

California

Essential Drug List

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 All previous versions are no longer in effect.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

For California Individual & Family Plans:

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

For Small Business Group:

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

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

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

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

8:00am – 5:00pm Saturday

Small Business Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday



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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

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

Tier Description Table

<i>Tier</i>	<i>Description</i>
1	Drugs in this tier include generic drugs and low-cost preferred brand drugs.
2	Drugs in this tier are higher cost generic drugs and preferred brand drugs
3	Drugs in this tier are non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier.
4	Tier 4 Drugs include drugs that are made using biotechnology, drugs that must be distributed through a specialty pharmacy, drugs that require special training for self-administration, or drugs that require regular monitoring of care by a pharmacy, and drugs that cost more than six hundred dollars for a one-month supply.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only, when a generic equivalent is available. Generic drugs will be used whenever one is available, unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.

Are there any limits on my drug coverage?

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

Abbreviations Table

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

LA	Limited Access	<p>Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons:</p> <p>The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or</p> <p>Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.</p>
PA	Prior Authorization	<p>This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.</p>
PV	Preventive Drugs	<p>Drugs under the Affordable Care Act (ACA) as preventive health drugs, including contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.</p>
QL	Quantity Limit	<p>These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.</p>
RX/OTC	Prescription & Over-the-Counter (OTC)	<p>Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan with the exception of some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.</p>
SF	Split Fill	<p>Split-fill means the drug is eligible for our split-fill program. The program provides certain high-cost drugs with an initial 14-day supply at no charge to the member. If the member tolerates the drug and requests a refill, the applicable copay will be applied.</p>
ST	Step Therapy	<p>Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.</p>

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

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

Step Therapy Exception

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

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

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

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

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

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

or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. Coverage is subject to limitations and restrictions. Prior authorization or step therapy may be required for some other FDA-approved prescription contraceptive drugs, devices, or products prescribed by your doctor.

What blood glucose supplies covered?

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

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

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit.

Refer to your *Evidence of Coverage* or *Certificate of Insurance* for coverage information and exceptions.

Can I go to any pharmacy?

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

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

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

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

Pharmacy Lock-In Program (Individual Market Only)

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

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

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

Criteria:

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

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

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

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

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

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

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

plan.

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG, 5 MG	1	
amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily,90 day(s) limit)
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	
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	QL(90 ea per fill retail)
dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg	1	
dextroamphetamine sulfate soln 5 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tabs 10 mg, 5 mg	1	
methamphetamine hcl tabs	2	PA;
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	2	QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	2	Limited to 1 per day;QL(1 ea daily)
Analeptics		
caffeine citrate soln	1	
Anorexiants Non-Amphetamine		
benzphetamine hcl tabs	1	PA
diethylpropion hcl tabs	1	PA
diethylpropion hcl tb24	1	PA
LOMAIRA TABS (phentermine hcl)	3	PA
phentermine hcl caps	1	PA
phentermine hcl tabs	1	PA
PHENTERMINE HYDROCHLORIDE CAPS (phentermine hcl)	3	PA
QSYMIA CP24 (phentermine hcl-topiramate)	3	PA; QL(1 ea daily)
Anti-Obesity Agents		
CONTRAVE TB12 (naltrexone hcl-bupropion hcl)	3	PA
SAXENDA SOPN (liraglutide (weight management))	3	PA; QL(0.5 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits
XENICAL CAPS (<i>orlistat</i>)	3	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) tb12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily)
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; ST
<i>dexmethylphenidate hcl cp24 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl chew 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate hcl cp24 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl cp24 60 mg</i>	1	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl cpcr 20 mg, 30 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl tabs 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tabs 20 mg</i>	1	QL(3 ea daily)
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily,90 day(s) limit)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily,90 day(s) limit)
<i>methylphenidate hcl tbcr 10 mg, 20 mg</i>	1	QL(1 ea daily,90 ea per fill retail)
<i>methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl tbcr 54 mg</i>	1	QL(2 ea daily)
<i>methylphenidate ptch</i>	1	QL(1 ea daily)
<i>modafinil tabs</i>	2	ST; QL(1 ea daily)
QUILLIVANT XR SRER (<i>methylphenidate hcl</i>)	3	PA; ST;QL(12 ml daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE SUSP (<i>amikacin sulfate liposome</i>)	4	PA
BETHKIS NEBU (<i>tobramycin</i>)	7	PA; LA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
<i>streptomycin sulfate solr</i>	4	PA
TOBI PODHALER CAPS (<i>tobramycin</i>)	4	PA
<i>tobramycin nebu 300 mg/4ml</i>	4	PA; LA
<i>tobramycin nebu 300 mg/5ml</i>	2	PA

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

Drug Name	Drug Tier	Requirements/ Limits
RINVOQ TB24 15 MG (<i>upadacitinib</i>)	4	PA; ST
RINVOQ TB24 30 MG (<i>upadacitinib</i>)	4	PA
XELJANZ TABS 10 MG (<i>tofacitinib citrate</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
XELJANZ TABS 5 MG (<i>tofacitinib citrate</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily)
XELJANZ XR TB24 (<i>tofacitinib citrate</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily)
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML (<i>methotrexate antirheumatic</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate antirheumatic</i>)	4	PA; ST; LA
RASUVO SOAJ 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate antirheumatic</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA
RASUVO SOAJ 20 MG/0.4ML (<i>methotrexate antirheumatic</i>)	4	PA; ST; LA

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Drug Name	Drug Tier	Requirements/ Limits
Gold Compounds		
RIDAURA CAPS (<i>auranofin</i>)	2	
Interleukin-1 Blockers		
ARCALYST SOLR (<i>rilonacept</i>)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661
Interleukin-6 Receptor Inhibitors		
ACTEMRA ACTPEN SOAJ (<i>tocilizumab</i>)	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661
ACTEMRA SOSY (<i>tocilizumab</i>)	4	PA
KEVZARA SOAJ (<i>sarilumab</i>)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661
KEVZARA SOSY (<i>sarilumab</i>)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
(Diclofenac Potassium) CATAFLAM TABS	1	
(Ibuprofen) IBU TABS	1	
(Nabumetone) RELAFEN TABS 500 MG	1	QL(4 ea daily)
(Nabumetone) RELAFEN TABS 750 MG	1	QL(3 ea daily)
<i>celecoxib caps</i>	1	PA; QL(2 ea daily); AL(At least 60 yrs old)
<i>diclofenac potassium tabs 50 mg</i>	1	
<i>diclofenac sodium tb24</i>	1	
<i>diclofenac sodium tbec</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac w/ misoprostol tbec</i>	1	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
<i>etodolac tb24 400 mg, 500 mg, 600 mg</i>	1	QL(2 ea daily)
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen tabs</i>	1	
INDOCIN SUPP RE 50 MG (<i>indomethacin</i>)	3	
INDOCIN SUSP OR 25 MG/5ML (<i>indomethacin</i>)	2	
<i>indomethacin caps 25 mg, 50 mg</i>	1	
<i>indomethacin cpcr 75 mg</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketoprofen cp24 200 mg</i>	1	
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	3	QL(1 ea daily, 5 day(s) limit)
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(20 ea per fill retail)
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	
<i>meloxicam tabs 15 mg</i>	1	QL(1 ea daily)
<i>meloxicam tabs 7.5 mg</i>	1	QL(2 ea daily)
<i>nabumetone tabs 500 mg</i>	1	QL(4 ea daily)
<i>nabumetone tabs 750 mg</i>	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps 10 mg</i>	1	
<i>piroxicam caps 20 mg</i>	1	QL(1 ea daily)
SPRIX SOLN (<i>ketorolac tromethamine</i>)	3	QL(1 ea daily, 5 day(s) limit)
<i>sulindac tabs 150 mg</i>	1	QL(2 ea daily)
<i>sulindac tabs 200 mg</i>	1	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS (<i>apremilast</i>)	4	PA; ST
OTEZLA TBPB (<i>apremilast</i>)	4	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661; LA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide tabs 10 mg</i>	1	QL(2 ea daily)
<i>leflunomide tabs 20 mg</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ (<i>abatacept</i>)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661
ORENCIA SOSY (<i>abatacept</i>)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661
Soluble Tumor Necrosis Factor Receptor Agents		

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SOCT (<i>etanercept</i>)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP
ENBREL SOLN 25 MG/0.5ML (<i>etanercept</i>)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP
ENBREL SOLR 25 MG (<i>etanercept</i>)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP
ENBREL SOSY 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP
ENBREL SURECLICK SOAJ (<i>etanercept</i>)	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP

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

Analgesic Combinations

(Acetaminophen-Salicylamide-Phenyltoloxamine) DURAXIN CAPS	1	
(Butalbital-Acetaminophen) BUPAP, TENCON TABS	1	
(Butalbital-Acetaminophen-Caffeine) BAC TABS	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS	1	
<i>butalbital-acetaminophen tabs 300 mg-50 mg, 325 mg-50 mg, 50 mg-300 mg, 50 mg-325 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
Salicylates		

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MINIPRIN LOW DOSE, QC ASPIRIN LOW DOSE, RA ASPIRIN EC ADULT LOW STRENGTH, SB ASPIRIN ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN, TGT ASPIRIN LOW DOSE TBEC	5	PV

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Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CHILDRENS ASPIRIN LOW STRENGTH, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN ADULT LOW STRENGTH, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN, TGT CHILDRENS ASPIRIN CHEW	5	PV
(Aspirin) GNP ASPIRIN, GOODSENSE ASPIRIN, PX ENTERIC ASPIRIN, RA ASPIRIN EC, SB ASPIRIN, TGT ASPIRIN TBEC 81 MG	5	PV
(Aspirin) GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, TGT ASPIRIN CHEW 81 MG	5	PV
<i>aspirin chew 81 mg</i>	5	PV
<i>aspirin tbec 81 mg</i>	5	PV
<i>diflunisal tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>salsalate tabs</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 40 MG	1	
<i>codeine sulfate tabs</i>	1	
CONZIP CP24 (<i>tramadol hcl</i>)	7	
<i>fentanyl citrate lpop bu 1200 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	2	PA; ST
<i>fentanyl citrate lpop bu 1600 mcg</i>	2	PA; ST; QL(4 ea daily)
<i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	Limit 15 per month; QL(0.5 ea daily)
<i>fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	1	Limit 15 patches per month; QL(0.5 ea daily)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl tabs 2 mg, 4 mg, 8 mg</i>	1	
<i>hydromorphone hcl tb24 12 mg, 16 mg, 8 mg</i>	1	QL(4 ea daily)
<i>hydromorphone hcl tb24 32 mg</i>	1	QL(2 ea daily)
KADIAN CP24 200 MG (<i>morphine sulfate</i>)	3	QL(2 ea daily)
<i>levorphanol tartrate tabs</i>	1	PA; ST

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl conc 100 mg/5ml</i>	1	
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>oxycodone hcl tabs 30 mg</i>	1	QL(4 ea daily)
<i>oxymorphone hcl tabs 10 mg</i>	1	QL(8 ea daily)
<i>oxymorphone hcl tabs 5 mg</i>	1	
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL(2 ea daily)
<i>tramadol hcl cp24 100 mg, 150 mg, 200 mg, 300 mg</i>	1	
<i>tramadol hcl tabs 100 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg</i>	1	QL(3 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	
<i>tramadol hcl tb24 200 mg</i>	1	QL(1 ea daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE CAPS	1	
(Hydrocodone-Acetaminophen) LORCET, LORCET HD TABS	1	QL(240 ea per fill retail)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 10 MG-325 MG, 7.5 MG-325 MG	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
(Oxycodone W/ Acetaminophen) ENDOCET TABS 2.5 MG-325 MG	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 5 MG-325 MG	1	QL(6 ea daily)
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml, 120 mg/5ml-12 mg/5ml</i>	1	
<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg, 300 mg-15 mg</i>	1	
<i>acetaminophen w/ codeine tabs 300 mg-60 mg, 60 mg-300 mg</i>	1	QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg</i>	1	PA
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg, 325 mg-30 mg-40 mg-50 mg</i>	1	
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 2.5 mg/5ml-108 mg/5ml, 325 mg/15ml-7.5 mg/15ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tabs 325 mg-5 mg, 5 mg-325 mg</i>	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN TABS (<i>oxycodone w/ acetaminophen</i>)	3	
PRIMLEV TABS (<i>oxycodone w/ acetaminophen</i>)	3	
PROLATE TABS 10 MG-300 MG, 5 MG-300 MG, 7.5 MG-300 MG (<i>oxycodone w/ acetaminophen</i>)	3	
<i>tramadol-acetaminophen tabs</i>	1	QL(8 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl subl 2 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl subl 8 mg</i>	1	QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 3 mg-12 mg</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-0.5 mg, 2 mg-8 mg, 8 mg-2 mg</i>	1	
BUPRENORPHINE PTWK TD 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (<i>buprenorphine</i>)	3	Limited to 4 patches per month;QL(4 ea per 28 days retail)

Drug Name	Drug Tier	Requirements/Limits
BUPRENORPHINE PTWK TD 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (<i>buprenorphine</i>)	3	QL(4 ea per 28 days retail)
<i>butorphanol tartrate soln</i>	1	Limit 7.5mls per month;QL(0.25 ml daily)
<i>pentazocine w/ naloxone hcl tabs</i>	1	
PROBUPHINE IMPLANT KIT IMPL (<i>buprenorphine hcl</i>)	4	PA
SUBLOCADE SOSY (<i>buprenorphine</i>)	4	PA; Covered under the Medical Benefit
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS (<i>oxymetholone</i>)	3	
<i>oxandrolone tabs 10 mg</i>	2	QL(2 ea daily)
<i>oxandrolone tabs 2.5 mg</i>	2	
Androgens		
ANDRODERM PT24 (<i>testosterone</i>)	3	ST; QL(60 ea per fill retail, 120 ea per fill mail)
<i>danazol caps</i>	1	
METHITEST TABS (<i>methyltestosterone</i>)	2	
<i>methyltestosterone caps</i>	1	
TESTIM GEL (<i>testosterone</i>)	7	PA; QL(10 gm daily)
<i>testosterone gel 1 %, 1.62 %, 20.25 mg/1.25gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 50 mg/5gm</i>	1	Limited to 300 gms per month;QL(10 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone gel 1 %, 25 mg/2.5gm, 50 mg/5gm</i>	1	QL(10 gm daily)
<i>testosterone gel 10 mg/act</i>	1	QL(4 gm daily)
<i>testosterone gel 25 mg/2.5gm</i>	1	1.5 GM/50 ML;QL(10 gm daily)
<i>testosterone gel 50 mg/5gm</i>	1	Limit 300gms per month;QL(10 gm daily)
<i>testosterone soln 30 mg/act</i>	1	QL(6 ml daily)

ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching

Intrarectal Steroids

(Hydrocortisone (Intrarectal)) COLOCORT ENEM	1	QL(60 ml daily)
CORTIFOAM FOAM (<i>hydrocortisone acetate (intrarectal)</i>)	2	
<i>hydrocortisone (intrarectal) enem</i>	1	QL(60 ml daily)
UCERIS FOAM RE 2 MG/ACT (<i>budesonide (intrarectal)</i>)	3	PA; ST

Rectal Combinations

ANALPRAM-HC LOTN (<i>hydrocortisone acetate w/ pramoxine</i>)	3	
PROCTOFOAM HC FOAM (<i>hydrocortisone acetate w/ pramoxine</i>)	2	

Rectal Steroids

(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC CREA	1	
<i>hydrocortisone (rectal) crea</i>	1	

Vasodilating Agents

Drug Name	Drug Tier	Requirements/Limits
RECTIV OINT (<i>nitroglycerin (intra-anal)</i>)	3	

ANTHELMINTICS - Drugs to Treat Worm Infections

Anthelmintics

<i>albendazole tabs</i>	1	
BENZNIDAZOLE TABS (<i>benznidazole</i>)	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin tabs or 3 mg</i>	1	PA; QL(5 ea per fill retail)
<i>praziquantel tabs</i>	1	

ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections

Anti-infective Agents - Misc.

<i>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
<i>pentamidine isethionate solr</i>	1	
PRIMSOL SOLN (<i>trimethoprim hcl</i>)	3	
<i>tinidazole tabs 250 mg</i>	1	PA; ST
<i>tinidazole tabs 500 mg</i>	1	ST
<i>trimethoprim tabs</i>	1	
TRIMETHOPRIM TABS (<i>trimethoprim</i>)	2	
XIFAXAN TABS 200 MG (<i>rifaximin</i>)	3	PA; QL(9 ea per fill retail)
XIFAXAN TABS 550 MG (<i>rifaximin</i>)	3	PA; QL(2 ea daily)

Anti-infective Misc. - Combinations

(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
sulfamethoxazole-trimethoprim tabs	1	
Antiprotozoal Agents		
ALINIA SUSR 100 MG/5ML (nitazoxanide)	3	
atovaquone susp	2	
nitazoxanide tabs or	1	
Carbapenems		
ertapenem sodium solr	4	PA
imipenem-cilastatin solr	2	PA
INVANZ SOLR (ertapenem sodium)	7	PA
meropenem solr	4	PA
MERREM SOLR (meropenem)	7	PA
PRIMAXIN IV SOLR (imipenem-cilastatin)	7	PA
Glycopeptides		
FIRVANQ SOLR (vancomycin hcl)	3	PA
vancomycin hcl caps 125 mg	1	PA
vancomycin hcl caps 250 mg	1	
Leprostatics		
dapsone tabs 100 mg	1	QL(4 ea daily)
dapsone tabs 25 mg	1	
Lincosamides		
clindamycin hcl caps	1	
clindamycin palmitate hydrochloride solr	1	
Monobactams		
CAYSTON SOLR (aztreonam lysine)	4	PA
Oxazolidinones		

Drug Name	Drug Tier	Requirements/ Limits
linezolid susr 100 mg/5ml	1	QL(210 ml per 90 days retail)
linezolid tabs 600 mg	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS (tedizolid phosphate)	2	QL(6 ea per 90 days retail)
Urinary Anti-infectives		
fosfomycin tromethamine pack	1	
methenamine hippurate tabs	1	
methenamine mandelate tabs 0.5 gm, 1 gm	1	
nitrofurantoin macrocrystal caps	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ranolazine tb12 1000 mg	1	
ranolazine tb12 500 mg	1	QL(4 ea daily)
Nitrates		
(Nitroglycerin) MINITRAN PT24	1	QL(1 ea daily)
DILATRATE SR CPR (isosorbide dinitrate)	3	
GONITRO PACK (nitroglycerin)	3	PA
isosorbide dinitrate tabs	1	
isosorbide mononitrate tabs	1	
isosorbide mononitrate tb24	1	
NITRO-BID OINT (nitroglycerin)	2	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	2	QL(1 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	QL(1 ea daily)
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs</i>	1	
<i>hydroxyzine hcl soln im 25 mg/ml, 50 mg/ml</i>	4	PA; administered under the medical benefit
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC (<i>alprazolam</i>)	3	
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam tabs 10 mg</i>	1	QL(4 ea daily)
<i>diazepam tabs 2 mg, 5 mg</i>	1	
<i>lorazepam conc</i>	1	
<i>lorazepam tabs</i>	1	
<i>oxazepam caps 10 mg, 15 mg</i>	1	
<i>oxazepam caps 30 mg</i>	1	QL(2 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CR CP12 100 MG (<i>disopyramide phosphate</i>)	2	
NORPACE CR CP12 150 MG (<i>disopyramide phosphate</i>)	3	
<i>quinidine gluconate tbc</i>	1	
<i>quinidine sulfate tabs 200 mg, 300 mg</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)
<i>propafenone hcl tabs 225 mg, 300 mg</i>	1	QL(3 ea daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl tabs</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS (<i>dronedarone hcl</i>)	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	
Antiasthmatic - Monoclonal Antibodies		
FASENRA SOSY (<i>benralizumab</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
NUCALA SOAJ 100 MG/ML (<i>mepolizumab</i>)	4	PA
NUCALA SOLR 100 MG (<i>mepolizumab</i>)	4	PA; Must use Acaria Specialty (844) 538-4661;SP
NUCALA SOSY 100 MG/ML (<i>mepolizumab</i>)	4	PA
XOLAIR SOSY (<i>omalizumab</i>)	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS (<i>ipratropium bromide hfa</i>)	2	Limit 2 inhalers per month;QL(0.86 gm daily)
INCRUSE ELLIPTA AEPB (<i>umeclidinium bromide</i>)	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide soln</i>	1	
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	Limit 1 Inhaler per month;QL(0.14 3 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	Limit 1 inhaler per month;QL(0.14 gm daily)
Leukotriene Modulators		
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
<i>zafirlukast tabs 10 mg</i>	1	
<i>zafirlukast tabs 20 mg</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	ST
ZYFLO TABS (<i>zileuton</i>)	3	ST
Steroid Inhalants		
ARNUITY ELLIPTA AEPB (<i>fluticasone furoate inhalation</i>)	2	QL(1 ea daily)
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	2	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	2	QL(4 ml daily)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	QL(2 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST (<i>fluticasone propionate inhalation</i>)	2	QL(20 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISKUS AEPB 250 MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST (<i>fluticasone propionate (inhalation)</i>)	2	QL(40 ea daily)
FLOVENT HFA AERO 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	Limit 2 inhalers per month.;QL(8 gm daily)
FLOVENT HFA AERO 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	Limit 1 inhaler per month;QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB (<i>budesonide (inhalation)</i>)	2	Limit 1 inhaler per month;QL(1 ea per fill retail, 3 ea per fill mail)
QVAR REDIHALER AERB 40 MCG/ACT (<i>beclomethasone dipropionate hfa</i>)	2	Limit 1 inhaler per month;QL(0.36 gm daily)
QVAR REDIHALER AERB 80 MCG/ACT (<i>beclomethasone dipropionate hfa</i>)	2	Limit 2 Inhalers per month;QL(0.72 gm daily)
Sympathomimetics		
(Fluticasone-Salmeterol) WIXELA INHUB AEPB	1	QL(2 ea daily)
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	2	Limit 1 inhaler per month;QL(0.4 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(1.2 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(0.72 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(0.57 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(0.47 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
ALBUTEROL SULFATE NEBU IN 0.5 % (<i>albuterol sulfate</i>)	2	
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	QL(2 ea daily)
ANORO ELLIPTA AEPB (<i>umeclidinium-vilanterol</i>)	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS (<i>indacaterol maleate</i>)	3	QL(1 ea daily)
BREO ELLIPTA AEPB (<i>fluticasone furoate-vilanterol</i>)	2	QL(2 ea daily)
BREZTRI AEROSPHERE AERO (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	2	QL(0.36 gm daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	Limit 1 inhaler per month;QL(0.34 gm daily)
COMBIVENT RESPIMAT AERS (<i>ipratropium-albuterol</i>)	3	Limit 1 inhaler per month;QL(0.2 gm daily)
<i>fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act</i>	1	QL(2 ea daily)
<i>ipratropium-albuterol soln</i>	1	
<i>levalbuterol hcl nebu</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
levalbuterol tartrate aero	1	QL(0.6 gm daily)
PROAIR RESPICLICK AEPB (albuterol sulfate)	3	Limit 2 inhalers per month;QL(0.07 ea daily)
SEREVENT DISKUS AEPB (salmeterol xinafoate)	2	QL(2 ea daily)
STIOLTO RESPIMAT AERS (tiotropium bromide-olodaterol hcl)	2	QL(0.14 gm daily)
STRIVERDI RESPIMAT AERS (olodaterol hcl)	2	Limit 1 inhaler per month;QL(0.14 gm daily)
terbutaline sulfate tabs	1	
TRELEGY ELLIPTA AEPB (fluticasone-umeclidinium-vilanterol)	2	QL(2 ea daily)
Xanthines		
ELIXOPHYLLIN ELIX (theophylline)	3	
THEO-24 CP24 (theophylline)	2	
theophylline soln 80 mg/15ml	1	
theophylline tb12 300 mg	1	QL(2 ea daily)
theophylline tb12 450 mg	1	QL(1 ea daily)
theophylline tb24 400 mg, 600 mg	1	QL(1 ea daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
warfarin sodium tabs	1	
Direct Factor Xa Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS STARTER PACK TBPK (apixaban)	2	QL(2 ea daily)
ELIQUIS TABS (apixaban)	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK (rivaroxaban)	2	
XARELTO SUSR 1 MG/ML (rivaroxaban)	2	
XARELTO TABS 10 MG, 15 MG, 2.5 MG, 20 MG (rivaroxaban)	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML (fondaparinux sodium)	7	PA
ARIXTRA SOLN 2.5 MG/0.5ML (fondaparinux sodium)	7	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
enoxaparin sodium soln 300 mg/3ml	2	PA; QL(0.1 ml daily)
enoxaparin sodium sosal 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml, 80 mg/0.8ml	2	QL(4 ml per 7 days retail)
fondaparinux sodium soln 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	4	PA
fondaparinux sodium soln 2.5 mg/0.5ml	4	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
FRAGMIN SOLN 95000 UNIT/3.8ML (dalteparin sodium)	4	PA

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOSY 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	4	PA
FRAGMIN SOSY 2500 UNIT/0.2ML (<i>dalteparin sodium</i>)	4	
<i>heparin sodium (porcine) soln</i>	4	PA
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP (<i>perampanel</i>)	3	
FYCOMPA TABS (<i>perampanel</i>)	3	
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1	
<i>clobazam tabs 10 mg</i>	1	QL(1 ea daily)
<i>clobazam tabs 20 mg</i>	1	QL(2 ea daily)
<i>clonazepam tabs</i>	1	
<i>clonazepam tbdp</i>	1	
<i>diazepam (anticonvulsant) gel</i>	1	QL(0.14 ea daily)
NAYZILAM SOLN (<i>midazolam (anticonvulsant)</i>)	4	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST

Drug Name	Drug Tier	Requirements/Limits
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 1000 MG	1	QL(3 ea daily)
(Levetiracetam) ROWEEPRA TABS 500 MG, 750 MG	1	QL(6 ea daily)
(Levetiracetam) ROWEEPRA XR TB24	1	QL(4 ea daily)
APTIOM TABS (<i>eslicarbazepine acetate</i>)	3	PA; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (<i>rufinamide</i>)	7	
BANZEL TABS 200 MG (<i>rufinamide</i>)	7	
BANZEL TABS 400 MG (<i>rufinamide</i>)	7	QL(8 ea daily)
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml, 200 mg/10ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg</i>	1	
<i>carbamazepine tb12 200 mg</i>	1	QL(8 ea daily)
<i>carbamazepine tb12 400 mg</i>	1	QL(4 ea daily)
CARBATROL CP12 (<i>carbamazepine</i>)	7	
DIACOMIT CAPS 250 MG (<i>stiripentol</i>)	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG (<i>stiripentol</i>)	4	PA; QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 250 MG (<i>stiripentol</i>)	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG (<i>stiripentol</i>)	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN (<i>cannabidiol</i>)	4	PA; ST
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	1	
<i>gabapentin tabs</i>	1	
KEPPRA SOLN 100 MG/ML (<i>levetiracetam</i>)	7	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 ea daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 ea daily)
KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 ea daily)
<i>lacosamide soln 10 mg/ml</i>	1	QL(40 ml daily)
<i>lacosamide tabs 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL(1 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	7	
LAMICTAL ODT KIT (<i>lamotrigine</i>)	3	PA; ST
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	7	PA
LAMICTAL TABS (<i>lamotrigine</i>)	7	
LAMICTAL XR KIT (<i>lamotrigine</i>)	3	PA; ST
LAMICTAL XR TB24 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	7	PA; QL(1 ea daily)
LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>)	7	PA

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>)	7	QL(2 ea daily)
<i>lamotrigine chew 25 mg, 5 mg</i>	1	
<i>lamotrigine kit</i>	1	PA; ST
<i>lamotrigine kit 25 mg</i>	1	ST
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine tb24 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; QL(1 ea daily)
<i>lamotrigine tb24 250 mg</i>	1	PA
<i>lamotrigine tb24 300 mg</i>	1	QL(2 ea daily)
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA
<i>levetiracetam soln 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam tabs 1000 mg</i>	1	QL(3 ea daily)
<i>levetiracetam tabs 250 mg, 500 mg, 750 mg</i>	1	QL(6 ea daily)
<i>levetiracetam tb24 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (<i>pregabalin</i>)	7	PA; ST; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	7	PA; ST; QL(2 ea daily)
LYRICA SOLN 20 MG/ML (<i>pregabalin</i>)	7	PA
MYSOLINE TABS (<i>primidone</i>)	7	
NEURONTIN CAPS (<i>gabapentin</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits
NEURONTIN SOLN (<i>gabapentin</i>)	7	
NEURONTIN TABS (<i>gabapentin</i>)	7	
<i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg</i>	1	
<i>oxcarbazepine tabs 300 mg</i>	1	QL(8 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
OXTELLAR XR TB24 150 MG, 300 MG (<i>oxcarbazepine</i>)	3	ST
OXTELLAR XR TB24 600 MG (<i>oxcarbazepine</i>)	3	ST; QL(4 ea daily)
<i>pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; ST; QL(3 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1	PA; ST; QL(2 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA
<i>primidone tabs</i>	1	
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	7	PA; ST; QL(1 ea daily)
QUDEXY XR CS24 25 MG, 50 MG (<i>topiramate</i>)	7	PA; ST; QL(2 ea daily)
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tabs 200 mg</i>	1	
<i>rufinamide tabs 400 mg</i>	1	QL(8 ea daily)
TEGRETOL SUSP (<i>carbamazepine</i>)	7	
TEGRETOL TABS (<i>carbamazepine</i>)	7	
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7	

Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>topiramate</i>)	7	QL(2 ea daily)
TOPAMAX TABS 25 MG (<i>topiramate</i>)	7	
TOPAMAX TABS 50 MG (<i>topiramate</i>)	7	QL(8 ea daily)
<i>topiramate cpsp 15 mg, 25 mg</i>	1	
<i>topiramate cs24 100 mg, 150 mg, 200 mg</i>	1	PA; ST; QL(1 ea daily)
<i>topiramate cs24 25 mg, 50 mg</i>	1	PA; ST; QL(2 ea daily)
<i>topiramate tabs 100 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 25 mg</i>	1	
<i>topiramate tabs 50 mg</i>	1	QL(8 ea daily)
TRILEPTAL SUSP 300 MG/5ML (<i>oxcarbazepine</i>)	7	QL(40 ml daily)
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	7	
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	7	QL(8 ea daily)
TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	7	QL(4 ea daily)
TROKENDI XR CP24 100 MG, 50 MG (<i>topiramate</i>)	3	PA
TROKENDI XR CP24 200 MG (<i>topiramate</i>)	3	PA; QL(2 ea daily)
TROKENDI XR CP24 25 MG (<i>topiramate</i>)	3	PA; ST
ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	7	QL(6 ea daily)
ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits
<i>zonisamide caps 100 mg</i>	1	QL(6 ea daily)
<i>zonisamide caps 25 mg, 50 mg</i>	1	
Carbamates		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP 600 MG/5ML (<i>felbamate</i>)	7	
GABA Modulators		
(Vigabatrin) VIGADRONE PACK	4	QL(6 ea daily)
GABITRIL TABS (<i>tiagabine hcl</i>)	7	
SABRIL PACK (<i>vigabatrin</i>)	7	QL(6 ea daily)
SABRIL TABS (<i>vigabatrin</i>)	7	
<i>tiagabine hcl tabs</i>	1	
<i>vigabatrin pack</i>	4	QL(6 ea daily)
<i>vigabatrin tabs</i>	4	
Hydantoins		
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN CAPS 100 MG (<i>phenytoin sodium extended</i>)	7	
DILANTIN CAPS 30 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	7	
DILANTIN-125 SUSP (<i>phenytoin</i>)	7	
PEGANONE TABS (<i>ethotoin</i>)	3	
<i>phenytoin chew</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS (<i>methsuximide</i>)	3	
<i>ethosuximide caps</i>	1	
<i>ethosuximide soln</i>	1	
ZARONTIN CAPS (<i>ethosuximide</i>)	7	
ZARONTIN SOLN (<i>ethosuximide</i>)	7	
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	7	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs</i>	1	
<i>mirtazapine tbdp</i>	1	
Antidepressants - Misc.		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb12 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily)
<i>bupropion hcl tb24 450 mg</i>	1	ST; QL(1 ea daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	7	ST; QL(1 ea daily)
<i>maprotiline hcl tabs</i>	1	
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24 (<i>selegiline</i>)	3	QL(1 ea daily)
MARPLAN TABS (<i>isocarboxazid</i>)	3	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	2	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln or 5 mg/5ml</i>	1	
<i>escitalopram oxalate tabs or 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs or 5 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl caps 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl caps 40 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl cpdr 90 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(15 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl tabs 10 mg</i>	1	
<i>fluoxetine hcl tabs 20 mg, 60 mg</i>	1	QL(1 ea daily)
<i>fluvoxamine maleate cp24 100 mg</i>	2	QL(3 ea daily)
<i>fluvoxamine maleate cp24 150 mg</i>	2	
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	
<i>paroxetine hcl susp</i>	1	
<i>paroxetine hcl tabs</i>	1	
<i>paroxetine hcl tb24</i>	1	
<i>sertraline hcl conc 20 mg/ml</i>	1	
<i>sertraline hcl tabs 100 mg, 25 mg, 50 mg</i>	1	QL(2 ea daily)
Serotonin Modulators		
<i>nefazodone hcl tabs</i>	1	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS (<i>vortioxetine hbr</i>)	3	ST; QL(1 ea daily)
VIIIBRYD STARTER PACK KIT (<i>vilazodone hcl</i>)	3	PA
VIIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	3	ST
VIIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	3	ST; QL(2 ea daily)
<i>vilazodone hcl tabs 10 mg, 40 mg</i>	1	ST
<i>vilazodone hcl tabs 20 mg</i>	1	ST; QL(2 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
<i>desvenlafaxine succinate tb24</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
FETZIMA CP24 120 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	3	ST; QL(1 ea daily)
FETZIMA CP24 20 MG (<i>levomilnacipran hcl</i>)	3	ST; QL(2 ea daily)
FETZIMA TITRATION PACK C4PK (<i>levomilnacipran hcl</i>)	3	ST
<i>venlafaxine hcl cp24 150 mg, 37.5 mg, 75 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine hcl tb24 150 mg, 37.5 mg, 75 mg</i>	1	QL(1 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
<i>amoxapine tabs</i>	1	
<i>clomipramine hcl caps</i>	2	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
<i>imipramine hcl tabs 10 mg, 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	QL(4 ea daily)
<i>imipramine pamoate caps</i>	1	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>protriptyline hcl tabs</i>	1	
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs or 100 mg, 25 mg, 50 mg</i>	1	
<i>miglitol tabs</i>	1	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN (<i>pramlintide acetate</i>)	2	PA
SYMLINPEN 60 SOPN (<i>pramlintide acetate</i>)	2	PA
Antidiabetic Combinations		
<i>glipizide-metformin hcl tabs</i>	1	
<i>glyburide-metformin tabs</i>	1	
GLYXAMBI TABS (<i>empagliflozin-linagliptin</i>)	2	
JANUMET TABS (<i>sitagliptin-metformin hcl</i>)	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG (<i>sitagliptin-metformin hcl</i>)	2	QL(1 ea daily)
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG, 500 MG-50 MG (<i>sitagliptin-metformin hcl</i>)	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride tabs</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	
SYNJARDY TABS (<i>empagliflozin-metformin hcl</i>)	2	

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Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TB24 (<i>empagliflozin-metformin hcl</i>)	2	
TRIJARDY XR TB24 (<i>empagliflozin-linagliptin-metformin</i>)	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG (<i>dapagliflozin-metformin hcl</i>)	2	QL(1 ea daily)
XIGDUO XR TB24 2.5 MG-1000 MG, 5 MG-1000 MG, 5 MG-500 MG (<i>dapagliflozin-metformin hcl</i>)	2	QL(2 ea daily)
Biguanides		
<i>metformin hcl soln 500 mg/5ml</i>	1	
<i>metformin hcl tabs 1000 mg, 500 mg, 850 mg</i>	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic;PV
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
Diabetic Other		
<i>diazoxide susp</i>	1	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR KIT 1 MG (<i>glucagon (rdna)</i>)	2	QL(1 ea per fill retail, 2 ea per 30 days retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	1	
JANUVIA TABS (<i>sitagliptin phosphate</i>)	2	QL(1 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor		

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC SOPN 2 MG/1.5ML (<i>semaglutide</i>)	2	PA; Not available through Mail Order
OZEMPIC SOPN 4 MG/3ML, 5.5 MG/ML-8 MG/3ML-14 MG/ML (<i>semaglutide</i>)	2	PA
RYBELSUS TABS (<i>semaglutide</i>)	4	PA; Not available through Mail Order
TRULICITY SOPN (<i>dulaglutide</i>)	2	PA; Not available through mail order
VICTOZA SOPN (<i>liraglutide</i>)	2	PA; Not available through mail order
Insulin Sensitizing Agents		
AVANDIA TABS (<i>rosiglitazone maleate</i>)	2	
<i>pioglitazone hcl tabs 15 mg</i>	1	
<i>pioglitazone hcl tabs 30 mg, 45 mg</i>	1	QL(1 ea daily)
Insulin		
AFREZZA POWD (<i>insulin regular (human)</i>)	3	QL(6 ea daily)
AFREZZA POWD (<i>insulin regular (human)</i>)	3	
AFREZZA POWD 12 UNIT, 4 UNIT, 8 UNIT (<i>insulin regular (human)</i>)	3	QL(3 ea daily)
HUMALOG JUNIOR KWIKPEN SOPN (<i>insulin lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML (<i>insulin lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML (<i>insulin lispro</i>)	2	Limit 24mls per Month;QL(0.8 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 50/50 KWIKPEN SUPN (<i>insulin lispro protamine & lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP (<i>insulin lispro protamine & lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN (<i>insulin lispro protamine & lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP (<i>insulin lispro protamine & lispro</i>)	2	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT (<i>insulin lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG SOLN (<i>insulin lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN (<i>insulin nph isophane & reg (human)</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 SUSP (<i>insulin nph isophane & reg (human)</i>)	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN (<i>insulin nph (human)</i> (isophane))	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN N SUSP (<i>insulin nph (human)</i> (isophane))	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R SOLN (<i>insulin regular (human)</i>)	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN (<i>insulin regular (human)</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN (<i>insulin regular (human)</i>)	2	Limit 40mls per month;QL(1.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 KWIKPEN SOPN (<i>insulin regular (human)</i>)	2	Limit 40mls per month;QL(1.34 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN (<i>insulin lispro protamine & lispro</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLN (<i>insulin glargine</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN (<i>insulin glargine</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR FLEXTOUCH SOPN (<i>insulin detemir</i>)	2	Limit 45mls per month;QL(1.5 ml daily, 135 ml per fill mail)
LEVEMIR SOLN (<i>insulin detemir</i>)	2	Limit 45mls per month;QL(1.5 ml daily, 135 ml per fill mail)
TOUJEO MAX SOLOSTAR SOPN (<i>insulin glargine</i>)	2	QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN (<i>insulin glargine</i>)	2	QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML (<i>insulin degludec</i>)	2	Limit 45mls per month;QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML (<i>insulin degludec</i>)	2	Limited to 27 mls /month without prior authorization ;QL(0.9 ml daily)
TRESIBA SOLN (<i>insulin degludec</i>)	2	
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	
<i>repaglinide tabs</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS (<i>dapagliflozin propanediol</i>)	2	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
JARDIANCE TABS (<i>empagliflozin</i>)	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride tabs</i>	1	
<i>glipizide tabs</i>	1	
<i>glipizide tb24</i>	1	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>tolbutamide tabs</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI TBEC (<i>crofelemer</i>)	3	PA; QL(2 ea daily)
Antiperistaltic Agents		
(Loperamide Hcl) ANTI- DIARRHEAL, CVS ANTI- DIARRHEAL, EQ ANTI- DIARRHEAL, GNP ANTI- DIARRHEAL, HM ANTI- DIARRHEAL, HM LOPERAMIDE HCL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL, TGT LOPERAMIDE HCL CAPS	1	RX/OTC
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
<i>loperamide hcl caps 2 mg</i>	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS (<i>succimer</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;LA
<i>deferasirox tabs 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA
<i>deferiprone tabs 500 mg</i>	4	PA
EXJADE TBSO (<i>deferasirox</i>)	7	PA
FERRIPROX SOLN 100 MG/ML (<i>deferiprone</i>)	4	PA
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	7	PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;LA
JADENU TABS (<i>deferasirox</i>)	7	PA
Antidotes and Specific Antagonists		
ANDEXXA SOLR (<i>coagulation factor xa recomb inact-zhzo (andexanet alfa)</i>)	4	PA
VISTOGARD PACK (<i>uridine triacetate (emergency treatment)</i>)	4	
Opioid Antagonists		
EVZIO SOAJ (<i>naloxone hcl</i>)	4	PA
KLOXXADO LIQD (<i>naloxone hcl</i>)	2	
<i>naloxone hcl liqd na 4 mg/0.1ml</i>	1	QL(4 ea per 30 days retail)
<i>naloxone hcl soaj ij 2 mg/0.4ml</i>	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>naloxone hcl sosy ij 2 mg/2ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS (<i>dolasetron mesylate</i>)	3	PA; ST; Limit 2 per month; QL(0.07 ea daily)
<i>granisetron hcl tabs</i>	1	PA; ST; Limit 2 tablets per day; QL(2 ea daily)
<i>ondansetron hcl soln 4 mg/5ml</i>	1	Limit 50mls per month; QL(1.67 ml daily)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	1	Limit 20 per month; QL(0.67 ea daily)
<i>ondansetron tbdp</i>	1	Limit 20 per month; QL(0.67 ea daily)
SANCUSO PTCH (<i>granisetron</i>)	4	PA; QL(0.04 ea daily)
ZUPLENZ FILM (<i>ondansetron</i>)	3	Limit 20 per month; QL(0.67 ea daily)
Antiemetics - Anticholinergic		
<i>scopolamine pt72</i>	1	
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS (<i>netupitant-palonosetron</i>)	3	QL(2 ea per 28 days retail)
<i>doxylamine-pyridoxine tbec</i>	1	QL(4 ea daily)
<i>dronabinol caps 10 mg, 5 mg</i>	2	PA
<i>dronabinol caps 2.5 mg</i>	2	PA; ST

Drug Name	Drug Tier	Requirements/ Limits
SYNDROS SOLN (<i>dronabinol</i>)	4	PA
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	1	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant caps 125 mg, 80 mg</i>	1	Limit 1 per year; QL(0.04 ea daily)
<i>aprepitant caps 40 mg</i>	1	Limit 2 per month; QL(0.07 ea daily)
<i>aprepitant misc</i>	1	Limit 3 per month; QL(0.1 ea daily)
EMEND SUSR 125 MG/5ML (<i>aprepitant</i>)	3	QL(1 ea per 30 days retail)
VARUBI TBPK (<i>rolapitant hcl</i>)	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>flucytosine caps</i>	1	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily, 90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS (<i>isavuconazonium sulfate</i>)	3	Not available through mail order
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole caps 100 mg</i>	1	PA; ST
<i>itraconazole soln 10 mg/ml</i>	1	PA
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP 40 MG/ML (<i>posaconazole</i>)	3	
<i>posaconazole tbec</i>	1	
TOLSURA CAPS (<i>itraconazole</i>)	4	PA
<i>voriconazole susr 40 mg/ml</i>	1	
<i>voriconazole tabs 200 mg, 50 mg</i>	1	QL(2 ea daily)

ANTIHISTAMINES - Drugs to Treat Allergies

Antihistamines - Alkylamines

(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
<i>dexchlorpheniramine maleate soln</i>	1	

Antihistamines - Ethanolamines

<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CARBINOXAMINE MALEATE TABS 6 MG (<i>carbinoxamine maleate</i>)	3	
<i>clemastine fumarate tabs 2.68 mg</i>	1	
<i>diphenhydramine hcl soln</i>	4	PA
RYVENT TABS (<i>carbinoxamine maleate</i>)	3	

Antihistamines - Non-Sedating

Drug Name	Drug Tier	Requirements/Limits
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC
<i>desloratadine tabs 5 mg</i>	1	PA; ST;QL(1 ea daily)
<i>desloratadine tbdp 2.5 mg</i>	1	PA; ST
<i>desloratadine tbdp 5 mg</i>	1	PA
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC

Antihistamines - Phenothiazines

(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)
PHENERGAN SOLN (<i>promethazine hcl</i>)	7	PA
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	4	PA
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	
<i>promethazine hcl supp re 12.5 mg, 25 mg</i>	2	
<i>promethazine hcl syrup or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 12.5 mg</i>	1	
<i>promethazine hcl tabs or 25 mg</i>	1	QL(6 ea daily)
<i>promethazine hcl tabs or 50 mg</i>	1	QL(3 ea daily)

Antihistamines - Piperidines

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Drug Name	Drug Tier	Requirements/ Limits
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl caps</i>	1	PA
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
VASCEPA CAPS 0.5 GM (<i>icosapent ethyl</i>)	3	PA; ST
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 or 4 gm</i>	1	
<i>cholestyramine powd or 4 gm/dose</i>	1	
<i>colesevelam hcl pack 3.75 gm</i>	1	QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl pack 5 gm</i>	2	
<i>colestipol hcl tabs 1 gm</i>	1	
Fibric Acid Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
<i>choline fenofibrate cpdr 135 mg</i>	1	QL(1 ea daily)
<i>choline fenofibrate cpdr 45 mg</i>	1	
<i>fenofibrate caps 150 mg, 50 mg</i>	1	
<i>fenofibrate micronized caps 130 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate micronized caps 134 mg, 30 mg, 43 mg, 67 mg, 90 mg</i>	1	
<i>fenofibrate tabs 145 mg, 160 mg</i>	1	QL(1 ea daily)
FENOFIBRATE TABS 160 MG (<i>fenofibrate</i>)	2	QL(1 ea daily)
<i>fenofibrate tabs 48 mg</i>	1	
<i>fenofibrate tabs 54 mg</i>	1	QL(2 ea daily)
FENOFIBRIC ACID TABS 105 MG (<i>fenofibric acid</i>)	2	
FIBRICOR TABS (<i>fenofibric acid</i>)	7	
<i>gemfibrozil tabs</i>	1	
LIPOFEN CAPS 150 MG, 50 MG (<i>fenofibrate</i>)	7	
TRIGLIDE TABS (<i>fenofibrate</i>)	2	QL(1 ea daily)
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)
LIVALO TABS (<i>pitavastatin calcium</i>)	3	ST; QL(1 ea daily)
<i>lovastatin tabs</i>	1	\$0 copay for Generic only, age 40 to 75;PV

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Drug Name	Drug Tier	Requirements/ Limits
<i>pravastatin sodium tabs</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); PV
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	
Microsomal Triglyceride Transfer Protein (MTP)		
JUXTAPID CAPS 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>lomitapide mesylate</i>)	4	PA
JUXTAPID CAPS 5 MG (<i>lomitapide mesylate</i>)	4	PA; ST
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) tbc</i> 1000 mg, 500 mg, 750 mg	1	
Proprotein Convertase Subtilisin/Kexin Type 9		
PRALUENT SOAJ (<i>alirocumab</i>)	4	PA
REPATHA SURECLICK SOAJ (<i>evolocumab</i>)	4	PA; ST
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i> 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL(2 ea daily)
<i>fosinopril sodium tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril tabs</i> 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg	1	
<i>lisinopril tabs</i> 40 mg	1	QL(2 ea daily)
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
QBRELIS SOLN (<i>lisinopril</i>)	3	QL(5 ml daily)
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	QL(2 ea daily)
<i>trandolapril tabs</i>	1	
Agents for Pheochromocytoma		
<i>metyrosine caps</i>	1	
<i>phenoxybenzamine hcl caps</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tabs</i> 16 mg, 4 mg, 8 mg	1	
<i>candesartan cilexetil tabs</i> 32 mg	1	QL(1 ea daily)
EDARBI TABS 40 MG (<i>azilsartan medoxomil</i>)	3	
EDARBI TABS 80 MG (<i>azilsartan medoxomil</i>)	3	QL(1 ea daily)
<i>irbesartan tabs</i>	1	
<i>losartan potassium tabs</i> or 100 mg, 25 mg, 50 mg	1	
<i>olmesartan medoxomil tabs</i> 20 mg, 5 mg	1	
<i>olmesartan medoxomil tabs</i> 40 mg	1	QL(1 ea daily)
<i>telmisartan tabs</i> 20 mg, 40 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tabs 80 mg</i>	1	QL(1 ea daily)
<i>valsartan tabs 160 mg</i>	1	QL(2 ea daily)
<i>valsartan tabs 320 mg, 40 mg, 80 mg</i>	1	
Antiadrenergic Antihypertensives		
<i>clonidine hcl tabs</i>	1	
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
<i>prazosin hcl caps</i>	1	
<i>terazosin hcl caps 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl caps 10 mg</i>	1	QL(2 ea daily)
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl caps 10 mg-2.5 mg, 2.5 mg-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl caps 10 mg-20 mg, 10 mg-40 mg, 10 mg-5 mg, 40 mg-10 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan tabs 10 mg-160 mg</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan tabs 10 mg-320 mg, 5 mg-160 mg, 5 mg-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol & chlorthalidone tabs</i>	1	
<i>benazepril & hydrochlorothiazide tabs</i>	1	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
<i>captopril & hydrochlorothiazide tabs</i>	1	
EDARBYCLOR TABS (<i>azilsartan medoxomil-chlorthalidone</i>)	3	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	2	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-10 mg, 12.5 mg-20 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tabs 20 mg-25 mg, 25 mg-20 mg</i>	1	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide tabs 12.5 mg-160 mg, 12.5 mg-320 mg, 12.5 mg-80 mg, 160 mg-12.5 mg, 25 mg-320 mg, 80 mg-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 25 mg-160 mg</i>	1	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS (<i>mecamylamine hcl</i>)	3	
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	1	
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	
Vasodilators		
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	
COARTEM TABS (<i>artemether-lumefantrine</i>)	2	Limit 24 doses per month;QL(0.8 ea daily)
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	
KRINTAFEL TABS (<i>tafenoquine succinate</i>)	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	QL(6 ea per fill retail,6 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>primaquine phosphate tabs</i>	1	
<i>pyrimethamine tabs</i>	1	PA
<i>quinine sulfate caps</i>	1	PA; QL(2 ea daily)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
FIRDAPSE TABS (<i>amifampridine phosphate</i>)	4	PA; ST
GUANIDINE HCL TABS (<i>guanidine hcl</i>)	2	
MESTINON SOLN 60 MG/5ML (<i>pyridostigmine bromide</i>)	7	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	4	PA
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
RUZURGI TABS (<i>amifampridine</i>)	4	PA; QL(10 ea daily)
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine caps</i>	1	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
PASER PACK (<i>aminosalicylic acid</i>)	3	
PRIFTIN TABS (<i>rifapentine</i>)	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>rifampin caps</i>	1	
TRECTOR TABS (<i>ethionamide</i>)	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (<i>melphalan hcl</i>)	7	PA; LA
<i>busulfan soln</i>	4	PA
BUSULFEX SOLN (<i>busulfan</i>)	7	PA
<i>cyclophosphamide caps 25 mg, 50 mg</i>	1	AC
CYCLOPHOSPHAMIDE TABS 25 MG, 50 MG (<i>cyclophosphamide</i>)	2	
GLEOSTINE CAPS (<i>lomustine</i>)	2	AC
LEUKERAN TABS (<i>chlorambucil</i>)	2	AC
<i>melphalan hcl solr</i>	4	PA; LA
<i>melphalan tabs</i>	1	AC
MYLERAN TABS (<i>busulfan</i>)	2	AC
<i>temozolomide caps</i>	1	AC
Antimetabolites		
<i>capecitabine tabs</i>	1	AC
<i>fludarabine phosphate solr</i>	4	PA
<i>mercaptopurine tabs</i>	1	AC
<i>methotrexate sodium soln ij 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	4	PA; LA
<i>methotrexate sodium solr ij 1 gm</i>	4	PA; LA

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Drug Name	Drug Tier	Requirements/ Limits
methotrexate sodium tabs or 2.5 mg	1	AC
ONUREG TABS (azacitidine)	4	PA; AC
PURIXAN SUSP (mercaptopurine)	3	AL(Up to 13 yrs old); AC
TABLOID TABS (thioguanine)	2	AC
TREXALL TABS (methotrexate sodium)	3	AC
XATMEP SOLN (methotrexate)	4	PA; AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA TABS (axitinib)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
LENVIMA 10 MG DAILY DOSE CPPK (lenvatinib mesylate)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 12MG DAILY DOSE CPPK (lenvatinib mesylate)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 14 MG DAILY DOSE CPPK (lenvatinib mesylate)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 18 MG DAILY DOSE CPPK (lenvatinib mesylate)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 20 MG DAILY DOSE CPPK (lenvatinib mesylate)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 24 MG DAILY DOSE CPPK (lenvatinib mesylate)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 4 MG DAILY DOSE CPPK (lenvatinib mesylate)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
LENVIMA 8 MG DAILY DOSE CPPK (lenvatinib mesylate)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;QL(1 ea daily); SP; AC
Antineoplastic - Anti-HER2 Agents		
TUKYSA TABS (tucatinib)	4	PA; AC
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK (venetoclax)	4	PA; AC
VENCLEXTA TABS 10 MG (venetoclax)	4	PA; QL(2 ea daily); AC
VENCLEXTA TABS 100 MG (venetoclax)	4	PA; QL(4 ea daily); AC
VENCLEXTA TABS 50 MG (venetoclax)	4	PA; AC
Antineoplastic - EGFR Inhibitors		
erlotinib hcl tabs	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC

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Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF TABS (<i>afatinib dimaleate</i>)	4	PA; Must use Accredo SP pharmacy;LA; AC
IRESSA TABS (<i>gefitinib</i>)	4	AC
TAGRISSO TABS (<i>osimertinib mesylate</i>)	4	PA; AC
TARCEVA TABS (<i>erlotinib hcl</i>)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
VIZIMPRO TABS (<i>dacomitinib</i>)	4	PA; AC
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS (<i>glasdegib maleate</i>)	4	PA
ERIVEDGE CAPS (<i>vismodegib</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
ODOMZO CAPS (<i>sonidegib phosphate</i>)	4	AC
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
<i>anastrozole tabs or</i>	5	QL(1 ea daily); PV; AC
<i>bicalutamide tabs</i>	1	QL(1 ea daily); AC
ELIGARD KIT (<i>leuprolide acetate (3 month)</i>)	3	PA
ELIGARD KIT (<i>leuprolide acetate (4 month)</i>)	3	PA
ELIGARD KIT (<i>leuprolide acetate (6 month)</i>)	3	PA
ELIGARD KIT (<i>leuprolide acetate</i>)	3	PA

Drug Name	Drug Tier	Requirements/ Limits
EMCYT CAPS (<i>estramustine phosphate sodium</i>)	2	AC
ERLEADA TABS (<i>apalutamide</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
EULEXIN CAPS (<i>flutamide</i>)	2	AC
<i>exemestane tabs</i>	5	PV; AC
<i>flutamide caps</i>	1	AC
<i>letrozole tabs</i>	1	AC
<i>leuprolide acetate kit</i>	1	PA
LYSODREN TABS (<i>mitotane</i>)	2	AC
<i>megestrol acetate susp</i>	1	AC
<i>megestrol acetate tabs</i>	1	AC
<i>nilutamide tabs</i>	1	AC
NUBEQA TABS (<i>darolutamide</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC
SOLTAMOX SOLN (<i>tamoxifen citrate</i>)	5	PV; AC
<i>tamoxifen citrate tabs</i>	5	PV; AC
<i>toremifene citrate tabs</i>	1	AC
XTANDI CAPS (<i>enzalutamide</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661;SP; AC

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Drug Name	Drug Tier	Requirements/ Limits
XTANDI TABS (<i>enzalutamide</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
YONSA TABS (<i>abiraterone acetate</i>)	4	PA; AC
ZYTIGA TABS (<i>abiraterone acetate</i>)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;LA; AC
Antineoplastic - Immunomodulators		
POMALYST CAPS (<i>pomalidomide</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABS 100 MG, 200 MG, 300 MG (<i>avapritinib</i>)	4	PA; QL(1 ea daily); SP
AYVAKIT TABS 25 MG, 50 MG (<i>avapritinib</i>)	4	PA; QL(1 ea daily); SP; AC
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPB (<i>selinexor</i>)	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPB (<i>selinexor</i>)	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPB (<i>selinexor</i>)	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPB (<i>selinexor</i>)	4	PA
XPOVIO TBPB (<i>selinexor</i>)	4	PA; AC
Antineoplastic Antibiotics		
<i>mitoxantrone hcl conc</i>	2	PA
Antineoplastic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
INQOVI TABS (<i>decitabine- cedazuridine</i>)	4	PA
KISQALI FEMARA 200 DOSE TBPB (<i>ribociclib succinate-letrozole</i>)	3	PA; AC
KISQALI FEMARA 400 DOSE TBPB (<i>ribociclib succinate-letrozole</i>)	3	PA; AC
KISQALI FEMARA 600 DOSE TBPB (<i>ribociclib succinate-letrozole</i>)	3	PA; AC
LONSURF TABS (<i>trifluridine-tipiracil</i>)	4	PA; AC
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;QL(1 ea daily); LA; AC
AFINITOR TABS (<i>everolimus</i>)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;QL(1 ea daily); LA; AC
ALECENSA CAPS (<i>alectinib hcl</i>)	4	PA; AC
ALUNBRIG TABS (<i>brigatinib</i>)	4	PA; AC
ALUNBRIG TBPB (<i>brigatinib</i>)	4	PA; AC
BALVERSA TABS (<i>erdafitinib</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
<i>bortezomib solr 3.5 mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
BOSULIF TABS (<i>bosutinib</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
BRAFTOVI CAPS (<i>encorafenib</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
BRUKINSA CAPS (<i>zanubrutinib</i>)	4	PA; AC
CABOMETYX TABS 20 MG, 60 MG (<i>cabozantinib s-malate</i>)	4	PA; QL(1 ea daily); AC
CABOMETYX TABS 40 MG (<i>cabozantinib s-malate</i>)	4	PA; QL(2 ea daily); AC
CALQUENCE CAPS (<i>acalabrutinib</i>)	4	PA; AC
CAPRELSA TABS (<i>vandetanib</i>)	4	PA; AC
COMETRIQ KIT (<i>cabozantinib s-malate</i>)	4	PA; AC
COPIKTRA CAPS (<i>duvelisib</i>)	4	PA; AC
COTELLIC TABS (<i>cobimetinib fumarate</i>)	4	PA; AC
<i>everolimus tabs</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC
<i>everolimus tbso</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC
FARYDAK CAPS 10 MG (<i>panobinostat lactate</i>)	3	PA; LA; AC

Drug Name	Drug Tier	Requirements/ Limits
FARYDAK CAPS 15 MG, 20 MG (<i>panobinostat lactate</i>)	4	PA; Must use Caremark SP pharmacy; LA; AC
IBRANCE CAPS (<i>palbociclib</i>)	3	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
IBRANCE TABS (<i>palbociclib</i>)	3	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC
ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC
IDHIFA TABS (<i>enasidenib mesylate</i>)	4	PA; AC
<i>imatinib mesylate tabs 100 mg, 400 mg</i>	4	PA
<i>imatinib mesylate tabs 100 mg, 400 mg</i>	4	PA; AC
IMBRUVICA CAPS 140 MG, 70 MG (<i>ibrutinib</i>)	4	PA; AC
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	4	PA; QL(1 ea daily); AC
INREBIC CAPS (<i>fedratinib hcl</i>)	4	PA; AC
ISTODAX (<i>OVERFILL</i>) SOLR (romidepsin)	7	PA
JAKAFI TABS (<i>ruxolitinib phosphate</i>)	4	PA; QL(2 ea daily); AC
KISQALI TBPK (<i>ribociclib succinate</i>)	3	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC

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Drug Name	Drug Tier	Requirements/ Limits
KOSELUGO CAPS (<i>selumetinib sulfate</i>)	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; AC
LORBRENA TABS (<i>lorlatinib</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
LYNPARZA TABS (<i>olaparib</i>)	4	PA; Refer to Accredo SP Rx;QL(4 ea daily); AC
MEKINIST TABS (<i>trametinib dimethyl sulfoxide</i>)	4	PA; AC
MEKTOVI TABS (<i>binimetinib</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
NERLYNX TABS (<i>neratinib maleate</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
NEXAVAR TABS (<i>sorafenib tosylate</i>)	7	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
NINLARO CAPS (<i>ixazomib citrate</i>)	4	PA; Limited to 3 capsules per month;;QL(0.1 ea daily); AC
PIQRAY 200MG DAILY DOSE TBPK (<i>alpelisib</i>)	4	PA; AC
PIQRAY 250MG DAILY DOSE TBPK (<i>alpelisib</i>)	4	PA; AC
PIQRAY 300MG DAILY DOSE TBPK (<i>alpelisib</i>)	4	PA; AC
QINLOCK TABS (<i>ripretinib</i>)	4	PA; AC

Drug Name	Drug Tier	Requirements/ Limits
RETEVMO CAPS (<i>selpercatinib</i>)	4	PA; AC
<i>romidepsin solr</i>	4	PA
ROZLYTREK CAPS (<i>entrectinib</i>)	4	PA; AC
RUBRACA TABS (<i>rucaparib camsylate</i>)	4	PA; AC
RYDAPT CAPS (<i>midostaurin</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
<i>sorafenib tosylate tabs or</i>	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
SPRYCEL TABS (<i>dasatinib</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
STIVARGA TABS (<i>regorafenib</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
<i>sunitinib malate caps 12.5 mg, 37.5 mg, 50 mg</i>	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;QL(1 ea daily); SP; AC
<i>sunitinib malate caps 25 mg</i>	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC

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Drug Name	Drug Tier	Requirements/ Limits
SUTENT CAPS 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;QL(1 ea daily); SP; AC
SUTENT CAPS 25 MG (<i>sunitinib malate</i>)	7	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
TABRECTA TABS (<i>capmatinib hcl</i>)	4	PA; AC
TAFINLAR CAPS (<i>dabrafenib mesylate</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
TALZENNA CAPS 0.25 MG, 1 MG (<i>talazoparib tosylate</i>)	4	PA; AC
TASIGNA CAPS (<i>nilotinib hcl</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
TAZVERIK TABS (<i>tazemetostat hbr</i>)	4	PA
<i>temsirolimus soln</i>	4	PA
TIBSOVO TABS (<i>ivosidenib</i>)	4	PA; AC
TORISEL SOLN (<i>temsirolimus</i>)	7	PA
TURALIO CAPS (<i>pexidartinib hcl</i>)	4	PA; AC
TYKERB TABS (<i>lapatinib ditosylate</i>)	7	PA; AC
VELCADE SOLR (<i>bortezomib</i>)	7	PA
VERZENIO TABS (<i>abemaciclib</i>)	4	PA; QL(2 ea daily); AC

Drug Name	Drug Tier	Requirements/ Limits
VITRAKVI CAPS (<i>larotrectinib sulfate</i>)	4	PA; AC
VITRAKVI SOLN (<i>larotrectinib sulfate</i>)	4	PA; AC
VOTRIENT TABS (<i>pazopanib hcl</i>)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1- 844-538- 4661;SP; AC
XALKORI CAPS (<i>crizotinib</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538- 4661;LA; AC
XOSPATA TABS (<i>gilteritinib fumarate</i>)	4	PA; AC
ZEJULA CAPS (<i>niraparib tosylate</i>)	4	PA; AC
ZELBORAF TABS (<i>vemurafenib</i>)	4	PA; AC
ZOLINZA CAPS (<i>vorinostat</i>)	4	PA; AC
ZYDELIG TABS (<i>idelalisib</i>)	3	PA; AC
ZYKADIA TABS (<i>ceritinib</i>)	4	AC
Antineoplastics Misc.		
ACTIMMUNE SOLN (<i>interferon gamma-1b</i>)	4	PA; LA
ALFERON N SOLN (<i>interferon alfa-n3</i>)	4	PA; LA
<i>bexarotene caps</i>	4	PA; AC
<i>hydroxyurea caps or</i>	1	AC
INTRON A SOLN (<i>interferon alfa-2b</i>)	4	PA; LA
INTRON A SOLR (<i>interferon alfa-2b</i>)	4	PA; LA
MATULANE CAPS (<i>procarbazine hcl</i>)	4	PA; AC
TARGRETIN CAPS OR 75 MG (<i>bexarotene</i>)	7	PA; AC

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Drug Name	Drug Tier	Requirements/ Limits
<i>retinoin (chemotherapy) caps</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg</i>	4	PA
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	1	AC
MESNEX TABS (<i>mesna</i>)	3	AC
Mitotic Inhibitors		
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 500 MG/25ML	2	PA
(Etoposide) TOPOSAR SOLN 100 MG/5ML	2	PA; AC
ETOPOPHOS SOLR (<i>etoposide phosphate</i>)	3	PA
<i>etoposide caps or 50 mg</i>	1	AC
<i>etoposide soln iv 1 gm/50ml, 500 mg/25ml</i>	2	PA
<i>etoposide soln iv 100 mg/5ml</i>	2	PA; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS OR 0.25 MG, 1 MG (<i>topotecan hcl</i>)	4	PA; AC
HYCAMTIN SOLR IV 4 MG (<i>topotecan hcl</i>)	7	PA; LA
<i>topotecan hcl solr</i>	4	PA; LA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa tabs</i>	2	
Antiparkinson Anticholinergics		

Drug Name	Drug Tier	Requirements/ Limits
<i>benztropine mesylate soln ij 1 mg/ml</i>	4	PA; administered under the medical benefit
<i>benztropine mesylate tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
COGENTIN SOLN (<i>benztropine mesylate</i>)	7	PA; administered under the medical benefit
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone tabs</i>	1	
<i>tolcapone tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl tabs</i>	1	
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs 10 mg-100 mg, 100 mg-10 mg, 100 mg-25 mg, 25 mg-100 mg, 25 mg-250 mg, 250 mg-25 mg</i>	1	
<i>carbidopa-levodopa tbc 100 mg-25 mg, 25 mg-100 mg</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa tbc 50 mg-200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
carbidopa-levodopa tbdp 10 mg-100 mg, 100 mg-10 mg, 25 mg-100 mg, 25 mg-250 mg, 250 mg-25 mg	1	
carbidopa-levodopa-entacapone tabs 12.5 mg-50 mg-200 mg, 18.75 mg-75 mg-200 mg, 200 mg-25 mg-100 mg, 25 mg-100 mg-200 mg, 37.5 mg-150 mg-200 mg, 50 mg-200 mg-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75 mg-200 mg-75 mg, 18.75 mg-75 mg-200 mg, 31.25 mg-125 mg-200 mg	2	
DHIVY TABS (carbidopa-levodopa)	2	
DUOPA SUSP (carbidopa-levodopa)	3	PA
INBRIJA CAPS (levodopa)	3	PA
KYNMOBI FILM (apomorphine hydrochloride)	3	PA
KYNMOBI TITRATION KIT KIT (apomorphine hydrochloride)	3	PA
NEUPRO PT24 (rotigotine)	3	
pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg	1	
pramipexole dihydrochloride tabs 1 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
pramipexole dihydrochloride tabs 1.5 mg	1	QL(3 ea daily)
pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 4.5 mg	2	
pramipexole dihydrochloride tb24 3 mg	2	QL(1 ea daily)
pramipexole dihydrochloride tb24 3.75 mg	1	
ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole hydrochloride tb24 12 mg	2	QL(2 ea daily)
ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg	2	
ropinirole hydrochloride tb24 8 mg	1	
RYTARY CPCR 23.75 MG-95 MG, 95 MG-23.75 MG (carbidopa-levodopa)	3	PA; ST;QL(10 ea daily)
RYTARY CPCR 36.25 MG-145 MG, 48.75 MG-195 MG, 61.25 MG-245 MG (carbidopa-levodopa)	3	PA; QL(10 ea daily)
Antiparkinson Monoamine Oxidase Inhibitors		
rasagiline mesylate tabs	1	
selegiline hcl caps	1	QL(2 ea daily)
selegiline hcl tabs	1	QL(2 ea daily)
XADAGO TABS (safinamide mesylate)	3	PA
ZELAPAR TBDP (selegiline hcl)	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps 150 mg, 600 mg</i>	1	
<i>lithium carbonate caps 300 mg</i>	1	QL(6 ea daily)
<i>lithium carbonate tabs 300 mg</i>	1	
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	7	
Antipsychotics - Misc.		
EQUETRO CP12 (<i>carbamazepine (mood)</i>)	3	
LATUDA TABS (<i>lurasidone hcl</i>)	3	
NUPLAZID CAPS (<i>pimavanserin tartrate</i>)	4	PA; QL(1 ea daily)
NUPLAZID TABS (<i>pimavanserin tartrate</i>)	4	PA; QL(1 ea daily)
VRAYLAR CAPS (<i>cariprazine hcl</i>)	4	
VRAYLAR CPPK (<i>cariprazine hcl</i>)	4	
<i>ziprasidone hcl caps 20 mg, 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg, 80 mg</i>	1	QL(2 ea daily)
Benzisoxazoles		
FANAPT TABS (<i>iloperidone</i>)	4	QL(2 ea daily)
FANAPT TITRATION PACK TABS (<i>iloperidone</i>)	4	
<i>paliperidone tb24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PERSERIS PRSY (<i>risperidone</i>)	4	PA; administered under the medical benefit
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	
<i>risperidone tabs 3 mg</i>	1	QL(2 ea daily)
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
Butyrophenones		
<i>haloperidol lactate conc</i>	1	
<i>haloperidol tabs</i>	1	
Dibenzapines		
<i>asenapine maleate subl</i>	1	
<i>clozapine tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine tbdp 12.5 mg, 150 mg, 200 mg</i>	1	
<i>loxapine succinate caps</i>	1	
<i>olanzapine tabs 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine tabs 15 mg, 20 mg</i>	1	QL(1 ea daily)
<i>olanzapine tbdp 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>quetiapine fumarate tabs 100 mg, 25 mg, 50 mg</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	QL(4 ea daily)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily)

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<i>quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg</i>	1	PA
<i>quetiapine fumarate tb24 50 mg</i>	1	PA; ST
SAPHRIS SUBL 5 MG (<i>asenapine maleate</i>)	3	
SECUADO PT24 (<i>asenapine</i>)	3	QL(1 ea daily)
VERSACLOZ SUSP (<i>clozapine</i>)	3	QL(18 ml daily)
Dihydroindolones		
<i>molindone hcl tabs</i>	1	
Phenothiazines		
(Prochlorperazine) COMPRO SUPP	1	QL(2 ea daily)
<i>chlorpromazine hcl tabs</i>	2	
<i>fluphenazine hcl conc</i>	1	
<i>fluphenazine hcl elix</i>	1	
<i>fluphenazine hcl tabs</i>	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	QL(2 ea daily)
<i>thioridazine hcl tabs 10 mg, 100 mg, 25 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	QL(4 ea daily)
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
<i>aripiprazole soln 1 mg/ml</i>	1	
<i>aripiprazole tabs 10 mg, 2 mg, 30 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole tabs 15 mg</i>	1	QL(2 ea daily)
<i>aripiprazole tabs 20 mg</i>	1	QL(1 ea daily)
<i>aripiprazole tbdp 10 mg, 15 mg</i>	1	PA
REXULTI TABS (<i>brexpiprazole</i>)	3	
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde soln</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine tabs</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	
APRETUDE (<i>cabotegravir 600 mg/3ml IM Susp ER</i>)	5	Available through the Medical Benefit
APTIVUS CAPS (<i>tipranavir</i>)	2	
APTIVUS SOLN (<i>tipranavir</i>)	2	
<i>atazanavir sulfate caps</i>	1	
BIKTARVY TABS 25 MG-50 MG-200 MG (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	2	

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

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

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Drug Name	Drug Tier	Requirements/ Limits
lamivudine-zidovudine tabs	1	
LEXIVA SUSP 50 MG/ML (fosamprenavir calcium)	2	
lopinavir-ritonavir soln	1	
lopinavir-ritonavir tabs	1	
maraviroc tabs	1	
nevirapine susp	1	
nevirapine tabs	1	
nevirapine tb24	1	
NORVIR PACK 100 MG (ritonavir)	2	
NORVIR SOLN 80 MG/ML (ritonavir)	2	
ODEFSEY TABS (emtricitabine- rilpivirine-tenofovir alafenamide fumarate)	2	
PIFELTRO TABS (doravirine)	2	
PREZCOBIX TABS (darunavir-cobicistat)	2	QL(1 ea daily)
PREZISTA SUSP (darunavir)	2	
PREZISTA TABS (darunavir)	2	
REYATAZ PACK 50 MG (atazanavir sulfate)	2	
ritonavir tabs	1	
RUKOBIA TB12 (fostemsavir tromethamine)	4	
SELZENTRY SOLN 20 MG/ML (maraviroc)	2	
SELZENTRY TABS 25 MG, 75 MG (maraviroc)	2	

Drug Name	Drug Tier	Requirements/ Limits
stavudine caps 15 mg, 20 mg, 30 mg, 40 mg	1	
STAVUDINE CAPS 15 MG, 20 MG, 30 MG, 40 MG (stavudine)	2	
STRIBILD TABS (elvitegravir-cobicistat-emtricitabine-tenofovir df)	2	
SYMTUZA TABS (darunavir-cobicistat-emtricitabine-tenofovir alafenamide)	2	QL(1 ea daily)
TEMIXYS TABS (lamivudine-tenofovir disoproxil fumarate)	2	
tenofovir disoproxil fumarate tabs	1	
TIVICAY TABS (dolutegravir sodium)	2	
TRIUMEQ PD TBSO (abacavir-dolutegravir-lamivudine)	2	
TRIUMEQ TABS (abacavir-dolutegravir-lamivudine)	2	
TRIZIVIR TABS (abacavir sulfate-lamivudine-zidovudine)	2	
TRUVADA TABS 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	7	QL(1 ea daily); PV
TYBOST TABS (cobicistat)	2	
VIRACEPT TABS (nelfinavir mesylate)	2	
VIREAD POWD 40 MG/GM (tenofovir disoproxil fumarate)	2	

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Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS 150 MG, 200 MG, 250 MG <i>(tenofovir disoproxil fumarate)</i>	2	
<i>zidovudine caps</i>	1	
<i>zidovudine syrp</i>	1	
<i>zidovudine tabs</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR <i>(molnupiravir caps 200 mg)</i>	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID (<i>nirmatrelvir 2 x 150mg & ritonavir 10 x 10mg tab pak</i>)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
CMV Agents		
<i>cidofovir soln</i>	4	PA
<i>valganciclovir hcl solr 50 mg/ml</i>	1	Limit 630mls per month; QL(21 ml daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	2	
BARACLUDE SOLN 0.05 MG/ML (<i>entecavir</i>)	4	
<i>entecavir tabs</i>	2	
EPCLUSA PACK 37.5 MG-150 MG, 50 MG-200 MG <i>(sofosbuvir-velpatasvir)</i>	2	PA; SP
EPCLUSA TABS 100 MG-400 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; Use Brand Epclusa

Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA TABS 50 MG-200 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP
EPIVIR HBV SOLN 5 MG/ML (<i>lamivudine (hbv)</i>)	3	
<i>lamivudine (hbv) tabs</i>	1	
MAVYRET TABS 100 MG-40 MG, 40 MG-100 MG <i>(glecaprevir-pibrentasvir)</i>	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661
PEGASYS SOLN <i>(peginterferon alfa-2a)</i>	3	PA
PEGINTRON KIT <i>(peginterferon alfa-2b)</i>	3	PA
<i>ribavirin (hepatitis c) caps</i>	1	PA
VEMLIDY TABS <i>(tenofovir alafenamide fumarate)</i>	4	ST
VOSEVI TABS <i>(sofosbuvir-velpatasvir-voxilaprevir)</i>	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs or 125 mg, 250 mg, 500 mg</i>	1	
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(8 ea daily)
Influenza Agents		

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Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate caps or 30 mg, 45 mg</i>	1	QL(10 ea per fill retail,10 ea per fill mail); AL(At least 1 yrs old)
<i>oseltamivir phosphate caps or 75 mg</i>	1	
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	QL(75 ml daily,5 day(s) limit); AL(At least 1 yrs old)
RELENZA DISKHALER AEPB (<i>zanamivir</i>)	3	
<i>rimantadine hydrochloride tabs</i>	1	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin solr</i>	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol phosphate cp24</i>	1	
<i>carvedilol tabs 12.5 mg, 25 mg, 6.25 mg</i>	1	
<i>carvedilol tabs 3.125 mg</i>	1	QL(2 ea daily)
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	
<i>atenolol tabs or 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER CP24	1	
(Diltiazem Hcl) DILT-XR CP24	1	
<i>amlodipine besylate tabs 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>amlodipine besylate tabs 2.5 mg</i>	1	QL(2 ea daily)
CARDIZEM LA TB24 120 MG (<i>diltiazem hcl coated beads</i>)	2	
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	QL(1 ea daily)
<i>diltiazem hcl coated beads tb24 360 mg</i>	1	
<i>diltiazem hcl cp12</i>	1	
<i>diltiazem hcl cp24</i>	1	
<i>diltiazem hcl extended release beads cp24</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>felodipine tb24 10 mg</i>	1	QL(1 ea daily)
<i>felodipine tb24 2.5 mg, 5 mg</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nifedipine caps or 10 mg, 20 mg</i>	1	
<i>nifedipine tb24 or 30 mg, 60 mg</i>	1	
<i>nifedipine tb24 or 30 mg, 60 mg, 90 mg</i>	1	QL(1 ea daily)
<i>nimodipine caps</i>	1	
<i>nisoldipine tb24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cp24 100 mg, 120 mg, 200 mg, 240 mg, 300 mg</i>	1	
<i>verapamil hcl cp24 180 mg</i>	1	QL(2 ea daily)
<i>verapamil hcl cp24 360 mg</i>	1	QL(1 ea daily)
<i>verapamil hcl tabs 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil hcl tbcR 120 mg</i>	1	
<i>verapamil hcl tbcR 180 mg, 240 mg</i>	1	QL(2 ea daily)
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	7	QL(1 ea daily)
VERELAN PM CP24 (<i>verapamil hcl</i>)	7	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS	1	
<i>digoxin soln</i>	1	
<i>digoxin tabs</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs 10 mg-10 mg, 10 mg-2.5 mg, 2.5 mg-10 mg, 2.5 mg-20 mg, 2.5 mg-40 mg, 20 mg-2.5 mg, 20 mg-5 mg, 40 mg-2.5 mg, 40 mg-5 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg, 5 mg-80 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-atorvastatin calcium tabs 10 mg-20 mg, 10 mg-40 mg, 10 mg-80 mg, 80 mg-10 mg</i>	1	
ENTRESTO TABS 24 MG-26 MG, 26 MG-24 MG (<i>sacubitril-valsartan</i>)	3	PA; QL(2 ea daily)
ENTRESTO TABS 49 MG-51 MG, 97 MG-103 MG (<i>sacubitril-valsartan</i>)	3	PA; QL(1 ea daily)
<i>isosorbide dinitrate-hydralazine hcl tabs</i>	1	
Impotence Agents		
<i>sildenafil citrate tabs</i>	1	PA; Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old)
<i>tadalafil tabs 10 mg, 20 mg, 5 mg</i>	1	PA; Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old)
<i>tadalafil tabs 2.5 mg</i>	1	PA; QL(1 ea daily, 30 ea per fill retail, 90 ea per fill mail)
Peripheral Vasodilators		
<i>isoxsuprine hcl tabs</i>	1	
Prostaglandin Vasodilators		
ORENITRAM TBCR (<i>treprostinil diolamine</i>)	4	PA
TYVASO REFILL SOLN (<i>treprostinil</i>)	4	PA
TYVASO SOLN (<i>treprostinil</i>)	4	PA
TYVASO STARTER SOLN (<i>treprostinil</i>)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
VENTAVIS SOLN (<i>iloprost</i>)	4	PA
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs 10 mg</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily)
<i>ambrisentan tabs 5 mg</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily)
<i>bosentan tabs 125 mg</i>	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661
<i>bosentan tabs 62.5 mg</i>	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LETAIRIS TABS 10 MG (<i>ambrisentan</i>)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily)
LETAIRIS TABS 5 MG (<i>ambrisentan</i>)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily)
OPSUMIT TABS (<i>macitentan</i>)	4	PA; ST
TRACLEER TBSO 32 MG (<i>bosentan</i>)	4	PA; ST
Pulmonary Hypertension - Phosphodiesterase		

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Drug Name	Drug Tier	Requirements/Limits
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	PA; New commercial members to be referred to AcariaHealth; QL(2 ea daily)
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	PA; New commercial members to be referred to AcariaHealth; QL(2 ea daily)
REVATIO SUSR 10 MG/ML (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	PA
<i>sildenafil citrate (pulmonary hypertension) susr 10 mg/ml</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20 mg</i>	1	PA; QL(3 ea daily)
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; New commercial members to be referred to AcariaHealth; QL(2 ea daily)
Pulmonary Hypertension - Prostacyclin Receptor		
UPTRAVI TABS OR 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; QL(2 ea daily)
UPTRAVI TABS OR 200 MCG (<i>selexipag</i>)	4	PA; ST
UPTRAVI TBPK OR (<i>selexipag</i>)	4	PA; ST
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG (<i>riociguat</i>)	4	PA; ST

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TABS 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML (<i>ivabradine hcl</i>)	3	ST; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	ST; QL(2 ea daily)
Transthyretin Stabilizers		
VYNDAMAX CAPS (<i>tafamidis</i>)	4	PA; QL(1 ea daily)
VYNDAQEL CAPS (<i>tafamidis meglumine (cardiac)</i>)	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	4	PA
<i>cefazolin sodium solr iv 1 gm</i>	4	PA
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	1	
CEFACTOR ER TB12 (<i>cefaclor monohydrate</i>)	3	
<i>cefaclor susr</i>	1	
CEFOTAN SOLR (<i>cefotetan disodium</i>)	7	PA
<i>cefotetan disodium solr</i>	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
cefoxitin sodium solr 1 gm, 2 gm	4	PA
CEFOXITIN SODIUM SOLR 1 GM-4 %, 2 GM-2.2 % (cefoxitin sodium and dextrose)	4	PA
cefprozil susr	1	
cefprozil tabs	1	
cefuroxime axetil tabs	1	
Cephalosporins - 3rd Generation		
cefdinir caps	1	
cefdinir susr	1	
cefditoren pivoxil tabs	1	
cefixime caps	1	
cefixime susr	1	
cefpodoxime proxetil susr	1	
cefpodoxime proxetil tabs	1	
SUPRAX CHEW 100 MG, 200 MG (cefixime)	3	
SUPRAX SUSR 500 MG/5ML (cefixime)	3	
CHEMICALS		
Bulk Chemicals - P's		
PROGESTERONE CONCENTRATE CREA (progesterone (bulk))	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN TABS	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, BEKYREE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA TABS	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN, VELIVET TABS	5	PV
(Drospirenone-Ethinyl Estradiol) GIANVI, JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZARAH, ZUMANDIMINE TABS	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY TABS	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E TABS	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 TABS	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE TABS	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	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, MELODETTA 24 FE, MIBELAS 24 FE CHEW	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA TABS	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE CHEW	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE TABS	5	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 TABS	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO TABS	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA TABS	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL TABS	5	PV
BALCOLTRA TABS (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>)	5	QL(1 ea daily); PV
BEYAZ TABS (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	7	PV
<i>desogestrel & ethinyl estradiol tabs</i>	5	PV
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	5	PV
<i>drospirenone-ethinyl estradiol tabs</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	5	PV
ESTROSTEP FE TABS (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	7	PV
<i>ethynodiol diacet & eth estrad tabs</i>	5	PV
GENERESS FE CHEW (<i>norethindrone & ethinyl estradiol-fe</i>)	7	PV
<i>levonorgestrel & eth estradiol tabs</i>	5	PV
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	5	PV

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	5	PV
LO LOESTRIN FE TABS (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>)	5	PV
LOSEASONIQUE TABS (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	7	PV
MIRCETTE TABS (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	7	PV
NATAZIA TABS (<i>estradiol valerate-dienogest</i>)	5	PV
NEXTSTELLIS TABS (<i>drospirenone-estetrol</i>)	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</i>	5	PV
<i>norethindrone & ethinyl estradiol-fe chew</i>	5	PV
<i>norethindrone acet & eth estra tabs</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	5	PV
<i>norgestimate-ethinyl estradiol tabs</i>	5	PV
QUARTETTE TABS (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV

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Drug Name	Drug Tier	Requirements/Limits
SAFYRAL TABS (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	7	PV
SEASONIQUE TABS (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV
TAYTULLA CAPS (<i>norethin acet & estrad- fe</i>)	7	PV
TYBLUME CHEW (<i>levonorgestrel & eth estradiol</i>)	5	PV
YASMIN 28 TABS (<i>drospirenone-ethinyl estradiol</i>)	7	PV
YAZ TABS (<i>drospirenone-ethinyl estradiol</i>)	7	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY PTWK	5	365 rti day(s) supply,; PV
TWIRLA PTWK (<i>levonorgestrel-ethinyl estradiol</i>)	5	QL(3 ea per 28 days retail); PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG RING	5	PV
ANNOVERA RING (<i>segesterone acetate- ethinyl estradiol</i>)	5	QL(1 ea daily); PV
<i>etonogestrel-ethinyl estradiol ring</i>	5	PV
NUVARING RING (<i>etonogestrel-ethinyl estradiol</i>)	7	PV
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/Limits
(Levonorgestrel (Emergency Oc)) AFTERA, AFTERPILL, ECONTRA EZ, ECONTRA ONE- STEP, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION TABS	5	PV
ELLA TABS (<i>ulipristal acetate</i>)	5	PV
<i>levonorgestrel (emergency oc) tabs</i>	5	PV
PLAN B ONE-STEP TABS (<i>levonorgestrel (emergency oc)</i>)	7	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (<i>medroxyprogesterone acetate 104mg/0.65ml susp pref syn</i>)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA TABS	5	PV
<i>norethindrone (contraceptive) tabs</i>	5	PV
ORTHO MICRONOR TABS (<i>norethindrone (contraceptive)</i>)	7	PV
SLYND TABS (<i>drospirenone</i>)	5	QL(1 ea daily); PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON TABS	1	

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Drug Name	Drug Tier	Requirements/Limits
(Dexamethasone) TAPERDEX 12-DAY TBPB	1	
<i>budesonide cpep 3 mg</i>	2	QL(3 ea daily)
<i>budesonide tb24 9 mg</i>	1	PA
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC (<i>dexamethasone</i>)	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone tbpk 1.5 mg</i>	1	
<i>hydrocortisone tabs</i>	1	
MEDROL TABS 2 MG (<i>methylprednisolone</i>)	2	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPB (<i>prednisolone</i>)	3	
MILLIPRED TABS (<i>prednisolone</i>)	2	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisolone soln</i>	1	
PREDNISON INTENSOL CONC (<i>prednisone</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate caps 100 mg, 150 mg, 200 mg</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide soln</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide tabs</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN	1	
(Guaifenesin-Codeine) GUAIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD	1	
(Pseudoephedrine W/ Codeine-Gg) GUAIFENESIN DAC SOLN	1	
ACTIDOM DMX LIQD (<i>phenylephrine w/ dm-gg</i>)	3	
CODITUSSIN AC LIQD (<i>guaifenesin-codeine</i>)	3	
DOMETUSS-DMX LIQD (<i>phenylephrine w/ dm-gg</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits
GILPHEX TR TABS (<i>phenylephrine-guaifenesin</i>)	3	RX/OTC
GILTUSS COUGH & COLD TABS (<i>phenylephrine w/ dm-gg</i>)	3	RX/OTC
GILTUSS SINUS & CONGESTION TABS (<i>phenylephrine-guaifenesin</i>)	3	RX/OTC
GILTUSS TR TABS (<i>phenylephrine w/ dm-gg</i>)	3	RX/OTC
<i>guaifenesin-codeine soln</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
NEOTUSS PLUS LIQD (<i>phenylephrine-chlorphen-dm</i>)	3	
PRO-RED AC SYRP (<i>phenylephrine-dexchlorpheniramine-codeine</i>)	3	
<i>promethazine & phenylephrine syrp</i>	1	QL(30 ml daily)
<i>promethazine w/codeine soln</i>	1	QL(30 ml daily)
<i>promethazine w/codeine syrp</i>	1	QL(30 ml daily)
<i>promethazine-dm syrp</i>	1	QL(30 ml daily)
<i>promethazine-phenylephrine-codeine syrp</i>	1	
<i>pseudoephed-bromphen-dm syrp</i>	1	
TUSNEL TABS (<i>pseudoephedrine w/ dm-gg</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
TUSSICAPS CP12 (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>)	3	
TUSSLIN LIQD (<i>phenylephrine w/ dm-gg</i>)	3	
TUSSLIN PEDIATRIC LIQD (<i>phenylephrine w/ dm-gg</i>)	3	
VIRTUSSIN DAC SOLN (<i>pseudoephedrine w/ codeine-gg</i>)	2	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) PULMOSAL NEBU	1	
HYPERSAL NEBU 3.5 % (<i>sodium chloride (inhalant)</i>)	3	
NEBUSAL NEBU 6 % (<i>sodium chloride (inhalant)</i>)	3	
<i>sodium chloride (inhalant) nebu</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT GEL	1	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC GEL	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 10 MG	1	QL(4 ea daily, 150 day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 20 MG	1	QL(5 ea daily, 150 day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 40 MG	1	QL(2 ea daily, 150 day(s) limit)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE CAPS 30 MG	1	QL(3 ea daily, 150 day(s) limit)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL	1	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL	1	
(Tretinoin) AVITA CREA	1	
(Tretinoin) AVITA GEL	1	
adapalene crea 0.1 %	1	Limit 45gms per month;QL(1.5 gm daily)
adapalene gel 0.1 %	1	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
adapalene gel 0.3 %	1	QL(45 gm per fill retail, 135 gm per fill mail)
adapalene-benzoyl peroxide gel 0.1 %-2.5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
AZELEX CREA (azelaic acid (acne))	3	
benzoyl peroxide-erythromycin gel	1	QL(2 gm daily)
clindamycin phosphate (topical) foam	1	
clindamycin phosphate (topical) gel	1	
clindamycin phosphate (topical) lotn	1	
clindamycin phosphate (topical) soln	1	
clindamycin phosphate (topical) swab	1	
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1	
clindamycin phosphate-benzoyl peroxide gel 1 %-5 %	1	
clindamycin phosphate-tretinoin gel	1	
dapsone (topical) gel 5 %	1	PA; ST
DIFFERIN LOTN 0.1 % (adapalene)	3	
erythromycin (acne aid) gel	1	
erythromycin (acne aid) soln	1	
FABIOR FOAM (tazarotene (acne))	3	Limit 50gms per month;QL(1.67 gm daily)
isotretinoin caps 10 mg, 25 mg	1	QL(4 ea daily, 150 day(s) limit)
isotretinoin caps 20 mg	1	QL(5 ea daily, 150 day(s) limit)

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Drug Name	Drug Tier	Requirements/ Limits
<i>isotretinoin caps 30 mg</i>	1	QL(3 ea daily, 150 day(s) limit)
<i>isotretinoin caps 35 mg, 40 mg</i>	1	QL(2 ea daily, 150 day(s) limit)
RIAX FOAM (<i>benzoyl peroxide</i>)	3	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL (<i>sulfacetamide sodium-sulfur in urea vehicle</i>)	3	
<i>sulfacetamide sodium (acne) lotn</i>	1	
<i>sulfacetamide sodium w/ sulfur crea 4.8 %-9.8 %</i>	1	
<i>sulfacetamide sodium w/ sulfur liqd 4.8 %-9.8 %</i>	2	
<i>sulfacetamide sodium w/ sulfur lotn 4.8 %-9.8 %</i>	1	PA
<i>sulfacetamide sodium w/ sulfur lotn 5 %-10 %</i>	1	QL(1 gm daily)
TAZAROTENE FOAM (<i>tazarotene (acne)</i>)	3	Limit 50gms per month; QL(1.67 gm daily)
<i>tretinoin crea</i>	1	
<i>tretinoin gel</i>	1	
<i>tretinoin microsphere gel 0.04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)
<i>tretinoin microsphere gel 0.1 %</i>	1	QL(1.67 gm daily)
Agents for External Genital and Perianal Warts		
VEREGEN OINT (<i>sinecatechins</i>)	3	QL(30 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Anti-inflammatory Agents - Topical		
(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN RELIEVER, GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM GEL	1	RX/OTC
<i>diclofenac sodium (topical) gel 1 %</i>	1	RX/OTC
<i>diclofenac sodium (topical) soln 1.5 %</i>	1	QL(5 ml daily)
<i>diclofenac sodium (topical) soln 2 %</i>	1	PA; QL(4 gm daily)
PENNSAID SOLN (<i>diclofenac sodium (topical)</i>)	3	PA; QL(4 gm daily)
Antibiotics - Topical		
ALTABAX OINT (<i>retapamulin</i>)	3	
CENTANY OINT (<i>mupirocin</i>)	2	
<i>gentamicin sulfate (topical) crea</i>	1	
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin oint</i>	1	
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC CREA	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	

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Drug Name	Drug Tier	Requirements/ Limits
(Nystatin (Topical)) NYAMYC, NYSTOP POWD	1	
<i>ciclopirox gel ex 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham ex 1 %</i>	1	
<i>ciclopirox soln ex 8 %</i>	1	
<i>clotrimazole w/ betamethasone crea</i>	1	Limit 1 tube per month;QL(1.5 gm daily)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(2 ml daily)
<i>econazole nitrate crea</i>	1	
ERTACZO CREA (<i>sertaconazole nitrate</i>)	4	PA; QL(1 gm daily)
EXELDERM CREA (<i>sulconazole nitrate</i>)	7	
EXELDERM SOLN (<i>sulconazole nitrate</i>)	2	
EXODERM LOTN (<i>sodium thiosulfate- salicylic acid</i>)	3	
<i>iodoquinol- hydrocortisone in aloe vehicle crea</i>	1	
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)
<i>ketoconazole (topical) foam</i>	2	
<i>ketoconazole (topical) sham</i>	1	
<i>naftifine hcl crea</i>	1	
<i>naftifine hcl gel</i>	1	
NAFTIN GEL 2 % (<i>naftifine hcl</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	
OXISTAT LOTN (<i>oxiconazole nitrate</i>)	3	
<i>sulconazole nitrate crea</i>	1	
<i>sulconazole nitrate soln</i>	1	
Antineoplastic or Premalignant Lesion Agents -		
<i>bexarotene (topical) gel</i>	4	PA
CARAC CREA (<i>fluorouracil (topical)</i>)	7	QL(1 gm daily)
<i>diclofenac sodium (actinic keratoses) gel</i>	2	PA
FLUOROPLEX CREA (<i>fluorouracil (topical)</i>)	2	
<i>fluorouracil (topical) crea 0.5 %</i>	1	QL(1 gm daily)
<i>fluorouracil (topical) crea 5 %</i>	1	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	
PANRETIN GEL (<i>alitretinoin</i>)	3	PA
PICATO GEL (<i>ingenol mebutate</i>)	3	
TARGRETIN GEL EX 1 % (<i>bexarotene (topical)</i>)	7	PA
VALCHLOR GEL (<i>mechlorethamine hcl (topical)</i>)	4	PA; ST
Antipruritics - Topical		

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Drug Name	Drug Tier	Requirements/ Limits
doxepin hcl (antipruritic) crea	1	QL(3 gm daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
acitretin caps 10 mg	2	QL(1 ea daily)
acitretin caps 17.5 mg	2	
acitretin caps 25 mg	2	QL(2 ea daily)
calcipotriene crea	2	QL(5 gm daily)
calcipotriene foam	1	PA
calcipotriene oint	1	QL(5 gm daily)
calcipotriene soln	1	
calcitriol (topical) oint	1	Limit 100gms per month;QL(3.4 gm daily)
COSENTYX SENSOREADY PEN SOAJ (secukinumab)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COSENTYX SOSY 150 MG/ML (secukinumab)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COSENTYX SOSY 75 MG/0.5ML (secukinumab)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;
ILUMYA SOSY (tildrakizumab-asmn)	4	PA; ST
methoxsalen rapid caps	1	
SKYRIZI PEN SOAJ (risankizumab-rzaa)	4	PA; QL(1 ml per 84 days retail)

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI PSKT SC 75 MG/0.83ML (risankizumab-rzaa)	4	PA; QL(1 ea per 84 days retail)
SKYRIZI SOSY SC 150 MG/ML (risankizumab-rzaa)	4	PA; QL(1 ml per 84 days retail)
SORILUX FOAM (calcipotriene)	3	PA
STELARA SOLN SC 45 MG/0.5ML (ustekinumab)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
STELARA SOSY SC 90 MG/ML (ustekinumab)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
tazarotene crea	1	
TAZORAC CREA 0.05 % (tazarotene)	2	
TAZORAC GEL 0.05 %, 0.1 % (tazarotene)	2	
TREMFYA SOPN (guselkumab)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TREMFYA SOSY (guselkumab)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Antiseborrheic Products		
selenium sulfide lotn	1	
SODIUM SULFACETAMIDE WASH LIQD (sulfacetamide sodium in bakuchiol vehicle)	3	
sulfacetamide sodium liqd 10 %	1	
sulfacetamide sodium sham 10 %	1	

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Drug Name	Drug Tier	Requirements/ Limits
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	QL(1 gm daily)
Burn Products		
(Silver Sulfadiazine) SSD CREA	1	
<i>mafenide acetate pack</i>	1	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM (<i>mafenide acetate</i>)	3	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT CREA	1	
(Clobetasol Propionate Emulsion) TOVET FOAM	1	
(Clobetasol Propionate) CLODAN SHAM	1	
(Desonide) DESRX GEL	1	
(Diflorasone Diacetate) PSORCON CREA	1	
(Flurandrenolide) NOLIX CREA	1	
(Fluticasone Propionate) BESER LOTN	1	
(Hydrocortisone (Topical)) ALA SCALP, ALA-SCALP LOTN	1	
(Hydrocortisone (Topical)) ALA-CORT CREA	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA	1	
ALA-SCALP LOTN (<i>hydrocortisone (topical)</i>)	3	
<i>alclometasone dipropionate crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate oint</i>	1	
<i>amcinonide crea</i>	1	
<i>amcinonide lotn</i>	1	
AMCINONIDE OINT (<i>amcinonide</i>)	3	
APEXICON E CREA (<i>diflorasone diacetate emollient base</i>)	2	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented gel</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea</i>	1	
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	
<i>betamethasone valerate oint</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene- betamethasone dipropionate oint</i>	2	ST
<i>calcipotriene- betamethasone dipropionate susp</i>	1	ST; QL(2 gm daily)
CAPEX SHAM (<i>fluocinolone acetonide</i>)	2	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate emulsion foam</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate liqd</i>	1	
<i>clobetasol propionate lotn</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate soln</i>	1	
<i>clocortolone pivalate crea</i>	1	
CLODERM CREA (<i>clocortolone pivalate</i>)	7	
CORDRAN TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	3	
CORTANE-B LOTN (<i>hydrocortisone- pramoxine- chloroxylenol</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>desonide crea</i>	1	
<i>desonide gel</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
<i>desoximetasone crea 0.05 %, 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone liqd 0.25 %</i>	1	ST
<i>desoximetasone oint 0.05 %, 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	
<i>diflorasone diacetate oint</i>	1	
EPIFOAM FOAM (<i>pramoxine-hc</i>)	3	
<i>fluocinolone acetonide crea</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>fluocinolone acetonide oint</i>	1	
<i>fluocinolone acetonide soln</i>	1	
<i>fluocinonide crea</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel</i>	1	
<i>fluocinonide oint</i>	1	
<i>fluocinonide soln</i>	1	
<i>flurandrenolide crea</i>	1	
<i>fluticasone propionate crea</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
TEXACORT SOLN (<i>hydrocortisone (topical)</i>)	3	
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML (<i>dupilumab</i>)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661
DUPIXENT SOSY 200 MG/1.14ML (<i>dupilumab</i>)	4	PA
DUPIXENT SOSY 300 MG/2ML (<i>dupilumab</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
Emollient/Keratolytic Agents		
(Urea) CEROVEL, UREA-C40 LOTN	1	
<i>urea lotn</i>	1	
<i>urea susp</i>	1	
Enzymes - Topical		
SANTYL OINT (<i>collagenase</i>)	3	
Immunomodulating Agents - Topical		

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Drug Name	Drug Tier	Requirements/ Limits
<i>imiquimod crea</i>	1	
Immunosuppressive Agents - Topical		
<i>pimecrolimus crea</i>	1	QL(2 gm daily)
<i>tacrolimus (topical) oint 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic Agents		
(Salicylic Acid) KERALYT SHAM	1	
BENSAL HP OINT (<i>salicylic acid</i>)	3	RX/OTC
CONDYLOX GEL (<i>podofilox</i>)	2	
MG217 PSORIASIS MULTI-SYMTOM OINT (<i>salicylic acid</i>)	3	RX/OTC
PODOCON-25 SOLN (<i>podophyllum resin</i>)	3	
<i>podofilox soln</i>	1	
<i>salicylic acid crea 6 %</i>	1	
<i>salicylic acid in ammonium lactate vehicle foam</i>	1	
<i>salicylic acid lotn 6 %</i>	1	
<i>salicylic acid sham 6 %</i>	1	
SALIMEZ CREA (<i>salicylic acid</i>)	3	
Liniments		
MEDROX-RX OINT (<i>capsaicin-menthol-methyl salicylate</i>)	3	PA
Local Anesthetics - Topical		
CETACAINE AERO (<i>butamben-tetracaine-benzocaine</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl soln</i>	1	
<i>lidocaine ptch ex 5 %</i>	1	Limited to 3 patches per day;QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	1	
PREMIUM SCAR PATCH PTCH (<i>allantoin-lidocaine-petrolatum</i>)	3	
Misc. Topical		
DRYSOL SOLN (<i>aluminum chloride</i>)	2	
XERAC AC SOLN (<i>aluminum chloride in alcohol</i>)	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT (<i>crisaborole</i>)	3	PA; ST; Limited to 60 gm per month;QL(2 gm daily)
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL	1	Limit 45gms per month;QL(1.5 gm daily)
<i>azelaic acid gel</i>	1	
<i>doxycycline (rosacea) cpdr</i>	1	PA; ST;QL(1 ea daily)
FINACEA FOAM (<i>azelaic acid</i>)	3	
<i>ivermectin (rosacea) crea</i>	1	PA; QL(1.5 gm daily)
<i>metronidazole (topical) crea 0.75 %</i>	1	
<i>metronidazole (topical) gel 0.75 %</i>	1	Limit 45gms per month;QL(1.5 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) gel 1 %</i>	1	
<i>metronidazole (topical) lotn 0.75 %</i>	1	QL(2 ml daily)
MIRVASO GEL (<i>brimonidine tartrate (topical)</i>)	3	PA; ST
NORITATE CREA (<i>metronidazole (topical)</i>)	4	PA
ORACEA CPDR (<i>doxycycline (rosacea)</i>)	7	PA; ST;QL(1 ea daily)
RHOFADE CREA (<i>oxymetazoline hcl (topical)</i>)	3	PA; ST
Scabicides & Pediculicides		
<i>ivermectin (pediculicide) lotn</i>	1	RX/OTC
IVERMECTIN LOTN EX 0.5 % (<i>ivermectin (pediculicide)</i>)	3	RX/OTC
<i>malathion lotn</i>	1	
<i>permethrin crea</i>	1	QL(2 gm daily)
Wound Care Products		
REGRANEX GEL (<i>becaplermin</i>)	3	Limit 15gms per month;QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR (<i>glucagon hcl rdna (diagnostic)</i>)	4	PA
METOPIRONE CAPS (<i>metyrapone</i>)	3	
Diagnostic Tests		

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
FREESTYLE LITE TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
FREESTYLE TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
ONETOUCH ULTRA STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
ONETOUCH VERIO TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP (<i>glucose blood</i>)	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP (<i>pancrelipase (lipase-protease-amylase)</i>)	2	

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Drug Name	Drug Tier	Requirements/ Limits
PANCREAZE CPEP 10500 UNIT-35500 UNIT-61500 UNIT, 16800 UNIT-56800 UNIT-98400 UNIT, 21000 UNIT-54700 UNIT-83900 UNIT, 2600 UNIT-8800 UNIT-15200 UNIT, 4200 UNIT-14200 UNIT-24600 UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	3	
PERTZYE CPEP (<i>pancrelipase (lipase-protease-amylase)</i>)	3	
SUCRAID SOLN (<i>sacrosidase</i>)	4	PA; AC
VIOKACE TABS (<i>pancrelipase (lipase-protease-amylase)</i>)	3	
ZENPEP CPEP (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
KEYEYIS TABS (<i>dichlorphenamide</i>)	4	PA
<i>methazolamide tabs</i>	1	
Diuretic Combinations		
ALDACTAZIDE TABS 50 MG-50 MG (<i>spironolactone & hydrochlorothiazide</i>)	2	
<i>amiloride & hydrochlorothiazide tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps 25 mg-37.5 mg, 37.5 mg-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tabs 25 mg-37.5 mg, 37.5 mg-25 mg</i>	1	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide tabs 50 mg-75 mg, 75 mg-50 mg</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide tabs 0.5 mg, 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	QL(5 ea daily)
<i>ethacrynic acid tabs</i>	1	ST
<i>furosemide soln</i>	1	
<i>furosemide tabs</i>	1	
SOAANZ TABS 20 MG (<i>torseamide</i>)	2	
<i>torseamide tabs 10 mg, 20 mg, 5 mg</i>	1	
<i>torseamide tabs 100 mg</i>	1	QL(2 ea daily)
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 tabs</i>	1	
DIURIL SUSP (<i>chlorothiazide</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone tabs</i>	1	
THALITONE TABS (<i>chlorthalidone</i>)	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium soln 70 mg/75ml</i>	1	
<i>alendronate sodium tabs 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>alendronate sodium tabs 35 mg</i>	1	Limit 1 tab per week;QL(0.144 ea daily)
<i>alendronate sodium tabs 70 mg</i>	1	Limit 1 tab per week;QL(0.15 ea daily)
<i>calcitonin (salmon) soln ij 200 unit/ml</i>	4	PA; LA
<i>calcitonin (salmon) soln na 200 unit/act</i>	1	
FORTEO SOPN (<i>teriparatide (recombinant)</i>)	4	PA; LA
<i>ibandronate sodium tabs</i>	1	Limit 1 per month;QL(0.04 ea daily)
MIACALCIN SOLN (<i>calcitonin (salmon)</i>)	7	PA; LA
NATPARA CART (<i>parathyroid hormone (recombinant)</i>)	4	PA; LA
PROLIA SOSY (<i>denosumab</i>)	4	PA; LA

Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate sodium tabs 150 mg</i>	1	ST; Limited to 1 per month;QL(0.04 ea daily)
<i>risedronate sodium tabs 30 mg, 35 mg, 5 mg</i>	1	ST
TYMLOS SOPN (<i>abaloparatide</i>)	4	PA; LA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR (<i>pegvisomant</i>)	4	PA; LA
Growth Hormones		
HUMATROPE CART (<i>somatropin</i>)	4	PA; LA
HUMATROPE COMBO PACK SOLR (<i>somatropin</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
NORDITROPIN FLEXPRO SOPN (<i>somatropin</i>)	4	PA; LA
SEROSTIM SOLR (<i>somatropin (non-refrigerated)</i>)	4	PA; LA
ZOMACTON SOLR (<i>somatropin</i>)	4	PA
ZORBTIVE SOLR (<i>somatropin (non-refrigerated)</i>)	4	PA; LA
Hormone Receptor Modulators		
EVISTA TABS (<i>raloxifene hcl</i>)	7	PV
OSPHENA TABS (<i>ospemifene</i>)	3	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN (<i>mecasermin</i>)	4	PA; LA
LHRH/GnRH Agonist Analog Pituitary		

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Drug Name	Drug Tier	Requirements/ Limits
FENSOLVI KIT (<i>leuprolide acetate (cpp)</i>) (6 month)	3	PA
SYNAREL SOLN (<i>nafarelin acetate</i>)	2	
Metabolic Modifiers		
<i>betaine powd</i>	4	PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	7	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	7	PA
<i>calcitriol caps 0.25 mcg</i>	1	
<i>calcitriol caps 0.5 mcg</i>	1	QL(4 ea daily)
<i>calcitriol soln 1 mcg/ml</i>	1	
<i>cinacalcet hcl tabs</i>	1	PA
CYSTADANE POWD (<i>betaine</i>)	4	PA
CYSTADANE POWD (<i>betaine</i>)	7	PA
<i>doxercalciferol caps</i>	2	
GALAFOLD CAPS (<i>migalastat hcl</i>)	4	PA; QL(0.5 ea daily)
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) soln</i>	1	
<i>levocarnitine (metabolic modifiers) tabs</i>	1	
MYALEPT SOLR (<i>metreleptin</i>)	4	PA; LA

Drug Name	Drug Tier	Requirements/ Limits
<i>nitisinone caps 10 mg</i>	4	PA
<i>nitisinone caps 2 mg, 5 mg</i>	1	PA
NITYR TABS (<i>nitisinone</i>)	4	PA
ORFADIN CAPS 10 MG (<i>nitisinone</i>)	7	PA
ORFADIN CAPS 20 MG (<i>nitisinone</i>)	3	PA
ORFADIN SUSP 4 MG/ML (<i>nitisinone</i>)	4	PA
PALYNZIQ SOSY (<i>pegvaliase-pqpz</i>)	4	PA
<i>paricalcitol caps</i>	1	
RAVICTI LIQD (<i>glycerol phenylbutyrate</i>)	4	
<i>sapropterin dihydrochloride pack</i>	4	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride tabs</i>	4	Specialty Drug refer to Caremark SP RX
<i>sodium phenylbutyrate powd</i>	4	PA
<i>sodium phenylbutyrate tabs</i>	4	PA
STRENSIQ SOLN (<i>asfotase alfa</i>)	4	PA
XURIDEN PACK (<i>uridine triacetate</i>)	4	
Posterior Pituitary Hormones		
DDAVP SOLN NA 0.01 % (<i>desmopressin acetate refrigerated</i>)	2	
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML (<i>desmopressin acetate</i>)	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(6 ea daily)
STIMATE SOLN (<i>desmopressin acetate</i>)	3	
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate soln 1000 mcg/ml, 500 mcg/ml</i>	4	PA; LA
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	7	PA; LA
SIGNIFOR SOLN (<i>pasireotide diaspertate</i>)	4	PA; LA
Vasopressin Receptor Antagonists		
JYNARQUE TBP 15 MG (<i>tolvaptan</i>)	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, LOPREEZA, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI TABS	1	
ANGELIQ TABS (<i>drospirenone-estradiol</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO PTTW (<i>estradiol-levonorgestrel</i>)	2	
COMBIPATCH PTTW (<i>estradiol & norethindrone acetate</i>)	3	
DUAVEE TABS (<i>conjugated estrogens-bazedoxifene</i>)	3	
<i>estradiol & norethindrone acetate tabs</i>	1	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
ORIAHNN CPPK (<i>elagolix sodium-estradiol-norethindrone acetate</i>)	4	PA
PREFEST TABS (<i>estradiol-norgestimate</i>)	3	
PREMPHASE TABS (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	
PREMPRO TABS (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	Limit 8 patches per month;QL(0.29 ea daily)
ALORA PTTW (<i>estradiol</i>)	2	Limit 8 patches per month;QL(0.29 ea daily)
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM (<i>estradiol</i>)	3	
ELESTRIN GEL (<i>estradiol</i>)	3	

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Drug Name	Drug Tier	Requirements/Limits
estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	Limit 8 patches per month;QL(0.29 ea daily)
estradiol ptwk td 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr	1	Limit 4 patches per month;QL(0.14 3 ea daily)
estradiol tabs or 0.5 mg, 1 mg, 2 mg	1	
ESTROGEL GEL (estradiol)	3	Limit 50gms per month;QL(1.67 gm daily)
EVAMIST SOLN (estradiol)	3	
MENEST TABS (esterified estrogens)	2	
MENOSTAR PTWK (estradiol)	3	Limit 4 patches per month;QL(0.14 3 ea daily)
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG (estrogens, conjugated)	2	QL(1 ea daily)
PREMARIN TABS OR 0.9 MG (estrogens, conjugated)	2	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO SUSR 5 GM/100ML, 500 MG/5ML (ciprofloxacin)	2	
ciprofloxacin hcl tabs	1	
levofloxacin soln 25 mg/ml	1	
levofloxacin tabs 250 mg, 500 mg, 750 mg	1	QL(14 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hcl tabs	1	
ofloxacin tabs 300 mg	1	
ofloxacin tabs 400 mg	1	QL(28 ea per 90 days retail,28 ea per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA TABS 10 MG (obeticholic acid)	4	PA; QL(1 ea daily)
OCALIVA TABS 5 MG (obeticholic acid)	4	PA; ST;QL(1 ea daily)
Gallstone Solubilizing Agents		
CHENODAL TABS (chenodiol)	4	PA
ursodiol caps 300 mg	2	
ursodiol tabs 250 mg, 500 mg	1	
Gastrointestinal Chloride Channel Activators		
lubiprostone caps	1	
Gastrointestinal Stimulants		
metoclopramide hcl soln	1	
metoclopramide hcl tabs	1	
metoclopramide hcl tbdp	1	
METOCLOPRAMIDE ODT TBDP (metoclopramide hcl)	3	
Inflammatory Bowel Agents		
AVSOLA SOLR (infliximab-axxq)	4	PA
balsalazide disodium caps	1	Limit 280 caps per month;QL(9 ea daily)
CIMZIA KIT (certolizumab pegol)	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA PSKT (<i>certolizumab pegol</i>)	4	PA; LA
CIMZIA STARTER KIT PSKT (<i>certolizumab pegol</i>)	4	PA; LA
DIPENTUM CAPS (<i>olsalazine sodium</i>)	3	
INFLECTRA SOLR (<i>infliximab-dyyb</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<i>mesalamine cp24 or 0.375 gm</i>	1	QL(4 ea daily)
<i>mesalamine cpcr or 500 mg</i>	1	PA; QL(8 ea daily)
<i>mesalamine cpdr or 400 mg</i>	1	QL(6 ea daily)
<i>mesalamine enem re 4 gm</i>	1	QL(60 ml daily)
<i>mesalamine supp re 1000 mg</i>	1	QL(1 ea daily)
<i>mesalamine tbec or 1.2 gm</i>	1	QL(4 ea daily)
<i>mesalamine tbec or 800 mg</i>	1	
PENTASA CPCR 250 MG (<i>mesalamine</i>)	3	PA
RENFLEXIS SOLR (<i>infliximab-abda</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
SFROWASA ENEM (<i>mesalamine</i>)	2	
STELARA SOLN IV 130 MG/26ML (<i>ustekinumab (iv)</i>)	4	PA; LA
<i>sulfasalazine tabs</i>	1	QL(8 ea daily)
<i>sulfasalazine tbec</i>	1	QL(8 ea daily)
Intestinal Acidifiers		

Drug Name	Drug Tier	Requirements/Limits
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC SOLN	1	
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	2	
LINZESS CAPS (<i>linaclotide</i>)	2	QL(1 ea daily)
VIBERZI TABS (<i>eluxadoline</i>)	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan caps</i>	1	
MOVANTIK TABS 12.5 MG (<i>naloxegol oxalate</i>)	3	
MOVANTIK TABS 25 MG (<i>naloxegol oxalate</i>)	3	QL(1 ea daily)
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML (<i>methyl naltrexone bromide</i>)	4	PA; LA
RELISTOR TABS OR 150 MG (<i>methyl naltrexone bromide</i>)	4	PA; ST
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA TABS (<i>ferric citrate</i>)	3	PA; ST
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL PACK 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
<i>lanthanum carbonate chew 1000 mg</i>	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>lanthanum carbonate chew 500 mg</i>	1	
<i>lanthanum carbonate chew 750 mg</i>	1	QL(4 ea daily)
PHOSLYRA SOLN (<i>calcium acetate (phosphate binder)</i>)	3	
<i>sevelamer carbonate pack 0.8 gm</i>	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	QL(5 ea daily)
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sevelamer hcl tabs 400 mg</i>	1	PA; ST
<i>sevelamer hcl tabs 800 mg</i>	1	PA; ST;QL(16 ea daily)
Short Bowel Syndrome (SBS) Agents		
GATTEX KIT (<i>teduglutide (rdna)</i>)	4	PA; ST; Specialty Drug refer to Caremark SP RX;LA
Tryptophan Hydroxylase Inhibitors		
XERMELO TABS (<i>telotristat etiprate</i>)	4	PA; ST; Not available through mail
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 TABS (<i>potassium & sodium acid phosphates</i>)	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS, TARON-CRYSTALS PACK	1	

Drug Name	Drug Tier	Requirements/ Limits
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2 SOLN	1	RX/OTC
ORACIT SOLN (<i>sodium citrate & citric acid</i>)	3	
<i>pot & sod citrates w/citric ac soln</i>	1	
<i>potassium citrate (alkalinizer) tbc</i>	1	
<i>potassium citrate-citric acid soln</i>	1	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS (<i>cysteamine bitartrate</i>)	4	PA
PROCYSBI CPDR 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	
PROCYSBI PACK 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS (<i>pentosan polysulfate sodium</i>)	3	PA; QL(3 ea daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
CARDURA XL TB24 (<i>doxazosin mesylate (bph)</i>)	3	
<i>dutasteride caps</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
<i>silodosin caps 4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>silodosin caps 8 mg</i>	1	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
Urinary Stone Agents		
LITHOSTAT TABS (<i>acetohydroxamic acid</i>)	3	
THIOLA EC TBEC (<i>tiopronin</i>)	3	
<i>tiopronin tabs</i>	1	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs 100 mg</i>	1	QL(3 ea daily)
<i>allopurinol tabs 300 mg</i>	1	QL(2 ea daily)
<i>colchicine caps</i>	1	
<i>colchicine tabs</i>	1	
<i>febuxostat tabs 40 mg</i>	1	QL(2 ea daily)
<i>febuxostat tabs 80 mg</i>	1	QL(1 ea daily)
MITIGARE CAPS (<i>colchicine</i>)	7	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE SOLR (<i>antihemophilic factor (rcmb)</i> plasma/albumin free (rahf-pfm))	4	PA; LA

Drug Name	Drug Tier	Requirements/Limits
ADYNOVATE SOLR (<i>antihemophilic factor (recombinant)</i> pegylated)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
AFSTYLA KIT (<i>antihemophilic factor (recombinant)</i> single chain)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANATE SOLR (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANINE SD SOLR (<i>coagulation factor ix</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPROLIX SOLR (<i>coagulation factor ix (recomb)</i> fc fusion protein (rfixfc))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
BENEFIX KIT (<i>coagulation factor ix (recombinant)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
COAGADEX SOLR (<i>coagulation factor x (human)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
CORIFACT KIT (<i>factor xiii concentrate (human)</i>)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA

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

Drug Name	Drug Tier	Requirements/ Limits
KOATE SOLR (<i>antihemophilic factor (human)</i>)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
KOATE-DVI SOLR (<i>antihemophilic factor (human)</i>)	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
KOVALTRY SOLR (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	4	PA; LA
MONONINE SOLR (<i>coagulation factor ix</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOEIGHT SOLR (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOSEVEN RT SOLR (<i>coagulation factor viia (recombinant)</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
NUWIQ KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
OBIZUR SOLR (<i>antihemophilic factor (recombinant porcine) (rpfviii)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PROFILNINE SOLR (<i>factor ix complex</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

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Drug Name	Drug Tier	Requirements/ Limits
REBINYN SOLR (<i>coagulation factor ix (recombinant)</i> glycopegylated)	4	PA; administered under the medical benefit
RECOMBIMATE SOLR (<i>antihemophilic factor (recombinant)</i> (rfviii))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
RIXUBIS SOLR (<i>coagulation factor ix (recombinant)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TRETEN SOLR (<i>coagulation factor xiii a-subunit (recombinant)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
VONVENDI SOLR (<i>von willebrand factor (recombinant)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
WILATE KIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XYNTHA KIT (<i>antihemophilic factor (rcmb)</i> moroctocog alfa(bdd-rfviii,mor))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
XYNTHA SOLOFUSE KIT (<i>antihemophilic factor (rcmb)</i> moroctocog alfa(bdd-rfviii,mor))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOLN	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA

Drug Name	Drug Tier	Requirements/ Limits
FIRAZYR SOLN (<i>icatibant acetate</i>)	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
<i>icatibant acetate soln</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
Complement Inhibitors		
HAEGARDA SOLR (<i>c1 esterase inhibitor (human)</i>)	4	PA; Specialty drug-Health Net will refer to SP Pharmacy
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS 100 MG (<i>fostamatinib disodium</i>)	4	PA; ST
TAVALISSE TABS 150 MG (<i>fostamatinib disodium</i>)	4	PA
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	1	QL(3 ea daily)
Human Protein C		
CEPROTIN SOLR (<i>protein c concentrate (human)</i>)	4	PA; LA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	
BRILINTA TABS (<i>ticagrelor</i>)	2	QL(2 ea daily)
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs</i>	1	QL(2 ea daily)
<i>dipyridamole tabs</i>	1	
<i>prasugrel hcl tabs</i>	1	

HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders

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Drug Name	Drug Tier	Requirements/ Limits
Agents for Gaucher Disease		
CERDELGA CAPS (<i>eliglustat tartrate</i>)	4	PA
CEREZYME SOLR (<i>imiglucerase</i>)	4	PA; LA
<i>miglustat caps</i>	4	PA; ST
ZAVESCA CAPS (<i>miglustat</i>)	7	PA; ST
Agents for Sickle Cell Disease		
DROXIA CAPS (<i>hydroxyurea (sickle cell disease)</i>)	2	
SIKLOS TABS 100 MG (<i>hydroxyurea (sickle cell disease)</i>)	4	PA; ST; AC
SIKLOS TABS 1000 MG (<i>hydroxyurea (sickle cell disease)</i>)	4	PA; AC
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID TABS	5	PV
(Folic Acid) KP FOLIC ACID TABS 1 MG	1	RX/OTC
(Folic Acid) KP FOLIC ACID TABS 800 MCG	5	PV
<i>folic acid tabs 1 mg</i>	1	RX/OTC
<i>folic acid tabs 400 mcg, 800 mcg</i>	5	PV
Hematopoietic Growth Factors		
FULPHILA SOSY (<i>pegfilgrastim-jmdb</i>)	4	PA
GRANIX SOLN (<i>tbo-filgrastim</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661

Drug Name	Drug Tier	Requirements/ Limits
GRANIX SOSY (<i>tbo-filgrastim</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LEUKINE SOLR (<i>sargramostim</i>)	4	PA; LA
MULPLETA TABS (<i>lusutrombopag</i>)	4	PA
NIVESTYM SOLN 300 MCG/ML (<i>filgrastim-aafi</i>)	4	PA; ST
NIVESTYM SOLN 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	4	PA
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	4	PA
PROMACTA PACK (<i>eltrombopag olamine</i>)	4	PA; QL(1 ea daily)
PROMACTA TABS (<i>eltrombopag olamine</i>)	4	PA; QL(1 ea daily)
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	4	PA
UDENYCA SOSY (<i>pegfilgrastim-cbqv</i>)	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
ZARXIO SOSY (<i>filgrastim-sndz</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA
ZIEXTENZO SOSY (<i>pegfilgrastim-bmez</i>)	4	PA; ST
Hematopoietic Mixtures		

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Drug Name	Drug Tier	Requirements/Limits
FOLIVANE-F CAPS (ferrous fumarate-iron polysaccharide complex-folic acid-c-b3)	2	
INTEGRA F CAPS (ferrous fumarate-iron polysaccharide complex-folic acid-c-b3)	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
aminocaproic acid soln	1	
aminocaproic acid tabs	1	
CYKLOKAPRON SOLN (tranexamic acid)	7	PA
tranexamic acid soln iv 1000 mg/10ml	4	PA
tranexamic acid tabs or 650 mg	1	QL(6 ea daily, 5 day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital elix	1	
phenobarbital soln	1	
phenobarbital tabs	1	
Non-Barbiturate Hypnotics		
DORAL TABS (quazepam)	7	
estazolam tabs	1	
eszopiclone tabs	1	QL(1 ea daily)
flurazepam hcl caps 15 mg	1	QL(2 ea daily)
flurazepam hcl caps 30 mg	1	QL(1 ea daily)
midazolam hcl syrp	1	

Drug Name	Drug Tier	Requirements/Limits
temazepam caps 15 mg	1	QL(2 ea daily)
temazepam caps 22.5 mg, 30 mg	1	QL(1 ea daily)
temazepam caps 7.5 mg	1	
triazolam tabs 0.125 mg	1	
triazolam tabs 0.25 mg	1	QL(1 ea daily)
zaleplon caps	1	QL(1 ea daily)
zolpidem tartrate tabs or 10 mg, 5 mg	1	QL(1 ea daily)
zolpidem tartrate tbcr or 12.5 mg, 6.25 mg	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS (suvorexant)	2	ST; QL(1 ea daily)
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS (tasimelteon)	4	PA; ST
ramelteon tabs	1	ST; QL(1 ea daily)
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(Peg 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/AS CORBATE SOLR	5	PV
(Peg 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-C, GAVILYTE-G SOLR	5	QL(4000 ml per fill retail); PV
(Peg 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK, TRILYTE SOLR	5	PV

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Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	7	QL(4000 ml per fill retail); PV
NULYTELY SOLR (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	7	PV
NULYTELY/FLAVOR PACKS SOLR (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	7	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	5	QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	5	PV
PEG-PREP KIT (<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>)	5	QL(1 ea per fill retail); PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURALAX, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TGT POWDERLAX POWD	1	Limit 528gms per month;QL(17.6 gm daily)
(Polyethylene Glycol 3350) RA LAXATIVE POWD 17 GM/SCOOP	1	Limit 528gms per month;QL(17.6 gm daily)
<i>lactulose soln</i>	1	
<i>polyethylene glycol 3350 powd</i>	1	Limit 528gms per month;QL(17.6 gm daily)
Saline Laxatives		
OSMOPREP TABS (<i>sodium phosphate monobasic-sodium phosphate dibasic</i>)	5	PA; PV
Stimulant Laxatives		

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

Drug Name	Drug Tier	Requirements/Limits
(Bisacodyl) RA LAXATIVE TBEC 5 MG	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl supp</i>	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack 1 gm</i>	1	
<i>azithromycin susr 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs 500 mg</i>	1	QL(3 ea daily)
<i>azithromycin tabs 600 mg</i>	1	QL(10 ea per fill retail)
Clarithromycin		
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS	1	
<i>erythromycin base cpep</i>	1	
<i>erythromycin base tabs</i>	1	
<i>erythromycin base tbec</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	1	
Fidaxomicin		
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH (<i>diaphragm arc-spring</i>)	5	QL(1 ea per 365 days retail); PV
FC2 FEMALE CONDOM MISC (<i>condoms - female</i>)	5	PV
FEMCAP DEVI (<i>cervical caps</i>)	5	PV
OMNIFLEX DIAPHRAGM DPRH (<i>diaphragms</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH (<i>diaphragm wide seal</i>)	5	PV

Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH (<i>diaphragm wide seal</i>)	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH (<i>diaphragm wide seal</i>)	5	PV
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK FASTCLIX LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SAFE-T-PRO LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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ACCU-CHEK SOFTCLIX LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ADVOCATE SAFETY LANCETS 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ADVOCATE SAFETY LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	AGAMATRIX ULTRA-THIN LANCETS 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	AIMSCO TWIST LANCETS 32G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	AIMSCO TWIST LANCETS 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	AQUALANCE LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVANCED MOBILE LANCET 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE COMFORT LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVOCATE LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVOCATE LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	AURORA LANCET SUPER THIN30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	AURORA LANCET THIN 23G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	BD LANCET ULTRAFINE 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	BD LANCET ULTRAFINE 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	BD MICROTAINER LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	BULLSEYE MINI SAFETY LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	BULLSEYE SAFETY LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE SAFETY LANCET 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CAREONE LANCET SUPER THIN/30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	CAREONE LANCET THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
E-Z JECT LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY COMFORT LANCETS TWIST TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS COLOR MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS THIN 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH LANCETS 26G/PULL-TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-ZJECT LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS 30G/PULL TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH LANCETS 28G/PULL-TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS 30G/THIN TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH LANCETS 28G/TWIST MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/PULL-TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/TWIST MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/PULL-TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EASY TWIST & CAP LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/TWIST MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EMBRACE LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 33G/TWIST MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	EQL COLOR LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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EQL COLOR LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	FIFTY50 UNILET LANCETS 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EQL SUPER THIN LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	FINE 30 MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EQL THIN LANCETS 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	FINGERSTIX LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	FORA LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 26G SUPER-SOFT MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	FREESTYLE LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FIFTY50 SAFETY SEAL LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	FREESTYLE UNISTICK II LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FIFTY50 SAFETY SEAL LANCETS 32G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GENTEEL BUTTERFLY TOUCH LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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GENTLE-LET GP LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GLUCOCOM LANCETS 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GNP LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GNP LANCETS THIN 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GNP LANCETS THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GNP STERILE LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLOBAL INJECT EASE LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GNP STERILE LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLOBAL INJECT EASE LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GNP STERILE LANCETS 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLUCOCOM LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GOJJI STERILE LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GLUCOCOM LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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GOODSENSE LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	HAEMOLANCE MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	HAEMOLANCE PLUS HIGH FLOW MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	HAEMOLANCE PLUS LOW FLOW MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS ULTRA-THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	HAEMOLANCE PLUS MAX FLOW MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	HAEMOLANCE PLUS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	HAEMOLANCE PLUS PEDIATRIC FLOW MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	HY-VEE LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE LOW FLOW LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	HY-VEE THIN LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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IN TOUCH STERILE LANCETS30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	KROGER LANCETS THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KINNEY LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	KROGER LANCETS ULTRATHIN30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KINNEY THIN LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS 26G TWIST TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER HEALTHPRO TWIST LANCETS/26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS MICRO THIN33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS 30G TWIST TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS 30G/TWIST TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS SUPER THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS 31G TWIST TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS THIN 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS 33G EXTRA FINE MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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LANCETS 33G UNIVERSAL DESIGN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS TWIST TOP MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS ULTRA FINE MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LANCETS BULLSEYE SAFETY MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LIBERTY MEDICAL LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LIFESCAN UNISTIK 2 DEEP PENETRATION MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SUPER THIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LIFESCAN UNISTIK II LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	LITE TOUCH LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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LITETOUCH LANCETS MICRO THIN 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LIVE BETTER LANCET SUPERTHIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDICHOICE SAFETY LANCETEXTRA MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LIVE BETTER LANCET ULTRATHIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDICHOICE SAFETY LANCETNORMAL MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LONGS LANCETS STANDARD MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDISENSE THIN LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LONGS LANCETS THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE PLUS EXTRA LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LONGS LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE PLUS LANCETS LITE 25G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE PLUS LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE PLUS LITE LANCETS 25G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS SUPERLITE 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEIJER LANCETS THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEIJER LANCETS UNIVERSAL21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEIJER LANCETS UNIVERSAL30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS/LITE 25G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEIJER LANCETS UNIVERSAL33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE/EXTRA MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEIJER SUPER THIN LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE/LITE MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MICROLET LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE/UNIVERSAL MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MM TWIST LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MONOLET LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MONOLET OPD LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
MONOLETTOR SAFETY LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCET 21G/1.8MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCET 28G/1.8MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCET 30G/1.8MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCETS 23G/1.8MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
NOVA SAFETY LANCETS 23G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
NOVA SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
NOVA SUREFLEX LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
ON CALL LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ON CALL PLUS LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH CLUB LANCETS FINE POINT MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA LANCETS FINE 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH FINEPOINT LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ONETOUCH ULTRA 2 KIT (<i>blood glucose monitoring supplies</i>)	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT (<i>blood glucose monitoring supplies</i>)	2	QL(1 ea per 365 days retail); RX/OTC
PC LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PERFECT LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
PHARMACY COUNTER LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PIP LANCETS/28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PIP LANCETS/30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRECISION THINS GP LANCET MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS COLORED 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS THIN 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRO COMFORT LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT LANCETS 31G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRODIGY SAFETY LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PRODIGY TWIST TOP LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PSS SELECT GP LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PSS SELECT SAFETY LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PURE COMFORT LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PUSH BUTTON SAFETY LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PUSH BUTTON SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
PX LANCETS MICROTHIN 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PX LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
PX LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC LANCETS SUPER THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC UNILET LANCETS 28G/ULTRA THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
QC UNILET LANCETS 33G/MICRO THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS THIN 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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RA E-ZJECT LANCETS THIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/21G/2.2MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
REALITY LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
REALITY TRIGGER LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
RELION LANCETS MICRO-THIN33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION LANCETS THIN 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION LANCETS ULTRA-THIN30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN LANCETS/30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN LANCETS30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN PLUS LANCETS 32G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN PLUS LANCETS 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
REXALL LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RIGHTEST GL300 LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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SAFE-T-LANCE LOW FLOW 25G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE NORMAL FLOW 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY LET LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY SEAL LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFETY SEAL LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAPS HEALTH CARE TWIST TOP LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAPS HEALTH TWIST TOP LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAPSCARE TWIST TOP LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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SB LANCETS THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SB LANCETS ULTRA THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SMART SENSE THIN LANCETSUNIVERSAL 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SMARTEST LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SIDE BUTTON SAFETY LANCET21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SOLUS V2 TWIST LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SINGLE-LET MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	STERILANCE TL MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SM MICRO THIN LANCETS 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SUPER THIN LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SURE COMFORT LANCETS 18G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SURELITE LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 23G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TECHLITE AST LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TECHLITE LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TECHLITE LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE-LANCE FLAT LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TGT LANCET MICRO THIN 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE-LANCE LANCETS 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TGT LANCET THIN 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE-LANCE THIN LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TGT LANCET ULTRA THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE-LANCE ULTRA THIN LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	THINLETS GP LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE-TOUCH LANCETS UNIVERSAL MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TODAYS HEALTH SUPER THINLANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH ULTRA THIN LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUEPLUS LANCETS 30G ULTRA THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TOPCARE LANCETS MICRO-THIN 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUEPLUS LANCETS 33G MICRO THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRAVEL LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUEPLUS LANCETS 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRAVEL LANCETS ADVANCED 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUEPLUS SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUE COMFORT TWIST TOP LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ULTILET CLASSIC LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ULTILET LANCETS 33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ULTILET LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 28G SUPER THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ULTILET SAFETY LANCETS 21G X 2.2MM MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ULTILET SAFETY LANCETS 23G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
ULTRA THIN LANCETS 31G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-CARE LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II AUTO LANCET MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET COMFORTOUCH LANCET MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET EXCELITE II MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET EXCELITE MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET G.P. LANCET MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
UNILET G.P. SUPERLITE LANCET MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET GP 28 ULTRA THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCET MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS MICRO-THIN33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS SUPER-THIN30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS ULTRA-THIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNILET SUPERLITE LANCET MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK 3 GENTLE MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK PRO SAFETY LANCET 25G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	VALUE PLUS LANCETS STANDARD 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK SAFETY LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	VALUE PLUS LANCETS SUPERTHIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 21G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	VALUE PLUS LANCETS THIN 26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 23G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	VALUMARK LANCET SUPER THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	VALUMARK LANCET ULTRA THIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	VIDA MIA UNILET LANCETS SUPER THIN 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNIVERSAL 1 LANCETS THIN26G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
VIVAGUARD LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VIVAGUARD SAFETY LANCETS/28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS ADVANCED TRAVELLANCETS 28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS THIN LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
WALGREENS ULTRA THIN LANCETS MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ZEVRX TWIST TOP LANCETS 30G MISC (<i>lancets</i>)	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
Parenteral Therapy Supplies		

Drug Name	Drug Tier	Requirements/ Limits
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31 G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)
BD AUTOSHIELD 29G X 3/16" MISC (<i>insulin pen needle</i>)	2	
BD AUTOSHIELD 29G X 5/16" MISC (<i>insulin pen needle</i>)	2	
BD AUTOSHIELD DUO 30G X 5MM MISC (<i>insulin pen needle</i>)	2	
BD NEEDLE/30G X 1/2" MISC (<i>needle (disp) 30 g</i>)	2	
BD PEN MINI MISC (<i>injection device for insulin</i>)	3	Limited to 1 device per year;QL(1 ea per fill retail,1 ea per 365 days retail); RX/OTC
BD PEN MISC (<i>injection device for insulin</i>)	3	Limited to 1 device per year;QL(1 ea per fill retail,1 ea per 365 days retail); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC (<i>insulin pen needle</i>)	2	
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC (<i>insulin pen needle</i>)	2	Limit 200 per month without authorization;QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC (<i>insulin pen needle</i>)	2	QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC (<i>insulin pen needle</i>)	2	QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC (<i>insulin pen needle</i>)	2	
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC (<i>insulin pen needle</i>)	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC (<i>insulin syringe/needle u-100</i>)	2	Limit 200 per month;QL(6.67 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM MISC (<i>insulin syringe/needle u-100</i>)	2	QL(6.67 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ (<i>erenumab-aooe</i>)	2	PA; ST
EMGALITY SOAJ 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; ST
EMGALITY SOSY 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; ST
NURTEC TBDP (<i>rimegepant sulfate</i>)	4	PA; Not available through mail order;QL(8 ea per fill retail)
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Migraine Products		
D.H.E. 45 SOLN (<i>dihydroergotamine mesylate</i>)	7	PA
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	2	PA
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	PA; QL(0.27 ml daily)
ERGOMAR SUBL (<i>ergotamine tartrate</i>)	2	
Serotonin Agonists		
<i>almotriptan malate tabs</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>eletriptan hydrobromide tabs</i>	1	Limit 6 tabs per month;QL(0.2 ea daily)
<i>frovatriptan succinate tabs</i>	1	Limit 9 per month;QL(0.3 ea daily)
IMITREX SOLN SC 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA; ST; Limit 2mls per month;QL(0.07 ml daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA; ST
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA
IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	7	PA
<i>naratriptan hcl tabs</i>	1	Limit 9 per month;QL(0.3 ea daily)
REYVOW TABS (<i>lasmiditan succinate</i>)	4	PA; QL(8 ea per 30 days retail)
<i>rizatriptan benzoate tabs</i>	1	Limit 18 tabs per month;QL(0.6 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate tbdp</i>	1	Limit 18 tabs per month;QL(0.6 ea daily)
<i>sumatriptan soln 20 mg/act</i>	1	Limit 6 sprayers per month;QL(2 ea daily)
<i>sumatriptan soln 5 mg/act</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	4	PA
<i>sumatriptan succinate soct sc 4 mg/0.5ml</i>	4	PA; ST
<i>sumatriptan succinate soct sc 6 mg/0.5ml</i>	4	PA
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	4	PA; ST; Limit 2mls per month;QL(0.07 ml daily)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	4	PA
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1	Limit 9 per month;QL(2 ea daily)
<i>zolmitriptan soln na 2.5 mg, 5 mg</i>	1	QL(6 ea per 30 days retail, 18 ea per 90 days mail)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	1	Limit 6 per month;QL(0.2 ea daily)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	1	Limit 6 tabs per month;QL(0.2 ea daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL WAFR (<i>calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM-FOLIC ACID PLUS D WAFR (<i>calcium carbonate-folic acid-vit d-b6-b12-boron-magnesium</i>)	3	
MAGNEBIND 400 TABS (<i>calcium carbonate-magnesium carbonate</i>)	3	
Fluoride		
(Sodium Fluoride) FLUORITAB, FLURADROPS, NAFRINSE DROPS SOLN	5	AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE CHEW	1	AL(Up to 6 yrs old)
FLORIVA LIQD (<i>sodium fluoride-vitamin d</i>)	3	
FLUORABON SOLN (<i>sodium fluoride</i>)	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride chew 0.25 mg, 0.5 mg</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride chew 1 mg, 2.2 mg</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride soln 0.5 mg/ml</i>	5	AL(Up to 6 yrs old); RX/OTC; PV
<i>sodium fluoride tabs 0.5 mg</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride tabs 1 mg</i>	1	AL(Up to 6 yrs old)
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL TABS	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
pot phosphate monobasic w/ sod phosphate dibasic & monobasic tabs	1	
Potassium		
(Potassium Bicarbonate) EFFER-K TBEF 25 MEQ	1	
(Potassium Bicarbonate) K-PRIME, K-LOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals Er) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 TBCR	1	
(Potassium Chloride) K-LOR-CON 10, K-LOR-CON 8 TBCR	1	
(Potassium Chloride) K-LOR-CON PACK	1	
(Potassium Chloride) K-LOR-CON SPRINKLE CPCR	1	
EFFER-K TBEF 0.84 GM-1 GM, 1.68 GM-2 GM (potassium bicarbonate-citric acid)	3	
K-TAB TBCR 8 MEQ (potassium chloride)	7	
potassium chloride cpcr or 10 meq, 8 meq	1	
potassium chloride microencapsulated crystals er tbc 10 meq, 20 meq	1	
potassium chloride pack or 20 meq	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride)	4	PA
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride)	7	PA

Drug Name	Drug Tier	Requirements/ Limits
potassium chloride soln or 10 %, 20 %	1	
potassium chloride tbc or 10 meq, 20 meq, 8 meq	1	
Sodium		
sodium chloride soln	3	QL(500 ml daily)
Zinc		
GALZIN CAPS (zinc acetate (oral))	3	
WILZIN CAPS (zinc acetate (oral))	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
(Trientine Hcl) CLOVIQUE CAPS	4	PA
penicillamine caps	1	PA
penicillamine tabs	1	
SYPRINE CAPS (trientine hcl)	7	PA
trientine hcl caps	4	PA
Immunomodulators		
lenalidomide caps	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC
REVLIMID CAPS (lenalidomide)	4	PA; SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC

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Drug Name	Drug Tier	Requirements/ Limits
THALOMID CAPS (<i>thalidomide</i>)	3	Must use Exactus Specialty Rx 1-866-458-9246;AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24 (<i>tacrolimus</i>)	3	ST
<i>azathioprine tabs</i>	1	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>everolimus (immunosuppressant) tabs</i>	1	
<i>mycophenolate mofetil caps or 250 mg</i>	1	
<i>mycophenolate mofetil susr or 200 mg/ml</i>	1	
<i>mycophenolate mofetil tabs or 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
PROGRAF PACK 0.2 MG, 1 MG (<i>tacrolimus</i>)	4	PA
SANDIMMUNE SOLN 100 MG/ML (<i>cyclosporine</i>)	3	
<i>sirolimus soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR (<i>anti-thymocyte globulin (rabbit)</i> , lymphocyte immune globulin)	3	PA; administered under the medical benefit
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ (<i>belimumab</i>)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
BENLYSTA SOSY (<i>belimumab</i>)	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM SUSP (<i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i>)	3	
<i>lidocaine hcl (mouth-throat) soln</i>	1	
Anti-infectives - Throat		
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ORAVIG TABS (<i>miconazole (mouth-throat)</i>)	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PAROEX, PERIOGARD SOLN	1	
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE PSTE	1	
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	QL(3 ea daily)
MUCOTROL WAFR (<i>oral wound care products</i>)	3	
<i>pilocarpine hcl (oral) tabs 5 mg</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) tabs 7.5 mg</i>	1	QL(4 ea daily)
MULTIVITAMINS		
Multiple Vitamins w/ Minerals		
THRIVITE 19 TABS (<i>multiple vitamins w/ minerals</i>)	3	RX/OTC
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE SOLN 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML, 0.4 MG/ML-0.5 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.25 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-300 MCG-400 UNIT-2500 UNIT, 0.3 MG-0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-300 MCG-400 UNIT-2500 UNIT, 1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-300 MCG-400 UNIT-2500 UNIT, 1.05 MG-0.25 MG-0.3 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 1.2 MG-0.25 MG-1.05 MG-1.05 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-300 MCG-400 UNIT-2500 UNIT	1	AL(Up to 6 yrs old); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML, 0.4 MG/ML-0.5 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML, 0.6 MG/ML-0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMINS/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) POLY-VI-FLOR CHEW 0.25 MG-15 UNIT-200 MCG-400 UNIT, 0.5 MG-15 UNIT-200 MCG-400 UNIT, 1 MG-15 UNIT-200 MCG-400 UNIT	1	AL(Up to 6 yrs old)
(Pediatric Vitamins Acd W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins Acd W/ Fluoride) TRI-VITE/FLUORIDE SOLN 0.5 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old)
(Pediatric Vitamins Acd W/ Fluoride) TRI-VITE/FLUORIDE SOLN 1500 UNIT/ML-0.25 MG/ML-35 MG/ML-400 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC
FLORIVA PLUS SOLN (<i>pediatric multivitamins w/fl</i>)	2	AL(Up to 6 yrs old); RX/OTC

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

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Drug Name	Drug Tier	Requirements/ Limits
TRI-VI-FLOR SUSP (<i>pediatric vitamins acid & l-methylfolate w/ fluoride</i>)	3	
TRI-VI-FLOORO SUSP (<i>pediatric vitamins acid & l-methylfolate w/ fluoride</i>)	3	
Ped Multi Vitamins w/FI & FE		
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTI-VITAMIN/FLUORIDE/IRON, MULTIVITAMIN/FLUORIDE/IRON SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW 0.5 MG-10 MG-15 UNIT-200 MCG-400 UNIT (<i>ped multivitamins w/fl & iron</i>)	3	AL(Up to 6 yrs old)
POLY-VI-FLOR/IRON SUSP 200 MCG/ML-0.25 MG/ML-7 MG/ML (<i>ped multivitamins w/fl & iron</i>)	3	
QUFLORA FE PEDIATRIC LIQD (<i>ped multivitamins w/fl & iron</i>)	2	AL(Up to 6 yrs old)
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA CHEW (<i>pediatric multiple vitamins & minerals w/ fluoride</i>)	3	
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW 6 MG-1 MG-3 MG-3 MG-7 MG-12 MCG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	1	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT TABS	1	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS	1	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-Fa-Dha) PNV-DHA CAPS	1	
ATABEX EC TBEC (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	2	
BAL-CARE DHA MISC (<i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i>)	2	
C-NATE DHA CAPS (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
CITRANATAL 90 DHA MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	
CITRANATAL ASSURE MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	3	
CITRANATAL B-CALM MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL BLOOM DHA MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	
CITRANATAL BLOOM TABS (<i>prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid</i>)	3	
CITRANATAL DHA MISC (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	
CITRANATAL ESSENCE THPK (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa-dha</i>)	2	
CITRANATAL HARMONY CAPS (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i>)	3	
CITRANATAL MEDLEY CAPS (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</i>)	3	
CITRANATAL RX TABS (<i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i>)	3	
COMPLETENATE CHEW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	
CONCEPT DHA CAPS (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>)	2	
CONCEPT OB CAPS (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>)	2	
DUET DHA 400 MISC (<i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i>)	3	

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

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

Drug Name	Drug Tier	Requirements/ Limits
PNV-OMEGA CAPS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>)	3	
PR NATAL 400 EC MISC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>)	3	
PR NATAL 430 EC MISC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>)	3	
PR NATAL 430 MISC (<i>prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>)	3	
PRENA 1 TRUE MISC (<i>prenatal without a w/ fe amino acid chelate-fa-dha</i>)	2	
PRENA1 CHEW CHEW (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>)	3	
PRENA1 PEARL CPCR (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>)	3	
PRENAISSANCE CAPS (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>)	3	
PRENAISSANCE PLUS CAPS (<i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits
PRENATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT, 7 MG-1 MG-3 MG-3 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT (prenatal vit w/ ferrous fumarate-folic acid)	2	
PRENATAL 19 TABS 3 MG-3 MG-15 MG-1 MG-7 MG-12 MCG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT, 7 MG-1 MG-3 MG-3 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT (prenatal vit w/ docusate-fe fumarate-folic acid)	3	RX/OTC
PRENATAL PLUS IRON TABS (prenatal vit w/ iron carbonyl-folic acid)	2	
PRENATAL PLUS TABS (prenatal vit w/ ferrous fumarate-folic acid)	2	RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS (prenatal vit w/ ferrous fumarate-folic acid)	2	RX/OTC
PRENATAL TABS (prenatal vit w/ ferrous fumarate-folic acid)	2	RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS (prenatal vit w/ ferrous fumarate-folic acid)	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL-U CAPS (prenatal without a vit w/ fe fumarate-folic acid)	2	
PRENATE CHEW (prenatal multivitamins & minerals w/ l-methylfolate-fa)	3	
PRENATE DHA CAPS (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha)	3	
PRENATE ELITE TABS (prenatal w/ fe asparto glycinate-l methylfolate-folic acid)	3	
PRENATE ENHANCE CAPS (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	3	
PRENATE ESSENTIAL CAPS (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha)	3	
PRENATE MINI CAPS (prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha)	3	
PRENATE PIXIE CAPS (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha)	3	
PRENATE RESTORE CAPS (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	3	
PRENATRIX TABS (prenatal vit w/ ferrous fumarate-folic acid)	2	RX/OTC
PRENATRYL TABS (prenatal vit w/ ferrous fumarate-folic acid)	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PREPLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
R-NATAL OB CAPS (<i>prenatal w/o vit a w/ fe carbonyl-folic acid-dha</i>)	2	
RELNATE DHA CAPS (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
SE-NATAL 19 CHEW 15 MG-1 MG-3 MG-3 MG-12 MCG-7 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	
SE-NATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	3	RX/OTC
SELECT-OB CHEW 0.4 MG-0.6 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT (<i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i>)	2	
SELECT-OB CHEW 2.5 MG-1 MG-1.6 MG-1.8 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT (<i>prenatal vit w/ iron polysaccharide complex-folic acid</i>)	3	
SELECT-OB+DHA MISC (<i>prenatal mv & min w/fe polysaccharide complex-fa-dha</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
TARON-PREX CAPS (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>)	3	
THERANATAL CORE NUTRITION TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
THRIVITE RX TABS (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	2	
TRI-TABS DHA MISC (<i>prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3</i>)	2	
TRICARE PRENATAL DHA ONE CAPS (<i>prenatal w/fe fumarate-fa-dss-fish oil</i>)	3	
TRICARE TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
TRINATAL RX 1 TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	
TRISTART DHA CAPS (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>)	3	
TRISTART ONE CAPS (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>)	3	
VINATE DHA RF CAPS (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>)	3	
VINATE ONE TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	
VIRT-C DHA CAPS (<i>prenatal vit w/ fe fum-iron polysacch complex-fa-omega 3</i>)	2	

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

Drug Name	Drug Tier	Requirements/ Limits
VITATRUE MISC (<i>prenatal without a w/ fe amino acid chelate-fa-dha</i>)	2	
VIVA DHA CAPS (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
VOL-PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
VOL-TAB RX TABS (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	2	
VP-PNV-DHA CAPS (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
WESCAP-C DHA CAPS (<i>prenatal vit w/ fe fum-iron polysacch complex-fa-omega 3</i>)	2	
WESNATE DHA CAPS (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	3	
WESTAB PLUS TABS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	2	RX/OTC
WESTGEL DHA CAPS (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>)	3	
ZATEAN-PN DHA CAPS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>)	3	
ZATEAN-PN PLUS CAPS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS	1	
(Chlorzoxazone) LORZONE TABS	1	
(Cyclobenzaprine Hcl) FEXMID TABS	1	
<i>baclofen soln it 40 mg/20ml, 500 mcg/ml</i>	4	PA; administered under the medical benefit;LA
<i>baclofen tabs or 10 mg</i>	1	QL(6 ea daily)
<i>baclofen tabs or 20 mg</i>	1	QL(4 ea daily)
<i>baclofen tabs or 5 mg</i>	1	
<i>carisoprodol tabs</i>	1	
<i>chlorzoxazone tabs</i>	1	
<i>cyclobenzaprine hcl tabs</i>	1	
GABLOFEN SOLN (<i>baclofen</i>)	4	PA; administered under the medical benefit;LA
LIORESAL INTRATHECAL SOLN 0.05 MG/ML, 10 MG/5ML (<i>baclofen</i>)	4	PA; administered under the medical benefit;LA
LIORESAL INTRATHECAL SOLN 10 MG/20ML, 40 MG/20ML (<i>baclofen</i>)	7	PA; administered under the medical benefit;LA
<i>metaxalone tabs 400 mg</i>	1	
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>orphenadrine citrate tb12</i>	1	
<i>tizanidine hcl caps 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	QL(9 ea daily)
Direct Muscle Relaxants		
<i>dantrolene sodium caps</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine tabs</i>	1	
<i>carisoprodol w/ aspirin tabs</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate susp</i>	1	Limit 1 inhaler per month;QL(0.77 gm daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS SOLN	1	QL(1 ml daily); RX/OTC
<i>azelastine hcl soln 0.1 %, 137 mcg/spray</i>	1	Limit 1 sprayer per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.15 %</i>	1	QL(1 ml daily); RX/OTC
<i>olopatadine hcl (nasal) soln</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	1	
Nasal Steroids		

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.22 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1	QL(1.2 ml daily)
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>riluzole tabs</i>	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI SOLR (<i>risdiplam</i>)	4	PA
NUTRIENTS		
Lipids		
DOJOLVI LIQD (<i>triheptanoin</i>)	4	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST (<i>artificial tear insert</i>)	3	
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN	1	
<i>betaxolol hcl (ophth) soln</i>	1	
BETIMOL SOLN (<i>timolol</i>)	2	
BETOPTIC-S SUSP (<i>betaxolol hcl (ophth)</i>)	2	
<i>brimonidine tartrate-timolol maleate soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
dorzolamide hcl-timolol maleate soln	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN (dorzolamide hcl-timolol maleate)	2	
levobunolol hcl soln	1	
timolol maleate (ophth) solg 0.25 %, 0.5 %	1	
timolol maleate (ophth) soln 0.25 %, 0.5 %	1	
TIMOPTIC OCULOSE SOLN 0.25 % (timolol maleate (ophth))	3	
TIMOPTIC-XE SOLG (timolol maleate (ophth))	7	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE SOLN	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
atropine sulfate (ophthalmic) oint	1	
atropine sulfate (ophthalmic) soln	1	
CYCLOMYDRIL SOLN (cyclopentolate w/ phenylephrine)	3	
cyclopentolate hcl soln	1	
ISOPTO ATROPINE SOLN (atropine sulfate (ophthalmic))	2	
phenylephrine hcl (mydriatic) soln	1	
tropicamide soln	1	
Miotics		

Drug Name	Drug Tier	Requirements/Limits
PHOSPHOLINE IODIDE SOLR (echothiophate iodide)	2	
pilocarpine hcl soln	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.1 % (brimonidine tartrate)	2	
apraclonidine hcl soln	1	
brimonidine tartrate soln	1	
IOPIDINE SOLN (apraclonidine hcl)	3	
SIMBRINZA SUSP (brinzolamide-brimonidine tartrate)	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN OINT	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN OINT	1	
AZASITE SOLN (azithromycin (ophth))	3	Use Klarity-A 71384-0220-03;QL(0.17 ml daily)
bacitracin (ophthalmic) oint	2	
bacitracin-polymyxin b (ophth) oint	1	
BESIVANCE SUSP (besifloxacin hcl)	3	
BETADINE OPHTHALMIC PREP SOLN (povidone-iodine (ophth))	3	
CILOXAN OINT (ciprofloxacin hcl (ophth))	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN (<i>azithromycin (ophth)</i>)	3	Use Klarity-A 71384-0220-03;QL(0.17 ml daily)
<i>levofloxacin (ophth) soln</i>	1	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP (<i>natamycin</i>)	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
<i>neomycin-polymyxin-gramicidin soln</i>	1	
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail,5 ml per fill mail)
<i>polymyxin b-trimethoprim soln</i>	1	
POVIDONE IODINE SOLN (<i>povidone-iodine (ophth)</i>)	3	
<i>sulfacetamide sodium (ophth) oint</i>	1	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX OINT (<i>tobramycin (ophth)</i>)	2	
<i>trifluridine soln</i>	1	
ZIRGAN GEL (<i>ganciclovir ophthalmic</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) emul</i>	1	QL(2 ml daily,64 ml per fill retail)
RESTASIS MULTIDOSE EMUL (<i>cyclosporine (ophth)</i>)	2	QL(2 ml daily,64 ml per fill retail)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE SOLN	1	
AKTEN GEL (<i>lidocaine hcl (ophth)</i>)	3	
<i>proparacaine hcl soln</i>	1	
<i>tetracaine hcl (ophth) soln</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN (<i>cenegermin-bkbj</i>)	4	PA
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-Hc) NEO-POLYCIN HC OINT	1	QL(4 gm per fill retail,4 gm per fill mail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F SUSP	1	
ALREX SUSP (<i>loteprednol etabonate</i>)	3	
<i>bacitracin-poly-neomycin-hc oint</i>	1	QL(4 gm per fill retail,4 gm per fill mail)
BLEPHAMIDE S.O.P. OINT (<i>sulfacetamide sod-prednisolone</i>)	2	
BLEPHAMIDE SUSP (<i>sulfacetamide sod-prednisolone</i>)	2	
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
<i>difluprednate emul</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
FLAREX SUSP (<i>fluorometholone acetate</i>)	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP (<i>fluorometholone (ophth)</i>)	2	
FML OINT (<i>fluorometholone (ophth)</i>)	2	
LOTEMAX OINT (<i>loteprednol etabonate</i>)	3	
<i>loteprednol etabonate gel</i>	1	
<i>loteprednol etabonate susp</i>	1	
MAXIDEX SUSP (<i>dexamethasone (ophth)</i>)	2	
<i>neomycin-polymyx-dexameth oint</i>	1	
<i>neomycin-polymyx-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
PRED-G S.O.P. OINT (<i>gentamicin-prednisolone acetate</i>)	3	
PRED-G SUSP (<i>gentamicin-prednisolone acetate</i>)	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % (<i>prednisolone sodium phosphate (ophth)</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN (<i>prednisolone-moxifloxacin</i>)	3	
<i>sulfacetamide sod-prednisolone soln</i>	1	
TOBRADEX OINT (<i>tobramycin-dexamethasone</i>)	3	
TOBRADEX ST SUSP (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail)
ZYLET SUSP (<i>loteprednol etabonate-tobramycin</i>)	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP FILM (<i>gelatin adsorbable (ophth)</i>)	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, GNP OLOPATADINE HYDROCHLORIDE SOLN 0.1 %	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, GNP OLOPATADINE HYDROCHLORIDE SOLN 0.2 %	1	QL(0.09 ml daily); RX/OTC
(Olopatadine Hcl) EYE ALLERGY ITCH RELIEF, EYE ALLERGY ITCH/REDNESSRELIEF, HM EYE ALLERGY ITCH/REDNESS RELIEF, SM OLOPATADINE HCL SOLN	1	QL(0.09 ml daily); RX/OTC

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(Olopatadine Hcl) EYE ALLERGY ITCH RELIEF, EYE ALLERGY ITCH/REDNESSRELIEF, HM EYE ALLERGY ITCH/REDNESS RELIEF, SM OLOPATADINE HCL SOLN	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
ACUVAIL SOLN <i>(ketorolac tromethamine (ophth))</i>	3	
ALOCRIIL SOLN <i>(nedocromil sodium (ophth))</i>	3	
ALOMIDE SOLN <i>(Iodoxamide tromethamine)</i>	2	
<i>azelastine hcl (ophth) soln</i>	1	
<i>bepotastine besilate soln</i>	1	ST; QL(0.34 ml daily)
<i>brinzolamide susp</i>	1	Limit 10mls per month;QL(0.4 ml daily)
<i>bromfenac sodium (ophth) soln</i>	1	
BROMSITE SOLN <i>(bromfenac sodium (ophth))</i>	3	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN <i>(cysteamine hcl)</i>	4	
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	Limit 10mls per month;QL(0.34 ml daily)
DORZOLAMIDE HCL SOLN <i>(dorzolamide hcl)</i>	2	Limit 10mls per month;QL(0.34 ml daily)
<i>epinastine hcl (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP <i>(nepafenac)</i>	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	
LASTACAPT SOLN <i>(alcaftadine)</i>	3	ST; RX/OTC
NEVANAC SUSP <i>(nepafenac)</i>	3	
<i>olopatadine hcl soln 0.1 %</i>	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
<i>olopatadine hcl soln 0.2 %</i>	1	QL(0.09 ml daily); RX/OTC
PAREMYD SOLN <i>(hydroxyamphetamine-tropicamide)</i>	3	
PROLENSA SOLN <i>(bromfenac sodium (ophth))</i>	3	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
<i>latanoprost soln op</i>	1	QL(0.09 ml daily)
LATANOPROST SOLN OP <i>(latanoprost)</i>	2	QL(0.09 ml daily)
LUMIGAN SOLN <i>(bimatoprost)</i>	2	Limit 2.5mls per month;QL(0.09 ml daily)
<i>travoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
ZIOPTAN SOLN <i>(tafluprost)</i>	3	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		

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Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (<i>ciprofloxacin hcl (otic)</i>)	7	QL(14 ea per fill retail)
<i>ciprofloxacin hcl (otic) soln</i>	1	QL(14 ea per fill retail)
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
(Pramoxine-Hc-Chloroxylenol) CORTIC-ND, EXOTIC-HC SOLN	1	
CIPRO HC SUSP (<i>ciprofloxacin-hydrocortisone</i>)	3	
<i>ciprofloxacin-dexamethasone susp</i>	1	
<i>ciprofloxacin-fluocinolone acetonide soln</i>	1	Limit 15mls per month;QL(0.5 ea daily)
CORTISPORIN-TC SUSP (<i>neomycin-colistin-hc-thonzonium</i>)	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN (<i>ciprofloxacin-fluocinolone acetonide</i>)	7	Limit 15mls per month;QL(0.5 ea daily)
PRAMOTIC LIQD (<i>pramoxine-chloroxylenol</i>)	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC OIL	1	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	2	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST (<i>dinoprostone</i>)	3	
PREPIDIL GEL (<i>dinoprostone</i>)	3	
PROSTIN E2 SUPP (<i>dinoprostone</i>)	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate tabs</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN 10 % (<i>immune globulin (human) iv</i>)	4	PA; LA
CARIMUNE NANOFILTERED SOLR 6 GM (<i>immune globulin (human) iv</i>)	4	PA; LA
FLEBOGAMMA DIF SOLN 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML (<i>immune globulin (human) iv</i>)	4	PA; LA
GAMMAGARD LIQUID SOLN 1 GM/10ML (<i>immune globulin (human) iv or subcutaneous</i>)	4	PA; Covered under Medical Benefit;LA
GAMMAGARD LIQUID SOLN 2.5 GM/25ML (<i>immune globulin (human) iv or subcutaneous</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA

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Drug Name	Drug Tier	Requirements/ Limits
GAMMAKED SOLN (<i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA
GAMMAPLEX SOLN 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/100ML (<i>immune globulin (human)</i> iv)	4	PA; LA
GAMUNEX-C SOLN 1 GM/10ML (<i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA
GAMUNEX-C SOLN 2.5 GM/25ML (<i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
OCTAGAM SOLN 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML (<i>immune globulin (human)</i> iv)	4	PA; LA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML (<i>immune globulin (human)</i> iv)	4	PA; LA
Monoclonal Antibodies		
REGEN-COV SOLN 1332 MG/11.1ML-300 MG/2.5ML (<i>casirivimab-imdevimab</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
Passive Immunizing Agents - Combinations		
HYQVIA KIT 20 GM/200ML-1600 UNIT/10ML, 200 UNT/1.25ML-2.5 GM/25ML, 30 GM/300ML-2400 UNIT/15ML, 5 GM/50ML-400 UNIT/2.5ML (<i>immune globulin (human)</i> -hyaluronidase (human recombinant))	4	PA; Some members may obtain their medications through their Medical Group;LA

Drug Name	Drug Tier	Requirements/ Limits
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<i>ampicillin sodium solr</i>	4	PA
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN SOLR	4	PA
BICILLIN L-A SUSP (<i>penicillin g benzathine</i>)	4	PA
BICILLIN L-A SUSY (<i>penicillin g benzathine</i>)	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN (<i>penicillin g pot in dextrose</i>)	4	PA
<i>penicillin g potassium solr</i>	4	PA
PENICILLIN G PROCAINE SUSP (<i>penicillin g procaine</i>)	4	PA
<i>penicillin g sodium solr</i>	4	PA
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1	
<i>amoxicillin & pot clavulanate susr</i>	1	

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<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
<i>ampicillin & sulbactam sodium solr</i>	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML (<i>amoxicillin & pot clavulanate</i>)	2	
BICILLIN C-R SUSP (<i>penicillin g benzathine & procaine</i>)	4	PA
<i>piperacillin sodium-tazobactam sodium solr</i>	4	PA
UNASYN BULK PACK SOLR (<i>ampicillin & sulbactam sodium</i>)	7	PA
UNASYN SOLR (<i>ampicillin & sulbactam sodium</i>)	7	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	4	PA
NAFCILLIN SODIUM SOLR IV 10 GM (<i>nafcillin sodium</i>)	4	PA
<i>nafcillin sodium solr iv 10 gm, 2 gm</i>	4	PA
NAFCILLIN SOLN (<i>nafcillin sodium in dextrose</i>)	4	PA
<i>oxacillin sodium solr</i>	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate tabs 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate (appetite) susp</i>	1	AC
<i>norethindrone acetate tabs</i>	1	
<i>progesterone caps or 100 mg, 200 mg</i>	1	QL(1 ea daily)
<i>progesterone oil im 50 mg/ml</i>	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS (<i>lofexidine hcl</i>)	3	PA; QL(224 ea per 14 days retail)
Anti-Cataleptic Agents		
XYREM SOLN (<i>sodium oxybate</i>)	4	PA; ST
Antidementia Agents		
<i>donepezil hydrochloride tabs</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	1	
<i>memantine hcl cp24 14 mg, 21 mg, 28 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl cp24 7 mg</i>	1	PA; ST
<i>memantine hcl soln 10 mg/5ml, 2 mg/ml</i>	1	
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(4 ea daily)
NAMENDA XR TITRATION PACK CP24 (<i>memantine hcl</i>)	3	PA; ST
NAMZARIC C4PK 10 MG (<i>memantine hcl-donepezil hcl</i>)	3	PA
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	
<i>olanzapine-fluoxetine hcl caps 12 mg-25 mg, 12 mg-50 mg, 6 mg-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl caps 25 mg-3 mg, 3 mg-25 mg, 6 mg-50 mg</i>	2	
<i>perphenazine-amitriptyline tabs</i>	1	
Fibromyalgia Agents		
SAVELLA TABS 100 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3	PA; QL(2 ea daily)
SAVELLA TABS 12.5 MG (<i>milnacipran hcl</i>)	3	PA; ST; QL(2 ea daily)
SAVELLA TITRATION PACK MISC (<i>milnacipran hcl</i>)	3	PA; QL(2 ea daily)
Movement Disorder Drug Therapy		

Drug Name	Drug Tier	Requirements/ Limits
AUSTEDO TABS 12 MG (<i>deutetrabenazine</i>)	4	PA; QL(4 ea daily)
AUSTEDO TABS 6 MG (<i>deutetrabenazine</i>)	4	PA; ST; QL(2 ea daily)
AUSTEDO TABS 9 MG (<i>deutetrabenazine</i>)	4	PA; QL(2 ea daily)
INGREZZA CAPS 40 MG (<i>valbenazine tosylate</i>)	4	PA; QL(1 ea daily)
INGREZZA CAPS 60 MG (<i>valbenazine tosylate</i>)	4	PA
INGREZZA CPPK (<i>valbenazine tosylate</i>)	4	PA
<i>tetrabenazine tabs</i>	4	PA; Specialty drug-Health Net will refer to SP Pharmacy
XENAZINE TABS (<i>tetrabenazine</i>)	7	PA; Specialty drug-Health Net will refer to SP Pharmacy
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY	1	PA
AUBAGIO TABS (<i>teriflunomide</i>)	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); LA
AVONEX PEN AJKT (<i>interferon beta-1a</i>)	4	PA; LA
AVONEX PSKT (<i>interferon beta-1a</i>)	4	PA; LA
BETASERON KIT (<i>interferon beta-1b</i>)	4	PA
<i>dalfampridine tb12</i>	1	PA
<i>dimethyl fumarate cpdr</i>	2	PA; LA
<i>dimethyl fumarate misc</i>	2	PA; LA
GILENYA CAPS 0.25 MG (<i>fingolimod hcl</i>)	3	PA; QL(1 ea daily)
GILENYA CAPS 0.5 MG (<i>fingolimod hcl</i>)	2	PA; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer acetate sosy</i>	1	PA
MAVENCLAD TBPK (<i>cladribine (multiple sclerosis)</i>)	4	PA; ST
MAYZENT STARTER PACK TBPK (<i>siponimod fumarate</i>)	3	PA; not available thru mail order
MAYZENT STARTER PACK TBPK (<i>siponimod fumarate</i>)	3	PA; not available thru mail order; QL(12 ea per 5 days retail)
MAYZENT TABS 0.25 MG (<i>siponimod fumarate</i>)	3	PA; not available thru mail order; QL(4 ea daily)
MAYZENT TABS 1 MG (<i>siponimod fumarate</i>)	3	PA; not available thru mail order
MAYZENT TABS 2 MG (<i>siponimod fumarate</i>)	3	PA; QL(1 ea daily)
PLEGRIDY SOPN SC (<i>peginterferon beta-1a</i>)	4	PA; LA
PLEGRIDY SOSY IM (<i>peginterferon beta-1a</i>)	4	PA
PLEGRIDY SOSY SC (<i>peginterferon beta-1a</i>)	4	PA; LA
PLEGRIDY STARTER PACK SOPN (<i>peginterferon beta-1a</i>)	4	PA; LA
PLEGRIDY STARTER PACK SOSY (<i>peginterferon beta-1a</i>)	4	PA; LA
REBIF REBIDOSE SOAJ (<i>interferon beta-1a</i>)	4	PA; LA
REBIF REBIDOSE TITRATIONPACK SOAJ (<i>interferon beta-1a</i>)	4	PA; LA
REBIF SOSY (<i>interferon beta-1a</i>)	4	PA; LA
REBIF TITRATION PACK SOSY (<i>interferon beta-1a</i>)	4	PA; LA

Drug Name	Drug Tier	Requirements/ Limits
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
GRALISE MISC (<i>gabapentin (once-daily)</i>)	3	PA
GRALISE TABS 300 MG (<i>gabapentin (once-daily)</i>)	3	PA; ST
GRALISE TABS 600 MG (<i>gabapentin (once-daily)</i>)	3	PA; ST; QL(3 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) tabs</i>	1	
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS (<i>dextromethorphan hbr-quinidine sulfate</i>)	4	PA
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	1	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 300 MG (<i>gabapentin enacarbil</i>)	3	Limited to 1 tablet daily; QL(1 ea daily)
HORIZANT TBCR 600 MG (<i>gabapentin enacarbil</i>)	3	QL(2 ea daily)
Smoking Deterrents		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX, TGT NICOTINE POLACRILEX LOZG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, TGT NICOTINE GUM, TGT NICOTINE POLACRILEX, THRIVE GUM	5	PV

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TBPK 25 MG-50 MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;QL(3 ea daily); LA
TRIKAFTA TBPK 50 MG-100 MG (<i>elexacaftor-tezacaftor-ivacaftor</i>)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4662;QL(3 ea daily); LA
Pulmonary Fibrosis Agents		
ESBRIET CAPS 267 MG (<i>pirfenidone</i>)	4	PA; Must use Exactus Specialty Rx 1-866-458-9246;LA
ESBRIET TABS 267 MG, 801 MG (<i>pirfenidone</i>)	7	PA; Must use Exactus Specialty Rx 1-866-458-9246;LA
OFEV CAPS (<i>nintedanib esylate</i>)	4	PA; QL(2 ea daily)
<i>pirfenidone tabs</i>	4	PA; Must use Exactus Specialty Rx 1-866-458-9246;LA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS	2	
(Doxycycline Hyclate) LYMEPAK TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG CAPS	1	
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 100 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline (monohydrate) caps 150 mg</i>	2	ST
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg, 50 mg</i>	1	
<i>doxycycline (monohydrate) tabs 150 mg</i>	2	ST
<i>doxycycline (monohydrate) tabs 75 mg</i>	1	ST
<i>doxycycline hyclate caps 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate tabs 100 mg, 20 mg</i>	1	
<i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl cp24 135 mg, 45 mg, 90 mg</i>	3	ST
<i>minocycline hcl tabs 100 mg, 50 mg</i>	1	
<i>minocycline hcl tabs 75 mg</i>	1	PA
<i>tetracycline hcl caps</i>	1	
VIBRAMYCIN SYRP 50 MG/5ML (<i>doxycycline calcium</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
XIMINO CP24 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	3	ST
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVOXYL TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
(Levothyroxine Sodium) LEVO-T, UNITHROID TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
(Thyroid) NP THYROID 15, NP THYROID 30, NP THYROID 60, NP THYROID 90 TABS	1	
ARMOUR THYROID TABS 15 MG (<i>thyroid</i>)	2	
ARMOUR THYROID TABS 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	2	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 ea daily)
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium caps or 100 mcg, 112 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium caps or 125 mcg</i>	1	QL(1 ea daily)
<i>levothyroxine sodium tabs or 100 mcg, 137 mcg, 150 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium tabs or 112 mcg, 125 mcg, 175 mcg, 200 mcg</i>	1	QL(1 ea daily)
<i>liothyronine sodium tabs 25 mcg, 50 mcg</i>	1	QL(2 ea daily)
<i>liothyronine sodium tabs 5 mcg</i>	1	
NATURE-THROID NT-2.5 TABS (<i>thyroid</i>)	2	
NATURE-THROID TABS 113.75 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid</i>)	2	
NATURE-THROID TABS 130 MG (<i>thyroid</i>)	3	
SYNTHROID TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 ea daily)
TIROSINT CAPS 75 MCG (<i>levothyroxine sodium</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
WESTHROID TABS (<i>thyroid</i>)	2	
WP THYROID TABS 113.75 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (<i>thyroid</i>)	2	
WP THYROID TABS 130 MG (<i>thyroid</i>)	3	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TDBP	1	
(Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR TB12	1	
(Hyoscyamine Sulfate) OSCIMIN TABS	1	
(Hyoscyamine Sulfate) OSCIMIN, SYMAX-SL SUBL	1	
BELLADONNA/OPIUM SUPP (<i>belladonna alkaloids & opium</i>)	3	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
GLYCATE TABS (<i>glycopyrrolate</i>)	3	
<i>glycopyrrolate soln or 1 mg/5ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE TABS OR 1.5 MG (<i>glycopyrrolate</i>)	3	
<i>hyoscyamine sulfate subl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate tabs</i>	1	
<i>hyoscyamine sulfate tb12</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
<i>methscopolamine bromide tabs</i>	1	
<i>propantheline bromide tabs</i>	1	
H-2 Antagonists		
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine tabs 300 mg, 800 mg</i>	1	
<i>cimetidine tabs 400 mg</i>	1	QL(4 ea daily)
<i>famotidine susr 40 mg/5ml</i>	1	
<i>famotidine tabs 20 mg</i>	1	RX/OTC
<i>famotidine tabs 40 mg</i>	1	QL(2 ea daily)
<i>nizatidine caps</i>	1	
<i>nizatidine soln</i>	1	
Misc. Anti-Ulcer		
<i>sucralfate susp 1 gm/10ml</i>	1	
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
(Lansoprazole) CVS LANSOPRAZOLE TBDD	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR	1	QL(1 ea daily); RX/OTC
ACIPHEX SPRINKLE CPSP 10 MG (<i>rabeprazole sodium</i>)	3	PA
ACIPHEX SPRINKLE CPSP 5 MG (<i>rabeprazole sodium</i>)	3	PA; ST
<i>esomeprazole magnesium pack 10 mg, 20 mg, 40 mg</i>	1	PA
FIRST-OMEPRAZOLE SUSP (<i>omeprazole</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>lansoprazole cpdr 15 mg</i>	1	QL(1 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	QL(1 ea daily)
<i>lansoprazole tbdd 15 mg</i>	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
<i>lansoprazole tbdd 30 mg</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
NEXIUM PACK 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	3	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP (<i>omeprazole</i>)	3	
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	QL(1 ea daily); RX/OTC
<i>omeprazole cpdr 40 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium pack</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec</i>	1	QL(1 ea daily)
PRILOSEC PACK (<i>omeprazole magnesium</i>)	3	PA
RABEPRAZOLE SODIUM DR SPRINKLE CPSP (<i>rabeprazole sodium</i>)	3	PA
<i>rabeprazole sodium tbec</i>	2	PA; ST;QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
<i>misoprostol tabs</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1	14 rtl MAX day(s) supply,365 rtl lmt day(s),

Drug Name	Drug Tier	Requirements/ Limits
HELIDAC THERAPY MISC (<i>metronidazole-tetracycline w/ bismuth subsalicylate</i>)	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	
<i>fesoterodine fumarate tb24</i>	1	QL(1 ea daily)
<i>oxybutynin chloride syrp 5 mg/5ml</i>	1	QL(15 ml daily)
<i>oxybutynin chloride tabs 5 mg</i>	1	QL(4 ea daily)
<i>oxybutynin chloride tb24 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin succinate tabs 10 mg</i>	1	QL(1 ea daily)
<i>solifenacin succinate tabs 5 mg</i>	1	
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	QL(2 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	
<i>tropium chloride tabs 20 mg</i>	1	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Viral Vaccines		
COVID VACCINES	5	

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Drug Name	Drug Tier	Requirements/ Limits
FLUMIST QUADRIVALENT SUSP (<i>influenza virus vaccine live quadrivalent</i>)	5	PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP (<i>nonoxynol-9</i>)	5	PV
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL (<i>nonoxynol-9</i>)	7	PV
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL (<i>nonoxynol-9</i>)	5	PV
SHUR-SEAL GEL (<i>nonoxynol-9</i>)	5	PV
TODAY SPONGE MISC (<i>nonoxynol-9</i>)	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM (<i>nonoxynol-9</i>)	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM FOAM (<i>nonoxynol-9</i>)	5	PV
VCF VAGINAL CONTRACEPTIVE GEL (<i>nonoxynol-9</i>)	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP	1	
CLEOCIN SUPP VA 100 MG (<i>clindamycin phosphate vaginal</i>)	3	
<i>clindamycin phosphate vaginal crea</i>	1	
CLINDESSE CREA (<i>clindamycin phosphate one dose</i>)	3	
GYNAZOLE-1 CREA (<i>butoconazole nitrate one dose</i>)	3	

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

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

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benzoyl peroxide-erythromycin	56	BIVIGAM	123	CABENUVA (cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml IM Susp ER)	43
benzphetamine hcl	1	BLEPHAMIDE	120	cabergoline	68
benztropine mesylate	39	BLEPHAMIDE S.O.P.	120	CABOMETYX	36
bepotastine besilate	122	bortezomib	35	caffeine citrate	1
beser	60	bosentan	48	CALCIFOL	106
BESIVANCE	119	BOSULIF	36	calcipotriene	59
BETADINE OPHTHALMIC PREP	119	bp 10-1	56	calcipotriene-betamethasone dipropionate	61
betaine	67	bp cleansing wash	56	calcitonin (salmon)	66
betamethasone dipropionate (topical)	60	BRAFTOVI	36	calcitrene	59
betamethasone dipropionate augmented	60	BREO ELLIPTA	15	calcitriol	67
betamethasone valerate	60	BREZTRI AEROSPHERE	15	calcitriol (topical)	59
BETASERON	126	BRILINTA	74	calcium acetate (phosphate binder)	70
		brimonidine tartrate	119	CALCIUM-FOLIC ACID PLUS D	106
		brimonidine tartrate-timolol maleate	118	calphron	70
		brinzolamide	122	CALQUENCE	36
		bromfenac sodium (ophth)	122	camila	53
		bromocriptine mesylate	39	candesartan cilexetil	29
		BROMSITE	122	candesartan cilexetil-hydrochlorothiazide	30
		BRUKINSA	36	capecitabine	32
		budesonide	54	CAPEX	61
		budesonide (inhalation)	14		
		budesonide-formoterol fumarate dihydrate	15		
		BULLSEYE MINI SAFETY LANCETS	81		
		BULLSEYE SAFETY LANCETS	81		
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captopril.....	29	cefixime.....	50	CIMDUO.....	43
captopril & hydrochlorothiazide.....	30	CEFOTAN.....	49	cimetidine.....	133
CARAC.....	58	cefotetan disodium.....	49	CIMZIA.....	69
carbamazepine.....	17	cefoxitin sodium.....	50	CIMZIA STARTER KIT.....	70
CARBATROL.....	17	CEFOXITIN SODIUM.....	50	cinacalcet hcl.....	67
carbidopa.....	39	cefpodoxime proxetil.....	50	CIPRO.....	69
carbidopa-levodopa.....	39,40	cefprozil.....	50	CIPRO HC.....	123
carbidopa-levodopa-entacapone	40	cefuroxime axetil.....	50	ciprofloxacin hcl.....	69
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CARBINOXAMINE MALEATE.....	27	CELONTIN.....	20	ciprofloxacin hcl (otic).....	123
CARDIZEM LA.....	47	CENTANY.....	57	ciprofloxacin-dexamethasone	123
CARDURA XL.....	71	cephalexin.....	49	ciprofloxacin-fluocinolone acetoneide.....	123
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CAREONE LANCET THIN.....	81	CERDELGA.....	75	CITRANATAL 90 DHA.....	111
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CARETOUCH SAFETY LANCETS/28G.....	82	CERVIDIL.....	123	CITRANATAL BLOOM.....	112
CARETOUCH SAFETY LANCETS/30G.....	82	CETACAINE.....	63	CITRANATAL BLOOM DHA.....	112
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clopidogrel bisulfate.....	74	cortic-nd.....	123	CYSTAGON.....	71
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etoposide	39	fenofibrate	28	fluoritab	106
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EUCRISA	63	FENOFIBRIC ACID	28	FLUOROPLEX	58
EULEXIN	34	FENSOLVI	67	fluorouracil (topical)	58
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GALAFOLD.....	67	glipizide-metformin hcl.....	22	UNIVERSAL.....	88
galantamine hydrobromide.....	125	GLOBAL EASY GLIDE		GOODSENSE LANCETS	
GALZIN.....	107	INSULIN SYRINGE/0.5ML/31G		ULTRA-THIN 30G.....	88
GAMMAGARD LIQUID.....	123	X 15/64".....	104	GOODSENSE LANCETS	
GAMMAKED.....	124	GLOBAL EASY GLIDE		ULTRA-THIN 30G	
GAMMAPLEX.....	124	INSULIN SYRINGE/1ML/31G X		UNIVERSAL.....	88
GAMUNEX-C.....	124	15/64".....	104	GRALISE.....	127
gatifloxacin (ophth).....	120	GLOBAL INJECT EASE		granisetron hcl.....	26
GATTEX.....	71	LANCETS 28G.....	87	GRANIX.....	75
gavilyte-c.....	76	GLOBAL INJECT EASE		griseofulvin microsize.....	26
gavilyte-n/fluor pack.....	76	LANCETS 30G.....	87	griseofulvin ultramicrosize.....	26
GELFILM OP.....	121	GLUCAGEN		guaiaatussin ac.....	54
gemfibrozil.....	28	DIAGNOSTIC.....	64	guaifenesin dac.....	54
gemmily.....	51	GLUCAGON EMERGENCY		guaifenesin-codeine.....	55
GENERESS FE.....	52	KIT FOR LOW BLOOD		guanfacine hcl.....	30
gengraf.....	108	SUGAR.....	23	guanfacine hcl (adhd).....	2
gentak.....	119	GLUCOCOM LANCETS		GUANIDINE HCL.....	32
gentamicin sulfate (ophth).....	120	28G.....	87	GYNAZOLE-1.....	135
gentamicin sulfate (topical).....	57	GLUCOCOM LANCETS		H-E-B INCONTROL LANCETS	
GENTEEL BUTTERFLY TOUCH		30G.....	87	MICRO THIN 33G.....	88
LANCETS.....	86	GLUCOCOM LANCETS		H-E-B INCONTROL LANCETS	
GENTLE-LET GP LANCETS.....	87	33G.....	87	SUPER THIN 30G.....	88
		glyburide.....	25	H-E-B INCONTROL LANCETS	
		glyburide micronized.....	25	ULTRA THIN 28G.....	88
		glyburide-metformin.....	22	HAEGARDA.....	74
		GLYCATE.....	132		

HAEMOLANCE	88	HUMULIN R	24	imatinib mesylate	36
HAEMOLANCE LOW FLOW LANCETS	88	HUMULIN R U-500 (CONCENTRATED)	24	IMBRUVICA	36
HAEMOLANCE PLUS	88	HUMULIN R U-500 KWIKPEN	24	imipenem-cilastatin	12
HAEMOLANCE PLUS HIGH FLOW	88	HY-VEE LANCETS	88	imipramine hcl	22
HAEMOLANCE PLUS LOW FLOW	88	HY-VEE THIN LANCETS	88	imipramine pamoate	22
HAEMOLANCE PLUS MAX FLOW	88	HYCAMTIN	39	imiquimod	63
HAEMOLANCE PLUS PEDIATRIC FLOW	88	hydralazine hcl	31	IMITREX	105
halobetasol propionate	62	hydrochlorothiazide	66	IMITREX STATDOSE REFILL	105
haloperidol	41	hydrocodone bitartrate-homatropine methylbromide	54	IMITREX STATDOSE SYSTEM	105
haloperidol lactate	41	hydrocodone polistirex-chlorpheniramine polistirex	55	IN TOUCH STERILE LANCETS30G	89
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	88	hydrocodone-acetaminophen	9	inatal gt	111
HELIDAC THERAPY	134	hydrocodone-ibuprofen	9	INBRIJA	40
HEMOFIL M	73	hydrocortisone	54	INCRELEX	66
heparin sodium (porcine)	17	hydrocortisone (intrarectal)	11	INCRUSE ELLIPTA	14
HETLIOZ	76	hydrocortisone (rectal)	11	indapamide	66
homatropaire	119	hydrocortisone (topical)	62	INDERAL XL	46
HORIZANT	127	hydrocortisone butyrate	62	INDOCIN	4
HUMALOG	24	hydrocortisone butyrate hydrophilic lipo base	62	indomethacin	4
HUMALOG JUNIOR KWIKPEN	23	hydrocortisone valerate	62	INFLECTRA	70
HUMALOG KWIKPEN	23	hydrocortisone w/acetic acid	123	INGREZZA	126
HUMALOG MIX 50/50	24	hydromet	54	INLYTA	33
HUMALOG MIX 50/50 KWIKPEN	24	hydromorphone hcl	7	INNOPRAN XL	46
HUMALOG MIX 75/25	24	hydroxychloroquine sulfate	31	INQOVI	35
HUMALOG MIX 75/25 KWIKPEN	24	hydroxyurea	38	INREBIC	36
HUMATE-P	73	hydroxyzine hcl	13	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	24
HUMATROPE	66	hydroxyzine pamoate	13	INSULIN SYRINGES AND PEN NEEDLES	104
HUMATROPE COMBO PACK	66	hyoscyamine sulfate	132	INTEGRA F	76
HUMIRA	3	HYPERSAL	55	INTELENCE	43
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3	HYPODERMIC NEEDLE 30GX1/2"	104	INTRON A	38
HUMIRA PEN	3	HYQVIA	124	INVANZ	12
HUMIRA PEN-CD/UC/HS STARTER	3	ibandronate sodium	66	INVIRASE	43
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	IBRANCE	36	iodoquimez-hc	57
HUMIRA PEN-PS/UV STARTER	3	ibu	4	iodoquinol-hydrocortisone in aloe vehicle	58
HUMULIN 70/30	24	ibuprofen	4	IOPIDINE	119
HUMULIN 70/30 KWIKPEN	24	icatibant acetate	74	ipratropium bromide	14
HUMULIN N	24	ICLUSIG	36	ipratropium bromide (nasal)	117
HUMULIN N KWIKPEN	24	icosapent ethyl	28	ipratropium-albuterol	15
		IDELVION	73	irbesartan	29
		IDHIFA	36	irbesartan-hydrochlorothiazide	30
		ILEVRO	122	IRESSA	34
		ILUMYA	59	ISENTRESS	43

ISENTRESS HD	43	ketorolac tromethamine		LAMICTAL ODT	18
isoniazid	32	(ophth)	122	LAMICTAL XR	18
ISOPTO ATROPINE	119	KEVEYIS	65	lamivudine	43
isosorbide dinitrate	12	KEVZARA	4	lamivudine (hbv)	45
isosorbide dinitrate-hydralazine		KINNEY LANCETS	89	lamivudine-zidovudine	44
hcl	48	KINNEY THIN LANCETS	89	lamotrigine	18
isosorbide mononitrate	12	kionex	108	LANCETS	90
isotretinoin	56,57	KISQALI	36	LANCETS 26G TWIST TOP	89
isoxsuprine hcl	48	KISQALI FEMARA 200		LANCETS 28G	89
isradipine	47	DOSE	35	LANCETS 30G	89
ISTODAX (OVERFILL)	36	KISQALI FEMARA 400		LANCETS 30G TWIST TOP	89
DOSE		DOSE	35	LANCETS 30G/TWIST TOP	89
itraconazole	27	KISQALI FEMARA 600		LANCETS 30G/TWIST TOP	89
DOSE		DOSE	35	LANCETS 31G TWIST TOP	89
ivermectin	11	KLARITY-A	120	LANCETS 33G EXTRA	
IVERMECTIN	64	klor-con	107	FINE	89
ivermectin (pediculicide)	64	klor-con 10	107	LANCETS 33G UNIVERSAL	
ivermectin (rosacea)	63	klor-con m10	107	DESIGN	90
IXINITY	73	klor-con sprinkle	107	LANCETS MICRO THIN	
JADENU	25	KLOXXADO	25	33G	90
JADENU SPRINKLE	25	KOATE	73	LANCETS SAFETY SEAL	
JAKAFI	36	KOATE-DVI	73	21G	90
jantoven	16	KOSELUGO	37	LANCETS SAFETY SEAL	
JANUMET	22	KOVALTRY	73	26G	90
JANUMET XR	22	kp folic acid	75	LANCETS SAFETY SEAL	
JANUVIA	23	KRINTAFEL	31	28G	90
JARDIANCE	25	KROGER HEALTHPRO TWIST		LANCETS SAFETY SEAL	
JIVI	73	LANCETS/26G	89	30G	90
JULUCA	43	KROGER LANCETS	89	LANCETS SUPER THIN	
JUXTAPID	29	KROGER LANCETS 21G	89	28G	90
JYNARQUE	68	KROGER LANCETS MICRO		LANCETS THIN	90
K-PHOS NO 2	71	THIN33G	89	LANCETS TWIST TOP	90
k-prime	107	KROGER LANCETS SUPER		LANCETS ULTRA FINE	90
K-TAB	107	THIN	89	LANCETS ULTRA THIN	90
KADIAN	7	KROGER LANCETS SUPER		LANCETS ULTRA THIN	
kaitlib fe	51	THIN	89	30G	90
KALYDECO	130	KROGER LANCETS THIN	89	LANCETSBULLSEYE	
KCENTRA	73	KROGER LANCETS THIN		SAFETY	90
kelnor 1/35	50	26G	89	LANOXIN	47
KEPPRA	18	KROGER LANCETS		lansoprazole	134
KEPPRA XR	18	ULTRATHIN30G	89	lanthanum carbonate	70,71
keralyt	63	KUVAN	67	LANTUS	24
ketoconazole	27	KYNMOBI	40	LANTUS SOLOSTAR	24
ketoconazole (topical)	58	KYNMOBI TITRATION KIT	40	lapatinib ditosylate	37
ketodan	57	labetalol hcl	46	LASTACFT	122
ketoprofen	4	lacosamide	18	latanoprost	122
KETOROLAC		LACRISERT	118	LATANOPROST	122
TROMETHAMINE	4	lactulose	77	LATUDA	41
ketorolac tromethamine	4	lactulose (encephalopathy)	70	leflunomide	5
		LAMICTAL	18	lenalidomide	107
		LAMICTAL CHEWABLE		LENVIMA 10 MG DAILY	
		DISPERSIBLE	18	DOSE	33

LENVIMA 12MG DAILY DOSE	33	LIFESCAN UNISTIK II LANCETS	90	LYNPARZA	37
LENVIMA 14 MG DAILY DOSE	33	linezolid	12	LYRICA	18
LENVIMA 18 MG DAILY DOSE	33	LINZESS	70	LYSODREN	34
LENVIMA 20 MG DAILY DOSE	33	LIORESAL INTRATHECAL	117	M-NATAL PLUS	112
LENVIMA 24 MG DAILY DOSE	33	liothyronine sodium	132	mafenide acetate	60
LENVIMA 4 MG DAILY DOSE	33	LIPOFEN	28	MAGNEBIND 400	106
LENVIMA 8 MG DAILY DOSE	33	lisinopril	29	malathion	64
LETAIRIS	48	lisinopril & hydrochlorothiazide	30	maprotiline hcl	21
letrozole	34	LITE TOUCH LANCETS	90	maraviroc	44
leucovorin calcium	39	LITETOUCH LANCETS MICRO THIN 33G	91	MARPLAN	21
LEUKERAN	32	lithium carbonate	41	MATULANE	38
LEUKINE	75	LITHOBID	41	matzim la	46
leuprolide acetate	34	LITHOSTAT	72	MAVENCLAD	127
levabuterol hcl	15	LIVALO	28	MAVYRET	45
levabuterol tartrate	16	LIVE BETTER LANCET SUPERTHIN 30G	91	MAXIDEX	121
LEVEMIR	24	LIVE BETTER LANCET ULTRATHIN 28G	91	MAYZENT	127
LEVEMIR FLEXTOUCH	24	LO LOESTRIN FE	52	MAYZENT STARTER PACK	127
levetiracetam	18	LOMAIRA	1	meclofenamate sodium	4
levo-t	131	LONGS LANCETS STANDARD	91	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	91
levobunolol hcl	119	LONGS LANCETS THIN	91	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	91
levocarnitine (metabolic modifiers)	67	LONGS LANCETS ULTRA THIN	91	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	91
levocetirizine dihydrochloride	27	LONSURF	35	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	91
levofloxacin	69	loperamide hcl	25	MEDICHOICE SAFETY LANCETEXTRA	91
levofloxacin (ophth)	120	lopinavir-ritonavir	44	MEDICHOICE SAFETY LANCETNORMAL	91
levonorgestrel & eth estradiol	52	lorazepam	13	MEDISENSE THIN LANCETS	91
levonorgestrel (emergency oc)	53	lorazepam intensol	13	MEDLANCE PLUS EXTRA LANCETS 21G	91
levonorgestrel-eth estradiol (triphasic)	52	LORBRENA	37	MEDLANCE PLUS LANCETS LITE 25G	91
levonorgestrel-ethinyl estradiol (91-day)	52	lorcet	8	MEDLANCE PLUS LITE LANCETS 25G	91
levonorgestrel-ethinyl estradiol (continuous)	52	LORTAB	9	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	91
levorphanol tartrate	7	lorzone	117	MEDLANCE PLUS SUPERLITE 30G	92
levothyroxine sodium	132	losartan potassium	29	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	92
LEXIVA	44	losartan potassium & hydrochlorothiazide	30	MEDLANCE PLUS UNIVERSAL LANCETS 21G	92
LIBERTY MEDICAL LANCETS 30G	90	LOSEASONIQUE	52		
lidocaine	63	LOTEMAX	121		
lidocaine hcl	63	loteprednol etabonate	121		
lidocaine hcl (mouth-throat)	108	lovastatin	28		
lidocaine-prilocaine	63	loxapine succinate	41		
LIFESCAN UNISTIK 2 DEEP PENETRATION	90	lubiprostone	69		
		LUCEMYRA	125		
		LUMIGAN	122		
		lymepak	130		

MEDLANCE PLUS/LITE 25G.....	92	methenamine mandelate..	12	mirtazapine.....	20
MEDLANCE/EXTRA.....	92	methergine.....	123	MIRVASO.....	64
MEDLANCE/LITE.....	92	methimazole.....	131	misoprostol.....	134
MEDLANCE/UNIVERSAL.....	92	METHITEST.....	10	MITIGARE.....	72
MEDROL.....	54	methocarbamol.....	117	mitoxantrone hcl.....	35
MEDROX-RX.....	63	methotrexate sodium... 32,33		MM TWIST LANCETS.....	92
medroxyprogesterone acetate.....	125	methoxsalen rapid.....	59	modafinil.....	2
mefenamic acid.....	4	methscopolamine bromide.....	133	moexipril hcl.....	29
mefloquine hcl.....	31	methylidopa.....	30	molindone hcl.....	42
megestrol acetate.....	34	methylidopa & hydrochlorothiazide.....	31	MOLNUPIRAVIR (molnupiravir caps 200 mg).....	45
megestrol acetate (appetite).....	125	methylergonovine maleate.....	123	mometasone furoate.....	62
MEIJER COLOR LANCETS UNIVERSAL 33G.....	92	methylphenidate.....	2	mometasone furoate (nasal).....	118
MEIJER LANCETS.....	92	methylphenidate hcl.....	2	mondoxyne nl.....	130
MEIJER LANCETS THIN.....	92	methylprednisolone.....	54	MONOLET LANCETS.....	92
MEIJER LANCETS UNIVERSAL21G.....	92	methyltestosterone.....	10	MONOLET OPD LANCETS.....	92
MEIJER LANCETS UNIVERSAL30G.....	92	metoclopramide hcl.....	69	MONOLETTOR SAFETY LANCETS.....	93
MEIJER LANCETS UNIVERSAL33G.....	92	METOCLOPRAMIDE ODT.....	69	MONONINE.....	73
MEIJER SUPER THIN LANCETS.....	92	metolazone.....	66	montelukast sodium.....	14
MEKINIST.....	37	METOPIRONE.....	64	morgidox 1x100mg.....	131
MEKTOVI.....	37	metoprolol & hydrochlorothiazide.....	31	morphine sulfate.....	8
meloxicam.....	4	metoprolol succinate.....	46	morphine sulfate beads.....	8
melphalan.....	32	metoprolol tartrate.....	46	MOVANTIK.....	70
melphalan hcl.....	32	metronidazole.....	11	moxifloxacin hcl.....	69
memantine hcl.....	125,126	metronidazole (topical).....	63,64	moxifloxacin hcl (ophth).....	120
MENEST.....	69	metronidazole vaginal.....	135	MPD SAFETY LANCET 21G/1.8MM.....	93
MENOSTAR.....	69	metyrosine.....	29	MPD SAFETY LANCET 28G/1.8MM.....	93
meperidine hcl.....	8	mexiletine hcl.....	13	MPD SAFETY LANCET 30G/1.8MM.....	93
mercaptapurine.....	32	MG217 PSORIASIS MULTI-SYMTOM.....	63	MPD SAFETY LANCETS 23G/1.8MM.....	93
meropenem.....	12	MIACALCIN.....	66	MUCOTROL.....	109
MERREM.....	12	miconazole 3.....	135	MULPLETA.....	75
mesalamine.....	70	MICROLET LANCETS.....	92	MULTAQ.....	14
MESNEX.....	39	midazolam hcl.....	76	MULTAQA.....	14
MESTINON.....	32	midodrine hcl.....	136	MULTI-VIT-FLOR.....	110
metaxalone.....	117	migergot.....	105	multi-vit/iron/fluoride.....	111
metformin hcl.....	23	miglitol.....	22	multi-vitamin/fluoride drops.....	109
methadone hcl.....	8	miglustat.....	75	MULTIVITAMIN + FLUORIDE.....	110
methadone hydrochloride intensol.....	7	MILLIPRED.....	54	MULTIVITAMIN SELECT/FLUORIDE.....	110
methadose.....	7	MILLIPRED DP.....	54	MULTIVITAMIN WITH FLUORIDE.....	110
methamphetamine hcl.....	1	MINASTRIN 24 FE.....	52	MULTIVITAMIN WITH FLUORIDE.....	110
methazolamide.....	65	minitran.....	12	MULTIVITAMIN/FLUORIDE.....	110
methenamine hippurate.....	12	minocycline hcl.....	131	110
		minoxidil.....	31		
		MIRCETTE.....	52		

multivitamins/fluoride.....	110	neomycin-bacitracin zn- polymyxin.....	120	nitrofurantoin macrocrystal...12
mupirocin.....	57	neomycin-polymy- dexameth.....	121	nitrofurantoin monohyd macro.....
MYALEPT.....	67	neomycin-polymyxin-gramicidin	120	nitroglycerin.....
mycophenolate mofetil.....	108	neomycin-polymyxin-hc (ophth).....	121	NITYR.....
mycophenolate sodium.....	108	neomycin-polymyxin-hc (otic).....	123	NIVA-PLUS.....
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	93	NEONATAL COMPLETE.....	112	NIVESTYM.....
MYLERAN.....	32	NEONATAL PLUS.....	112	nizatidine.....
MYNATAL ADVANCE.....	112	NEOTUSS PLUS.....	55	nolix.....
MYNATAL ULTRACAPLET.....	112	NERLYNX.....	37	NORDITROPIN FLEXPRO...66
MYSOLINE.....	18	NESTABS.....	113	norethin acet & estrad-fe...52
MYTESI.....	25	NESTABS DHA.....	112	norethindrone & ethinyl estradiol- fe.....
nabumetone.....	4	NESTABS ONE.....	112	norethindrone (contraceptive).....
nadolol.....	46	neuac.....	56	norethindrone acet & eth estra.....
NAFCILLIN.....	125	NEUPRO.....	40	norethindrone acetate.....
nafcillin sodium.....	125	NEURONTIN.....	18	norethindrone acetate-ethinyl estradiol.....
NAFCILLIN SODIUM.....	125	NEVANAC.....	122	norgestimate-ethinyl estradiol.....
nafcillin sodium.....	125	nevirapine.....	44	norgestimate-ethinyl estradiol (triphasic).....
nafrinse.....	106	NEXAVAR.....	37	NORITATE.....
naftifine hcl.....	58	NEXIUM.....	134	NORPACE CR.....
NAFTIN.....	58	NEXTSTELLIS.....	52	NORTHERA.....
NALOCET.....	9	niacin (antihyperlipidemic).....	29	nortriptyline hcl.....
naloxone hcl.....	25,26	niacor.....	29	NORVIR.....
naltrexone hcl.....	26	nicardipine hcl.....	47	NOVA SAFETY LANCETS 23G.....
NAMENDA XR TITRATION PACK.....	126	NICODERM CQ.....	129	NOVA SAFETY LANCETS 28G.....
NAMZARIC.....	126	NICORETTE.....	129	NOVA SUREFLEX LANCETS.....
naproxen.....	5	NICORETTE MINI.....	129	NOVOEIGHT.....
naproxen sodium.....	5	NICORETTE STARTER KIT.....	129	NOVOPEN ECHO.....
naratriptan hcl.....	105	nicotine.....	129	NOVOSEVEN RT.....
NATACHEW.....	112	nicotine polacrilex.....	129	NOXAFIL.....
NATACYN.....	120	NICOTINE TRANSDERMAL SYSTEM.....	130	np thyroid 15.....
NATAZIA.....	52	NICOTROL INHALER.....	130	NUBEQA.....
nateglinide.....	24	NICOTROL NS.....	130	NUCALA.....
NATPARA.....	66	nifedipine.....	47	NUCORT.....
NATURE-THROID.....	132	nilutamide.....	34	NUCYNTA.....
NATURE-THROID NT-2.5.....	132	nimodipine.....	47	NUCYNTA ER.....
NAYZILAM.....	17	NINLARO.....	37	NUDEXTA.....
nebivolol hcl.....	46	nisoldipine.....	47	NULYTELY.....
nebusal.....	55	nitazoxanide.....	12	NULYTELY/FLAVOR PACKS.....
NEBUSAL.....	55	nitisinone.....	67	NUPLAZID.....
NEEVO DHA.....	112	NITRO-BID.....	12	NURTEC.....
nefazodone hcl.....	21	NITRO-DUR.....	13	
neo-polycin.....	119	nitrofurantoin.....	12	
neo-polycin hc.....	120			
neomycin sulfate.....	2			

NUVARING.....	53	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G.....	93	OXERVATE.....	120
NUWIQ.....	73	ONETOUCH DELICA PLUS LANCETS FINE 30G.....	93	oxiconazole nitrate.....	58
nyamyc.....	58	ONETOUCH FINEPOINT LANCETS.....	93	OXISTAT.....	58
nystatin.....	26	ONETOUCH ULTRA.....	64	OXTELLAR XR.....	19
nystatin (mouth-throat).....	108	ONETOUCH ULTRA 2.....	93	oxybutynin chloride.....	134
nystatin (topical).....	58	ONETOUCH ULTRASOFT LANCETS.....	93	OXYCODONE AND ACETAMINOPHEN.....	9
nystatin-triamcinolone.....	58	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM.....	94	oxycodone hcl.....	8
OB COMPLETE ONE.....	113	ONETOUCH VERIO TEST STRIPS.....	64	oxycodone w/ acetaminophen.....	9,10
OB COMPLETE PETITE.....	113	ONUREG.....	33	OXYCODONE/ACETAMINOPHE N.....	10
OB COMPLETE PREMIER.....	113	OPSUMIT.....	48	oxymorphone hcl.....	8
OB COMPLETE/DHA.....	113	OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE.....	135	OZEMPIC.....	23
OBIZUR.....	73	OPTIONS GYNOL II VAGINALCONTRACEPTIVE	135	pacerone.....	14
OBSTETRIX ONE.....	113	ORACEA.....	64	paliperidone.....	41
OICALIVA.....	69	ORACIT.....	71	PALYNZIQ.....	67
OCTAGAM.....	124	oralone dental paste.....	109	PANCREAZE.....	65
octreotide acetate.....	68	ORAVIG.....	109	PANRETIN.....	58
ODEFSEY.....	44	ORENCIA.....	5	pantoprazole sodium.....	134
ODOMZO.....	34	ORENCIA CLICKJECT.....	5	PAREMYD.....	122
OFEV.....	130	ORENITRAM.....	48	paricalcitol.....	67
ofloxacin.....	69	ORFADIN.....	67	paroex.....	109
ofloxacin (ophth).....	120	ORIAHNN.....	68	paromomycin sulfate.....	2
ofloxacin (otic).....	123	ORKAMBI.....	130	paroxetine hcl.....	21
olanzapine.....	41	orphenadrine citrate.....	117	PASER.....	32
olanzapine-fluoxetine hcl.....	126	ORTHO MICRONOR.....	53	PAXLOVID (nirmatrelvir 2 x 150mg & ritonavir 10 x 10mg tab pak).....	45
olmesartan medoxomil.....	29	oscimin.....	132	PC LANCETS SUPER THIN 30G.....	94
olmesartan medoxomil- amlodipine-hydrochlorothiazide	31	oscimin sr.....	132	pediatric vitamins acd w/ fluoride.....	110
olmesartan medoxomil- hydrochlorothiazide.....	31	oseltamivir phosphate.....	46	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid.....	77
olopatadine hcl.....	122	OSMOPREP.....	77	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	77
olopatadine hcl (nasal).....	117	OSPHENA.....	66	peg 3350-potassium chloride-sod bicarbonate-sod chloride.....	77
omega-3-acid ethyl esters.....	28	OTEZLA.....	5	peg-3350/electrolytes/ascorbate	76
omeprazole.....	134	OTOVEL.....	123	PEG-PREP.....	77
OMEPRAZOLE + SYRSPEND SFALKA.....	134	OTREXUP.....	3	PEGANONE.....	20
OMNIFLEX DIAPHRAGM.....	79	oxacillin sodium.....	125	PEGASYS.....	45
ON CALL LANCETS.....	93	oxandrolone.....	10	PEGINTRON.....	45
ON CALL PLUS LANCETS.....	93	oxaprozin.....	5	penicillamine.....	107
ondansetron.....	26	OXAYDO.....	8	penicillin g potassium.....	124
ondansetron hcl.....	26	oxazepam.....	13	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	124
ONE VITE WOMENS PRENATALVITAMIN PLUS.....	113	oxcarbazepine.....	19	PENICILLIN G PROCAINE.....	124
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ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	93				
ONETOUCH DELICA LANCETS FINE 30G.....	93				

penicillin g sodium	124	pilocarpine hcl	119	potassium chloride	
penicillin v potassium	124	pilocarpine hcl (oral)	109	microencapsulated crystals	
PENNSAID	57	pimecrolimus	63	er	107
pentamidine isethionate	11	pimozide	127	potassium citrate	
PENTASA	70	pindolol	46	(alkalinizer)	71
pentazocine w/ naloxone hcl	10	pioglitazone hcl	23	potassium citrate-citric acid	71
pentoxifylline	74	pioglitazone hcl-		POVIDONE IODINE	120
PERFECT LANCETS 30G	94	glimepiride	22	PR NATAL 400 EC	113
PERFECT PRESSURE		pioglitazone hcl-metformin		PR NATAL 430	113
ACTIVATED SAFETY LANCETS		hcl	22	PR NATAL 430 EC	113
28G	94	PIP LANCETS/28G	94	PRALUENT	29
perindopril erbumine	29	PIP LANCETS/30G	94	pramipexole dihydrochloride	40
permethrin	64	piperacillin sodium-tazobactam		PRAMOSONE	62
perphenazine	42	sodium	125	PRAMOTIC	123
perphenazine-amitriptyline	126	PIQRAY 200MG DAILY		prasugrel hcl	74
PERSERIS	41	DOSE	37	pravastatin sodium	29
PERTZYE	65	PIQRAY 250MG DAILY		praziquantel	11
pfizerpen	124	DOSE	37	prazosin hcl	30
PHARMACIST CHOICE ULTRA		PIQRAY 300MG DAILY		PRECISION THINS GP	
THIN LANCETS	94	DOSE	37	LANCET	94
PHARMACIST CHOICE ULTRA		pirfenidone	130	PRECISION XTRA BLOOD	
THIN LANCETS 28G	94	piroxicam	5	GLUCOSE TEST STRIPS	64
PHARMACIST CHOICE ULTRA		PLAN B ONE-STEP	53	PRED-G	121
THIN LANCETS 30G	94	PLEGRIDY	127	PRED-G S.O.P.	121
PHARMACIST CHOICE ULTRA		PLEGRIDY STARTER		prednicarbate	62
THIN LANCETS 31G	94	PACK	127	prednisolone	54
PHARMACIST CHOICE ULTRA		PNV TABS 29-1	113	prednisolone acetate	
THIN LANCETS 33G	94	pnv-dha	111	(ophth)	121
PHARMACY COUNTER		PNV-DHA+DOCUSATE	113	prednisolone acetate p-f	120
LANCETS	94	PNV-OMEGA	113	prednisolone sodium	
phenelzine sulfate	21	pnv-select	111	phosphate	54
PHENERGAN	27	PODOCON-25	63	PREDNISOLONE SODIUM	
phenobarbital	76	podofilox	63	PHOSPHATE	121
phenoxybenzamine hcl	29	POLY HUB NEEDLE/30G X		PREDNISOLONE SODIUM	
phentermine hcl	1	1/2"	104	PHOSPHATE/MOXIFLOXACIN	
PHENTERMINE		poly-vi-flor	110		121
HYDROCHLORIDE	1	POLY-VI-FLOR	110	prednisone	54
phenylephrine hcl		POLY-VI-FLOR/IRON	111	PREDNISONE INTENSOL	54
(mydriatic)	119	polyethylene glycol 3350	77	PREFERRED PLUS LANCETS	
phenytoin	20	polymyxin b-trimethoprim	120	COLORED 21G	94
phenytoin infatabs	20	POMALYST	35	PREFERRED PLUS LANCETS	
phenytoin sodium extended	20	posaconazole	27	SUPER THIN 30G	94
PHEXXI	135	pot & sod citrates w/citric		PREFERRED PLUS LANCETS	
PHOSLYRA	71	ac	71	THIN 26G	94
phospha 250 neutral	106	pot phosphate monobasic w/		PREFEST	68
phospho-trin k500	106	sod phosphate dibasic &		pregabalin	19
PHOSPHOLINE IODIDE	119	monobasic	107	PREMARIN	69,135
phytonadione	136	POTABA	136	PREMIUM SCAR PATCH	63
PICATO	58	potassium chloride	107	PREMPHASE	68
PIFELTRO	44	POTASSIUM CHLORIDE	107	PREMPRO	68
		potassium chloride	107	PRENA 1 TRUE	113

PRENA1 CHEW.....	113	procentra.....	1	PURIXAN.....	33
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PRENAISSANCE.....	113	prochlorperazine maleate.....	42	LANCETS 21G.....	95
PRENAISSANCE PLUS.....	113	procto-med hc.....	11	PUSH BUTTON SAFETY	
prenatabs rx.....	111	PROCTOFOAM HC.....	11	LANCETS 28G.....	95
PRENATAL.....	114	PROCYSBI.....	71	PX LANCETS MICROTHIN	
prenatal 19.....	111	PRODIGY PRESSURE		33G.....	95
PRENATAL 19.....	114	ACTIVATED SAFETY		PX LANCETS ULTRA THIN.....	95
PRENATAL PLUS.....	114	LANCETS.....	95	PX LANCETS ULTRA THIN	
PRENATAL PLUS IRON.....	114	PRODIGY SAFETY		28G.....	95
PRENATAL PLUS VITAMIN		LANCETS.....	95	pyrazinamide.....	32
ANDMINERAL.....	114	PRODIGY TWIST TOP		pyridostigmine bromide.....	32
PRENATAL VITAMINS PLUS		LANCETS.....	95	pyrimethamine.....	32
LOW IRON.....	114	PROFILNINE.....	73	QBRELIS.....	29
PRENATAL-U.....	114	progesterone.....	125	QC LANCETS SUPER THIN.....	95
PRENATE.....	114	PROGESTERONE		QC LANCETS ULTRA THIN.....	95
PRENATE DHA.....	114	CONCENTRATE.....	50	QC UNILET LANCETS	
PRENATE ELITE.....	114	PROGRAF.....	108	28G/ULTRA THIN.....	95
PRENATE ENHANCE.....	114	PROLATE.....	10	QC UNILET LANCETS	
PRENATE ESSENTIAL.....	114	PROLENSA.....	122	33G/MICRO THIN.....	95
PRENATE MINI.....	114	PROLIA.....	66	QINLOCK.....	37
PRENATE PIXIE.....	114	PROMACTA.....	75	QSYMIA.....	1
PRENATE RESTORE.....	114	promethazine &		QUARTETTE.....	52
PRENATRIX.....	114	phenylephrine.....	55	QUDEXY XR.....	19
PRENATRYL.....	114	promethazine hcl.....	27	quetiapine fumarate.....	41,42
PREPIDIL.....	123	promethazine w/codeine.....	55	QUFLORA FE PEDIATRIC.....	111
PREPLUS.....	115	promethazine-dm.....	55	QUFLORA GUMMIES.....	110
PRESSURE ACTIVATED		promethazine-phenylephrine-		QUFLORA PEDIATRIC.....	110
SAFETYLANCET 21G.....	94	codeine.....	55	QUILLIVANT XR.....	2
prevalite.....	28	promethegan.....	27	quinapril hcl.....	29
PREZCOBIX.....	44	propafenone hcl.....	14	quinapril-hydrochlorothiazide	
PREZISTA.....	44	propantheline bromide.....	133	31
PRIFTIN.....	32	proparacaine hcl.....	120	quinidine gluconate.....	13
PRILOSEC.....	134	propranolol &		quinidine sulfate.....	13
primaquine phosphate.....	32	hydrochlorothiazide.....	31	quinine sulfate.....	32
PRIMAXIN IV.....	12	propranolol hcl.....	46	QVAR REDIHALER.....	15
primidone.....	19	propylthiouracil.....	131	R-NATAL OB.....	115
PRIMLEV.....	10	PROSTIN E2.....	123	RA E-ZJECT LANCETS 28G.....	95
PRIMSOL.....	11	protriptyline hcl.....	22	RA E-ZJECT LANCETS THIN	
PRIVIGEN.....	124	pseudoephed-bromphen-		26G.....	95
PRO COMFORT LANCETS		dm.....	55	RA E-ZJECT LANCETS THIN	
30G.....	94	psorcon.....	60	28G.....	96
PRO COMFORT LANCETS		PSS SELECT GP		RA E-ZJECT LANCETS	
31G.....	95	LANCETS.....	95	ULTRATHIN 30G.....	96
PRO-RED AC.....	55	PSS SELECT SAFETY		ra laxative.....	77,78
PROAIR RESPICLICK.....	16	LANCETS.....	95	rabeprazole sodium.....	134
probenecid.....	72	PULMICORT FLEXHALER.....	15	RABEPRAZOLE SODIUM DR	
PROBUPHINE IMPLANT		pulmosal.....	55	SPRINKLE.....	134
KIT.....	10	PULMOZYME.....	130	raloxifene hcl.....	66
		PURE COMFORT LANCETS		ramelteon.....	76
		30G.....	95	ramipril.....	29

ranolazine	12	RESTASIS MULTIDOSE	120	SAFE-T-LANCE LOW FLOW	
rasagiline mesylate	40	RETACRIT	75	25G	97
RASUVO	3	RETEVMO	37	SAFE-T-LANCE NORMAL	
RAVICTI	67	REVATIO	49	FLOW/21G	97
READYLANCE SAFETY		REVLIMID	107	SAFE-T-LANCE PLUS	
LANCETS/21G/2.2MM	96	REXALL LANCETS ULTRA		SAFETYLANCET HIGH	
READYLANCE SAFETY		THIN	96	FLOW	97
LANCETS/23G/1.8MM	96	REXULTI	42	SAFE-T-LANCE PLUS	
READYLANCE SAFETY		REYATAZ	44	SAFETYLANCET LOW	
LANCETS/26G/1.8MM	96	REYVOW	105	FLOW	97
READYLANCE SAFETY		RHOFADE	64	SAFE-T-LANCE PLUS	
LANCETS/28G/1.8MM	96	RIAX	57	SAFETYLANCET NORMAL	
READYLANCE SAFETY		ribavirin	46	FLOW	97
LANCETS/30G/1.6MM	96	ribavirin (hepatitis c)	45	SAFETY LANCET	
REALITY LANCETS	96	RIDAURA	4	21G/PRESSURE	
REALITY TRIGGER		rifabutin	32	ACTIVATED	97
LANCETS	96	rifampin	32	SAFETY LANCET	
REBIF	127	RIGHTEST GL300		23G/PRESSURE	
REBIF REBIDOSE	127	LANCETS	96	ACTIVATED	97
REBIF REBIDOSE		riluzole	118	SAFETY LANCET	
TITRATIONPACK	127	rimantadine hydrochloride	46	28G/PRESSURE	
REBIF TITRATION PACK	127	RINVOQ	3	ACTIVATED	97
REBINYN	74	risedronate sodium	66	SAFETY LANCETS	97
RECOMBINATE	74	risperidone	41	SAFETY LANCETS 21G	97
RECTIV	11	ritonavir	44	SAFETY LANCETS 28G	97
REGEN-COV	124	rivastigmine	126	SAFETY LET LANCETS	97
REGRANEX	64	rivastigmine tartrate	126	SAFETY SEAL LANCETS	
relafen	4	RIXUBIS	74	28G	97
RELENZA DISKHALER	46	rizatriptan benzoate	105	SAFETY SEAL LANCETS	
RELION INSULIN SYRINGE		romidepsin	37	30G	97
0.5ML/31G X 15/64"	104	ropinirole hydrochloride	40	SAFYRAL	53
RELION INSULIN SYRINGE		rosadan	63	sajazir	74
1ML/31GX15/64"	105	rosuvastatin calcium	29	salicylic acid	63
RELION INSULIN SYRINGE/U-		roweepra	17	salicylic acid in ammonium	
100/1ML/31G X 15/64"	105	roweepra xr	17	lactate vehicle	63
RELION LANCETS MICRO-		ROZLYTREK	37	SALIMEZ	63
THIN33G	96	RUBRACA	37	salsalate	7
RELION LANCETS THIN		rufinamide	19	SANCUSO	26
26G	96	RUKOBIA	44	SANDIMMUNE	108
RELION LANCETS ULTRA-		RUZURGI	32	SANDOSTATIN	68
THIN30G	96	RYBELSUS	23	SANTYL	62
RELION ULTRA THIN		ryclora	27	SAPHRIS	42
LANCETS/30G	96	RYDAPT	37	sapropterin dihydrochloride	67
RELION ULTRA THIN		RYTARY	40	SAPS HEALTH CARE TWIST	
LANCETS30G	96	RYVENT	27	TOP LANCETS	97
RELION ULTRA THIN PLUS		SABRIL	20	SAPS HEALTH TWIST TOP	
LANCETS 32G	96			LANCETS 30G	97
RELION ULTRA THIN PLUS				SAPSCARE TWIST TOP	
LANCETS 33G	96			LANCETS 30G	97
RELISTOR	70			SAVELLA	126
RELNATE DHA	115			SAVELLA TITRATION	
RENFLEXIS	70			PACK	126
repaglinide	24				
REPATHA SURECLICK	29				

SAXENDA.....	1	SMART SENSE THIN LANCETSUNIVERSAL 26G.....	98	STRIBILD.....	44
SB LANCETS THIN.....	98	SMARTEST LANCETS 28G.....	98	STRIVERDI RESPIMAT.....	16
SB LANCETS ULTRA THIN.....	98	SOAANZ.....	65	SUBLOCADE.....	10
scopolamine.....	26	sodium chloride.....	107	subvenite.....	17
SE-NATAL 19.....	115	sodium chloride (inhalant).....	55	subvenite starter kit/blue.....	17
SEASONIQUE.....	53	sodium citrate & citric acid.....	71	SUCRAID.....	65
SECUADO.....	42	sodium fluoride.....	106	sucralfate.....	133
SELECT-OB.....	115	sodium phenylbutyrate.....	67	sulconazole nitrate.....	58
SELECT-OB+DHA.....	115	sodium polystyrene sulfonate.....	108	sulfacetamide sod-prednisolone.....	121
selegiline hcl.....	40	SODIUM SULFACETAMIDE WASH.....	59	sulfacetamide sodium.....	59
selenium sulfide.....	59	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA.....	57	sulfacetamide sodium (acne).....	57
SELZENTRY.....	44	SOLIFENACIN SUCCINATE.....	134	sulfacetamide sodium (ophth).....	120
SEREVENT DISKUS.....	16	SOLTAMOX.....	34	sulfacetamide sodium w/sulfur.....	57
SEROSTIM.....	66	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G.....	98	sulfadiazine.....	130
sertraline hcl.....	21	SOLUS V2 TWIST LANCETS 30G.....	98	sulfamethoxazole-trimethoprim.....	11
sevelamer carbonate.....	71	SOMAVERT.....	66	SULFAMYLON.....	60
sevelamer hcl.....	71	sorafenib tosylate.....	37	sulfasalazine.....	70
SFROWASA.....	70	SORILUX.....	59	sulfatrim pediatric.....	11
SHOPKO ON-THE-GO COMFORTLANCETS 30G.....	98	sorine.....	46	sulindac.....	5
SHOPKO UNILET LANCETS SUPER THIN 30G.....	98	sotalol hcl.....	46	sumatriptan.....	106
SHOPKO UNILET LANCETS ULTRA THIN 28G.....	98	sotalol hcl (afib/afib).....	46	sumatriptan succinate.....	106
SHUR-SEAL.....	135	SOTYLIZE.....	46	sunitinib malate.....	37
SIDE BUTTON SAFETY LANCET21G.....	98	SPIRIVA HANDIHALER.....	14	SUPER THIN LANCETS.....	98
SIGNIFOR.....	68	SPIRIVA RESPIMAT.....	14	SUPRAX.....	50
SIKLOS.....	75	spironolactone.....	65	SURE COMFORT LANCETS 18G.....	98
sildenafil citrate.....	48	spironolactone & hydrochlorothiazide.....	65	SURE COMFORT LANCETS 21G.....	99
sildenafil citrate (pulmonary hypertension).....	49	SPRIX.....	5	SURE COMFORT LANCETS 23G.....	99
silodosin.....	71,72	SPRYCEL.....	37	SURE COMFORT LANCETS 28G.....	99
silver sulfadiazine.....	60	SSD.....	60	SURE COMFORT LANCETS 30G.....	99
SIMBRINZA.....	119	sss 10-5.....	56	SURE-LANCE FLAT LANCETS.....	99
simvastatin.....	29	stavudine.....	44	SURE-LANCE LANCETS 26G.....	99
SINGLE-LET.....	98	STAVUDINE.....	44	SURE-LANCE THIN LANCETS 28G.....	99
sirolimus.....	108	STELARA.....	59,70	SURE-LANCE ULTRA THIN LANCETS.....	99
SIVEXTRO.....	12	STERILANCE TL.....	98	SURE-TOUCH LANCETS UNIVERSAL.....	99
SKYRIZI.....	59	STIMATE.....	68	SURELITE LANCETS.....	99
SKYRIZI PEN.....	59	STIOLTO RESPIMAT.....	16	SUTENT.....	38
SLYND.....	53	STIVARGA.....	37	SYMDEKO.....	130
SM MICRO THIN LANCETS 33G.....	98	STRENSIQ.....	67	SYMLINPEN 120.....	22
SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	98	streptomycin sulfate.....	2		
SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	98				
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G.....	98				

SYMLINPEN 60	22	TEMIXYS	44	TOBRADEX	121
SYMTUZA	44	temozolomide	32	TOBRADEX ST	121
SYNAREL	67	temsirolimus	38	tobramycin	2
SYNDROS	26	tenofovir disoproxil fumarate	44	tobramycin (ophth)	120
SYNJARDY	22	terazosin hcl	30	tobramycin sulfate	3
SYNJARDY XR	23	terbinafine hcl	26	tobramycin-dexamethasone	121
SYNTHROID	132	terbutaline sulfate	16	TOBEX	120
SYPRINE	107	terconazole vaginal	135	TODAY SPONGE	135
TABLOID	33	TESTIM	10	TODAYS HEALTH SUPER THINLANCETS 30G	99
TABRECTA	38	testosterone	10,11	TODAYS HEALTH ULTRA THINLANCETS 28G	100
tacrolimus	108	tetrabenazine	126	tolbutamide	25
tacrolimus (topical)	63	tetracaine hcl (ophth)	120	tolcapone	39
tadalafil	48	tetracycline hcl	131	tolmetin sodium	5
tadalafil (pulmonary hypertension)	49	TEXACORT	62	TOLSURA	27
TAFINLAR	38	TGT LANCET MICRO THIN 33G	99	tolterodine tartrate	134
TAGRISSE	34	TGT LANCET THIN 26G	99	TOPAMAX	19
TALZENNA	38	TGT LANCET ULTRA THIN 30G	99	TOPAMAX SPRINKLE	19
tamoxifen citrate	34	THALITONE	66	TOPCARE LANCETS MICRO-THIN 33G	100
tamsulosin hcl	72	THALOMID	108	topiramate	19
taperdex 12-day	54	THEO-24	16	toposar	39
TARCEVA	34	theophylline	16	topotecan hcl	39
TARGRETIN	38,58	THERANATAL CORE NUTRITION	115	toremifene citrate	34
TARON-PREX	115	THINLETS GP LANCETS	99	TORISEL	38
TASIGNA	38	THIOLA EC	72	torsemide	65
TAVALISSE	74	thioridazine hcl	42	TOUJEO MAX SOLOSTAR	24
TAYTULLA	53	thiothixene	42	TOUJEO SOLOSTAR	24
TAZAROTENE	57	THRIVITE 19	109	tovet	60
tazarotene	59	THRIVITE RX	115	TRACLEER	48
TAZORAC	59	THYMOGLOBULIN	108	tramadol hcl	8
taztia xt	47	tiagabine hcl	20	tramadol-acetaminophen	10
TAZVERIK	38	TIBSOVO	38	trandolapril	29
TECHLITE AST LANCETS	99	tilia fe	51	trandolapril-verapamil hcl	31
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	105	timolol maleate	46	tranexamic acid	76
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	105	timolol maleate (ophth)	119	tranylcypromine sulfate	21
TECHLITE LANCETS	99	timolol maleate in ocudose	118	TRAVEL LANCETS 30G	100
TECHLITE LANCETS 30G	99	TIMOPTIC OCUDOSE	119	TRAVEL LANCETS ADVANCED 28G	100
TEGRETOL	19	TIMOPTIC-XE	119	travoprost	122
TEGRETOL-XR	19	tinidazole	11	trazodone hcl	21
TEGSEDI	130	tiopronin	72	TRECTOR	32
TEKTURNA HCT	31	TIROSINT	132	TRELEGY ELLIPTA	16
telmisartan	29,30	TIVICAY	44	TREMFYA	59
telmisartan-amlodipine	31	tizanidine hcl	117	TRESIBA	24
telmisartan-hydrochlorothiazide	31	TOBI PODHALER	2	TRESIBA FLEXTOUCH	24
temazepam	76				

tretinoin.....	57	TRUEPLUS LANCETS 26G.....	100	ULTRA-THIN II LANCETS 28G.....	101
tretinoin (chemotherapy).....	39	TRUEPLUS LANCETS 28G.....	100	ULTRA-THIN II LANCETS 30G.....	101
tretinoin microsphere.....	57	TRUEPLUS LANCETS 28G SUPER THIN.....	100	UNASYN.....	125
TRETTEN.....	74	TRUEPLUS LANCETS 30G.....	100	UNASYN BULK PACK.....	125
TREXALL.....	33	TRUEPLUS LANCETS 30G ULTRA THIN.....	100	UNILET COMFORTOUCH LANCET.....	101
tri femynor.....	51	TRUEPLUS LANCETS 33G.....	100	UNILET EXCELITE.....	101
TRI-TABS DHA.....	115	TRUEPLUS LANCETS 33G MICRO THIN.....	100	UNILET EXCELITE II.....	101
TRI-VI-FLOR.....	111	TRUEPLUS SAFETY LANCETS 28G.....	100	UNILET G.P. LANCET.....	101
TRI-VI-FLORO.....	111	TRULICITY.....	23	UNILET G.P. SUPERLITE LANCET.....	101
tri-vite/fluoride.....	110	TRUVADA.....	44	UNILET GP 28 ULTRA THIN.....	101
triamcinolone acetonide (mouth).....	109	TUKYSA.....	33	UNILET LANCET.....	101
triamcinolone acetonide (nasal).....	118	TURALIO.....	38	UNILET LANCETS MICRO- THIN33G.....	101
triamcinolone acetonide (topical).....	62	TUSNEL.....	55	UNILET LANCETS SUPER- THIN30G.....	101
triamterene.....	65	TUSSICAPS.....	55	UNILET LANCETS ULTRA-THIN 28G.....	101
triamterene & hydrochlorothiazide.....	65	TUSSLIN.....	55	UNILET SUPERLITE LANCET.....	101
triazolam.....	76	TUSSLIN PEDIATRIC.....	55	UNISTIK 3 GENTLE.....	101
TRICARE.....	115	TWIRLA.....	53	UNISTIK PRO SAFETY LANCET 21G.....	101
TRICARE PRENATAL DHA ONE.....	115	TYBLUME.....	53	UNISTIK PRO SAFETY LANCET 25G.....	102
triderm.....	60	TYBOST.....	44	UNISTIK PRO SAFETY LANCET 28G.....	102
trientine hcl.....	107	tydemy.....	50	UNISTIK SAFETY LANCETS 28G.....	102
trifluoperazine hcl.....	42	TYKERB.....	38	UNISTIK SAFETY LANCETS 30G.....	102
trifluridine.....	120	TYMLOS.....	66	UNISTIK TOUCH SAFETY LANCETS 21G.....	102
TRIGLIDE.....	28	TYVASO.....	48	UNISTIK TOUCH SAFETY LANCETS 23G.....	102
trihexyphenidyl hcl.....	39	TYVASO REFILL.....	48	UNISTIK TOUCH SAFETY LANCETS 28G.....	102
TRIJARDY XR.....	23	TYVASO STARTER.....	48	UNISTIK TOUCH SAFETY LANCETS 30G.....	102
TRIKAFTA.....	130	UCERIS.....	11	UNIVERSAL 1 LANCETS THIN26G.....	102
TRILEPTAL.....	19	UDENYCA.....	75	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	102
trimethobenzamide hcl.....	26	ULTILET CLASSIC LANCETS.....	100	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	102
trimethoprim.....	11	ULTILET INSULIN SYRINGE/U- 100/0.5ML/31GX6MM ...	105	UPTRAVI.....	49
TRIMETHOPRIM.....	11	ULTILET LANCETS.....	100	urea.....	62
trimipramine maleate.....	22	ULTILET LANCETS 33G.....	100	ursodiol.....	69
TRINATAL RX 1.....	115	ULTILET SAFETY LANCETS 21G X 2.2MM.....	100	valacyclovir hcl.....	45
TRINTELLIX.....	21	ULTILET SAFETY LANCETS 23G.....	100	VALCHLOR.....	58
TRISTART DHA.....	115	ULTRA THIN LANCETS 31G.....	101	valganciclovir hcl.....	45
TRISTART ONE.....	115	ULTRA-CARE LANCETS 30G.....	101		
TRIUMEQ.....	44	ULTRA-THIN II AUTO LANCET.....	101		
TRIUMEQ PD.....	44				
TRIZIVIR.....	44				
TROKENDI XR.....	19				
tropicamide.....	119				
tropium chloride.....	134				
TRUE COMFORT TWIST TOP LANCETS 30G.....	100				

valproate sodium.....	20	VIIBRYD STARTER PACK	21	WALGREENS LANCETS..	103
valproic acid.....	20	vilazodone hcl.....	21	WALGREENS THIN	
valsartan.....	30	VINATE DHA RF.....	115	LANCETS.....	103
valsartan-hydrochlorothiazide		VINATE ONE.....	115	WALGREENS ULTRA THIN	
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