.4ML <b>(methotrexate antirheumatic)</b>	4	PA; ST;LA
<b>Gold Compounds</b>		
RIDAURA CAPS <b>(auranofin)</b>	2	
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLR <b>(rilonacept)</b>	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661
<b>Interleukin-6 Receptor Inhibitors</b>		
ACTEMRA ACTPEN SOAJ <b>(tocilizumab)</b>	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661
ACTEMRA SOSY <b>(tocilizumab)</b>	4	PA
KEVZARA SOAJ <b>(sarilumab)</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(0.082 ml daily)
KEVZARA SOSY <b>(sarilumab)</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(0.082 ml daily)
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
(Diclofenac Potassium) CATAFLAM TABS	1	
(Ibuprofen) IBU TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
(Nabumetone) RELAFEN TABS 500 MG	1	QL(4 ea daily)
(Nabumetone) RELAFEN TABS 750 MG	1	QL(3 ea daily)
<b>celecoxib caps</b>	1	PA; QL(2 ea daily); AL(At least 60 yrs old)
<b>diclofenac potassium tabs 50 mg</b>	1	
<b>diclofenac sodium tb24</b>	1	
<b>diclofenac sodium tbec</b>	1	
<b>diclofenac w/ misoprostol tbec</b>	1	
<b>etodolac caps 200 mg, 300 mg</b>	1	
<b>etodolac tabs 400 mg, 500 mg</b>	1	
<b>etodolac tb24 400 mg, 500 mg, 600 mg</b>	1	QL(2 ea daily)
<b>flurbiprofen tabs</b>	1	
<b>ibuprofen tabs</b>	1	
INDOCIN SUPP RE 50 MG <b>(indomethacin)</b>	3	
INDOCIN SUSP OR 25 MG/5ML <b>(indomethacin)</b>	2	
<b>indomethacin caps or 25 mg, 50 mg</b>	1	
<b>indomethacin cpcr or 75 mg</b>	1	
<b>ketoprofen caps 50 mg, 75 mg</b>	1	
<b>ketoprofen cp24 200 mg</b>	1	
<b>ketorolac tromethamine tabs</b>	1	QL(20 ea per fill retail)
<b>meclofenamate sodium caps</b>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mefenamic acid caps</i>	1	
<i>meloxicam tabs 15 mg</i>	1	QL(1 ea daily)
<i>meloxicam tabs 7.5 mg</i>	1	QL(2 ea daily)
<i>nabumetone tabs 500 mg</i>	1	QL(4 ea daily)
<i>nabumetone tabs 750 mg</i>	1	QL(3 ea daily)
<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg, 375 mg, 500 mg</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	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	1	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS ( <i>apremilast</i> )	4	PA; ST
OTEZLA TBPB ( <i>apremilast</i> )	4	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide tabs 10 mg</i>	1	QL(2 ea daily)
<i>leflunomide tabs 20 mg</i>	1	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SOCT ( <i>etanercept</i> )	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;SP
ENBREL SOLN 25 MG/0.5ML ( <i>etanercept</i> )	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;QL(0.143 ml daily); SP
ENBREL SOLR 25 MG ( <i>etanercept</i> )	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;SP
ENBREL SOSY 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;SP
ENBREL SURECLICK SOAJ ( <i>etanercept</i> )	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;SP
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
(Butalbital-Acetaminophen) BUPAP, TENCON TABS	1	
(Butalbital-Acetaminophen-Caffeine) BAC TABS	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS	1	
<i>butalbital-acetaminophen tabs 50 mg-300 mg, 50 mg-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<b>butalbital-aspirin-caffeine caps</b>	1	
<b>Salicylates</b>		
(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, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC ADULT LOW STRENGTH, SB ASPIRIN 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	5	PV

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 ADULT LOW STRENGTH, 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	5	PV
(Aspirin) GNP ASPIRIN, GOODSENSE ASPIRIN, PX ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN TBEC 81 MG	5	PV
(Aspirin) GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN CHEW 81 MG	5	PV
<b>aspirin chew 81 mg</b>	5	PV
<b>aspirin tbec 81 mg</b>	5	PV
<b>diflunisal tabs</b>	1	
<b>salsalate tabs</b>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1	
(Methadone Hcl) METHADOSE TBSO 40 MG	1	
<i>codeine sulfate tabs</i>	1	
CONZIP CP24 ( <i>tramadol hcl</i> )	7	
<i>fentanyl citrate lpop bu 1200 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	2	PA; ST
<i>fentanyl citrate lpop bu 1600 mcg</i>	2	PA; ST; QL(4 ea daily)
<i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 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>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl tabs 2 mg, 4 mg, 8 mg</i>	1	
<i>hydromorphone hcl tb24 12 mg, 16 mg, 8 mg</i>	1	QL(4 ea daily)
<i>hydromorphone hcl tb24 32 mg</i>	1	QL(2 ea daily)
<i>levorphanol tartrate tabs</i>	1	PA; ST
<i>meperidine hcl soln</i>	1	
<i>meperidine hcl tabs</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl tabs 10 mg, 5 mg</i>	1	QL(12 ea daily)
<i>methadone hcl tbso 40 mg</i>	1	
<i>morphine sulfate beads cp24</i>	1	QL(1 ea daily)
<i>morphine sulfate cp24 or 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	1	QL(2 ea daily)
<i>morphine sulfate soln or 10 mg/0.5ml, 100 mg/5ml, 20 mg/5ml, 20 mg/ml</i>	1	Not available through mail order
<i>morphine sulfate soln or 10 mg/5ml</i>	1	
<i>morphine sulfate supp re 10 mg, 20 mg, 30 mg</i>	1	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	
<i>morphine sulfate tbc or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL(3 ea daily)
NUCYNTA ER TB12 ( <i>tapentadol hcl</i> )	2	QL(2 ea daily)
NUCYNTA TABS ( <i>tapentadol hcl</i> )	2	QL(6 ea daily)
OXAYDO TABS 5 MG ( <i>oxycodone hcl</i> )	2	
OXAYDO TABS 7.5 MG ( <i>oxycodone hcl</i> )	3	QL(4 ea daily)
<i>oxycodone hcl caps 5 mg</i>	1	
<i>oxycodone hcl conc 100 mg/5ml</i>	1	
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tabs 30 mg</i>	1	QL(4 ea daily)
<i>oxymorphone hcl tabs 10 mg</i>	1	QL(8 ea daily)
<i>oxymorphone hcl tabs 5 mg</i>	1	
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL(2 ea daily)
<i>tramadol hcl cp24 100 mg, 200 mg, 300 mg</i>	1	
<i>tramadol hcl tabs 100 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg</i>	1	QL(3 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	
<i>tramadol hcl tb24 200 mg</i>	1	QL(1 ea daily)
<b>Opioid Combinations</b>		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE CAPS	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 10 MG-325 MG, 7.5 MG-325 MG	1	QL(4 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 2.5 MG-325 MG	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 5 MG-325 MG	1	QL(6 ea daily)
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg</i>	1	
<i>acetaminophen w/ codeine tabs 60 mg-300 mg</i>	1	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg</i>	1	PA
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg</i>	1	
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 5 mg-300 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	1	QL(240 ea per fill retail)
<i>hydrocodone-acetaminophen tabs 7.5 mg-300 mg</i>	1	QL(6 ea daily)
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg</i>	1	Not available through mail order
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LORTAB ELIX ( <i>hydrocodone-acetaminophen</i> )	3	
NALOCET TABS ( <i>oxycodone w/acetaminophen</i> )	3	
OXYCODONE AND ACETAMINOPHEN TABS ( <i>oxycodone w/acetaminophen</i> )	3	
<i>oxycodone w/acetaminophen tabs 10 mg-325 mg, 7.5 mg-325 mg</i>	1	QL(4 ea daily)
<i>oxycodone w/acetaminophen tabs 2.5 mg-325 mg</i>	1	
<i>oxycodone w/acetaminophen tabs 5 mg-325 mg</i>	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN TABS ( <i>oxycodone w/acetaminophen</i> )	3	
PROLATE TABS 10 MG-300 MG, 5 MG-300 MG, 7.5 MG-300 MG ( <i>oxycodone w/acetaminophen</i> )	3	
<i>tramadol-acetaminophen tabs</i>	1	QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
<i>buprenorphine hcl sub 2 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl sub 8 mg</i>	1	QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate film 3 mg-12 mg</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate sub 0.5 mg-2 mg, 2 mg-8 mg</i>	1	
BUPRENORPHINE PTWK TD 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR ( <i>buprenorphine</i> )	3	Limited to 4 patches per month;QL(4 ea per 28 days retail)
BUPRENORPHINE PTWK TD 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR ( <i>buprenorphine</i> )	3	QL(4 ea per 28 days retail)
<i>butorphanol tartrate soln</i>	1	Limit 7.5mls per month;QL(0.25 ml daily)
<i>pentazocine w/naloxone hcl tabs</i>	1	
SUBLOCADE SOSY ( <i>buprenorphine</i> )	4	PA; Covered under the Medical Benefit
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABS ( <i>oxymetholone</i> )	3	
<i>oxandrolone tabs 10 mg</i>	2	QL(2 ea daily)
<i>oxandrolone tabs 2.5 mg</i>	2	
<b>Androgens</b>		
<i>danazol caps</i>	1	
METHITEST TABS ( <i>methyltestosterone</i> )	2	
<i>methyltestosterone caps</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TESTIM GEL ( <i>testosterone</i> )	7	PA; QL(10 gm daily)
<i>testosterone cypionate soln</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate soln</i>	1	
<i>testosterone gel 1 %, 1.62 %, 20.25 mg/1.25gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 50 mg/5gm</i>	1	Limited to 300 gms per month;QL(10 gm daily)
<i>testosterone gel 1 %, 25 mg/2.5gm, 50 mg/5gm</i>	1	QL(10 gm daily)
<i>testosterone gel 10 mg/act</i>	1	QL(4 gm daily)
<i>testosterone gel 25 mg/2.5gm</i>	1	1.5 GM/50 ML;QL(10 gm daily)
<i>testosterone gel 50 mg/5gm</i>	1	Limit 300gms per month;QL(10 gm daily)
<i>testosterone soln 30 mg/act</i>	1	QL(6 ml daily)
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTIFOAM FOAM ( <i>hydrocortisone acetate (intrarectal)</i> )	2	
<i>hydrocortisone (intrarectal) enem</i>	1	QL(60 ml daily)
UCERIS FOAM RE 2 MG/ACT ( <i>budesonide (intrarectal)</i> )	3	PA; ST
<b>Rectal Combinations</b>		
ANALPRAM-HC LOTN ( <i>hydrocortisone acetate w/ pramoxine</i> )	3	

Drug Name	Drug Tier	Requirements/Limits
PROCTOFOAM HC FOAM ( <i>hydrocortisone acetate w/ pramoxine</i> )	2	
<b>Rectal Steroids</b>		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC CREA	1	
<i>hydrocortisone (rectal) crea</i>	1	
<b>Vasodilating Agents</b>		
RECTIV OINT ( <i>nitroglycerin (intra-anal)</i> )	3	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	1	
BENZNIDAZOLE TABS ( <i>benznidazole</i> )	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin tabs</i>	1	PA; QL(5 ea per fill retail)
<i>praziquantel tabs</i>	1	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
<i>pentamidine isethionate solr</i>	1	
PRIMSOL SOLN ( <i>trimethoprim hcl</i> )	3	
<i>tinidazole tabs 250 mg</i>	1	PA; ST
<i>tinidazole tabs 500 mg</i>	1	ST
<i>trimethoprim tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
TRIMETHOPRIM TABS ( <i>trimethoprim</i> )	2	
XIFAXAN TABS 200 MG ( <i>rifaximin</i> )	3	PA; QL(9 ea per fill retail)
XIFAXAN TABS 550 MG ( <i>rifaximin</i> )	3	PA; QL(2 ea daily)
<b>Anti-infective Misc. - Combinations</b>		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
<b>Antiprotozoal Agents</b>		
ALINIA SUSR 100 MG/5ML ( <i>nitazoxanide</i> )	3	
<i>atovaquone susp</i>	2	
<i>nitazoxanide tabs or</i>	1	
<b>Carbapenems</b>		
<i>ertapenem sodium solr</i>	4	PA
<i>imipenem-cilastatin solr</i>	2	PA
INVANZ SOLR ( <i>ertapenem sodium</i> )	7	PA
<i>meropenem solr</i>	4	PA
PRIMAXIN IV SOLR ( <i>imipenem-cilastatin</i> )	7	PA
<b>Glycopeptides</b>		
FIRVANQ SOLR ( <i>vancomycin hcl</i> )	3	PA
<i>vancomycin hcl caps 125 mg</i>	1	PA
<i>vancomycin hcl caps 250 mg</i>	1	
<b>Leprostatics</b>		
<i>dapsone tabs 100 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>dapsone tabs 25 mg</i>	1	
<b>Lincosamides</b>		
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<b>Monobactams</b>		
CAYSTON SOLR ( <i>aztreonam lysine</i> )	4	PA
<b>Oxazolidinones</b>		
<i>linezolid susr 100 mg/5ml</i>	1	QL(210 ml per 90 days retail)
<i>linezolid tabs 600 mg</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS ( <i>tedizolid phosphate</i> )	2	QL(6 ea per 90 days retail)
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine pack</i>	1	
<i>methenamine hippurate tabs</i>	1	
<i>methenamine mandelate tabs 0.5 gm, 1 gm</i>	1	
<i>nitrofurantoin macrocrystal caps</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
<i>ranolazine tb12 1000 mg</i>	1	
<i>ranolazine tb12 500 mg</i>	1	QL(4 ea daily)
<b>Nitrates</b>		
(Nitroglycerin) MINITRAN PT24	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
DILATRATE SR CPR ( <i>isosorbide dinitrate</i> )	3	
GONITRO PACK ( <i>nitroglycerin</i> )	3	PA
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT ( <i>nitroglycerin</i> )	2	
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	2	QL(1 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	QL(1 ea daily)
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs</i>	1	
<i>hydroxyzine hcl soln im 25 mg/ml, 50 mg/ml</i>	4	PA; administered under the medical benefit
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<b>Benzodiazepines</b>		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	

Drug Name	Drug Tier	Requirements/ Limits
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC ( <i>alprazolam</i> )	3	
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam tabs 10 mg</i>	1	QL(4 ea daily)
<i>diazepam tabs 2 mg, 5 mg</i>	1	
<i>lorazepam conc</i>	1	
<i>lorazepam tabs</i>	1	
<i>oxazepam caps 10 mg, 15 mg</i>	1	
<i>oxazepam caps 30 mg</i>	1	QL(2 ea daily)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CR CP12 ( <i>disopyramide phosphate</i> )	2	
<i>quinidine gluconate tbc</i>	1	
<i>quinidine sulfate tabs 200 mg, 300 mg</i>	1	
Antiarrhythmics Type I-B		

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Drug Name	Drug Tier	Requirements/ Limits
<i>mexiletine hcl caps</i>	1	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)
<i>propafenone hcl tabs 225 mg, 300 mg</i>	1	QL(3 ea daily)
<b>Antiarrhythmics Type III</b>		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl tabs</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS ( <i>dronedarone hcl</i> )	2	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	1	
<b>Antiasthmatic - Monoclonal Antibodies</b>		
FASENRA SOSY ( <i>benralizumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
NUCALA SOAJ 100 MG/ML ( <i>mepolizumab</i> )	4	PA
NUCALA SOLR 100 MG ( <i>mepolizumab</i> )	4	PA; Must use Acaria Specialty (844) 538-4661;SP
NUCALA SOSY 100 MG/ML ( <i>mepolizumab</i> )	4	PA
XOLAIR SOSY ( <i>omalizumab</i> )	4	PA
<b>Bronchodilators - Anticholinergics</b>		

Drug Name	Drug Tier	Requirements/ Limits
ATROVENT HFA AERS ( <i>ipratropium bromide hfa</i> )	2	Limit 2 inhalers per month;QL(0.86 gm daily)
INCRUSE ELLIPTA AEPB ( <i>umeclidinium bromide</i> )	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	
SPIRIVA HANDIHALER CAPS ( <i>tiotropium bromide monohydrate</i> )	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	Limit 1 Inhaler per month;QL(0.14 3 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	Limit 1 inhaler per month;QL(0.14 gm daily)
<b>Leukotriene Modulators</b>		
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
<i>zafirlukast tabs 10 mg</i>	1	
<i>zafirlukast tabs 20 mg</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	ST
ZYFLO TABS ( <i>zileuton</i> )	3	ST
<b>Steroid Inhalants</b>		
ARNUITY ELLIPTA AEPB ( <i>fluticasone furoate inhalation</i> )	2	QL(1 ea daily)
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	2	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	2	QL(4 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
<b>budesonide (inhalation) susp 1 mg/2ml</b>	1	QL(2 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST <b>(fluticasone propionate (inhalation))</b>	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST <b>(fluticasone propionate (inhalation))</b>	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST <b>(fluticasone propionate (inhalation))</b>	2	QL(40 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT <b>(fluticasone propionate hfa)</b>	2	Limit 2 inhalers per month;QL(0.8 gm daily)
FLOVENT HFA AERO 44 MCG/ACT <b>(fluticasone propionate hfa)</b>	2	Limit 1 inhaler per month;QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB <b>(budesonide (inhalation))</b>	2	Limit 1 inhaler per month;QL(1 ea per fill retail,3 ea per fill mail)
QVAR REDIHALER AERB 40 MCG/ACT <b>(beclomethasone dipropionate hfa)</b>	2	Limit 1 inhaler per month;QL(0.36 gm daily)
QVAR REDIHALER AERB 80 MCG/ACT <b>(beclomethasone dipropionate hfa)</b>	2	Limit 2 Inhalers per month;QL(0.72 gm daily)
<b>Sympathomimetics</b>		
(Fluticasone-Salmeterol) WIXELA INHUB AEPB	1	QL(2 ea daily)
ADVAIR HFA AERO <b>(fluticasone-salmeterol)</b>	2	Limit 1 inhaler per month;QL(0.4 gm daily)
<b>albuterol sulfate aers in 108 mcg/act</b>	1	QL(0.47 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<b>albuterol sulfate aers in 108 mcg/act</b>	1	QL(1.2 gm daily)
<b>albuterol sulfate aers in 108 mcg/act</b>	1	QL(0.72 gm daily)
<b>albuterol sulfate aers in 108 mcg/act</b>	1	QL(0.57 gm daily)
<b>albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</b>	1	
ALBUTEROL SULFATE NEBU IN 0.5 % <b>(albuterol sulfate)</b>	2	
<b>albuterol sulfate syrp or 2 mg/5ml</b>	1	
<b>albuterol sulfate tabs or 2 mg, 4 mg</b>	1	
<b>albuterol sulfate tb12 or 4 mg, 8 mg</b>	1	QL(2 ea daily)
ANORO ELLIPTA AEPB <b>(umeclidinium-vilanterol)</b>	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS <b>(indacaterol maleate)</b>	3	QL(1 ea daily)
BREO ELLIPTA AEPB <b>(fluticasone furoate-vilanterol)</b>	2	QL(2 ea daily)
BREZTRI AEROSPHERE AERO <b>(budesonide-glycopyrrolate-formoterol fumarate)</b>	2	QL(0.36 gm daily)
<b>budesonide-formoterol fumarate dihydrate aero</b>	1	Limit 1 inhaler per month;QL(0.34 gm daily)
COMBIVENT RESPIMAT AERS <b>(ipratropium-albuterol)</b>	3	Limit 1 inhaler per month;QL(0.2 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act</i>	1	QL(2 ea daily)
<i>formoterol fumarate nebu</i>	1	QL(4 ml daily)
<i>ipratropium-albuterol soln</i>	1	
<i>levalbuterol hcl nebu</i>	1	
<i>levalbuterol tartrate aero</i>	1	QL(0.6 gm daily)
PROAIR RESPICLICK AEPB ( <i>albuterol sulfate</i> )	3	Limit 2 inhalers per month;QL(0.07 ea daily)
SEREVENT DISKUS AEPB ( <i>salmeterol xinafoate</i> )	2	QL(2 ea daily)
STIOLTO RESPIMAT AERS ( <i>tiotropium bromide-olodaterol hcl</i> )	2	QL(0.14 gm daily)
STRIVERDI RESPIMAT AERS ( <i>olodaterol hcl</i> )	2	Limit 1 inhaler per month;QL(0.14 gm daily)
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	QL(2 ea daily)
<b>Xanthines</b>		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24 ( <i>theophylline</i> )	2	
<i>theophylline elix 80 mg/15ml</i>	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tb12 300 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline tb12 450 mg</i>	1	QL(1 ea daily)
<i>theophylline tb24 400 mg, 600 mg</i>	1	QL(1 ea daily)
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium tabs</i>	1	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK ( <i>apixaban</i> )	2	QL(74 ea per 30 days retail)
ELIQUIS TABS ( <i>apixaban</i> )	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK ( <i>rivaroxaban</i> )	2	QL(51 ea per 30 days retail)
XARELTO SUSR 1 MG/ML ( <i>rivaroxaban</i> )	2	QL(900 ml per 30 days retail)
XARELTO TABS 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )	2	QL(1 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA SOLN 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML ( <i>fondaparinux sodium</i> )	7	PA
ARIXTRA SOLN 2.5 MG/0.5ML ( <i>fondaparinux sodium</i> )	7	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
<i>enoxaparin sodium soln 300 mg/3ml</i>	1	PA; QL(0.1 ml daily)
<i>enoxaparin sodium sosy 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	2	QL(4 ml per 7 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium soln 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	4	PA
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
FRAGMIN SOLN SC 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )	4	PA
FRAGMIN SOSY SC 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML ( <i>dalteparin sodium</i> )	4	PA
FRAGMIN SOSY SC 2500 UNIT/0.2ML ( <i>dalteparin sodium</i> )	4	
<i>heparin sodium (porcine) soln</i>	4	PA
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP 0.5 MG/ML ( <i>perampanel</i> )	3	QL(24 ml daily)
FYCOMPA TABS 10 MG, 12 MG, 8 MG ( <i>perampanel</i> )	3	SL(1 ea daily)
FYCOMPA TABS 2 MG ( <i>perampanel</i> )	3	QL(6 ea daily)
FYCOMPA TABS 4 MG ( <i>perampanel</i> )	3	QL(3 ea daily)
FYCOMPA TABS 6 MG ( <i>perampanel</i> )	3	SL(2 ea daily)
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam susp 2.5 mg/ml</i>	1	
<i>clobazam tabs 10 mg</i>	1	QL(1 ea daily)
<i>clobazam tabs 20 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>clonazepam tabs</i>	1	
<i>clonazepam tbdp</i>	1	
<i>diazepam (anticonvulsant) gel</i>	1	QL(0.14 ea daily)
NAYZILAM SOLN ( <i>midazolam (anticonvulsant)</i> )	4	PA; QL(10 ea per 30 days retail)
<b>Anticonvulsants - Misc.</b>		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS	1	QL(6 ea daily)
APTIOM TABS ( <i>eslicarbazepine acetate</i> )	3	PA; QL(2 ea daily)
BANZEL SUSP 40 MG/ML ( <i>rufinamide</i> )	7	
BANZEL TABS 200 MG ( <i>rufinamide</i> )	7	
BANZEL TABS 400 MG ( <i>rufinamide</i> )	7	QL(8 ea daily)
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml, 200 mg/10ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>carbamazepine tb12 200 mg</b>	1	QL(8 ea daily)
<b>carbamazepine tb12 400 mg</b>	1	QL(4 ea daily)
CARBATROL CP12 ( <b>carbamazepine</b> )	7	
DIACOMIT CAPS 250 MG ( <b>stiripentol</b> )	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG ( <b>stiripentol</b> )	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG ( <b>stiripentol</b> )	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG ( <b>stiripentol</b> )	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN ( <b>cannabidiol</b> )	4	PA; ST
<b>gabapentin caps</b>	1	
<b>gabapentin soln</b>	1	
<b>gabapentin tabs</b>	1	
KEPPRA SOLN 100 MG/ML ( <b>levetiracetam</b> )	7	
KEPPRA TABS 1000 MG ( <b>levetiracetam</b> )	7	QL(3 ea daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG ( <b>levetiracetam</b> )	7	QL(6 ea daily)
KEPPRA XR TB24 ( <b>levetiracetam</b> )	7	QL(4 ea daily)
<b>lacosamide soln 10 mg/ml</b>	1	QL(40 ml daily)
<b>lacosamide tabs 100 mg, 150 mg, 200 mg, 50 mg</b>	1	QL(1 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <b>lamotrigine</b> )	7	
LAMICTAL ODT KIT ( <b>lamotrigine</b> )	3	PA; ST

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

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

Drug Name	Drug Tier	Requirements/ Limits
QUDEXY XR CS24 25 MG, 50 MG <b>(topiramate)</b>	7	PA; ST;QL(2 ea daily)
<b>rufinamide susp 40 mg/ml</b>	1	
<b>rufinamide tabs 200 mg</b>	1	
<b>rufinamide tabs 400 mg</b>	1	QL(8 ea daily)
TEGRETOL SUSP <b>(carbamazepine)</b>	7	
TEGRETOL TABS <b>(carbamazepine)</b>	7	
TEGRETOL-XR TB12 100 MG <b>(carbamazepine)</b>	7	
TOPAMAX SPRINKLE CPSP <b>(topiramate)</b>	7	
TOPAMAX TABS 100 MG <b>(topiramate)</b>	7	QL(4 ea daily)
TOPAMAX TABS 200 MG <b>(topiramate)</b>	7	QL(2 ea daily)
TOPAMAX TABS 25 MG <b>(topiramate)</b>	7	
TOPAMAX TABS 50 MG <b>(topiramate)</b>	7	QL(8 ea daily)
<b>topiramate cp24 100 mg, 50 mg</b>	1	PA
<b>topiramate cp24 25 mg</b>	1	PA; ST
<b>topiramate cpsp 15 mg, 25 mg</b>	1	
<b>topiramate cs24 100 mg, 150 mg, 200 mg</b>	1	PA; ST;QL(1 ea daily)
<b>topiramate cs24 25 mg, 50 mg</b>	1	PA; ST;QL(2 ea daily)
<b>topiramate tabs 100 mg</b>	1	QL(4 ea daily)
<b>topiramate tabs 200 mg</b>	1	QL(2 ea daily)
<b>topiramate tabs 25 mg</b>	1	
<b>topiramate tabs 50 mg</b>	1	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL SUSP 300 MG/5ML ( <i>oxcarbazepine</i> )	7	QL(40 ml daily)
TRILEPTAL TABS 150 MG ( <i>oxcarbazepine</i> )	7	
TRILEPTAL TABS 300 MG ( <i>oxcarbazepine</i> )	7	QL(8 ea daily)
TRILEPTAL TABS 600 MG ( <i>oxcarbazepine</i> )	7	QL(4 ea daily)
TROKENDI XR CP24 100 MG, 50 MG ( <i>topiramate</i> )	3	PA
TROKENDI XR CP24 200 MG ( <i>topiramate</i> )	3	PA; QL(2 ea daily)
TROKENDI XR CP24 25 MG ( <i>topiramate</i> )	3	PA; ST
ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )	7	QL(6 ea daily)
ZONEGRAN CAPS 25 MG ( <i>zonisamide</i> )	7	
<i>zonisamide caps 100 mg</i>	1	QL(6 ea daily)
<i>zonisamide caps 25 mg, 50 mg</i>	1	
<b>Carbamates</b>		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP 600 MG/5ML ( <i>felbamate</i> )	7	
<b>GABA Modulators</b>		
(Vigabatrin) VIGADRONE PACK	4	QL(6 ea daily)
GABITRIL TABS ( <i>tiagabine hcl</i> )	7	
SABRIL PACK ( <i>vigabatrin</i> )	7	QL(6 ea daily)
SABRIL TABS ( <i>vigabatrin</i> )	7	
<i>tiagabine hcl tabs</i>	1	
<i>vigabatrin pack</i>	4	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>vigabatrin tabs</i>	4	
<b>Hydantoins</b>		
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN CAPS 100 MG ( <i>phenytoin sodium extended</i> )	7	
DILANTIN CAPS 30 MG ( <i>phenytoin sodium extended</i> )	3	
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	7	
DILANTIN-125 SUSP ( <i>phenytoin</i> )	7	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp</i>	1	
<b>Succinimides</b>		
CELONTIN CAPS ( <i>methsuximide</i> )	3	
<i>ethosuximide caps</i>	1	
<i>ethosuximide soln</i>	1	
ZARONTIN CAPS ( <i>ethosuximide</i> )	7	
ZARONTIN SOLN ( <i>ethosuximide</i> )	7	
<b>Valproic Acid</b>		
DEPAKOTE ER TB24 ( <i>divalproex sodium</i> )	7	
DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )	7	
DEPAKOTE TBEC ( <i>divalproex sodium</i> )	7	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	

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<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs</i>	1	
<i>mirtazapine tbdp</i>	1	
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1	
<i>bupropion hcl tb12 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily)
<i>bupropion hcl tb24 450 mg</i>	1	ST; QL(1 ea daily)
FORFIVO XL TB24 ( <i>bupropion hcl</i> )	7	ST; QL(1 ea daily)
<i>maprotiline hcl tabs</i>	1	
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24 ( <i>selegiline</i> )	3	QL(1 ea daily)
MARPLAN TABS ( <i>isocarboxazid</i> )	3	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	2	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate soln or 5 mg/5ml</i>	1	
<i>escitalopram oxalate tabs or 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs or 5 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl caps 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl caps 40 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl cpdr 90 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(15 ml daily)
<i>fluoxetine hcl tabs 10 mg</i>	1	
<i>fluoxetine hcl tabs 20 mg, 60 mg</i>	1	QL(1 ea daily)
<i>fluvoxamine maleate cp24 100 mg</i>	2	QL(3 ea daily)
<i>fluvoxamine maleate cp24 150 mg</i>	2	
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	
<i>paroxetine hcl susp</i>	1	
<i>paroxetine hcl tabs</i>	1	
<i>paroxetine hcl tb24</i>	1	
<i>sertraline hcl conc 20 mg/ml</i>	1	
<i>sertraline hcl tabs 100 mg, 25 mg, 50 mg</i>	1	QL(2 ea daily)
<b>Serotonin Modulators</b>		
<i>nefazodone hcl tabs</i>	1	
<i>trazodone hcl tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS ( <i>vortioxetine hbr</i> )	3	ST
VIIBRYD STARTER PACK KIT ( <i>vilazodone hcl</i> )	3	PA
<i>vilazodone hcl tabs 10 mg, 40 mg</i>	1	
<i>vilazodone hcl tabs 20 mg</i>	1	QL(2 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
<i>desvenlafaxine succinate tb24</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
FETZIMA CP24 120 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> )	3	ST; QL(1 ea daily)
FETZIMA CP24 20 MG ( <i>levomilnacipran hcl</i> )	3	ST; QL(2 ea daily)
FETZIMA TITRATION PACK C4PK ( <i>levomilnacipran hcl</i> )	3	ST
<i>venlafaxine hcl cp24 150 mg, 37.5 mg, 75 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine hcl tb24 150 mg, 37.5 mg, 75 mg</i>	1	QL(1 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs</i>	1	
<i>amoxapine tabs</i>	1	
<i>clomipramine hcl caps</i>	2	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl conc</i>	1	
<i>imipramine hcl tabs 10 mg, 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	QL(4 ea daily)
<i>imipramine pamoate caps</i>	1	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>protriptyline hcl tabs</i>	1	
<i>trimipramine maleate caps</i>	1	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tabs or 100 mg, 25 mg, 50 mg</i>	1	
<i>miglitol tabs</i>	1	
<b>Antidiabetic Combinations</b>		
<i>glipizide-metformin hcl tabs</i>	1	
<i>glyburide-metformin tabs</i>	1	
GLYXAMBI TABS ( <i>empagliflozin-linagliptin</i> )	2	
JANUMET TABS ( <i>sitagliptin-metformin hcl</i> )	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG ( <i>sitagliptin-metformin hcl</i> )	2	QL(1 ea daily)
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG ( <i>sitagliptin-metformin hcl</i> )	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride tabs</i>	1	

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<b>pioglitazone hcl-metformin hcl tabs</b>	1	
SYNJARDY TABS ( <b>empagliflozin-metformin hcl</b> )	2	QL(2 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 25 MG-1000 MG ( <b>empagliflozin-metformin hcl</b> )	2	QL(1 ea daily)
SYNJARDY XR TB24 12.5 MG-1000 MG, 5 MG-1000 MG ( <b>empagliflozin-metformin hcl</b> )	2	QL(2 ea daily)
TRIJARDY XR TB24 ( <b>empagliflozin-linagliptin-metformin</b> )	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG ( <b>dapagliflozin-metformin hcl</b> )	2	QL(1 ea daily)
XIGDUO XR TB24 2.5 MG-1000 MG, 5 MG-1000 MG, 5 MG-500 MG ( <b>dapagliflozin-metformin hcl</b> )	2	QL(2 ea daily)
<b>Biguanides</b>		
<b>metformin hcl soln 500 mg/5ml</b>	1	
<b>metformin hcl tabs 1000 mg, 500 mg, 850 mg</b>	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic;PV
<b>metformin hcl tb24 500 mg, 750 mg</b>	1	
<b>Diabetic Other</b>		
<b>diazoxide susp</b>	2	

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GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR KIT 1 MG ( <b>glucagon (rdna)</b> )	2	QL(1 ea per fill retail,2 ea per 30 days retail)
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
<b>alogliptin benzoate tabs</b>	1	
JANUVIA TABS ( <b>sitagliptin phosphate</b> )	2	QL(1 ea daily)
<b>Incretin Mimetic Agents</b>		
OZEMPIC SOPN 2 MG/1.5ML ( <b>semaglutide</b> )	2	PA; Not available through Mail Order
OZEMPIC SOPN 2 MG/3ML, 4 MG/3ML, 5.5 MG/ML-8 MG/3ML-14 MG/ML ( <b>semaglutide</b> )	2	PA
RYBELSUS TABS ( <b>semaglutide</b> )	2	PA; Not available through mail
TRULICITY SOPN ( <b>dulaglutide</b> )	2	PA; Not available through mail order
VICTOZA SOPN ( <b>liraglutide</b> )	2	PA; Not available through mail order
<b>Insulin Sensitizing Agents</b>		
AVANDIA TABS ( <b>rosiglitazone maleate</b> )	2	
<b>pioglitazone hcl tabs 15 mg</b>	1	
<b>pioglitazone hcl tabs 30 mg, 45 mg</b>	1	QL(1 ea daily)
<b>Insulin</b>		
AFREZZA POWD ( <b>insulin regular (human)</b> )	3	QL(6 ea daily)
AFREZZA POWD ( <b>insulin regular (human)</b> )	3	
AFREZZA POWD 12 UNIT, 4 UNIT, 8 UNIT ( <b>insulin regular (human)</b> )	3	QL(3 ea daily)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML ( <i>insulin degludec</i> )	2	Limited to 27 mls /month without prior authorization; QL(0.9 ml daily)
TRESIBA SOLN ( <i>insulin degludec</i> )	2	QL(1.5 ml daily)
<b>Meglitinide Analogues</b>		
<i>nateglinide tabs</i>	1	
<i>repaglinide tabs</i>	1	
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
FARXIGA TABS ( <i>dapagliflozin propanediol</i> )	2	QL(1 ea daily)
JARDIANCE TABS ( <i>empagliflozin</i> )	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride tabs</i>	1	
<i>glipizide tabs</i>	1	
<i>glipizide tb24</i>	1	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>tolbutamide tabs</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
MYTESI TBEC ( <i>crofelemer</i> )	3	PA; QL(2 ea daily)
<b>Antiperistaltic Agents</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	1	RX/OTC
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
<i>loperamide hcl caps 2 mg</i>	1	RX/OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS ( <i>succimer</i> )	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<i>deferasirox tabs 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA
<i>deferiprone tabs 500 mg</i>	4	PA
EXJADE TBSO ( <i>deferasirox</i> )	7	PA
FERRIPROX SOLN 100 MG/ML ( <i>deferiprone</i> )	4	PA
FERRIPROX TABS 500 MG ( <i>deferiprone</i> )	7	PA
JADENU SPRINKLE PACK ( <i>deferasirox</i> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
JADENU TABS ( <i>deferasirox</i> )	7	PA
<b>Antidotes and Specific Antagonists</b>		

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Drug Name	Drug Tier	Requirements/ Limits
ANDEXXA SOLR ( <i>coagulation factor xa recomb inact-zhzo (andexanet alfa)</i> )	4	PA
VISTOGARD PACK ( <i>uridine triacetate (emergency treatment)</i> )	4	
<b>Opioid Antagonists</b>		
KLOXXADO LIQD ( <i>naloxone hcl</i> )	2	
<i>naloxone hcl liqd na 4 mg/0.1ml</i>	1	QL(4 ea per 30 days retail)
<i>naloxone hcl sosy ij 2 mg/2ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
ANZEMET TABS ( <i>dolasetron mesylate</i> )	3	PA; ST; Limit 2 per month;QL(0.07 ea daily)
<i>granisetron hcl tabs</i>	1	PA; ST; Limit 2 tablets per day;QL(2 ea daily)
<i>ondansetron hcl soln 4 mg/5ml</i>	1	Limit 50mls per month;QL(1.67 ml daily)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	1	Limit 20 per month;QL(0.67 ea daily)
<i>ondansetron tbdp</i>	1	Limit 20 per month;QL(0.67 ea daily)
SANCUSO PTCH ( <i>granisetron</i> )	4	PA; QL(0.04 ea daily)
ZUPLENZ FILM ( <i>ondansetron</i> )	3	Limit 20 per month;QL(0.67 ea daily)
<b>Antiemetics - Anticholinergic</b>		
<i>scopolamine pt72</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimethobenzamide hcl caps</i>	1	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO CAPS ( <i>netupitant-palonosetron</i> )	3	QL(2 ea per 28 days retail)
<i>doxylamine-pyridoxine tbec</i>	1	QL(4 ea daily)
<i>dronabinol caps 10 mg, 5 mg</i>	2	PA
<i>dronabinol caps 2.5 mg</i>	2	PA; ST
SYNDROS SOLN ( <i>dronabinol</i> )	4	PA
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<i>aprepitant caps</i>	1	Limit 3 per month;QL(0.1 ea daily)
<i>aprepitant caps 125 mg, 80 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 SUSR 125 MG/5ML ( <i>aprepitant</i> )	3	QL(1 ea per 30 days retail)
VARUBI TBPK ( <i>rolapitant hcl</i> )	3	QL(4 ea per fill retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
<i>flucytosine caps</i>	1	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily,90 ea per 365 days retail)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS ( <i>isavuconazonium sulfate</i> )	3	Not available through mail order
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	1	PA; ST
<i>itraconazole soln 10 mg/ml</i>	1	PA
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP 40 MG/ML ( <i>posaconazole</i> )	3	
<i>posaconazole tbec</i>	1	
TOLSURA CAPS ( <i>itraconazole</i> )	4	PA
<i>voriconazole susr 40 mg/ml</i>	1	
<i>voriconazole tabs 200 mg, 50 mg</i>	1	QL(2 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
<i>dexchlorpheniramine maleate soln</i>	1	
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CARBINOXAMINE MALEATE TABS 6 MG ( <i>carbinoxamine maleate</i> )	3	
<i>clemastine fumarate tabs 2.68 mg</i>	1	
<i>diphenhydramine hcl soln</i>	4	PA
RYVENT TABS ( <i>carbinoxamine maleate</i> )	3	
<b>Antihistamines - Non-Sedating</b>		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC
<i>desloratadine tabs 5 mg</i>	1	PA; ST;QL(1 ea daily)
<i>desloratadine tbdp 2.5 mg</i>	1	PA; ST
<i>desloratadine tbdp 5 mg</i>	1	PA
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC
<b>Antihistamines - Phenothiazines</b>		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)
PHENERGAN SOLN ( <i>promethazine hcl</i> )	7	PA
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	4	PA
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl suppre 12.5 mg, 25 mg</i>	2	
<i>promethazine hcl syrup or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 12.5 mg</i>	1	
<i>promethazine hcl tabs or 25 mg</i>	1	QL(6 ea daily)
<i>promethazine hcl tabs or 50 mg</i>	1	QL(3 ea daily)
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
EZETIMIBE/ATORVASTATIN TABS ( <i>ezetimibe-atorvastatin</i> )	2	
<b>Antihyperlipidemics - Misc.</b>		
<i>icosapent ethyl caps 0.5 gm</i>	1	PA; ST
<i>icosapent ethyl caps 1 gm</i>	1	PA
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
<b>Bile Acid Sequestrants</b>		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light pack</i>	1	
<i>cholestyramine light powd</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine pack or 4 gm</i>	1	
<i>cholestyramine powd or 4 gm/dose</i>	1	
<i>colesevelam hcl pack 3.75 gm</i>	1	QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	2	
<i>colestipol hcl tabs 1 gm</i>	1	
<b>Fibric Acid Derivatives</b>		
<i>choline fenofibrate cpdr 135 mg</i>	1	QL(1 ea daily)
<i>choline fenofibrate cpdr 45 mg</i>	1	
<i>fenofibrate caps 150 mg, 50 mg</i>	1	
<i>fenofibrate micronized caps 130 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate micronized caps 134 mg, 30 mg, 43 mg, 67 mg, 90 mg</i>	1	
<i>fenofibrate tabs 145 mg, 160 mg</i>	1	QL(1 ea daily)
FENOFIBRATE TABS 160 MG ( <i>fenofibrate</i> )	2	QL(1 ea daily)
<i>fenofibrate tabs 48 mg</i>	1	
<i>fenofibrate tabs 54 mg</i>	1	QL(2 ea daily)
FENOFIBRIC ACID TABS 105 MG ( <i>fenofibric acid</i> )	2	
FIBRICOR TABS ( <i>fenofibric acid</i> )	7	
<i>gemfibrozil tabs</i>	1	
LIPOFEN CAPS 150 MG, 50 MG ( <i>fenofibrate</i> )	7	

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Drug Name	Drug Tier	Requirements/Limits
<b>HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>fluvastatin sodium caps</i>	1	QL(1 ea daily)
<i>fluvastatin sodium tb24</i>	1	QL(1 ea daily)
LIVALO TABS ( <i>pitavastatin calcium</i> )	3	ST; QL(1 ea daily)
<i>lovastatin tabs</i>	1	\$0 copay for Generic only, age 40 to 75;PV
<i>pravastatin sodium tabs</i>	1	\$0 copay for Generic only, age 40 to 75;QL(1 ea daily); PV
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	1	
<b>Microsomal Triglyceride Transfer Protein (MTP)</b>		
JUXTAPID CAPS 10 MG, 20 MG, 30 MG ( <i>lomitapide mesylate</i> )	4	PA
JUXTAPID CAPS 5 MG ( <i>lomitapide mesylate</i> )	4	PA; ST
<b>Nicotinic Acid Derivatives</b>		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) tbc</i> 1000 mg, 500 mg, 750 mg	1	
<b>Proprotein Convertase Subtilisin/Kexin Type 9</b>		
PRALUENT SOAJ ( <i>alirocumab</i> )	4	PA
REPATHA SURECLICK SOAJ ( <i>evolocumab</i> )	4	PA; ST

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i> 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL(2 ea daily)
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i> 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg	1	
<i>lisinopril tabs</i> 40 mg	1	QL(2 ea daily)
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
QBRELIS SOLN ( <i>lisinopril</i> )	3	QL(5 ml daily)
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	QL(2 ea daily)
<i>trandolapril tabs</i>	1	
<b>Agents for Pheochromocytoma</b>		
<i>metyrosine caps</i>	1	
<i>phenoxybenzamine hcl caps</i>	1	Not available through mail
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil tabs</i> 16 mg, 4 mg, 8 mg	1	
<i>candesartan cilexetil tabs</i> 32 mg	1	QL(1 ea daily)
EDARBI TABS 40 MG ( <i>azilsartan medoxomil</i> )	3	
EDARBI TABS 80 MG ( <i>azilsartan medoxomil</i> )	3	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>irbesartan tabs</i>	1	
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil tabs 20 mg, 5 mg</i>	1	
<i>olmesartan medoxomil tabs 40 mg</i>	1	QL(1 ea daily)
<i>telmisartan tabs 20 mg, 40 mg</i>	1	
<i>telmisartan tabs 80 mg</i>	1	QL(1 ea daily)
<i>valsartan tabs 160 mg</i>	1	QL(2 ea daily)
<i>valsartan tabs 320 mg, 40 mg, 80 mg</i>	1	
<b>Antiadrenergic Antihypertensives</b>		
<i>clonidine hcl tabs</i>	1	
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
<i>prazosin hcl caps</i>	1	
<i>terazosin hcl caps 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl caps 10 mg</i>	1	QL(2 ea daily)
<b>Antihypertensive Combinations</b>		
ACCURETIC TABS 10 MG-12.5 MG ( <i>quinapril-hydrochlorothiazide</i> )	2	
<i>amlodipine besylate-benazepril hcl caps 10 mg-20 mg, 10 mg-40 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-benazepril hcl caps 2.5 mg-10 mg</i>	1	
<i>amlodipine besylate-valsartan tabs 10 mg-160 mg</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan tabs 10 mg-320 mg, 5 mg-160 mg, 5 mg-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
<i>atenolol &amp; chlorthalidone tabs</i>	1	
<i>benazepril &amp; hydrochlorothiazide tabs</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
<i>captopril &amp; hydrochlorothiazide tabs</i>	1	
EDARBYCLOR TABS ( <i>azilsartan medoxomil-chlorthalidone</i> )	3	QL(1 ea daily)
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	1	
<i>irbesartan-hydrochlorothiazide tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril &amp; hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-20 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(2 ea daily)
<i>losartan potassium &amp; hydrochlorothiazide tabs</i>	1	
<i>methyldopa &amp; hydrochlorothiazide tabs</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tabs</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tabs 12.5 mg-40 mg, 25 mg-40 mg</i>	1	QL(1 ea daily)
<i>propranolol &amp; hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-20 mg</i>	1	
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(1 ea daily)
TEKTURNA HCT TABS ( <i>aliskiren-hydrochlorothiazide</i> )	3	ST
<i>telmisartan-amlodipine tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
<i>trandolapril-verapamil hcl tbc</i>	1	
<i>valsartan-hydrochlorothiazide tabs 12.5 mg-160 mg, 12.5 mg-320 mg, 12.5 mg-80 mg, 25 mg-320 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 25 mg-160 mg</i>	1	QL(1 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL TABS ( <i>mecamylamine hcl</i> )	3	
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate tabs</i>	1	
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	1	
<b>Vasodilators</b>		
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tabs</i>	1	
COARTEM TABS ( <i>artemether-lumefantrine</i> )	2	Limit 24 doses per month;QL(0.8 ea daily)
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs</i>	1	
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
KRINTAFEL TABS ( <i>tafenoquine succinate</i> )	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	QL(6 ea per fill retail, 6 ea per fill mail)
<i>primaquine phosphate tabs</i>	1	
<i>pyrimethamine tabs</i>	1	PA
<i>quinine sulfate caps</i>	1	PA; QL(2 ea daily)
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimychasthenic/Cholinergic Agents		
FIRDAPSE TABS ( <i>amifampridine phosphate</i> )	4	PA; ST
GUANIDINE HCL TABS ( <i>guanidine hcl</i> )	2	
MESTINON SOLN 60 MG/5ML ( <i>pyridostigmine bromide</i> )	7	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	4	PA
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbc 180 mg</i>	1	
RUZURGI TABS ( <i>amifampridine</i> )	4	PA; QL(10 ea daily)
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
<i>cycloserine caps</i>	1	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syrup</i>	1	
<i>isoniazid tabs</i>	1	
PASER PACK ( <i>aminosalicylic acid</i> )	3	

Drug Name	Drug Tier	Requirements/ Limits
PRIFTIN TABS ( <i>rifapentine</i> )	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	
<i>rifampin caps</i>	1	
TRECTOR TABS ( <i>ethionamide</i> )	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
ALKERAN SOLR IV 50 MG ( <i>melphalan hcl</i> )	7	PA; LA
<i>busulfan soln</i>	4	PA
BUSULFEX SOLN ( <i>busulfan</i> )	7	PA
<i>cyclophosphamide caps 25 mg, 50 mg</i>	1	AC
CYCLOPHOSPHAMIDE TABS 25 MG, 50 MG ( <i>cyclophosphamide</i> )	2	
GLEOSTINE CAPS ( <i>lomustine</i> )	2	AC
LEUKERAN TABS ( <i>chlorambucil</i> )	2	AC
<i>melphalan hcl solr</i>	4	PA; LA
<i>melphalan tabs</i>	1	AC
MYLERAN TABS ( <i>busulfan</i> )	2	AC
<i>temozolomide caps</i>	1	AC
Antimetabolites		
<i>capecitabine tabs</i>	1	AC
<i>fludarabine phosphate solr</i>	4	PA
<i>mercaptopurine tabs</i>	1	AC

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Drug Name	Drug Tier	Requirements/ Limits
<b>methotrexate sodium soln ij 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</b>	4	PA; LA
<b>methotrexate sodium solr ij 1 gm</b>	4	PA; LA
<b>methotrexate sodium tabs or 2.5 mg</b>	1	AC
ONUREG TABS ( <b>azacitidine</b> )	4	PA; AC
PURIXAN SUSP ( <b>mercaptopurine</b> )	3	AL(Up to 13 yrs old ); AC
TABLOID TABS ( <b>thioguanine</b> )	2	AC
TREXALL TABS ( <b>methotrexate sodium</b> )	3	AC
XATMEP SOLN ( <b>methotrexate</b> )	4	PA; AC
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
INLYTA TABS ( <b>axitinib</b> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
LENVIMA 10 MG DAILY DOSE CPPK ( <b>lenvatinib mesylate</b> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 12MG DAILY DOSE CPPK ( <b>lenvatinib mesylate</b> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 14 MG DAILY DOSE CPPK ( <b>lenvatinib mesylate</b> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 18 MG DAILY DOSE CPPK ( <b>lenvatinib mesylate</b> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 20 MG DAILY DOSE CPPK ( <b>lenvatinib mesylate</b> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 24 MG DAILY DOSE CPPK ( <b>lenvatinib mesylate</b> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 4 MG DAILY DOSE CPPK ( <b>lenvatinib mesylate</b> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 8 MG DAILY DOSE CPPK ( <b>lenvatinib mesylate</b> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
<b>Antineoplastic - Anti-HER2 Agents</b>		
TUKYSA TABS ( <b>tucatinib</b> )	4	PA; AC
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TBPB ( <b>venetoclax</b> )	4	PA; AC
VENCLEXTA TABS 10 MG ( <b>venetoclax</b> )	4	PA; QL(2 ea daily); AC
VENCLEXTA TABS 100 MG ( <b>venetoclax</b> )	4	PA; QL(4 ea daily); AC

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Drug Name	Drug Tier	Requirements/ Limits
VENCLEXTA TABS 50 MG ( <i>venetoclax</i> )	4	PA; AC
<b>Antineoplastic - EGFR Inhibitors</b>		
<i>erlotinib hcl tabs</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
GILOTRIF TABS ( <i>afatinib dimaleate</i> )	4	PA; Must use Accredo SP pharmacy;LA; AC
IRESSA TABS ( <i>gefitinib</i> )	4	AC
TAGRISO TABS ( <i>osimertinib mesylate</i> )	4	PA; AC
TARCEVA TABS ( <i>erlotinib hcl</i> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
VIZIMPRO TABS ( <i>dacomitinib</i> )	4	PA; AC
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO TABS ( <i>glasdegib maleate</i> )	4	PA
ERIVEDGE CAPS ( <i>vismodegib</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
ODOMZO CAPS ( <i>sonidegib phosphate</i> )	4	AC
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate tabs</i>	4	PA; Must use AcariaHlth SP pharmacy 1-844-538-4665;LA; AC
<i>anastrozole tabs or</i>	5	QL(1 ea daily); PV; AC
AROMASIN TABS ( <i>exemestane</i> )	7	
<i>bicalutamide tabs</i>	1	QL(1 ea daily); AC

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD KIT ( <i>leuprolide acetate (3 month)</i> )	3	PA
ELIGARD KIT ( <i>leuprolide acetate (4 month)</i> )	3	PA
ELIGARD KIT ( <i>leuprolide acetate (6 month)</i> )	3	PA
ELIGARD KIT ( <i>leuprolide acetate</i> )	3	PA
EMCYT CAPS ( <i>estramustine phosphate sodium</i> )	2	AC
ERLEADA TABS ( <i>apalutamide</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
EULEXIN CAPS ( <i>flutamide</i> )	2	AC
<i>exemestane tabs</i>	5	
<i>flutamide caps</i>	1	AC
<i>letrozole tabs</i>	1	AC
<i>leuprolide acetate kit ij 1 mg/0.2ml</i>	1	PA
LUPRON DEPOT ( <b>1-MONTH</b> ) KIT ( <i>leuprolide acetate</i> )	2	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN TABS ( <i>mitotane</i> )	2	AC
<i>megestrol acetate susp</i>	1	AC
<i>megestrol acetate tabs</i>	1	AC
<i>nilutamide tabs</i>	1	AC

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Drug Name	Drug Tier	Requirements/ Limits
NUBEQA TABS ( <i>darolutamide</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
SOLTAMOX SOLN ( <i>tamoxifen citrate</i> )	5	PV; AC
<i>tamoxifen citrate tabs</i>	5	PV; AC
<i>toremifene citrate tabs</i>	1	AC
XTANDI CAPS ( <i>enzalutamide</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
XTANDI TABS ( <i>enzalutamide</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
YONSA TABS ( <i>abiraterone acetate</i> )	4	PA; AC
ZYTIGA TABS ( <i>abiraterone acetate</i> )	7	PA; Must use AcariaHlth SP pharmacy 1- 844-538- 4665;LA; AC
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS ( <i>pomalidomide</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT TABS 100 MG, 200 MG, 300 MG ( <i>avapritinib</i> )	4	PA; QL(1 ea daily); SP
AYVAKIT TABS 25 MG, 50 MG ( <i>avapritinib</i> )	4	PA; QL(1 ea daily); SP; AC
<b>Antineoplastic - XPO1 Inhibitors</b>		

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO 100 MG ONCE WEEKLY TBP ( <i>selinexor</i> )	4	PA
XPOVIO 60 MG ONCE WEEKLY TBP ( <i>selinexor</i> )	4	PA
XPOVIO 80 MG ONCE WEEKLY TBP ( <i>selinexor</i> )	4	PA
XPOVIO 80 MG TWICE WEEKLY TBP ( <i>selinexor</i> )	4	PA
XPOVIO TBP ( <i>selinexor</i> )	4	PA; AC
<b>Antineoplastic Antibiotics</b>		
<i>mitoxantrone hcl conc</i>	2	PA
<b>Antineoplastic Combinations</b>		
INQOVI TABS ( <i>decitabine- cedazuridine</i> )	4	PA
KISQALI FEMARA 200 DOSE TBP ( <i>ribociclib succinate-letrozole</i> )	3	PA; AC
KISQALI FEMARA 400 DOSE TBP ( <i>ribociclib succinate-letrozole</i> )	3	PA; AC
KISQALI FEMARA 600 DOSE TBP ( <i>ribociclib succinate-letrozole</i> )	3	PA; AC
LONSURF TABS ( <i>trifluridine-tipiracil</i> )	4	PA; AC
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR DISPERZ TBSO ( <i>everolimus</i> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;QL(1 ea daily); LA; AC

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AFINITOR TABS ( <i>everolimus</i> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC
ALECENSA CAPS ( <i>alectinib hcl</i> )	4	PA; AC
ALUNBRIG TABS ( <i>brigatinib</i> )	4	PA; AC
ALUNBRIG TBPB ( <i>brigatinib</i> )	4	PA; AC
BALVERSA TABS ( <i>erdafitinib</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
BORTEZOMIB SOLR 1 MG, 2.5 MG ( <i>bortezomib</i> )	4	PA; SP
<i>bortezomib solr 3.5 mg</i>	4	PA
BOSULIF TABS ( <i>bosutinib</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
BRAFTOVI CAPS ( <i>encorafenib</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
BRUKINSA CAPS ( <i>zanubrutinib</i> )	4	PA; AC
CABOMETYX TABS 20 MG, 60 MG ( <i>cabozantinib s-malate</i> )	4	PA; QL(1 ea daily); AC
CABOMETYX TABS 40 MG ( <i>cabozantinib s-malate</i> )	4	PA; QL(2 ea daily); AC
CALQUENCE CAPS ( <i>acalabrutinib</i> )	4	PA; QL(2 ea daily); AC
CALQUENCE TABS ( <i>acalabrutinib maleate</i> )	4	PA; QL(2 ea daily); AC

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS ( <i>vandetanib</i> )	4	PA; AC
COMETRIQ KIT ( <i>cabozantinib s-malate</i> )	4	PA; AC
COPIKTRA CAPS ( <i>duvelisib</i> )	4	PA; AC
COTELLIC TABS ( <i>cobimetinib fumarate</i> )	4	PA; AC
<i>everolimus tabs</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC
<i>everolimus tbso</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC
FARYDAK CAPS 10 MG ( <i>panobinostat lactate</i> )	3	PA; LA; AC
FARYDAK CAPS 15 MG, 20 MG ( <i>panobinostat lactate</i> )	4	PA; Must use Caremark SP pharmacy; LA; AC
IBRANCE CAPS ( <i>palbociclib</i> )	3	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
IBRANCE TABS ( <i>palbociclib</i> )	3	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
ICLUSIG TABS ( <i>ponatinib hcl</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC
IDHIFA TABS ( <i>enasidenib mesylate</i> )	4	PA; AC

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<i>imatinib mesylate tabs 100 mg, 400 mg</i>	4	PA
<i>imatinib mesylate tabs 100 mg, 400 mg</i>	4	PA; AC
IMBRUVICA CAPS 140 MG, 70 MG ( <i>ibrutinib</i> )	4	PA; AC
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	4	PA; QL(1 ea daily); AC
INREBIC CAPS ( <i>fedratinib hcl</i> )	4	PA; AC
ISTODAX ( <b>OVERFILL</b> ) SOLR (romidepsin)	7	PA
JAKAFI TABS ( <i>ruxolitinib phosphate</i> )	4	PA; QL(2 ea daily); AC
KISQALI TBPK ( <i>ribociclib succinate</i> )	3	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC
KOSELUGO CAPS ( <i>selumetinib sulfate</i> )	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; AC
LORBRENA TABS ( <i>lorlatinib</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
LYNPARZA TABS ( <i>olaparib</i> )	4	PA; Refer to Accredo SP Rx; QL(4 ea daily); AC
MEKINIST TABS ( <i>trametinib dimethyl sulfoxide</i> )	4	PA; AC
MEKTOVI TABS ( <i>binimetinib</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC

Drug Name	Drug Tier	Requirements/ Limits
NERLYNX TABS ( <i>neratinib maleate</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
NEXAVAR TABS ( <i>sorafenib tosylate</i> )	7	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
NINLARO CAPS ( <i>ixazomib citrate</i> )	4	PA; Limited to 3 capsules per month;; QL(0.1 ea daily); AC
PIQRAY 200MG DAILY DOSE TBPK ( <i>alpelisib</i> )	4	PA; AC
PIQRAY 250MG DAILY DOSE TBPK ( <i>alpelisib</i> )	4	PA; AC
PIQRAY 300MG DAILY DOSE TBPK ( <i>alpelisib</i> )	4	PA; AC
QINLOCK TABS ( <i>ripretinib</i> )	4	PA; AC
RETEVMO CAPS ( <i>selpercatinib</i> )	4	PA; AC
<i>romidepsin solr</i>	4	PA
ROZLYTREK CAPS ( <i>entrectinib</i> )	4	PA; AC
RUBRACA TABS ( <i>rucaparib camsylate</i> )	4	PA; AC
RYDAPT CAPS ( <i>midostaurin</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
<i>sorafenib tosylate tabs or</i>	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC

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SPRYCEL TABS ( <i>dasatinib</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
STIVARGA TABS ( <i>regorafenib</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
<i>sunitinib malate caps 12.5 mg, 37.5 mg, 50 mg</i>	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;QL(1 ea daily); SP; AC
<i>sunitinib malate caps 25 mg</i>	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
SUTENT CAPS 12.5 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	7	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;QL(1 ea daily); SP; AC
SUTENT CAPS 25 MG ( <i>sunitinib malate</i> )	7	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
TABRECTA TABS ( <i>capmatinib hcl</i> )	4	PA; AC
TAFINLAR CAPS ( <i>dabrafenib mesylate</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
TALZENNA CAPS 0.25 MG, 1 MG ( <i>talazoparib tosylate</i> )	4	PA; AC

Drug Name	Drug Tier	Requirements/ Limits
TASIGNA CAPS ( <i>nilotinib hcl</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
TAZVERIK TABS ( <i>tazemetostat hbr</i> )	4	PA
<i>temsirolimus soln</i>	4	PA
TIBSOVO TABS ( <i>ivosidenib</i> )	4	PA; AC
TORISEL SOLN ( <i>temsirolimus</i> )	7	PA
TURALIO CAPS 200 MG ( <i>pexidartinib hcl</i> )	4	PA; AC
TYKERB TABS ( <i>lapatinib ditosylate</i> )	7	PA; AC
VELCADE SOLR ( <i>bortezomib</i> )	7	PA
VERZENIO TABS ( <i>abemaciclib</i> )	4	PA; QL(2 ea daily); AC
VITRAKVI CAPS ( <i>larotrectinib sulfate</i> )	4	PA; AC
VITRAKVI SOLN ( <i>larotrectinib sulfate</i> )	4	PA; AC
VOTRIENT TABS ( <i>pazopanib hcl</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
XALKORI CAPS ( <i>crizotinib</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;LA; AC
XOSPATA TABS ( <i>gilteritinib fumarate</i> )	4	PA; AC
ZEJULA CAPS ( <i>niraparib tosylate</i> )	4	PA; AC
ZELBORAF TABS ( <i>vemurafenib</i> )	4	PA; AC
ZOLINZA CAPS ( <i>vorinostat</i> )	4	PA; AC

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ZYDELIG TABS ( <i>idelalisib</i> )	3	PA; AC
ZYKADIA TABS ( <i>ceritinib</i> )	4	AC
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN ( <i>interferon gamma-1b</i> )	4	PA; LA
ALFERON N SOLN ( <i>interferon alfa-n3</i> )	4	PA; LA
<i>bexarotene caps</i>	4	PA; AC
<i>hydroxyurea caps or</i>	1	AC
INTRON A SOLN ( <i>interferon alfa-2b</i> )	4	PA; LA
INTRON A SOLR ( <i>interferon alfa-2b</i> )	4	PA; LA
MATULANE CAPS ( <i>procarbazine hcl</i> )	4	PA; AC
TARGRETIN CAPS OR 75 MG ( <i>bexarotene</i> )	7	PA; AC
<i>tretinoin</i> ( <i>chemotherapy</i> ) caps	2	AC
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
<i>leucovorin calcium solr</i> <i>ij 100 mg, 200 mg, 350</i> <i>mg, 50 mg</i>	4	PA
<i>leucovorin calcium tabs</i> <i>or 10 mg, 15 mg, 25</i> <i>mg, 5 mg</i>	1	AC
MESNEX TABS ( <i>mesna</i> )	3	AC
<b>Mitotic Inhibitors</b>		
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 500 MG/25ML	2	PA
(Etoposide) TOPOSAR SOLN 100 MG/5ML	2	PA; AC
ETOPOPHOS SOLR ( <i>etoposide phosphate</i> )	3	PA
<i>etoposide caps or 50</i> <i>mg</i>	1	AC

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide soln iv 1</i> <i>gm/50ml, 500 mg/25ml</i>	2	PA
<i>etoposide soln iv 100</i> <i>mg/5ml</i>	2	PA; AC
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN CAPS OR 0.25 MG, 1 MG ( <i>topotecan</i> <i>hcl</i> )	4	PA; AC
HYCAMTIN SOLR IV 4 MG ( <i>topotecan hcl</i> )	7	PA; LA
<i>topotecan hcl solr</i>	4	PA; LA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa tabs</i>	2	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate</i> <i>soln ij 1 mg/ml</i>	4	PA; administered under the medical benefit
<i>benztropine mesylate</i> <i>tabs or 0.5 mg, 1 mg, 2</i> <i>mg</i>	1	
COGENTIN SOLN ( <i>benztropine mesylate</i> )	7	PA; administered under the medical benefit
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
<b>Antiparkinson COMT Inhibitors</b>		
<i>entacapone tabs</i>	1	
<i>tolcapone tabs</i>	1	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl tabs</i>	1	

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<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>	1	
<i>carbidopa-levodopa tbcr 25 mg-100 mg</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa tbcr 50 mg-200 mg</i>	1	
<i>carbidopa-levodopa tbdp 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5 mg-50 mg-200 mg, 18.75 mg-75 mg-200 mg, 25 mg-100 mg-200 mg, 37.5 mg-150 mg-200 mg, 50 mg-200 mg-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75 mg-75 mg-200 mg, 31.25 mg-125 mg-200 mg</i>	2	
DHIVY TABS ( <i>carbidopa-levodopa</i> )	2	
DUOPA SUSP ( <i>carbidopa-levodopa</i> )	3	PA
INBRIJA CAPS ( <i>levodopa</i> )	3	PA
KYNMOBI FILM ( <i>apomorphine hydrochloride</i> )	3	PA
KYNMOBI TITRATION KIT KIT ( <i>apomorphine hydrochloride</i> )	3	PA

Drug Name	Drug Tier	Requirements/Limits
NEUPRO PT24 ( <i>rotigotine</i> )	3	
<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)
<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 4.5 mg</i>	2	
<i>pramipexole dihydrochloride tb24 3 mg</i>	2	QL(1 ea daily)
<i>pramipexole dihydrochloride tb24 3.75 mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 12 mg</i>	2	QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	2	
<i>ropinirole hydrochloride tb24 8 mg</i>	1	
RYTARY CPCR 23.75 MG-95 MG ( <i>carbidopa-levodopa</i> )	3	PA; ST;QL(10 ea daily)
RYTARY CPCR 36.25 MG-145 MG, 48.75 MG-195 MG, 61.25 MG-245 MG ( <i>carbidopa-levodopa</i> )	3	PA; QL(10 ea daily)
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>rasagiline mesylate tabs</i>	1	

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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 TABS ( <i>safinamide mesylate</i> )	3	PA
ZELAPAR TBDP ( <i>selegiline hcl</i> )	3	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps 150 mg, 600 mg</i>	1	
<i>lithium carbonate caps 300 mg</i>	1	QL(6 ea daily)
<i>lithium carbonate tabs 300 mg</i>	1	
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	1	
LITHOBID TBCR ( <i>lithium carbonate</i> )	7	
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12 ( <i>carbamazepine (mood)</i> )	3	
LATUDA TABS ( <i>lurasidone hcl</i> )	3	
NUPLAZID CAPS ( <i>pimavanserin tartrate</i> )	4	PA; QL(1 ea daily)
NUPLAZID TABS ( <i>pimavanserin tartrate</i> )	4	PA; QL(1 ea daily)
VRAYLAR CAPS ( <i>cariprazine hcl</i> )	4	
VRAYLAR CPPK ( <i>cariprazine hcl</i> )	4	
<i>ziprasidone hcl caps 20 mg, 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg, 80 mg</i>	1	QL(2 ea daily)
<b>Benzisoxazoles</b>		

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS ( <i>iloperidone</i> )	4	QL(2 ea daily)
FANAPT TITRATION PACK TABS ( <i>iloperidone</i> )	4	
<i>paliperidone tb24</i>	1	
PERSERIS PRSY ( <i>risperidone</i> )	4	PA; administered under the medical benefit
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	
<i>risperidone tabs 3 mg</i>	1	QL(2 ea daily)
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<b>Butyrophenones</b>		
<i>haloperidol lactate conc</i>	1	
<i>haloperidol tabs</i>	1	
<b>Dibenzapines</b>		
<i>asenapine maleate subl</i>	1	
<i>clozapine tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine tbdp 12.5 mg, 150 mg</i>	1	
<i>loxapine succinate caps</i>	1	
<i>olanzapine tabs 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine tabs 15 mg, 20 mg</i>	1	QL(1 ea daily)
<i>olanzapine tbdp 10 mg, 15 mg, 20 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	QL(4 ea daily)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily)
<i>quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg</i>	1	PA
<i>quetiapine fumarate tb24 50 mg</i>	1	PA; ST
SAPHRIS SUBL 5 MG ( <i>asenapine maleate</i> )	3	
SECUADO PT24 ( <i>asenapine</i> )	3	QL(1 ea daily)
VERSACLOZ SUSP ( <i>clozapine</i> )	3	QL(18 ml daily)
<b>Dihydroindolones</b>		
<i>molindone hcl tabs</i>	1	
<b>Phenothiazines</b>		
(Prochlorperazine) COMPRO SUPP	1	QL(2 ea daily)
<i>chlorpromazine hcl tabs</i>	2	
<i>fluphenazine hcl conc</i>	1	
<i>fluphenazine hcl elix</i>	1	
<i>fluphenazine hcl tabs</i>	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	QL(2 ea daily)
<i>thioridazine hcl tabs 10 mg, 100 mg, 25 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tabs</i>	1	
<b>Quinolinone Derivatives</b>		
<i>aripiprazole soln 1 mg/ml</i>	1	
<i>aripiprazole tabs 10 mg, 2 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole tabs 15 mg</i>	1	QL(2 ea daily)
<i>aripiprazole tabs 20 mg</i>	1	QL(1 ea daily)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	1	PA
REXULTI TABS ( <i>brexpiprazole</i> )	3	
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>Antiseptics &amp; Disinfectants</b>		
<i>formaldehyde soln</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine tabs</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	
APRETUDE ( <i>cabotegravir 600 mg/3ml IM Susp ER</i> )	5	Available through the Medical Benefit
APTIVUS CAPS ( <i>tipranavir</i> )	2	
APTIVUS SOLN ( <i>tipranavir</i> )	2	
<i>atazanavir sulfate caps</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
BIKTARVY TABS 25 MG-50 MG-200 MG ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	2	
CABENUVA ( <i>cabotegravir 400 mg/2ml &amp; rilpivirine 600 mg/2ml IM Susp ER</i> )	5	Available through the Medical Benefit
CABENUVA ( <i>cabotegravir 600 mg/3ml &amp; rilpivirine 900 mg/3ml IM Susp ER</i> )	5	Available through the Medical Benefit
CIMDUO TABS ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	2	
COMPLERA TABS ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	2	
CRIXIVAN CAPS ( <i>indinavir sulfate</i> )	2	
DELSTRIGO TABS ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	2	
DESCOVY TABS 25 MG-200 MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	5	Grand Fathered Plans at Tier 2;PV
<i>didanosine cpdr</i>	1	
DOVATO TABS ( <i>dolutegravir sodium-lamivudine</i> )	2	
EDURANT TABS ( <i>rilpivirine hcl</i> )	2	
<i>efavirenz caps</i>	1	
<i>efavirenz tabs</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	1	
<i>emtricitabine caps</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate tabs 100 mg-150 mg, 133 mg-200 mg, 167 mg-250 mg</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	5	QL(1 ea daily); PV
EMTRIVA SOLN 10 MG/ML ( <i>emtricitabine</i> )	2	
<i>etravirine tabs</i>	1	
EVOTAZ TABS ( <i>atazanavir sulfate-cobicistat</i> )	2	
<i>fosamprenavir calcium tabs</i>	1	
FUZEON SOLR ( <i>enfuvirtide</i> )	4	PA; ST;LA
GENVOYA TABS ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	2	
INTELENCE TABS 25 MG ( <i>etravirine</i> )	2	
INVIRASE TABS ( <i>saquinavir mesylate</i> )	2	
ISENTRESS CHEW ( <i>raltegravir potassium</i> )	2	
ISENTRESS HD TABS ( <i>raltegravir potassium</i> )	2	
ISENTRESS PACK ( <i>raltegravir potassium</i> )	2	
ISENTRESS TABS ( <i>raltegravir potassium</i> )	2	
JULUCA TABS ( <i>dolutegravir sodium-rilpivirine hcl</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine soln</i>	1	
<i>lamivudine tabs</i>	1	
<i>lamivudine-zidovudine tabs</i>	1	
LEXIVA SUSP 50 MG/ML ( <i>fosamprenavir calcium</i> )	2	
<i>lopinavir-ritonavir soln</i>	1	
<i>lopinavir-ritonavir tabs</i>	1	
<i>maraviroc tabs</i>	1	
<i>nevirapine susp</i>	1	
<i>nevirapine tabs</i>	1	
<i>nevirapine tb24</i>	1	
NORVIR PACK 100 MG ( <i>ritonavir</i> )	2	
NORVIR SOLN 80 MG/ML ( <i>ritonavir</i> )	2	
ODEFSEY TABS ( <i>emtricitabine- rilpivirine-tenofovir alafenamide fumarate</i> )	2	
PIFELTRO TABS ( <i>doravirine</i> )	2	
PREZCOBIX TABS ( <i>darunavir-cobicistat</i> )	2	
PREZISTA SUSP ( <i>darunavir</i> )	2	
PREZISTA TABS ( <i>darunavir</i> )	2	
REYATAZ PACK 50 MG ( <i>atazanavir sulfate</i> )	2	
<i>ritonavir tabs</i>	1	
RUKOBIA TB12 ( <i>fostemsavir tromethamine</i> )	4	

Drug Name	Drug Tier	Requirements/ Limits
SELZENTRY SOLN 20 MG/ML ( <i>maraviroc</i> )	2	
SELZENTRY TABS 25 MG, 75 MG ( <i>maraviroc</i> )	2	
<i>stavudine caps</i>	1	
STRIBILD TABS ( <i>elvitegravir-cobicistat- emtricitabine-tenofovir df</i> )	2	
SYMTUZA TABS ( <i>darunavir-cobicistat- emtricitabine-tenofovir alafenamide</i> )	2	
TEMIXYS TABS ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	2	
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS ( <i>dolutegravir sodium</i> )	2	
TRIUMEQ PD TBSO ( <i>abacavir-dolutegravir- lamivudine</i> )	2	
TRIUMEQ TABS ( <i>abacavir-dolutegravir- lamivudine</i> )	2	
TRIZIVIR TABS ( <i>abacavir sulfate- lamivudine-zidovudine</i> )	2	
TRUVADA TABS 200 MG- 300 MG ( <i>emtricitabine- tenofovir disoproxil fumarate</i> )	7	QL(1 ea daily); PV
TYBOST TABS ( <i>cobicistat</i> )	2	
VIRACEPT TABS ( <i>nelfinavir mesylate</i> )	2	
VIREAD POWD 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	2	
<i>zidovudine caps</i>	1	
<i>zidovudine syrp</i>	1	
<i>zidovudine tabs</i>	1	
<b>Antiviral Combinations</b>		
MOLNUPIRAVIR ( <i>molnupiravir caps 200 mg</i> )	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID ( <i>nirmatrelvir 2 x 150mg &amp; ritonavir 10 x 10mg tab pak</i> )	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
<b>CMV Agents</b>		
<i>cidofovir soln</i>	4	PA
<i>valganciclovir hcl solr 50 mg/ml</i>	1	Limit 630mls per month; QL(21 ml daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil tabs</i>	2	
<i>entecavir tabs</i>	2	
EPCLUSA PACK 37.5 MG-150 MG, 50 MG-200 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SP
EPCLUSA TABS 100 MG-400 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; Use Brand Epclusa
EPCLUSA TABS 50 MG-200 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine (hbv) tabs</i>	1	
MAVYRET TABS 40 MG-100 MG ( <i>glecaprevir-pibrentasvir</i> )	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661
PEGASYS SOLN ( <i>peginterferon alfa-2a</i> )	3	PA
PEGINTRON KIT ( <i>peginterferon alfa-2b</i> )	3	PA
<i>ribavirin (hepatitis c) caps</i>	1	PA
VEMLIDY TABS ( <i>tenofovir alafenamide fumarate</i> )	4	ST
VOSEVI TABS ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<b>Herpes Agents</b>		
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs or 125 mg, 250 mg, 500 mg</i>	1	
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(8 ea daily)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate caps or 30 mg, 45 mg</i>	1	QL(10 ea per fill retail, 10 ea per fill mail); AL(At least 1 yrs old)
<i>oseltamivir phosphate caps or 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	QL(75 ml daily,5 day(s) limit); AL(At least 1 yrs old)
RELENZA DISKHALER AEPB ( <i>zanamivir</i> )	3	
<i>rimantadine hydrochloride tabs</i>	1	
Misc. Antivirals		
TPOXX ( <i>Tecovirimat Cap 200 MG</i> )	5	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr</i>	1	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	1	
<i>carvedilol tabs 12.5 mg, 25 mg, 6.25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	QL(2 ea daily)
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	
<i>atenolol tabs or 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nebivolol hcl tabs</i>	1	
Beta Blockers Non-Selective		

Drug Name	Drug Tier	Requirements/ Limits
(Sotalol Hcl) SORINE TABS	1	
INDERAL XL CP24 ( <i>propranolol hcl sustained-release beads</i> )	3	
INNOPRAN XL CP24 ( <i>propranolol hcl sustained-release beads</i> )	3	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	
<i>sotalol hcl tabs</i>	1	
SOTYLIZE SOLN ( <i>sotalol hcl</i> )	3	
<i>timolol maleate tabs or 10 mg</i>	1	QL(6 ea daily)
<i>timolol maleate tabs or 20 mg, 5 mg</i>	1	QL(2 ea daily)
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24	1	QL(1 ea daily)
(Diltiazem Hcl Coated Beads) MATZIM LA TB24	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER CP24	1	
(Diltiazem Hcl) DILT-XR CP24	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate tabs 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>amlodipine besylate tabs 2.5 mg</i>	1	QL(2 ea daily)
CARDIZEM LA TB24 120 MG ( <i>diltiazem hcl coated beads</i> )	2	
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	QL(1 ea daily)
<i>diltiazem hcl coated beads tb24 360 mg</i>	1	
<i>diltiazem hcl cp12</i>	1	
<i>diltiazem hcl cp24</i>	1	
<i>diltiazem hcl extended release beads cp24</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>felodipine tb24 10 mg</i>	1	QL(1 ea daily)
<i>felodipine tb24 2.5 mg, 5 mg</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nifedipine caps or 10 mg, 20 mg</i>	1	
<i>nifedipine tb24 or 30 mg, 60 mg</i>	1	
<i>nifedipine tb24 or 30 mg, 60 mg, 90 mg</i>	1	QL(1 ea daily)
<i>nimodipine caps</i>	1	
<i>nisoldipine tb24</i>	1	
<i>verapamil hcl cp24 100 mg, 120 mg, 200 mg, 240 mg, 300 mg</i>	1	
<i>verapamil hcl cp24 180 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cp24 360 mg</i>	1	QL(1 ea daily)
<i>verapamil hcl tabs 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil hcl tbcR 120 mg</i>	1	
<i>verapamil hcl tbcR 180 mg, 240 mg</i>	1	QL(2 ea daily)
VERELAN CP24 360 MG ( <i>verapamil hcl</i> )	7	QL(1 ea daily)
VERELAN PM CP24 ( <i>verapamil hcl</i> )	7	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
(Digoxin) DIGITEK, DIGOX TABS	1	
<i>digoxin soln</i>	1	
<i>digoxin tabs</i>	1	
LANOXIN TABS 125 MCG, 250 MCG ( <i>digoxin</i> )	7	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium tabs 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 tabs 10 mg-20 mg, 10 mg-40 mg, 10 mg-80 mg</i>	1	
ENTRESTO TABS ( <i>sacubitril-valsartan</i> )	3	PA; QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<b><i>isosorbide dinitrate-hydralazine hcl tabs</i></b>	1	
<b>Impotence Agents</b>		
<b><i>sildenafil citrate tabs</i></b>	1	PA; Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old)
<b><i>tadalafil tabs 10 mg, 20 mg, 5 mg</i></b>	1	PA; Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old)
<b><i>tadalafil tabs 2.5 mg</i></b>	1	PA; QL(1 ea daily, 30 ea per fill retail, 90 ea per fill mail)
<b>Peripheral Vasodilators</b>		
<b><i>isoxsuprine hcl tabs</i></b>	1	
<b>Prostaglandin Vasodilators</b>		
ORENITRAM TBCR ( <b><i>treprostinil diolamine</i></b> )	4	PA
TYVASO REFILL SOLN ( <b><i>treprostinil</i></b> )	4	PA
TYVASO SOLN ( <b><i>treprostinil</i></b> )	4	PA
TYVASO STARTER SOLN ( <b><i>treprostinil</i></b> )	4	PA
VENTAVIS SOLN ( <b><i>iloprost</i></b> )	4	PA
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
<b><i>ambrisentan tabs 10 mg</i></b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<b><i>ambrisentan tabs 5 mg</i></b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily)
<b><i>bosentan tabs 125 mg</i></b>	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661
<b><i>bosentan tabs 62.5 mg</i></b>	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LETAIRIS TABS 10 MG ( <b><i>ambrisentan</i></b> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily)
LETAIRIS TABS 5 MG ( <b><i>ambrisentan</i></b> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily)
OPSUMIT TABS ( <b><i>macitentan</i></b> )	4	PA; ST
TRACLEER TBSO 32 MG ( <b><i>bosentan</i></b> )	4	PA; ST
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	PA; New commercial members to be referred to AcariaHealth; QL(2 ea daily)
ADCIRCA TABS ( <b><i>tadalafil pulmonary hypertension</i></b> )	7	PA; New commercial members to be referred to AcariaHealth; QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
REVATIO SUSR 10 MG/ML ( <i>sildenafil citrate (pulmonary hypertension)</i> )	7	PA
<i>sildenafil citrate (pulmonary hypertension) susr 10 mg/ml</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20 mg</i>	1	PA; QL(3 ea daily)
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; New commercial members to be referred to AcariaHealth; QL(2 ea daily)
<b>Pulmonary Hypertension - Prostaglyclin Receptor</b>		
UPTRAVI TABS OR 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	4	PA; QL(2 ea daily)
UPTRAVI TABS OR 200 MCG ( <i>selexipag</i> )	4	PA; ST
UPTRAVI TITRATION PACK TBPK ( <i>selexipag</i> )	4	PA; ST
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
ADEMPAS TABS ( <i>riociguat</i> )	4	PA
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN 5 MG/5ML ( <i>ivabradine hcl</i> )	3	ST; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	3	ST; QL(2 ea daily)
<b>Transthyretin Stabilizers</b>		
VYNDAMAX CAPS ( <i>tafamidis</i> )	4	PA; QL(1 ea daily)
VYNDAQEL CAPS ( <i>tafamidis meglumine (cardiac)</i> )	4	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	4	PA
<i>cefazolin sodium solr iv 1 gm</i>	4	PA
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefactor caps</i>	1	
CEFACTOR ER TB12 ( <i>cefactor monohydrate</i> )	3	
<i>cefactor susr</i>	1	
CEFOTAN SOLR ( <i>cefotetan disodium</i> )	7	PA
<i>cefotetan disodium solr</i>	4	PA
<i>cefoxitin sodium solr 1 gm, 2 gm</i>	4	PA
CEFOXITIN SODIUM SOLR 1 GM-4 %, 2 GM-2.2 % ( <i>cefoxitin sodium and dextrose</i> )	4	PA
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir caps</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<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 CHEW 100 MG, 200 MG ( <i>cefixime</i> )	3	
SUPRAX SUSR 500 MG/5ML ( <i>cefixime</i> )	3	
<b>CHEMICALS</b>		
<b>Bulk Chemicals - P's</b>		
PROGESTERONE CONCENTRATE CREA ( <i>progesterone (bulk)</i> )	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN TABS	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, BEKYREE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA TABS	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN, VELIVET TABS	5	PV
(Drospirenone-Ethinyl Estradiol) GIANVI, JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE TABS	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY TABS	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E TABS	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE TABS	5	PV

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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	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MELODETTA 24 FE, MIBELAS 24 FE CHEW	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	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 TABS	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE CHEW	5	PV

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

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Drug Name	Drug Tier	Requirements/Limits
BEYAZ TABS ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	7	PV
<i>desogestrel &amp; ethinyl estradiol tabs</i>	5	PV
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	5	PV
<i>drospirenone-ethinyl estradiol tabs</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	5	PV
ESTROSTEP FE TABS ( <i>norethindrone acetate-ethinyl estradiol-fe</i> )	7	PV
<i>ethynodiol diacet &amp; eth estrad tabs</i>	5	PV
GENERESS FE CHEW ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )	7	PV
<i>levonorgestrel &amp; eth estradiol tabs</i>	5	PV
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	5	PV
LO LOESTRIN FE TABS ( <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i> )	5	QL(1 ea daily); PV
LOSEASONIQUE TABS ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	7	PV
MINASTRIN 24 FE CHEW ( <i>norethin acet &amp; estrad-fe</i> )	7	PV

Drug Name	Drug Tier	Requirements/Limits
MIRCETTE TABS ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )	7	PV
NATAZIA TABS ( <i>estradiol valerate-dienogest</i> )	5	QL(1 ea daily); PV
NEXTSTELLIS TABS ( <i>drospirenone-estetrol</i> )	5	QL(1 ea daily); PV
<i>norethin acet &amp; estrad-fe caps</i>	5	PV
<i>norethin acet &amp; estrad-fe chew</i>	5	PV
<i>norethin acet &amp; estrad-fe tabs</i>	5	PV
<i>norethindrone &amp; ethinyl estradiol-fe chew</i>	5	PV
<i>norethindrone acet &amp; eth estra tabs</i>	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	5	PV
<i>norgestimate-ethinyl estradiol tabs</i>	5	PV
QUARTETTE TABS ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	7	PV
SAFYRAL TABS ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	7	PV
SEASONIQUE TABS ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	7	PV
TAYTULLA CAPS ( <i>norethin acet &amp; estrad-fe</i> )	7	PV
TYBLUME CHEW ( <i>levonorgestrel &amp; eth estradiol</i> )	5	PV

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Drug Name	Drug Tier	Requirements/Limits
YASMIN 28 TABS ( <i>drospirenone-ethinyl estradiol</i> )	7	PV
YAZ TABS ( <i>drospirenone-ethinyl estradiol</i> )	7	PV
<b>Combination Contraceptives - Transdermal</b>		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY PTWK	5	365 rti day(s) supply,; PV
TWIRLA PTWK ( <i>levonorgestrel-ethinyl estradiol</i> )	5	QL(3 ea per 28 days retail); PV
<b>Combination Contraceptives - Vaginal</b>		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, HALOETTE RING	5	PV
ANNOVERA RING ( <i>segesterone acetate-ethinyl estradiol</i> )	5	QL(1 ea daily); PV
<i>etonogestrel-ethinyl estradiol ring</i>	5	PV
NUVARING RING ( <i>etonogestrel-ethinyl estradiol</i> )	7	PV
<b>Emergency Contraceptives</b>		
(Levonorgestrel (Emergency Oc)) AFTERA, AFTERPILL, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION TABS	5	PV
ELLA TABS ( <i>ulipristal acetate</i> )	5	PV
<i>levonorgestrel (emergency oc) tabs</i>	5	PV
PLAN B ONE-STEP TABS ( <i>levonorgestrel (emergency oc)</i> )	7	PV
<b>Progestin Contraceptives - Injectable</b>		

Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 ( <i>medroxyprogesterone acetate 104mg/0.65ml susp pref syn</i> )	5	Available through the Medical Benefit
<b>Progestin Contraceptives - Oral</b>		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA TABS	5	PV
<i>norethindrone (contraceptive) tabs</i>	5	PV
ORTHO MICRONOR TABS ( <i>norethindrone (contraceptive)</i> )	7	PV
SLYND TABS ( <i>drospirenone</i> )	5	QL(1 ea daily); PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
(Dexamethasone) DECADRON TABS	1	
(Dexamethasone) TAPERDEX 12-DAY TBPk	1	
<i>budesonide cpep 3 mg</i>	2	QL(3 ea daily)
<i>budesonide tb24 9 mg</i>	1	PA
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC ( <i>dexamethasone</i> )	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone tbpk 1.5 mg</i>	1	
<i>hydrocortisone tabs</i>	1	
MEDROL TABS 2 MG ( <i>methylprednisolone</i> )	2	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPK ( <i>prednisolone</i> )	3	
MILLIPRED TABS ( <i>prednisolone</i> )	2	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	1	
PREDNISON INTENSOL CONC ( <i>prednisone</i> )	2	
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
<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 caps 100 mg, 150 mg, 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone bitartrate-homatropine methylbromide soln</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide tabs</i>	1	
<b>Cough/Cold/Allergy Combinations</b>		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN	1	
(Guaifenesin-Codeine) GUAIA TUSSIN AC, GUAIFENESIN AC SYRP	1	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD	1	
ACTIDOM DMX LIQD ( <i>phenylephrine w/ dm-gg</i> )	3	
CODITUSSIN AC LIQD ( <i>guaifenesin-codeine</i> )	3	
DOMETUSS-DMX LIQD ( <i>phenylephrine w/ dm-gg</i> )	3	
GILPHEX TR TABS ( <i>phenylephrine-guaifenesin</i> )	3	RX/OTC
GILTUSS COUGH & COLD TABS ( <i>phenylephrine w/ dm-gg</i> )	3	
GILTUSS SINUS & CONGESTION TABS ( <i>phenylephrine-guaifenesin</i> )	3	RX/OTC
<i>guaifenesin-codeine soln</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
NEOTUSS PLUS LIQD ( <i>phenylephrine-chlorphen-dm</i> )	3	

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Drug Name	Drug Tier	Requirements/ Limits
PRO-RED AC SYRP ( <i>phenylephrine-dexchlorpheniramine-codeine</i> )	3	
<i>promethazine &amp; phenylephrine syrpf</i>	1	QL(30 ml daily)
<i>promethazine w/codeine soln</i>	1	QL(30 ml daily)
<i>promethazine w/codeine syrpf</i>	1	QL(30 ml daily)
<i>promethazine-dm syrpf</i>	1	QL(30 ml daily)
<i>promethazine-phenylephrine-codeine syrpf</i>	1	
<i>pseudoephed-bromphen-dm syrpf</i>	1	
TUSNEL TABS ( <i>pseudoephedrine w/dm-gg</i> )	3	
TUSSICAPS CP12 ( <i>hydrocodone polistirex-chlorpheniramine polistirex</i> )	3	
TUSSLIN LIQD ( <i>phenylephrine w/dm-gg</i> )	3	
TUSSLIN PEDIATRIC LIQD ( <i>phenylephrine w/dm-gg</i> )	3	
VIRTUSSIN DAC SOLN ( <i>pseudoephedrine w/codeine-gg</i> )	2	
<b>Misc. Respiratory Inhalants</b>		
(Sodium Chloride (Inhalant)) NEBUSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) PULMOSAL NEBU	1	

Drug Name	Drug Tier	Requirements/ Limits
HYPERSAL NEBU 3.5 % ( <i>sodium chloride (inhalant)</i> )	3	
NEBUSAL NEBU 6 % ( <i>sodium chloride (inhalant)</i> )	3	
<i>sodium chloride (inhalant) nebu</i>	1	
<b>Mucolytics</b>		
<i>acetylcysteine soln</i>	1	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
(Adapalene) ADAPALENE TREATMENT GEL	1	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC GEL	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 10 MG	1	QL(4 ea daily, 150 day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 20 MG	1	QL(5 ea daily, 150 day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 40 MG	1	QL(2 ea daily, 150 day(s) limit)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE CAPS 30 MG	1	QL(3 ea daily, 150 day(s) limit)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL	1	
(Tretinoin) AVITA CREA	1	
(Tretinoin) AVITA GEL	1	
<b>adapalene crea 0.1 %</b>	1	Limit 45gms per month;QL(1.5 gm daily)
<b>adapalene gel 0.1 %</b>	1	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
<b>adapalene gel 0.3 %</b>	1	QL(45 gm per fill retail,135 gm per fill mail)
<b>adapalene-benzoyl peroxide gel 0.1 %-2.5 %</b>	1	
AZELEX CREA ( <b>azelaic acid (acne)</b> )	3	
<b>benzoyl peroxide-erythromycin gel</b>	1	QL(2 gm daily)
<b>clindamycin phosphate (topical) foam</b>	1	
<b>clindamycin phosphate (topical) gel</b>	1	
<b>clindamycin phosphate (topical) lotn</b>	1	
<b>clindamycin phosphate (topical) soln</b>	1	
<b>clindamycin phosphate (topical) swab</b>	1	
<b>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</b>	1	
<b>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</b>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>clindamycin phosphate-tretinoin gel</b>	1	
<b>dapsone (topical) gel 5 %</b>	1	PA; ST
DIFFERIN LOTN 0.1 % ( <b>adapalene</b> )	3	
<b>erythromycin (acne aid) gel</b>	1	
<b>erythromycin (acne aid) soln</b>	1	
FABIOR FOAM ( <b>tazarotene (acne)</b> )	3	Limit 50gms per month;QL(1.67 gm daily)
<b>isotretinoin caps 10 mg, 25 mg</b>	1	QL(4 ea daily,150 day(s) limit)
<b>isotretinoin caps 20 mg</b>	1	QL(5 ea daily,150 day(s) limit)
<b>isotretinoin caps 30 mg</b>	1	QL(3 ea daily,150 day(s) limit)
<b>isotretinoin caps 35 mg, 40 mg</b>	1	QL(2 ea daily,150 day(s) limit)
RIAX FOAM ( <b>benzoyl peroxide</b> )	3	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL ( <b>sulfacetamide sodium-sulfur in urea vehicle</b> )	3	
<b>sulfacetamide sodium (acne) lotn</b>	1	
<b>sulfacetamide sodium w/ sulfur crea 4.8 %-9.8 %</b>	1	
<b>sulfacetamide sodium w/ sulfur liqd 4.8 %-9.8 %</b>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<b>sulfacetamide sodium w/ sulfur lotn 4.8 %-9.8 %</b>	1	PA
<b>sulfacetamide sodium w/ sulfur lotn 5 %-10 %</b>	1	QL(1 gm daily)
TAZAROTENE FOAM 0.1 % ( <b>tazarotene (acne)</b> )	3	Limit 50gms per month;QL(1.67 gm daily)
<b>tretinoin crea</b>	1	
<b>tretinoin gel</b>	1	
<b>tretinoin microsphere gel 0.04 %</b>	1	Limit 45gms per month;QL(1.7 gm daily)
<b>tretinoin microsphere gel 0.1 %</b>	1	QL(1.67 gm daily)
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OINT ( <b>sinecatechins</b> )	3	QL(30 gm per fill retail)
<b>Anti-inflammatory Agents - Topical</b>		
(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN RELIEVER, GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL	1	RX/OTC
<b>diclofenac sodium (topical) gel 1 %</b>	1	RX/OTC
<b>diclofenac sodium (topical) soln 1.5 %</b>	1	QL(5 ml daily)
<b>diclofenac sodium (topical) soln 2 %</b>	1	PA; QL(4 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
PENNSAID SOLN ( <b>diclofenac sodium (topical)</b> )	3	PA; QL(4 gm daily)
<b>Antibiotics - Topical</b>		
ALTABAX OINT ( <b>retapamulin</b> )	3	
CENTANY OINT ( <b>mupirocin</b> )	2	
<b>gentamicin sulfate (topical) crea</b>	1	
<b>gentamicin sulfate (topical) oint</b>	1	
<b>mupirocin oint</b>	1	
<b>Antifungals - Topical</b>		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC CREA	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) NYAMYC, NYSTOP POWD	1	
<b>ciclopirox gel ex 0.77 %</b>	1	
<b>ciclopirox olamine crea</b>	1	
<b>ciclopirox olamine susp</b>	1	
<b>ciclopirox sham ex 1 %</b>	1	
<b>ciclopirox soln ex 8 %</b>	1	
<b>clotrimazole w/ betamethasone crea</b>	1	Limit 1 tube per month;QL(1.5 gm daily)
<b>clotrimazole w/ betamethasone lotn</b>	1	QL(2 ml daily)
<b>econazole nitrate crea</b>	1	
ERTACZO CREA ( <b>sertaconazole nitrate</b> )	4	PA; QL(1 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
EXELDERM CREA ( <i>sulconazole nitrate</i> )	7	
EXELDERM SOLN ( <i>sulconazole nitrate</i> )	2	
EXODERM LOTN ( <i>sodium thiosulfate-salicylic acid</i> )	3	
<i>iodoquinol-hydrocortisone in aloe vehicle crea</i>	1	
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)
<i>ketoconazole (topical) foam</i>	2	
<i>ketoconazole (topical) sham</i>	1	
<i>naftifine hcl crea</i>	1	
<i>naftifine hcl gel</i>	1	
NAFTIN GEL 2 % ( <i>naftifine hcl</i> )	3	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	
OXISTAT LOTN ( <i>oxiconazole nitrate</i> )	3	
<i>sulconazole nitrate crea</i>	1	
<i>sulconazole nitrate soln</i>	1	
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
<i>bexarotene (topical) gel</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
CARAC CREA ( <i>fluorouracil (topical)</i> )	7	QL(1 gm daily)
<i>diclofenac sodium (actinic keratoses) gel</i>	2	PA
FLUOROPLEX CREA ( <i>fluorouracil (topical)</i> )	2	
<i>fluorouracil (topical) crea 5 %</i>	1	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	
PANRETIN GEL ( <i>alitretinoin</i> )	3	PA
PICATO GEL ( <i>ingenol mebutate</i> )	3	
TARGRETIN GEL EX 1 % ( <i>bexarotene (topical)</i> )	7	PA
VALCHLOR GEL ( <i>mechlorethamine hcl (topical)</i> )	4	PA; ST
<b>Antipruritics - Topical</b>		
<i>doxepin hcl (antipruritic) crea</i>	1	QL(3 gm daily)
<b>Antipsoriatics</b>		
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
<i>acitretin caps 10 mg</i>	2	QL(1 ea daily)
<i>acitretin caps 17.5 mg</i>	2	
<i>acitretin caps 25 mg</i>	2	QL(2 ea daily)
<i>calcipotriene crea</i>	2	QL(5 gm daily)
<i>calcipotriene foam</i>	1	PA
<i>calcipotriene oint</i>	1	QL(5 gm daily)
<i>calcipotriene soln</i>	1	
<i>calcitriol (topical) oint</i>	1	Limit 100gms per month;QL(3.4 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY PEN SOAJ ( <i>secukinumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COSENTYX SOSY 150 MG/ML ( <i>secukinumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COSENTYX SOSY 75 MG/0.5ML ( <i>secukinumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;
<i>methoxsalen rapid caps</i>	1	
SKYRIZI PEN SOAJ ( <i>risankizumab-rzaa</i> )	4	PA; QL(1 ml per 84 days retail)
SKYRIZI PSKT SC 75 MG/0.83ML ( <i>risankizumab-rzaa</i> )	4	PA; QL(1 ea per 84 days retail)
SKYRIZI SOSY SC 150 MG/ML ( <i>risankizumab-rzaa</i> )	4	PA; QL(1 ml per 84 days retail)
SORILUX FOAM ( <i>calcipotriene</i> )	3	PA
STELARA SOLN SC 45 MG/0.5ML ( <i>ustekinumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
STELARA SOSY SC 90 MG/ML ( <i>ustekinumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<i>tazarotene crea 0.1 %</i>	1	
<i>tazarotene gel 0.05 %, 0.1 %</i>	1	
TAZORAC CREA 0.05 % ( <i>tazarotene</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA SOPN ( <i>guselkumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TREMFYA SOSY ( <i>guselkumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<b>Antiseborrheic Products</b>		
<i>selenium sulfide lotn</i>	1	
SODIUM SULFACETAMIDE WASH LIQD ( <i>sulfacetamide sodium in bakuchiol vehicle</i> )	3	
<i>sulfacetamide sodium liqd 10 %</i>	1	
<i>sulfacetamide sodium sham 10 %</i>	1	
<b>Antivirals - Topical</b>		
<i>acyclovir topical oint</i>	1	QL(1 gm daily)
<b>Burn Products</b>		
(Silver Sulfadiazine) SSD CREA	1	
<i>mafenide acetate pack</i>	1	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM ( <i>mafenide acetate</i> )	3	
<b>Corticosteroids - Topical</b>		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT CREA	1	
(Clobetasol Propionate Emulsion) TOVET FOAM	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Clobetasol Propionate) CLODAN SHAM	1	
(Desonide) DESRX GEL	1	
(Flurandrenolide) NOLIX CREA	1	
(Fluticasone Propionate) BESER LOTN	1	
(Hydrocortisone (Topical)) ALA SCALP, ALA-SCALP LOTN	1	
(Hydrocortisone (Topical)) ALA-CORT CREA	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA	1	
ALA-SCALP LOTN ( <i>hydrocortisone (topical)</i> )	3	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
<i>amcinonide crea</i>	1	
<i>amcinonide lotn</i>	1	
AMCINONIDE OINT ( <i>amcinonide</i> )	3	
APEXICON E CREA ( <i>diflorasone diacetate emollient base</i> )	2	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	

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

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<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate soln</i>	1	
<i>clocortolone pivalate crea</i>	1	
CLODERM CREA ( <i>clocortolone pivalate</i> )	7	
CORDRAN TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )	3	
CORTANE-B LOTN ( <i>hydrocortisone-pramoxine-chloroxylenol</i> )	3	
<i>desonide crea</i>	1	
<i>desonide gel</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
<i>desoximetasone crea</i> 0.05 %, 0.25 %	1	
<i>desoximetasone gel</i> 0.05 %	1	
<i>desoximetasone liqd</i> 0.25 %	1	ST
<i>desoximetasone oint</i> 0.05 %, 0.25 %	1	
<i>diflorasone diacetate crea</i>	1	
<i>diflorasone diacetate oint</i>	1	
EPIFOAM FOAM ( <i>pramoxine-hc</i> )	3	
<i>fluocinolone acetonide crea</i>	1	
<i>fluocinolone acetonide oil</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide oint</i>	1	
<i>fluocinolone acetonide soln</i>	1	
<i>fluocinonide crea</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel</i>	1	
<i>fluocinonide oint</i>	1	
<i>fluocinonide soln</i>	1	
<i>flurandrenolide crea</i>	1	
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate lotn</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
<i>hydrocortisone (topical) crea</i>	1	
<i>hydrocortisone (topical) lotn</i>	1	
<i>hydrocortisone (topical) oint</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	

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<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
NUCORT LOTN ( <i>hydrocortisone acetate (topical)</i> )	3	
PRAMOSONE LOTN ( <i>pramoxine-hc</i> )	3	
PRAMOSONE OINT ( <i>pramoxine-hc</i> )	3	
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
TEXACORT SOLN ( <i>hydrocortisone (topical)</i> )	3	
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<b>Eczema Agents</b>		
DUPIXENT SOPN 300 MG/2ML ( <i>dupilumab</i> )	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SOSY 200 MG/1.14ML ( <i>dupilumab</i> )	4	PA
DUPIXENT SOSY 300 MG/2ML ( <i>dupilumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
<b>Emollient/Keratolytic Agents</b>		
(Urea) CEROVEL, UREA-C40 LOTN	1	
<i>urea lotn</i>	1	
<i>urea susp</i>	1	
<b>Enzymes - Topical</b>		
SANTYL OINT ( <i>collagenase</i> )	3	
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod crea</i>	1	
<b>Immunosuppressive Agents - Topical</b>		
<i>pimecrolimus crea</i>	1	QL(2 gm daily)
<i>tacrolimus (topical) oint 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
<b>Keratolytic/Antimitotic Agents</b>		
(Salicylic Acid) KERALYT SHAM	1	
BENSAL HP OINT ( <i>salicylic acid</i> )	3	RX/OTC
CONDYLOX GEL ( <i>podofilox</i> )	2	
MG217 PSORIASIS MULTI-SYMTOM OINT ( <i>salicylic acid</i> )	3	RX/OTC
PODOCON-25 SOLN ( <i>podophyllum resin</i> )	3	
<i>podofilox soln</i>	1	

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<b>salicylic acid in ammonium lactate vehicle foam</b>	1	
SALICYLIC ACID OINT 3 % ( <b>salicylic acid</b> )	3	RX/OTC
<b>salicylic acid sham 6 %</b>	1	
SALIMEZ CREA ( <b>salicylic acid</b> )	3	
<b>Local Anesthetics - Topical</b>		
CETACAINE AERO ( <b>butamben-tetracaine-benzocaine</b> )	3	
<b>lidocaine hcl soln</b>	1	
<b>lidocaine ptch ex 5 %</b>	1	Limited to 3 patches per day;QL(3 ea daily)
<b>lidocaine-prilocaine crea</b>	1	
PREMIUM SCAR PATCH PTCH ( <b>allantoin-lidocaine-petrolatum</b> )	3	
<b>Misc. Topical</b>		
DRYSOL SOLN ( <b>aluminum chloride</b> )	2	
XERAC AC SOLN ( <b>aluminum chloride in alcohol</b> )	3	
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA OINT ( <b>crisaborole</b> )	3	PA; ST; Limited to 60 gm per month;QL(2 gm daily)
<b>Rosacea Agents</b>		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL	1	Limit 45gms per month;QL(1.5 gm daily)
<b>azelaic acid gel</b>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>brimonidine tartrate (topical) gel</b>	1	PA; ST
<b>doxycycline (rosacea) cpdr</b>	1	PA; ST;QL(1 ea daily)
FINACEA FOAM ( <b>azelaic acid</b> )	3	
<b>ivermectin (rosacea) crea</b>	1	PA; QL(1.5 gm daily)
<b>metronidazole (topical) crea 0.75 %</b>	1	
<b>metronidazole (topical) gel 0.75 %</b>	1	Limit 45gms per month;QL(1.5 gm daily)
<b>metronidazole (topical) gel 1 %</b>	1	
<b>metronidazole (topical) lotn 0.75 %</b>	1	QL(2 ml daily)
NORITATE CREA ( <b>metronidazole (topical)</b> )	4	PA
ORACEA CPDR ( <b>doxycycline (rosacea)</b> )	7	PA; ST;QL(1 ea daily)
RHOFADE CREA ( <b>oxymetazoline hcl (topical)</b> )	3	PA; ST
<b>Scabicides &amp; Pediculicides</b>		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT LOTN	1	RX/OTC
<b>ivermectin (pediculicide) lotn</b>	1	RX/OTC
<b>malathion lotn</b>	1	
<b>permethrin crea</b>	1	QL(2 gm daily)
<b>Wound Care Products</b>		
REGANEX GEL ( <b>becaplermin</b> )	3	Limit 15gms per month;QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC SOLR ( <i>glucagon hcl rdn</i> ) ( <i>diagnostic</i> )	4	PA
METOPIRONE CAPS ( <i>metyrapone</i> )	3	
<b>Diagnostic Tests</b>		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH ULTRA STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		

Drug Name	Drug Tier	Requirements/ Limits
CREON CPEP ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
PANCREAZE CPEP ( <i>pancrelipase (lipase-protease-amylase)</i> )	3	
ZENPEP CPEP ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
KEVEYIS TABS ( <i>dichlorphenamide</i> )	4	PA
<i>methazolamide tabs</i>	1	
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 50 MG-50 MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	2	
<i>amiloride &amp; hydrochlorothiazide tabs</i>	1	
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	1	
<i>triamterene &amp; hydrochlorothiazide caps 25 mg-37.5 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs 25 mg-37.5 mg</i>	1	QL(2 ea daily)
<i>triamterene &amp; hydrochlorothiazide tabs 50 mg-75 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>Loop Diuretics</b>		
<i>bumetanide tabs 0.5 mg, 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	QL(5 ea daily)
<i>ethacrynic acid tabs</i>	1	ST
<i>furosemide soln</i>	1	
<i>furosemide tabs</i>	1	
SOAANZ TABS 20 MG ( <i>torseamide</i> )	2	
<i>torseamide tabs 10 mg, 20 mg, 5 mg</i>	1	
<i>torseamide tabs 100 mg</i>	1	QL(2 ea daily)
<b>Potassium Sparing Diuretics</b>		
<i>amiloride hcl tabs</i>	1	
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP ( <i>chlorothiazide</i> )	3	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone tabs</i>	1	
THALITONE TABS ( <i>chlorthalidone</i> )	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium soln 70 mg/75ml</i>	1	
<i>alendronate sodium tabs 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>alendronate sodium tabs 35 mg</i>	1	Limit 1 tab per week;QL(0.144 ea daily)
<i>alendronate sodium tabs 70 mg</i>	1	Limit 1 tab per week;QL(0.15 ea daily)
<i>calcitonin (salmon) soln ij 200 unit/ml</i>	4	PA; LA
<i>calcitonin (salmon) soln na 200 unit/act</i>	1	
<i>ibandronate sodium tabs</i>	1	Limit 1 per month;QL(0.04 ea daily)
MIACALCIN SOLN ( <i>calcitonin (salmon)</i> )	7	PA; LA
NATPARA CART ( <i>parathyroid hormone (recombinant)</i> )	4	PA; LA
PROLIA SOSY ( <i>denosumab</i> )	4	PA; LA
<i>risedronate sodium tabs 150 mg</i>	1	ST; Limited to 1 per month;QL(0.04 ea daily)
<i>risedronate sodium tabs 30 mg, 35 mg, 5 mg</i>	1	ST
TYMLOS SOPN ( <i>abaloparatide</i> )	4	PA; LA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLR ( <i>pegvisomant</i> )	4	PA; LA
<b>Growth Hormones</b>		
HUMATROPE CART ( <i>somatropin</i> )	4	PA; LA
NORDITROPIN FLEXPPO SOPN ( <i>somatropin</i> )	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
SEROSTIM SOLR ( <i>somatropin (non-refrigerated)</i> )	4	PA; LA
ZOMACTON SOLR ( <i>somatropin</i> )	4	PA
ZORBTIVE SOLR ( <i>somatropin (non-refrigerated)</i> )	4	PA; LA
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>raloxifene hcl</i> )	7	PV
OSPHENA TABS ( <i>ospemifene</i> )	3	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	5	PV
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN ( <i>mecasermin</i> )	4	PA; LA
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
FENSOLVI KIT ( <i>leuprolide acetate (cpp)</i> ) (6 month)	3	PA
LUPRON DEPOT-PED ( <b>1-MONTH</b> ) KIT (leuprolide acetate (cpp))	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL SOLN ( <i>nafarelin acetate</i> )	2	
<b>Metabolic Modifiers</b>		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
<i>betaine powd</i>	4	PA
BUPHENYL POWD ( <i>sodium phenylbutyrate</i> )	7	PA

Drug Name	Drug Tier	Requirements/Limits
BUPHENYL TABS ( <i>sodium phenylbutyrate</i> )	7	PA
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	QL(4 ea daily)
<i>calcitriol soln 1 mcg/ml</i>	1	
<i>cinacalcet hcl tabs</i>	1	PA
CYSTADANE POWD ( <i>betaine</i> )	7	PA
<i>doxercalciferol caps</i>	2	
GALAFOLD CAPS ( <i>migalastat hcl</i> )	4	PA; QL(0.5 ea daily)
KUVAN PACK ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX
KUVAN TABS ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) soln</i>	1	
<i>levocarnitine (metabolic modifiers) tabs</i>	1	
MYALEPT SOLR ( <i>metreleptin</i> )	4	PA; LA
<i>nitisinone caps 10 mg</i>	4	PA
<i>nitisinone caps 2 mg, 5 mg</i>	1	PA
NITYR TABS ( <i>nitisinone</i> )	4	PA
ORFADIN CAPS 10 MG ( <i>nitisinone</i> )	7	PA
ORFADIN CAPS 20 MG ( <i>nitisinone</i> )	3	PA
ORFADIN SUSP 4 MG/ML ( <i>nitisinone</i> )	4	PA
PALYNZIQ SOSY ( <i>pegvaliase-pqpz</i> )	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol caps</i>	1	
RAVICTI LIQD ( <i>glycerol phenylbutyrate</i> )	4	
<i>sapropterin dihydrochloride pack</i>	4	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride tabs</i>	4	Specialty Drug refer to Caremark SP RX
<i>sodium phenylbutyrate powd</i>	4	PA
<i>sodium phenylbutyrate tabs</i>	4	PA
STRENSIQ SOLN ( <i>asfotase alfa</i> )	4	PA
XURIDEN PACK ( <i>uridine triacetate</i> )	4	
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN NA 0.01 % ( <i>desmopressin acetate refrigerated</i> )	2	
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML ( <i>desmopressin acetate</i> )	3	
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(6 ea daily)
STIMATE SOLN ( <i>desmopressin acetate</i> )	3	
<b>Progesterone Receptor Antagonists</b>		
MIFEPREX TABS ( <i>mifepristone</i> )	7	
<i>mifepristone tabs</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	1	
<b>Somatostatic Agents</b>		
<i>octreotide acetate soln 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate soln 1000 mcg/ml, 500 mcg/ml</i>	4	PA; LA
SANDOSTATIN SOLN 500 MCG/ML ( <i>octreotide acetate</i> )	7	PA; LA
SIGNIFOR SOLN ( <i>pasireotide diaspartate</i> )	4	PA; LA
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TBP 15 MG ( <i>tolvaptan</i> )	4	PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI TABS	1	
ANGELIQ TABS ( <i>drospirenone-estradiol</i> )	3	
CLIMARA PRO PTWK ( <i>estradiol-levonorgestrel</i> )	2	
COMBIPATCH PTTW ( <i>estradiol &amp; norethindrone acetate</i> )	3	
DUAVEE TABS ( <i>conjugated estrogens-bazedoxifene</i> )	3	
<i>estradiol &amp; norethindrone acetate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
ORIAHNN CPPK ( <i>elagolix sodium-estradiol-norethindrone acetate</i> )	4	PA
PREFEST TABS ( <i>estradiol-norgestimate</i> )	3	
PREMPHASE TABS ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	
PREMPRO TABS ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	
<b>Estrogens</b>		
(Estradiol) DOTTI, LYLLANA PTTW	1	Limit 8 patches per month;QL(0.29 ea daily)
ALORA PTTW ( <i>estradiol</i> )	2	Limit 8 patches per month;QL(0.29 ea daily)
DELESTROGEN OIL 10 MG/ML ( <i>estradiol valerate</i> )	2	QL(5 ml per fill retail)
ELESTRIN GEL ( <i>estradiol</i> )	3	
<i>estradiol gel td 0.25 mg/0.25gm, 0.5 mg/0.5gm, 1 mg/gm</i>	1	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	Limit 8 patches per month;QL(0.29 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	Limit 4 patches per month;QL(0.14 3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	QL(5 ml per fill retail)
ESTROGEL GEL ( <i>estradiol</i> )	3	Limit 50gms per month;QL(1.67 gm daily)
EVAMIST SOLN ( <i>estradiol</i> )	3	
MENEST TABS ( <i>esterified estrogens</i> )	2	
MENOSTAR PTWK ( <i>estradiol</i> )	3	Limit 4 patches per month;QL(0.14 3 ea daily)
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG ( <i>estrogens, conjugated</i> )	2	QL(1 ea daily)
PREMARIN TABS OR 0.9 MG ( <i>estrogens, conjugated</i> )	2	

### FLUOROQUINOLONES - Drugs to Treat Bacterial Infections

Fluoroquinolones		
CIPRO SUSR 5 GM/100ML, 500 MG/5ML ( <i>ciprofloxacin</i> )	2	
<i>ciprofloxacin hcl tabs</i>	1	
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg, 500 mg, 750 mg</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin tabs 300 mg</i>	1	
<i>ofloxacin tabs 400 mg</i>	1	QL(28 ea per 90 days retail, 28 ea per 90 days mail)

### GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs

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Drug Name	Drug Tier	Requirements/Limits
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OCALIVA TABS 10 MG ( <i>obeticholic acid</i> )	4	PA; QL(1 ea daily)
OCALIVA TABS 5 MG ( <i>obeticholic acid</i> )	4	PA; ST;QL(1 ea daily)
<b>Gallstone Solubilizing Agents</b>		
CHENODAL TABS ( <i>chenodiol</i> )	4	PA
<i>ursodiol caps 300 mg</i>	2	
<i>ursodiol tabs 250 mg, 500 mg</i>	1	
<b>Gastrointestinal Chloride Channel Activators</b>		
<i>lubiprostone caps 24 mcg, 8 mcg</i>	1	
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln</i>	1	
<i>metoclopramide hcl tabs</i>	1	
<i>metoclopramide hcl tbdp</i>	1	
METOCLOPRAMIDE ODT TBDP ( <i>metoclopramide hcl</i> )	3	
<b>Inflammatory Bowel Agents</b>		
<i>balsalazide disodium caps</i>	1	Limit 280 caps per month;QL(9 ea daily)
DIPENTUM CAPS ( <i>olsalazine sodium</i> )	3	
INFLECTRA SOLR ( <i>infliximab-dyyb</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<i>mesalamine cp24 or 0.375 gm</i>	1	QL(4 ea daily)
<i>mesalamine cpcr or 500 mg</i>	1	PA; QL(8 ea daily)
<i>mesalamine cpdr or 400 mg</i>	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine enem re 4 gm</i>	1	QL(60 ml daily)
<i>mesalamine supp re 1000 mg</i>	1	QL(1 ea daily)
<i>mesalamine tbec or 1.2 gm</i>	1	QL(4 ea daily)
<i>mesalamine tbec or 800 mg</i>	1	
PENTASA CPCR 250 MG ( <i>mesalamine</i> )	3	PA
RENFLEXIS SOLR ( <i>infliximab-abda</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
SFROWASA ENEM ( <i>mesalamine</i> )	2	
STELARA SOLN IV 130 MG/26ML ( <i>ustekinumab (iv)</i> )	4	PA; LA
<i>sulfasalazine tabs</i>	1	QL(8 ea daily)
<i>sulfasalazine tbec</i>	1	QL(8 ea daily)
<b>Intestinal Acidifiers</b>		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC SOLN	1	
<i>lactulose (encephalopathy) soln</i>	1	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alose tron hcl tabs</i>	2	
LINZESS CAPS ( <i>linaclotide</i> )	2	QL(1 ea daily)
VIBERZI TABS ( <i>eluxadoline</i> )	3	PA
<b>Peripheral Opioid Receptor Antagonists</b>		
<i>alvimopan caps</i>	1	
MOVANTIK TABS 12.5 MG ( <i>naloxegol oxalate</i> )	3	

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Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TABS 25 MG ( <i>naloxegol oxalate</i> )	3	QL(1 ea daily)
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML ( <i>methylnaltrexone bromide</i> )	4	PA; LA
RELISTOR TABS OR 150 MG ( <i>methylnaltrexone bromide</i> )	4	PA; ST
<b>Phosphate Binder Agents</b>		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA TABS ( <i>ferric citrate</i> )	3	PA; ST
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL PACK 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )	3	
<i>lanthanum carbonate chew 1000 mg</i>	1	QL(3 ea daily)
<i>lanthanum carbonate chew 500 mg</i>	1	
<i>lanthanum carbonate chew 750 mg</i>	1	QL(4 ea daily)
PHOSLYRA SOLN ( <i>calcium acetate (phosphate binder)</i> )	3	
<i>sevelamer carbonate pack 0.8 gm</i>	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	QL(5 ea daily)
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sevelamer hcl tabs 400 mg</i>	1	PA; ST

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer hcl tabs 800 mg</i>	1	PA; ST; QL(16 ea daily)
<b>Short Bowel Syndrome (SBS) Agents</b>		
GATTEX KIT ( <i>teduglutide (rdna)</i> )	4	PA; ST; Specialty Drug refer to Caremark SP RX; LA
<b>Tryptophan Hydroxylase Inhibitors</b>		
XERMELO TABS ( <i>telotristat etiprate</i> )	4	PA; ST; Not available through mail
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Acidifiers</b>		
K-PHOS NO 2 TABS ( <i>potassium &amp; sodium acid phosphates</i> )	2	
<b>Alkalinizers</b>		
(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 SOLN	1	RX/OTC
ORACIT SOLN ( <i>sodium citrate &amp; citric acid</i> )	3	
<i>pot &amp; sod citrates w/citric ac soln</i>	1	
<i>potassium citrate (alkalinizer) tbc</i>	1	
<i>potassium citrate-citric acid soln</i>	1	RX/OTC
<i>sodium citrate &amp; citric acid soln</i>	1	RX/OTC
<b>Cystinosis Agents</b>		
CYSTAGON CAPS ( <i>cysteamine bitartrate</i> )	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
PROCYSBI CPDR 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )	4	
PROCYSBI PACK 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )	4	PA
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS ( <i>pentosan polysulfate sodium</i> )	3	PA; QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
CARDURA XL TB24 ( <i>doxazosin mesylate (bph)</i> )	3	
<i>dutasteride caps</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
<i>silodosin caps 4 mg</i>	1	
<i>silodosin caps 8 mg</i>	1	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
<b>Urinary Stone Agents</b>		
LITHOSTAT TABS ( <i>acetohydroxamic acid</i> )	3	
THIOLA EC TBEC ( <i>tiopronin</i> )	3	
<i>tiopronin tabs</i>	1	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	1	
<b>Gout Agents</b>		
<i>allopurinol tabs 100 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol tabs 300 mg</i>	1	QL(2 ea daily)
<i>colchicine caps</i>	1	
<i>colchicine tabs</i>	1	
<i>febuxostat tabs 40 mg</i>	1	QL(2 ea daily)
<i>febuxostat tabs 80 mg</i>	1	QL(1 ea daily)
MITIGARE CAPS ( <i>colchicine</i> )	7	
<b>Uricosurics</b>		
<i>probenecid tabs</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
ADVATE SOLR ( <i>antihemophilic factor (rcmb)</i> ) plasma/albumin free (rahf-pfm))	4	PA; LA
ADYNOVATE SOLR ( <i>antihemophilic factor (recombinant)</i> pegylated)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
AFSTYLA KIT ( <i>antihemophilic factor (recombinant)</i> single chain)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANATE SOLR ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANINE SD SOLR ( <i>coagulation factor ix</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPROLIX SOLR ( <i>coagulation factor ix (recomb)</i> ) fc fusion protein (rfixfc))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

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

Drug Name	Drug Tier	Requirements/ Limits
IXINITY SOLR ( <i>coagulation factor ix (recombinant)</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
JIVI SOLR ( <i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KCENTRA KIT ( <i>prothrombin complex concentrate human</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KOATE SOLR ( <i>antihemophilic factor (human)</i> )	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
KOATE-DVI SOLR ( <i>antihemophilic factor (human)</i> )	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
KOVALTRY SOLR ( <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i> )	4	PA; LA
MONONINE SOLR ( <i>coagulation factor ix</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOEIGHT SOLR ( <i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOSEVEN RT SOLR ( <i>coagulation factor viia (recombinant)</i> )	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA

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Drug Name	Drug Tier	Requirements/ Limits
NUWIQ KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT <b>(antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim))</b>	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
OBIZUR SOLR <b>(antihemophilic factor (recombinant porcine) (rpfviii))</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PROFILNINE SOLR <b>(factor ix complex)</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
REBINYN SOLR <b>(coagulation factor ix (recombinant) glycopegylated)</b>	4	PA; administered under the medical benefit
RECOMBIMATE SOLR <b>(antihemophilic factor (recombinant) (rfviii))</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
RIXUBIS SOLR <b>(coagulation factor ix (recombinant))</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TRETTEEN SOLR <b>(coagulation factor xiii a-subunit (recombinant))</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VONVENDI SOLR ( <b>von willebrand factor (recombinant)</b> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
WILATE KIT <b>(antihemophilic factor/von willebrand factor complex (human))</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

Drug Name	Drug Tier	Requirements/ Limits
XYNTHA KIT <b>(antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor))</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XYNTHA SOLOFUSE KIT <b>(antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor))</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<b>Bradykinin B2 Receptor Antagonists</b>		
(Icatibant Acetate) SAJAZIR SOLN	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
FIRAZYR SOLN ( <b>icatibant acetate</b> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
<b>icatibant acetate soln</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
<b>Complement Inhibitors</b>		
HAEGARDA SOLR ( <b>c1 esterase inhibitor (human)</b> )	4	PA; Specialty drug-Health Net will refer to SP Pharmacy
<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		
TAVALISSE TABS 100 MG <b>(fostamatinib disodium)</b>	4	PA; ST
TAVALISSE TABS 150 MG <b>(fostamatinib disodium)</b>	4	PA
<b>Hematorheologic Agents</b>		
<b>pentoxifylline tbc</b>	1	QL(3 ea daily)
<b>Human Protein C</b>		
CEPROTIN SOLR <b>(protein c concentrate (human))</b>	4	PA; LA
<b>Platelet Aggregation Inhibitors</b>		
<b>anagrelide hcl caps</b>	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>aspirin-dipyridamole cp12</b>	1	
BRILINTA TABS ( <i>ticagrelor</i> )	2	QL(2 ea daily)
<b>cilostazol tabs</b>	1	QL(2 ea daily)
<b>clopidogrel bisulfate tabs</b>	1	QL(2 ea daily)
<b>dipyridamole tabs</b>	1	
<b>prasugrel hcl tabs</b>	1	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA CAPS ( <i>eliglustat tartrate</i> )	4	PA
CEREZYME SOLR ( <i>imiglucerase</i> )	4	PA; LA
<b>miglustat caps</b>	4	PA; ST
ZAVESCA CAPS ( <i>miglustat</i> )	7	PA; ST
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS ( <i>hydroxyurea (sickle cell disease)</i> )	2	
SIKLOS TABS 100 MG ( <i>hydroxyurea (sickle cell disease)</i> )	4	PA; ST;AC
SIKLOS TABS 1000 MG ( <i>hydroxyurea (sickle cell disease)</i> )	4	PA; AC
<b>Folic Acid/Folates</b>		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID TABS	5	PV
(Folic Acid) KP FOLIC ACID TABS 1 MG	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) KP FOLIC ACID TABS 800 MCG	5	PV
<b>folic acid tabs 1 mg</b>	1	RX/OTC
<b>folic acid tabs 400 mcg, 800 mcg</b>	5	PV
<b>Hematopoietic Growth Factors</b>		
MULPLETA TABS ( <i>lusutrombopag</i> )	4	PA
PROMACTA PACK ( <i>eltrombopag olamine</i> )	4	PA; QL(1 ea daily)
PROMACTA TABS ( <i>eltrombopag olamine</i> )	4	PA; QL(1 ea daily)
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	4	PA
ZARXIO SOSY ( <i>filgrastim-sndz</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
ZIEXTENZO SOSY ( <i>pegfilgrastim-bmez</i> )	4	PA; ST
<b>Hematopoietic Mixtures</b>		
FOLIVANE-F CAPS ( <i>ferrous fumarate-iron polysaccharide complex-folic acid-c-b3</i> )	2	
INTEGRA F CAPS ( <i>ferrous fumarate-iron polysaccharide complex-folic acid-c-b3</i> )	2	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
<b>aminocaproic acid soln</b>	1	
<b>aminocaproic acid tabs</b>	1	

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Drug Name	Drug Tier	Requirements/Limits
CYKLOKAPRON SOLN ( <i>tranexamic acid</i> )	7	PA
<i>tranexamic acid soln iv 1000 mg/10ml</i>	4	PA
<i>tranexamic acid tabs or 650 mg</i>	1	QL(6 ea daily,5 day(s) limit)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Barbiturate Hypnotics		
<i>phenobarbital elix</i>	1	
<i>phenobarbital tabs</i>	1	
Non-Barbiturate Hypnotics		
DORAL TABS ( <i>quazepam</i> )	7	
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	QL(1 ea daily)
<i>flurazepam hcl caps 15 mg</i>	1	QL(2 ea daily)
<i>flurazepam hcl caps 30 mg</i>	1	QL(1 ea daily)
<i>midazolam hcl syrp</i>	1	
<i>temazepam caps 15 mg</i>	1	QL(2 ea daily)
<i>temazepam caps 22.5 mg, 30 mg</i>	1	QL(1 ea daily)
<i>temazepam caps 7.5 mg</i>	1	
<i>triazolam tabs 0.125 mg</i>	1	
<i>triazolam tabs 0.25 mg</i>	1	QL(1 ea daily)
<i>zaleplon caps</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbc or 12.5 mg, 6.25 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABS ( <i>suvorexant</i> )	2	ST; QL(1 ea daily)
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS ( <i>tasimelteon</i> )	7	PA; ST
<i>ramelteon tabs</i>	1	ST; QL(1 ea daily)
<i>tasimelteon caps</i>	4	PA; ST
<b>LAXATIVES - Bowel Treatment Drugs</b>		
Laxative Combinations		
(Peg 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/AS CORBATE SOLR	5	PV
(Peg 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR	5	QL(4000 ml per fill retail); PV
(Peg 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK, TRILYTE SOLR	5	PV
GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	7	QL(4000 ml per fill retail); PV
NULYTELY SOLR ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	7	PV
NULYTELY/FLAVOR PACKS SOLR ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	7	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
<b>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</b>	5	QL(4000 ml per fill retail); PV
<b>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</b>	5	PV
PEG-PREP KIT ( <b>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</b> )	5	QL(1 ea per fill retail); PV
<b>Laxatives - Miscellaneous</b>		
(Lactulose) CONSTULOSE SOLN	1	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURALAX, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD	1	Limit 528gms per month;QL(17.6 gm daily)
(Polyethylene Glycol 3350) RA LAXATIVE POWD 17 GM/SCOOP	1	Limit 528gms per month;QL(17.6 gm daily)
<b>lactulose soln</b>	1	
<b>polyethylene glycol 3350 powd</b>	1	Limit 528gms per month;QL(17.6 gm daily)
<b>Saline Laxatives</b>		
OSMOPREP TABS ( <b>sodium phosphate monobasic-sodium phosphate dibasic</b> )	5	PV
<b>Stimulant Laxatives</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS BISACODYL, 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, FEENAMINT, GENTLE LAXATIVE, GNP BISA-LAX, 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 WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, VERACOLATE, 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
(Bisacodyl) BISACODYL LAXATIVE, CVS BISACODYL, CVS 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

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Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) RA LAXATIVE TBEC 5 MG	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
<b>bisacodyl supp</b>	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV

### MACROLIDES - Drugs to Treat Bacterial Infections

Azithromycin		
<b>azithromycin pack 1 gm</b>	1	
<b>azithromycin susr 100 mg/5ml, 200 mg/5ml</b>	1	
<b>azithromycin tabs 250 mg</b>	1	QL(6 ea per fill retail)
<b>azithromycin tabs 500 mg</b>	1	QL(3 ea daily)
<b>azithromycin tabs 600 mg</b>	1	QL(10 ea per fill retail)
Clarithromycin		
<b>clarithromycin susr 125 mg/5ml, 250 mg/5ml</b>	1	
<b>clarithromycin tabs 250 mg, 500 mg</b>	1	
<b>clarithromycin tb24 500 mg</b>	1	QL(14 ea per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>erythromycin base cpep</b>	1	
<b>erythromycin base tabs</b>	1	
<b>erythromycin base tbec</b>	1	
<b>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</b>	1	
<b>erythromycin ethylsuccinate tabs 400 mg</b>	1	
Fidaxomicin		
DIFICID TABS 200 MG ( <b>fidaxomicin</b> )	3	

### MEDICAL DEVICES AND SUPPLIES

Contraceptives		
CAYA DPRH ( <b>diaphragm arc-spring</b> )	5	QL(1 ea per 365 days retail); PV
FC2 FEMALE CONDOM MISC ( <b>condoms - female</b> )	5	PV
FEMCAP DEVI ( <b>cervical caps</b> )	5	PV
OMNIFLEX DIAPHRAGM DPRH ( <b>diaphragms</b> )	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH ( <b>diaphragm wide seal</b> )	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH ( <b>diaphragm wide seal</b> )	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH ( <b>diaphragm wide seal</b> )	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH ( <b>diaphragm wide seal</b> )	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH ( <i>diaphragm wide seal</i> )	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH ( <i>diaphragm wide seal</i> )	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH ( <i>diaphragm wide seal</i> )	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH ( <i>diaphragm wide seal</i> )	5	PV
<b>Diabetic Supplies</b>		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK FASTCLIX LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SAFE-T-PRO LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SOFTCLIX LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVANCED MOBILE LANCET 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVOCATE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVOCATE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVOCATE SAFETY LANCETS 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AIMSCO TWIST LANCETS 32G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE LANCE LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AIMSCO TWIST LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE LANCE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AQUALANCE LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE LANCE PLUS SAFETYLANCETS 25G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE LANCE PLUS SAFETYLANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE LANCE SAFETY LANCET 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	AURORA LANCET SUPER THIN30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AURORA LANCET THIN 23G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CARETOUCH SAFETY LANCETS/26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
BD LANCET ULTRAFINE 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CARETOUCH SAFETY LANCETS/28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
BD LANCET ULTRAFINE 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CARETOUCH SAFETY LANCETS/30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
BD MICROTAINER LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CARETOUCH TWIST LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
BULLSEYE MINI SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CARETOUCH TWIST LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
BULLSEYE SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CARETOUCH TWIST LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CAREONE LANCET SUPER THIN/30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CARETOUCH TWIST LANCETS MULTI COLOR/30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CAREONE LANCET THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CLEANLET LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CARESENS LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CLEVER CHEK LANCETS ULTRATHIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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CLEVER CHEK LANCETS ULTRATHIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CVS LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CVS LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COAGUCHEK LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CVS LANCETS MICRO- THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CVS LANCETS ORIGINAL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CVS LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COMFORT LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CVS LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
COMFORT TOUCH LANCETS ULTRA THIN 31G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CVS LANCETS ULTRA- THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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CVS ULTRA THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	DRUG MART UNILET MICRO THIN LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DIATHRIVE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	E-Z JECT LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DIATHRIVE LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	E-Z JECT LANCETS COLOR MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DROPLET LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	E-Z JECT LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DROPLET PERSONAL LANCETS30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	E-Z JECT LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DRUG MART LANCETS THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	E-Z JECT LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	E-ZJECT LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY COMFORT LANCETS 30G/PULL TOP MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY COMFORT LANCETS 30G/THIN TOP MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT LANCETS MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS TWIST TOP MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 26G/PULL-TOP MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 28G/PULL-TOP MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 28G/TWIST MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/PULL-TOP MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/TWIST MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/PULL-TOP MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/TWIST MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 33G/TWIST MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS 21G/PRESSURE ACTIVATED MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EQL COLOR LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EQL COLOR LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EQL SUPER THIN LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EQL THIN LANCETS 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EZ-LETS LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TWIST & CAP LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EZ-LETS LANCETS 26G SUPER-SOFT MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EMBRACE LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EZ-LETS LANCETS 28G ULTRA-SOFT MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EZ-LETS LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	FIFTY50 SAFETY SEAL LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SAFETY SEAL LANCETS 32G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FIFTY50 UNILET LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FINE 30 MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FINGERSTIX LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FORA LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREESTYLE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREESTYLE UNISTICK II LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL BUTTERFLY TOUCH LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET GP LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLOBAL INJECT EASE LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLOBAL INJECT EASE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLUCOCOM LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLUCOCOM LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GOODSENSE LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP LANCETS THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GOODSENSE LANCETS ULTRA-THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP STERILE LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP STERILE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	H-E-B INCONTROL LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GNP STERILE LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	H-E-B INCONTROL LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOJJI STERILE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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HAEMOLANCE LOW FLOW LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	HY-VEE THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	IN TOUCH STERILE LANCETS30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS HIGH FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	KINNEY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS LOW FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	KINNEY THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS MAX FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	KROGER HEALTHPRO TWIST LANCETS/26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	KROGER LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	KROGER LANCETS MICRO THIN33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	KROGER LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HY-VEE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	KROGER LANCETS SUPER THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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KROGER LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS 33G UNIVERSAL DESIGN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS ULTRATHIN30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 26G TWIST TOP MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS SAFETY SEAL 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS SAFETY SEAL 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 30G TWIST TOP MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS SAFETY SEAL 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 30G/TWIST TOP MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS SAFETY SEAL 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 31G TWIST TOP MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS SUPER THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 33G EXTRA FINE MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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LANCETS TWIST TOP MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LIVE BETTER LANCET SUPERTHIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LIVE BETTER LANCET ULTRATHIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LONGS LANCETS STANDARD MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETSBULLSEYE SAFETY MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LONGS LANCETS THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LIBERTY MEDICAL LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LONGS LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LIFESCAN UNISTIK II LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LITE TOUCH LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LITETOUCH LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCETEXTRA MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDICHOICE SAFETY LANCETNORMAL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDISENSE THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE PLUS/LITE 25G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS EXTRA LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE/EXTRA MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS LANCETS LITE 25G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE/LITE MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE/UNIVERSAL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS LITE LANCETS 25G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEIJER COLOR LANCETS UNIVERSAL 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEIJER LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS SUPERLITE 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEIJER LANCETS THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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MEIJER LANCETS UNIVERSAL21G MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MPD SAFETY LANCET 21G/1.8MM MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL30G MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MPD SAFETY LANCET 28G/1.8MM MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL33G MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MPD SAFETY LANCET 30G/1.8MM MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER SUPER THIN LANCETS MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MPD SAFETY LANCETS 23G/1.8MM MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MICROLET LANCETS MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MM TWIST LANCETS MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	NOVA SAFETY LANCETS 23G MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MONOLET LANCETS MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	NOVA SAFETY LANCETS 28G MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MONOLET OPD LANCETS MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	NOVA SUREFLEX LANCETS MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MONOLETTOR SAFETY LANCETS MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ONETOUCH CLUB LANCETS FINE POINT MISC <i>(lancets)</i>	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA LANCETS FINE 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH FINEPOINT LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH ULTRA 2 KIT ( <i>blood glucose monitoring supplies</i> )	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT ( <i>blood glucose monitoring supplies</i> )	2	QL(1 ea per 365 days retail); RX/OTC
PC LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PERFECT LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACY COUNTER LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PIP LANCETS/28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PIP LANCETS/30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	PRODIGY SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRECISION THINS GP LANCET MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	PRODIGY TWIST TOP LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS COLORED 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	PSS SELECT GP LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	PSS SELECT SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	PURE COMFORT LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	PUSH BUTTON SAFETY LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRO COMFORT LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	PUSH BUTTON SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRO COMFORT LANCETS 31G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	PX LANCETS MICROTHIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	PX LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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AL=Age Limit    AC=Anti-cancer    LA=Limited Access    QL=Quantity Limit    ST=Step Therapy  
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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	READYLANCE SAFETY LANCETS/21G/2.2MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC LANCETS SUPER THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	READYLANCE SAFETY LANCETS/23G/1.8MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	READYLANCE SAFETY LANCETS/26G/1.8MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC UNILET LANCETS 28G/ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	READYLANCE SAFETY LANCETS/28G/1.8MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC UNILET LANCETS 33G/MICRO THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	READYLANCE SAFETY LANCETS/30G/1.6MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	REALITY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	REALITY TRIGGER LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	RELION LANCETS MICRO-THIN33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	RELION LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS ULTRA-THIN30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN LANCETS/30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN LANCETS30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN PLUS LANCETS 32G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY LANCET 21G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN PLUS LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY LANCET 23G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
REXALL LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY LANCET 28G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RIGHTEST GL300 LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY LANCET 30G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE LOW FLOW 25G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE NORMAL FLOW21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SHOPKO UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LET LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SHOPKO UNILET LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAPS HEALTH CARE TWIST TOP LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SIDE BUTTON SAFETY LANCET21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAPS HEALTH PLUS TWIST TOP LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SINGLE-LET MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAPS HEALTH TWIST TOP LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SM MICRO THIN LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAPSCARE TWIST TOP LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SB LANCETS THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SB LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SMART SENSE THIN LANCETSUNIVERSAL 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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SMARTEST LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SURE COMFORT LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SURE-LANCE FLAT LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SOLUS V2 TWIST LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SURE-LANCE LANCETS 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
STERILANCE TL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SURE-LANCE THIN LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SUPER THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SURE-LANCE ULTRA THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 18G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SURE-TOUCH LANCETS UNIVERSAL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SURELITE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 23G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TECHLITE AST LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TECHLITE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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TECHLITE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRAVEL LANCETS ADVANCED 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TGT LANCET MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUE COMFORT SAFETY LANCETS/30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TGT LANCET THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUE COMFORT TWIST TOP LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TGT LANCET ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUEPLUS LANCETS 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
THINLETS GP LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUEPLUS LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TODAYS HEALTH SUPER THINLANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUEPLUS LANCETS 28G SUPER THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUEPLUS LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TOPCARE LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUEPLUS LANCETS 30G ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRAVEL LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUEPLUS LANCETS 33G MICRO THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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TRUEPLUS LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET CLASSIC LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET SAFETY LANCETS 23G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA THIN LANCETS 31G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-CARE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II AUTO LANCET MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET COMFORTOUCH LANCET MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET EXCELITE II MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET EXCELITE MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET G.P. LANCET MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET G.P. SUPERLITE LANCET MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET GP 28 ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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UNILET LANCET MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNISTIK SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS MICRO-THIN33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNISTIK SAFETY LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS SUPER-THIN30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNISTIK TOUCH SAFETY LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS ULTRA-THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNISTIK TOUCH SAFETY LANCETS 23G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET SUPERLITE LANCET MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNISTIK TOUCH SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK 3 GENTLE MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNISTIK TOUCH SAFETY LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNIVERSAL 1 LANCETS THIN26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 25G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
VALUE PLUS LANCETS STANDARD 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUE PLUS LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUE PLUS LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUMARK LANCET SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUMARK LANCET ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VIVAGUARD LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VIVAGUARD SAFETY LANCETS/28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
WALGREENS ADVANCED TRAVELLANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS ULTRA THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ZEV RX TWIST TOP LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
<b>Parenteral Therapy Supplies</b>		
ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	QL(6.67 ea daily)
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200 per month;QL(6.67 ea daily)
BD AUTOSHIELD 29G X 3/16" MISC ( <i>insulin pen needle</i> )	2	

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Drug Name	Drug Tier	Requirements/Limits
BD AUTOSHIELD 29G X 5/16" MISC ( <i>insulin pen needle</i> )	2	
BD AUTOSHIELD DUO 30G X 5MM MISC ( <i>insulin pen needle</i> )	2	
BD NEEDLE/30G X 1/2" MISC ( <i>needle (disp)</i> 30 g)	2	
BD PEN MINI MISC ( <i>injection device for insulin</i> )	3	Limited to 1 device per year; QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
BD PEN MISC ( <i>injection device for insulin</i> )	3	Limited to 1 device per year; QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC ( <i>insulin pen needle</i> )	2	
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC ( <i>insulin pen needle</i> )	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC ( <i>insulin pen needle</i> )	2	QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC ( <i>insulin pen needle</i> )	2	QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC ( <i>insulin pen needle</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC ( <i>insulin pen needle</i> )	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	QL(6.67 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200 per month; QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM MISC ( <i>insulin syringe/needle u-100</i> )	2	QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200 per month; QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200 per month; QL(6.67 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200 per month; QL(6.67 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" MISC ( <i>needle (disp)</i> 30 g)	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" MISC ( <i>needle (disp)</i> 30 g)	2	
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	QL(6.67 ea daily)
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200 per month;QL(6.67 ea daily)
HYPODERMIC NEEDLE 30GX1/2" MISC ( <i>needle (disp)</i> 30 g)	2	
INSULIN SYRINGES AND PEN NEEDLES	2	MO
NOVOPEN ECHO DEVI ( <i>injection device for insulin</i> )	3	Limited to 1 device per year;QL(1 ea per fill retail, 1 ea per 365 days retail); RX/OTC
POLY HUB NEEDLE/30G X 1/2" MISC ( <i>needle (disp)</i> 30 g)	2	
RELION INSULIN SYRINGE 0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	QL(6.67 ea daily)
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM MISC ( <i>insulin syringe/needle u-100</i> )	2	QL(6.67 ea daily)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP)</b>		
AIMOVIG SOAJ ( <i>erenumab-aooe</i> )	2	PA; ST
EMGALITY SOAJ 120 MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA; ST
EMGALITY SOSY 120 MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA; ST
UBRELVY TABS ( <i>ubrogepant</i> )	3	ST; QL(10 ea per 30 days retail)
<b>Migraine Combinations</b>		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine tabs</i>	1	
<b>Migraine Products</b>		
D.H.E. 45 SOLN ( <i>dihydroergotamine mesylate</i> )	7	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	2	PA
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	PA; QL(0.27 ml daily)
ERGOMAR SUBL ( <i>ergotamine tartrate</i> )	2	
<b>Serotonin Agonists</b>		
<i>almotriptan malate tabs</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>eletriptan hydrobromide tabs</i>	1	Limit 6 tabs per month;QL(0.2 ea daily)
<i>frovatriptan succinate tabs</i>	1	Limit 9 per month;QL(0.3 ea daily)
IMITREX SOLN SC 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	7	PA; ST; Limit 2mls per month;QL(0.07 ml daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML ( <i>sumatriptan succinate</i> )	7	PA; ST
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	7	PA
IMITREX STATDOSE SYSTEM SOAJ ( <i>sumatriptan succinate</i> )	7	PA
<i>naratriptan hcl tabs</i>	1	Limit 9 per month;QL(0.3 ea daily)
<i>rizatriptan benzoate tabs</i>	1	Limit 18 tabs per month;QL(0.6 ea daily)
<i>rizatriptan benzoate tbdp</i>	1	Limit 18 tabs per month;QL(0.6 ea daily)
<i>sumatriptan soln 20 mg/act</i>	1	Limit 6 sprayers per month;QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan soln 5 mg/act</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	4	PA
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	4	PA; ST
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	4	PA
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	4	PA; ST; Limit 2mls per month;QL(0.07 ml daily)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	4	PA
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1	Limit 9 per month;QL(2 ea daily)
<i>zolmitriptan soln na 2.5 mg, 5 mg</i>	1	QL(6 ea per 30 days retail, 18 ea per 90 days mail)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	1	Limit 6 tabs per month;QL(0.2 ea daily)

### MINERALS & ELECTROLYTES

#### Calcium

CALCIFOL WAFR ( <i>calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium</i> )	3	
CALCIUM-FOLIC ACID PLUS D WAFR ( <i>calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium</i> )	3	
MAGNEBIND 400 TABS ( <i>calcium carbonate-magnesium carbonate</i> )	3	

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Drug Name	Drug Tier	Requirements/ Limits
<b>Fluoride</b>		
(Sodium Fluoride) FLUORITAB, NAFRINSE DROPS SOLN	5	AL(Up to 6 yrs old ); PV
(Sodium Fluoride) NAFRINSE CHEW	1	AL(Up to 6 yrs old )
FLORIVA LIQD ( <i>sodium fluoride-vitamin d</i> )	3	
<i>sodium fluoride chew 0.25 mg, 0.5 mg</i>	5	AL(Up to 6 yrs old ); PV
<i>sodium fluoride chew 1 mg, 2.2 mg</i>	1	AL(Up to 6 yrs old )
<i>sodium fluoride soln 0.5 mg/ml</i>	5	AL(Up to 6 yrs old ); RX/OTC; PV
<i>sodium fluoride tabs 0.5 mg</i>	5	AL(Up to 6 yrs old ); PV
<i>sodium fluoride tabs 1 mg</i>	1	AL(Up to 6 yrs old )
<b>Phosphate</b>		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL TABS	1	RX/OTC
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic tabs</i>	1	RX/OTC
<b>Potassium</b>		
(Potassium Bicarbonate) EFFER-K TBEF 25 MEQ	1	
(Potassium Bicarbonate) K-PRIME, KLOR-CON/EF TBEF	1	

Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride Microencapsulated Crystals Er) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 TBCR	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR	1	
(Potassium Chloride) KLOR-CON PACK	1	
EFFER-K TBEF 0.84 GM-1 GM, 1.68 GM-2 GM ( <i>potassium bicarbonate-citric acid</i> )	3	
K-TAB TBCR 8 MEQ ( <i>potassium chloride</i> )	7	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcr 10 meq, 20 meq</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ( <i>potassium chloride</i> )	4	PA
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ( <i>potassium chloride</i> )	7	PA
<i>potassium chloride soln or 10 %, 20 %</i>	1	
<i>potassium chloride tbcr or 10 meq, 20 meq, 8 meq</i>	1	
<b>Sodium</b>		
<i>sodium chloride soln</i>	3	QL(500 ml daily)
<b>Zinc</b>		
GALZIN CAPS ( <i>zinc acetate (oral)</i> )	3	
WILZIN CAPS ( <i>zinc acetate (oral)</i> )	3	

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Drug Name	Drug Tier	Requirements/ Limits
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
(Trientine Hcl) CLOVIQUE CAPS	4	PA
<i>penicillamine caps</i>	1	PA
<i>penicillamine tabs</i>	1	
SYPRINE CAPS ( <i>trientine hcl</i> )	7	PA
<i>trientine hcl caps</i>	4	PA
<b>Immunomodulators</b>		
<i>lenalidomide caps</i>	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC
REVLIMID CAPS ( <i>lenalidomide</i> )	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC
THALOMID CAPS ( <i>thalidomide</i> )	3	Must use Exactus Specialty Rx 1-866-458-9246; AC
<b>Immunosuppressive Agents</b>		
(Azathioprine) AZASAN TABS	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24 ( <i>tacrolimus</i> )	3	ST
<i>azathioprine tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>everolimus (immunosuppressant) tabs</i>	1	
<i>mycophenolate mofetil caps or 250 mg</i>	1	
<i>mycophenolate mofetil susr or 200 mg/ml</i>	1	
<i>mycophenolate mofetil tabs or 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
PROGRAF PACK 0.2 MG, 1 MG ( <i>tacrolimus</i> )	4	PA
SANDIMMUNE SOLN 100 MG/ML ( <i>cyclosporine</i> )	3	
<i>sirolimus soln</i>	1	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR ( <i>anti-thymocyte globulin (rabbit)</i> , lymphocyte immune globulin)	3	PA; administered under the medical benefit
<b>Potassium Removing Agents</b>		
(Sodium Polystyrene Sulfonate) SPS SUSP	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<b>Systemic Lupus Erythematosus Agents</b>		

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Drug Name	Drug Tier	Requirements/ Limits
BENLYSTA SOAJ ( <i>belimumab</i> )	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
BENLYSTA SOSY ( <i>belimumab</i> )	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
FIRST-MOUTHWASH BLM SUSP ( <i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i> )	3	
<i>lidocaine hcl (mouth-throat) soln</i>	1	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
ORAVIG TABS ( <i>miconazole (mouth-throat)</i> )	3	
<b>Antiseptics - Mouth/Throat</b>		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD SOLN	1	
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
<b>Steroids - Mouth/Throat/Dental</b>		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE PSTE	1	
<i>triamcinolone acetonide (mouth) pste</i>	1	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl caps</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MUCOTROL WAFR ( <i>oral wound care products</i> )	3	
<i>pilocarpine hcl (oral) tabs 5 mg</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) tabs 7.5 mg</i>	1	QL(4 ea daily)
<b>MULTIVITAMINS</b>		
<b>Ped MV w/ Fluoride</b>		
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old ); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.3 MG-0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT	1	AL(Up to 6 yrs old ); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML, 0.4 MG/ML-0.5 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old ); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.25 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-300 MCG-400 UNIT-2500 UNIT, 0.3 MG-0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-300 MCG-400 UNIT-2500 UNIT	1	AL(Up to 6 yrs old ); RX/OTC
(Pediatric Vitamins Acid W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old ); RX/OTC
(Pediatric Vitamins Acid W/ Fluoride) TRI-VITE/FLUORIDE SOLN 0.25 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old ); RX/OTC
(Pediatric Vitamins Acid W/ Fluoride) TRI-VITE/FLUORIDE SOLN 0.5 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old )
FLORIVA PLUS SOLN ( <i>pediatric multivitamins w/fi</i> )	2	AL(Up to 6 yrs old ); RX/OTC
MULTI-VIT-FLOR CHEW ( <i>pediatric multivitamins w/fi</i> )	2	AL(Up to 6 yrs old ); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN + FLUORIDE CHEW ( <i>pediatric multivitamins w/fi</i> )	2	AL(Up to 6 yrs old ); RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-6.75 MG-10 MCG-13.5 MG-60 MG-750 MCG, 0.3 MG-0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-6.75 MG-10 MCG-13.5 MG-60 MG-750 MCG, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-6.75 MG-10 MCG-13.5 MG-60 MG-750 MCG ( <i>pediatric multivitamins w/fi</i> )	2	AL(Up to 6 yrs old ); RX/OTC
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT ( <i>pediatric multivitamins w/fi</i> )	2	AL(Up to 6 yrs old ); RX/OTC
<i>pediatric vitamins acid w/ fluoride soln</i>	1	AL(Up to 6 yrs old )
POLY-VI-FLOR CHEW 0.25 MG-15 UNIT-200 MCG-400 UNIT, 0.5 MG-15 UNIT-200 MCG-400 UNIT, 0.5 MG-4.5 MCG-10 MG-10 MG-15 MCG-60 MG-230 MCG-600 MCG, 1 MG-15 UNIT-200 MCG-400 UNIT ( <i>pediatric multivitamins w/fi</i> )	2	AL(Up to 6 yrs old ); RX/OTC
POLY-VI-FLOR SUSP 0.25 MG/ML-200 MCG/ML ( <i>pediatric multivitamins w/fi</i> )	3	
QUFLORA GUMMIES CHEW ( <i>pediatric multivitamins w/fi</i> )	2	AL(Up to 6 yrs old )

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

Drug Name	Drug Tier	Requirements/ Limits
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	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 MG-3 MG-3 MG-6 MG-7 MG-12 MCG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	1	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT TABS	1	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS	1	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-Fa-Dha) PNV-DHA CAPS	1	
ATABEX EC TBEC ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	2	
C-NATE DHA CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	3	
CITRANATAL 90 DHA MISC ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i> )	2	
CITRANATAL ASSURE MISC ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i> )	3	

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Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL B-CALM MISC ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa &amp; vit b6</i> )	3	
CITRANATAL BLOOM DHA MISC ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i> )	2	
CITRANATAL BLOOM TABS ( <i>prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid</i> )	3	
CITRANATAL DHA MISC ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i> )	2	
CITRANATAL ESSENCE THPK ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa-dha</i> )	2	
CITRANATAL HARMONY CAPS ( <i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i> )	3	
CITRANATAL MEDLEY CAPS ( <i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</i> )	3	
CITRANATAL RX TABS ( <i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i> )	3	
COMPLETENATE CHEW ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	
CONCEPT DHA CAPS ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> )	2	
CONCEPT OB CAPS ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
DUET DHA 400 MISC ( <i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i> )	3	
DUET DHA BALANCED MISC ( <i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i> )	3	
FOLIVANE-OB CAPS ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> )	2	
M-NATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
NATACHEW CHEW ( <i>prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid</i> )	3	
NEEVO DHA CAPS ( <i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i> )	3	
NEONATAL COMPLETE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
NEONATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
NESTABS DHA MISC ( <i>prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3</i> )	2	
NESTABS ONE CAPS ( <i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha</i> )	3	
NESTABS TABS ( <i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i> )	3	

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Drug Name	Drug Tier	Requirements/ Limits
NIVA-PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
OB COMPLETE ONE CAPS ( <i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil</i> )	3	
OB COMPLETE PETITE CAPS ( <i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3</i> )	3	
OB COMPLETE PREMIER TABS ( <i>prenatal vit w/ iron carbonyl-fe aspart glycinate-fa</i> )	3	
OB COMPLETE/DHA CAPS ( <i>prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid</i> )	3	
OBSTETRIX ONE CAPS ( <i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i> )	3	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PNV TABS 29-1 TABS ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	2	
PNV-DHA+DOCUSATE CAPS ( <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i> )	3	
PNV-OMEGA CAPS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> )	3	

Drug Name	Drug Tier	Requirements/ Limits
PRENA 1 TRUE MISC ( <i>prenatal without a w/ fe amino acid chelate-fa-dha</i> )	2	
PRENA1 CHEW CHEW ( <i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i> )	3	
PRENA1 PEARL CPR ( <i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i> )	3	
PRENAISSANCE CAPS ( <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i> )	3	
PRENAISSANCE PLUS CAPS ( <i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i> )	3	
PRENATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	
PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	3	RX/OTC
PRENATAL PLUS IRON TABS ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	2	
PRENATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL PLUS VITAMIN AND MINERAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PRENATAL-U CAPS ( <i>prenatal without a vit w/ fe fumarate-folic acid</i> )	2	
PRENATE CHEW ( <i>prenatal multivitamins &amp; minerals w/ l-methylfolate-fa</i> )	3	
PRENATE DHA CAPS ( <i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i> )	3	
PRENATE ELITE TABS ( <i>prenatal w/ fe asparto glycinate-l methylfolate-folic acid</i> )	3	
PRENATE ENHANCE CAPS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> )	3	
PRENATE ESSENTIAL CAPS ( <i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i> )	3	
PRENATE MINI CAPS ( <i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha</i> )	3	

Drug Name	Drug Tier	Requirements/ Limits
PRENATE PIXIE CAPS ( <i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i> )	3	
PRENATE RESTORE CAPS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> )	3	
PRENATRIX TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PRENATRYL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PREPLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
RELNATE DHA CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	3	
SE-NATAL 19 CHEW ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	
SE-NATAL 19 TABS ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	3	RX/OTC
SELECT-OB CHEW 0.4 MG-0.6 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT ( <i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i> )	2	
SELECT-OB CHEW 1 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT ( <i>prenatal vit w/ iron polysaccharide complex-folic acid</i> )	3	

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SELECT-OB+DHA MISC ( <i>prenatal mv &amp; min w/fe polysaccharide complex-fa-dha</i> )	3	
TARON-PREX CAPS ( <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i> )	3	
THERANATAL CORE NUTRITION TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
THRIVITE RX TABS ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	2	
TRICARE PRENATAL DHA ONE CAPS ( <i>prenatal w/fe fumarate-fa-dss-fish oil</i> )	3	
TRICARE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
TRINATAL RX 1 TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	
TRISTART DHA CAPS ( <i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i> )	3	
TRISTART ONE CAPS ( <i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i> )	3	
VINATE DHA RF CAPS ( <i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i> )	3	
VINATE ONE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	
VIRT-C DHA CAPS ( <i>prenatal vit w/ fe fum-iron polysacch complex-fa-omega 3</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
VIRT-NATE DHA CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	3	
VIRT-PN DHA CAPS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> )	3	
VIRT-PN PLUS CAPS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> )	3	
VITAFOL GUMMIES CHEW ( <i>prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids</i> )	3	
VITAFOL-NANO TABS ( <i>prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid</i> )	3	
VITAFOL-ONE CAPS ( <i>prenatal mv &amp; min w/fe polysaccharide complex-fa-dha</i> )	3	
VITAMEDMD ONE RX/QUATREFOLIC CAPS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> )	3	
VITAMEDMD REDICHEW RX CHEW ( <i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i> )	3	
VITAPEARL CPCR ( <i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i> )	3	
VITATHELY/GINGER TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC

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VITATRUE MISC ( <i>prenatal without a w/ fe amino acid chelate-fa-dha</i> )	2	
VIVA DHA CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	3	
VP-PNV-DHA CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	3	
WESCAP-C DHA CAPS ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> )	2	
WESNATE DHA CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	3	
WESTAB PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
WESTGEL DHA CAPS ( <i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i> )	3	
ZATEAN-PN DHA CAPS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> )	3	
ZATEAN-PN PLUS CAPS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> )	3	
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
(Carisoprodol) VANADOM TABS	1	
(Chlorzoxazone) LORZONE TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
(Cyclobenzaprine Hcl) FEXMID TABS	1	
<i>baclofen soln it 40 mg/20ml, 500 mcg/ml</i>	4	PA; administered under the medical benefit;LA
<i>baclofen tabs or 10 mg</i>	1	QL(6 ea daily)
<i>baclofen tabs or 20 mg</i>	1	QL(4 ea daily)
<i>baclofen tabs or 5 mg</i>	1	
<i>carisoprodol tabs</i>	1	
<i>chlorzoxazone tabs 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl tabs</i>	1	
GABLOFEN SOLN ( <i>baclofen</i> )	4	PA; administered under the medical benefit;LA
LIORESAL INTRATHECAL SOLN 0.05 MG/ML, 10 MG/5ML ( <i>baclofen</i> )	4	PA; administered under the medical benefit;LA
LIORESAL INTRATHECAL SOLN 10 MG/20ML, 40 MG/20ML ( <i>baclofen</i> )	7	PA; administered under the medical benefit;LA
<i>metaxalone tabs 400 mg</i>	1	
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate tb12</i>	1	
<i>tizanidine hcl caps 2 mg, 4 mg, 6 mg</i>	1	

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<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	QL(9 ea daily)
<b>Direct Muscle Relaxants</b>		
<i>dantrolene sodium caps</i>	1	
<b>Muscle Relaxant Combinations</b>		
<i>carisoprodol w/ aspirin &amp; codeine tabs</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Agent Combinations</b>		
<i>azelastine hcl-fluticasone propionate susp</i>	1	Limit 1 inhaler per month;QL(0.77 gm daily)
<b>Nasal Antiallergy</b>		
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS SOLN	1	QL(1 ml daily); RX/OTC
<i>azelastine hcl soln 0.1 %, 137 mcg/spray</i>	1	Limit 1 sprayer per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.15 %</i>	1	QL(1 ml daily); RX/OTC
<i>olopatadine hcl (nasal) soln</i>	1	
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) soln</i>	1	
<b>Nasal Steroids</b>		
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR SUSP 50 MCG/ACT	1	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, GNP FLUTICASONE PROPIONATE CHILDRENS, 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
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR AERO 55 MCG/ACT	1	QL(1.2 ml daily)
(Triamcinolone Acetonide (Nasal)) 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-SYMPDOM, RA NASAL ALLERGY SPRAY AERO	1	QL(1.2 ml daily)
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.22 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (nasal) aero</i>	1	QL(1.2 ml daily)
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RELYVRIO PACK ( <i>sodium phenylbutyrate-taurursodiol</i> )	4	PA
<i>riluzole tabs</i>	1	
<b>Spinal Muscular Atrophy Agents (SMA)</b>		
EVRYSDI SOLR ( <i>risdiplam</i> )	4	PA
<b>NUTRIENTS</b>		
<b>Lipids</b>		
DOJOLVI LIQD ( <i>triheptanoin</i> )	4	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Beta-blockers - Ophthalmic</b>		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN	1	
<i>betaxolol hcl (ophth) soln</i>	1	
BETIMOL SOLN ( <i>timolol</i> )	2	
BETOPTIC-S SUSP ( <i>betaxolol hcl (ophth)</i> )	2	
<i>brimonidine tartrate-timolol maleate soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	
<i>dorzolamide hcl-timolol maleate soln</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN ( <i>dorzolamide hcl-timolol maleate</i> )	2	
<i>levobunolol hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	7	
<b>Cycloplegic Mydriatics</b>		
(Homatropine Hbr) HOMATROPAIRE SOLN	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
<i>atropine sulfate (ophthalmic) oint</i>	1	
<i>atropine sulfate (ophthalmic) soln</i>	1	
ATROPINE SULFATE SOLN OP 1 % ( <i>atropine sulfate (ophthalmic)</i> )	2	
CYCLOMYDRIL SOLN ( <i>cyclopentolate w/ phenylephrine</i> )	3	
<i>cyclopentolate hcl soln</i>	1	
ISOPTO ATROPINE SOLN ( <i>atropine sulfate (ophthalmic)</i> )	2	
<i>phenylephrine hcl (mydriatic) soln</i>	1	
<i>tropicamide soln</i>	1	
<b>Miotics</b>		
<i>pilocarpine hcl soln</i>	1	QL(0.5 ml daily)
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOLN 0.1 % ( <i>brimonidine tartrate</i> )	2	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
IOPIDINE SOLN ( <i>apraclonidine hcl</i> )	3	
<b>Ophthalmic Anti-infectives</b>		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN OINT	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN OINT	1	
AZASITE SOLN ( <i>azithromycin (ophth)</i> )	3	Use Klarity-A 71384-0220-03;QL(0.17 ml daily)
<i>bacitracin (ophthalmic) oint</i>	2	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	
BESIVANCE SUSP ( <i>besifloxacin hcl</i> )	3	
BETADINE OPHTHALMIC PREP SOLN ( <i>povidone-iodine (ophth)</i> )	3	
CILOXAN OINT ( <i>ciprofloxacin hcl (ophth)</i> )	2	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN ( <i>azithromycin (ophth)</i> )	3	Use Klarity-A 71384-0220-03;QL(0.17 ml daily)
<i>levofloxacin (ophth) soln</i>	1	
<i>moxifloxacin hcl (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NATACYN SUSP ( <i>natamycin</i> )	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
<i>neomycin-polymyxin-gramicidin soln</i>	1	
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail,5 ml per fill mail)
<i>polymyxin b-trimethoprim soln</i>	1	
POVIDONE IODINE SOLN ( <i>povidone-iodine (ophth)</i> )	3	
<i>sulfacetamide sodium (ophth) oint</i>	1	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBEX OINT ( <i>tobramycin (ophth)</i> )	2	
<i>trifluridine soln</i>	1	
ZIRGAN GEL ( <i>ganciclovir ophthalmic</i> )	3	
<b>Ophthalmic Immunomodulators</b>		
<i>cyclosporine (ophth) emul</i>	1	QL(2 ea daily,64 ea per fill retail)
<b>Ophthalmic Local Anesthetics</b>		
(Tetracaine Hcl (Ophth)) ALTACAINE SOLN	1	
AKTEN GEL ( <i>lidocaine hcl (ophth)</i> )	3	
<i>proparacaine hcl soln</i>	1	
<i>tetracaine hcl (ophth) soln</i>	1	
<b>Ophthalmic Steroids</b>		
(Bacitracin-Poly-Neomycin-Hc) NEO-POLYCYN HC OINT	1	QL(4 gm per fill retail,4 gm per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F SUSP	1	
ALREX SUSP ( <i>loteprednol etabonate</i> )	3	
<i>bacitracin-poly-neomycin-hc oint</i>	1	QL(4 gm per fill retail,4 gm per fill mail)
BLEPHAMIDE S.O.P. OINT ( <i>sulfacetamide sod-prednisolone</i> )	2	
BLEPHAMIDE SUSP ( <i>sulfacetamide sod-prednisolone</i> )	2	
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
<i>difluprednate emul</i>	1	
FLAREX SUSP ( <i>fluorometholone acetate</i> )	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP ( <i>fluorometholone (ophth)</i> )	2	
FML OINT ( <i>fluorometholone (ophth)</i> )	2	
LOTEMAX OINT ( <i>loteprednol etabonate</i> )	3	
<i>loteprednol etabonate gel</i>	1	
<i>loteprednol etabonate susp</i>	1	
MAXIDEX SUSP ( <i>dexamethasone (ophth)</i> )	2	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
PRED-G S.O.P. OINT ( <i>gentamicin-prednisolone acetate</i> )	3	
PRED-G SUSP ( <i>gentamicin-prednisolone acetate</i> )	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % ( <i>prednisolone sodium phosphate (ophth)</i> )	3	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN ( <i>prednisolone-moxifloxacin</i> )	3	
<i>sulfacetamide sod-prednisolone soln</i>	1	
TOBRADEX OINT ( <i>tobramycin-dexamethasone</i> )	3	
TOBRADEX ST SUSP ( <i>tobramycin-dexamethasone</i> )	3	
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail)
ZYLET SUSP ( <i>loteprednol etabonate-tobramycin</i> )	3	QL(5 ml per fill retail)
<b>Ophthalmic Surgical Aids</b>		
GELFILM OP FILM ( <i>gelatin adsorbable (ophth)</i> )	3	
<b>Ophthalmics - Misc.</b>		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, GNP OLOPATADINE HYDROCHLORIDE SOLN 0.1 %	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, GNP OLOPATADINE HYDROCHLORIDE SOLN 0.2 %	1	QL(0.09 ml daily); RX/OTC
(Olopatadine Hcl) EYE ALLERGY ITCH RELIEF, EYE ALLERGY ITCH/REDNESSRELIEF, HM EYE ALLERGY ITCH/REDNESS RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL SOLN	1	QL(0.09 ml daily); RX/OTC
(Olopatadine Hcl) EYE ALLERGY ITCH RELIEF, EYE ALLERGY ITCH/REDNESSRELIEF, HM EYE ALLERGY ITCH/REDNESS RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL SOLN	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
ACUVAIL SOLN <b>(ketorolac tromethamine (ophth))</b>	3	
ALOCRIIL SOLN <b>(nedocromil sodium (ophth))</b>	3	
ALOMIDE SOLN <b>(Iodoxamide tromethamine)</b>	2	
<b>azelastine hcl (ophth) soln</b>	1	
<b>bepotastine besilate soln</b>	1	ST; QL(0.34 ml daily)
<b>brinzolamide susp</b>	1	Limit 10mls per month;QL(0.4 ml daily)
<b>bromfenac sodium (ophth) soln</b>	1	
BROMSITE SOLN <b>(bromfenac sodium (ophth))</b>	3	

Drug Name	Drug Tier	Requirements/ Limits
<b>cromolyn sodium (ophth) soln</b>	1	
CYSTARAN SOLN <b>(cysteamine hcl)</b>	4	
<b>diclofenac sodium (ophth) soln</b>	1	
<b>dorzolamide hcl soln</b>	1	Limit 10mls per month;QL(0.34 ml daily)
DORZOLAMIDE HCL SOLN <b>(dorzolamide hcl)</b>	2	Limit 10mls per month;QL(0.34 ml daily)
<b>epinastine hcl (ophth) soln</b>	1	
<b>flurbiprofen sodium soln</b>	1	
ILEVRO SUSP <b>(nepafenac)</b>	3	
<b>ketorolac tromethamine (ophth) soln</b>	1	
LASTACFT SOLN <b>(alcaftadine)</b>	3	ST; RX/OTC
NEVANAC SUSP <b>(nepafenac)</b>	3	
<b>olopatadine hcl soln 0.1 %</b>	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
<b>olopatadine hcl soln 0.2 %</b>	1	QL(0.09 ml daily); RX/OTC
PAREMYD SOLN <b>(hydroxyamphetamine- tropicamide)</b>	3	
PROLENSA SOLN <b>(bromfenac sodium (ophth))</b>	3	
<b>Prostaglandins - Ophthalmic</b>		
<b>bimatoprost soln</b>	1	Limit 2.5mls per month;QL(0.09 ml daily)
<b>latanoprost soln op</b>	1	QL(0.09 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
LATANOPROST SOLN OP ( <i>latanoprost</i> )	2	QL(0.09 ml daily)
LUMIGAN SOLN ( <i>bimatoprost</i> )	2	Limit 2.5mls per month;QL(0.09 ml daily)
<i>tafluprost soln</i>	1	QL(1 ea daily)
<i>travoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN ( <i>ciprofloxacin hcl (otic)</i> )	7	QL(14 ea per fill retail)
<i>ciprofloxacin hcl (otic) soln</i>	1	QL(14 ea per fill retail)
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
(Pramoxine-Hc-Chloroxylenol) CORTIC-ND, EXOTIC-HC SOLN	1	
CIPRO HC SUSP ( <i>ciprofloxacin-hydrocortisone</i> )	3	
<i>ciprofloxacin-dexamethasone susp</i>	1	
<i>ciprofloxacin-fluocinolone acetonide soln</i>	1	Limit 15mls per month;QL(0.5 ea daily)
CORTISPORIN-TC SUSP ( <i>neomycin-colistin-hc-thonzonium</i> )	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OTOVEL SOLN ( <i>ciprofloxacin-fluocinolone acetonide</i> )	7	Limit 15mls per month;QL(0.5 ea daily)
PRAMOTIC LIQD ( <i>pramoxine-chloroxylenol</i> )	3	
<b>Otic Steroids</b>		
(Fluocinolone Acetonide (Otic)) FLAC OIL	1	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	2	QL(10 ml per fill retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST ( <i>dinoprostone</i> )	3	
PREPIDIL GEL ( <i>dinoprostone</i> )	3	
PROSTIN E2 SUPP ( <i>dinoprostone</i> )	3	
<b>Oxytocics</b>		
(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		
BIVIGAM SOLN 10 % ( <i>immune globulin (human) iv</i> )	4	PA; LA
CARIMUNE NANOFILTERED SOLR 6 GM ( <i>immune globulin (human) iv</i> )	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF SOLN 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML ( <i>immune globulin (human)</i> iv)	4	PA; LA
GAMMAGARD LIQUID SOLN 1 GM/10ML ( <i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA
GAMMAGARD LIQUID SOLN 2.5 GM/25ML ( <i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
GAMMAKED SOLN ( <i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA
GAMMAPLEX SOLN 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/100ML ( <i>immune globulin (human)</i> iv)	4	PA; LA
GAMUNEX-C SOLN 1 GM/10ML ( <i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA
GAMUNEX-C SOLN 2.5 GM/25ML ( <i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
OCTAGAM SOLN 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML ( <i>immune globulin (human)</i> iv)	4	PA; LA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML ( <i>immune globulin (human)</i> iv)	4	PA; LA
<b>Monoclonal Antibodies</b>		

Drug Name	Drug Tier	Requirements/Limits
REGEN-COV SOLN 1332 MG/11.1ML-300 MG/2.5ML ( <i>casirivimab-imdevimab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA KIT 2.5 GM/25ML-200 UNT/1.25ML, 20 GM/200ML-1600 UNIT/10ML, 30 GM/300ML-2400 UNIT/15ML, 400 UNIT/2.5ML-5 GM/50ML ( <i>immune globulin (human)</i> -hyaluronidase (human recombinant))	4	PA; Some members may obtain their medications through their Medical Group;LA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<i>ampicillin sodium solr</i>	4	PA
<b>Natural Penicillins</b>		
(Penicillin G Potassium) PFIZERPEN SOLR	4	PA
BICILLIN L-A SUSP ( <i>penicillin g benzathine</i> )	4	PA
BICILLIN L-A SUSY ( <i>penicillin g benzathine</i> )	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN ( <i>penicillin g pot in dextrose</i> )	4	PA
<i>penicillin g potassium solr</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G PROCAINE SUSP ( <i>penicillin g procaine</i> )	4	PA
<i>penicillin g sodium solr</i>	4	PA
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate chew</i>	1	
<i>amoxicillin &amp; pot clavulanate susr</i>	1	
<i>amoxicillin &amp; pot clavulanate tabs</i>	1	
<i>amoxicillin &amp; pot clavulanate tb12</i>	1	
<i>ampicillin &amp; sulbactam sodium solr</i>	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	2	
BICILLIN C-R SUSP ( <i>penicillin g benzathine &amp; procaine</i> )	4	PA
<i>piperacillin sodium-tazobactam sodium solr</i>	4	PA
UNASYN BULK PACK SOLR ( <i>ampicillin &amp; sulbactam sodium</i> )	7	PA
UNASYN SOLR ( <i>ampicillin &amp; sulbactam sodium</i> )	7	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
NAFCILLIN SOLN ( <i>nafcillin sodium in dextrose</i> )	4	PA
<i>oxacillin sodium solr</i>	4	PA
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	QL(1 ea daily)
<i>medroxyprogesterone acetate tabs 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate (appetite) susp</i>	1	AC
<i>norethindrone acetate tabs</i>	1	
<i>progesterone caps or 100 mg, 200 mg</i>	1	QL(1 ea daily)
<i>progesterone oil im 50 mg/ml</i>	1	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS ( <i>lofexidine hcl</i> )	3	PA; QL(224 ea per 14 days retail)
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN ( <i>sodium oxybate</i> )	4	PA; ST
XYREM SOLN ( <i>sodium oxybate</i> )	4	PA; ST
Antidementia Agents		
<i>donepezil hydrochloride tabs</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	1	
<i>memantine hcl cp24 14 mg, 21 mg, 28 mg</i>	1	PA
<i>memantine hcl cp24 7 mg</i>	1	PA; ST
<i>memantine hcl soln 10 mg/5ml, 2 mg/ml</i>	1	
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(4 ea daily)
NAMENDA XR TITRATION PACK CP24 ( <i>memantine hcl</i> )	3	PA; ST
NAMZARIC C4PK 10 MG ( <i>memantine hcl-donepezil hcl</i> )	3	PA
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	
<i>olanzapine-fluoxetine hcl caps 12 mg-25 mg, 12 mg-50 mg, 6 mg-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl caps 3 mg-25 mg, 6 mg-50 mg</i>	2	
<i>perphenazine-amitriptyline tabs</i>	1	
<b>Fibromyalgia Agents</b>		
SAVELLA TABS ( <i>milnacipran hcl</i> )	3	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC ( <i>milnacipran hcl</i> )	3	PA; QL(2 ea daily)
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS 12 MG ( <i>deutetrabenazine</i> )	4	PA; QL(4 ea daily)
AUSTEDO TABS 6 MG ( <i>deutetrabenazine</i> )	4	PA; ST;QL(2 ea daily)
AUSTEDO TABS 9 MG ( <i>deutetrabenazine</i> )	4	PA; QL(2 ea daily)
INGREZZA CAPS 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	4	PA; QL(1 ea daily)
INGREZZA CPPK ( <i>valbenazine tosylate</i> )	4	PA
<i>tetrabenazine tabs</i>	4	PA; Specialty drug-Health Net will refer to SP Pharmacy
XENAZINE TABS ( <i>tetrabenazine</i> )	7	PA; Specialty drug-Health Net will refer to SP Pharmacy
<b>Multiple Sclerosis Agents</b>		
(Glatiramer Acetate) GLATOPA SOSY	1	PA
AUBAGIO TABS ( <i>teriflunomide</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;QL(1 ea daily); LA
AVONEX PEN AJKT ( <i>interferon beta-1a</i> )	4	PA; LA
AVONEX PSKT ( <i>interferon beta-1a</i> )	4	PA; LA

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Drug Name	Drug Tier	Requirements/ Limits
BETASERON KIT ( <i>interferon beta-1b</i> )	4	PA
<i>dalfampridine tb12</i>	1	PA
<i>dimethyl fumarate cpdr</i>	2	PA; LA
<i>dimethyl fumarate misc</i>	2	PA; LA
<i> fingolimod hcl caps</i>	1	PA; QL(1 ea daily)
GILENYA CAPS ( <i> fingolimod hcl</i> )	2	PA; QL(1 ea daily)
<i>glatiramer acetate sosy</i>	1	PA
KESIMPTA SOAJ ( <i>ofatumumab (ms)</i> )	4	PA; QL(0.0143 ml daily)
MAYZENT STARTER PACK TBPK ( <i>siponimod fumarate</i> )	3	PA; not available thru mail order
MAYZENT STARTER PACK TBPK ( <i>siponimod fumarate</i> )	3	PA; not available thru mail order; QL(12 ea per 5 days retail)
MAYZENT TABS 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; not available thru mail order; QL(4 ea daily)
MAYZENT TABS 1 MG ( <i>siponimod fumarate</i> )	3	PA; not available thru mail order
MAYZENT TABS 2 MG ( <i>siponimod fumarate</i> )	3	PA; QL(1 ea daily)
PLEGRIDY SOPN SC ( <i>peginterferon beta-1a</i> )	4	PA; LA
PLEGRIDY SOSY IM ( <i>peginterferon beta-1a</i> )	4	PA
PLEGRIDY SOSY SC ( <i>peginterferon beta-1a</i> )	4	PA; LA
PLEGRIDY STARTER PACK SOPN ( <i>peginterferon beta-1a</i> )	4	PA; LA
PLEGRIDY STARTER PACK SOSY ( <i>peginterferon beta-1a</i> )	4	PA; LA

Drug Name	Drug Tier	Requirements/ Limits
REBIF REBIDOSE SOAJ ( <i>interferon beta-1a</i> )	4	PA; LA
REBIF REBIDOSE TITRATIONPACK SOAJ ( <i>interferon beta-1a</i> )	4	PA; LA
REBIF SOSY ( <i>interferon beta-1a</i> )	4	PA; LA
REBIF TITRATION PACK SOSY ( <i>interferon beta-1a</i> )	4	PA; LA
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd) tabs</i>	1	
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUDEXTA CAPS ( <i>dextromethorphan hbr-quinidine sulfate</i> )	4	PA
<b>Psychotherapeutic and Neurological Agents -</b>		
<i>ergoloid mesylates tabs</i>	1	
<i>pimozide tabs</i>	1	
<b>Smoking Deterrents</b>		

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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, 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	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL 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	5	PV

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Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, 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, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, 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 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24		
APO-VARENICLINE TABS 0.5 MG ( <i>varenicline tartrate</i> )	5	QL(1 ea daily); PV
APO-VARENICLINE TABS 1 MG ( <i>varenicline tartrate</i> )	5	QL(2 ea daily); PV
<i>bupropion hcl (smoking deterrent) tb12</i>	5	PV
CHANTIX CONTINUING MONTHPAK TABS ( <i>varenicline tartrate</i> )	7	QL(2 ea daily); PV
CHANTIX TABS 0.5 MG ( <i>varenicline tartrate</i> )	7	QL(1 ea daily); PV
CHANTIX TABS 1 MG ( <i>varenicline tartrate</i> )	7	QL(2 ea daily); PV
NICODERM CQ PT24 ( <i>nicotine</i> )	7	PV
NICORETTE GUM ( <i>nicotine polacrilex</i> )	7	PV
NICORETTE LOZG ( <i>nicotine polacrilex</i> )	7	PV
NICORETTE MINI LOZG ( <i>nicotine polacrilex</i> )	7	PV
NICORETTE STARTER KIT GUM ( <i>nicotine polacrilex</i> )	7	PV
<i>nicotine polacrilex gum</i>	5	PV
<i>nicotine polacrilex lozg</i>	5	PV
<i>nicotine pt24</i>	5	PV
NICOTINE TRANSDERMAL SYSTEM KIT ( <i>nicotine</i> )	5	PV
NICOTROL INHALER INHA ( <i>nicotine</i> )	5	PV

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN ( <i>nicotine</i> )	5	PV
<i>varenicline tartrate tabs 0.5 mg</i>	5	QL(1 ea daily); PV
<i>varenicline tartrate tabs 1 mg</i>	5	QL(2 ea daily); PV
<b>Transthyretin Amyloidosis Agents</b>		
TEGSEDI SOSY ( <i>inotersen sodium</i> )	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK 25 MG ( <i>ivacaftor</i> )	4	PA; Must use AcariaHlth Sp Rx 1-844-538- 4662;LA
KALYDECO PACK 50 MG, 75 MG ( <i>ivacaftor</i> )	4	PA; Must use Accredo SP pharmacy;LA
KALYDECO TABS 150 MG ( <i>ivacaftor</i> )	4	PA; Must use Accredo SP pharmacy;LA
ORKAMBI PACK 100 MG- 125 MG, 150 MG-188 MG ( <i>lumacaftor-ivacaftor</i> )	4	PA; MUST USE ACARIA SPECIALTY RX 844-538- 4661;LA
ORKAMBI PACK 75 MG- 94 MG ( <i>lumacaftor- ivacaftor</i> )	4	PA
ORKAMBI TABS 100 MG- 125 MG, 125 MG-200 MG ( <i>lumacaftor-ivacaftor</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;LA
PULMOZYME SOLN ( <i>dornase alfa</i> )	2	PA; QL(5 ml daily)
SYMDEKO TBPK ( <i>tezacaftor-ivacaftor</i> )	4	PA; LA
TRIKAFTA TBPK 25 MG- 50 MG ( <i>elexacaftor- tezacaftor-ivacaftor</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;QL(3 ea daily); LA

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TBPK 50 MG- 100 MG ( <i>elexacaftor- tezacaftor-ivacaftor</i> )	4	PA; Must use AcariaHlth Sp Rx 1-844-538- 4662;QL(3 ea daily); LA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET TABS ( <i>pirfenidone</i> )	7	PA; Must use Exactus Specialty Rx 1- 866-458- 9246;LA
OFEV CAPS ( <i>nintedanib esylate</i> )	4	PA; QL(2 ea daily)
<i>pirfenidone tabs 267 mg, 801 mg</i>	4	PA; Must use Exactus Specialty Rx 1- 866-458- 9246;LA
<i>pirfenidone tabs 534 mg</i>	4	PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	1	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
(Doxycycline (Monohydrate)) AVIDOXY TABS	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS	2	
(Doxycycline Hyclate) LYMEPAK TABS	1	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG CAPS	1	
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 100 mg, 50 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) caps 150 mg</i>	2	ST
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg, 50 mg</i>	1	
<i>doxycycline (monohydrate) tabs 150 mg</i>	2	ST
<i>doxycycline (monohydrate) tabs 75 mg</i>	1	ST
<i>doxycycline hyclate caps 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate tabs 100 mg, 20 mg</i>	1	
<i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl cp24 135 mg, 45 mg, 90 mg</i>	3	ST
<i>minocycline hcl tabs 100 mg, 50 mg</i>	1	
<i>minocycline hcl tabs 75 mg</i>	1	PA
<i>tetracycline hcl caps</i>	1	
VIBRAMYCIN SYRP 50 MG/5ML ( <i>doxycycline calcium</i> )	2	
XIMINO CP24 135 MG, 45 MG, 90 MG ( <i>minocycline hcl</i> )	3	ST
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<b>Thyroid Hormones</b>		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVOXYL TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
(Levothyroxine Sodium) LEVO-T, UNITHROID TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
(Thyroid) NP THYROID 15, NP THYROID 30, NP THYROID 60, NP THYROID 90 TABS	1	
ARMOUR THYROID TABS ( <i>thyroid</i> )	2	
CYTOMEL TABS 25 MCG, 50 MCG ( <i>liothyronine sodium</i> )	2	QL(2 ea daily)
CYTOMEL TABS 5 MCG ( <i>liothyronine sodium</i> )	2	
<i>levothyroxine sodium caps or 100 mcg, 112 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium caps or 125 mcg</i>	1	QL(1 ea daily)
<i>levothyroxine sodium tabs or 100 mcg, 137 mcg, 150 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium tabs or 112 mcg, 125 mcg, 175 mcg, 200 mcg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>liothyronine sodium tabs 25 mcg, 50 mcg</i>	1	QL(2 ea daily)
<i>liothyronine sodium tabs 5 mcg</i>	1	
SYNTHROID TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ( <i>levothyroxine sodium</i> )	2	QL(1 ea daily)
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP	1	
(Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR TB12	1	
(Hyoscyamine Sulfate) OSCIMIN TABS	1	
(Hyoscyamine Sulfate) OSCIMIN, SYMAX-SL SUBL	1	
BELLADONNA/OPIUM SUPP ( <i>belladonna alkaloids &amp; opium</i> )	3	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
GLYCATE TABS ( <i>glycopyrrolate</i> )	3	
<i>glycopyrrolate soln or 1 mg/5ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
GLYCOPYRROLATE TABS OR 1.5 MG ( <i>glycopyrrolate</i> )	3	
<i>hyoscyamine sulfate subl</i>	1	
<i>hyoscyamine sulfate tabs</i>	1	
<i>hyoscyamine sulfate tb12</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
<i>methscopolamine bromide tabs</i>	1	
<i>propantheline bromide tabs</i>	1	
<b>H-2 Antagonists</b>		

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Drug Name	Drug Tier	Requirements/Limits
(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, 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	1	RX/OTC
<b>cimetidine tabs 300 mg, 800 mg</b>	1	
<b>cimetidine tabs 400 mg</b>	1	QL(4 ea daily)
<b>famotidine susr 40 mg/5ml</b>	1	
<b>famotidine tabs 20 mg</b>	1	RX/OTC
<b>famotidine tabs 40 mg</b>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>nizatidine caps</b>	1	
<b>nizatidine soln</b>	1	
<b>Misc. Anti-Ulcer</b>		
<b>sucralfate susp 1 gm/10ml</b>	1	
<b>sucralfate tabs 1 gm</b>	1	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		
(Lansoprazole) CVS LANSOPRAZOLE TBDD	1	QL(2 ea daily); AL(Up to 12 yrs old ); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR	1	QL(1 ea daily); RX/OTC
ACIPHEX SPRINKLE CPSP 10 MG ( <b>rabeprazole sodium</b> )	3	PA
ACIPHEX SPRINKLE CPSP 5 MG ( <b>rabeprazole sodium</b> )	3	PA; ST
<b>esomeprazole magnesium pack 10 mg, 20 mg, 40 mg</b>	1	PA
FIRST-OMEPRAZOLE SUSP ( <b>omeprazole</b> )	3	
<b>lansoprazole cpdr 15 mg</b>	1	QL(1 ea daily); RX/OTC
<b>lansoprazole cpdr 30 mg</b>	1	QL(1 ea daily)
<b>lansoprazole tbdd 15 mg</b>	1	QL(2 ea daily); AL(Up to 12 yrs old ); RX/OTC
<b>lansoprazole tbdd 30 mg</b>	1	QL(1 ea daily); AL(Up to 12 yrs old )

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Drug Name	Drug Tier	Requirements/ Limits
NEXIUM PACK 2.5 MG, 5 MG ( <i>esomeprazole magnesium</i> )	3	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP ( <i>omeprazole</i> )	3	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	QL(1 ea daily); RX/OTC
<i>omeprazole cpdr 40 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium pack</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec</i>	1	QL(1 ea daily)
PRILOSEC PACK ( <i>omeprazole magnesium</i> )	3	PA
RABEPRAZOLE SODIUM DR SPRINKLE CPSP ( <i>rabeprazole sodium</i> )	3	PA
<i>rabeprazole sodium tbec</i>	2	PA; ST; QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol tabs</i>	1	
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1	14 rti MAX day(s) supply, 365 rti lmt day(s),
HELIDAC THERAPY MISC ( <i>metronidazole-tetracycline w/ bismuth subsalicylate</i> )	3	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
<i>darifenacin hydrobromide tb24</i>	1	
<i>fesoterodine fumarate tb24</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride syrp 5 mg/5ml</i>	1	QL(15 ml daily)
<i>oxybutynin chloride tabs 5 mg</i>	1	QL(4 ea daily)
<i>oxybutynin chloride tb24 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin succinate tabs 10 mg</i>	1	QL(1 ea daily)
<i>solifenacin succinate tabs 5 mg</i>	1	
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	QL(2 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	
<i>tropium chloride tabs 20 mg</i>	1	QL(2 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs</i>	1	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1	
<b>VACCINES</b>		
<b>Viral Vaccines</b>		
AFLURIA QUADRIVALENT 2020-2021 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
AFLURIA QUADRIVALENT 2021-2022 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
AFLURIA QUADRIVALENT 2022-2023 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
COVID VACCINES	5	

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Drug Name	Drug Tier	Requirements/ Limits
FLUARIX QUADRIVALENT 2020-2021 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
FLUARIX QUADRIVALENT 2021-2022 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
FLUARIX QUADRIVALENT 2022-2023 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
FLULAVAL QUADRIVALENT 2020-2021 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
FLULAVAL QUADRIVALENT 2021-2022 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
FLULAVAL QUADRIVALENT 2022-2023 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
FLUMIST QUADRIVALENT SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	5	
FLUZONE QUADRIVALENT 2020-2021 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
FLUZONE QUADRIVALENT 2021-2022 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY ( <i>influenza virus vaccine split quadrivalent</i> )	5	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Spermicides</b>		
ENCARE SUPP ( <i>nonoxynol-9</i> )	5	PV
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL ( <i>nonoxynol-9</i> )	5	PV
SHUR-SEAL GEL ( <i>nonoxynol-9</i> )	5	PV
TODAY SPONGE MISC ( <i>nonoxynol-9</i> )	5	PV
VCF VAGINAL CONTRACEPTIVE FILM ( <i>nonoxynol-9</i> )	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM ( <i>nonoxynol-9</i> )	5	PV
VCF VAGINAL CONTRACEPTIVE GEL ( <i>nonoxynol-9</i> )	5	PV
<b>Vaginal Anti-infectives</b>		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP	1	
CLEOCIN SUPP VA 100 MG ( <i>clindamycin phosphate vaginal</i> )	3	
<i>clindamycin phosphate vaginal crea</i>	1	
CLINDESSE CREA ( <i>clindamycin phosphate (one dose)</i> )	3	
GYNAZOLE-1 CREA ( <i>butoconazole nitrate (one dose)</i> )	3	
<i>metronidazole vaginal gel</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
VANDAZOLE GEL ( <i>metronidazole vaginal</i> )	2	
<b>Vaginal Contraceptive - pH Modulators</b>		
PHEXXI GEL ( <i>lactic acid-citric acid-potassium bitartrate</i> )	5	PV
<b>Vaginal Estrogens</b>		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
ESTRING RING ( <i>estradiol vaginal</i> )	2	QL(1 ea per fill mail)
FEMRING RING ( <i>estradiol acetate vaginal</i> )	3	QL(1 ea per 90 days retail, 1 ea per 90 days mail)
PREMARIN CREA VA 0.625 MG/GM ( <i>estrogens, conjugated vaginal</i> )	2	QL(2 gm daily)
<b>Vaginal Progestins</b>		
CRINONE GEL ( <i>progesterone vaginal</i> )	3	PA
ENDOMETRIN INST ( <i>progesterone vaginal</i> )	3	PA; ST
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	3	Limited to 2 auto-injectors per fill; QL(2 ea per fill retail, 4 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL(2 ea per fill retail, 4 ea per 30 days retail)
EPINEPHRINE SOAJ IJ 0.3 MG/0.3ML ( <i>epinephrine (anaphylaxis)</i> )	3	Limited to 2 pens per fill; 4 pens per month; QL(2 ea per fill retail, 4 ea per 30 days retail)
<b>Neurogenic Orthostatic Hypotension (NOH) -</b>		
<i>droxidopa caps</i>	4	PA
NORTHERA CAPS ( <i>droxidopa</i> )	7	PA
<b>Vasopressors</b>		
<i>midodrine hcl tabs</i>	1	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<i>ergocalciferol caps</i>	1	
<i>phytonadione tabs</i>	1	
<b>Water Soluble Vitamins</b>		
POTABA CAPS ( <i>potassium aminobenzoate</i> )	3	

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HUMALOG MIX 75/25.....	23	hydroxyzine hcl.....	12	INTRON A.....	38
HUMALOG MIX 75/25		hydroxyzine pamoate.....	12	INVANZ.....	11
KWIKPEN.....	23	hyoscyamine sulfate.....	128	INVIRASE.....	42
HUMATE-P.....	71	HYPERSAL.....	54	iodoquimez-hc.....	56
HUMATROPE.....	64	HYPODERMIC NEEDLE		iodoquinol-hydrocortisone in aloe	
HUMIRA.....	3	30GX1/2".....	102	vehicle.....	57
HUMIRA PEDIATRIC CROHNS		HYQVIA.....	120	IOPIDINE.....	116
DISEASE STARTER PACK.....	3	ibandronate sodium.....	64	ipratropium bromide.....	13
HUMIRA PEN.....	3	IBRANCE.....	35		
HUMIRA PEN-CD/UC/HS		ibu.....	4		
STARTER.....	3				

ipratropium bromide (nasal)	114	KESIMPTA	123	LAMICTAL	17
ipratropium-albuterol	15	ketoconazole	26	LAMICTAL CHEWABLE DISPERSIBLE	17
irbesartan	29	ketoconazole (topical)	57	LAMICTAL ODT	17
irbesartan-hydrochlorothiazide	29	ketodan	56	LAMICTAL XR	17
IRESSA	33	ketoprofen	4	lamivudine	43
ISENTRESS	42	ketorolac tromethamine	4	lamivudine (hbv)	44
ISENTRESS HD	42	ketorolac tromethamine (ophth)	118	lamivudine-zidovudine	43
isoniazid	31	KEVEYIS	63	lamotrigine	17
ISOPTO ATROPINE	115	KEVZARA	4	LANCETS	87
isosorbide dinitrate	12	KINNEY LANCETS	86	LANCETS 26G TWIST TOP	87
isosorbide dinitrate-hydralazine hcl	47	KINNEY THIN LANCETS	86	LANCETS 30G	87
isosorbide mononitrate	12	KISQALI	36	LANCETS 30G TWIST TOP	87
isotretinoin	55	KISQALI FEMARA 200 DOSE	34	LANCETS 30G/TWIST TOP	87
isoxsuprine hcl	47	KISQALI FEMARA 400 DOSE	34	LANCETS 31G TWIST TOP	87
isradipine	46	KISQALI FEMARA 600 DOSE	34	LANCETS 33G EXTRA FINE	87
ISTODAX (OVERFILL)	36	KLARITY-A	116	LANCETS 33G UNIVERSAL DESIGN	87
itraconazole	26	klor-con	104	LANCETS MICRO THIN 33G	87
ivermectin	10	klor-con 10	104	LANCETS SAFETY SEAL 21G	87
ivermectin (pediculicide)	62	klor-con m10	104	LANCETS SAFETY SEAL 26G	87
ivermectin (rosacea)	62	KLOXXADO	25	LANCETS SAFETY SEAL 28G	87
IXINITY	71	KOATE	71	LANCETS SAFETY SEAL 30G	87
JADENU	24	KOATE-DVI	71	LANCETS SUPER THIN 28G	87
JADENU SPRINKLE	24	KOSELUGO	36	LANCETS THIN	87
jaimiess	49	KOVALTRY	71	LANCETS TWIST TOP	88
JAKAFI	36	kp folic acid	73	LANCETS ULTRA THIN	88
jantoven	15	KRINTAFEL	31	LANCETS ULTRA THIN 30G	88
JANUMET	21	KROGER HEALTHPRO TWIST LANCETS/26G	86	LANCETSBULLSEYE SAFETY	88
JANUMET XR	21	KROGER LANCETS	86	LANOXIN	46
JANUVIA	22	KROGER LANCETS 21G	86	lansoprazole	129
JARDIANCE	24	KROGER LANCETS MICRO THIN33G	86	lanthanum carbonate	69
javygtor	65	KROGER LANCETS SUPER THIN	86	LANTUS	23
JIVI	71	KROGER LANCETS THIN	87	LANTUS SOLOSTAR	23
JULUCA	42	KROGER LANCETS THIN 26G	87	lapatinib ditosylate	36
JUXTAPID	28	KROGER LANCETS	87	LASTACFT	118
JYNARQUE	66	ULTRATHIN30G	87	latanoprost	118
K-PHOS NO 2	69	KUVAN	65	LATANOPROST	119
k-prime	104	KYNMOBI	39	LATUDA	40
K-TAB	104	KYNMOBI TITRATION KIT	39	leflunomide	5
kaitlib fe	50	labetalol hcl	45	lenalidomide	105
KALYDECO	126	lacosamide	17		
KCENTRA	71	lactulose	75		
kelnor 1/35	49	lactulose (encephalopathy)	68		
KEPPRA	17				
KEPPRA XR	17				
keralyt	61				

LENVIMA 10 MG DAILY DOSE	32	LIFESCAN UNISTIK 2 DEEP PENETRATION	88	LUPRON DEPOT (1-MONTH)	33
LENVIMA 12MG DAILY DOSE	32	LIFESCAN UNISTIK II LANCETS	88	LUPRON DEPOT-PED (1-MONTH)	65
LENVIMA 14 MG DAILY DOSE	32	linezolid	11	lymepak	126
LENVIMA 18 MG DAILY DOSE	32	LINZESS	68	LYNPARZA	36
LENVIMA 20 MG DAILY DOSE	32	LIORESAL INTRATHECAL	113	LYRICA	18
LENVIMA 24 MG DAILY DOSE	32	liothyronine sodium	128	LYSODREN	33
LENVIMA 4 MG DAILY DOSE	32	LIPOFEN	27	M-NATAL PLUS	109
LENVIMA 8 MG DAILY DOSE	32	lisinopril	28	mafenide acetate	58
LETAIRIS	47	lisinopril & hydrochlorothiazide	30	MAGNEBIND 400	103
letrozole	33	LITE TOUCH LANCETS	88	malathion	62
leucovorin calcium	38	LITETOUCH LANCETS MICRO THIN 33G	88	maprotiline hcl	20
LEUKERAN	31	lithium carbonate	40	maraviroc	43
leuprolide acetate	33	LITHOBID	40	MARPLAN	20
levabuterol hcl	15	LITHOSTAT	70	MATULANE	38
levabuterol tartrate	15	LIVALO	28	matzim la	45
LEVEMIR	23	LIVE BETTER LANCET SUPERTHIN 30G	88	MAVYRET	44
LEVEMIR FLEXPEN	23	LIVE BETTER LANCET ULTRATHIN 28G	88	MAXIDEX	117
LEVEMIR FLEXTOUCH	23	LO LOESTRIN FE	51	MAYZENT	123
levetiracetam	17	LOMAIRA	1	MAYZENT STARTER PACK	123
levo-t	127	LONGS LANCETS STANDARD	88	meclofenamate sodium	4
levobunolol hcl	115	LONGS LANCETS THIN	88	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	88
levocarnitine (metabolic modifiers)	65	LONGS LANCETS ULTRA THIN	88	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	88
levocetirizine dihydrochloride	26	LONSURF	34	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	88
levofloxacin	67	loperamide hcl	24	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	88
levofloxacin (ophth)	116	lopinavir-ritonavir	43	MEDICHOICE SAFETY LANCETEXTRA	89
levonorgestrel & eth estradiol	51	lorazepam	12	MEDICHOICE SAFETY LANCETNORMAL	89
levonorgestrel (emergency oc)	52	lorazepam intensol	12	MEDISENSE THIN LANCETS	89
levonorgestrel-eth estradiol (triphasic)	51	LORBRENA	36	MEDLANCE PLUS EXTRA LANCETS 21G	89
levonorgestrel-ethinyl estradiol (91-day)	51	LORTAB	9	MEDLANCE PLUS LANCETS	89
levonorgestrel-ethinyl estradiol (continuous)	51	lorzone	113	LITE 25G	89
levorphanol tartrate	7	losartan potassium	29	MEDLANCE PLUS LITE LANCETS 25G	89
levothyroxine sodium	127	losartan potassium & hydrochlorothiazide	30	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	89
LEXIVA	43	LOSEASONIQUE	51	MEDLANCE PLUS SUPERLITE 30G	89
LIBERTY MEDICAL LANCETS 30G	88	LOTEMAX	117		
lidocaine	62	loteprednol etabonate	117		
lidocaine hcl	62	lovastatin	28		
lidocaine hcl (mouth-throat)	106	loxapine succinate	40		
lidocaine-prilocaine	62	lubiprostone	68		
		LUCEMYRA	121		
		LUMIGAN	119		

MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	89	methenamine hippurate.....	11	minocycline hcl.....	127
MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	89	methenamine mandelate..	11	minoxidil.....	30
MEDLANCE PLUS/LITE 25G.....	89	methergine.....	119	MIRCETTE.....	51
MEDLANCE/EXTRA.....	89	methimazole.....	127	mirtazapine.....	20
MEDLANCE/LITE.....	89	METHITEST.....	9	misoprostol.....	130
MEDLANCE/UNIVERSAL...	89	methocarbamol.....	113	MITIGARE.....	70
MEDROL.....	53	methotrexate sodium.....	32	mitoxantrone hcl.....	34
medroxyprogesterone acetate.....	121	methoxsalen rapid.....	58	MM TWIST LANCETS.....	90
mefenamic acid.....	5	methscopolamine bromide.....	128	modafinil.....	2
mefloquine hcl.....	31	methyl dopa.....	29	moexipril hcl.....	28
megestrol acetate.....	33	methyl dopa & hydrochlorothiazide.....	30	molindone hcl.....	41
megestrol acetate (appetite).....	121	methylergonovine maleate.....	119	MOLNUPIRAVIR (molnupiravir caps 200 mg).....	44
MEIJER COLOR LANCETS UNIVERSAL 33G.....	89	methylphenidate.....	2	mometasone furoate.....	61
MEIJER LANCETS.....	89	methylphenidate hcl.....	2	mometasone furoate (nasal).....	114
MEIJER LANCETS THIN...	89	methylprednisolone.....	53	mondoxyne nl.....	126
MEIJER LANCETS UNIVERSAL21G.....	90	methyltestosterone.....	9	MONOLET LANCETS.....	90
MEIJER LANCETS UNIVERSAL30G.....	90	metoclopramide hcl.....	68	MONOLET OPD LANCETS...	90
MEIJER LANCETS UNIVERSAL33G.....	90	METOCLOPRAMIDE ODT	68	MONOLETTOR SAFETY LANCETS.....	90
MEIJER SUPER THIN LANCETS.....	90	metolazone.....	64	MONONINE.....	71
MEKINIST.....	36	METOPIRONE.....	63	montelukast sodium.....	13
MEKTOVI.....	36	metoprolol & hydrochlorothiazide.....	30	morgidox 1x100mg.....	126
meloxicam.....	5	metoprolol succinate.....	45	morphine sulfate.....	7
melphalan.....	31	metoprolol tartrate.....	45	morphine sulfate beads.....	7
melphalan hcl.....	31	metronidazole.....	10	MOVANTIK.....	68,69
memantine hcl.....	122	metronidazole (topical)....	62	moxifloxacin hcl.....	67
MENEST.....	67	metronidazole vaginal....	131	moxifloxacin hcl (ophth)....	116
MENOSTAR.....	67	metyrosine.....	28	MPD SAFETY LANCET 21G/1.8MM.....	90
meperidine hcl.....	7	mexiletine hcl.....	13	MPD SAFETY LANCET 28G/1.8MM.....	90
mercaptapurine.....	31	MG217 PSORIASIS MULTI- SYM TOM.....	61	MPD SAFETY LANCET 30G/1.8MM.....	90
meropenem.....	11	MIACALCIN.....	64	MPD SAFETY LANCETS 23G/1.8MM.....	90
mesalamine.....	68	miconazole 3.....	131	MUCOTROL.....	106
MESNEX.....	38	MICROLET LANCETS.....	90	MULPLETA.....	73
MESTINON.....	31	midazolam hcl.....	74	MULTAQ.....	13
metaxalone.....	113	midodrine hcl.....	132	MULTI-VIT-FLOR.....	107
metformin hcl.....	22	MIFEPREX.....	66	multi-vit/iron/fluoride.....	108
methadone hcl.....	7	mifepristone.....	66	multi-vitamin/fluoride drops	106
methadone hydrochloride intensol.....	7	migergot.....	102	MULTIVITAMIN + FLUORIDE.....	107
methadose.....	7	miglitol.....	21	multivitamin select/fluoride	107
methamphetamine hcl.....	1	miglustat.....	73	multivitamin with fluoride...	106
methazolamide.....	63	MILLIPRED.....	53	MULTIVITAMIN WITH FLUORIDE.....	107
		MILLIPRED DP.....	53	multivitamin/fluoride.....	107
		MINASTRIN 24 FE.....	51		
		minitran.....	11		

MULTIVITAMIN/FLUORIDE		neomycin-polymyxin-hc		NIVA-PLUS	110
.....	107	(ophth)	117	nizatidine	129
mupirocin	56	neomycin-polymyxin-hc		nolix	59
MYALEPT	65	(otic)	119	NORDITROPIN FLEXPRO	64
mycophenolate mofetil	105	NEONATAL COMPLETE	109	norethin acet & estrad-fe	51
mycophenolate sodium	105	NEONATAL PLUS	109	norethindrone & ethinyl estradiol-	
MYGLUCOHEALTH MGH		NEOTUSS PLUS	53	fe	51
SOFTLANCE LANCETS		NERLYNX	36	norethindrone	
30G	90	NESTABS	109	(contraceptive)	52
MYLERAN	31	NESTABS DHA	109	norethindrone acet & eth	
MYSOLINE	18	NESTABS ONE	109	estra	51
MYTESI	24	neuac	54	norethindrone acetate	121
nabumetone	5	NEUPRO	39	norethindrone acetate-ethinyl	
nadolol	45	NEURONTIN	18	estradiol	67
NAFCILLIN	121	NEVANAC	118	norethindrone acetate-ethinyl	
nafcillin sodium	121	nevirapine	43	estradiol-fe	51
nafrinse	104	NEXAVAR	36	norgestimate-ethinyl	
naftifine hcl	57	NEXIUM	130	estradiol	51
NAFTIN	57	NEXTSTELLIS	51	norgestimate-ethinyl estradiol	
NALOCET	9	niacin (antihyperlipidemic)	28	(triphasic)	51
naloxone hcl	25	niacor	28	NORITATE	62
naltrexone hcl	25	nicardipine hcl	46	NORPACE CR	12
NAMENDA XR TITRATION		NICODERM CQ	125	NORTHERA	132
PACK	122	NICORETTE	125	nortriptyline hcl	21
NAMZARIC	122	NICORETTE MINI	125	NORVIR	43
naproxen	5	NICORETTE STARTER		NOVA SAFETY LANCETS	
naproxen sodium	5	KIT	125	23G	90
naratriptan hcl	103	nicotine	125	NOVA SAFETY LANCETS	
NATACHEW	109	nicotine polacrilex	125	28G	90
NATACYN	116	NICOTINE TRANSDERMAL		NOVA SUREFLEX	
NATAZIA	51	SYSTEM	125	LANCETS	90
nateglinide	24	NICOTROL INHALER	125	NOVOEIGHT	71
NATPARA	64	NICOTROL NS	126	NOVOPEN ECHO	102
NAYZILAM	16	nifedipine	46	NOVOSEVEN RT	71
nebivolol hcl	45	nilutamide	33	NOXAFIL	26
nebusal	54	nimodipine	46	np thyroid 15	127
NEBUSAL	54	NINLARO	36	NUBEQA	34
NEEVO DHA	109	nisoldipine	46	NUCALA	13
nefazodone hcl	20	nitazoxanide	11	NUCORT	61
neo-polycin	116	nitisinone	65	NUCYNTA	7
neo-polycin hc	116	NITRO-BID	12	NUCYNTA ER	7
neomycin sulfate	2	NITRO-DUR	12	NUDEXTA	123
neomycin-bacitracin zn-		nitrofurantoin	11	NULYTELY	74
polymyxin	116	nitrofurantoin macrocrystal	11	NULYTELY/FLAVOR	
neomycin-polymy-		nitrofurantoin monohyd		PACKS	74
dexameth	117	macro	11	NUPLAZID	40
neomycin-polymyxin-gramicidin		nitroglycerin	12	NUVARING	52
.....	116	NITYR	65	NUWIQ	72
				nyamyc	56
				nystatin	26
				nystatin (mouth-throat)	106

nystatin (topical).....	57	ONETOUCH ULTRASOFT LANCETS.....	91	pacerone.....	13
nystatin-triamcinolone.....	57	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM.....	91	paliperidone.....	40
OB COMPLETE ONE.....	110	ONETOUCH VERIO TEST STRIPS.....	63	PALYNZIQ.....	65
OB COMPLETE PETITE.....	110	ONUREG.....	32	PANCREAZE.....	63
OB COMPLETE PREMIER.....	110	OPSUMIT.....	47	PANRETIN.....	57
OB COMPLETE/DHA.....	110	OPTIONS GYNOL II VAGINALCONTRACEPTIVE .....	131	pantoprazole sodium.....	130
OBIZUR.....	72	ORACEA.....	62	PAREMYD.....	118
OBSTETRIX ONE.....	110	ORACIT.....	69	paricalcitol.....	66
OCALIVA.....	68	oralone dental paste.....	106	paromomycin sulfate.....	3
OCTAGAM.....	120	ORAVIG.....	106	paroxetine hcl.....	20
octreotide acetate.....	66	ORENITRAM.....	47	PASER.....	31
ODEFSEY.....	43	ORFADIN.....	65	PAXLOVID (nirmatrelvir 2 x 150mg & ritonavir 10 x 10mg tab pak).....	44
ODOMZO.....	33	ORIAHNN.....	67	PC LANCETS SUPER THIN 30G.....	91
OFEV.....	126	ORKAMBI.....	126	pediatric vitamins acd w/ fluoride.....	107
ofloxacin.....	67	orlistat.....	2	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid.....	74
ofloxacin (ophth).....	116	orphenadrine citrate.....	113	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	75
ofloxacin (otic).....	119	ORTHOMICRONOR.....	52	peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	75
olanzapine.....	40	oscimin.....	128	peg-3350/electrolytes/ascorbate .....	74
olanzapine-fluoxetine hcl.....	122	oscimin sr.....	128	PEG-PREP.....	75
olmesartan medoxomil.....	29	oseltamivir phosphate.....	44,45	PEGASYS.....	44
olmesartan medoxomil- amlodipine-hydrochlorothiazide .....	30	OSMOPREP.....	75	PEGINTRON.....	44
olmesartan medoxomil- hydrochlorothiazide.....	30	OSPHENA.....	65	penicillamine.....	105
olopatadine hcl.....	118	OTEZLA.....	5	penicillin g potassium.....	120
olopatadine hcl (nasal).....	114	OTOVEL.....	119	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	120
omega-3-acid ethyl esters.....	27	OTREXUP.....	3	PENICILLIN G PROCAINE.....	121
omeprazole.....	130	oxacillin sodium.....	121	penicillin g sodium.....	121
OMEPRAZOLE + SYRSPEND SFALKA.....	130	oxandrolone.....	9	penicillin v potassium.....	121
OMNIFLEX DIAPHRAGM.....	76	oxaprozin.....	5	PENNSAID.....	56
ondansetron.....	25	OXAYDO.....	7	pentamidine isethionate.....	10
ondansetron hcl.....	25	oxazepam.....	12	PENTASA.....	68
ONE VITE WOMENS PRENATALVITAMIN PLUS.....	110	oxcarbazepine.....	18	pentazocine w/ naloxone hcl.....	9
ONETOUCH CLUB LANCETS FINE POINT.....	90	oxiconazole nitrate.....	57	pentoxifylline.....	72
ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	91	OXISTAT.....	57	PERFECT LANCETS 30G.....	91
ONETOUCH DELICA LANCETS FINE 30G.....	91	OXTELLAR XR.....	18	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G.....	91
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G.....	91	oxybutynin chloride.....	130	perindopril erbumine.....	28
ONETOUCH DELICA PLUS LANCETS FINE 30G.....	91	OXYCODONE AND ACETAMINOPHEN.....	9	perio gard.....	106
ONETOUCH FINEPOINT LANCETS.....	91	oxycodone hcl.....	7,8	permethrin.....	62
ONETOUCH ULTRA.....	63	oxycodone w/ acetaminophen.....	9	perphenazine.....	41
ONETOUCH ULTRA 2.....	91	OXYCODONE/ACETAMINOPH EN.....	9	perphenazine-amitriptyline.....	122
		oxymorphone hcl.....	8		
		OZEMPIC.....	22		



PERSERIS.....	40	PIQRAY 300MG DAILY		PRECISION THINS GP	
pfizerpen.....	120	DOSE.....	36	LANCET.....	92
PHARMACIST CHOICE		pirfenidone.....	126	PRECISION XTRA BLOOD	
SELECTLANCETS/ULTRA		piroxicam.....	5	GLUCOSE TEST STRIPS... 63	
THIN.....	91	PLAN B ONE-STEP.....	52	PRED-G.....	117
PHARMACIST CHOICE ULTRA		PLEGRIDY.....	123	PRED-G S.O.P.....	117
THIN LANCETS.....	91	PLEGRIDY STARTER		prednicarbate.....	61
PHARMACIST CHOICE ULTRA		PACK.....	123	prednisolone acetate	
THIN LANCETS 28G.....	91	PNV TABS 29-1.....	110	(ophth).....	117
PHARMACIST CHOICE ULTRA		pnv-dha.....	108	prednisolone acetate p-f... 117	
THIN LANCETS 30G.....	91	PNV-DHA+DOCUSATE.. 110		prednisolone sodium	
PHARMACIST CHOICE ULTRA		PNV-OMEGA.....	110	phosphate.....	53
THIN LANCETS 31G.....	91	pnv-select.....	108	PREDNISOLONE SODIUM	
PHARMACIST CHOICE ULTRA		PODOCON-25.....	61	PHOSPHATE.....	117
THIN LANCETS 33G.....	91	podofilox.....	61	PREDNISOLONE SODIUM	
PHARMACY COUNTER		POLY HUB NEEDLE/30G X		PHOSPHATE/MOXIFLOXACIN	
LANCETS.....	91	1/2".....	102	.....	117
phenelzine sulfate.....	20	POLY-VI-FLOR.....	107	prednisone.....	53
PHENERGAN.....	26	POLY-VI-FLOR/IRON... 108		PREDNISONE INTENSOL... 53	
phenobarbital.....	74	polycin.....	116	PREFERRED PLUS LANCETS	
phenoxybenzamine hcl..... 28		polyethylene glycol 3350.. 75		COLORED 21G.....	92
phentermine hcl.....	1	polymyxin b-trimethoprim. 116		PREFERRED PLUS LANCETS	
phenylephrine hcl		POMALYST.....	34	SUPER THIN 30G.....	92
(mydriatic).....	115	posaconazole.....	26	PREFERRED PLUS LANCETS	
phenytoin.....	19	pot & sod citrates w/citric		THIN 26G.....	92
phenytoin infatabs.....	19	ac.....	69	PREFEST.....	67
phenytoin sodium extended.. 19		pot phosphate monobasic w/		pregabalin.....	18
PHEXXI.....	132	sod phosphate dibasic &		PREMARIN.....	67,132
PHOSLYRA.....	69	monobasic.....	104	PREMIUM SCAR PATCH... 62	
phospha 250 neutral.....	104	POTABA.....	132	PREMPHASE.....	67
phospho-trin k500.....	104	potassium chloride.....	104	PREMPRO.....	67
phytonadione.....	132	POTASSIUM CHLORIDE 104		PRENA 1 TRUE.....	110
PICATO.....	57	potassium chloride.....	104	PRENA1 CHEW.....	110
PIFELTRO.....	43	potassium chloride		PRENA1 PEARL.....	110
pilocarpine hcl.....	115	microencapsulated crystals		PRENAISSANCE.....	110
pilocarpine hcl (oral).....	106	er.....	104	PRENAISSANCE PLUS... 110	
pimecrolimus.....	61	potassium citrate		prenatabs rx.....	108
pimozide.....	123	(alkalinizer).....	69	PRENATAL.....	111
pindolol.....	45	potassium citrate-citric acid69		prenatal 19.....	108
pioglitazone hcl.....	22	POVIDONE IODINE.....	116	PRENATAL 19.....	110
pioglitazone hcl-glimepiride.. 21		PRALUENT.....	28	PRENATAL PLUS.....	110
pioglitazone hcl-metformin		pramipexole		PRENATAL PLUS IRON... 110	
hcl.....	22	dihydrochloride.....	39	PRENATAL PLUS VITAMIN	
PIP LANCETS/28G.....	91	PRAMOSONE.....	61	ANDMINERAL.....	111
PIP LANCETS/30G.....	92	PRAMOTIC.....	119	PRENATAL VITAMINS PLUS	
piperacillin sodium-tazobactam		prasugrel hcl.....	73	LOW IRON.....	111
sodium.....	121	pravastatin sodium.....	28	PRENATAL-U.....	111
PIQRAY 200MG DAILY		praziquantel.....	10	PRENATE.....	111
DOSE.....	36	prazosin hcl.....	29	PRENATE DHA.....	111
PIQRAY 250MG DAILY				PRENATE ELITE.....	111
DOSE.....	36			PRENATE ENHANCE.....	111

PRENATE ESSENTIAL.....	111	promethazine & phenylephrine.....	54	QUARTETTE.....	51
PRENATE MINI.....	111	promethazine hcl.....	26,27	QUDEXY XR.....	18
PRENATE PIXIE.....	111	promethazine w/codeine...	54	quetiapine fumarate.....	41
PRENATE RESTORE.....	111	promethazine-dm.....	54	QUFLORA FE PEDIATRIC.....	108
PRENATRIX.....	111	promethazine-phenylephrine- codeine.....	54	QUFLORA GUMMIES.....	107
PRENATRYL.....	111	promethegan.....	26	QUFLORA PEDIATRIC.....	108
PREPIDIL.....	119	propafenone hcl.....	13	QUILLIVANT XR.....	2
PREPLUS.....	111	propantheline bromide...	128	quinapril hcl.....	28
PRESSURE ACTIVATED SAFETYLANCET 21G.....	92	propranolol & hydrochlorothiazide.....	30	quinapril-hydrochlorothiazide .....	30
prevalite.....	27	propranolol hcl.....	116	quinidine gluconate.....	12
PREZCOBIX.....	43	propranolol & hydrochlorothiazide.....	30	quinidine sulfate.....	12
PREZISTA.....	43	propranolol hcl.....	45	quinine sulfate.....	31
PRIFTIN.....	31	propylthiouracil.....	127	QVAR REDIHALER.....	14
PRILOSEC.....	130	PROSTIN E2.....	119	RA E-ZJECT LANCETS 28G93	
primaquine phosphate.....	31	protriptyline hcl.....	21	RA E-ZJECT LANCETS THIN 26G.....	93
PRIMAXIN IV.....	11	pseudoephed-bromphen- dm.....	54	RA E-ZJECT LANCETS THIN 28G.....	93
primidone.....	18	PSS SELECT GP LANCETS.....	92	RA E-ZJECT LANCETS ULTRATHIN 30G.....	93
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PRIVIGEN.....	120	PULMICORT FLEXHALER.....	14	rabeprazole sodium.....	130
PRO COMFORT LANCETS 30G.....	92	pulmosal.....	54	RABEPRAZOLE SODIUM DR SPRINKLE.....	130
PRO COMFORT LANCETS 31G.....	92	PULMOZYME.....	126	raloxifene hcl.....	65
PRO-RED AC.....	54	PURE COMFORT LANCETS 30G.....	92	ramelteon.....	74
PROAIR RESPICLICK.....	15	PURIXAN.....	32	ramipril.....	28
probenecid.....	70	PUSH BUTTON SAFETY LANCETS 21G.....	92	ranolazine.....	11
procentra.....	1	PUSH BUTTON SAFETY LANCETS 28G.....	92	rasagiline mesylate.....	39
prochlorperazine.....	41	PX LANCETS MICROTHIN 33G.....	92	RASUVO.....	4
prochlorperazine maleate.....	41	PX LANCETS ULTRA THIN.....	93	RAVICTI.....	66
procto-med hc.....	10	PX LANCETS ULTRA THIN 28G.....	92	READYLANCE SAFETY LANCETS/21G/2.2MM.....	93
PROCTOFOAM HC.....	10	pyrazinamide.....	31	READYLANCE SAFETY LANCETS/23G/1.8MM.....	93
PROCYSBI.....	70	pyridostigmine bromide...	31	READYLANCE SAFETY LANCETS/26G/1.8MM.....	93
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	92	pyrimethamine.....	31	READYLANCE SAFETY LANCETS/28G/1.8MM.....	93
PRODIGY SAFETY LANCETS.....	92	QBRELIS.....	28	READYLANCE SAFETY LANCETS/30G/1.6MM.....	93
PRODIGY TWIST TOP LANCETS.....	92	QC LANCETS SUPER THIN.....	93	REALITY LANCETS.....	93
PROFILNINE.....	72	QC LANCETS ULTRA THIN.....	93	REALITY TRIGGER LANCETS.....	93
progesterone.....	121	QC UNILET LANCETS 28G/ULTRA THIN.....	93	REBIF.....	123
PROGESTERONE CONCENTRATE.....	49	QC UNILET LANCETS 33G/MICRO THIN.....	93	REBIF REBIDOSE.....	123
PROGRAF.....	105	QINLOCK.....	36	REBIF REBIDOSE TITRATIONPACK.....	123
PROLATE.....	9	QSYMIA.....	2	REBIF TITRATION PACK.....	123
PROLENSA.....	118			REBINYN.....	72
PROLIA.....	64				
PROMACTA.....	73				

RECOMBINATE.....	72	RINVOQ.....	3	SAFETY LANCETS 28G.....	94
RECTIV.....	10	risedronate sodium.....	64	SAFETY LET LANCETS.....	95
REGEN-COV.....	120	risperidone.....	40	SAFYRAL.....	51
REGRANEX.....	62	ritonavir.....	43	sajazir.....	72
relafen.....	4	rivastigmine.....	122	SALICYLIC ACID.....	62
RELENZA DISKHALER.....	45	rivastigmine tartrate.....	122	salicylic acid.....	62
RELION INSULIN SYRINGE 0.5ML/31G X 15/64".....	102	RIXUBIS.....	72	salicylic acid in ammonium lactate vehicle.....	62
RELION INSULIN SYRINGE 1ML/31GX15/64".....	102	rizatriptan benzoate.....	103	SALIMEZ.....	62
RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64".....	102	romidepsin.....	36	salsalate.....	6
RELION LANCETS MICRO- THIN33G.....	93	ropinirole hydrochloride.....	39	SANCUSO.....	25
RELION LANCETS THIN 26G.....	93	rosadan.....	62	SANDIMMUNE.....	105
RELION LANCETS ULTRA- THIN30G.....	94	rosuvastatin calcium.....	28	SANDOSTATIN.....	66
RELION ULTRA THIN LANCETS/30G.....	94	roweepra.....	16	SANTYL.....	61
RELION ULTRA THIN LANCETS30G.....	94	ROZLYTREK.....	36	SAPHRIS.....	41
RELION ULTRA THIN PLUS LANCETS 32G.....	94	RUBRACA.....	36	sapropterin dihydrochloride.....	66
RELION ULTRA THIN PLUS LANCETS 33G.....	94	rufinamide.....	18	SAPS HEALTH CARE TWIST TOP LANCETS.....	95
RELISTOR.....	69	RUKOBIA.....	43	SAPS HEALTH PLUS TWIST TOP LANCETS 30G.....	95
RELNATE DHA.....	111	RUZURGI.....	31	SAPS HEALTH TWIST TOP LANCETS 30G.....	95
RELYVRIO.....	115	RYBELSUS.....	22	SAPSCARE TWIST TOP LANCETS 30G.....	95
RENFLEXIS.....	68	ryclora.....	26	SAVELLA.....	122
repaglinide.....	24	RYDAPT.....	36	SAVELLA TITRATION PACK.....	122
REPATHA SURECLICK.....	28	RYTARY.....	39	SAXENDA.....	2
RETACRIT.....	73	RYVENT.....	26	SB LANCETS THIN.....	95
RETEVMO.....	36	SABRIL.....	19	SB LANCETS ULTRA THIN.....	95
REVATIO.....	48	SAFE-T-LANCE LOW FLOW 25G.....	94	scopolamine.....	25
REVLIMID.....	105	SAFE-T-LANCE NORMAL FLOW21G.....	94	SE-NATAL 19.....	111
REXALL LANCETS ULTRA THIN.....	94	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	94	SEASONIQUE.....	51
REXULTI.....	41	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	94	SECUADO.....	41
REYATAZ.....	43	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	94	SELECT-OB.....	111
RHOFADE.....	62	SAFETY LANCET 21G/PRESSURE ACTIVATED.....	94	SELECT-OB+DHA.....	112
RIAX.....	55	SAFETY LANCET 23G/PRESSURE ACTIVATED.....	94	selegiline hcl.....	40
ribavirin.....	45	SAFETY LANCET 28G/PRESSURE ACTIVATED.....	94	selenium sulfide.....	58
ribavirin (hepatitis c).....	44	SAFETY LANCET 30G/PRESSURE ACTIVATED.....	94	SELZENTRY.....	43
RIDAURA.....	4	SAFETY LANCETS.....	95	SEREVENT DISKUS.....	15
rifabutin.....	31	SAFETY LANCETS 21G.....	94	SEROSTIM.....	65
rifampin.....	31			sertraline hcl.....	20
RIGHTEST GL300 LANCETS.....	94			sevelamer carbonate.....	69
riluzole.....	115			sevelamer hcl.....	69
rimantadine hydrochloride.....	45			SFROWASA.....	68

SHOPKO UNILET LANCETS		
ULTRA THIN 28G	95	
SHUR-SEAL	131	
SIDE BUTTON SAFETY		
LANCET21G	95	
SIGNIFOR	66	
SIKLOS	73	
sildenafil citrate	47	
sildenafil citrate (pulmonary		
hypertension)	48	
silodosin	70	
silver sulfadiazine	58	
simvastatin	28	
SINGLE-LET	95	
sirolimus	105	
SIVEXTRO	11	
SKYRIZI	58	
SKYRIZI PEN	58	
SLYND	52	
SM MICRO THIN LANCETS		
33G	95	
SMART SENSE COLOR		
LANCETS UNIVERSAL 33G	95	
SMART SENSE STANDARD		
LANCETS UNIVERSAL 21G	95	
SMART SENSE SUPER THIN		
LANCETS UNIVERSAL 30G	95	
SMART SENSE THIN		
LANCETSUNIVERSAL 26G	95	
SMARTTEST LANCETS 28G	96	
SOAANZ	64	
sodium chloride	104	
sodium chloride (inhalant)	54	
sodium citrate & citric acid	69	
sodium fluoride	104	
SODIUM OXYBATE	121	
sodium phenylbutyrate	66	
sodium polystyrene		
sulfonate	105	
SODIUM SULFACETAMIDE		
WASH	58	
SODIUM		
SULFACETAMIDE/SULFUR		
CLEANSER IN UREA	55	
solifenacin succinate	130	
SOLTAMOX	34	
SOLUS V2 PRESSURE		
ACTIVATED SAFETY LANCETS		
28G	96	
SOLUS V2 TWIST LANCETS		
30G	96	
SOMAVERT	64	
sorafenib tosylate	36	
SORILUX	58	
sorine	45	
sotalol hcl	45	
sotalol hcl (afib/afib)	45	
SOTYLIZE	45	
SPIRIVA HANDIHALER	13	
SPIRIVA RESPIMAT	13	
spironolactone	64	
spironolactone &		
hydrochlorothiazide	63	
SPRYCEL	37	
sps	105	
ssd	58	
sss 10-5	55	
stavudine	43	
STELARA	58,68	
STERILANCE TL	96	
STIMATE	66	
STIOLTO RESPIMAT	15	
STIVARGA	37	
STRENSIQ	66	
streptomycin sulfate	3	
STRIBILD	43	
STRIVERDI RESPIMAT	15	
SUBLOCADE	9	
subvenite	16	
subvenite starter kit/blue	16	
sucralfate	129	
sulconazole nitrate	57	
sulfacetamide sod-		
prednisolone	117	
sulfacetamide sodium	58	
sulfacetamide sodium		
(acne)	55	
sulfacetamide sodium		
(ophth)	116	
sulfacetamide sodium w/		
sulfur	55,56	
sulfadiazine	126	
sulfamethoxazole-trimethoprim	11	
SULFAMYLON	58	
sulfasalazine	68	
sulfatrim pediatric	11	
sulindac	5	
sumatriptan	103	
sumatriptan succinate	103	
sunitinib malate	37	
SUPER THIN LANCETS	96	
SUPRAX	49	
SURE COMFORT LANCETS		
18G	96	
SURE COMFORT LANCETS		
21G	96	
SURE COMFORT LANCETS		
23G	96	
SURE COMFORT LANCETS		
28G	96	
SURE COMFORT LANCETS		
30G	96	
SURE-LANCE FLAT		
LANCETS	96	
SURE-LANCE LANCETS		
26G	96	
SURE-LANCE THIN LANCETS		
28G	96	
SURE-LANCE ULTRA THIN		
LANCETS	96	
SURE-TOUCH LANCETS		
UNIVERSAL	96	
SURELITE LANCETS	96	
SUTENT	37	
SYMDEKO	126	
SYMTUZA	43	
SYNAREL	65	
SYNDROS	25	
SYNJARDY	22	
SYNJARDY XR	22	
SYNTHROID	128	
SYPRINE	105	
TABLOID	32	
TABRECTA	37	
tacrolimus	105	
tacrolimus (topical)	61	
tadalafil	47	
tadalafil (pulmonary		
hypertension)	48	
TAFINLAR	37	
tafluprost	119	
TAGRISSO	33	
TALZENNA	37	
tamoxifen citrate	34	
tamsulosin hcl	70	
taperdex 12-day	52	
TARCEVA	33	
TARGRETIN	38,57	
TARON-PREX	112	
TASIGNA	37	
tasimelteon	74	

TAVALISSE.....	72	THERANATAL CORE		TOUJEO MAX SOLOSTAR..	23
TAYTULLA.....	51	NUTRITION.....	112	TOUJEO SOLOSTAR.....	23
TAZAROTENE.....	56	THINLETS GP LANCETS.	97	tovet.....	58
tazarotene.....	58	THIOLA EC.....	70	TPOXX (Tecovirimat Cap 200	
TAZORAC.....	58	thioridazine hcl.....	41	MG).....	45
taztia xt.....	45	thiothixene.....	41	TRACLEER.....	47
TAZVERIK.....	37	THRIVITE RX.....	112	tramadol hcl.....	8
TECHLITE AST LANCETS..	96	THYMOGLOBULIN.....	105	tramadol-acetaminophen.....	9
TECHLITE INSULIN SYRINGEU-		tiagabine hcl.....	19	trandolapril.....	28
100/0.5ML/31G X 15/64"...	102	TIBSOVO.....	37	trandolapril-verapamil hcl....	30
TECHLITE INSULIN SYRINGEU-		tilia fe.....	50	tranexamic acid.....	74
100/1ML/31G X 15/64".....	102	timolol maleate.....	45	tranylcypromine sulfate.....	20
TECHLITE LANCETS.....	97	timolol maleate (ophth)...	115	TRAVEL LANCETS 30G.....	97
TECHLITE LANCETS 30G..	96	timolol maleate in		TRAVEL LANCETS ADVANCED	
TEGRETOL.....	18	ocudose.....	115	28G.....	97
TEGRETOL-XR.....	18	TIMOPTIC-XE.....	115	travoprost.....	119
TEGSEDI.....	126	tinidazole.....	10	trazodone hcl.....	20
TEKTURNA HCT.....	30	tiopronin.....	70	TRECATOR.....	31
telmisartan.....	29	TIVICAY.....	43	TRELEGY ELLIPTA.....	15
telmisartan-amlodipine.....	30	tizanidine hcl.....	113,114	TREMFYA.....	58
telmisartan-hydrochlorothiazide		TOBI PODHALER.....	3	TRESIBA.....	24
.....	30	TOBRADEX.....	117	TRESIBA FLEXTOUCH..	23,24
temazepam.....	74	TOBRADEX ST.....	117	tretinoin.....	56
TEMIXYS.....	43	tobramycin.....	3	tretinoin (chemotherapy)....	38
temozolomide.....	31	tobramycin (ophth).....	116	tretinoin microsphere.....	56
temsirolimus.....	37	tobramycin sulfate.....	3	TRETTEN.....	72
tenofovir disoproxil fumarate.	43	tobramycin-		TREXALL.....	32
terazosin hcl.....	29	dexamethasone.....	117	tri femynor.....	50
terbinafine hcl.....	26	TOBREX.....	116	TRI-VI-FLOR.....	108
terbutaline sulfate.....	15	TODAY SPONGE.....	131	TRI-VI-FLORO.....	108
terconazole vaginal.....	132	TODAYS HEALTH SUPER		tri-vite/fluoride.....	107
TESTIM.....	10	THINLANCETS 30G.....	97	triamcinolone acetonide	
testosterone.....	10	TODAYS HEALTH ULTRA		(mouth).....	106
testosterone cypionate.....	10	THINLANCETS 28G.....	97	triamcinolone acetonide	
testosterone enanthate.....	10	tolbutamide.....	24	(nasal).....	115
tetrabenazine.....	122	tolcapone.....	38	triamcinolone acetonide	
tetracaine hcl (ophth).....	116	tolmetin sodium.....	5	(topical).....	61
tetracycline hcl.....	127	TOLSURA.....	26	triamterene.....	64
TEXACORT.....	61	tolterodine tartrate.....	130	triamterene &	
TGT LANCET MICRO THIN		TOPAMAX.....	18	hydrochlorothiazide.....	63
33G.....	97	TOPAMAX SPRINKLE.....	18	triazolam.....	74
TGT LANCET THIN 26G....	97	TOPCARE LANCETS MICRO-		TRICARE.....	112
TGT LANCET ULTRA THIN		THIN 33G.....	97	TRICARE PRENATAL DHA	
30G.....	97	topiramate.....	18	ONE.....	112
THALITONE.....	64	toposar.....	38	triderm.....	59
THALOMID.....	105	topotecan hcl.....	38	trientine hcl.....	105
THEO-24.....	15	toremifene citrate.....	34	trifluoperazine hcl.....	41
theophylline.....	15	TORISEL.....	37	trifluridine.....	116
		torsemide.....	64	trihexyphenidyl hcl.....	38

TRIJARDY XR.....	22	TYVASO STARTER.....	47	UNISTIK TOUCH SAFETY	
TRIKAFTA.....	126	UBRELVY.....	102	LANCETS 21G.....	99
TRILEPTAL.....	19	UCERIS.....	10	UNISTIK TOUCH SAFETY	
trimethobenzamide hcl.....	25	ULTILET CLASSIC		LANCETS 23G.....	99
trimethoprim.....	10	LANCETS.....	98	UNISTIK TOUCH SAFETY	
TRIMETHOPRIM.....	11	ULTILET INSULIN		LANCETS 28G.....	99
trimipramine maleate.....	21	SYRINGE/U-		UNISTIK TOUCH SAFETY	
TRINATAL RX 1.....	112	100/0.5ML/31GX6MM ...	102	LANCETS 30G.....	99
TRINTELLIX.....	21	ULTILET LANCETS.....	98	UNIVERSAL 1 LANCETS	
TRISTART DHA.....	112	ULTILET LANCETS 33G..	98	THIN26G.....	99
TRISTART ONE.....	112	ULTILET SAFETY LANCETS		UNIVERSAL 1 LANCETS ULTRA	
TRIUMEQ.....	43	21G X 2.2MM.....	98	THIN 30G.....	99
TRIUMEQ PD.....	43	ULTILET SAFETY LANCETS		UNIVERSAL 1	
TRIZIVIR.....	43	23G.....	98	LANCETS/33G/MICRO-THIN	
TROKENDI XR.....	19	ULTRA THIN LANCETS		.....	99
tropicamide.....	115	31G.....	98	UPTRAVI.....	48
tropium chloride.....	130	ULTRA-CARE LANCETS		UPTRAVI TITRATION PACK	48
TRUE COMFORT SAFETY		30G.....	98	urea.....	61
LANCETS/30G.....	97	ULTRA-THIN II AUTO		ursodiol.....	68
TRUE COMFORT TWIST TOP		LANCET.....	98	valacyclovir hcl.....	44
LANCETS 30G.....	97	ULTRA-THIN II LANCETS		VALCHLOR.....	57
TRUEPLUS LANCETS 26G..	97	28G.....	98	valganciclovir hcl.....	44
TRUEPLUS LANCETS 28G..	97	ULTRA-THIN II LANCETS		valproate sodium.....	20
TRUEPLUS LANCETS 28G..	97	30G.....	98	valproic acid.....	20
SUPER THIN.....	97	UNASYN.....	121	valsartan.....	29
TRUEPLUS LANCETS 30G..	97	UNASYN BULK PACK...	121	valsartan-hydrochlorothiazide	
TRUEPLUS LANCETS 30G..	97	UNILET COMFORTOUCH		.....	30
ULTRA THIN.....	97	LANCET.....	98	VALUE PLUS LANCETS	
TRUEPLUS LANCETS 33G..	98	UNILET EXCELITE.....	98	STANDARD 21G.....	100
TRUEPLUS LANCETS 33G..	97	UNILET EXCELITE II.....	98	VALUE PLUS LANCETS	
MICRO THIN.....	97	UNILET G.P. LANCET....	98	SUPERTHIN 30G.....	100
TRUEPLUS SAFETY LANCETS		UNILET G.P. SUPERLITE		VALUE PLUS LANCETS THIN	
28G.....	98	LANCET.....	98	26G.....	100
TRULICITY.....	22	UNILET GP 28 ULTRA		VALUMARK LANCET SUPER	
TRUVADA.....	43	THIN.....	98	THIN 30G.....	100
TUKYSA.....	32	UNILET LANCET.....	99	VALUMARK LANCET ULTRA	
TURALIO.....	37	UNILET LANCETS MICRO-		THIN 28G.....	100
TUSNEL.....	54	THIN33G.....	99	vanadom.....	113
TUSSICAPS.....	54	UNILET LANCETS SUPER-		vancomycin hcl.....	11
TUSSLIN.....	54	THIN30G.....	99	VANDAZOLE.....	132
TUSSLIN PEDIATRIC.....	54	UNILET LANCETS ULTRA-		varenicline tartrate.....	126
TWIRLA.....	52	THIN 28G.....	99	VARUBI.....	25
TYBLUME.....	51	UNILET SUPERLITE		VCF VAGINAL	
TYBOST.....	43	LANCET.....	99	CONTRACEPTIVE FILM...	131
tydemy.....	49	UNISTIK 3 GENTLE.....	99	VCF VAGINAL	
TYKERB.....	37	UNISTIK PRO SAFETY		CONTRACEPTIVE FOAM..	131
TYMLOS.....	64	LANCET 21G.....	99	VCF VAGINAL	
TYVASO.....	47	UNISTIK PRO SAFETY		CONTRACEPTIVEGEL...	131
TYVASO REFILL.....	47	LANCET 25G.....	99	VECAMYL.....	30
		UNISTIK PRO SAFETY		VELCADE.....	37
		LANCET 28G.....	99	VEMLIDY.....	44
		UNISTIK SAFETY LANCETS		VENCLEXTA.....	32,33
		28G.....	99	VENCLEXTA STARTING	
		UNISTIK SAFETY LANCETS		PACK.....	32
		30G.....	99		

venlafaxine hcl.....	21	VOSEVI.....	44	XERAC AC.....	62
VENTAVIS.....	47	VOTRIENT.....	37	XERMELO.....	69
verapamil hcl.....	46	VP-PNV-DHA.....	113	XIFAXAN.....	11
VEREGEN.....	56	VRAYLAR.....	40	XIGDUO XR.....	22
VERELAN.....	46	VYNDAMAX.....	48	XIMINO.....	127
VERELAN PM.....	46	VYNDAQEL.....	48	XOLAIR.....	13
VERSACLOZ.....	41	VYVANSE.....	1	XOSPATA.....	37
VERZENIO.....	37	WALGREENS ADVANCED		XPOVIO.....	34
VIBERZI.....	68	TRAVELLANCETS 28G.....	100	XPOVIO 100 MG ONCE	
VIBRAMYCIN.....	127	WALGREENS COMFORT		WEEKLY.....	34
VICTOZA.....	22	ASSUREDLANCETS MICRO		XPOVIO 60 MG ONCE	
VIDA MIA UNILET LANCETS		THIN/33G.....	100	WEEKLY.....	34
SUPER THIN 30G.....	100	WALGREENS COMFORT		XPOVIO 80 MG ONCE	
VIDA MIA UNILET LANCETS		ASSUREDLANCETS SUPER		WEEKLY.....	34
ULTRA THIN 28G.....	100	THIN/28G.....	100	XPOVIO 80 MG TWICE	
vigabatrin.....	19	WALGREENS LANCETS.....	100	WEEKLY.....	34
vigadrone.....	19	WALGREENS THIN		XTANDI.....	34
VIIIBRYD STARTER PACK.....	21	LANCETS.....	100	xulane.....	52
vilazodone hcl.....	21	WALGREENS ULTRA THIN		XURIDEN.....	66
VINATE DHA RF.....	112	LANCETS.....	100	XYNTHA.....	72
VINATE ONE.....	112	warfarin sodium.....	15	XYNTHA SOLOFUSE.....	72
VIRACEPT.....	43	WESCAP-C DHA.....	113	XYREM.....	121
VIREAD.....	43,44	WESNATE DHA.....	113	YASMIN 28.....	52
VIRT-C DHA.....	112	WESTAB PLUS.....	113	YAZ.....	52
VIRT-NATE DHA.....	112	WESTGEL DHA.....	113	YONSA.....	34
VIRT-PN DHA.....	112	WIDE-SEAL SILICONE		yuvafem.....	132
VIRT-PN PLUS.....	112	DIAPHRAGM KIT 60.....	76	zafirlukast.....	13
virtussin ac/alc.....	53	WIDE-SEAL SILICONE		zaleplon.....	74
VIRTUSSIN DAC.....	54	DIAPHRAGM KIT 65.....	76	ZARONTIN.....	19
VISTOGARD.....	25	WIDE-SEAL SILICONE		ZARXIO.....	73
VITAFOL GUMMIES.....	112	DIAPHRAGM KIT 70.....	76	ZATEAN-PN DHA.....	113
VITAFOL-NANO.....	112	WIDE-SEAL SILICONE		ZATEAN-PN PLUS.....	113
VITAFOL-ONE.....	112	DIAPHRAGM KIT 75.....	76	ZAVESCA.....	73
VITAMEDMD ONE		WIDE-SEAL SILICONE		ZEJULA.....	37
RX/QUATREFOLIC.....	112	DIAPHRAGM KIT 80.....	77	ZELAPAR.....	40
VITAMEDMD REDICHEW		WIDE-SEAL SILICONE		ZELBORAF.....	37
RX.....	112	DIAPHRAGM KIT 85.....	77	ZENPEP.....	63
VITAPEARL.....	112	WIDE-SEAL SILICONE		zenzedi.....	1
VITATHELY/GINGER.....	112	DIAPHRAGM KIT 90.....	77	ZEVRX TWIST TOP LANCETS	
VITATRUE.....	113	WIDE-SEAL SILICONE		30G.....	100
VITRAKVI.....	37	DIAPHRAGM KIT 95.....	77	zidovudine.....	44
VIVA DHA.....	113	WILATE.....	72	ZIEXTENZO.....	73
VIVAGUARD LANCETS.....	100	WILZIN.....	104	zileuton.....	13
VIVAGUARD SAFETY		wixela inhub.....	14	ziprasidone hcl.....	40
LANCETS/28G.....	100	XADAGO.....	40	ZIRGAN.....	116
VIZIMPRO.....	33	XALKORI.....	37	ZOLINZA.....	37
VONVENDI.....	72	XARELTO.....	15	zolmitriptan.....	103
voriconazole.....	26	XARELTO STARTER		zolpidem tartrate.....	74
		PACK.....	15		
		XATMEP.....	32		
		XELJANZ.....	3		
		XELJANZ XR.....	3		
		XENAZINE.....	122		

ZOMACTON.....	65
ZONEGRAN.....	19
zonisamide.....	19
ZORBTIVE.....	65
ZUPLENZ.....	25
ZYDELIG.....	38
ZYFLO.....	13
ZYKADIA.....	38
ZYLET.....	117
ZYTIGA.....	34