

California

Essential Drug List

For Small Business Group

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 All previous versions are no longer in effect.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

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

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

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

Tier Descriptions

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

Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.

Specialty or drugs over \$600 (net of rebates) are placed at Tier 4.

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

Are there any limits on my drug coverage?

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

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons: The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over the Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Are all contraceptives covered?

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

What blood glucose supplies covered?

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

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

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

Can I go to any pharmacy?

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

Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our website at [Find a pharmacy](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

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

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

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

plan.

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
<i>amphetamine-dextroamphetamine CP24 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, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>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</i>	1	
<i>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</i>	1	QL(90 ea per fill retail)
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily)
<i>methamphetamine hcl</i>	1	PA
VYVANSE CAPS	2	QL(1 ea daily)
Analeptics		
<i>caffeine citrate SOLN OR</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
ADIPEX-P TABS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
<i>benzphetamine hcl 50 MG</i>	2	PA
<i>diethylpropion hcl TABS</i>	4	Check plan documents for coverage; PA
<i>diethylpropion hcl TB24</i>	4	Check plan documents for coverage; PA
LOMAIRA TABS	4	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
<i>phentermine hcl TABS</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRAVE	4	Check plan documents for coverage; PA
<i>orlistat</i>	4	Check plan documents for coverage; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAXENDA	4	Check plan documents for coverage; QL(0.5 ml daily); PA	<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
XENICAL (<i>orlistat</i>)	4	Check plan documents for coverage; PA	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)	<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)	<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>clonidine hcl (adhd) TB12</i>	1	QL(4 ea daily)	<i>methylphenidate PTCH</i>	1	QL(1 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)	<i>modafinil</i>	1	QL(1 ea daily); ST
Stimulants - Misc.			QUILLICHEW ER CHER 30 MG	3	QL(2 ea daily); PA
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	ST; PA	QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 ea daily); PA
<i>armodafinil 50 MG</i>	1	ST; PA	QUILLIVANT XR SRER	3	QL(12 ml daily); PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily)	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)	Aminoglycosides		
<i>methylphenidate hcl CHEW</i>	1		ARIKAYCE	4	PA
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)	BETHKIS NEBU (<i>tobramycin</i>)	4	PA
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)	HUMATIN	2	
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1		<i>neomycin sulfate TABS</i>	1	
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 ea daily)	<i>streptomycin sulfate SOLR</i>	4	PA
<i>methylphenidate hcl SOLN</i>	1		TOBI PODHALER CAPS	4	PA
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)	<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	4	PA
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1		<i>tobramycin NEBU</i>	4	PA
			<i>tobramycin NEBU</i>	2	PA
			ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
			Antirheumatic - Enzyme Inhibitors		

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 PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy
 AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA	ADALIMUMAB-ADAZ SOAJ	4	Check plan documents for coverage; QL(0.143 ml daily); PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	ADALIMUMAB-ADAZ SOSY	4	Check plan documents for coverage; QL(0.143 ml daily); PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA	HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA	HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
Antirheumatic Antimetabolites			HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); PA
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	ST; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 day(s) retail); PA
OTREXUP SOAJ 10 MG/0.4ML	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	HUMIRA PEN AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA
RASUVO SOAJ 20 MG/0.4ML	4	ST; PA	HUMIRA PEN AJKT 80 MG/0.8ML	4	Check Plan Documents for coverage; QL(0.072 ea daily); SP; PA
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HUMIRA PEN AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
Anti-TNF-alpha - Monoclonal Antibodies					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); SP; PA	ARCALYST	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; PA
Interleukin-6 Receptor Inhibitors					
HUMIRA PEN-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 day(s) retail); SP; PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT	4	Check plan documents for coverage; QL(4 ea per 365 day(s) retail); SP; PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA PEN-PS/UV STARTER AJKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	1	
HUMIRA PEN-PS/UV STARTER AJKT	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA PSKT	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	(Indomethacin) INDOCIN SUPP	1	
HUMIRA PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
Gold Compounds			(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
RIDAURA	2		<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)
Interleukin-1 Blockers			<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA
			<i>diclofenac potassium TABS 50 MG</i>	1	
			<i>diclofenac sodium TB24</i>	1	
			<i>diclofenac sodium TBEC</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac w/ misoprostol TBEC</i>	1	
<i>etodolac CAPS</i>	1	
<i>etodolac TABS</i>	1	
<i>etodolac TB24</i>	1	QL(2 ea daily)
<i>fenoprofen calcium TABS</i>	6	
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPCR</i>	1	
<i>indomethacin SUPP</i>	1	
<i>indomethacin SUSP</i>	1	
<i>ketoprofen CP24</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail)
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	1	
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)
<i>piroxicam CAPS 10 MG</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
<i>sulindac TABS 200 MG</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABS 20 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); SP; PA
OTEZLA TABS 30 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); SP; PA
OTEZLA TBPK	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(55 ea per 365 day(s) retail); SP; PA
OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2	
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine CAPS</i>	1	
Salicylates		

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

Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	PV	(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, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diflunisal TABS</i>	1	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
			(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1	
			(Methadone Hcl) METHADOSE TBSO	1	
			<i>codeine sulfate TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONZIP CP24 (<i>tramadol hcl</i>)	3		<i>morphine sulfate SOLN OR 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
<i>fentanyl citrate LPOP 1600 MCG</i>	2	ST; QL(4 ea daily); PA	<i>morphine sulfate SUPP 10 MG, 20 MG, 30 MG</i>	1	
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	ST; PA	<i>morphine sulfate TABS</i>	1	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 ea daily)	<i>morphine sulfate TBCR</i>	1	QL(3 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)	OXAYDO TABS 7.5 MG	3	QL(4 ea daily)
<i>hydrocodone bitartrate T24A</i>	2	PA	OXAYDO TABS 5 MG	2	
<i>hydromorphone hcl LIQD</i>	1		<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl TABS</i>	1		<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)	<i>oxycodone hcl SOLN</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)	<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>levorphanol tartrate TABS</i>	1	ST; PA	<i>oxymorphone hcl TABS 5 MG</i>	1	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1		<i>oxymorphone hcl TABS 10 MG</i>	1	QL(8 ea daily)
<i>meperidine hcl TABS 50 MG</i>	1		<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)
<i>methadone hcl CONC</i>	1		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>methadone hcl SOLN OR</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
<i>methadone hcl TABS</i>	1	QL(12 ea daily)	<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)
<i>methadone hcl TBSO</i>	1		<i>tramadol hcl TB24 100 MG</i>	1	QL(3 ea daily)
<i>morphine sulfate beads</i>	1	QL(1 ea daily)	<i>tramadol hcl TB24</i>	1	
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)	<i>tramadol hcl TB24 200 MG</i>	1	QL(1 ea daily)
<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1		Opioid Combinations		
			(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	1	
			(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 5 MG	1	QL(6 ea daily)	LORTAB ELIX	3	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 2.5 MG	1		NALOCET TABS	3	
<i>acetaminophen w/ codeine SOLN</i>	1		OXYCODONE AND ACETAMINOPHEN TABS	3	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily)
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA	OXYCODONE/ACETAMIN OPHEN TABS	3	
<i>butalbital-aspirin-caffeine w/cod</i>	1		PROLATE TABS	3	
<i>hydrocodone- acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML- 7.5 MG/15ML</i>	1		<i>tramadol-acetaminophen</i>	1	QL(8 ea daily)
<i>hydrocodone- acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)	Opioid Partial Agonists		
<i>hydrocodone- acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		<i>buprenorphine hcl- naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
<i>hydrocodone- acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)	<i>buprenorphine hcl- naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1		<i>buprenorphine hcl- naloxone hcl dihydrate SUBL</i>	1	
			<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)
			<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)
			<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 ea per 28 day(s) retail)
			<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)
			<i>pentazocine w/ naloxone hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE SOSY	4	Covered under the Medical Benefit; PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone 10 MG</i>	2	QL(2 ea daily)
<i>oxandrolone 2.5 MG</i>	2	
Androgens		
(Methyltestosterone) METHITEST TABS	1	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)
<i>danazol CAPS</i>	1	
<i>methyltestosterone CAPS</i>	1	
TESTIM GEL TD (<i>testosterone</i>)	3	QL(10 gm daily); PA
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	QL(10 gm daily)
<i>testosterone GEL TD 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 SOLN</i>	1	QL(6 ml daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	1	ST; PA
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)

Drug Name	Drug Tier	Requirements/Limits
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 ea daily)
Nitrates		
GONITRO PACK	3	PA
<i>isosorbide dinitrate TABS</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24	2	QL(1 ea daily)
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	2	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN OR 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	

Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	2	
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
FASENRA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
NUCALA SOLR	4	Must use Acaria Specialty (844) 538-4661; SP; PA
NUCALA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
<i>zafirlukast 10 MG</i>	1	
<i>zafirlukast 20 MG</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zileuton TB12</i>	1	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ml daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ml daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail)
QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)
QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)
Sympathomimetics		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>formoterol fumarate NEBU</i>	1	QL(4 ml daily)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)	<i>ipratropium-albuterol SOLN</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)	<i>levalbuterol hcl</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(0.72 gm daily)	<i>levalbuterol tartrate</i>	1	QL(0.6 gm daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)	PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1		SEREVENT DISKUS	2	QL(2 ea daily)
ALBUTEROL SULFATE NEBU	2		STIOLTO RESPIMAT	2	QL(0.14 gm daily)
<i>albuterol sulfate SYRP</i>	1		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>albuterol sulfate TABS</i>	1		<i>terbutaline sulfate TABS</i>	1	
ANORO ELLIPTA	2	QL(2 ea daily)	TRELEGY ELLIPTA	2	QL(2 ea daily)
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)	Xanthines		
<i>budesonide-formoterol fumarate dihydrate</i>	1		(Theophylline) ELIXOPHYLLIN ELIX	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)	THEO-24 CP24	2	
<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)	<i>theophylline ELIX</i>	1	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)	<i>theophylline SOLN</i>	1	
<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)	<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)
			<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)
			<i>theophylline TB24</i>	1	QL(1 ea daily)
			ANTICOAGULANTS - Blood Thinners		
			Coumarin Anticoagulants		
			(Warfarin Sodium) JANTOVEN TABS	1	
			<i>warfarin sodium TABS</i>	1	
			Direct Factor Xa Inhibitors		
			ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 day(s) retail)
			ELIQUIS TABS	2	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 day(s) retail)
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail)
XARELTO TABS 10 MG	2	QL(2 ea daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	4	QL(4 ml per 90 day(s) retail; 4 ml per 90 days mail); PA
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	4	PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ml daily); PA
<i>enoxaparin sodium SOSY</i>	1	QL(4 ml per 7 day(s) retail)
<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	4	PA
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4 ml per 90 day(s) retail; 4 ml per 90 days mail); PA
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA
FRAGMIN SOSY 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	3	QL(24 ml daily)
FYCOMPA TABS 2 MG	3	QL(6 ea daily)
FYCOMPA TABS 6 MG	3	QL(2 ea daily); SL
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); SL
FYCOMPA TABS 4 MG	3	QL(3 ea daily)
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	1	
<i>clobazam TABS 10 MG</i>	1	QL(1 ea daily)
<i>clobazam TABS 20 MG</i>	1	QL(2 ea daily)
<i>clonazepam TABS</i>	1	
<i>clonazepam TBDP</i>	1	
<i>diazepam (anticonvulsant) GEL</i>	1	QL(0.14 ea daily)
NAYZILAM	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	EPIDIOLEX	4	ST; PA
(Lamotrigine) SUBVENITE TABS	1		<i>gabapentin CAPS</i>	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)	<i>gabapentin SOLN</i>	1	
APTIOM	3	QL(2 ea daily); ST	<i>gabapentin TABS 600 MG, 800 MG</i>	1	
BANZEL SUSP (<i>rufinamide</i>)	3		KEPPRA XR TB24 (<i>levetiracetam</i>)	3	QL(4 ea daily)
BANZEL TABS 400 MG (<i>rufinamide</i>)	3	QL(8 ea daily)	KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	3	
BANZEL TABS 200 MG (<i>rufinamide</i>)	3		KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	QL(6 ea daily)
<i>carbamazepine CHEW 100 MG</i>	1		KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	3	QL(3 ea daily)
<i>carbamazepine CP12</i>	1		<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ml daily)
<i>carbamazepine SUSP</i>	1		<i>lacosamide TABS</i>	1	QL(2 ea daily)
<i>carbamazepine TABS</i>	1		LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	3	
<i>carbamazepine TB12 100 MG</i>	1		LAMICTAL ODT TBDP (<i>lamotrigine</i>)	3	PA
<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)	LAMICTAL XR KIT	3	ST; PA
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)	LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>)	3	Use Immediate Release Tabs; QL(2 ea daily)
CARBATROL CP12 (<i>carbamazepine</i>)	3		LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>)	3	Use Immediate Release Tabs; QL(1 ea daily); PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA	LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>)	3	Use Immediate Release Tabs; PA
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	LAMICTAL TABS (<i>lamotrigine</i>)	3	
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA	<i>lamotrigine CHEW</i>	1	
			<i>lamotrigine KIT</i>	1	ST; PA
			<i>lamotrigine KIT 25 MG</i>	1	ST
			<i>lamotrigine TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	1	Use Immediate Release Tabs; QL(1 ea daily); PA	<i>pregabalin CAPS 225 MG, 300 MG</i>	1	ST; QL(2 ea daily); PA
<i>lamotrigine TB24 250 MG</i>	1	Use Immediate Release Tabs; PA	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	ST; QL(3 ea daily); PA
<i>lamotrigine TB24 300 MG</i>	1	Use Immediate Release Tabs; QL(2 ea daily)	<i>pregabalin SOLN</i>	1	QL(30 ml daily); PA
<i>lamotrigine TBDP</i>	1	PA	<i>primidone 50 MG, 250 MG</i>	1	
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1		<i>rufinamide SUSP</i>	1	
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)	<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily)
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)	<i>rufinamide TABS 200 MG</i>	1	
<i>levetiracetam TB24</i>	1	QL(4 ea daily)	TEGRETOL SUSP (<i>carbamazepine</i>)	3	
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	3	ST; QL(3 ea daily); PA	TEGRETOL TABS (<i>carbamazepine</i>)	3	
LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	3	ST; QL(2 ea daily); PA	TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	3	
LYRICA SOLN (<i>pregabalin</i>)	3	QL(30 ml daily); PA	TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	3	
MYSOLINE (<i>primidone</i>)	3		TOPAMAX TABS 25 MG (<i>topiramate</i>)	3	
NEURONTIN CAPS (<i>gabapentin</i>)	3		TOPAMAX TABS 100 MG (<i>topiramate</i>)	3	QL(4 ea daily)
NEURONTIN SOLN (<i>gabapentin</i>)	3		TOPAMAX TABS 200 MG (<i>topiramate</i>)	3	QL(2 ea daily)
NEURONTIN TABS (<i>gabapentin</i>)	3		TOPAMAX TABS 50 MG (<i>topiramate</i>)	3	QL(8 ea daily)
<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)	<i>topiramate CP24 50 MG, 100 MG</i>	1	PA
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)	<i>topiramate CP24 25 MG</i>	1	ST; PA
<i>oxcarbazepine TABS 150 MG</i>	1		<i>topiramate CP24 200 MG</i>	1	QL(2 ea daily); PA
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)	<i>topiramate CPSP</i>	1	
<i>oxcarbazepine TB24 150 MG, 300 MG</i>	1	ST	<i>topiramate CS24 25 MG, 50 MG</i>	1	QL(2 ea daily); PA
<i>oxcarbazepine TB24 600 MG</i>	1	QL(4 ea daily); ST	<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	1	QL(1 ea daily); PA
			<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)
			<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)
			<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)
			<i>topiramate TABS 25 MG</i>	1	

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TRILEPTAL SUSP (<i>oxcarbazepine</i>)	3	QL(40 ml daily)
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	3	QL(8 ea daily)
TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	3	QL(4 ea daily)
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	3	
ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	3	QL(6 ea daily)
ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	3	
<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)
<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
FELBATOL SUSP (<i>felbamate</i>)	3	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGODER PACK	4	QL(6 ea daily)
(Vigabatrin) VIGADRONE TABS	4	
GABITRIL (<i>tiagabine hcl</i>)	3	
SABRIL PACK (<i>vigabatrin</i>)	4	QL(6 ea daily)
SABRIL TABS (<i>vigabatrin</i>)	4	
<i>tiagabine hcl</i>	1	
<i>vigabatrin PACK</i>	4	QL(6 ea daily)
<i>vigabatrin TABS</i>	4	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN	3	
DILANTIN (<i>phenytoin sodium extended</i>)	3	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	
DILANTIN-125 SUSP (<i>phenytoin</i>)	3	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
CELONTIN (<i>methsuximide</i>)	3	
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	
ZARONTIN CAPS (<i>ethosuximide</i>)	3	
ZARONTIN SOLN (<i>ethosuximide</i>)	3	
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	3	
<i>divalproex sodium CSDR</i>	1	
<i>divalproex sodium TB24</i>	1	
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine TABS</i>	1		<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 ea daily)
<i>mirtazapine TBDP</i>	1		<i>fluoxetine hcl TABS 10 MG</i>	1	
Antidepressants - Misc.			<i>fluvoxamine maleate CP24 150 MG</i>	2	
<i>bupropion hcl TABS</i>	1		<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 ea daily)
<i>bupropion hcl TB12</i>	1		<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)	<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
<i>bupropion hcl TB24 450 MG</i>	1	QL(1 ea daily); ST	<i>paroxetine hcl SUSP</i>	1	
FORFIVO XL TB24 (<i>bupropion hcl</i>)	3	QL(1 ea daily); ST	<i>paroxetine hcl TABS</i>	1	
Monoamine Oxidase Inhibitors (MAOIs)			<i>paroxetine hcl TB24</i>	1	
EMSAM	3	QL(1 ea daily)	<i>sertraline hcl CONC</i>	1	
MARPLAN	3		<i>sertraline hcl TABS</i>	1	QL(2 ea daily)
<i>phenelzine sulfate</i>	1		SERTRALINE HYDROCHLORIDE CAPS	2	
<i>tranylcypromine sulfate</i>	2		Serotonin Modulators		
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>nefazodone hcl</i>	1	
SPRAVATO 56MG DOSE	4	PA	<i>trazodone hcl TABS</i>	1	
SPRAVATO 84MG DOSE	4	PA	TRINTELLIX	3	ST
Selective Serotonin Reuptake Inhibitors (SSRIs)			VIIBRYD STARTER PACK KIT	3	PA
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ml daily)	<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)
<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)	<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>escitalopram oxalate SOLN</i>	1		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)	<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 ea daily)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)	FETZIMA TITRATION PACK C4PK	3	ST
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
<i>fluoxetine hcl CPDR</i>	1		FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl CP24</i>	1	QL(2 ea daily)	JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
<i>venlafaxine hcl TABS</i>	1		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
<i>venlafaxine hcl TB24 225 MG</i>	1		JANUMET TABS	2	QL(2 ea daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)	<i>pioglitazone hcl-glimepiride</i>	1	
Tricyclic Agents			<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>amitriptyline hcl TABS</i>	1		<i>saxagliptin-metformin hcl</i>	1	QL(1 ea daily)
<i>amoxapine</i>	1		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
<i>clomipramine hcl</i>	2		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
<i>desipramine hcl TABS</i>	1		SYNJARDY TABS	2	QL(2 ea daily)
<i>doxepin hcl CAPS</i>	1		TRIJARDY XR	2	
<i>doxepin hcl CONC</i>	1		XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		Biguanides		
<i>imipramine pamoate</i>	1		<i>metformin hcl SOLN</i>	1	
<i>nortriptyline hcl CAPS</i>	1		<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic; PV
<i>nortriptyline hcl SOLN</i>	1		<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
<i>protriptyline hcl</i>	1		Diabetic Other		
<i>trimipramine maleate CAPS</i>	1		<i>diazoxide</i>	2	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 day(s) retail)
Alpha-Glucosidase Inhibitors					
<i>acarbose</i>	1				
<i>miglitol</i>	1				
Antidiabetic Combinations					
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 ea daily)			
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 ea daily)			
<i>glipizide-metformin hcl</i>	1				
<i>glyburide-metformin</i>	1				
GLYXAMBI	2				

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Drug Name	Drug Tier	Requirements/Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1	
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(2 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	2	Not available through mail order.; PA
RYBELSUS TABS	2	Not available through mail order; PA
TRULICITY	2	Not available through mail order; PA
VICTOZA (<i>liraglutide</i>)	2	Not available through mail order; SP; PA
Insulin		
AFREZZA POWD	3	QL(6 ea daily)
AFREZZA POWD	3	QL(3 ea daily)
AFREZZA POWD	3	
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)

Drug Name	Drug Tier	Requirements/Limits
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
TRESIBA SOLN	2	QL(1.5 ml daily)
Insulin Sensitizing Agents		
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
<i>pioglitazone hcl 15 MG</i>	1	
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	1	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		

Drug Name	Drug Tier	Requirements/Limits
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>deferasirox TABS</i>	4	PA
<i>deferasirox TB50</i>	4	PA
<i>deferiprone TABS 500 MG</i>	4	PA
EXJADE TB50 (<i>deferasirox</i>)	4	PA
FERRIPROX SOLN	4	PA
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	4	PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JADENU TABS (<i>deferasirox</i>)	4	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	
Opioid Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 ea per 30 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; Limit 2 per month; QL(0.07 ea daily); PA
<i>granisetron hcl TABS</i>	1	ST; Limit 2 tablets per day; QL(2 ea daily); PA
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ml daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 ea daily)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 ea daily)
SANCUSO PTCH	4	QL(0.04 ea daily); PA
Antiemetics - Anticholinergic		
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 ea per 28 day(s) retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily)
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA
<i>dronabinol CAPS 10 MG</i>	2	PA
SYNDROS SOLN	4	PA
Substance P/Neurokinin 1 (NK1) Receptor		

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

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole TABS</i>	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	4	PA
RYVENT TABS	3	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC
<i>desloratadine TABS</i>	1	ST; QL(1 ea daily); PA
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA
<i>desloratadine TBDP 5 MG</i>	1	PA
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	

Drug Name	Drug Tier	Requirements/Limits
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)
PHENERGAN SOLN IJ (<i>promethazine hcl</i>)	4	PA
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	4	PA
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)
<i>promethazine hcl TABS 12.5 MG</i>	1	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light PACK</i>	1	
<i>cholestyramine light POWD</i>	1	
<i>cholestyramine PACK</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine POWD</i>	1	
<i>colesevelam hcl PACK</i>	1	QL(1 ea daily)
<i>colesevelam hcl TABS</i>	1	QL(7 ea daily)
<i>colestipol hcl GRAN</i>	1	
<i>colestipol hcl PACK</i>	2	
<i>colestipol hcl TABS</i>	1	
Fibric Acid Derivatives		
<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
<i>choline fenofibrate 45 MG</i>	1	
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
<i>fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG</i>	1	
<i>fenofibrate CAPS</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
<i>fenofibrate TABS 48 MG</i>	1	
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
FENOFIBRATE TABS	2	QL(1 ea daily)
FIBRICOR (<i>fenofibric acid</i>)	2	
<i>gemfibrozil TABS</i>	1	
LIPOFEN CAPS 50 MG (<i>fenofibrate</i>)	3	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)
<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV
<i>pitavastatin calcium</i>	1	QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); PV
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
JUXTAPID 5 MG	4	ST; PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)
<i>moexipril hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ml daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)
<i>trandolapril</i>	1	
Agents for Pheochromocytoma		
<i>metyrosine</i>	1	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 ea daily)
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 ea daily)
<i>telmisartan 20 MG, 40 MG</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)
Antiadrenergic Antihypertensives		
<i>clonidine hcl TABS</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa TABS</i>	1	
<i>prazosin hcl CAPS</i>	1	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)
Antihypertensive Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
EDARBYCLOR	3	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
TEKTURNA HCT 12.5 MG-150 MG, 12.5 MG-300 MG, 25 MG-300 MG	3	ST
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS</i>	1	
<i>pentamidine isethionate IN</i>	1	
<i>tinidazole 250 MG</i>	1	ST; PA
<i>tinidazole 500 MG</i>	1	ST
<i>trimethoprim TABS</i>	1	
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
XIFAXAN 550 MG	3	QL(2 ea daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
<i>atovaquone</i>	2	
LAMPIT	4	PA
<i>nitazoxanide TABS</i>	1	
Carbapenems		
<i>ertapenem sodium IJ</i>	4	PA
<i>imipenem-cilastatin IV</i>	2	PA
INVANZ IJ (<i>ertapenem sodium</i>)	4	PA
<i>meropenem 500 MG</i>	4	PA
PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	4	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Glycopeptides			<i>chloroquine phosphate TABS</i>	1	
<i>vancomycin hcl CAPS</i>	1	QL(2 ea daily)	DARAPRIM (<i>pyrimethamine</i>)	4	PA
Leprostatics			<i>hydroxychloroquine sulfate 200 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 ea daily)	KRINTAFEL	2	QL(2 ea per 30 day(s) retail)
<i>dapsone 25 MG</i>	1		<i>mefloquine hcl</i>	6	
Lincosamides			<i>mefloquine hcl</i>	1	QL(6 ea per fill retail; 6 per fill mail)
<i>clindamycin hcl</i>	1		<i>primaquine phosphate TABS</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1		<i>pyrimethamine</i>	4	PA
Monobactams			<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA
CAYSTON	4	PA	ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Oxazolidinones			Antimychobacterial Agents		
<i>linezolid SUSR</i>	1	QL(210 ml per 90 day(s) retail)	FIRDAPSE	4	ST; PA
<i>linezolid TABS</i>	1	QL(20 ea per 90 day(s) retail)	MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	4	PA
SIVEXTRO TABS	2	QL(6 ea per 90 day(s) retail)	<i>neostigmine methylsulfate SOSY</i>	4	PA
Urinary Anti-infectives			NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	4	PA
<i>fosfomycin tromethamine</i>	1		<i>pyridostigmine bromide SOLN OR</i>	4	PA
<i>methenamine hippurate</i>	1		<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1		<i>pyridostigmine bromide TBCR</i>	1	
<i>nitrofurantoin</i>	1		ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
<i>nitrofurantoin macrocrystal</i>	1		Antimychobacterial Agents		
<i>nitrofurantoin monohyd macro</i>	1		<i>cycloserine</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)			<i>ethambutol hcl TABS</i>	1	
Antimalarial Combinations			<i>isoniazid SYRP</i>	1	
<i>atovaquone-proguanil hcl</i>	1		<i>isoniazid TABS</i>	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 ea daily)			
Antimalarials					

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Drug Name	Drug Tier	Requirements/Limits
PASER PACK	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
TRECTOR	2	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer

Alkylating Agents		
ALKERAN IV (<i>melphalan hcl</i>)	4	PA
<i>busulfan SOLN</i>	4	PA
BUSULFEX SOLN (<i>busulfan</i>)	4	PA
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
<i>melphalan hcl IV</i>	4	PA
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine 150 MG</i>	1	AC
<i>capecitabine 500 MG</i>	1	AC
<i>fludarabine phosphate SOLR</i>	4	PA
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium SOLR</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC

Drug Name	Drug Tier	Requirements/Limits
ONUREG TABS	4	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	4	AC; PA

Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	4	AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPk	4	AC; PA
VENCLEXTA TABS 10 MG	4	QL(2 ea daily); AC; PA
VENCLEXTA TABS 100 MG	4	QL(4 ea daily); AC; PA
VENCLEXTA TABS 50 MG	4	AC; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
<i>gefitinib</i>	4	AC
GILOTRIF	4	Must use Accredo SP pharmacy; AC; PA
IRESSA (<i>gefitinib</i>)	4	AC
TAGRISSE	4	SP; AC; PA

Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO	4	AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ODOMZO	4	AC
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>anastrozole</i>	5	QL(1 ea daily); PV; AC
ARIMIDEX (<i>anastrozole</i>)	5	QL(1 ea daily); PV; AC
AROMASIN (<i>exemestane</i>)	5	PV
<i>bicalutamide</i>	1	QL(1 ea daily); AC
ELIGARD SC	3	PA
EMCYT	2	AC
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	5	PV
<i>flutamide</i>	1	AC
<i>letrozole</i>	1	AC
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA

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LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis	AYVAKIT	4	QL(1 ea daily); SP; AC; PA
LYSODREN	2	AC	AYVAKIT	4	QL(1 ea daily); SP; PA
<i>megestrol acetate SUSP</i>	1	AC	Antineoplastic - XPO1 Inhibitors		
<i>megestrol acetate TABS</i>	1	AC	XPOVIO	4	AC; PA
<i>nilutamide</i>	1	AC	XPOVIO 80 MG TWICE WEEKLY	4	PA
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Antineoplastic Antibiotics		
SOLTAMOX SOLN	5	PV; AC	<i>mitoxantrone hcl 2 MG/ML</i>	2	PA
<i>tamoxifen citrate TABS</i>	5	PV; AC	Antineoplastic Combinations		
<i>toremifene citrate</i>	1	AC	INQOVI	4	PA
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI FEMARA 200 DOSE	4	AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI FEMARA 400 DOSE	4	AC; PA
YONSA	4	AC; PA	KISQALI FEMARA 600 DOSE	4	AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	LONSURF	4	AC; PA
Antineoplastic - Immunomodulators			Antineoplastic Enzyme Inhibitors		
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	(Everolimus) TORPENZ TABS	4	QL(1 ea daily); SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors			AFINITOR DISPERZ TBSO (<i>everolimus</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
			AFINITOR TABS (<i>everolimus</i>)	4	QL(1 ea daily); SP; AC; PA
			ALECENSA	4	AC; PA
			ALUNBRIG TABS	4	AC; PA
			ALUNBRIG TBPk	4	AC; PA
			BALVERSA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			<i>bortezomib SOLR IJ</i>	4	PA

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BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA	<i>everolimus TBSO</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ICLUSIG 15 MG, 45 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
BRUKINSA	4	AC; PA	ICLUSIG 10 MG, 30 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA	IDHIFA	4	AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA	<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA	<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA	IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); SP; AC; PA
CAPRELSA	4	AC; PA	IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); SP; AC; PA
COMETRIQ KIT	4	AC; PA	IMBRUVICA SUSP	4	QL(8 ml daily); SP; AC; PA
COPIKTRA	4	AC; PA	IMBRUVICA TABS	4	QL(1 ea daily); AC; PA
COTELLIC	4	AC; PA	INREBIC	4	AC; PA
<i>dasatinib 80 MG, 100 MG, 140 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	ISTODAX SOLR (<i>romidepsin</i>)	4	PA
<i>dasatinib 20 MG, 50 MG, 70 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	JAKAFI	4	QL(2 ea daily); AC; PA
<i>everolimus TABS</i>	4	QL(1 ea daily); SP; AC; PA			

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KISQALI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	PIQRAY 200MG DAILY DOSE	4	AC; PA
			PIQRAY 250MG DAILY DOSE	4	AC; PA
			PIQRAY 300MG DAILY DOSE	4	AC; PA
KOSELUGO	4	PA	QINLOCK	4	AC; PA
<i>lapatinib ditosylate</i>	4	AC; PA	RETEVMO CAPS	4	AC; PA
LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>romidepsin SOLR</i>	4	PA
			ROZLYTREK CAPS	4	AC; PA
			RUBRACA	4	AC; PA
LYNPARZA TABS	4	QL(4 ea daily); SP; AC; PA	RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
MEKINIST SOLR	4	SP; AC; PA			
MEKINIST TABS	4	SP; AC; PA	<i>sorafenib tosylate</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	SPRYCEL 80 MG, 100 MG, 140 MG (<i>dasatinib</i>)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	SPRYCEL 20 MG, 50 MG, 70 MG (<i>dasatinib</i>)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	STIVARGA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	4	Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>pazopanib hcl</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			

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<i>sunitinib malate 25 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	XALKORI CPSP	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TABRECTA	4	AC; PA	XOSPATA	4	AC; PA
TAFINLAR CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	ZEJULA CAPS	4	AC; PA
TALZENNA	4	SP; AC; PA	ZEJULA TABS	4	PA
TASIGNA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ZELBORAF	4	AC; PA
TAZVERIK	4	PA	ZOLINZA	4	AC; PA
<i>temsirolimus</i>	4	PA	ZYDELIG	3	AC; PA
TIBSOVO	4	AC; PA	ZYKADIA TABS	4	AC
TORISEL (<i>temsirolimus</i>)	4	PA	Antineoplastics Misc.		
TURALIO 200 MG	4	AC; PA	ACTIMMUNE 100 MCG/0.5ML	4	PA
TYKERB (<i>lapatinib ditosylate</i>)	4	AC; PA	ALFERON N	4	PA
VELCADE SOLR IJ (<i>bortezomib</i>)	4	PA	BESREMI	4	PA
VERZENIO	4	QL(2 ea daily); AC; PA	<i>bexarotene</i>	4	SP; AC; PA
VITRAKVI CAPS	4	AC; PA	<i>hydroxyurea</i>	1	AC
VITRAKVI SOLN	4	AC; PA	MATULANE	4	AC; PA
VOTRIENT (<i>pazopanib hcl</i>)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TARGRETIN (<i>bexarotene</i>)	4	SP; AC; PA
XALKORI CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>tretinoin (chemotherapy)</i>	2	AC
			Chemotherapy Rescue/Antidote/Protective Agents		
			<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	4	PA
			<i>leucovorin calcium TABS</i>	1	AC
			MESNEX TABS	3	AC
			Mitotic Inhibitors		
			(Etoposide) TOPOSAR SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	2	PA
			ETOPOPHOS	3	PA
			<i>etoposide CAPS</i>	1	AC
			<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	AC; PA

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<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	PA	<i>carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2	
Topoisomerase I Inhibitors			<i>carbidopa-levodopa TABS</i>	1	
<i>HYCAMTIN CAPS</i>	4	AC; PA	<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>HYCAMTIN SOLR (topotecan hcl)</i>	4	PA	<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>topotecan hcl SOLR</i>	4	PA	<i>carbidopa-levodopa TBDP</i>	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			DHIVY TABS	2	
Antiparkinson Adjunctive Therapy			DUOPA SUSP	3	PA
<i>carbidopa</i>	2		INBRIJA CAPS	3	PA
Antiparkinson Anticholinergics			NEUPRO	3	
<i>benztropine mesylate SOLN</i>	4	administered under the medical benefit; PA	<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)
<i>benztropine mesylate TABS</i>	1		<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1		<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)
<i>trihexyphenidyl hcl TABS</i>	1		<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i>	2	
Antiparkinson COMT Inhibitors			<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 ea daily)
<i>entacapone</i>	1		<i>pramipexole dihydrochloride TB24 3.75 MG</i>	1	
<i>tolcapone</i>	1		<i>ropinirole hydrochloride TABS</i>	1	
Antiparkinson Dopaminergics			<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
<i>amantadine hcl CAPS</i>	1		<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 ea daily)
<i>amantadine hcl TABS</i>	1				
<i>bromocriptine mesylate CAPS</i>	1				
<i>bromocriptine mesylate TABS 2.5 MG</i>	1				
<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
RYTARY CPR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA
RYTARY CPR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	3	
Antipsychotics - Misc.		
EQUETRO	3	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	4	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA
VRAYLAR CAPS	4	SP
VRAYLAR CPPK	4	SP
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)
Benzisoxazoles		
FANAPT	4	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	4	
<i>paliperidone</i>	1	
PERSERIS PRSY	4	administered under the medical benefit; PA
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>asenapine maleate</i>	1	
<i>clozapine TABS</i>	1	
<i>clozapine TBDP 12.5 MG</i>	1	
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 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</i>	1	
SAPHRIS 5 MG	3	
SECUADO	3	QL(1 ea daily)
VERSACLOZ SUSP	3	QL(18 ml daily)
Dihydroindolones		
<i>molindone hcl</i>	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EVOTAZ	2		STRIBILD	2	
<i>fosamprenavir calcium TABS</i>	1		SYMTUZA	2	
FUZEON SOLR	4	ST; PA	<i>tenofovir disoproxil fumarate TABS</i>	1	
GENVOYA	2		TIVICAY TABS	2	
INTELENCE 25 MG	2		TRIUMEQ PD TBSO	2	
ISENTRESS HD TABS	2		TRIUMEQ TABS	2	
ISENTRESS CHEW	2		TRIZIVIR	2	
ISENTRESS PACK	2		TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	QL(1 ea daily); PV
ISENTRESS TABS	2		TYBOST	2	
JULUCA	2		VIRACEPT TABS	2	
<i>lamivudine SOLN</i>	1		VIREAD POWD	2	
<i>lamivudine TABS</i>	1		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
<i>lamivudine-zidovudine</i>	1		<i>zidovudine CAPS</i>	1	
LEXIVA SUSP	2		<i>zidovudine SYRP</i>	1	
<i>lopinavir-ritonavir SOLN</i>	1		<i>zidovudine TABS</i>	1	
<i>lopinavir-ritonavir TABS</i>	1		Antiviral Combinations		
<i>maraviroc TABS</i>	1		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
<i>nevirapine SUSP</i>	1		PAXLOVID 100 MG-150 MG	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
<i>nevirapine TABS</i>	1		CMV Agents		
<i>nevirapine TB24</i>	1		<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ml daily)
NORVIR CAPS	2		<i>valganciclovir hcl TABS</i>	1	
NORVIR PACK	2		Hepatitis Agents		
NORVIR SOLN	2		<i>adefovir dipivoxil</i>	2	
ODEFSEY	2		<i>entecavir TABS</i>	2	
PIFELTRO	2		EPCLUSA PACK	2	SP; PA
PREZCOBIX	2				
PREZISTA SUSP	2				
PREZISTA TABS 75 MG, 150 MG	2				
REYATAZ PACK	2				
<i>ritonavir TABS</i>	1				
RUKOBIA	4				
SELZENTRY SOLN	2				
SELZENTRY TABS 25 MG, 75 MG	2				
<i>stavudine CAPS</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA
<i>lamivudine (hbv) TABS</i>	1	
MAVYRET TABS	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
PEGASYS SOLN	3	PA
<i>ribavirin (hepatitis c) CAPS</i>	1	PA
VEMLIDY	4	SP; ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS OR 400 MG</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<i>famciclovir</i>	1	
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSP</i>	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride TABS</i>	1	
Misc. Antivirals		

Drug Name	Drug Tier	Requirements/Limits
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol 3.125 MG</i>	1	QL(2 ea daily)
<i>carvedilol phosphate</i>	1	
<i>labetalol hcl TABS</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
HEMANGEOL SOLN OR	3	PA
INDERAL XL	3	
INNOPRAN XL	3	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1		<i>diltiazem hcl TABS</i>	1	
<i>propranolol hcl TABS</i>	1		<i>diltiazem hcl TB24</i>	1	
<i>sotalol hcl (afib/af)</i>	1		<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>sotalol hcl TABS</i>	1		<i>felodipine 10 MG</i>	1	QL(1 ea daily)
SOTYLIZE SOLN OR	3		<i>isradipine CAPS</i>	1	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily)	<i>nicardipine hcl CAPS</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)	<i>nifedipine CAPS</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>nifedipine TB24</i>	1	QL(1 ea daily)
Calcium Channel Blockers			<i>nifedipine TB24 30 MG, 60 MG</i>	1	
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)	<i>nimodipine CAPS</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>nisoldipine</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
(Diltiazem Hcl) DILT-XR CP24	1		<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	<i>verapamil hcl TABS</i>	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)	<i>verapamil hcl TBCR 120 MG</i>	1	
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)	<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl extended release beads</i>	1		VERELAN PM CP24 (<i>verapamil hcl</i>)	3	
<i>diltiazem hcl CP12</i>	1		VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 ea daily)
<i>diltiazem hcl CP24</i>	1		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
			Cardiac Glycosides		
			(Digoxin) DIGITEK TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
			<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
			<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3		ORENITRAM TITRATION KIT MONTH 3 TEPK	4	SP; PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			ORENITRAM TBCR	4	SP; PA
Cardiovascular Agents Misc. - Combinations			TYVASO DPI INSTITUTIONALKIT POWD	4	QL(4 ea daily); PA
<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	1		TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 ea daily); PA
<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	1	PA	TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 ea daily); PA
ENTRESTO TABS	3	QL(2 ea daily); PA	TYVASO DPI TITRATION KIT POWD	4	QL(7 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1		TYVASO DPI TITRATION KIT POWD	4	QL(9 ea daily); PA
Impotence Agents			TYVASO REFILL KIT SOLN IN	4	PA
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA	TYVASO STARTER KIT SOLN IN	4	PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA	TYVASO SOLN IN	4	PA
<i>tadalafil 2.5 MG</i>	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA	VENTAVIS	4	PA
Prostaglandin Vasodilators			Pulmonary Hypertension - Endothelin Receptor Antagonists		
ORENITRAM TITRATION KIT MONTH 1 TEPK	4	SP; PA	<i>ambrisentan 5 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily); PA
ORENITRAM TITRATION KIT MONTH 2 TEPK	4	SP; PA	<i>ambrisentan 10 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA
			<i>bosentan TABS 62.5 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bosentan TABS 125 MG</i>	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; SP; PA
LETAIRIS 10 MG (<i>ambrisentan</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA
LETAIRIS 5 MG (<i>ambrisentan</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily); PA
OPSUMIT	4	ST; PA
TRACLEER TBSO	4	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	4	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	ST; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
<i>ivabradine hcl TABS</i>	1	QL(2 ea daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cefazolin sodium SOLR IV 1 GM</i>	4	PA
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Cephalosporins - 2nd Generation			(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
CEFACLOR ER TB12	3		(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV
<i>cefactor CAPS</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
<i>cefactor SUSR 125 MG/5ML, 375 MG/5ML</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
CEFOTAN IJ (<i>cefotetan disodium</i>)	4	PA	(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	4	PA	(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG	5	PV
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	4	PA	(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG	5	PV
CEFOXITIN SODIUM	4	PA			
<i>cefprozil SUSR</i>	1				
<i>cefprozil TABS</i>	1				
<i>cefuroxime axetil TABS</i>	1				
Cephalosporins - 3rd Generation					
<i>cefdinir CAPS</i>	1				
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV			
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV			

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(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS	5	PV			

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(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV
			(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	PV

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(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV	GENERESS FE <i>(norethindrone & ethinyl estradiol-fe)</i>	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- SPRINTEC, TRI- VYLIBRA, TRI-VYLIBRA LO	5	PV	<i>levonorgestrel & eth estradiol TABS</i>	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO- LINYAH, NYMYO, SPRINTEC 28, VYLIBRA	5	PV	<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV	<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
BALCOLTRA <i>(levonorgestrel-ethinyl estradiol-iron)</i>	5	PV	<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV
BEYAZ <i>(drospirenone- ethinyl estradiol- levomefolate calcium)</i>	5	PV	<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
<i>desogestrel & ethinyl estradiol</i>	5	PV	LO LOESTRIN FE TABS	5	PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV	LOSEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	5	PV
<i>drospirenone-ethinyl estradiol</i>	5	PV	MINASTRIN 24 FE CHEW <i>(norethin acet & estrad-fe)</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV	MIRCETTE <i>(desogestrel- ethinyl estradiol (biphasic))</i>	5	PV
<i>ethynodiol diacet & eth estrad</i>	5	PV	NATAZIA	5	PV
			NEXTSTELLIS	5	PV
			<i>norethin acet & estrad-fe CAPS</i>	5	PV
			<i>norethin acet & estrad-fe CHEW</i>	5	PV
			<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
			<i>norethindrone & ethinyl estradiol-fe</i>	5	PV
			<i>norethindrone acet & eth estra TABS</i>	5	PV
			<i>norethindrone acetate- ethinyl estradiol-fe</i>	5	PV
			<i>norgestimate-ethinyl estradiol</i>	5	PV
			<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV

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Drug Name	Drug Tier	Requirements/Limits
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	PV
TYBLUME CHEW	5	PV
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	PV
YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	5	PV
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/Limits
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	5	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPB	1	

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(Prednisolone) MILLIPRED TABS	1		(Hydrocodone Bitartrate- Homatropine Methylbromide) HYDROMET SOLN	1	
AGAMREE	4	SP; PA	<i>benzonatate</i>	1	
<i>budesonide CPEP</i>	2	QL(3 ea daily)	<i>hydrocodone bitartrate- homatropine methylbromide SOLN</i>	1	
<i>budesonide TB24</i>	1	PA	<i>hydrocodone bitartrate- homatropine methylbromide TABS</i>	1	
<i>deflazacort SUSP</i>	4	SP; PA	Cough/Cold/Allergy Combinations		
<i>deflazacort TABS</i>	4	SP; PA	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
DEXAMETHASONE INTENSOL CONC	2		(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	
<i>dexamethasone ELIX</i>	1		(Pseudoephed-Bromphen- DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>dexamethasone SOLN</i>	1		ACTIDOM DMX LIQD	3	
<i>dexamethasone TABS</i>	1		CODITUSSIN AC LIQD	3	
<i>dexamethasone TBPK</i>	1		DOMETUSS-DMX LIQD	3	
EMFLAZA SUSP (<i>deflazacort</i>)	4	SP; PA	GILTUSS COUGH & COLD TABS	3	
EMFLAZA TABS (<i>deflazacort</i>)	4	SP; PA	GILTUSS SINUS & CONGESTION TABS	3	
<i>hydrocortisone TABS</i>	1		<i>guaifenesin-codeine SOLN</i>	1	
MEDROL TABS	2		<i>hydrocodone polistirex- chlorpheniramine polistirex SUER</i>	1	
<i>methylprednisolone TABS</i>	1		NEOTUSS PLUS LIQD	3	
<i>methylprednisolone TBPK</i>	1		<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)
<i>prednisolone sodium phosphate SOLN</i>	1		<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)
<i>prednisolone sodium phosphate TBDP</i>	1		<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)
<i>prednisolone SOLN</i>	1		Mineralocorticoids		
<i>prednisolone TABS</i>	1		<i>fludrocortisone acetate TABS</i>	1	
PREDNISON INTENSOL CONC	2		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>prednisone SOLN</i>	1		Antitussives		
<i>prednisone TABS</i>	1				
<i>prednisone TBPK</i>	1				

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<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)	(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
<i>promethazine-phenylephrine-codeine</i>	1		(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		(Erythromycin (Acne Aid)) ERY PADS	1	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
TUSNEL TABS	3		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
TUSSLIN PEDIATRIC LIQD	3		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
TUSSLIN LIQD	3		(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)
Expectorants			(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1	
<i>potassium iodide (expectorant) SOLN</i>	1		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
Misc. Respiratory Inhalants			(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1		(Tretinoin) AVITA CREA 0.025 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1		(Tretinoin) AVITA GEL 0.025 %	1	
HYPERSAL NEBU	3		<i>adapalene-benzoyl peroxide GEL</i>	1	
NEBUSAL NEBU	3		<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1				
Mucolytics					
<i>acetylcysteine SOLN</i>	1				
DERMATOLOGICALS - Drugs to Treat Skin Conditions					
Acne Products					
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC			
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1				

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<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC	<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)
<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)	<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)
AZELEX	3		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)	<i>sulfacetamide sodium (acne)</i>	1	
<i>clindamycin phosphate (topical) FOAM</i>	1		<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>clindamycin phosphate (topical) GEL</i>	1		<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2	
<i>clindamycin phosphate (topical) LOTN</i>	1		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 gm daily)
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1		<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 gm daily)
<i>clindamycin phosphate-tretinoin</i>	1		<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)
<i>dapsone (topical) 5 %</i>	1	ST; PA	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>dapsone (topical) 7.5 %</i>	1	QL(2 gm daily)	<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
DIFFERIN LOTN	2		Agents for External Genital and Perianal Warts		
<i>erythromycin (acne aid) GEL</i>	1		VEREGEN	3	QL(30 gm per fill retail)
<i>erythromycin (acne aid) SOLN</i>	1		Antibiotics - Topical		
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	ALTABAX	3	
<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)	CENTANY OINT	2	
<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)	<i>gentamicin sulfate (topical) CREA</i>	1	
			<i>gentamicin sulfate (topical) OINT</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin OINT</i>	1		<i>nystatin (topical) OINT</i>	1	
Antifungals - Topical			<i>nystatin (topical) POWD EX</i>	1	
(Ciclopirox) CICLODAN SOLN	1		<i>nystatin-triamcinolone CREA</i>	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1		<i>nystatin-triamcinolone OINT</i>	1	
(Ketoconazole (Topical)) KETODAN FOAM	2		<i>oxiconazole nitrate CREA</i>	1	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		OXISTAT LOTN	3	
<i>ciclopirox olamine CREA</i>	1		<i>sulconazole nitrate CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1		<i>sulconazole nitrate SOLN</i>	1	
<i>ciclopirox GEL</i>	1		Anti-inflammatory Agents - Topical		
<i>ciclopirox SHAM</i>	1		(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>ciclopirox SOLN</i>	1		<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 gm daily)	<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 gm daily); PA
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)			
<i>econazole nitrate CREA</i>	1				
ERTACZO	4	QL(1 gm daily); PA			
EXELDERM CREA (<i>sulconazole nitrate</i>)	3				
EXELDERM SOLN	2				
EXODERM	3				
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1				
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)			
<i>ketoconazole (topical) FOAM</i>	2				
<i>ketoconazole (topical) SHAM 2 %</i>	1				
<i>naftifine hcl CREA</i>	1				
<i>naftifine hcl GEL 2 %</i>	1				
<i>nystatin (topical) CREA</i>	1				

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<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)	COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
PENNSAID SOLN EX	3	QL(4 gm daily); PA	COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA
<i>bexarotene (topical)</i>	2	PA	COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)	<i>methoxsalen rapid</i>	1	
<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA	SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 day(s) retail); PA
<i>fluorouracil (topical) CREA 5 %</i>	1		SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 day(s) retail); PA
<i>fluorouracil (topical) SOLN</i>	1		SORILUX FOAM	3	PA
PANRETIN	3	PA	STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
VALCHLOR	4	ST; PA			
Antipruritics - Topical					
<i>doxepin hcl (antipruritic)</i>	1	QL(3 gm daily)			
Antipsoriatics					
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)			
<i>acitretin 17.5 MG</i>	2				
<i>acitretin 25 MG</i>	2	QL(2 ea daily)			
<i>acitretin 10 MG</i>	2	QL(1 ea daily)			
<i>calcipotriene CREA</i>	2	QL(5 gm daily)			
<i>calcipotriene FOAM</i>	1	PA			
CALCIPOTRIENE FOAM	3	PA			
<i>calcipotriene OINT</i>	1	QL(5 gm daily)			
<i>calcipotriene SOLN</i>	1				
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 gm daily)			
COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ml per 45 day(s) retail); SP; PA	Corticosteroids - Topical		
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); SP; PA	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1	
<i>tazarotene CREA</i>	1		(Clobetasol Propionate Emulsion) TOVET	1	
<i>tazarotene GEL</i>	1		(Clobetasol Propionate) CLODAN SHAM	1	
TREMFYA SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA	(Desonide) DESRX GEL	1	
TREMFYA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA	(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 %	1	
Antiseborrheic Products			(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
<i>selenium sulfide LOTN 2.5 %</i>	1		<i>alclometasone dipropionate CREA</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		<i>alclometasone dipropionate OINT</i>	1	
<i>sulfacetamide sodium SHAM 10 %</i>	1		<i>amcinonide LOTN</i>	1	
Antivirals - Topical			<i>amcinonide OINT</i>	1	
<i>acyclovir topical CREA</i>	1		APEXICON E CREA	2	
<i>acyclovir topical OINT</i>	1	QL(1 gm daily)	<i>betamethasone dipropionate (topical) CREA</i>	1	
Burn Products			<i>betamethasone dipropionate (topical) LOTN</i>	1	
(Silver Sulfadiazine) SSD	1		<i>betamethasone dipropionate (topical) OINT</i>	1	
<i>mafenide acetate PACK</i>	1		<i>betamethasone dipropionate augmented CREA</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
SULFAMYLON CREA	3		<i>betamethasone dipropionate augmented LOTN</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1	
<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>hydrocortisone butyrate CREA</i>	1	
<i>hydrocortisone butyrate OINT</i>	1	
<i>hydrocortisone butyrate SOLN</i>	1	
<i>hydrocortisone valerate CREA</i>	1	
<i>hydrocortisone valerate OINT</i>	1	
LOCOID LIPOCREAM	3	
<i>mometasone furoate CREA</i>	1	
<i>mometasone furoate OINT</i>	1	
<i>mometasone furoate SOLN</i>	1	
NUCORT LOTN	3	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
<i>prednicarbate OINT</i>	1	
TEXACORT SOLN 2.5 %	3	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
Eczema Agents		

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOAJ 300 MG/2ML	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
DUPIXENT SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
Emollient/Keratolytic Agents		
<i>urea LOTN 40 %</i>	1	
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1	QL(2 gm daily)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	
<i>salicylic acid in ammonium lactate vehicle</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) LOTN</i>	1	QL(2 ml daily)
NORITATE CREA	4	PA
ORACEA (<i>doxycycline (rosacea)</i>)	3	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	1	
<i>ivermectin (pediculicide)</i>	1	
<i>malathion</i>	1	
<i>permethrin CREA</i>	1	QL(2 gm daily)
<i>spinosad</i>	2	AL(At least 4 yrs old)
Wound Care Products		
REGANEX	3	Limit 15gms per month; QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST KIT	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B HOME TEST	5	PV
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	6	
KETOSTIX STRP	6	
ONETOUCH ULTRA BLUE TESTSTRIP STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA	2	QL(0.36 ea daily)
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
SPEEDY SWAB RAPID COVID-19/FLU A&B ANTIGEN SELF-TEST	5	PV
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT, 4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
(Dichlorphenamide) ORMALVI	4	PA
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>dichlorphenamide</i>	4	PA
KEVEYIS (<i>dichlorphenamide</i>)	4	PA
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
Loop Diuretics		
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>ethacrynic acid</i>	1	ST
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	
<i>furosemide TABS</i>	1	
SOANZ TABS 20 MG	2	
<i>toremide TABS 100 MG</i>	1	QL(2 ea daily)
<i>toremide TABS 5 MG, 10 MG, 20 MG</i>	1	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		

Drug Name	Drug Tier	Requirements/Limits
Bone Density Regulators		
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 ea daily)
<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>calcitonin (salmon) NA</i>	1	
<i>calcitonin (salmon) IJ</i>	4	PA
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 ea daily); ST
TYMLOS	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	PA
NORDITROPIN FLEXPRO SOPN	4	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
ZOMACTON SOLR SC 10 MG	4	PA
ZORBTIVE SC	4	PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	5	PV
OSPHENA	3	QL(1 ea daily)
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		

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Drug Name	Drug Tier	Requirements/Limits
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(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</i>	4	PA
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
<i>calcitriol SOLN OR</i>	1	
<i>cinacalcet hcl</i>	1	PA
CYSTADANE (<i>betaine</i>)	4	PA
<i>doxercalciferol CAPS</i>	2	
GALAFOLD	4	QL(0.5 ea daily); PA
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	1	
MYALEPT	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA
<i>nitisinone CAPS 10 MG</i>	1	PA
NITYR TABS	4	PA
ORFADIN SUSP	4	PA
PALYNZIQ	4	PA
<i>paricalcitol CAPS</i>	1	
<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>	2	SP; PA
<i>sodium phenylbutyrate TABS</i>	2	SP; PA
STRENSIQ	4	PA
XURIDEN	4	
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1	
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	5	PV
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML</i>	4	PA	<i>norethindrone acetate-ethinyl estradiol</i>	1	
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML</i>	4	PA	ORIAHNN	4	PA
<i>octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML</i>	4	PA	PREFEST	3	
<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	4	PA	PREMPHASE	2	QL(1 ea daily)
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	4	PA	PREMPRO	2	QL(1 ea daily)
SIGNIFOR	4	PA	Estrogens		
Vasopressin Receptor Antagonists			(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
JYNARQUE TBPB	4	PA	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR	2	QL(0.29 ea daily)
ESTROGENS - Hormone Replacement/Modifying Drugs			ELESTRIN GEL	3	QL(1.74 gm daily)
Estrogen Combinations			<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1		<i>estradiol GEL 0.06 %</i>	1	Limit 50gms per month; QL(1.67 gm daily)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1		<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</i>	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1		<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 ea daily)
ANGELIQ	3		<i>estradiol TABS</i>	1	
CLIMARA PRO	2		EVAMIST SOLN	3	QL(0.27 ml daily)
COMBIPATCH PTTW	3		MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
DUAVEE	3		MENEST 2.5 MG	2	QL(3 ea daily)
<i>estradiol & norethindrone acetate TABS</i>	1		MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)
			PREMARIN TABS	2	QL(1 ea daily)
			FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		

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Drug Name	Drug Tier	Requirements/Limits
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 day(s) retail; 28 ea per 90 days mail)
<i>ofloxacin 300 MG</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 10 MG	4	QL(1 ea daily); PA
OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	4	PA
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	1	
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 ea daily)
DIPENTUM	3	

Drug Name	Drug Tier	Requirements/Limits
INFLECTRA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>mesalamine CP24</i>	1	QL(4 ea daily)
<i>mesalamine CPCR</i>	1	QL(8 ea daily); PA
<i>mesalamine CPDR</i>	1	QL(6 ea daily)
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	QL(1 ea daily)
<i>mesalamine TBEC 800 MG</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)
PENTASA CPCR 250 MG	3	PA
RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 package(s) per fill retail; PA
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
LINZESS	2	QL(1 ea daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
<i>alvimopan</i>	1	
MOVANTIK	3	QL(1 ea daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA	3	ST; PA
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
<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</i>	1	
<i>sevelamer hcl 400 MG</i>	1	PA
<i>sevelamer hcl 800 MG</i>	1	QL(16 ea daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		

Drug Name	Drug Tier	Requirements/Limits
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
<i>silodosin 8 MG</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>silodosin 4 MG</i>	1	
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
<i>tiopronin TABS</i>	1	
<i>tiopronin TBEC</i>	1	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
MITIGARE CAPS (<i>colchicine</i>)	3	
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
AFSTYLA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

Drug Name	Drug Tier	Requirements/Limits
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COAGADEX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IDELVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	administered under the medical benefit; PA
JIVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOVALTRY	4	PA	WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOSEVEN RT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA			

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Drug Name	Drug Tier	Requirements/Limits
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>icatibant acetate SOLN</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>icatibant acetate SOSY</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Complement Inhibitors		
FABHALTA	4	PA
HAEGARDA SOLR SC	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 100 MG	4	ST; PA
TAVALISSE 150 MG	4	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Human Protein C		
CEPROTIN	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
<i>dipyridamole</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl</i>	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
CEREZYME 400 UNIT	4	PA
<i>miglustat</i>	4	ST; PA
ZAVESCA (<i>miglustat</i>)	4	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	4	ST; AC; PA
SIKLOS TABS 1000 MG	4	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV

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Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
Hematopoietic Growth Factors		
MULPLETA	4	PA
NYVEPRIA	4	SP; PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT 20000 UNIT/ML	4	PA
RETACRIT	4	PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	PA
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
IRON FOLATE-F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat		

Drug Name	Drug Tier	Requirements/Limits
Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	
<i>aminocaproic acid TABS</i>	1	
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	4	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	4	PA
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
DORAL (<i>quazepam</i>)	3	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily)
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)
<i>midazolam hcl SYRP</i>	1	
<i>temazepam 15 MG</i>	1	QL(2 ea daily)
<i>temazepam 7.5 MG</i>	1	
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.125 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ramelteon</i>	1	QL(1 ea daily); ST	(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
LAXATIVES - Bowel Treatment Drugs					
Laxative Combinations					
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV	(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 gm daily)
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV			
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK	5	PV			
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ml per fill retail); PV			
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV	<i>lactulose SOLN</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	QL(4000 ml per fill retail); PV	<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 gm daily)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV	Saline Laxatives		
PEG-PREP	5	QL(1 ea per fill retail); PV	OSMOPREP	5	PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV	Stimulant Laxatives		
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	PV			
Laxatives - Miscellaneous					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl TBEC</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					
			<i>azithromycin PACK</i>	1	
			<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
			<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
			<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
			ZITHROMAX PACK	3	
Clarithromycin					
			<i>clarithromycin SUSR</i>	1	
			<i>clarithromycin TABS</i>	1	
			<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
Erythromycins					
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
			<i>erythromycin base CPEP</i>	1	
			<i>erythromycin base TABS</i>	1	
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV			

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

Drug Name	Drug Tier	Requirements/Limits
KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUE COVER DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
MAXX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	5	PV	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN MAGNUM MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN REGULAR MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN ULTRA THIN LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN-ENZ W/SPERMICIDAL MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)			

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TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK SAFE-T-PRO LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	PV	ACTI-LANCE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	PV	ACTI-LANCE LITE SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	PV	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	PV	ACTI-LANCE SPECIAL SAFETYLANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV	ADVANCED MOBILE LANCET 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV			
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV			
Diabetic Supplies					
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC			
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC			

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ADVOCATE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	AURORA LANCET SUPER THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AIMSCO TWIST LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	AURORA LANCET THIN 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AIMSCO TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD MICROTAINER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AQUALANCE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CAREONE LANCET SUPER THIN/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE COMFORT LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CAREONE LANCET THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARESENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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CARETOUCH SAFETY LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHEK LANCETS ULTRATHIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHEK LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COAGUCHEK LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT ASSURED LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CHOSEN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT ASSURED LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CHOSEN SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH LANCETS ULTRA THIN 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DIATHRIVE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DIATHRIVE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DROPLET PERSONAL LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ORIGINAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETSSUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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EASY COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS 21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL SUPER THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL THIN LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS COLOR	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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EZ-LETS LANCETS 28G ULTRA-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREESTYLE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FINE 30	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FORA LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

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HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KINNEY THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER HEALTHPRO TWIST LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS MICRO THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HY-VEE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
IN TOUCH STERILE LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS ULTRATHIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KINNEY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIBERTY MEDICAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G/TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LITETOUCH LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G EXTRA FINE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G UNIVERSAL DESIGN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS STANDARD	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS UNIVERSAL LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS/LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/LITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LITE LANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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MEIJER LANCETS UNIVERSAL30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCET 30G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCETS 23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MICROLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MM TWIST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SUREFLEX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLET OPD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 21G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PC LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PERFECT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PHARMACY COUNTER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PERFECT POINT SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PIP LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PERFECT POINT SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PIP LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRECISION THINS GP LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS COLORED 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRO COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 33G/MICRO THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PSS SELECT GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PSS SELECT SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PX LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	READYLANCE SAFETY LANCETS/21G/2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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READYLANCE SAFETY LANCETS/23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/26G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS ULTRA-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
REALITY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	REXALL LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RIGHTEST GL300 LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE NORMAL FLOW21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAPS HEALTH TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAPSCARE TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCET 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SB LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SB LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SHOPKO ON-THE-GO COMFORTLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS/PRESSURE ACTIVATED/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SINGLE-LET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SM MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

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

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ULTILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET EXCELITE II	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET GP 28 ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II AUTO LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS SUPER-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET EXCELITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 1	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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UNISTIK 2	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 GENTLE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 NEONATAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NEONATAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK CZT COMFORT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK CZT NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 SUPER	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK PRO SAFETY LANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 COMFORT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK PRO SAFETY LANCET 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK PRO SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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UNISTIK SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 21G X 2.4MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 23G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS THIN26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 28G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCETS STANDARD 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIVAGUARD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ZEV RX TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIVAGUARD LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	Parenteral Therapy Supplies		
VIVAGUARD SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
VIVAGUARD SAFETY LANCETS28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC
WALGREENS ADVANCED TRAVEL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD NEEDLE/30G X 1/2"	2	RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 day(s) retail); RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)
WALGREENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
			BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 day(s) retail); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
			DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	6	RX/OTC
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 day(s) retail); RX/OTC
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	PA
AJOVY SOSY	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY	2	PA
UBRELVY	3	QL(10 ea per 30 day(s) retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(0.27 ml daily); PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
ERGOMAR SUBL	2	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 ea daily)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)

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<i>naratriptan hcl</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 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>sumatriptan succinate SOAJ</i>	1	PA
<i>sumatriptan succinate SOCT</i>	1	PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ml daily); PA
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)
<i>zolmitriptan SOLN</i>	1	QL(6 ea per 30 day(s) retail; 18 ea per 90 days mail)
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
MAGNEBIND 400	3	
Fluoride		

Drug Name	Drug Tier	Requirements/Limits
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
FLORIVA	3	
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
<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)
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
EFFER-K	3	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK OR 20 MEQ</i>	1	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	4	PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
Zinc		
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>penicillamine</i>)	4	PA
<i>penicillamine CAPS</i>	4	PA
<i>penicillamine TABS</i>	1	
SYPRINE (<i>trientine hcl</i>)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>trientine hcl 500 MG</i>	4	PA
<i>trientine hcl 250 MG</i>	4	PA
Immunomodulators		
<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
THALOMID	3	Must use Exactus Specialty Rx 1-866-458-9246; AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	ST
<i>azathioprine TABS</i>	1	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>cyclosporine CAPS</i>	1	
<i>everolimus (immunosuppressant)</i>	1	
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	1	
<i>mycophenolate mofetil TABS</i>	1	
<i>mycophenolate sodium</i>	1	
PROGRAF PACK	4	PA

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SANDIMMUNE SOLN OR 100 MG/ML	3	
<i>sirolimus SOLN</i>	1	
<i>sirolimus TABS</i>	1	
<i>tacrolimus CAPS</i>	1	
THYMOGLOBULIN	3	administered under the medical benefit; PA
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat)</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	QL(3 ea daily)
MUCOTROL WAFR	3	
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
MULTIVITAMINS		
Ped Multi Vitamins w/FI & FE		
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC

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(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC	FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fi CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR SUSP	3	
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA SOLN 35 MG/ML-0.5 MG/ML-8 MG/ML-0.4 MG/ML-0.6 MG/ML-10 MCG/ML-3.35 MG/ML-450 MCG/ML-2 MCG/ML-0.25 MG/ML, 35 MG/ML-0.5 MG/ML-8 MG/ML-0.4 MG/ML-0.6 MG/ML-10 MCG/ML-3.35 MG/ML-450 MCG/ML-2 MCG/ML-0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA SOLN 35 MG/ML-10 MCG/ML-450 MCG/ML-0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC
			TRI-VI-FLOR	3	
			TRI-VI-FLORO	3	
			VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.5 MG/ML-450 MCG/ML	2	AL(Up to 6 yrs old); RX/OTC

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Pediatric Multiple Vitamins & Minerals w/ Fluoride			CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
FLORIVA	3		CITRANATAL MEDLEY	3	
Prenatal Vitamins			C-NATE DHA CAPS	3	
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	1	RX/OTC	COMPLETENATE CHEW	2	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		CONCEPT DHA	2	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		CONCEPT OB	2	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		DUET DHA 400 MISC	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	1		FOLIVANE-OB	2	
ATABEX EC TBEC	2		M-NATAL PLUS TABS	2	RX/OTC
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
CITRANATAL ASSURE	3		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NEONATAL 19	3	
CITRANATAL BLOOM	3		NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
			NEONATAL PLUS TABS	2	RX/OTC
			NESTABS	3	
			NESTABS DHA	2	

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NESTABS ONE	3		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3	
NIVA-PLUS TABS	2	RX/OTC	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3	
OB COMPLETE ONE	3		PRENATE ENHANCE	3	
OB COMPLETE PETITE	3		PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
OB COMPLETE PREMIER	3		PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3	
OB COMPLETE/DHA	3		PRENATE PIXIE	3	
OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	3		PRENATE RESTORE	3	
ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	2	RX/OTC	PRENATRIX TABS	2	RX/OTC
PNV-DHA+DOCUSATE	3		PRENATRYL TABS	2	RX/OTC
PNV-OMEGA	3		RELNATE DHA CAPS	3	
PRENA 1 TRUE	2		SELECT-OB+DHA MISC	3	
PRENA1 CHEW	3		SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
PRENA1 PEARL	3		SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
PRENAISSANCE	3		SE-NATAL 19 CHEW	2	
PRENAISSANCE PLUS CAPS	3		SE-NATAL 19 TABS	3	RX/OTC
PRENATAL 19 CHEW	2				
PRENATAL 19 TABS	3	RX/OTC			
PRENATAL PLUS VITAMIN AND MINERAL TABS	2	RX/OTC			
PRENATAL PLUS TABS	2	RX/OTC			
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC			
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC			
PRENATAL-U CAPS	2				
PRENATE	3				

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THERANATAL CORE NUTRITION TABS	2	RX/OTC	<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
THRIVITE RX TABS	2	RX/OTC	<i>baclofen TABS 5 MG</i>	1	
TRICARE TABS	2	RX/OTC	<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
TRINATAL RX 1 TABS	2		<i>carisoprodol TABS</i>	1	
TRISTART DHA	3		<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
TRISTART ONE	3		<i>chlorzoxazone TABS 250 MG</i>	1	QL(4 ea daily)
VINATE DHA RF	3		<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
VIRT-NATE DHA CAPS	3		GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	4	administered under the medical benefit; PA
VIRT-PN DHA	3		LIORESAL INTRATHECAL SOLN IT (<i>baclofen</i>)	4	administered under the medical benefit; PA
VITAFOL GUMMIES	3		LIORESAL INTRATHECAL SOLN IT	4	administered under the medical benefit; PA
VITAFOL-NANO	3		<i>metaxalone 400 MG</i>	1	
VITAFOL-ONE CAPS	3		<i>metaxalone 800 MG</i>	1	QL(4 ea daily)
VITAMEDMD ONE RX/QUATREFOLIC	3		<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
VITAMEDMD REDICHEW RX	3		<i>orphenadrine citrate TB12</i>	1	
VITAPEARL	3		<i>tizanidine hcl CAPS</i>	1	
VITATHELY/GINGER TABS	2	RX/OTC	<i>tizanidine hcl TABS 2 MG</i>	1	
VITATRUE	2		<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
VIVA DHA CAPS	3		Direct Muscle Relaxants		
WESCAP-C DHA	2		<i>dantrolene sodium CAPS</i>	1	
WESNATE DHA CAPS	3		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
WESTAB PLUS TABS	2	RX/OTC	Nasal Agent Combinations		
WESTGEL DHA	3		<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 gm daily)
ZATEAN-PN DHA	3		Nasal Antiallergy		
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms					
Central Muscle Relaxants					
(Carisoprodol) VANADOM TABS 350 MG	1				
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1				
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 40000 MCG/20ML</i>	4	administered under the medical benefit; PA			

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(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC	(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI- SYMPTOM, RA NASAL ALLERGY SPRAY AERO	1	QL(1.2 ml daily)
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ml daily); RX/OTC	<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)	<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC
<i>olopatadine hcl (nasal)</i>	1		<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ml daily)
Nasal Anticholinergics			XHANCE EXHU	3	QL(1.07 ml daily); ST
<i>ipratropium bromide (nasal)</i>	1		NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
Nasal Steroids			ALS Agents		
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASON E PROPIONATE NASAL SPRAY, CVS FLUTICASON E PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASON E PROPIONATE, EQL FLUTICASON E PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASON E PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC	RADICAVA ORS STARTER KIT SUSP	4	PA
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC	RADICAVA ORS SUSP	4	PA
			RELYVRIO	4	PA
			<i>riluzole TABS</i>	1	
			Spinal Muscular Atrophy Agents (SMA)		
			EVRYSDI	4	PA
			NUTRIENTS		
			Lipids		
			DOJOLVI	4	PA
			OPHTHALMIC AGENTS - Drugs to Treat the Eye		
			Beta-blockers - Ophthalmic		

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(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	1		Miotics		
<i>betaxolol hcl (ophth)</i> SOLN	1		<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)
BETIMOL	2		Ophthalmic Adrenergic Agents		
BETOPTIC-S SUSP	2		<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate-timolol maleate</i>	1		<i>brimonidine tartrate</i>	1	
<i>carteolol hcl (ophth)</i>	1		IOPIDINE	3	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2		Ophthalmic Anti-infectives		
<i>dorzolamide hcl-timolol maleate</i>	1		(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN	1	
<i>levobunolol hcl 0.5 %</i>	1		(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
<i>timolol maleate (ophth)</i> SOLG	1		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN	1	
<i>timolol maleate (ophth)</i> SOLN	1		AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2		<i>bacitracin (ophthalmic)</i>	2	
Cycloplegic Mydriatics			<i>bacitracin-polymyxin b (ophth)</i>	1	
(Homatropine Hbr) HOMATROPAIRE	1		BESIVANCE	3	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1		BETADINE OPHTHALMIC PREP	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1		CILOXAN OINT	2	
<i>atropine sulfate (ophthalmic) SOLN</i>	1		<i>ciprofloxacin hcl (ophth)</i> SOLN	1	
ATROPINE SULFATE SOLN 1 %	2		ERYTHROMYCIN	2	
CYCLOGYL	2		<i>erythromycin (ophth)</i>	1	
CYCLOMYDRIL	3		<i>gatifloxacin (ophth)</i>	1	
<i>cyclopentolate hcl</i>	1		<i>gentamicin sulfate (ophth)</i> SOLN	1	
ISOPTO ATROPINE SOLN	2		KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>phenylephrine hcl (mydriatic) SOLN</i>	1		<i>levofloxacin (ophth) 1.5 %</i>	2	
<i>tropicamide SOLN</i>	1		<i>moxifloxacin hcl (ophth)</i> SOLN OP	1	

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NATACYN	2		<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>neomycin-bacitracin zn-polymyxin</i>	1		<i>difluprednate</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1		FLAREX	2	
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail)	<i>fluorometholone (ophth) SUSP</i>	1	
<i>polymyxin b-trimethoprim</i>	1		FML FORTE SUSP	2	
POVIDONE IODINE	3		FML OINT	2	
<i>sulfacetamide sodium (ophth) OINT</i>	1		LOTEMAX OINT	3	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		<i>loteprednol etabonate GEL</i>	1	
<i>tobramycin (ophth) SOLN</i>	1		<i>loteprednol etabonate SUSP</i>	1	
TOBREX OINT	2		MAXIDEX SUSP OP	2	
<i>trifluridine</i>	1		<i>neomycin-polymy-dexameth OINT</i>	1	
ZIRGAN GEL	3		<i>neomycin-polymy-dexameth SUSP</i>	1	
Ophthalmic Immunomodulators			<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)	PRED MILD	2	
Ophthalmic Local Anesthetics			PRED-G S.O.P. OINT	3	
(Tetracaine Hcl (Ophth)) ALTACAINE	1		PRED-G SUSP	3	
AKTEN	3		<i>prednisolone acetate (ophth)</i>	1	
<i>proparacaine hcl</i>	1		PREDNISOLONE PHOSPHATE/MOXIFLOXACIN SOLN	3	
<i>tetracaine hcl (ophth)</i>	1		PREDNISOLONE SODIUM PHOSPHATE	3	
Ophthalmic Steroids			PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail; 4 per fill mail)	<i>sulfacetamide sod-prednisolone SOLN</i>	1	
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1		TOBRADEX ST SUSP	3	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail; 4 per fill mail)	TOBRADEX OINT	3	
BLEPHAMIDE S.O.P. OINT	2		<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)

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ZYLET	3	QL(5 ml per fill retail)	<i>cromolyn sodium (ophth)</i>	1	
Ophthalmic Surgical Aids			CYSTARAN	4	
GELFILM OP	3		<i>diclofenac sodium (ophth)</i>	1	
Ophthalmics - Misc.			<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ml daily)
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ml daily); RX/OTC	DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC	<i>epinastine hcl (ophth)</i>	1	
ACUVAIL	3		<i>flurbiprofen sodium</i>	1	
ALOCRIAL	3		ILEVRO	3	
ALOMIDE	2		<i>ketorolac tromethamine (ophth)</i>	1	
<i>azelastine hcl (ophth)</i>	1		LASTACAFT	3	ST
<i>bepotastine besilate</i>	1	QL(0.34 ml daily); ST	NEVANAC	3	
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)	<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ml daily); RX/OTC
<i>bromfenac sodium (ophth)</i>	1		<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
			PAREMYD	3	
			Prostaglandins - Ophthalmic		
			<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
			<i>latanoprost SOLN</i>	1	QL(0.09 ml daily)
			LATANOPROST SOLN	2	QL(0.09 ml daily)
			LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
			<i>tafluprost</i>	1	QL(1 ea daily)
			<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
			OTIC AGENTS - Drugs to Treat the Ear		
			Otic Agents - Miscellaneous		

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<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 ea per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		

Drug Name	Drug Tier	Requirements/Limits
BIVIGAM SOLN 10 %	4	PA
BIVIGAM SOLN 5 GM/50ML	4	PA
FLEBOGAMMA DIF SOLN	4	PA
FLEBOGAMMA DIF SOLN 5 GM/50ML	4	PA
GAMASTAN	4	PA
GAMMAGARD LIQUID 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
GAMMAGARD LIQUID 1 GM/10ML	4	Covered under Medical Benefit; PA
GAMMAKED 1 GM/10ML	4	Covered under Medical Benefit; PA
GAMMAPLEX SOLN 5 GM/50ML	4	PA
GAMMAPLEX SOLN	4	PA
GAMUNEX-C 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
GAMUNEX-C 1 GM/10ML	4	Covered under Medical Benefit; PA
OCTAGAM SOLN 5 GM/50ML	4	PA
OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 10 GM/100ML, 10 GM/200ML, 20 GM/200ML	4	PA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	PA
PRIVIGEN SOLN 5 GM/50ML	4	PA
Passive Immunizing Agents - Combinations		

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HYQVIA 1600 UNIT/10ML-20 GM/200ML, 200 UNT/1.25ML-2.5 GM/25ML, 2400 UNIT/15ML-30 GM/300ML, 400 UNIT/2.5ML-5 GM/50ML	4	Some members may obtain their medications through their Medical Group; PA	<i>amoxicillin & pot clavulanate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections			<i>amoxicillin & pot clavulanate TB12</i>	1	
Aminopenicillins			<i>ampicillin & sulbactam sodium IJ 2 GM-1 GM</i>	4	PA
<i>amoxicillin CAPS</i>	1		AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1		BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	4	PA
<i>amoxicillin SUSR</i>	1		<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	4	PA
<i>amoxicillin TABS</i>	1		UNASYN IJ 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	4	PA
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA	UNASYN BULK PACK IV (<i>ampicillin & sulbactam sodium</i>)	4	PA
<i>ampicillin CAPS 500 MG</i>	1		Penicillinase-Resistant Penicillins		
Natural Penicillins			<i>dicloxacillin sodium</i>	1	
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	4	PA	NAFCILLIN 1 GM/50ML-5 %	4	PA
BICILLIN L-A SUSY	4	PA	<i>nafcillin sodium IV 2 GM, 10 GM</i>	4	PA
<i>penicillin g potassium</i>	4	PA	<i>oxacillin sodium IV 10 GM</i>	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	PA	PROGESTINS - Hormone Replacement/Modifying Drugs		
PENICILLIN G PROCAINE	4	PA	Progestins		
<i>penicillin g sodium</i>	4	PA	(Norethindrone Acetate) GALLIFREY TABS	1	
<i>penicillin v potassium SOLR</i>	1		<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)
<i>penicillin v potassium TABS</i>	1		<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
Penicillin Combinations			<i>megestrol acetate (appetite)</i>	1	AC
<i>amoxicillin & pot clavulanate CHEW</i>	1				
<i>amoxicillin & pot clavulanate SUSR</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 ea daily)
<i>progesterone OIL</i>	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	2	QL(224 ea per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	4	ST; PA
XYREM SOLN	4	ST; PA
Antidementia Agents		
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	1	PA
<i>memantine hcl CP24 7 MG</i>	1	ST; PA
<i>memantine hcl SOLN</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)
<i>memantine hcl TABS</i>	1	
NAMZARIC C4PK	3	PA

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CP24 14 MG-10 MG, 28 MG-10 MG	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline</i>	1	
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG</i>	1	
<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG</i>	2	
<i>perphenazine-amitriptyline</i>	1	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA
SAVELLA TABS	3	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO PATIENT TITRATION KIT TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
AUSTEDO XR TB24	4	QL(1 ea daily); SP; PA
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA	MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	MAYZENT TABS 2 MG	3	QL(1 ea daily); PA
INGREZZA CPSP	4	QL(1 ea daily); SP; PA	MAYZENT TABS 1 MG	3	not available thru mail order; PA
tetrabenazine	2	SP; PA	PLEGRIDY STARTER PACK SOAJ	4	PA
Multiple Sclerosis Agents			PLEGRIDY STARTER PACK SOSY SC	4	PA
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 day(s) retail)	PLEGRIDY SOAJ	4	PA
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)	PLEGRIDY SOSY IM	4	PA
AVONEX PEN AJKT	4	PA	PLEGRIDY SOSY SC	4	PA
AVONEX PSKT	4	PA	REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA
BETASERON KIT	4	PA	REBIF REBIDOSE SOAJ	4	PA
dalfampridine	1	PA	REBIF TITRATION PACK SOSY	4	PA
dimethyl fumarate CDPK	2	QL(60 ea per 365 day(s) retail)	REBIF SOSY	4	PA
dimethyl fumarate CPDR	2	QL(2 ea daily)	teriflunomide	1	QL(1 ea daily)
 fingolimod hcl	1	QL(1 ea daily)	Premenstrual Dysphoric Disorder (PMDD) Agents		
GILENYA 0.5 MG	2	QL(1 ea daily)	fluoxetine hcl (pmdd) TABS	1	
glatiramer acetate SOSY 20 MG/ML	1	QL(1 ml daily)	Pseudobulbar Affect (PBA) Agents		
glatiramer acetate SOSY 40 MG/ML	1	QL(12 ml per 28 day(s) retail)	NUDEXTA	4	PA
KESIMPTA	4	QL(0.0143 ml daily); PA	Psychotherapeutic and Neurological Agents - Misc.		
MAYZENT STARTER PACK TBPB	3	not available thru mail order; QL(12 ea per 5 day(s) retail); PA	ergoloid mesylates TABS	1	
MAYZENT STARTER PACK TBPB	3	not available thru mail order; PA	pimozide	1	
			Smoking Deterrents		

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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, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV

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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, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV
			(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSSENSE 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	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM 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	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM 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	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM 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	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM 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	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM 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	5	PV

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Drug Name	Drug Tier	Requirements/Limits
NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR		
APO-VARENICLINE TABS 0.5 MG	5	QL(1 ea daily); PV
APO-VARENICLINE TABS 1 MG	5	QL(2 ea daily); PV
<i>bupropion hcl (smoking deterrent)</i>	5	PV
NICODERM CQ PT24 TD (<i>nicotine</i>)	5	PV
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	PV
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	PV
NICORETTE GUM (<i>nicotine polacrilex</i>)	5	PV
NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	PV
<i>nicotine polacrilex GUM</i>	5	PV
<i>nicotine polacrilex LOZG</i>	5	PV
NICOTINE TRANSDERMAL SYSTEM KIT	5	PV
<i>nicotine MISC XX</i>	5	PV
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
NICOTROL INHALER INHA	5	PV
NICOTROL NS SOLN	5	PV

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate TABS 0.5 MG</i>	5	QL(1 ea daily); PV
<i>varenicline tartrate TABS 1 MG</i>	5	QL(2 ea daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	4	PA
KALYDECO TABS	4	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ORKAMBI PACK 94 MG-75 MG	4	PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO	4	PA
TRIKAFTA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); SP; PA
TRIKAFTA THPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	2	QL(3 ea daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone TABS</i>	2	QL(3 ea daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2	
<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS 75 MG</i>	1	ST
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
<i>minocycline hcl CP24</i>	3	ST
<i>minocycline hcl TABS 75 MG</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl TABS 50 MG, 100 MG</i>	1	
<i>tetracycline hcl CAPS</i>	1	
XIMINO CP24	3	ST
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
ADTHYZA TABS 130 MG	3	
ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	2	
ARMOUR THYROID TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 ea daily)
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>levothyroxine sodium CAPS</i>	1		(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1		(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 ea daily)	BELLADONNA/OPIUM	3	
<i>liothyronine sodium TABS 5 MCG</i>	1		<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 ea daily)	<i>dicyclomine hcl CAPS</i>	1	
NIVA THYROID TABS	2		<i>dicyclomine hcl SOLN OR</i>	1	
NP THYROID 120 TABS	2		<i>dicyclomine hcl TABS</i>	1	
NP THYROID 15 TABS	2		GLYCATE TABS	3	
NP THYROID 30 TABS	2		<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1	
NP THYROID 60 TABS	2		<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	
NP THYROID 90 TABS	2		GLYCOPYRROLATE TABS	3	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 ea daily)	<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1		<i>methscopolamine bromide</i>	1	
H-2 Antagonists					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG	1	RX/OTC	Misc. Anti-Ulcer		
<i>cimetidine TABS 300 MG, 800 MG</i>	1		<i>sucralfate SUSP</i>	1	
<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)	<i>sucralfate TABS</i>	1	QL(4 ea daily)
<i>famotidine SUSR</i>	1		Proton Pump Inhibitors		
<i>famotidine TABS 20 MG</i>	1	RX/OTC	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC
<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
<i>nizatidine CAPS</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily)
			(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)
<i>esomeprazole magnesium PACK</i>	1	PA
FIRST-OMEPRAZOLE SUSP	3	
<i>lansoprazole CPDR</i>	1	QL(1 ea daily); RX/OTC
<i>lansoprazole TBDD 15 MG</i>	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
<i>lansoprazole TBDD 30 MG</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
NEXIUM PACK	3	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
<i>omeprazole CPDR 10 MG</i>	1	
<i>pantoprazole sodium PACK</i>	1	QL(1 ea daily)
<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
PRILOSEC PACK	3	PA
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>rabeprazole sodium TBEC</i>	1	QL(1 ea daily); PA
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily)
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
<i>tropium chloride CP24</i>	1	
<i>tropium chloride TABS</i>	1	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
AFLURIA QUADRIVALENT 2022-2023 SUSY	5	PV
AFLURIA QUADRIVALENT 2023-2024 SUSY	5	PV
COVID VACCINES	5	
FLUAD QUADRIVALENT 2022-2023	5	PV
FLUAD QUADRIVALENT 2023-2024	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUARIX QUADRIVALENT 2022-2023 SUSY	5	PV	TODAY SPONGE MISC	5	PV
FLUARIX QUADRIVALENT 2023-2024 SUSY	5	PV	VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
FLUBLOK 2024-2025 SOSY	5	PV	VCF VAGINAL CONTRACEPTIVEGEL GEL	5	PV
FLUCELVAX 2024-2025 SUSP	5	PV	Vaginal Anti-infectives		
FLULAVAL QUADRIVALENT 2022-2023 SUSY	5	PV	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
FLULAVAL QUADRIVALENT 2023-2024 SUSY	5	PV	CLEOCIN SUPP	3	
FLUMIST QUADRIVALENT	5	PV	<i>clindamycin phosphate vaginal CREA</i>	1	
FLUZONE HIGH-DOSE 2024-2025 SUSY	5	PV	CLINDESSE	3	
FLUZONE HIGH-DOSE PF 2022-2023	5	PV	GYNAZOLE-1	3	
FLUZONE HIGH-DOSE PF 2023-2024	5	PV	<i>metronidazole vaginal</i>	1	
FLUZONE QUADRIVALENT 2022-2023 SUSY	5	PV	<i>terconazole vaginal CREA</i>	1	
FLUZONE QUADRIVALENT 2023-2024 SUSY	5	PV	<i>terconazole vaginal SUPP</i>	1	
HEPLISAV-B SOSY	5	Medical Benefit; PV	VANDAZOLE	2	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	5	PV	Vaginal Contraceptive - pH Modulators		
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	5	PV	PHEXXI	5	PV
VAGINAL AND RELATED PRODUCTS			Vaginal Estrogens		
Spermicides			(Estradiol Vaginal) YUVAFEM TABS	1	
ENCARE SUPP 100 MG	5	PV	<i>estradiol vaginal CREA</i>	1	
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	5	PV	<i>estradiol vaginal TABS</i>	1	
			ESTRING RING	2	QL(1 per fill mail)
			FEMRING	3	QL(1 ea per 90 day(s) retail; 1 ea per 90 days mail)
			PREMARIN	2	QL(2 gm daily)
			Vaginal Progestins		
			CRINONE GEL 8 %	3	PA
			ENDOMETRIN INST	3	ST; PA
			VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		

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Drug Name	Drug Tier	Requirements/ Limits
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 ea per fill retail; 4 ea per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	4	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol CAPS</i>	1	
<i>phytonadione TABS 5 MG</i>	1	

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(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	48	LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	7	QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	67
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		(Bisacodyl) ALOPHEN, BISACODYL EC, 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, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE,		(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG .	6
				(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	6
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(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	100	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	42	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	39
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(Cholestyramine Light) PREVALITE POWD	23	(Desonide) DESRX GEL	52	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	120 MG, 180 MG, 240 MG, 300 MG, 360 MG
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(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	52	(Diazepam) DIAZEPAM INTENSOL CONC	11	(Doxycycline Hyclate) LYMEPAK TABS 100 MG	117
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(Clobetasol Propionate) CLODAN SHAM	52	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	4	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	42
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	95	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	50	(Ergotamine W/ Caffeine) MIGERGOT SUPP	93
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(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15					

(Erythromycin Base) ERY-TAB TBEC67	GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF	FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 64
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(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS59	MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER	
(Estradiol Vaginal) YUVAFEM TABS . 121	MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 64
(Estradiol) DOTTI, LYLLANA PTTW . 59	20 MG119	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG 65
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG42	(Fluocinolone Acetonide (Otic)) FLAC105	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG65
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG42	(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP 101	(Gentamicin Sulfate (Ophth)) GENTAK OINT 102
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE46		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML 108
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML33		(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML 108
(Everolimus) TORPENZ TABS 30		(Glipizide) GLIPIZIDE XL TB2421
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH,	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT13	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML 47
		(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP 47
		(Homatropine Hbr) HOMATROPAIRE102
	(Folic Acid) CVS FOLIC ACID,	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN .

47	ENULOSE, GENERLAC 60	LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ... 43
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 10	(Lactulose) CONSTULOSE SOLN 10 GM/15ML 66	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG . 43
(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 % 52	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT 15	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG 46
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG 118	(Lamotrigine) SUBVENITE TABS . 15	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 43
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG 118	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG . 119	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA 43
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG 118	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG . 119	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA 0.03 MG-0.15 MG 43
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG 4	(Levetiracetam) ROWEEPRA TABS 500 MG 15	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 43
(Icatibant Acetate) SAJAZIR SOSY 64	(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS 23	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX 43
(Indomethacin) INDOCIN SUPP 4	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 43	(Levothyroxine Sodium) EUTHYROX,
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC 50	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 43	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG .. 48	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 43	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG .. 48	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 43	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG .. 48	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 43	
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG 48	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 43	
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN 55	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 43	
(Ketoconazole (Topical)) KETODAN FOAM 50	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 43	
(Lactulose (Encephalopathy))	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . 43	

LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG117	(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP 101	QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG 109
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG117	(Nabumetone) RELAFEN 500 MG . .4 (Nabumetone) RELAFEN 750 MG . .4 (Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN102	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG .110
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 117	(Niacin (Antihyperlipidemic)) NIACOR TABS24 (Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG .110	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG110
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %55		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI- DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS 21		
(Lorazepam) LORAZEPAM INTENSOL CONC 11		
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC7		
(Methadone Hcl) METHADOSE TBSO7		
(Methylergonovine Maleate) METHERGINE TABS105		
(Methyltestosterone) METHITEST TABS10		
(Metronidazole (Topical)) ROSADAN CREA55		
(Metronidazole (Topical)) ROSADAN GEL 0.75 %55		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .121		
(Miglustat) YARGESA64		

<p>(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG110</p> <p>(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, 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 111</p> <p>(Nicotine) CVS NICOTINE TRANSDERMALSYSYSTEM, CVS NICOTINE TRANSDERMALSYSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSYSTEM/STEP 3,</p>	<p>EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSYSTEM, GNP NICOTINE TRANSDERMALSYSYSTEM 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 SYSTSTEM 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/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR 112</p> <p>(Nicotine) CVS NICOTINE TRANSDERMALSYSYSTEM, CVS NICOTINE TRANSDERMALSYSYSTEM STEP 1, CVS NICOTINE</p>	<p>TRANSDERMALSYSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSYSTEM, GNP NICOTINE TRANSDERMALSYSYSTEM 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 SYSTSTEM 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/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR 113</p> <p>(Nicotine) CVS NICOTINE TRANSDERMALSYSYSTEM, CVS</p>
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2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 115	1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 116	SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR 111
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM 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 SYSTSTEM 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/STEP	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM 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 SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM 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 3, NICOTINE TRANSDERMAL SYSTSTEM 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/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR 112	TRANSDERMAL SYSTSTEM 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/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR .. 113	NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM 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/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR .. 114
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM 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	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM 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,	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 46 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 43 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE,

MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG 44	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYROC, SHAROBEL 46	MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . 45 (Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, SPRINTEC 28, VYLIBRA 45
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 44	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG 44	(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 45
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS 44	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 44	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 50
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 44	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG 44	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % ..104
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 44	(Norethindrone Acetate) GALLIFREY TABS106	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %104
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG .44	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 59	
(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG 44	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG 59	
(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG 44	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 44	
	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 45	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG119
	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-LO- ESTARYLLA, TRI-LO-MARZIA, TRI- LO-MILI, TRI-LO-SPRINTEC, TRI-	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM,

GNP OMEPRAZOLE, KP	97	LAXACLEAR, MM CLEARLAX, QC	
OMEPRAZOLE MAGNESIUM, QC	(Pediatric Multivitamins W/Fl) MULTI-	NATURA-LAX, RA LAXATIVE, SB	
OMEPRAZOLE MAGNESIUM CPDR	VITAMIN/FLUORIDE DROPS SOLN .	POLYETHYLENE GLYCOL 3350,	
20.6 MG119	97	SM CLEARLAX, SMOOTH LAX,	
(Omeprazole Magnesium) ACID	(Pediatric Multivitamins W/Fl)	TRUE LAXATIVE POWD66	
REDUCER, CVS OMEPRAZOLE,	MULTIVITAMIN/FLUORIDE SOLN	(Pot & Sod Citrates W/Citric Ac)	
EQ OMEPRAZOLE MAGNESIUM,	97	CYTRA-3 SYRP61	
GNP OMEPRAZOLE, KP	(Pediatric Vitamins ACD W/ Fluoride)	(Pot Phosphate Monobasic W/ Sod	
OMEPRAZOLE MAGNESIUM, QC	MULTIVITAMIN SELECT/FLUORIDE	Phosphate Dibasic & Monobasic)	
OMEPRAZOLE MAGNESIUM CPDR	SOLN 35 MG/ML-400 UNIT/ML-1500	PHOSPHA 250 NEUTRAL,	
.....120	UNIT/ML-0.25 MG/ML 97	PHOSPHO-TRIN 250 NEUTRAL,	
(Oxycodone W/ Acetaminophen)	(Pediatric Vitamins ACD W/ Fluoride)	WES-PHOS 250 NEUTRAL 94	
ENDOCET TABS 325 MG-10 MG,	TRI-VITE/FLUORIDE SOLN97	(Potassium Bicarbonate) EFFER-K,	
325 MG-7.5 MG8	(PEG 3350-Kcl-NaCl-Na Sulfate-Na	K-PRIME, KLOR-CON/EF TBEF .. 94	
(Oxycodone W/ Acetaminophen)	Ascorbate-Ascorbic Acid) PEG-	(Potassium Chloride	
ENDOCET TABS 325 MG-2.5 MG ..9	3350/ELECTROLYTES/ASCORBAT	Microencapsulated Crystals ER)	
(Oxycodone W/ Acetaminophen)	E66	KLOR-CON M10, KLOR-CON M15,	
ENDOCET TABS 325 MG-5 MG ...9	(PEG 3350-Kcl-Sod Bicarb-Sod	KLOR-CON M20 10 MEQ 95	
(Ped Multivitamins W/Fl & Iron)	Chloride-Sod Sulfate) GAVILYTE-G	(Potassium Chloride	
MULTI-VIT/IRON/FLUORIDE,	SOLR 6.74 GM-2.97 GM-5.86 GM-	Microencapsulated Crystals ER)	
MULTIVITAMIN/FLUORIDE/IRON	22.74 GM-236 GM66	KLOR-CON M10, KLOR-CON M15,	
SOLN 35 MG/ML-0.4 MG/ML-0.5	(PEG 3350-Potassium Chloride-Sod	KLOR-CON M20 15 MEQ 95	
MG/ML-400 UNIT/ML-1500	Bicarbonate-Sod Chloride)	(Potassium Chloride	
UNIT/ML-8 MG/ML-0.6 MG/ML-0.25	GAVILYTE-N/FLAVOR PACK 66	Microencapsulated Crystals ER)	
MG/ML-5 UNIT/ML-10 MG/ML96	(Penicillin G Potassium) PFIZERPEN	KLOR-CON M10, KLOR-CON M15,	
(Ped Multivitamins W/Fl & Iron)	5000000 UNIT, 20000000 UNIT ..106	KLOR-CON M20 20 MEQ 94	
MULTI-VIT/IRON/FLUORIDE,	(Phenylephrine Hcl (Mydriatic))	(Potassium Chloride) KLOR-CON 10,	
MULTIVITAMIN/FLUORIDE/IRON	ALTAFRIN SOLN102	KLOR-CON 8 TBCR 10 MEQ 95	
SOLN 35 MG/ML-0.4 MG/ML-0.5	(Phenytoin Sodium Extended)	(Potassium Chloride) KLOR-CON 10,	
MG/ML-400 UNIT/ML-1500	PHENYTEK 200 MG, 300 MG17	KLOR-CON 8 TBCR 8 MEQ95	
UNIT/ML-8 MG/ML-5 UNIT/ML-0.6	(Phenytoin) PHENYTOIN INFATABS	(Potassium Chloride) KLOR-CON	
MG/ML-0.25 MG/ML-10 MG/ML ...96	CHEW17	PACK OR 20 MEQ95	
(Ped Multivitamins W/Fl & Iron)	(Polyethylene Glycol 3350)	(Potassium Citrate-Citric Acid)	
MULTI-VITAMIN/FLUORIDE/IRON	CLEARLAX, CVS PURELAX, EQ	CYTRA K CRYSTALS PACK61	
SOLN 35 MG/ML-0.4 MG/ML-0.5	CLEARLAX, EQL CLEARLAX, FT	(Potassium Citrate-Citric Acid)	
MG/ML-400 UNIT/ML-1500	CLEARLAX, GAVILAX,	CYTRA-K SOLN 61	
UNIT/ML-0.6 MG/ML-8 MG/ML-0.25	GENTLELAX, GLYCOLAX, GNP	(Potassium Phosphate Monobasic)	
MG/ML-10 MG/ML-5 UNIT/ML 97	CLEARLAX, GOODSENSE	PHOSPHO-TRIN K500 TABS 94	
(Pediatric Multivitamins W/Fl)	CLEARLAX, HM CLEARLAX, KLS	(Prednisolone Acetate (Ophth))	
MULTIVITAMIN WITH FLUORIDE,			
MULTIVITAMIN/FLUORIDE CHEW			

PREDNISOLONE ACETATE P-F 103	(Silver Sulfadiazine) SSD 52	% 102
(Prednisolone) MILLIPRED TABS .47	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 48	(Tretinoin) AVITA CREA 0.025 % . 48
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 98	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 48	(Tretinoin) AVITA GEL 0.025 % ... 48
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 98	(Sodium Citrate & Citric Acid) CYTRA-2 61	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE 96
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW .98	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP 94	(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO 101
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT 98	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG 94	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % 52
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG 98	(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP CO 15 GM/60ML 96	(Vigabatrin) VIGADRONE TABS .. 17
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA 98	(Sotalol Hcl) SORINE TABS 38	(Vigabatrin) VIGADRONE, VIGPODER PACK 17
(Prochlorperazine) COMPRO 36	(Sulfacetamide Sodium W/ Sulfur) BP SSS 10-5 FOAM 48	(Warfarin Sodium) JANTOVEN TABS 13
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG 23	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % 48	(Zolmitriptan) ZOMIG TABS 93
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG 23	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP .. 26	1ST TIER UNILET COMFORTOUCH LANCETS 28G 70
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 47	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS 41	1ST TIER UNILET COMFORTOUCH LANCETS 30G 70
(Salicylic Acid) KERALYT SHAM 6 % 54	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM 10	abacavir sulfate SOLN 36
(Sapropterin Dihydrochloride) JAVYGTOR PACK 58	(Tetracaine Hcl (Ophth)) ALTACAINE 103	abacavir sulfate TABS 36
(Sapropterin Dihydrochloride) JAVYGTOR TABS 58	(Theophylline) ELIXOPHYLLIN ELIX . 13	abacavir sulfate-lamivudine 36
	(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCULOSE SOLN 0.5	abiraterone acetate 29
		acamprosate calcium 107
		acarbose 19
		ACCU-CHEK FASTCLIX LANCETS .

70	acyclovir CAPS	38	(everolimus)	30
ACCU-CHEK SAFE-T-PRO LANCETS	acyclovir SUSP	38	AFINITOR TABS (everolimus)	30
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	acyclovir TABS OR 400 MG	38	AFLURIA QUADRIVALENT 2022- 2023 SUSY	120
ACCU-CHEK SOFTCLIX LANCETS 70	acyclovir TABS OR 800 MG	38	AFLURIA QUADRIVALENT 2023- 2024 SUSY	120
acebutolol hcl CAPS	acyclovir topical CREA	52	AFREZZA POWD	20
acetaminophen w/ codeine SOLN ..	acyclovir topical OINT	52	AFSTYLA	62
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	ADALIMUMAB-ADAZ SOAJ	3	AGAMATRIX ULTRA-THIN LANCETS 33G	71
acetaminophen w/ codeine TABS 60 MG-300 MG	ADALIMUMAB-ADAZ SOSY	3	AGAMREE	47
acetazolamide CP12	adapalene CREA	48	AIMSCO LUBRICATED MISC	68
acetazolamide TABS 125 MG	adapalene GEL 0.1 %	49	AIMSCO TWIST LANCETS 32G ..	71
acetazolamide TABS 250 MG	adapalene GEL 0.3 %	49	AIMSCO TWIST LANCETS 33G ..	71
acetic acid (otic)	adapalene-benzoyl peroxide GEL ..	48	AJOVY SOAJ	93
acetylcysteine SOLN	ADCIRCA TABS (tadalafil (pulmonary hypertension))	41	AJOVY SOSY	93
acitretin 10 MG	adefovir dipivoxil	37	AKTEN	103
acitretin 17.5 MG	ADEMPAS	41	AKYNZEO	22
acitretin 25 MG	ADIPEX-P CAPS (phentermine hcl) 1		albendazole	10
ACTIDOM DMX LIQD	ADIPEX-P TABS (phentermine hcl) .1		albuterol sulfate AERS	13
ACTI-LANCE LANCETS 28G	ADTHYZA TABS 130 MG	117	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	13
ACTI-LANCE LITE SAFETY LANCETS 28G	ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	117	ALBUTEROL SULFATE NEBU	13
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	ADVANCED MOBILE LANCET 30G 70		albuterol sulfate SYRP	13
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	ADVATE	62	albuterol sulfate TABS	13
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	ADVOCATE LANCETS	71	alclometasone dipropionate CREA	52
ACTIMMUNE 100 MCG/0.5ML	ADVOCATE LANCETS 30G	71	alclometasone dipropionate OINT ..	52
ACUVAIL	ADVOCATE SAFETY LANCETS ..	71	ALECENSA	30
	ADVOCATE SAFETY LANCETS 26G	71	alendronate sodium TABS 35 MG ..	57
	ADYNOVATE	62	alendronate sodium TABS 5 MG, 10 MG	57
	AFINITOR DISPERZ TBSO			

alendronate sodium TABS 70 MG .57	ambrisentan 5 MG 40	amoxicillin & pot clavulanate CHEW . 106
ALFERON N33	amcinonide LOTN52	amoxicillin & pot clavulanate SUSR 106
alfuzosin hcl 61	amcinonide OINT 52	amoxicillin & pot clavulanate TABS 106
ALINIA SUSR26	amiloride & hydrochlorothiazide ...56	amoxicillin & pot clavulanate TB12 106
aliskiren fumarate 26	amiloride hcl TABS57	amoxicillin CAPS 106
ALKERAN IV (melfalan hcl)28	aminocaproic acid SOLN OR 0.25 GM/ML 65	amoxicillin CHEW 125 MG, 250 MG . 106
allopurinol 100 MG62	aminocaproic acid TABS65	amoxicillin SUSR 106
allopurinol 300 MG62	amiodarone hcl TABS11	amoxicillin TABS106
almotriptan malate93	amitriptyline hcl TABS 19	amoxicillin-clarithromycin w/ lansoprazole THPK120
ALOCRIL104	amlodipine besylate TABS 2.5 MG 39	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, 7.5 MG-7.5 MG-7.5 MG 1
alogliptin benzoate 20	amlodipine besylate TABS 5 MG, 10 MG 39	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 1
ALOMIDE 104	amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG40	amphetamine-dextroamphetamine TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG 1
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 59	amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG40	ampicillin & sulbactam sodium IJ 2 GM-1 GM 106
alosetron hcl60	amlodipine besylate-benazepril hcl 10 MG-2.5 MG25	ampicillin CAPS 500 MG 106
ALPHANATE SOLR62	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 25	ampicillin sodium IJ 1 GM, 125 MG 106
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT62	amlodipine besylate-valsartan 10 MG-160 MG25	anagrelide hcl 64
ALPRAZOLAM INTENSOL CONC 11	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG25	
alprazolam TABS 11	amlodipine-valsartan-hydrochlorothiazide 25	
alprazolam TB2411	amoxapine19	
alprazolam TBDP 11		
ALPROLIX62		
ALTABAX49		
ALTUVIIIO62		
ALUNBRIG TABS30		
ALUNBRIG TBPK30		
alvimopan61		
amantadine hcl CAPS 34		
amantadine hcl TABS34		
ambrisentan 10 MG40		

ANALPRAM-HC LOTN EX	10	ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)	14	MG	2
anastrozole	29	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)	14	atorvastatin calcium TABS	24
ANDEXXA 200 MG	21	armodafinil 150 MG, 200 MG, 250 MG	2	atovaquone	26
ANGELIQ	59	armodafinil 50 MG	2	atovaquone-proguanil hcl	27
ANNOVERA	46	ARMOUR THYROID TABS	117	atropine sulfate (ophthalmic) OINT 102	
ANORO ELLIPTA	13	ARNUITY ELLIPTA	12	atropine sulfate (ophthalmic) SOLN 102	
ANZEMET TABS 50 MG	22	AROMASIN (exemestane)	29	ATROPINE SULFATE SOLN 1 % 102	
APEXICON E CREA	52	asenapine maleate	35	ATROVENT HFA	12
APO-VARENICLINE TABS 0.5 MG 116		aspirin CHEW	7	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	106
APO-VARENICLINE TABS 1 MG 116		aspirin TBEC 81 MG	7	AURORA LANCET SUPER THIN30G	71
apraclonidine hcl	102	aspirin-dipyridamole	64	AURORA LANCET THIN 23G	71
aprepitant CAPS 40 MG	22	ASSURE COMFORT LANCETS ULTRA THIN 28G	71	AURYXIA	61
aprepitant CAPS 80 MG, 125 MG .	22	ASSURE LANCE LANCETS	71	AUSTEDO PATIENT TITRATION KIT TBPK	107
aprepitant CAPS	22	ASSURE LANCE LANCETS 21G .	71	AUSTEDO TABS 12 MG	107
aprepitant MISC	22	ASSURE LANCE PLUS SAFETYLANCETS 25G	71	AUSTEDO TABS 6 MG	107
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	36	ASSURE LANCE PLUS SAFETYLANCETS 30G	71	AUSTEDO TABS 9 MG	107
APTIOM	15	ASSURE LANCE SAFETY LANCET 28G	71	AUSTEDO XR PATIENT TITRATION KIT TEPK	107
APTIVUS CAPS	36	ASTAGRAF XL CP24	95	AUSTEDO XR TB24	107
AQUALANCE LANCETS ULTRA THIN 30G	71	ATABEX EC TBEC	98	AVONEX PEN AJKT	108
ARCALYST	4	atazanavir sulfate CAPS	36	AVONEX PSKT	108
ARIKAYCE	2	atenolol & chlorthalidone	25	AYVAKIT	30
ARIMIDEX (anastrozole)	29	atenolol TABS	38	AZASITE	102
aripiprazole SOLN OR	36	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	2	azathioprine TABS	95
aripiprazole TABS 15 MG	36	atomoxetine hcl 60 MG, 80 MG, 100		azelaic acid GEL	55
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	36			azelastine hcl (ophth)	104
aripiprazole TABS 20 MG	36				
aripiprazole TBDP	36				

azelastine hcl 0.1 %, 137 MCG/SPRAY 101	BD MICROTAINER LANCETS71	BENEFIX KIT 62
azelastine hcl 0.15 %, 205.5 MCG/SPRAY 101	BD NEEDLE/30G X 1/2" 91	BENLYSTA SOAJ 96
azelastine hcl-fluticasone propionate SUSP 100	BD PEN MINI MISC91	BENLYSTA SOSY 96
AZELEX 49	BD PEN MISC 92	BENSAL HP OINT54
azithromycin PACK 67	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM 91	BENZNIDAZOLE10
azithromycin SUSR 67	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM 91	benzonatate 47
azithromycin TABS 250 MG 67	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM91	benzoyl peroxide-erythromycin GEL . 49
azithromycin TABS 500 MG 67	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" 92	benzphetamine hcl 50 MG 1
azithromycin TABS 600 MG 67	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM 92	benztropine mesylate SOLN34
bacitracin (ophthalmic)102	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM92	benztropine mesylate TABS 34
bacitracin-polymyxin b (ophth) ...102	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM 92	bepotastine besilate104
bacitracin-poly-neomycin-hc103	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...92	BESIVANCE 102
baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 40000 MCG/20ML100	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"92	BESREMI 33
baclofen TABS 10 MG100	BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM92	BETADINE OPHTHALMIC PREP 102
baclofen TABS 20 MG100	BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM92	betaine 58
baclofen TABS 5 MG 100	BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" .92	betamethasone dipropionate (topical) CREA 52
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) 45	BELLADONNA/OPIUM 118	betamethasone dipropionate (topical) LOTN 52
balsalazide disodium CAPS 60	BELSOMRA 65	betamethasone dipropionate (topical) OINT 52
BALVERSA30	benazepril & hydrochlorothiazide .25	betamethasone dipropionate augmented CREA 52
BANZEL SUSP (rufinamide) 15	benazepril hcl 24	betamethasone dipropionate augmented GEL 0.05 % 52
BANZEL TABS 200 MG (rufinamide) . 15		betamethasone dipropionate augmented LOTN 52
BANZEL TABS 400 MG (rufinamide) . 15		betamethasone dipropionate augmented OINT 53
BD AUTOSHIELD DUO 30G X 5MM 91		betamethasone valerate CREA53
BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2" 91		betamethasone valerate FOAM ... 53

betamethasone valerate LOTN	53	bosentan TABS 62.5 MG	40	dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	9
betamethasone valerate OINT	53	BOSULIF CAPS	31	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	9
BETASERON KIT	108	BOSULIF TABS	31	buprenorphine hcl-naloxone hcl dihydrate SUBL	9
betaxolol hcl (ophth) SOLN	102	BRAFTOVI 75 MG	31	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	9
betaxolol hcl	38	BREZTRI AEROSPHERE	13	bupropion hcl (smoking deterrent)	116
bethanechol chloride	120	BRILINTA	64	bupropion hcl TABS	18
BETHKIS NEBU (tobramycin)	2	brimonidine tartrate (topical)	55	bupropion hcl TB12	18
BETIMOL	102	brimonidine tartrate	102	bupropion hcl TB24 150 MG, 300 MG	18
BETOPTIC-S SUSP	102	brimonidine tartrate-timolol maleate	102	bupropion hcl TB24 450 MG	18
bexarotene (topical)	51	brinzolamide	104	buspirone hcl	11
bexarotene	33	bromfenac sodium (ophth)	104	busulfan SOLN	28
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	45	bromocriptine mesylate CAPS	34	BUSULFEX SOLN (busulfan)	28
bicalutamide	29	bromocriptine mesylate TABS 2.5 MG	34	butalbital-acetaminophen CAPS 50 MG-300 MG	6
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	106	BRUKINSA	31	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	6
BICILLIN L-A SUSY	106	budesonide (inhalation) SUSP 0.25 MG/2ML	12	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6
BIKTARVY	36	budesonide (inhalation) SUSP 0.5 MG/2ML	12	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6
bimatoprost SOLN	104	budesonide (inhalation) SUSP 1 MG/2ML	12	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	9
bisacodyl SUPP	67	budesonide (intraarectal)	10	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	9
bisacodyl TBEC	67	budesonide CPEP	47	butalbital-aspirin-caffeine CAPS	6
bisoprolol & hydrochlorothiazide	25	budesonide TB24	47		
bisoprolol fumarate	38	budesonide-formoterol fumarate dihydrate	13		
BIVIGAM SOLN 10 %	105	bumetanide TABS 0.5 MG, 1 MG	57		
BIVIGAM SOLN 5 GM/50ML	105	bumetanide TABS 2 MG	57		
BLEPHAMIDE S.O.P. OINT	103	buprenorphine hcl SUBL 2 MG	9		
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	31	buprenorphine hcl SUBL 8 MG	9		
bortezomib SOLR IJ	30	buprenorphine hcl-naloxone hcl			
bosentan TABS 125 MG	41				

butalbital-aspirin-caffeine w/cod	9	CALQUENCE	31	MG, 50 MG-12.5 MG-200 MG, 75
butorphanol tartrate NA 10 MG/ML	9	candesartan cilexetil 32 MG	25	MG-18.75 MG-200 MG
CABENUVA (CABOTEGRAVIR 400		candesartan cilexetil 4 MG, 8 MG, 16		carbidopa-levodopa-entacapone 125
MG/2ML & RILPIVIRINE 600		MG	25	MG-31.25 MG-200 MG, 75 MG-18.75
MG/2ML IM SUSP ER)	36	candesartan cilexetil-		MG-200 MG
CABENUVA (CABOTEGRAVIR 600		hydrochlorothiazide	25	carbinoxamine maleate SOLN
MG/3ML & RILPIVIRINE 900		capecitabine 150 MG	28	carbinoxamine maleate TABS 4 MG
MG/3ML IM SUSP ER)	36	capecitabine 500 MG	28	23
cabergoline	58	CAPEX SHAM	53	CARBINOXAMINE MALEATE TABS
CABOMETYX TABS 20 MG, 60 MG	31	CAPRELSA	31	23
CABOMETYX TABS 40 MG	31	captopril & hydrochlorothiazide	25	CARDURA XL
caffeine citrate SOLN OR	1	captopril	24	61
CALCIFOL	94	CARAC CREA (fluorouracil (topical))		CAREONE LANCET SUPER
calcipotriene CREA	51	51		THIN/30G
calcipotriene FOAM	51	carbamazepine CHEW 100 MG	15	71
CALCIPOTRIENE FOAM	51	carbamazepine CP12	15	CAREONE LANCET THIN
calcipotriene OINT	51	carbamazepine SUSP	15	71
calcipotriene SOLN	51	carbamazepine TABS	15	CAREPOINT PRECISION POLYHUB
calcipotriene-betamethasone		carbamazepine TB12 100 MG	15	NEEDLE/30GX1/2"
dipropionate OINT	53	carbamazepine TB12 200 MG	15	92
calcipotriene-betamethasone		carbamazepine TB12 400 MG	15	CARESENS LANCETS
dipropionate SUSP	53	CARBATROL CP12 (carbamazepine)		71
calcitonin (salmon) IJ	57		15	CARETOUCH SAFETY
calcitonin (salmon) NA	57	carbidopa	34	LANCETS/26G
calcitriol (topical)	51	carbidopa-levodopa TABS	34	72
calcitriol CAPS 0.25 MCG	58	carbidopa-levodopa TBCR 100 MG-		CARETOUCH SAFETY
calcitriol CAPS 0.5 MCG	58	25 MG	34	LANCETS/30G
calcitriol SOLN OR	58	carbidopa-levodopa TBCR 200 MG-		72
calcium acetate (phosphate binder)		50 MG	34	CARETOUCH TWIST LANCETS
CAPS	61	carbidopa-levodopa TBDP	34	28G
calcium acetate (phosphate binder)		carbidopa-levodopa-entacapone 100		72
TABS	61	MG-25 MG-200 MG, 150 MG-37.5		CARETOUCH TWIST LANCETS
		MG-200 MG, 200 MG-50 MG-200		MULTI COLOR/30G
				72
				carisoprodol TABS
				100
				carteolol hcl (ophth)
				102
				carvedilol 3.125 MG
				38
				carvedilol 6.25 MG, 12.5 MG, 25 MG

38	cephalexin SUSR	41	ciclopirox olamine CREA	50
carvedilol phosphate	38	CEPROTIN	64	ciclopirox olamine SUSP
CAYA DPRH	68	CERDELGA	64	ciclopirox SHAM
CAYSTON	27	CEREZYME 400 UNIT	64	ciclopirox SOLN
cefaclor CAPS	42	CERVIDIL INST	105	cilostazol
CEFACLOR ER TB12	42	CETACAINE AERO	55	CILOXAN OINT
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	42	cevimeline hcl	96	CIMDUO
cefadroxil CAPS	41	CHEMET	21	cimetidine TABS 300 MG, 800 MG 119
cefadroxil SUSR	41	CHENODAL	60	cimetidine TABS 400 MG
cefadroxil TABS	41	chlordiazepoxide hcl CAPS	11	cinacalcet hcl
cefazolin sodium SOLR IV 1 GM ..	41	chlordiazepoxide hcl-clidinium bromide	118	CIPRO HC
cefdinir CAPS	42	chlordiazepoxide-amitriptyline ...	107	CIPRO SUSR
cefdinir SUSR	42	chlorhexidine gluconate (mouth- throat)	96	ciprofloxacin hcl (ophth) SOLN ...
cefixime CAPS	42	chloroquine phosphate TABS	27	ciprofloxacin hcl (otic)
cefixime SUSR	42	chlorpromazine hcl TABS	36	ciprofloxacin hcl TABS
CEFOTAN IJ (cefotetan disodium) 42		chlorthalidone 25 MG, 50 MG	57	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML
cefotetan disodium IJ 1 GM, 2 GM 42		chlorzoxazone TABS 250 MG	100	ciprofloxacin-dexamethasone ...
CEFOXITIN SODIUM	42	chlorzoxazone TABS 375 MG, 500 MG, 750 MG	100	citalopram hydrobromide SOLN ...
cefoxitin sodium IV 1 GM, 2 GM ...	42	cholestyramine light PACK	23	citalopram hydrobromide TABS ...
cefpodoxime proxetil SUSR	42	cholestyramine light POWD	23	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG- 20 MG-50 MG-25 MG-2 MG-159 MG- 90 MG-150 MCG-30 UNIT-0.75 MG- 300 MG
cefpodoxime proxetil TABS	42	cholestyramine PACK	23	98
cefprozil SUSR	42	cholestyramine POWD	24	CITRANATAL ASSURE
cefprozil TABS	42	choline fenofibrate 135 MG	24	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 98
cefuroxime axetil TABS	42	choline fenofibrate 45 MG	24	CITRANATAL BLOOM
celecoxib 400 MG	4	CHOSEN LANCETS 30G	72	CITRANATAL DHA
celecoxib 50 MG, 100 MG, 200 MG 4		CHOSEN SAFETY LANCETS 28G 72		CITRANATAL HARMONY 25 MG-1
CELONTIN (methsuximide)	17	ciclopirox GEL	50	
CENTANY OINT	49			
cephalexin CAPS	41			

MG-400 UNIT-50 MG-104 MG-27	LOTN	49	clomipramine hcl	19
MG-30 UNIT-260 MG	clindamycin phosphate (topical)		clonazepam TABS	14
CITRANATAL MEDLEY	SOLN	49	clonazepam TBDP	14
clarithromycin SUSR	clindamycin phosphate (topical)		clonidine hcl (adhd) TB12	2
clarithromycin TABS	SWAB	49	clonidine hcl TABS	25
clarithromycin TB24	clindamycin phosphate vaginal CREA		clopidogrel bisulfate	64
CLEANLET LANCETS 28G	121	clorazepate dipotassium TABS	11
clemastine fumarate TABS 2.68 MG .	clindamycin phosphate-benzoyl		clotrimazole	96
23	peroxide (refrigerate)	49	clotrimazole w/ betamethasone	
CLEOCIN SUPP	clindamycin phosphate-benzoyl		CREA	50
	peroxide GEL 5 %-1 %	49	clotrimazole w/ betamethasone	
CLEVER CHEK LANCETS	clindamycin phosphate-tretinoin ..	49	LOTN	50
ULTRATHIN	CLINDESSE	121	clozapine TABS	35
CLEVER CHEK LANCETS			clozapine TBDP 12.5 MG	35
ULTRATHIN 30G	clobazam SUSP	14	C-NATE DHA CAPS	98
CLEVER CHOICE COMFORT	clobazam TABS 10 MG	14	COAGADDEX	62
EZINSULIN SYINGE/0.5ML/31G X	clobazam TABS 20 MG	14	COAGUCHEK LANCETS	72
15/64"	clobetasol propionate CREA 0.05 % .		COARTEM	27
	53		codeine sulfate TABS	7
CLEVER CHOICE COMFORT	clobetasol propionate emollient base		CODITUSSIN AC LIQD	47
EZINSULIN SYRINGE/1ML/31G X	0.05 %	53	colchicine CAPS	62
15/64"			colchicine TABS	62
	clobetasol propionate emulsion ..	53	colchicine w/ probenecid	62
CLEVER CHOICE COMFORT	clobetasol propionate FOAM	53	colesevelam hcl PACK	24
EZLANCETS 21G	clobetasol propionate GEL 0.05 %	53	colesevelam hcl TABS	24
			colestipol hcl GRAN	24
CLEVER CHOICE COMFORT	clobetasol propionate LIQD	53	colestipol hcl PACK	24
EZLANCETS 23G	clobetasol propionate LOTN	53	colestipol hcl TABS	24
	clobetasol propionate OINT 0.05 %		COMBIPATCH PTTW	59
CLEVER CHOICE COMFORT	53		COMBIVENT RESPIMAT AERS ..	13
EZLANCETS 28G	clobetasol propionate SHAM	53	COMETRIQ KIT	31
CLIMARA PRO	clobetasol propionate SOLN 0.05 % .			
	53			
clindamycin hcl	clocortolone pivalate	53		
	CLODERM (clocortolone pivalate)			
clindamycin palmitate hydrochloride .	53			
27				
clindamycin phosphate (topical)				
FOAM				
clindamycin phosphate (topical) GEL				
49				
clindamycin phosphate (topical)				

COMFORT ASSURED LANCETS MICRO THIN 33G	72	COSENTYX UNOREADY SOAJ ..	51	cycloserine	27
COMFORT ASSURED LANCETS SUPER THIN 28G	72	COTELLIC	31	cyclosporine (ophth) EMUL	103
COMFORT LANCETS	72	COVID VACCINES	120	cyclosporine CAPS	95
COMFORT TOUCH LANCETS ULTRA THIN 31G	72	COVID-19 AT HOME TEST KITS ..	55	cyclosporine modified (for microemulsion) CAPS	95
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	73	COVID-19 FLU A&B 3-IN-1 TEST KIT	55	cyclosporine modified (for microemulsion) SOLN	95
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	73	CREON CPEP	56	CYKLOKAPRON SOLN (tranexamic acid)	65
COMFORT TOUCH TWIST LANCETS 30G	73	CRESEMBA CAPS 186 MG	22	cyproheptadine hcl SYRP	23
COMPLERA	36	CRINONE GEL 8 %	121	cyproheptadine hcl TABS	23
COMPLETENATE CHEW	98	cromolyn sodium (ophth)	104	CYSTADANE (betaine)	58
CONCEPT DHA	98	cromolyn sodium NEBU	12	CYSTAGON CAPS	61
CONCEPT OB	98	CUPRIMINE CAPS (penicillamine) 95		CYSTARAN	104
CONDOMS	68	CVS LANCETS 21G	73	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	117
CONTRACE	1	CVS LANCETS MICRO THIN 33G 73		CYTOMEL TABS 5 MCG (liothyronine sodium)	117
CONZIP CP24 (tramadol hcl)	8	CVS LANCETS MICRO-THIN 33G 73		dabigatran etexilate mesylate CAPS 110 MG	14
COPIKTRA	31	CVS LANCETS ORIGINAL	73	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	14
CORDRAN TAPE	53	CVS LANCETS THIN 26G	73	dalfampridine	108
CORIFACT	62	CVS LANCETS ULTRA THIN 30G 73		danazol CAPS	10
CORLANOR SOLN	41	CVS LANCETS ULTRA-THIN 30G 73		dantrolene sodium CAPS	100
CORTANE-B	53	CVS ULTRA THIN LANCETS	73	dapagliflozin propanediol	21
CORTIFOAM EX 10 %	10	cyclobenzaprine hcl TABS 5 MG, 10 MG	100	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	19
CORTISPORIN-TC	105	CYCLOGYL	102	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	19
COSENTYX SENSOREADY PEN SOAJ	51	CYCLOMYDRIL	102	dapsone (topical) 5 %	49
COSENTYX SOSY 150 MG/ML ..	51	cyclopentolate hcl	102	dapsone (topical) 7.5 %	49
COSENTYX SOSY 75 MG/0.5ML ..	51	cyclophosphamide CAPS	28	dapsone 100 MG	27
		CYCLOPHOSPHAMIDE TABS ..	28		

dapsone 25 MG	27	desmopressin acetate spray	58	MG, 10 MG	1
DARAPRIM (pyrimethamine)	27	desmopressin acetate spray		DHIVY TABS	34
darifenacin hydrobromide	120	refrigerated	58	DIACOMIT CAPS 250 MG	15
darunavir TABS	36	desmopressin acetate TABS 0.1 MG		DIACOMIT CAPS 500 MG	15
dasatinib 20 MG, 50 MG, 70 MG ..	31	58		DIACOMIT PACK 250 MG	15
dasatinib 80 MG, 100 MG, 140 MG		desmopressin acetate TABS 0.2 MG		DIACOMIT PACK 500 MG	15
31		58		DIATHRIVE LANCETS	73
DAURISMO	29	desogestrel & ethinyl estradiol	45	DIATHRIVE LANCETS ULTRA THIN	
deferasirox PACK	21	desogestrel-ethinyl estradiol		30G	73
deferasirox TABS	21	(biphasic)	45	diazepam (anticonvulsant) GEL ...	14
deferasirox TBSO	21	desonide CREA	53	diazepam CONC	11
deferiprone TABS 500 MG	21	desonide GEL	53	diazepam SOLN OR 5 MG/5ML ...	11
deflazacort SUSP	47	desonide LOTN	53	diazepam TABS 10 MG	11
deflazacort TABS	47	desonide OINT	53	diazepam TABS 2 MG, 5 MG	11
DELSTRIGO	36	desoximetasone CREA	53	diazoxide	19
demeclocycline hcl TABS	117	desoximetasone GEL	53	dichlorphenamide	56
DEPAKOTE ER TB24 (divalproex		desoximetasone LIQD	53	diclofenac potassium TABS 50 MG .4	
sodium)	17	desoximetasone OINT	53	diclofenac sodium (actinic keratoses)	
DEPAKOTE SPRINKLES CSDR		desvenlafaxine succinate	18	EX	51
(divalproex sodium)	17	dexamethasone ELIX	47	diclofenac sodium (ophth)	104
DEPAKOTE TBEC (divalproex		DEXAMETHASONE INTENSOL		diclofenac sodium (topical) GEL EX	
sodium)	17	CONC	47	50	
DEPO-SUBQ PROVERA 104		dexamethasone sodium phosphate		diclofenac sodium (topical) SOLN EX	
(MEDROXYPROGESTERONE		(ophth)	103	1.5 %	51
ACETATE 104MG/0.65ML SUSP		dexamethasone SOLN	47	diclofenac sodium (topical) SOLN EX	
PREF SYR)	46	dexamethasone TABS	47	2 %	50
DESCOVY 200 MG-25 MG	36	dexamethasone TBPK	47	diclofenac sodium TB24	4
desipramine hcl TABS	19	dexamethasone TBEC	4	diclofenac sodium TBEC	4
desloratadine TABS	23	dexmethylphenidate hcl CP24	2	diclofenac w/ misoprostol TBEC	5
desloratadine TBDP 2.5 MG	23	dexmethylphenidate hcl TABS	2	dicloxacillin sodium	106
desloratadine TBDP 5 MG	23	dextroamphetamine sulfate CP24 ...	1	dicyclomine hcl CAPS	118
DESMOPRESSIN ACETATE SOLN		dextroamphetamine sulfate SOLN ...	1	dicyclomine hcl SOLN OR	118
NA	58	dextroamphetamine sulfate TABS 5			

dicyclomine hcl TABS	118	DIPENTUM	60	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	117
diethylpropion hcl TABS	1	diphenhydramine hcl SOLN 50 MG/ML	23	doxycycline (monohydrate) SUSR 117	
diethylpropion hcl TB24	1	diphenoxylate w/ atropine LIQD ...	21	doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG	117
DIFFERIN LOTN	49	diphenoxylate w/ atropine TABS ...	21	doxycycline (monohydrate) TABS 75 MG	117
DIFICID TABS	68	dipyridamole	64	doxycycline (rosacea)	55
diflorasone diacetate CREA	53	disopyramide phosphate CAPS ...	11	doxycycline hyclate CAPS	117
diflorasone diacetate OINT	53	disulfiram	107	doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG	117
diflunisal TABS	7	DIURIL SUSP	57	doxylamine-pyridoxine TBEC	22
difluprednate	103	divalproex sodium CSDR	17	dronabinol CAPS 10 MG	22
digoxin SOLN OR 0.05 MG/ML ...	39	divalproex sodium TB24	17	dronabinol CAPS 2.5 MG, 5 MG ...	22
digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	39	divalproex sodium TBEC	17	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64"	92
dihydroergotamine mesylate SOLN IJ 1 MG/ML	93	dofetilide	11	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64"	92
dihydroergotamine mesylate SOLN NA 4 MG/ML	93	DOJOLVI	101	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	92
DILANTIN (phenytoin sodium extended)	17	DOMETUSS-DMX LIQD	47	DROPLET LANCETS ULTRA THIN 30G	73
DILANTIN	17	donepezil hydrochloride TABS ...	107	DROPLET PERSONAL LANCETS30G	73
DILANTIN INFATABS CHEW (phenytoin)	17	donepezil hydrochloride TBDP ...	107	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	92
DILANTIN-125 SUSP (phenytoin) .	17	DORAL (quazepam)	65	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	92
diltiazem hcl coated beads CP24 ..	39	dorzolamide hcl	104	drosiprenone-ethinyl estradiol	45
diltiazem hcl CP12	39	DORZOLAMIDE HCL	104	drosiprenone-ethinyl estradiol- levomefolate calcium	45
diltiazem hcl CP24	39	DORZOLAMIDE HCL/TIMOLOL MALEATE	102	DROXIA CAPS	64
diltiazem hcl extended release beads	39	dorzolamide hcl-timolol maleate .	102		
diltiazem hcl TABS	39	DOVATO	36		
diltiazem hcl TB24	39	doxazosin mesylate	25		
dimethyl fumarate CDPK	108	doxepin hcl (antipruritic)	51		
dimethyl fumarate CPDR	108	doxepin hcl CAPS	19		
		doxepin hcl CONC	19		
		doxercalciferol CAPS	58		
		doxycycline (monohydrate) CAPS 150 MG	117		

droxidopa	122	EASY COMFORT LANCETS 30G/THIN TOP	74	EASY TOUCH LANCETS 33G/TWIST	74
DRUG MART LANCETS THIN	73	EASY COMFORT LANCETS TWIST TOP	74	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	74
DRUG MART ON-THE-GO LANCETS GENTLE 30G	73	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	93	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	75
DRUG MART UNILET LANCETSSUPER THIN 30G	73	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	74	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	75
DRUG MART UNILET LANCETSULTRA THIN 28G	73	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	74	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	75
DRUG MART UNILET MICRO THIN LANCETS 33G	73	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	74	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	75
DRYSOL SOLN	55	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	74	ECONAZOLE NITRATE CREA	50
DUAVEE	59	EASY TOUCH LANCETS TOP	74	EDARBI 40 MG	25
DUET DHA 400 MISC	98	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	74	EDARBI 80 MG	25
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT- 12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG- 2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	98	EASY TOUCH LANCETS TOP	74	EDARBYCLOR	25
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	18	EASY TOUCH LANCETS TOP	74	EDURANT	36
DUOPA SUSP	34	EASY TOUCH LANCETS 30G/PULL-TOP	74	efavirenz CAPS	36
DUPIXENT SOAJ 300 MG/2ML	54	EASY TOUCH LANCETS TOP	74	efavirenz TABS	36
DUPIXENT SOSY	54	EASY TOUCH LANCETS TOP	74	efavirenz-emtricitabine-tenofovir disoproxil fumarate	36
DUREX EXTRA SENSITIVE THIN DEVI	68	EASY TOUCH LANCETS TOP	74	efavirenz-lamivudine-tenofovir disoproxil fumarate	36
DUREX EXTRA SENSITIVE THIN MISC	68	EASY TOUCH LANCETS TOP	74	EFFER-K	95
DUREX TROPICAL MISC	68	EASY TOUCH LANCETS TOP	74	ELESTRIN GEL	59
dutasteride	61	EASY TOUCH LANCETS TOP	74	eletriptan hydrobromide	93
dutasteride-tamsulosin hcl	61	EASY TOUCH LANCETS TOP	74	ELIGARD SC	29
EASY COMFORT LANCETS	74	EASY TOUCH LANCETS TOP	74		
EASY COMFORT LANCETS 30G/PULL TOP	74				

ELIQUIS STARTER PACK TBPK . 13	ENBREL SURECLICK SOAJ 5	erlotinib hcl 29
ELIQUIS TABS13	ENCARE SUPP 100 MG 121	ERTACZO50
ELLA 46	ENDOMETRIN INST 121	ertapenem sodium IJ 26
ELMIRON CAPS61	enoxaparin sodium SOLN IJ 300 MG/3ML14	erythromycin (acne aid) GEL 49
ELOCTATE62	enoxaparin sodium SOSY 14	erythromycin (acne aid) SOLN 49
EMBRACE LANCETS ULTRA THIN 30G75	entacapone34	erythromycin (ophth)102
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G75	entecavir TABS 37	ERYTHROMYCIN102
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G75	ENTRESTO TABS40	erythromycin base CPEP67
EMCYT29	EPCLUSA PACK37	erythromycin base TABS 67
EMEND SUSR22	EPCLUSA TABS 100 MG-400 MG 38	erythromycin base TBEC 68
EMFLAZA SUSP (deflazacort) 47	EPCLUSA TABS 50 MG-200 MG . 38	erythromycin ethylsuccinate SUSR 68
EMFLAZA TABS (deflazacort) 47	EPIDIOLEX15	escitalopram oxalate SOLN18
EMGALITY SOAJ93	EPIFOAM FOAM53	escitalopram oxalate TABS 10 MG, 20 MG 18
EMGALITY SOSY93	epinastine hcl (ophth)104	escitalopram oxalate TABS 5 MG . 18
EMSAM18	epinephrine (anaphylaxis) SOAJ .122	esomeprazole magnesium PACK 120
emtricitabine CAPS36	eplerenone 26	estazolam 65
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG36	EQL COLOR LANCETS 21G 75	estradiol & norethindrone acetate TABs59
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG36	EQL COLOR LANCETS MICRO THIN 33G75	estradiol GEL 0.06 % 59
EMTRIVA SOLN36	EQL SUPER THIN LANCETS 30G 75	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM59
enalapril maleate & hydrochlorothiazide25	EQL THIN LANCETS 26G 75	estradiol PTTW 59
enalapril maleate TABS24	EQUETRO35	estradiol PTWK 59
ENBREL MINI SOCT5	ergocalciferol CAPS 122	estradiol TABS59
ENBREL SOLN6	ergoloid mesylates TABS108	estradiol vaginal CREA121
ENBREL SOSY 25 MG/0.5ML6	ERGOMAR SUBL93	estradiol vaginal TABS 121
ENBREL SOSY 50 MG/ML 6	ergotamine w/ caffeine TABS93	estradiol valerate59
	ERIVEDGE29	ESTRING RING 121
	ERLEADA 240 MG29	eszopiclone65
	ERLEADA 60 MG29	

ethacrynic acid	57	E-Z JECT LANCETS	75	febuxostat 40 MG	62
ethambutol hcl TABS	27	E-Z JECT LANCETS 21G	75	febuxostat 80 MG	62
ethosuximide CAPS	17	E-Z JECT LANCETS COLOR	75	FEIBA	62
ethosuximide SOLN	17	E-Z JECT LANCETS SUPER THIN 30G	75	felbamate SUSP	17
ethynodiol diacet & eth estrad	45	E-Z JECT LANCETS THIN 26G	75	felbamate TABS	17
etodolac CAPS	5	ezetimibe	24	FELBATOL SUSP (felbamate)	17
etodolac TABS	5	ezetimibe-simvastatin	23	felodipine 10 MG	39
etodolac TB24	5	E-ZJECT LANCETS MICRO-THIN 33G	75	felodipine 2.5 MG, 5 MG	39
etonogestrel-ethinyl estradiol	46	EZ-LETS LANCETS 21G	75	FEMCAP DEVI	68
ETOPOPHOS	33	EZ-LETS LANCETS 26G SUPER- SOFT	75	FEMRING	121
etoposide CAPS	33	EZ-LETS LANCETS 28G ULTRA- SOFT	76	fenofibrate CAPS	24
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	33	EZ-LETS LANCETS 30G	76	fenofibrate micronized 130 MG, 200 MG	24
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	34	FABHALTA	64	fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG	24
etravirine	36	FABIOR FOAM	49	fenofibrate TABS 145 MG, 160 MG 24	
EUCRISA	55	famciclovir	38	fenofibrate TABS 48 MG	24
EULEXIN	29	famotidine SUSR	119	fenofibrate TABS 54 MG	24
EVAMIST SOLN	59	famotidine TABS 20 MG	119	FENOFIBRATE TABS	24
everolimus (immunosuppressant)	95	famotidine TABS 40 MG	119	fenoprofen calcium TABS	5
everolimus TABS	31	FANAPT	35	FENSOLVI SC	58
everolimus TBSO	31	FANAPT TITRATION PACK	35	fenofibrate TABS 145 MG, 160 MG 24	
EVISTA (raloxifene hcl)	57	FANTASY LUBRICATED MISC	68	fentanyl citrate LPOP 1600 MCG ... 8	
EVOTAZ	37	FANTASY LUBRICATED/SPERMICIDE MISC	68	fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8
EVRYSDI	101	FARXIGA	21	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8
EXELDERM CREA (sulconazole nitrate)	50	FASENRA PEN SOAJ	11	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8
EXELDERM SOLN	50	FASENRA SOSY	11	FERRIPROX SOLN	21
exemestane	29	FC2 FEMALE CONDOM	68	FERRIPROX TABS 500 MG	
EXJADE TBSO (deferasirox)	21				
EXODERM	50				

(deferiprone)	21	FLOWFLEX PLUS COVID-19/FLU A/B HOME TEST	55	fluorometholone (ophth) SUSP ...	103
fesoterodine fumarate	120	FLUAD QUADRIVALENT 2022-2023	120	fluorouracil (topical) CREA 5 % ...	51
FETZIMA CP24 20 MG	18	FLUAD QUADRIVALENT 2023-2024	120	fluorouracil (topical) SOLN	51
FETZIMA CP24 40 MG, 80 MG, 120 MG	18	FLUARIX QUADRIVALENT 2022- 2023 SUSY	121	fluoxetine hcl (pmdd) TABS	108
FETZIMA TITRATION PACK C4PK 18		FLUARIX QUADRIVALENT 2023- 2024 SUSY	121	fluoxetine hcl CAPS 10 MG, 20 MG 18	
FIBRICOR (fenofibric acid)	24	FLUARIX QUADRIVALENT 2023- 2024 SUSY	121	fluoxetine hcl CAPS 40 MG	18
FIFTY50 SAFETY SEAL LANCETS 30G	76	FLUBLOK 2024-2025 SOSY	121	fluoxetine hcl CPDR	18
FIFTY50 SAFETY SEAL LANCETS 32G	76	FLUCELVAX 2024-2025 SUSP ..	121	fluoxetine hcl SOLN	18
FIFTY50 UNILET LANCETS 33G	76	fluconazole SUSR	22	fluoxetine hcl TABS 10 MG	18
FINACEA FOAM	55	fluconazole TABS	22	fluoxetine hcl TABS 20 MG, 60 MG 18	
finasteride	61	flucytosine	22	fluphenazine hcl CONC	36
FINE 30	76	fludarabine phosphate SOLR	28	fluphenazine hcl ELIX	36
FINGERSTIX LANCETS	76	fludrocortisone acetate TABS	47	fluphenazine hcl TABS	36
fingolimod hcl	108	FLULAVAL QUADRIVALENT 2022- 2023 SUSY	121	flurandrenolide CREA	53
FIRAZYR SOSY (icatibant acetate) 64		FLULAVAL QUADRIVALENT 2023- 2024 SUSY	121	flurazepam hcl 15 MG	65
FIRDAPSE	27	FLUMIST QUADRIVALENT	121	flurazepam hcl 30 MG	65
FIRST-OMEPRAZOLE SUSP	120	fluocinolone acetonide (otic)	105	flurbiprofen sodium	104
FLAREX	103	fluocinolone acetonide CREA	53	flurbiprofen TABS	5
flavoxate hcl	120	fluocinolone acetonide OIL	53	flutamide	29
FLEBOGAMMA DIF SOLN 5 GM/50ML	105	fluocinolone acetonide OINT	53	fluticasone furoate-vilanterol	13
FLEBOGAMMA DIF SOLN	105	fluocinolone acetonide SOLN	53	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	12
flecainide acetate	11	fluocinonide CREA	53	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	12
FLORAFOL PEDIATRIC CHEW ...	97	fluocinonide emulsified base	53	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	12
FLORIVA	94	fluocinonide GEL	53	fluticasone propionate (nasal) SUSP . 101	
FLORIVA	98	fluocinonide OINT	53	fluticasone propionate CREA 0.05 % 53	
FLORIVA PLUS SOLN	97	fluocinonide SOLN	53		

fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	12	65	FREESTYLE LITE TEST STRIPS STRP	55
fluticasone propionate hfa 44 MCG/ACT	12	FOLIVANE-F	65	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP
fluticasone propionate LOTN	53	FOLIVANE-OB	98	56
fluticasone propionate OINT	53	fondaparinux sodium 2.5 MG/0.5ML . 14	FREESTYLE TEST STRIPS STRP	56
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	13	fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	56	FREESTYLE UNISTICK II LANCETS
fluticasone-salmeterol AERO	13	FORA LANCETS	76	76
fluvastatin sodium CAPS	24	FORFIVO XL TB24 (bupropion hcl) 18	frovatriptan succinate	93
fluvastatin sodium TB24	24	formaldehyde SOLN 10 %	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	57
fluvoxamine maleate CP24 100 MG 18		formoterol fumarate NEBU	furosemide TABS	57
fluvoxamine maleate CP24 150 MG 18		fosamprenavir calcium TABS	FUZEON SOLR	37
fluvoxamine maleate TABS 100 MG . 18		fosfomycin tromethamine	FYCOMPA SUSP	14
fluvoxamine maleate TABS 25 MG, 50 MG	18	fosinopril sodium & hydrochlorothiazide	FYCOMPA TABS 2 MG	14
FLUZONE HIGH-DOSE 2024-2025 SUSY	121	fosinopril sodium	FYCOMPA TABS 4 MG	14
FLUZONE HIGH-DOSE PF 2022-2023	121	FOSRENOL PACK	FYCOMPA TABS 6 MG	14
FLUZONE HIGH-DOSE PF 2023-2024	121	FRAGMIN SOLN 95000 UNIT/3.8ML 14	FYCOMPA TABS 8 MG, 10 MG, 12 MG	14
FLUZONE QUADRIVALENT 2022-2023 SUSY	121	FRAGMIN SOSY 2500 UNIT/0.2ML 14	gabapentin CAPS	15
FLUZONE QUADRIVALENT 2023-2024 SUSY	121	FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..	gabapentin SOLN	15
FML FORTE SUSP	103	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	gabapentin TABS 600 MG, 800 MG 15	
FML OINT	103	76	GABITRIL (tiagabine hcl)	17
folic acid TABS 1 MG	65	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ..	100
folic acid TABS 400 MCG, 800 MCG .		76	GALAFOLD	58
		FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	galantamine hydrobromide CP24	107
		55	galantamine hydrobromide SOLN	107
		FREESTYLE LANCETS	galantamine hydrobromide TABS	107
		76	GALZIN	95

GAMASTAN	105	GENVOYA	37	GLYCATE TABS	118
GAMMAGARD LIQUID 1 GM/10ML 105		GILENYA 0.5 MG	108	glycopyrrolate SOLN OR 1 MG/5ML . 118	
GAMMAGARD LIQUID 2.5 GM/25ML	105	GILOTRIF	29	glycopyrrolate TABS 1 MG, 2 MG 118	
GAMMAKED 1 GM/10ML	105	GILTUSS COUGH & COLD TABS	47	GLYCOPYRROLATE TABS	118
GAMMAPLEX SOLN 5 GM/50ML 105		GILTUSS SINUS & CONGESTION TABS	47	GLYXAMBI	19
GAMMAPLEX SOLN	105	glatiramer acetate SOSY 20 MG/ML . 108		GNP LANCETS 21G	77
GAMUNEX-C 1 GM/10ML	105	glatiramer acetate SOSY 40 MG/ML . 108		GNP LANCETS THIN 26G	77
GAMUNEX-C 2.5 GM/25ML	105	GLEOSTINE 10 MG, 40 MG, 100 MG	28	GNP STERILE LANCETS 28G ...	77
gatifloxacin (ophth)	102	glimepiride 1 MG, 2 MG, 4 MG	21	GNP STERILE LANCETS 30G ...	77
GATTEX	61	glipizide TABS	21	GNP STERILE LANCETS 33G ...	77
gefitinib	29	glipizide TB24	21	GOJJI STERILE LANCETS 30G ..	77
GELFILM OP	104	glipizide-metformin hcl	19	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	66
gemfibrozil TABS	24	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	93	GONITRO PACK	10
GENERESS FE (norethindrone & ethinyl estradiol-fe)	45	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	93	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..	77
gentamicin sulfate (ophth) SOLN	.102	GLOBAL INJECT EASE LANCETS 28G	76	GOODSENSE LANCETS MICRO- THIN 33G	77
gentamicin sulfate (topical) CREA	.49	GLOBAL INJECT EASE LANCETS 30G	76	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL	77
gentamicin sulfate (topical) OINT	.49	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	19	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL	77
GENTEEL BUTTERFLY TOUCH LANCETS	76	GLUCOCOM LANCETS 28G	77	GOODSENSE LANCETS ULTRA- THIN 30G	77
GENTLE-LET GP LANCETS	76	GLUCOCOM LANCETS 30G	77	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL	77
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	76	GLUCOCOM LANCETS 33G	77	granisetron hcl TABS	22
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	76	glyburide micronized 1.5 MG, 3 MG, 6 MG	21	griseofulvin microsize SUSP	22
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	76	glyburide TABS	21	griseofulvin microsize TABS	22
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	76	glyburide-metformin	19	griseofulvin ultramicrosize	22
				guaifenesin-codeine SOLN	47

guanfacine hcl (adhd)	2	HEMOPIL M SOLR 250 UNIT, 500	AJKT 80 MG/0.8ML	4
guanfacine hcl	25	UNIT, 1000 UNIT, 1501 -2000 UNIT,	HUMIRA PEN-PEDIATRIC UC	
GYNAZOLE-1	121	1700 UNIT	STARTER PACK AJKT	4
HADLIMA PUSHTOUCH SOAJ	3	heparin sodium (porcine) SOLN IJ	HUMIRA PEN-PS/UV STARTER	
HADLIMA SOSY	3	10000 UNIT/ML	AJKT	4
HAEGARDA SOLR SC	64	HEPLISAV-B SOSY	HUMIRA PSKT 40 MG/0.8ML	4
HAEMOLANCE	77	HUMALOG JUNIOR KWIKPEN	HUMIRA PSKT	4
HAEMOLANCE LOW FLOW		SOPN	HUMULIN 70/30 KWIKPEN SUPN 20	
LANCETS	77	HUMALOG KWIKPEN SOPN 100	HUMULIN 70/30 SUSP	20
HAEMOLANCE PLUS	77	UNIT/ML	HUMULIN N KWIKPEN SUPN	20
HAEMOLANCE PLUS HIGH FLOW .		HUMALOG KWIKPEN SOPN 200	HUMULIN N SUSP	20
77		UNIT/ML	HUMULIN R SOLN IJ	20
HAEMOLANCE PLUS LOW FLOW .		HUMALOG MIX 50/50 KWIKPEN	HUMULIN R U-500	
77		SUPN	(CONCENTRATED) SOLN SC	20
HAEMOLANCE PLUS MAX FLOW		HUMALOG MIX 50/50 SUSP	HUMULIN R U-500 KWIKPEN SOPN	
78		20	SC	20
HAEMOLANCE PLUS PEDIATRIC		HUMALOG MIX 75/25 KWIKPEN		
FLOW	78	SUPN	HYCANTIN CAPS	34
halobetasol propionate CREA	53	HUMALOG MIX 75/25 SUSP	HYCANTIN SOLR (topotecan hcl)	34
halobetasol propionate OINT	53	20	hydralazine hcl TABS	26
haloperidol lactate CONC	35	HUMALOG SOCT	hydrochlorothiazide CAPS	57
haloperidol TABS	35	20	hydrochlorothiazide TABS	57
HEALTHY ACCENTS UNILET		HUMALOG SOLN IJ	hydrocodone bitartrate T24A	8
LANCETS SUPER THIN 30G	78	20	hydrocodone bitartrate-homatropine	
H-E-B IN CONTROL PEN NEEDLE		HUMATE-P SOLR	methylbromide SOLN	47
31GX3/16"	93	62	hydrocodone bitartrate-homatropine	
H-E-B INCONTROL LANCETS		HUMATIN	methylbromide TABS	47
MICRO THIN 33G	78	2	hydrocodone polistirex-	
H-E-B INCONTROL LANCETS		HUMATROPE CART IJ	chlorpheniramine polistirex SUER .	47
SUPER THIN 30G	78	57	hydrocodone-acetaminophen SOLN	
H-E-B INCONTROL LANCETS		HUMIRA PEDIATRIC CROHNS	108 MG/5ML-2.5 MG/5ML, 217	
ULTRA THIN 28G	78	DISEASE STARTER PACK PSKT 80	MG/10ML-5 MG/10ML, 325	
HEMANGEOL SOLN OR	38	MG/0.8ML	MG/15ML-7.5 MG/15ML	9
		3	hydrocodone-acetaminophen TABS	
		HUMIRA PEDIATRIC CROHNS	300 MG-10 MG, 300 MG-5 MG	9
		DISEASE STARTER PACK PSKT .		
		3		
		HUMIRA PEN AJKT 40 MG/0.4ML .		
		3		
		HUMIRA PEN AJKT 40 MG/0.8ML .		
		3		
		HUMIRA PEN AJKT 80 MG/0.8ML .		
		3		
		HUMIRA PEN-CD/UC/HS STARTER		
		AJKT 40 MG/0.8ML		
		4		
		HUMIRA PEN-CD/UC/HS STARTER		

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hydrocortisone (topical) OINT 2.5 % . 54	HYPODERMIC NEEDLE 30GX1/2" . 93	IMBRUVICA TABS 31
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hydrocortisone butyrate hydrophilic lipo base54	HYSINGLA ER T24A8	imipramine hcl TABS 10 MG, 25 MG . 19
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hydromorphone hcl TB24 32 MG ... 8	ICLUSIG 10 MG, 30 MG31	INDERAL XL 38
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hydroxyurea33	IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT 63	indomethacin SUPP5
hydroxyzine hcl SYRP 11	IDELVION 3500 UNIT 63	indomethacin SUSP5

INGREZZA CPSP	108	isosorbide mononitrate TABS	10	KALYDECO PACK	116
INLYTA	28	isosorbide mononitrate TB24	10	KALYDECO TABS	116
INNOPRAN XL	38	isotretinoin 10 MG, 25 MG	49	KAMELEON LUBRICATED MISC	68
INQOVI	30	isotretinoin 20 MG	49	KCENTRA	63
INREBIC	31	isotretinoin 30 MG	49	KEPPRA SOLN OR 100 MG/ML (levetiracetam)	15
INSULIN LISPRO PROTAMINE/INSULIN LISPRO		isotretinoin 35 MG, 40 MG	49	KEPPRA TABS 1000 MG (levetiracetam)	15
KWIKPEN SUPN	20	isradipine CAPS	39	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	15
INTEGRA F	65	ISTODAX SOLR (romidepsin)	31	KEPPRA XR TB24 (levetiracetam)	15
INTELENCE 25 MG	37	itraconazole CAPS	22	KESIMPTA	108
INVANZ IJ (ertapenem sodium) ...	26	itraconazole SOLN	22	ketoconazole (topical) CREA	50
iodoquinol-hydrocortisone in aloe vehicle	50	ivabradine hcl TABS	41	ketoconazole (topical) FOAM	50
IOPIDINE	102	ivermectin (pediculicide)	55	ketoconazole (topical) SHAM 2 %	50
ipratropium bromide (nasal)	101	ivermectin (rosacea)	55	ketoconazole (topical) SHAM 2 %	50
ipratropium bromide SOLN 0.02 %	12	ivermectin	10	ketoconazole	22
ipratropium-albuterol SOLN	13	IXINITY SOLR	63	KETONE STRP	56
irbesartan	25	JADENU SPRINKLE PACK (deferasirox)	21	ketoprofen CP24	5
irbesartan-hydrochlorothiazide ...	25	JADENU TABS (deferasirox)	21	ketorolac tromethamine (ophth) .	104
IRESSA (gefitinib)	29	JAKAFI	31	ketorolac tromethamine TABS	5
IRON FOLATE-F	65	JANUMET TABS	19	KETOSTIX STRP	56
ISENTRESS CHEW	37	JANUMET XR TB24 1000 MG-100 MG	19	KEVEYIS (dichlorphenamide)	56
ISENTRESS HD TABS	37	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	19	KEVZARA SOAJ	4
ISENTRESS PACK	37	JANUVIA	20	KEVZARA SOSY	4
ISENTRESS TABS	37	JARDIANCE	21	KIMONO COLORS DEVI	68
isoniazid SYRP	27	JIVI	63	KIMONO LUBRICATED MISC	68
isoniazid TABS	27	JULUCA	37	KIMONO MAXX/LARGE FLARE MISC	68
ISOPTO ATROPINE SOLN	102	JUXTAPID 10 MG, 20 MG, 30 MG	24	KIMONO MICRO THIN MISC	68
isosorbide dinitrate TABS	10	JUXTAPID 5 MG	24	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	68
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KIMONO PLUS SPERMICIDE/LUBRICATED MISC 68	KROGER LANCETS MICRO THIN33G 78	lamivudine (hbv) TABS 38
KIMONO PS LUBRICATED MISC .68	KROGER LANCETS SUPER THIN 78	lamivudine SOLN 37
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC 68	KROGER LANCETS THIN78	lamivudine TABS 37
KIMONO SENSATION LUBRICATED MISC68	KROGER LANCETS THIN 26G ...78	lamivudine-zidovudine 37
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KINNEY THIN LANCETS 78	K-Y ME & YOU EXTRA LUBRICATED DEVI68	lamotrigine TABS 15
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KISQALI FEMARA 400 DOSE30	lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML 15	lamotrigine TB24 300 MG16
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leflunomide 20 MG 5	levofloxacin (ophth) 1.5 %102	linezolid TABS 27
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LENVIMA 10 MG DAILY DOSE .. 28	levofloxacin TABS 60	LIORESAL INTRATHECAL SOLN IT (baclofen) 100
LENVIMA 12MG DAILY DOSE ... 28	levonorgestrel & eth estradiol TABS 45	LIORESAL INTRATHECAL SOLN IT 100
LENVIMA 14 MG DAILY DOSE .. 28	levonorgestrel (emergency oc) 1.5 MG 46	liothyronine sodium TABS 25 MCG, 50 MCG118
LENVIMA 18 MG DAILY DOSE .. 28	levonorgestrel-eth estradiol (triphasic)45	liothyronine sodium TABS 5 MCG 118
LENVIMA 20 MG DAILY DOSE .. 28	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG 45	LIPOFEN CAPS 50 MG (fenofibrate) . 24
LENVIMA 24 MG DAILY DOSE .. 29	levonorgestrel-ethinyl estradiol (continuous) 45	lisdexamphetamine dimesylate CAPS 1
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MG-10 MG, 12.5 MG-20 MG	25	lopinavir-ritonavir SOLN	37	MAGNEBIND 400	94
lisinopril & hydrochlorothiazide 25 MG-20 MG	25	lopinavir-ritonavir TABS	37	malathion	55
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	24	lorazepam CONC	11	maraviroc TABS	37
lisinopril TABS 40 MG	24	lorazepam TABS	11	MARPLAN	18
LITE TOUCH LANCETS	79	LORBRENA	32	MATULANE	33
LITETOUCH LANCETS MICRO THIN 33G	79	LORTAB ELIX	9	MAVYRET TABS	38
lithium	35	losartan potassium & hydrochlorothiazide	25	MAXIDEX SUSP OP	103
lithium carbonate CAPS 150 MG, 600 MG	35	losartan potassium	25	MAXX LUBRICATED MISC	69
lithium carbonate CAPS 300 MG ..	35	LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	45	MAXX PLUS SPERMICIDE LUBRICATED MISC	69
lithium carbonate TABS	35	LOTEMAX OINT	103	MAYZENT STARTER PACK TBPK 108	
lithium carbonate TBCR	35	loteprednol etabonate GEL	103	MAYZENT TABS 0.25 MG	108
LITHOBID TBCR (lithium carbonate) . 35		loteprednol etabonate SUSP	103	MAYZENT TABS 1 MG	108
LITHOSTAT	62	lovastatin TABS	24	MAYZENT TABS 2 MG	108
LIVE BETTER LANCET SUPERTHIN 30G	79	loxapine succinate	35	meclofenamate sodium CAPS	5
LIVE BETTER LANCET ULTRATHIN 28G	79	lubiprostone	60	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	79
LO LOESTRIN FE TABS	45	LUMIGAN SOLN 0.01 %	104	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	79
LOCOID LIPOCREAM	54	LUPRON DEPOT (1-MONTH) KIT IM	30	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	80
lofexidine hcl	107	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	58	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	80
LOKELMA	96	lurasidone hcl	35	MEDICHOICE SAFETY LANCETEXTRA	80
LOMAIRA TABS	1	LYNPARZA TABS	32	MEDICHOICE SAFETY LANCETNORMAL	80
LONGS LANCETS STANDARD ..	79	LYRICA CAPS 225 MG, 300 MG (pregabalin)	16	MEDLANCE PLUS EXTRA LANCETS 21G	80
LONGS LANCETS THIN	79	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	16	MEDLANCE PLUS LANCETS	80
LONGS LANCETS ULTRA THIN .	79	LYRICA SOLN (pregabalin)	16	MEDLANCE PLUS LANCETS LITE 25G	80
LONSURF	30	LYSODREN	30		
loperamide hcl CAPS	21	mafenide acetate PACK	52		

MEDLANCE PLUS LITE LANCETS 25G	80	MEIJER SUPER THIN LANCETS	81	MESNEX TABS	33
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	80	MEKINIST SOLR	32	MESTINON SOLN OR (pyridostigmine bromide)	27
MEDLANCE PLUS SUPERLITE 30G	80	MEKINIST TABS	32	metaxalone 400 MG	100
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	80	MEKTOVI	32	metaxalone 800 MG	100
MEDLANCE PLUS UNIVERSAL LANCETS 21G	80	meloxicam TABS 15 MG	5	metformin hcl SOLN	19
MEDLANCE PLUS/LITE 25G	80	meloxicam TABS 7.5 MG	5	metformin hcl TABS 500 MG, 850 MG, 1000 MG	19
MEDLANCE/EXTRA	80	melphalan	28	metformin hcl TB24 500 MG, 750 MG	19
MEDLANCE/LITE	80	melphalan hcl IV	28	methadone hcl CONC	8
MEDLANCE/UNIVERSAL	80	memantine hcl CP24 14 MG, 21 MG, 28 MG	107	methadone hcl SOLN OR	8
MEDROL TABS	47	memantine hcl CP24 7 MG	107	methadone hcl TABS	8
medroxyprogesterone acetate 10 MG	106	memantine hcl SOLN	107	methadone hcl TBSO	8
medroxyprogesterone acetate 2.5 MG, 5 MG	106	memantine hcl TABS 10 MG	107	methamphetamine hcl	1
mefenamic acid CAPS	5	memantine hcl TABS 5 MG	107	methazolamide TABS	56
mefloquine hcl	27	memantine hcl TABS	107	methenamine hippurate	27
megestrol acetate (appetite)	106	MENEST 0.3 MG, 0.625 MG, 1.25 MG	59	methenamine mandelate 0.5 GM, 1 GM	27
megestrol acetate SUSP	30	MENEST 2.5 MG	59	methimazole TABS	117
megestrol acetate TABS	30	MENOSTAR PTWK	59	methocarbamol TABS 500 MG, 750 MG	100
MEIJER COLOR LANCETS UNIVERSAL 33G	80	meperidine hcl SOLN OR 50 MG/5ML	8	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	28
MEIJER LANCETS	80	meperidine hcl TABS 50 MG	8	methotrexate sodium SOLR	28
MEIJER LANCETS THIN	80	mercaptopurine TABS	28	methotrexate sodium TABS 2.5 MG 28	
MEIJER LANCETS UNIVERSAL21G	80	meropenem 500 MG	26	methoxsalen rapid	51
MEIJER LANCETS UNIVERSAL30G	81	mesalamine CP24	60	methscopolamine bromide	118
MEIJER LANCETS UNIVERSAL33G	81	mesalamine CPCR	60	methsuximide	17
		mesalamine CPDR	60	methyl dopa TABS	25
		mesalamine ENEM	60	methylergonovine maleate TABS	105
		mesalamine SUPP	60		
		mesalamine TBEC 1.2 GM	60		
		mesalamine TBEC 800 MG	60		

methylphenidate hcl CHEW	2	metronidazole (topical) CREA	55	mirtazapine TBDP	18
methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) GEL 0.75 %	55	misoprostol	120
methylphenidate hcl CP24	2	metronidazole (topical) GEL 1 % ..	55	MITIGARE CAPS (colchicine)	62
methylphenidate hcl CPCR 10 MG,		metronidazole (topical) LOTN	55	mitoxantrone hcl 2 MG/ML	30
40 MG, 50 MG, 60 MG	2	metronidazole CAPS	26	MM TWIST LANCETS	81
methylphenidate hcl CPCR 20 MG,		metronidazole TABS	26	M-NATAL PLUS TABS	98
30 MG	2	metronidazole vaginal	121	modafinil	2
methylphenidate hcl SOLN	2	metirosine	25	MODERNA COVID-19	
methylphenidate hcl TABS 20 MG ..	2	mexiletine hcl	11	VACCINE/6MO-11Y/2024-25 SUSY .	
methylphenidate hcl TABS 5 MG, 10		MG217 PSORIASIS MULTI-		121	
MG	2	SYMPTOM OINT	54	moexipril hcl	24
methylphenidate hcl TB24 18 MG, 27		MIACALCIN IJ (calcitonin (salmon))		molindone hcl	35
MG, 54 MG	2	57		MOLNUIRAVIR (MOLNUIRAVIR	
methylphenidate hcl TB24 36 MG ..	2	MICROLET LANCETS	81	CAPS 200 MG)	37
methylphenidate hcl TBCR 10 MG,		midazolam hcl SYRP	65	mometasone furoate (nasal) SUSP	
20 MG	2	midodrine hcl	122	101	
methylphenidate hcl TBCR 18 MG,		MIFEPREX (mifepristone)	58	mometasone furoate CREA	54
27 MG, 36 MG	2	mifepristone	58	mometasone furoate OINT	54
methylphenidate hcl TBCR 54 MG ..	2	miglitol	19	mometasone furoate SOLN	54
methylphenidate PTCH	2	miglustat	64	MONOLET LANCETS	81
methylprednisolone TABS	47	MINASTRIN 24 FE CHEW (norethin		MONOLET OPD LANCETS	81
methylprednisolone TBPK	47	acet & estrad-fe)	45	MONOLETTOR SAFETY LANCETS	
methytestosterone CAPS	10	minocycline hcl CAPS	117	81	
metoclopramide hcl SOLN OR 5		minocycline hcl CP24	117	montelukast sodium CHEW	12
MG/5ML, 10 MG/10ML	60	minocycline hcl TABS 50 MG, 100		montelukast sodium PACK	12
metoclopramide hcl TABS	60	MG	117	montelukast sodium TABS	12
metoclopramide hcl TBDP	60	minocycline hcl TABS 75 MG	117	morphine sulfate beads	8
metolazone	57	minoxidil 2.5 MG, 10 MG	26	morphine sulfate CP24 10 MG, 20	
METOPIRONE	55	MIRCETTE (desogestrel-ethinyl		MG, 30 MG, 50 MG, 60 MG, 80 MG,	
metoprolol & hydrochlorothiazide		estradiol (biphasic))	45	100 MG	8
TABS	25	mirtazapine TABS	18	morphine sulfate SOLN OR 10	
metoprolol succinate TB24	38			MG/5ML	8
metoprolol tartrate TABS	38			morphine sulfate SOLN OR 20	

MG/5ML, 20 MG/ML, 100 MG/5ML .8	SOFTLANCE LANCETS 30G81	nebivolol hcl 38
morphine sulfate SUPP 10 MG, 20 MG, 30 MG8	MYLERAN TABS 28	NEBUSAL NEBU 48
morphine sulfate TABS8	MYSOLINE (primidone) 16	NEEVO DHA 85 MG-25 MG-15 MG- 5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60
morphine sulfate TBCR 8	MYTESI 21	MCG-1 MG-1.13 MG98
MOVANTIK61	nabumetone 500 MG5	nefazodone hcl 18
moxifloxacin hcl (ophth) SOLN OP 102	nabumetone 750 MG5	neomycin sulfate TABS 2
moxifloxacin hcl TABS60	nadolol TABS 20 MG, 40 MG, 80 MG38	neomycin-bacitracin zn-polymyxin 103
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MULTIVITAMIN + FLUORIDE CHEW97	naloxone hcl SOSY 2 MG/2ML22	NEONATAL 1998
MULTIVITAMIN WITH FLUORIDE CHEW97	naltrexone hcl 22	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG 98
MULTIVITAMIN WITH FLUORIDE SOLN97	NAMZARIC C4PK 107	NEONATAL PLUS TABS98
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mupirocin OINT 50	naproxen sodium TABS 275 MG, 550 MG5	neostigmine methylsulfate SOSY ..27
MYALEPT 58	naproxen SUSP 5	NEOTUSS PLUS LIQD 47
mycophenolate mofetil CAPS95	naproxen TABS 5	NERLYNX 32
mycophenolate mofetil SUSR 95	naratriptan hcl94	NESTABS 98
mycophenolate mofetil TABS95	NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 98	NESTABS DHA 98
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MYGLUCOHEALTH MGH	NATAZIA 45	
	nateglinide21	
	NAYZILAM 14	

NESTABS ONE	99	NICOTROL INHALER INHA	116	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	45
NEUPRO	34	NICOTROL NS SOLN	116	norethindrone & ethinyl estradiol-fe	45
NEURONTIN CAPS (gabapentin) .	16	nifedipine CAPS	39	norethindrone (contraceptive)	46
NEURONTIN SOLN (gabapentin) .	16	nifedipine TB24 30 MG, 60 MG ...	39	norethindrone acet & eth estra TABS	45
NEURONTIN TABS (gabapentin) .	16	nifedipine TB24	39	norethindrone acetate TABS	107
NEVANAC	104	nilutamide	30	norethindrone acetate-ethinyl estradiol	59
nevirapine SUSP	37	nimodipine CAPS	39	norethindrone acetate-ethinyl estradiol-fe	45
nevirapine TABS	37	NINLARO	32	norgestimate-ethinyl estradiol (triphasic)	45
nevirapine TB24	37	nisoldipine	39	norgestimate-ethinyl estradiol	45
NEXAVAR (sorafenib tosylate) ...	32	nitazoxanide TABS	26	NORITATE CREA	55
NEXIUM PACK	120	nitisinone CAPS 10 MG	58	NORPACE CR CP12	11
NEXTSTELLIS	45	nitisinone CAPS 2 MG, 5 MG, 20 MG	58	NORTHERA (droxidopa)	122
niacin (antihyperlipidemic) TABS ..	24	NITRO-BID OINT	10	nortriptyline hcl CAPS	19
niacin (antihyperlipidemic) TBCR ..	24	NITRO-DUR PT24	11	nortriptyline hcl SOLN	19
nicardipine hcl CAPS	39	nitrofurantoin	27	NORVIR CAPS	37
NICODERM CQ PT24 TD (nicotine) .	116	nitrofurantoin macrocrystal	27	NORVIR PACK	37
NICORETTE GUM (nicotine polacrilex)	116	nitrofurantoin monohyd macro	27	NORVIR SOLN	37
NICORETTE LOZG (nicotine polacrilex)	116	nitroglycerin (intra-anal)	10	NOVA SAFETY LANCETS 23G ..	81
NICORETTE MINI LOZG (nicotine polacrilex)	116	nitroglycerin PT24	11	NOVA SAFETY LANCETS 28G ..	81
NICORETTE STARTER KIT GUM (nicotine polacrilex)	116	nitroglycerin SOLN TL 0.4 MG/SPRAY	11	NOVA SUREFLEX LANCETS	81
nicotine MISC XX	116	nitroglycerin SUBL	11	NOVAVAX COVID-19 VACCINE/2024-25 SUSY	121
nicotine polacrilex GUM	116	NITYR TABS	58	NOVOEIGHT	63
nicotine polacrilex LOZG	116	NIVA THYROID TABS	118	NOVOPEN ECHO DEVI	93
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	116	NIVA-PLUS TABS	99	NOVOSEVEN RT	63
NICOTINE TRANSDERMAL SYSTEM KIT	116	nizatidine CAPS	119	NP THYROID 120 TABS	118
		NORDITROPIN FLEXPPO SOPN .	57		
		norelgestromin-ethinyl estradiol ..	46		
		norethin acet & estrad-fe CAPS ...	45		
		norethin acet & estrad-fe CHEW ..	45		

NP THYROID 15 TABS	118	250 UNIT-15 MCG-25 MG-15 MG-20	olmesartan medoxomil 40 MG	25
NP THYROID 30 TABS	118	MG-18 MG-38 MG-1 MG-225 MG	olmesartan medoxomil 5 MG, 20 MG	25
NP THYROID 60 TABS	118	OICALIVA 10 MG	olmesartan medoxomil-amlodipine-	
NP THYROID 90 TABS	118	OICALIVA 5 MG	hydrochlorothiazide	26
NUBEQA	30	OCTAGAM SOLN 1 GM/20ML, 2	olmesartan medoxomil-	
NUCALA SOAJ	12	GM/20ML, 2.5 GM/50ML, 5	hydrochlorothiazide 12.5 MG-20 MG	26
NUCALA SOLR	12	GM/100ML, 10 GM/100ML, 10	olmesartan medoxomil-	
NUCALA SOSY	12	GM/200ML, 20 GM/200ML	hydrochlorothiazide 12.5 MG-40 MG,	25 MG-40 MG
NUCORT LOTN	54	OCTAGAM SOLN 5 GM/50ML ...	25 MG-40 MG	26
NUEDEXTA	108	octreotide acetate SOLN 50	olopatadine hcl (nasal)	101
NUPLAZID CAPS	35	MCG/ML, 100 MCG/ML, 200	olopatadine hcl 0.1 %	104
NUPLAZID TABS 10 MG	35	MCG/ML	olopatadine hcl 0.2 %	104
NUVARING (etonogestrel-ethinyl		octreotide acetate SOLN 500	omega-3-acid ethyl esters	23
estradiol)	46	MCG/ML, 1000 MCG/ML	OMEPRAZOLE + SYRSPEND	
NUWIQ KIT 250 UNIT, 500 UNIT,		octreotide acetate SOSY 50	SFALKA SUSP	120
1000 UNIT, 2000 UNIT, 2500 UNIT,		MCG/ML, 100 MCG/ML	omeprazole CPDR 10 MG	120
3000 UNIT, 4000 UNIT	63	ODEFSEY	omeprazole CPDR 20 MG, 40 MG	120
nystatin (mouth-throat)	96	ODOMZO	120	
nystatin (topical) CREA	50	OFEV	omeprazole magnesium CPDR ..	120
nystatin (topical) OINT	50	OFLOXACIN (OPHTH)	OMNIFLEX DIAPHRAGM	69
nystatin (topical) POWD EX	50	OFLOXACIN (OTIC)	ondansetron hcl SOLN OR 4	
nystatin TABS	22	OFLOXACIN 300 MG	MG/5ML	22
nystatin-triamcinolone CREA	50	OFLOXACIN 400 MG	ondansetron hcl TABS 4 MG, 8 MG	22
nystatin-triamcinolone OINT	50	OLANZAPINE TABS 15 MG, 20 MG	22	
NYVEPRIA	65	OLANZAPINE TABS 2.5 MG, 5 MG, 7.5	ondansetron TBDP 4 MG, 8 MG ..	22
OB COMPLETE ONE	99	MG, 10 MG	ONE VITE WOMENS	
OB COMPLETE PETITE	99	OLANZAPINE TBDP	PRENATALVITAMIN PLUS TABS	99
OB COMPLETE PREMIER	99	OLANZAPINE-FLUOXETINE HCL 25 MG-12	ONETOUCH DELICA PLUS	
OB COMPLETE/DHA	99	MG, 25 MG-6 MG, 50 MG-12 MG	LANCETS EXTRA FINE 33G	81
OBIZUR	63	107	ONETOUCH DELICA PLUS	
OBSTETRIX ONE 30 MG-15 UNIT-		OLANZAPINE-FLUOXETINE HCL 25 MG-3	LANCETS FINE 30G	81
		MG, 50 MG-6 MG	ONETOUCH DELICA SAFETY	
			LANCING DEVICE	81

ONETOUCH DELICA SAFETY LANCING DEVICE 30G81	orphenadrine citrate TB12100	oxybutynin chloride TB24120
ONETOUCH ULTRA BLUE TESTSTRIP STRP56	oseltamivir phosphate CAPS 38	OXYCODONE AND ACETAMINOPHEN TABS 9
ONETOUCH ULTRA STRP56	oseltamivir phosphate SUSR 38	oxycodone hcl CAPS8
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G82	OSMOPREP66	oxycodone hcl CONC 100 MG/5ML 8
ONETOUCH VERIO TEST STRIPS STRP56	OSPHENA57	oxycodone hcl SOLN8
ONUREG TABS28	OTEZLA TABS 20 MG5	oxycodone hcl TABS 30 MG8
OPILL46	OTEZLA TABS 30 MG5	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG8
OPSUMIT41	OTEZLA TBPK5	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ...9
OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 121	OTREXUP SOAJ 10 MG/0.4ML 3	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG9
ORACEA (doxycycline (rosacea)) 55	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/0.4ML3	oxycodone w/ acetaminophen TABS 325 MG-5 MG9
ORACIT61	oxacillin sodium IV 10 GM106	OXYCODONE/ACETAMINOPHEN TABS9
ORAL CITRATE61	oxandrolone 10 MG10	oxymorphone hcl TABS 10 MG8
ORAVIG96	oxandrolone 2.5 MG10	oxymorphone hcl TABS 5 MG8
ORENITRAM TBCR40	oxaprozin TABS5	oxymorphone hcl TB128
ORENITRAM TITRATION KIT MONTH 1 TEPK40	OXAYDO TABS 5 MG8	OZEMPIC SOPN20
ORENITRAM TITRATION KIT MONTH 2 TEPK40	OXAYDO TABS 7.5 MG8	paliperidone35
ORENITRAM TITRATION KIT MONTH 3 TEPK40	oxazepam CAPS 10 MG, 15 MG ..11	PALYNZIQ58
ORFADIN SUSP58	oxazepam CAPS 30 MG11	PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT- 16800 UNIT56
ORIAHNN59	oxcarbazepine SUSP16	PANRETIN51
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG116	oxcarbazepine TABS 150 MG16	pantoprazole sodium PACK120
ORKAMBI PACK 94 MG-75 MG .116	oxcarbazepine TABS 300 MG16	pantoprazole sodium TBEC120
ORKAMBI TABS116	oxcarbazepine TABS 600 MG16	
orlistat1	oxcarbazepine TB24 150 MG, 300 MG16	
	oxcarbazepine TB24 600 MG16	
	oxiconazole nitrate CREA50	
	OXISTAT LOTN50	
	oxybutynin chloride TABS 5 MG .120	

PAREMYD	104	pentazocine w/ naloxone hcl	9	phentermine hcl CAPS	1
paricalcitol CAPS	58	pentoxifylline	64	phentermine hcl TABS	1
paroxetine hcl SUSP	18	PERFECT LANCETS 30G	82	phenylephrine hcl (mydriatic) SOLN	102
paroxetine hcl TABS	18	PERFECT POINT SAFETY		phenytoin CHEW	17
paroxetine hcl TB24	18	LANCETS/28G	82	phenytoin sodium extended 100 MG,	200 MG, 300 MG
PASER PACK	28	PERFECT POINT SAFETY		phenytoin SUSP	17
PAXLOVID 100 MG-150 MG	37	LANCETS/30G	82	PHEXXI	121
pazopanib hcl	32	PERFECT PRESSURE ACTIVATED		phytonadione TABS 5 MG	122
PC LANCETS SUPER THIN 30G	82	SAFETY LANCETS 28G	82	PIFELTRO	37
pediatric multivitamins w/fl CHEW	97	perindopril erbumine	25	pilocarpine hcl (oral) 5 MG	96
peg 3350-kcl-nacl-na sulfate-na		permethrin CREA	55	pilocarpine hcl (oral) 7.5 MG	96
ascorbate-ascorbic acid	66	perphenazine TABS	36	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	102
peg 3350-kcl-sod bicarb-sod		perphenazine-amitriptyline	107	pimecrolimus	54
chloride-sod sulfate SOLR 6.74 GM-		PERSERIS PRSY	35	pimozide	108
2.97 GM-5.86 GM-22.74 GM-236 GM		PHARMACIST CHOICE		pindolol TABS	38
.....	66	SELECTLANCETS/ULTRA THIN	82	pioglitazone hcl 15 MG	21
peg 3350-potassium chloride-sod		PHARMACIST CHOICE ULTRA		pioglitazone hcl 30 MG, 45 MG	21
bicarbonate-sod chloride	66	THIN LANCETS	82	pioglitazone hcl-glimepiride	19
PEGASYS SOLN	38	PHARMACIST CHOICE ULTRA		pioglitazone hcl-metformin hcl TABS .	19
PEG-PREP	66	THIN LANCETS 28G	82	PIP LANCETS/28G	82
penicillamine CAPS	95	PHARMACIST CHOICE ULTRA		PIP LANCETS/30G	82
penicillamine TABS	95	THIN LANCETS 30G	82	piperacillin sodium-tazobactam	
penicillin g potassium	106	PHARMACIST CHOICE ULTRA		sodium 2 GM-0.25 GM, 3 GM-0.375	106
PENICILLIN G POTASSIUM IN ISO-		THIN LANCETS 31G	82	PIQRAY 200MG DAILY DOSE ...	32
OSMOTIC DEXTROSE	106	PHARMACIST CHOICE ULTRA		PIQRAY 250MG DAILY DOSE ...	32
PENICILLIN G PROCAINE	106	THIN LANCETS 33G	82	PIQRAY 300MG DAILY DOSE ...	32
penicillin g sodium	106	PHARMACY COUNTER LANCETS .	82	pirfenidone CAPS	116
penicillin v potassium SOLR	106				
penicillin v potassium TABS	106	phenelzine sulfate	18		
PENNSAID SOLN EX	51	PHENERGAN SOLN IJ			
pentamidine isethionate IN	26	(promethazine hcl)	23		
PENTASA CPR 250 MG	60	phenobarbital ELIX	65		
		phenobarbital TABS	65		
		phenoxybenzamine hcl	25		

pirfenidone TABS	117	potassium chloride CPRC	95	PRAMOTIC	105
piroxicam CAPS 10 MG	5	potassium chloride microencapsulated crystals er	95	prasugrel hcl	64
piroxicam CAPS 20 MG	5	potassium chloride PACK OR 20 MEQ	95	pravastatin sodium	24
pitavastatin calcium	24	POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride) 95		praziquantel	10
PLAN B ONE-STEP (levonorgestrel (emergency oc))	46	potassium chloride SOLN OR 10 %, 20 %	95	prazosin hcl CAPS	25
PLEGRIDY SOAJ	108	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	95	PRECISION THINS GP LANCET ..	82
PLEGRIDY SOSY IM	108	potassium citrate (alkalinizer) TBCR . 61		PRECISION XTRA	56
PLEGRIDY SOSY SC	108	potassium citrate-citric acid SOLN .61		PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	56
PLEGRIDY STARTER PACK SOAJ . 108		potassium iodide (expectorant) SOLN	48	PRED MILD	103
PLEGRIDY STARTER PACK SOSY SC	108	POVIDONE IODINE	103	PRED-G S.O.P. OINT	103
PNV-DHA+DOCUSATE	99	PRALUENT SOAJ	24	PRED-G SUSP	103
PNV-OMEGA	99	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	34	prednicarbate OINT	54
PODOCON-25 SOLN	54	pramipexole dihydrochloride TABS 1 MG	34	prednisolone acetate (ophth)	103
podofilox GEL	54	pramipexole dihydrochloride TABS 1.5 MG	34	PREDNISOLONE PHOSPHATE/MOXIFLOXACIN SOLN	103
podofilox SOLN	54	pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG	34	PREDNISOLONE SODIUM PHOSPHATE	103
POLY HUB NEEDLE/30G X 1/2" ..	93	pramipexole dihydrochloride TB24 3 MG	34	prednisolone sodium phosphate SOLN	47
polyethylene glycol 3350 POWD ..	66	pramipexole dihydrochloride TB24 3.75 MG	34	prednisolone sodium phosphate TBDP	47
polymyxin b-trimethoprim	103	PRAMOSONE LOTN	54	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	103
POLY-VI-FLOR CHEW	97	PRAMOSONE OINT	54	prednisolone SOLN	47
POLY-VI-FLOR SUSP	97			prednisolone TABS	47
POLY-VI-FLOR/IRON CHEW	97			PREDNISONE INTENSOL CONC ..	47
POLY-VI-FLOR/IRON SUSP	97			prednisone SOLN	47
POMALYST	30			prednisone TABS	47
posaconazole SUSP	22			prednisone TBPK	47
posaconazole TBEC	22			PREFERRED PLUS LANCETS	
pot & sod citrates w/citric ac SOLN 61					
pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	94				

COLORED 21G	82	PRENATE	99	GM/200ML, 40 GM/400ML	105
PREFERRED PLUS LANCETS SUPER THIN 30G	82	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	99	PRIVIGEN SOLN 5 GM/50ML	105
PREFERRED PLUS LANCETS THIN 26G	82	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..	99	PRO COMFORT LANCETS 30G .	82
PREFEST	59	PRENATE ENHANCE	99	PRO COMFORT LANCETS 31G .	83
pregabalin CAPS 225 MG, 300 MG 16		PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG- 18 MG	99	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ...	83
pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	16	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG- 80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG ..	99	PROAIR RESPICLICK AEPB	13
pregabalin SOLN	16	PRENATE PIXIE	99	probenecid	62
PREMARIN	121	PRENATE RESTORE	99	prochlorperazine	36
PREMARIN TABS	59	PRENATE RESTORE	99	prochlorperazine maleate TABS ...	36
PREMIUM SCAR PATCH	55	PRENATRIX TABS	99	PROCTOFOAM HC FOAM EX	10
PREMPHASE	59	PRENATRYL TABS	99	PROCYSBI CPDR	61
PREMPRO	59	PREPIDIL GEL	105	PROCYSBI PACK	61
PRENA 1 TRUE	99	PREZCOBIX	37	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	83
PRENA1 CHEW	99	PREZISTA SUSP	37	PRODIGY SAFETY LANCETS ...	83
PRENA1 PEARL	99	PREZISTA TABS 75 MG, 150 MG	37	PRODIGY TWIST TOP LANCETS 83	
PRENAISSANCE	99	PRIFTIN	28	PROFILNINE	63
PRENAISSANCE PLUS CAPS ...	99	PRILOSEC PACK	120	progesterone CAPS	107
PRENATAL 19 CHEW	99	primaquine phosphate TABS	27	progesterone OIL	107
PRENATAL 19 TABS	99	PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)	26	PROGRAF PACK	95
PRENATAL PLUS TABS	99	primidone 50 MG, 250 MG	16	PROLATE TABS	9
PRENATAL PLUS VITAMIN ANDMINERAL TABS	99	PRIVIGEN SOLN 10 GM/100ML, 20		PROLIA SOSY	57
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG- 1200 MCG-27 MG-200 MG-1.84 MG- 25 MG-2 MG-10 MG	99			PROMACTA PACK 12.5 MG	65
PRENATAL VITAMINS PLUS LOW IRON TABS	99			PROMACTA PACK 25 MG	65
PRENATAL-U CAPS	99			PROMACTA TABS	65
				promethazine & phenylephrine SYRP	47
				promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	23
				promethazine hcl SOLN OR 6.25	

MG/5ML	23	83	QUFLORA PEDIATRIC SOLN	97	
promethazine hcl SUPP 12.5 MG, 25 MG	23	PURIXAN SUSP	28	QUILLICHEW ER CHER 20 MG, 40 MG	2
promethazine hcl TABS 12.5 MG	23	PX LANCETS MICROTHIN 33G	83	QUILLICHEW ER CHER 30 MG	2
promethazine hcl TABS 25 MG	23	PX LANCETS ULTRA THIN	83	QUILLIVANT XR SRER	2
promethazine hcl TABS 50 MG	23	PX LANCETS ULTRA THIN 28G	83	quinapril hcl	25
promethazine w/codeine SOLN	47	pyrazinamide	28	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	26
promethazine w/codeine SYRP	47	pyridostigmine bromide SOLN OR	27	quinapril-hydrochlorothiazide 25 MG-20 MG	26
promethazine-dm SYRP	48	pyridostigmine bromide TABS 60 MG	27	quinidine gluconate TBCR	11
promethazine-phenylephrine-codeine	48	pyridostigmine bromide TBCR	27	quinine sulfate CAPS 324 MG	27
propafenone hcl CP12	11	pyrimethamine	27	QVAR REDIHALER 40 MCG/ACT	12
propafenone hcl TABS 150 MG	11	QBRELIS SOLN	25	QVAR REDIHALER 80 MCG/ACT	12
propafenone hcl TABS 225 MG, 300 MG	11	QC LANCETS SUPER THIN	83	RA E-ZJECT LANCETS 28G	83
propracaine hcl	103	QC LANCETS ULTRA THIN	83	RA E-ZJECT LANCETS THIN 26G	83
propranolol hcl CP24	38	QC UNILET LANCETS 28G/ULTRA THIN	83	RA E-ZJECT LANCETS THIN 28G	83
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	39	QC UNILET LANCETS 33G/MICRO THIN	83	RA E-ZJECT LANCETS ULTRATHIN 30G	83
propranolol hcl TABS	39	QINLOCK	32	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	120
propylthiouracil	117	QSYMIA	1	rabeprazole sodium TBEC	120
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	48	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	46	RADICAVA ORS STARTER KIT SUSP	101
protriptyline hcl	19	quetiapine fumarate TABS 200 MG	35	RADICAVA ORS SUSP	101
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	48	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	35	raloxifene hcl	57
PSS SELECT GP LANCETS	83	quetiapine fumarate TABS 300 MG, 400 MG	35	ramelteon	66
PSS SELECT SAFETY LANCETS	83	quetiapine fumarate TB24	35	ramipril CAPS	25
PULMICORT FLEXHALER AEPB	12	QUFLORA FE PEDIATRIC LIQD	97	ranolazine TB12 1000 MG	10
PULMOZYME	116	QUFLORA GUMMIES CHEW	97	ranolazine TB12 500 MG	10
PURE COMFORT LANCETS 30G		QUFLORA PEDIATRIC CHEW	97	rasagiline mesylate	35

RASUVO SOAJ 20 MG/0.4ML	3	30G	84	RHOFADE	55
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	RELION 2-IN-1 LANCING DEVICE 25G	84	ribavirin (hepatitis c) CAPS	38
READYLANCE SAFETY LANCETS/21G/2.2MM	83	RELION 2-IN-1 LANCING DEVICE 30G	84	ribavirin	38
READYLANCE SAFETY LANCETS/23G/1.8MM	84	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	93	RIDAURA	4
READYLANCE SAFETY LANCETS/26G/1.8MM	84	RELION INSULIN SYRINGE 1ML/31GX15/64"	93	rifabutin	28
READYLANCE SAFETY LANCETS/28G/1.8MM	84	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	93	rifampin CAPS	28
READYLANCE SAFETY LANCETS/30G/1.6MM	84	RELION LANCETS MICRO- THIN33G	84	RIGHTEST GL300 LANCETS	84
REALITY LANCETS	84	RELION LANCETS THIN 26G	84	riluzole TABS	101
REALITY LATEX CONDOMS/LUBRICATED MISC	69	RELION LANCETS ULTRA- THIN30G	84	rimantadine hydrochloride TABS	38
REALITY LATEX/ULTRA TEXTURED DEVI	69	RELION ULTRA THIN LANCETS/30G	84	RINVOQ TB24	3
REALITY LATEX/ULTRA THIN DEVI	69	RELION ULTRA THIN LANCETS30G	84	risedronate sodium TABS 150 MG	57
REALITY TRIGGER LANCETS	84	RELION ULTRA THIN PLUS LANCETS 32G	84	risedronate sodium TABS 5 MG, 30 MG, 35 MG	57
REBIF REBIDOSE SOAJ	108	RELION ULTRA THIN PLUS LANCETS 33G	84	risperidone SOLN	35
REBIF REBIDOSE TITRATIONPACK SOAJ	108	RELNATE DHA CAPS	99	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	35
REBIF SOSY	108	RELYVRIO	101	risperidone TABS 3 MG	35
REBIF TITRATION PACK SOSY	108	RENFLEXIS	60	risperidone TBDP	35
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	63	repaglinide	21	ritonavir TABS	37
RECOMBINATE SOLR	63	RETACRIT	65	rivastigmine	107
REGRANEX	55	RETACRIT 20000 UNIT/ML	65	rivastigmine tartrate CAPS	107
RELENZA DISKHALER	38	RETEVMO CAPS	32	RIXUBIS SOLR	63
RELION 2-IN-1 LANCET DEVICES		REXALL LANCETS ULTRA THIN	84	rizatriptan benzoate TABS	94
		REXULTI	36	rizatriptan benzoate TBDP	94
		REYATAZ PACK	37	roflumilast	12
				romidepsin SOLR	32
				ropinirole hydrochloride TABS	34
				ropinirole hydrochloride TB24 12 MG 34	
				ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	34

rosuvastatin calcium TABS	24	SAFETY LANCETS/PRESSURE ACTIVATED/28G	85	SAXENDA	2
ROZLYTREK CAPS	32	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	46	SB LANCETS THIN	85
RUBRACA	32	salicylic acid in ammonium lactate vehicle	54	SB LANCETS ULTRA THIN	85
rufinamide SUSP	16	SALICYLIC ACID OINT	54	scopolamine	22
rufinamide TABS 200 MG	16	salicylic acid SHAM 6 %	54	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	46
rufinamide TABS 400 MG	16	SALIMEZ CREA	54	SECUADO	35
RUKOBIA	37	salsalate	7	SELECT-OB CHEW 60 MG-2.5 MG- 0.4 MG-1.6 MG-400 UNIT-5 MCG- 1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	99
RYBELSUS TABS	20	SALYCIM CREA	54	SELECT-OB CHEW 60 MG-2.5 MG- 1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT- 29 MG-1700 UNIT	99
RYDAPT	32	SANCUSO PTCH	22	SELECT-OB+DHA MISC	99
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	35	SANDIMMUNE SOLN OR 100 MG/ML	96	selegiline hcl CAPS	35
RYTARY CPCR 95 MG-23.75 MG	35	SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate)	59	selegiline hcl TABS	35
RYVENT TABS	23	SANTYL OINT	54	selenium sulfide LOTN 2.5 %	52
SABRIL PACK (vigabatrin)	17	SAPHRIS 5 MG	35	SELZENTRY SOLN	37
SABRIL TABS (vigabatrin)	17	sapropterin dihydrochloride PACK	58	SELZENTRY TABS 25 MG, 75 MG	37
SAFE-T-LANCE LOW FLOW 25G 84		sapropterin dihydrochloride TABS	58	SE-NATAL 19 CHEW	99
SAFE-T-LANCE NORMAL FLOW21G	84	SAPS HEALTH CARE TWIST TOP LANCETS	85	SE-NATAL 19 TABS	99
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ...	85	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	85	SEREVENT DISKUS	13
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ...	85	SAPS HEALTH TWIST TOP LANCETS 30G	85	SEROSTIM SC 4 MG, 5 MG, 6 MG	57
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	85	SAPSCARE TWIST TOP LANCETS 30G	85	sertraline hcl CONC	18
SAFETY LANCET 30G/PRESSURE ACTIVATED	85	SAVELLA TABS	107	sertraline hcl TABS	18
SAFETY LANCETS	85	SAVELLA TITRATION PACK MISC	107	SERTRALINE HYDROCHLORIDE CAPS	18
SAFETY LANCETS 21G	85	saxagliptin hcl	20	sevelamer carbonate PACK 0.8 GM .	61
SAFETY LANCETS 23G	85	saxagliptin-metformin hcl	19	sevelamer carbonate PACK 2.4 GM .	
SAFETY LANCETS 28G	85				

61	SMART SENSE COLOR LANCETS	SOLTAMOX SOLN	30
sevelamer carbonate TABS	UNIVERSAL 33G	SOLUS V2 PRESSURE ACTIVATED	
61	86	SAFETY LANCETS 28G	86
sevelamer hcl 400 MG	SMART SENSE STANDARD	SOLUS V2 TWIST LANCETS 30G	
61	LANCETS UNIVERSAL 21G	86	
sevelamer hcl 800 MG	SMART SENSE SUPER THIN		
61	LANCETS UNIVERSAL 30G		
SFROWASA ENEM	86	SOLUVITA SOLN 35 MG/ML-0.5	
60	SMART SENSE THIN	MG/ML-8 MG/ML-0.4 MG/ML-0.6	
SHOPKO ON-THE-GO	LANCETSUNIVERSAL 26G	MG/ML-10 MCG/ML-3.35 MG/ML-	
COMFORTLANCETS 30G	86	450 MCG/ML-2 MCG/ML-0.25	
85	SMARTEST LANCETS 28G	MG/ML, 35 MG/ML-0.5 MG/ML-8	
SHOPKO UNILET LANCETS	86	MG/ML-0.4 MG/ML-0.6 MG/ML-10	
SUPER THIN 30G	SOAAZ TABS 20 MG	MCG/ML-3.35 MG/ML-450 MCG/ML-	
85	57	2 MCG/ML-0.5 MG/ML	97
SHOPKO UNILET LANCETS ULTRA	sodium chloride (inhalant) NEBU 0.9	SOLUVITA SOLN 35 MG/ML-10	
THIN 28G	%, 3 %, 7 %	MCG/ML-450 MCG/ML-0.25 MG/ML .	
85	48	97	
SIGNIFOR	sodium citrate & citric acid	SOLUVITA SOLN	94
59	61		
SIKLOS TABS 100 MG	sodium fluoride CHEW 0.25 MG, 0.5	SOMAVERT	57
64	MG	sorafenib tosylate	32
SIKLOS TABS 1000 MG	94	SORILUX FOAM	51
64	MG	sotalol hcl (afib/afI)	39
sildenafil citrate (pulmonary	sodium fluoride CHEW 1 MG, 2.2 MG	sotalol hcl TABS	39
hypertension) SUSR	SOTYLIZE SOLN OR	39
41	94	SPEEDY SWAB RAPID COVID-	
sildenafil citrate (pulmonary	sodium fluoride SOLN 0.125	19/FLU A&B ANTIGEN SELF-TEST .	
hypertension) TABS	MG/DROP, 0.5 MG/ML	56	
41	94	spinosad	55
sildenafil citrate	sodium fluoride TABS 0.5 MG	SPIRIVA RESPIMAT AERS 1.25	
40	94	MCG/ACT	12
silodosin 4 MG	sodium fluoride TABS 1 MG	SPIRIVA RESPIMAT AERS 2.5	
62	94	MCG/ACT	12
silodosin 8 MG	SODIUM OXYBATE SOLN	spironolactone & hydrochlorothiazide	
61	107	56
silver sulfadiazine	sodium phenylbutyrate POWD	spironolactone TABS	57
52	58	SPRAVATO 56MG DOSE	18
simvastatin TABS	sodium phenylbutyrate TABS		
24	58		
SINGLE-LET	sodium polystyrene sulfonate POWD		
85	96		
sirolimus SOLN	96		
96	SODIUM		
sirolimus TABS	SULFACETAMIDE/SULFUR		
96	CLEANSER IN UREA EMUL		
SIVEXTRO TABS	49		
27	sodium sulfate-potassium sulfate-		
SKYRIZI PEN SOAJ	magnesium sulfate		
51	66		
SKYRIZI SOCT	solifenacin succinate TABS 10 MG		
60	120		
SKYRIZI SOSY	120		
51	solifenacin succinate TABS 5 MG		
SLYND	120		
46			
SM MICRO THIN LANCETS 33G .85			

SPRAVATO 84MG DOSE	18	9.8 %-4.8 %	49	SURE COMFORT LANCETS 21G	86
SPRYCEL 20 MG, 50 MG, 70 MG (dasatinib)	32	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	49	SURE COMFORT LANCETS 23G	86
SPRYCEL 80 MG, 100 MG, 140 MG (dasatinib)	32	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	49	SURE COMFORT LANCETS 28G	86
stavudine CAPS	37	sulfacetamide sod-prednisolone SOLN	103	SURE COMFORT LANCETS 30G	86
STELARA SOLN 45 MG/0.5ML	51	sulfadiazine TABS	117	SURELITE LANCETS	86
STELARA SOSY 45 MG/0.5ML	52	sulfamethoxazole-trimethoprim SUSP	26	SYMDEKO	116
STELARA SOSY 90 MG/ML	52	sulfamethoxazole-trimethoprim TABS	26	SYMTUZA	37
STERILANCE TL	86	SULFAMYLON CREA	52	SYNAREL	58
STIOLTO RESPIMAT	13	sulfasalazine TABS	60	SYNDROS SOLN	22
STIVARGA	32	sulfasalazine TBEC	60	SYNJARDY TABS	19
STRENSIQ	58	sulindac TABS 150 MG	5	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	19
streptomycin sulfate SOLR	2	sulindac TABS 200 MG	5	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	19
STRIBILD	37	sumatriptan 20 MG/ACT	94	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	118
STRIVERDI RESPIMAT	13	sumatriptan 5 MG/ACT	94	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	118
SUBLOCADE SOSY	10	sumatriptan succinate SOAJ	94	SYPRINE (trientine hcl)	95
sucralfate SUSP	119	sumatriptan succinate SOCT	94	TABLOID	28
sucralfate TABS	119	sumatriptan succinate SOLN 6 MG/0.5ML	94	TABRECTA	33
sulconazole nitrate CREA	50	sumatriptan succinate TABS	94	tacrolimus (topical) OINT 0.03 %	54
sulconazole nitrate SOLN	50	sunitinib malate 12.5 MG, 37.5 MG, 50 MG	32	tacrolimus (topical) OINT 0.1 %	54
sulfacetamide sodium (acne)	49	sunitinib malate 25 MG	33	tacrolimus CAPS	96
sulfacetamide sodium (ophth) OINT 103		SUPER THIN LANCETS	86	tadalafil (pulmonary hypertension) TABS	41
sulfacetamide sodium (ophth) SOLN 103		SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	66	tadalafil 2.5 MG	40
sulfacetamide sodium LIQD	52	SURE COMFORT LANCETS 18G	86		
sulfacetamide sodium SHAM 10 % 52					
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	49				
sulfacetamide sodium w/ sulfur LIQD					

tadalafil 5 MG, 10 MG, 20 MG	40	12.5 MG-300 MG, 25 MG-300 MG	26	tetracycline hcl CAPS	117
TAFINLAR CAPS	33	telmisartan 20 MG, 40 MG	25	TEXACORT SOLN 2.5 %	54
tafluprost	104	telmisartan 80 MG	25	TGT LANCET MICRO THIN 33G	86
TAGRISSO	29	telmisartan-amlodipine	26	TGT LANCET THIN 26G	86
TALZENNA	33	telmisartan-hydrochlorothiazide	26	TGT LANCET ULTRA THIN 30G	87
tamoxifen citrate TABS	30	temazepam 15 MG	65	THALITONE	57
tamsulosin hcl	62	temazepam 22.5 MG, 30 MG	65	THALOMID	95
TARGRETIN (bexarotene)	33	temazepam 7.5 MG	65	THEO-24 CP24	13
TASIGNA	33	temozolomide CAPS	28	theophylline ELIX	13
TAVALISSE 100 MG	64	temsirolimus	33	theophylline SOLN	13
TAVALISSE 150 MG	64	tenofovir disoproxil fumarate TABS	37	theophylline TB12 300 MG	13
TAYTULLA CAPS (norethin acet & estrad-fe)	46	terazosin hcl 1 MG, 2 MG, 5 MG	25	theophylline TB12 450 MG	13
tazarotene CREA	52	terazosin hcl 10 MG	25	theophylline TB24	13
TAZAROTENE FOAM	49	terbinafine hcl TABS	22	THERANATAL CORE NUTRITION TABS	100
tazarotene GEL	52	terbutaline sulfate TABS	13	THINLETS GP LANCETS	87
TAZVERIK	33	terconazole vaginal CREA	121	thioridazine hcl 10 MG, 25 MG, 100 MG	36
TECHLITE AST LANCETS	86	terconazole vaginal SUPP	121	thioridazine hcl 50 MG	36
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	93	teriflunomide	108	thiothixene	36
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	93	TESTIM GEL TD (testosterone)	10	THRIVITE RX TABS	100
TECHLITE LANCETS	86	testosterone cypionate SOLN IM	10	THYMOGLOBULIN	96
TECHLITE LANCETS 26G	86	testosterone enanthate SOLN IM	10	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	118
TEGRETOL SUSP (carbamazepine)	16	testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	10	tiagabine hcl	17
TEGRETOL TABS (carbamazepine)	16	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	10	TIBSOVO	33
TEGRETOL-XR TB12 100 MG (carbamazepine)	16	testosterone GEL TD 10 MG/ACT	10	timolol maleate (ophth) SOLG	102
TEGSEDI	116	testosterone GEL TD 10 MG/ACT	10	timolol maleate (ophth) SOLN	102
TEKTURNA HCT 12.5 MG-150 MG,		testosterone SOLN	10	timolol maleate TABS 10 MG	39
		tetrabenazine	108	timolol maleate TABS 5 MG, 20 MG	39
		tetracaine hcl (ophth)	103		

TIMOPTIC-XE SOLG (timolol maleate (ophth))	102	tolterodine tartrate TABS	120	TPOXX (TECOVIRIMAT CAP 200 MG)	38
tinidazole 250 MG	26	TOPAMAX SPRINKLE CPSP (topiramate)	16	TPOXX CAPS	38
tinidazole 500 MG	26	TOPAMAX TABS 100 MG (topiramate)	16	TPOXX SOLN	38
tiopronin TABS	62	TOPAMAX TABS 200 MG (topiramate)	16	TRACLEER TBSO	41
tiopronin TBEC	62	TOPAMAX TABS 25 MG (topiramate)	16	tramadol hcl CP24 100 MG, 200 MG, 300 MG	8
tiotropium bromide monohydrate CAPS	12	TOPAMAX TABS 50 MG (topiramate)	16	tramadol hcl TABS 100 MG	8
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	118	TOPCARE LANCETS MICRO-THIN 33G	87	tramadol hcl TABS 50 MG	8
TIVICAY TABS	37	topiramate CP24 200 MG	16	tramadol hcl TABS 50 MG	8
tizanidine hcl CAPS	100	topiramate CP24 25 MG	16	tramadol hcl TB24 100 MG	8
tizanidine hcl TABS 2 MG	100	topiramate CP24 50 MG, 100 MG	16	tramadol hcl TB24 200 MG	8
tizanidine hcl TABS 4 MG	100	topiramate CPSP	16	tramadol hcl TB24	8
TOBI PODHALER CAPS	2	topiramate CS24 100 MG, 150 MG, 200 MG	16	tramadol-acetaminophen	9
TOBRADEX OINT	103	topiramate CS24 25 MG, 50 MG	16	trandolapril	25
TOBRADEX ST SUSP	103	topiramate TABS 100 MG	16	trandolapril-verapamil hcl	26
tobramycin (ophth) SOLN	103	topiramate TABS 200 MG	16	tranexamic acid SOLN 1000 MG/10ML	65
tobramycin NEBU	2	topiramate TABS 25 MG	16	tranexamic acid TABS	65
tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML	2	topiramate TABS 50 MG	16	tranylcypromine sulfate	18
tobramycin-dexamethasone SUSP 103		topotecan hcl SOLR	34	TRAVEL LANCETS 30G	87
TOBREX OINT	103	toremifene citrate	30	TRAVEL LANCETS ADVANCED 28G	87
TODAY SPONGE MISC	121	TORISEL (temsirolimus)	33	travoprost SOLN	104
TODAYS HEALTH SUPER THINLANCETS 30G	87	torsemide TABS 100 MG	57	trazodone hcl TABS	18
TODAYS HEALTH ULTRA THINLANCETS 28G	87	torsemide TABS 5 MG, 10 MG, 20 MG	57	TRECTOR	28
tolcapone	34	TOUJEO MAX SOLOSTAR SOPN 20		TRELEGY ELLIPTA	13
TOLSURA CAPS	22	TOUJEO SOLOSTAR SOPN	20	TREMFYA SOAJ 100 MG/ML	52
tolterodine tartrate CP24	120			TREMFYA SOSY 100 MG/ML	52
				TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	21
				TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	21

TRESIBA SOLN	21	trifluoperazine hcl TABS	36	THIN/SPERMICIDAL LUBRICANT MISC	69
tretinoin (chemotherapy)	33	trifluridine	103	TROJAN-ENZ LUBRICATED MISC 69	
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	49	trihexyphenidyl hcl SOLN	34	TROJAN-ENZ W/SPERMICIDAL MISC	69
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	49	trihexyphenidyl hcl TABS	34	tropicamide SOLN	102
tretinoin microsphere 0.04 %	49	TRIJARDY XR	19	trospium chloride CP24	120
tretinoin microsphere 0.1 %	49	TRIKAFTA TBPK	116	trospium chloride TABS	120
TRETTEN	63	TRIKAFTA THPK	116	TRUE COMFORT SAFETY LANCETS/30G	87
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	28	TRILEPTAL SUSP (oxcarbazepine) 17		TRUE COMFORT TWIST TOP LANCETS 30G	87
triamcinolone acetonide (mouth) ..	96	TRILEPTAL TABS 150 MG (oxcarbazepine)	17	TRUE COVER DEVI	69
triamcinolone acetonide (nasal) AERO	101	TRILEPTAL TABS 300 MG (oxcarbazepine)	17	TRUEPLUS LANCETS 26G	87
triamcinolone acetonide (topical) AERS	54	TRILEPTAL TABS 600 MG (oxcarbazepine)	17	TRUEPLUS LANCETS 28G	87
triamcinolone acetonide (topical) CREA	54	trimethobenzamide hcl CAPS	22	TRUEPLUS LANCETS 28G SUPER THIN	87
triamcinolone acetonide (topical) LOTN	54	trimethoprim TABS	26	TRUEPLUS LANCETS 30G	87
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	54	trimipramine maleate CAPS	19	TRUEPLUS LANCETS 30G ULTRA THIN	87
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	57	TRINATAL RX 1 TABS	100	TRUEPLUS LANCETS 33G	87
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	57	TRINTELLIX	18	TRUEPLUS LANCETS 33G MICRO THIN	87
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	57	TRISTART DHA	100	TRUEPLUS SAFETY LANCETS 28G	87
triamterene CAPS	57	TRISTART ONE	100	TRULICITY	20
triazolam 0.125 MG	65	TRIUMEQ PD TBSO	37	TRUSTEX COLOR CONDOMS + LUBE MISC	69
triazolam 0.25 MG	65	TRIUMEQ TABS	37	TRUSTEX LUBRICATED EXTRALARGE MISC	69
TRICARE TABS	100	TRI-VI-FLOR	97	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	69
trientine hcl 250 MG	95	TRI-VI-FLORO	97	TRUSTEX LUBRICATED MISC ...	69
trientine hcl 500 MG	95	TRIZIVIR	37		
		TROJAN MAGNUM MISC	69		
		TROJAN REGULAR MISC	69		
		TROJAN ULTRA THIN LUBRICATED MISC	69		
		TROJAN ULTRA			

TRUSTEX LUBRICATED/RIBBED/STUDDED MISC69	TWIST TOP LANCETS 30G87	UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)106
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC69	TYBLUME CHEW46	UNILET COMFORTOUCH LANCET 88
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC69	TYBOST37	UNILET EXCELITE88
TRUSTEX LUBRICATED/SPERMICIDE MISC 69	TYKERB (lapatinib ditosylate)33	UNILET EXCELITE II88
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC69	TYMLOS57	UNILET G.P. LANCET88
TRUSTEX NON-LUBRICATED MISC69	TYVASO DPI INSTITUTIONALKIT POWD40	UNILET G.P. SUPERLITE LANCET . 88
TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDDED MISC69	TYVASO DPI MAINTENANCE KIT POWD40	UNILET GP 28 ULTRA THIN88
TRUSTEX/RIA LUBRICATED MISC . 70	TYVASO DPI TITRATION KIT POWD40	UNILET LANCET88
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC70	TYVASO REFILL KIT SOLN IN ...40	UNILET LANCETS MICRO-THIN33G88
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 70	TYVASO SOLN IN40	UNILET LANCETS SUPER- THIN30G88
TRUSTEX/RIA NON-LUBRICATED MISC70	TYVASO STARTER KIT SOLN IN 40	UNILET LANCETS ULTRA-THIN 28G88
TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)37	UBRELVY93	UNILET SUPERLITE LANCET ...88
TUKYSA29	UDENYCA ONBODY SOSY65	UNISTIK 188
TURALIO 200 MG33	UDENYCA SOAJ65	UNISTIK 289
TUSNEL TABS48	UDENYCA SOSY65	UNISTIK 2 COMFORT89
TUSSLIN LIQD48	ULTILET CLASSIC LANCETS ...87	UNISTIK 2 EXTRA89
TUSSLIN PEDIATRIC LIQD48	ULTILET LANCETS87	UNISTIK 2 NEONATAL89
TWIRLA46	ULTILET LANCETS 33G88	UNISTIK 2 NORMAL89
	ULTILET SAFETY LANCETS 21G X 2.2MM88	UNISTIK 2 SUPER89
	ULTILET SAFETY LANCETS 23G 88	UNISTIK 389
	ULTRA THIN LANCETS 31G88	UNISTIK 3 COMFORT89
	ULTRA-CARE LANCETS 30G ...88	UNISTIK 3 EXTRA89
	ULTRA-THIN II AUTO LANCET ..88	UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G89
	ULTRA-THIN II LANCETS 28G ...88	UNISTIK 3 GENTLE89
	ULTRA-THIN II LANCETS 30G ...88	UNISTIK 3 NEONATAL89
	UNASYN BULK PACK IV (ampicillin & sulbactam sodium)106	

UNISTIK 3 NORMAL	89	ursodiol CAPS	60	VANDAZOLE	121
UNISTIK CZT COMFORT	89	ursodiol TABS	60	varenicline tartrate TABS 0.5 MG	116
UNISTIK CZT NORMAL	89	valacyclovir hcl 1 GM, 1000 MG	38	varenicline tartrate TABS 1 MG	116
UNISTIK NORMAL	89	valacyclovir hcl 500 MG	38	VARUBI TBPK	22
UNISTIK PRO SAFETY LANCET 21G	89	VALCHLOR	51	VASCEPA (icosapent ethyl)	23
UNISTIK PRO SAFETY LANCET 25G	89	valganciclovir hcl SOLR	37	VCF VAGINAL CONTRACEPTIVE FILM FILM	121
UNISTIK PRO SAFETY LANCET 28G	89	valganciclovir hcl TABS	37	VCF VAGINAL CONTRACEPTIVEGEL GEL	121
UNISTIK SAFETY LANCETS 28G	89	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML	17	VECAMYL	26
UNISTIK SAFETY LANCETS 30G	90	valproic acid CAPS	17	VELCADE SOLR IJ (bortezomib)	33
UNISTIK TOUCH SAFETY LANCETS 21G	90	valsartan TABS 160 MG	25	VEMLIDY	38
UNISTIK TOUCH SAFETY LANCETS 23G	90	valsartan TABS 40 MG, 80 MG, 320 MG	25	VENCLEXTA STARTING PACK TBPK	29
UNISTIK TOUCH SAFETY LANCETS 28G	90	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	26	VENCLEXTA TABS 10 MG	29
UNISTIK TOUCH SAFETY LANCETS 30G	90	valsartan-hydrochlorothiazide 25 MG-160 MG	26	VENCLEXTA TABS 100 MG	29
UNIVERSAL 1 LANCETS THIN26G	90	VALTOCO 10 MG DOSE LIQD	14	VENCLEXTA TABS 50 MG	29
UNIVERSAL 1 LANCETS ULTRA THIN 30G	90	VALTOCO 15 MG DOSE LQPK	14	venlafaxine hcl CP24	19
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	90	VALTOCO 20 MG DOSE LQPK	14	venlafaxine hcl TABS	19
UPTRAVI TABS 200 MCG	41	VALTOCO 5 MG DOSE LIQD	14	venlafaxine hcl TB24 225 MG	19
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	41	VALUE PLUS LANCETS STANDARD 21G	90	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	19
UPTRAVI TITRATION PACK TBPK	41	VALUE PLUS LANCETS SUPERTHIN 30G	90	VENTAVIS	40
urea LOTN 40 %	54	VALUE PLUS LANCETS THIN 26G	90	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG	39
		VALUMARK LANCET SUPER THIN 30G	90	verapamil hcl CP24 180 MG	39
		VALUMARK LANCET ULTRA THIN 28G	90	verapamil hcl CP24 360 MG	39
		vancomycin hcl CAPS	27	verapamil hcl TABS	39
				verapamil hcl TBCR 120 MG	39
				verapamil hcl TBCR 180 MG, 240 MG	39
				VEREGEN	49

VERELAN CP24 360 MG (verapamil hcl)	39	VIREAD POWD	37	voriconazole TABS	23
VERELAN PM CP24 (verapamil hcl) .	39	VIREAD TABS 150 MG, 200 MG, 250 MG	37	VOSEVI	38
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	90	VIRT-NATE DHA CAPS	100	VOTRIENT (pazopanib hcl)	33
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	90	VIRT-PN DHA	100	VRAYLAR CAPS	35
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	90	VISTOGARD	21	VRAYLAR CPPK	35
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	90	VITAFOL GUMMIES	100	VYNDAMAX	41
VERIFINE UNIVERSAL LANCETS 28G	90	VITAFOL-NANO	100	VYNDAQEL	41
VERIFINE UNIVERSAL LANCETS 30G	90	VITAFOL-ONE CAPS	100	VYVANSE CAPS	1
VERIFINE UNIVERSAL LANCETS 33G	90	VITAMEDMD ONE RX/QUATREFOLIC	100	WALGREENS ADVANCED TRAVELANCETS 28G	91
VERSACLOZ SUSP	35	VITAMEDMD REDICHEW RX ...	100	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	91
VERZENIO	33	VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.25 MG/ML-450 MCG/ML	98	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	91
VIBERZI	60	VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.5 MG/ML-450 MCG/ML	97	WALGREENS LANCETS	91
VICTOZA (liraglutide)	20	VITAPEARL	100	WALGREENS THIN LANCETS ...	91
VIDA MIA UNILET LANCETS SUPER THIN 30G	91	VITATHELY/GINGER TABS	100	WALGREENS ULTRA THIN LANCETS	91
VIDA MIA UNILET LANCETS ULTRA THIN 28G	91	VITATRUE	100	warfarin sodium TABS	13
vigabatrin PACK	17	VITRAKVI CAPS	33	WESCAP-C DHA	100
vigabatrin TABS	17	VITRAKVI SOLN	33	WESNATE DHA CAPS	100
VIIBRYD STARTER PACK KIT	18	VIVA DHA CAPS	100	WESTAB PLUS TABS	100
vilazodone hcl TABS 10 MG, 40 MG .	18	VIVAGUARD LANCETS	91	WESTGEL DHA	100
vilazodone hcl TABS 20 MG	18	VIVAGUARD LANCETS 30G	91	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	70
VINATE DHA RF	100	VIVAGUARD SAFETY LANCETS/28G	91	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	70
VIRACEPT TABS	37	VIVAGUARD SAFETY LANCETS28G	91	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	70
		VIZIMPRO	29	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	70
		VONVENDI	63		
		voriconazole SUSR	22		

WIDE-SEAL SILICONE DIAPHRAGM KIT 80	70	XOSPATA	33	UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	56
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	70	XPOVIO	30	ZEVRX TWIST TOP LANCETS 30G 91	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	70	XPOVIO 80 MG TWICE WEEKLY 30		zidovudine CAPS	37
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	70	XTANDI CAPS	30	zidovudine SYRP	37
WILATE KIT	63	XTANDI TABS	30	zidovudine TABS	37
XADAGO	35	XURIDEN	58	zileuton TB12	12
XALKORI CAPS	33	XYNTHA	63	ziprasidone hcl 20 MG, 40 MG	35
XALKORI CPSP	33	XYNTHA SOLOFUSE	63	ziprasidone hcl 60 MG, 80 MG	35
XARELTO STARTER PACK TBPK 14		XYREM SOLN	107	ZIRGAN GEL	103
XARELTO SUSR	14	YASMIN 28 (drospirenone-ethinyl estradiol)	46	ZITHROMAX PACK	67
XARELTO TABS 10 MG	14	YAZ (drospirenone-ethinyl estradiol) 46		ZOLINZA	33
XARELTO TABS 2.5 MG, 15 MG, 20 MG	14	YONSA	30	zolmitriptan SOLN	94
XATMEP SOLN	28	zafirlukast 10 MG	12	zolmitriptan TABS	94
XELJANZ SOLN	3	zafirlukast 20 MG	12	zolmitriptan TBDP	94
XELJANZ TABS	3	zaleplon	65	zolpidem tartrate TABS	65
XELJANZ XR TB24	3	ZARONTIN CAPS (ethosuximide) .17		zolpidem tartrate TBCR	65
XENICAL (orlistat)	2	ZARONTIN SOLN (ethosuximide) .17		ZOMACTON SOLR SC 10 MG	57
XERAC AC	55	ZARXIO	65	ZONEGRAN CAPS 100 MG (zonisamide)	17
XERMELO	61	ZATEAN-PN DHA	100	ZONEGRAN CAPS 25 MG (zonisamide)	17
XHANCE EXHU	101	ZAVESCA (miglustat)	64	zonisamide CAPS 100 MG	17
XIFAXAN 200 MG	26	ZEJULA CAPS	33	zonisamide CAPS 25 MG, 50 MG .17	
XIFAXAN 550 MG	26	ZEJULA TABS	33	ZORBATIVE SC	57
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	19	ZELAPAR TBDP	35	ZYDELIG	33
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	19	ZELBORAF	33	ZYFLO TABS	12
XIMINO CP24	117	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000		ZYKADIA TABS	33
				ZYLET	104

ZYTIGA (abiraterone acetate) 30