

# California

## Essential Drug List

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 All previous versions are no longer in effect.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

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

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

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

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

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

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

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

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

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

#### *Hours of Operation*

8:00am – 7:00pm Monday through Friday

8:00am – 5:00pm Saturday

### **Small Business Group**

If you have questions about your pharmacy coverage call Customer Service at [1-800-361-3366](tel:1-800-361-3366)

#### *Hours of Operation*

8:00am – 6:00pm Monday through Friday

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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.

<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:

<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 the following reasons:</p> <ul style="list-style-type: none"> <li>• The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or</li> <li>• Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy.</li> </ul> <p>If the drug is approved, we will let you know how to get limited access drugs.</p>
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.

PV	Preventive Drugs	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including 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. Members in grandfathered Groups will pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan with the exception of some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.
SF	Split Fill	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.

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

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

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

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

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

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

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

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

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. This is called step therapy. Step therapy is when you are required to use one drug before another, in a stepwise fashion. The required first step drug or preferred drug is a proven, cost-effective medication. Unless an exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy. You or your doctor can request an exception if your health may be harmed by waiting. Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

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

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

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

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

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

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

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

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

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

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

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

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

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

### **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, with the exception of 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 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.

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

Drug Name	Drug Tier	Requirements/ Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG, 5 MG	1	
<b>amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</b>	1	QL(2 ea daily,90 day(s) limit)
<b>amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</b>	1	
<b>amphetamine-dextroamphetamine tabs 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg</b>	1	QL(90 ea per fill retail)
<b>dextroamphetamine sulfate cp24 10 mg, 15 mg, 5 mg</b>	1	
<b>dextroamphetamine sulfate soln 5 mg/5ml</b>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>dextroamphetamine sulfate tabs 10 mg, 5 mg</b>	1	
<b>methamphetamine hcl tabs</b>	2	PA; ST;
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG <b>(lisdexamfetamine dimesylate)</b>	2	QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG <b>(lisdexamfetamine dimesylate)</b>	2	Limited to 1 per day;QL(1 ea daily)
<b>Analeptics</b>		
<b>caffeine citrate soln</b>	1	
<b>Anorexiants Non-Amphetamine</b>		
<b>benzphetamine hcl tabs</b>	1	PA
<b>diethylpropion hcl tabs</b>	1	PA
<b>diethylpropion hcl tb24</b>	1	PA
LOMAIRA TABS <b>(phentermine hcl)</b>	3	PA
<b>phentermine hcl caps</b>	1	PA
<b>phentermine hcl tabs</b>	1	PA
PHENTERMINE HYDROCHLORIDE CAPS <b>(phentermine hcl)</b>	3	PA
QSYMIA CP24 <b>(phentermine hcl-topiramate)</b>	3	PA; QL(1 ea daily)
<b>Anti-Obesity Agents</b>		
CONTRAVE TB12 <b>(naltrexone hcl-bupropion hcl)</b>	3	PA
SAXENDA SOPN <b>(liraglutide (weight management))</b>	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
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) tb12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily)
<b>Stimulants - Misc.</b>		
<i>armodafinil tabs</i>	1	PA; ST
DAYTRANA PTCH ( <i>methylphenidate</i> )	3	QL(1 ea daily)
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl tabs 10 mg, 5 mg</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	QL(3 ea daily)
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily, 90 day(s) limit)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily, 90 day(s) limit)
<i>methylphenidate hcl tbcr 10 mg, 20 mg</i>	1	QL(1 ea daily, 90 ea per fill retail)
<i>methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl tbcr 54 mg</i>	1	QL(2 ea daily)
<i>modafinil tabs</i>	2	ST; QL(1 ea daily)
QUILLIVANT XR SRER ( <i>methylphenidate hcl</i> )	3	PA; ST; QL(12 ml daily)
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
ARIKAYCE SUSP ( <i>amikacin sulfate liposome</i> )	4	PA
BETHKIS NEBU ( <i>tobramycin</i> )	7	PA; LA
<i>neomycin sulfate tabs</i>	1	
<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
<b><i>tobramycin nebu 300 mg/5ml</i></b>	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<b><i>tobramycin sulfate soln</i></b>	4	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ( <b><i>adalimumab</i></b> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN PNKT ( <b><i>adalimumab</i></b> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN-CD/UC/HS STARTER PNKT ( <b><i>adalimumab</i></b> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT ( <b><i>adalimumab</i></b> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PEN-PS/UV STARTER PNKT ( <b><i>adalimumab</i></b> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
HUMIRA PSKT ( <b><i>adalimumab</i></b> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<b>Antirheumatic - Enzyme Inhibitors</b>		

Drug Name	Drug Tier	Requirements/ Limits
RINVOQ TB24 15 MG ( <b><i>upadacitinib</i></b> )	4	PA; ST
XELJANZ TABS 10 MG ( <b><i>tofacitinib citrate</i></b> )	4	PA; ST
XELJANZ TABS 5 MG ( <b><i>tofacitinib citrate</i></b> )	4	PA; ST; QL(2 ea daily)
XELJANZ XR TB24 11 MG ( <b><i>tofacitinib citrate</i></b> )	4	PA; ST; QL(1 ea daily)
XELJANZ XR TB24 22 MG ( <b><i>tofacitinib citrate</i></b> )	4	PA; QL(1 ea daily)
<b>Antirheumatic Antimetabolites</b>		
OTREXUP SOAJ 10 MG/0.4ML ( <b><i>methotrexate (antirheumatic)</i></b> )	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 ( <b><i>methotrexate (antirheumatic)</i></b> )	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 ( <b><i>methotrexate (antirheumatic)</i></b> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
RASUVO SOAJ 20 MG/0.4ML ( <b><i>methotrexate (antirheumatic)</i></b> )	4	PA; ST;LA
<b>Gold Compounds</b>		
RIDAURA CAPS ( <b><i>auranofin</i></b> )	2	
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLR ( <b><i>rilonacept</i></b> )	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661

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Drug Name	Drug Tier	Requirements/ Limits
<b>Interleukin-6 Receptor Inhibitors</b>		
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
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
(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	
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS ( <i>apremilast</i> )	4	PA; ST
OTEZLA TBPB ( <i>apremilast</i> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide tabs 10 mg</i>	1	QL(2 ea daily)
<i>leflunomide tabs 20 mg</i>	1	QL(1 ea daily)
<b>Selective Costimulation Modulators</b>		
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
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT ( <i>etanercept</i> )	4	PA; ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661;SP

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

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Drug Name	Drug Tier	Requirements/ Limits
<b>butalbital-aspirin-caffeine caps</b>	1	
<b>Salicylates</b>		
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIR-LOW, 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, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN, TGT ASPIRIN LOW DOSE TBEC	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, ASPIRIN LOW STRENGTH, 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
<b>aspirin chew 81 mg</b>	5	PV
<b>aspirin tbec 81 mg</b>	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
<i>diflunisal tabs</i>	1	
<i>salsalate tabs</i>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
(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)

Drug Name	Drug Tier	Requirements/ Limits
<i>levorphanol tartrate tabs</i>	1	PA; ST
<i>meperidine hcl soln</i>	1	
<i>meperidine hcl tabs</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	1	
<i>methadone hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	
<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 supp re 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)

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

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)
<b>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</b>	1	
<b>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg</b>	1	
<b>acetaminophen w/ codeine tabs 60 mg-300 mg</b>	1	QL(6 ea daily)
<b>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg</b>	1	PA
<b>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg</b>	1	
<b>butalbital-aspirin-caffeine w/cod caps</b>	1	
<b>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</b>	1	
<b>hydrocodone-acetaminophen tabs 10 mg-300 mg, 5 mg-300 mg</b>	1	
<b>hydrocodone-acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg</b>	1	QL(240 ea per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
PROLATE TABS 10 MG-300 MG, 5 MG-300 MG, 7.5 MG-300 MG ( <b>oxycodone w/ acetaminophen</b> )	3	
<b>tramadol-acetaminophen tabs</b>	1	QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
<b>buprenorphine hcl subl 2 mg</b>	1	QL(3 ea daily)
<b>buprenorphine hcl subl 8 mg</b>	1	QL(4 ea daily)
<b>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg</b>	1	QL(3 ea daily)
<b>buprenorphine hcl-naloxone hcl dihydrate film 3 mg-12 mg</b>	1	QL(2 ea daily)
<b>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</b>	1	
BUPRENORPHINE PTWK TD 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR ( <b>buprenorphine</b> )	3	Limited to 4 patches per month;QL(4 ea per 28 days retail)
BUPRENORPHINE PTWK TD 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR ( <b>buprenorphine</b> )	3	QL(4 ea per 28 days retail)
<b>butorphanol tartrate soln</b>	1	Limit 7.5mls per month;QL(0.25 ml daily)
<b>pentazocine w/ naloxone hcl tabs</b>	1	
PROBUPHINE IMPLANT KIT IMPL ( <b>buprenorphine hcl</b> )	4	PA

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SUBLOCADE SOSY ( <i>buprenorphine</i> )	4	PA; Covered under the Medical Benefit
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABS ( <i>oxymetholone</i> )	3	
<i>oxandrolone tabs 10 mg</i>	2	QL(2 ea daily)
<i>oxandrolone tabs 2.5 mg</i>	2	
<b>Androgens</b>		
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	
STRIANT MISC ( <i>testosterone</i> )	3	QL(2 ea daily)
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)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone gel 50 mg/5gm</i>	1	Limit 300gms per month; QL(10 gm daily)
<i>testosterone soln 30 mg/act</i>	1	QL(6 ml daily)
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
(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
<b>Rectal Combinations</b>		
ANALPRAM-HC LOTN ( <i>hydrocortisone acetate w/ pramoxine</i> )	3	
PROCTOFOAM HC FOAM ( <i>hydrocortisone acetate w/ pramoxine</i> )	2	
<b>Rectal Steroids</b>		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC CREA	1	
<i>hydrocortisone (rectal) crea</i>	1	
<b>Vasodilating Agents</b>		
RECTIV OINT ( <i>nitroglycerin (intra-anal)</i> )	3	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
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	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
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	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR 100 MG/5ML ( <i>nitazoxanide</i> )	3	
<i>atovaquone susp</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitazoxanide tabs or</i>	1	
Carbapenems		
<i>ertapenem sodium solr</i>	4	PA
<i>imipenem-cilastatin solr</i>	2	PA
INVANZ SOLR ( <i>ertapenem sodium</i> )	7	PA
<i>meropenem solr</i>	4	PA
MERREM SOLR ( <i>meropenem</i> )	7	PA
PRIMAXIN IV SOLR ( <i>imipenem-cilastatin</i> )	7	PA
Glycopeptides		
FIRVANQ SOLR ( <i>vancomycin hcl</i> )	3	PA
<i>vancomycin hcl caps 125 mg</i>	1	PA
<i>vancomycin hcl caps 250 mg</i>	1	
Leprostatics		
<i>dapsone tabs 100 mg</i>	1	QL(4 ea daily)
<i>dapsone tabs 25 mg</i>	1	
Lincosamides		
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
Monobactams		
CAYSTON SOLR ( <i>aztreonam lysine</i> )	4	PA
Oxazolidinones		
<i>linezolid susr 100 mg/5ml</i>	1	QL(210 ml per 90 days retail)
<i>linezolid tabs 600 mg</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS ( <i>tedizolid phosphate</i> )	2	QL(6 ea per 90 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine pack</i>	1	
<i>methenamine hippurate tabs</i>	1	
<i>methenamine mandelate tabs 0.5 gm, 1 gm</i>	1	
<i>nitrofurantoin macrocrystal caps</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
<i>ranolazine tb12 1000 mg</i>	1	
<i>ranolazine tb12 500 mg</i>	1	QL(4 ea daily)
<b>Nitrates</b>		
(Nitroglycerin) MINITRAN PT24	1	QL(1 ea daily)
DILATRATE SR CPCR ( <i>isosorbide dinitrate</i> )	3	
GONITRO PACK ( <i>nitroglycerin</i> )	3	PA
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT ( <i>nitroglycerin</i> )	2	
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	2	QL(1 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam tabs 10 mg</i>	1	QL(4 ea daily)
<i>diazepam tabs 2 mg, 5 mg</i>	1	
<i>lorazepam conc</i>	1	
<i>lorazepam tabs</i>	1	
<i>oxazepam caps 10 mg, 15 mg</i>	1	
<i>oxazepam caps 30 mg</i>	1	QL(2 ea daily)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<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	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps</i>	1	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	Limit 1 Inhaler per month; QL(0.14 3 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<b>Leukotriene Modulators</b>		
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
<i>zafirlukast tabs 10 mg</i>	1	
<i>zafirlukast tabs 20 mg</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	ST
ZYFLO TABS ( <i>zileuton</i> )	3	ST
<b>Steroid Inhalants</b>		
ARNUITY ELLIPTA AEPB ( <i>fluticasone furoate (inhalation)</i> )	2	QL(1 ea daily)
<i>budesonide (inhalation) susp 0.25 mg/2ml</i>	2	QL(8 ml daily)
<i>budesonide (inhalation) susp 0.5 mg/2ml</i>	2	QL(4 ml daily)
<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)
FLOVENT DISKUS AEPB 250 MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	2	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FLOVENT DISKUS AEPB 50 MCG/BLIST ( <i>fluticasone propionate (inhalation)</i> )	2	QL(40 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT ( <i>fluticasone propionate hfa</i> )	2	Limit 2 inhalers per month; QL(0.8 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)
<b>Sympathomimetics</b>		
(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(0.47 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 nebu in 0.083 %, 0.5 %, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
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/dose-100 mcg/dose, 50 mcg/dose-250 mcg/dose, 50 mcg/dose-500 mcg/dose</i>	1	QL(2 ea daily)
<i>ipratropium-albuterol soln</i>	1	
<i>levalbuterol hcl nebu</i>	1	

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

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Drug Name	Drug Tier	Requirements/ Limits
BEVYXXA CAPS ( <i>betrixaban maleate</i> )	3	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TBPK ( <i>apixaban</i> )	2	
ELIQUIS TABS 2.5 MG ( <i>apixaban</i> )	2	QL(2 ea daily)
ELIQUIS TABS 5 MG ( <i>apixaban</i> )	2	
XARELTO STARTER PACK TBPK ( <i>rivaroxaban</i> )	2	
XARELTO TABS 10 MG, 15 MG, 2.5 MG ( <i>rivaroxaban</i> )	2	
XARELTO TABS 20 MG ( <i>rivaroxaban</i> )	2	QL(1 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA SOLN 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML ( <i>fondaparinux sodium</i> )	7	PA
ARIXTRA SOLN 2.5 MG/0.5ML ( <i>fondaparinux sodium</i> )	7	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	2	PA; QL(0.1 ml daily)
<i>enoxaparin sodium soln sc 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	2	QL(4 ml per 7 days retail)
<i>fondaparinux sodium soln 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	4	PA
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	PA; QL(4 ml per 90 days retail, 4 ml per 90 days mail)

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )	4	PA
FRAGMIN SOLN 2500 UNIT/0.2ML ( <i>dalteparin sodium</i> )	4	
<i>heparin sodium (porcine) soln</i>	4	PA
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP ( <i>perampanel</i> )	3	
FYCOMPA TABS ( <i>perampanel</i> )	3	
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam susp 2.5 mg/ml</i>	1	
<i>clobazam tabs 10 mg</i>	1	QL(1 ea daily)
<i>clobazam tabs 20 mg</i>	1	QL(2 ea daily)
<i>clonazepam tabs</i>	1	
<i>clonazepam tbdp</i>	1	
<i>diazepam (anticonvulsant) gel</i>	1	QL(0.14 ea daily)
NAYZILAM SOLN ( <i>midazolam (anticonvulsant)</i> )	4	PA; QL(10 ea per 30 days retail)
<b>Anticonvulsants - Misc.</b>		
(Carbamazepine) EPITOL TABs	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 1000 MG	1	QL(3 ea daily)
(Levetiracetam) ROWEEPRA TABS 500 MG, 750 MG	1	QL(6 ea daily)
(Levetiracetam) ROWEEPRA XR TB24	1	QL(4 ea daily)
APTOM 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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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
LAMICTAL XR TB24 300 MG ( <i>lamotrigine</i> )	7	QL(2 ea daily)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
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 csp 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
VIMPAT SOLN 10 MG/ML ( <i>lacosamide</i> )	2	QL(40 ml daily)
VIMPAT TABS 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )	7	QL(6 ea daily)
ZONEGRAN CAPS 25 MG ( <i>zonisamide</i> )	7	
<i>zonisamide caps 100 mg</i>	1	QL(6 ea daily)
<i>zonisamide caps 25 mg, 50 mg</i>	1	
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	

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

Drug Name	Drug Tier	Requirements/ Limits
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1	
<i>bupropion hcl tb12 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily)
<i>bupropion hcl tb24 450 mg</i>	1	ST; QL(1 ea daily)
FORFIVO XL TB24 ( <i>bupropion hcl</i> )	7	ST; QL(1 ea daily)
<i>maprotiline hcl tabs</i>	1	
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
EMSAM PT24 ( <i>selegiline</i> )	3	QL(1 ea daily)
MARPLAN TABS ( <i>isocarboxazid</i> )	3	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	2	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<b>fluoxetine hcl soln 20 mg/5ml</b>	1	QL(15 ml daily)
<b>fluoxetine hcl tabs 10 mg</b>	1	
<b>fluoxetine hcl tabs 20 mg, 60 mg</b>	1	QL(1 ea daily)
<b>fluvoxamine maleate cp24 100 mg</b>	2	QL(3 ea daily)
<b>fluvoxamine maleate cp24 150 mg</b>	2	
<b>fluvoxamine maleate tabs 100 mg</b>	1	QL(3 ea daily)
<b>fluvoxamine maleate tabs 25 mg, 50 mg</b>	1	
<b>paroxetine hcl susp</b>	1	
<b>paroxetine hcl tabs</b>	1	
<b>paroxetine hcl tb24</b>	1	
<b>sertraline hcl conc 20 mg/ml</b>	1	
<b>sertraline hcl tabs 100 mg, 25 mg, 50 mg</b>	1	QL(2 ea daily)
<b>Serotonin Modulators</b>		
<b>nefazodone hcl tabs</b>	1	
<b>trazodone hcl tabs</b>	1	
TRINTELLIX TABS ( <b>vortioxetine hbr</b> )	3	ST; QL(1 ea daily)
VIIBRYD STARTER PACK KIT ( <b>vilazodone hcl</b> )	3	PA
VIIBRYD TABS 10 MG, 40 MG ( <b>vilazodone hcl</b> )	3	ST
VIIBRYD TABS 20 MG ( <b>vilazodone hcl</b> )	3	ST; QL(2 ea daily)
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
<b>desvenlafaxine succinate tb24</b>	1	QL(1 ea daily)
<b>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</b>	1	QL(2 ea daily)

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
JANUVIA TABS 100 MG, 50 MG ( <i>sitagliptin phosphate</i> )	2	QL(1 ea daily)
JANUVIA TABS 25 MG ( <i>sitagliptin phosphate</i> )	2	
<b>Incretin Mimetic Agents (GLP-1 Receptor)</b>		
OZEMPIC SOPN 2 MG/1.5ML ( <i>semaglutide</i> )	2	PA; Not available through Mail Order
OZEMPIC SOPN 4 MG/3ML ( <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
<b>Insulin Sensitizing Agents</b>		
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)
<b>Insulin</b>		
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)

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

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Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R SOLN ( <i>insulin regular (human)</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN R U-500 ( <b>CONCENTRATED</b> ) SOLN (insulin regular (human))	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN ( <i>insulin regular (human)</i> )	2	Limit 40mls per month;QL(1.34 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN ( <i>insulin lispro protamine &amp; lispro</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLN ( <i>insulin glargine</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN ( <i>insulin glargine</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR 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	
<b>Meglitinide Analogues</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>nateglinide tabs</i>	1	
<i>repaglinide tabs</i>	1	
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
FARXIGA TABS ( <i>dapagliflozin propanediol</i> )	2	QL(1 ea daily)
JARDIANCE TABS ( <i>empagliflozin</i> )	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride tabs</i>	1	
<i>glipizide tabs</i>	1	
<i>glipizide tb24</i>	1	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>tolbutamide tabs</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
MYTESI TBEC ( <i>crofelemer</i> )	3	PA; QL(2 ea daily)
<b>Antiperistaltic Agents</b>		
(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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>diphenoxylate w/ atropine tabs</i>	1	
<i>loperamide hcl caps 2 mg</i>	1	RX/OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS ( <i>succimer</i> )	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<i>deferasirox tabs 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA
<i>deferiprone tabs</i>	4	PA
EXJADE TBDO ( <i>deferasirox</i> )	7	PA
FERRIPROX SOLN 100 MG/ML ( <i>deferiprone</i> )	4	PA
FERRIPROX TABS 500 MG ( <i>deferiprone</i> )	7	PA
JADENU SPRINKLE PACK ( <i>deferasirox</i> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
JADENU TABS ( <i>deferasirox</i> )	7	PA
<b>Antidotes and Specific Antagonists</b>		
ANDEXXA SOLR ( <i>coagulation factor xa recomb inact-zhzo (andexanet alfa)</i> )	4	PA
VISTOGARD PACK ( <i>uridine triacetate (emergency treatment)</i> )	4	
<b>Opioid Antagonists</b>		

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

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Drug Name	Drug Tier	Requirements/ Limits
AKYNZEO CAPS ( <i>netupitant-palonosetron</i> )	3	QL(2 ea per 28 days retail)
<i>doxylamine-pyridoxine tbec</i>	1	QL(4 ea daily)
<i>dronabinol caps 10 mg, 5 mg</i>	2	PA
<i>dronabinol caps 2.5 mg</i>	2	PA; ST
SYNDROS SOLN ( <i>dronabinol</i> )	4	PA
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<i>aprepitant caps</i>	1	Limit 3 per month;QL(0.1 ea daily)
<i>aprepitant caps 125 mg, 80 mg</i>	1	Limit 1 per year;QL(0.04 ea daily)
<i>aprepitant caps 40 mg</i>	1	Limit 2 per month;QL(0.07 ea daily)
<i>aprepitant misc</i>	1	Limit 3 per month;QL(0.1 ea daily)
EMEND SUSR 125 MG/5ML ( <i>aprepitant</i> )	3	QL(1 ea per 30 days retail)
VARUBI TBPK ( <i>rolapitant hcl</i> )	3	QL(4 ea per fill retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
<i>flucytosine caps</i>	1	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily,90 ea per 365 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS ( <i>isavuconazonium sulfate</i> )	3	Not available through mail order
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	1	PA; ST
<i>itraconazole soln 10 mg/ml</i>	1	PA
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP 40 MG/ML ( <i>posaconazole</i> )	3	
<i>posaconazole tbec</i>	1	
TOLSURA CAPS ( <i>itraconazole</i> )	4	PA
<i>voriconazole susr 40 mg/ml</i>	1	
<i>voriconazole tabs 200 mg, 50 mg</i>	1	QL(2 ea daily)
<b>ANTI-HISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
<i>dexchlorpheniramine maleate soln</i>	1	
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CARBINOXAMINE MALEATE TABS 6 MG ( <i>carbinoxamine maleate</i> )	3	
<i>clemastine fumarate tabs 2.68 mg</i>	1	

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<b>colesevelam hcl pack 3.75 gm</b>	1	QL(1 ea daily)
<b>colesevelam hcl tabs 625 mg</b>	1	QL(7 ea daily)
<b>colestipol hcl gran 5 gm</b>	1	
<b>colestipol hcl pack 5 gm</b>	2	
<b>colestipol hcl tabs 1 gm</b>	1	
<b>Fibric Acid Derivatives</b>		
ANTARA CAPS ( <b>fenofibrate micronized</b> )	3	
<b>choline fenofibrate cpdr 135 mg</b>	1	QL(1 ea daily)
<b>choline fenofibrate cpdr 45 mg</b>	1	
<b>fenofibrate caps 150 mg, 50 mg</b>	1	
<b>fenofibrate micronized caps 130 mg, 200 mg</b>	1	QL(1 ea daily)
<b>fenofibrate micronized caps 134 mg, 43 mg, 67 mg</b>	1	
FENOFIBRATE MICRONIZED CAPS 30 MG, 90 MG ( <b>fenofibrate micronized</b> )	3	
<b>fenofibrate tabs 145 mg, 160 mg</b>	1	QL(1 ea daily)
FENOFIBRATE TABS 160 MG ( <b>fenofibrate</b> )	2	QL(1 ea daily)
<b>fenofibrate tabs 48 mg</b>	1	
<b>fenofibrate tabs 54 mg</b>	1	QL(2 ea daily)
FENOFIBRIC ACID TABS 105 MG ( <b>fenofibric acid</b> )	2	
FIBRICOR TABS ( <b>fenofibric acid</b> )	7	
<b>gemfibrozil tabs</b>	1	

Drug Name	Drug Tier	Requirements/ Limits
LIPOFEN CAPS 150 MG, 50 MG ( <b>fenofibrate</b> )	7	
TRIGLIDE TABS ( <b>fenofibrate</b> )	2	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
<b>atorvastatin calcium tabs</b>	1	QL(1 ea daily)
<b>fluvastatin sodium caps</b>	1	QL(1 ea daily)
<b>fluvastatin sodium tb24</b>	1	QL(1 ea daily)
LIVALO TABS ( <b>pitavastatin calcium</b> )	3	ST; QL(1 ea daily)
<b>lovastatin tabs</b>	1	\$0 copay for Generic only, age 40 to 75;PV
<b>pravastatin sodium tabs</b>	1	\$0 copay for Generic only, age 40 to 75;QL(1 ea daily); PV
<b>rosuvastatin calcium tabs</b>	1	QL(1 ea daily)
<b>simvastatin tabs 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</b>	1	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<b>ezetimibe tabs</b>	1	
<b>Microsomal Triglyceride Transfer Protein (MTP)</b>		
JUXTAPID CAPS 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <b>lomitapide mesylate</b> )	4	PA
JUXTAPID CAPS 5 MG ( <b>lomitapide mesylate</b> )	4	PA; ST
<b>Nicotinic Acid Derivatives</b>		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
<b>niacin</b> (antihyperlipidemic) <b>tbc</b> 1000 mg, 500 mg, 750 mg	1	
<b>Proprotein Convertase Subtilisin/Kexin Type 9</b>		
PRALUENT SOAJ ( <b>alirocumab</b> )	4	PA
REPATHA SURECLICK SOAJ ( <b>evolocumab</b> )	4	PA; ST
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
<b>benazepril hcl tabs</b>	1	
<b>captopril tabs</b>	1	
<b>enalapril maleate tabs</b> 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL(2 ea daily)
<b>fosinopril sodium tabs</b>	1	
<b>lisinopril tabs</b> 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg	1	
<b>lisinopril tabs</b> 40 mg	1	QL(2 ea daily)
<b>moexipril hcl tabs</b>	1	
<b>perindopril erbumine tabs</b>	1	
QBRELIS SOLN ( <b>lisinopril</b> )	3	QL(5 ml daily)
<b>quinapril hcl tabs</b>	1	
<b>ramipril caps</b>	1	QL(2 ea daily)
<b>trandolapril tabs</b>	1	
<b>Agents for Pheochromocytoma</b>		
<b>metyrosine caps</b>	1	
<b>phenoxybenzamine hcl caps</b>	1	Not available through mail
<b>Angiotensin II Receptor Antagonists</b>		

Drug Name	Drug Tier	Requirements/ Limits
<b>candesartan cilexetil tabs</b> 16 mg, 4 mg, 8 mg	1	
<b>candesartan cilexetil tabs</b> 32 mg	1	QL(1 ea daily)
EDARBI TABS 40 MG ( <b>azilsartan medoxomil</b> )	3	
EDARBI TABS 80 MG ( <b>azilsartan medoxomil</b> )	3	QL(1 ea daily)
<b>irbesartan tabs</b>	1	
<b>losartan potassium tabs</b> or 100 mg, 25 mg, 50 mg	1	
<b>olmesartan medoxomil tabs</b> 20 mg, 5 mg	1	
<b>olmesartan medoxomil tabs</b> 40 mg	1	QL(1 ea daily)
<b>telmisartan tabs</b> 20 mg, 40 mg	1	
<b>telmisartan tabs</b> 80 mg	1	QL(1 ea daily)
<b>valsartan tabs</b> 160 mg	1	QL(2 ea daily)
<b>valsartan tabs</b> 320 mg, 40 mg, 80 mg	1	
<b>Antiadrenergic Antihypertensives</b>		
<b>clonidine hcl tabs</b>	1	
<b>doxazosin mesylate tabs</b>	1	
<b>guanfacine hcl tabs</b>	1	
<b>methyldopa tabs</b> 250 mg, 500 mg	1	
METHYLDOPA TABS 250 MG, 500 MG ( <b>methyldopa</b> )	2	
<b>prazosin hcl caps</b>	1	
<b>terazosin hcl caps</b> 1 mg, 2 mg, 5 mg	1	
<b>terazosin hcl caps</b> 10 mg	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<b>Antihypertensive Combinations</b>		
<b>amlodipine besylate-benazepril hcl caps 10 mg-20 mg, 10 mg-40 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg</b>	1	QL(1 ea daily)
<b>amlodipine besylate-benazepril hcl caps 2.5 mg-10 mg</b>	1	
<b>amlodipine besylate-valsartan tabs 10 mg-160 mg</b>	1	QL(1 ea daily)
<b>amlodipine besylate-valsartan tabs 10 mg-320 mg, 5 mg-160 mg, 5 mg-320 mg</b>	1	
<b>amlodipine-valsartan-hydrochlorothiazide tabs</b>	1	
<b>atenolol &amp; chlorthalidone tabs</b>	1	
<b>benazepril &amp; hydrochlorothiazide tabs</b>	1	
<b>BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE TABS (benazepril &amp; hydrochlorothiazide)</b>	2	
<b>bisoprolol &amp; hydrochlorothiazide tabs</b>	1	
<b>candesartan cilexetil-hydrochlorothiazide tabs</b>	1	
<b>captopril &amp; hydrochlorothiazide tabs</b>	1	
<b>EDARBYCLOR TABS (azilsartan medoxomil-chlorthalidone)</b>	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<b>enalapril maleate &amp; hydrochlorothiazide tabs</b>	1	
<b>EXFORGE HCT TABS (amlodipine-valsartan-hydrochlorothiazide)</b>	2	
<b>fosinopril sodium &amp; hydrochlorothiazide tabs</b>	1	
<b>irbesartan-hydrochlorothiazide tabs</b>	1	
<b>lisinopril &amp; hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-20 mg</b>	1	
<b>lisinopril &amp; hydrochlorothiazide tabs 20 mg-25 mg</b>	1	QL(2 ea daily)
<b>losartan potassium &amp; hydrochlorothiazide tabs</b>	1	
<b>methyldopa &amp; hydrochlorothiazide tabs</b>	1	
<b>metoprolol &amp; hydrochlorothiazide tabs</b>	1	
<b>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</b>	1	ST
<b>olmesartan medoxomil-hydrochlorothiazide tabs 12.5 mg-20 mg</b>	1	
<b>olmesartan medoxomil-hydrochlorothiazide tabs 12.5 mg-40 mg, 25 mg-40 mg</b>	1	QL(1 ea daily)
<b>propranolol &amp; hydrochlorothiazide tabs</b>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR ( <i>trandolapril-verapamil hcl</i> )	3	
<i>valsartan-hydrochlorothiazide tabs 12.5 mg-160 mg, 12.5 mg-320 mg, 12.5 mg-80 mg, 25 mg-320 mg</i>	1	
<i>valsartan-hydrochlorothiazide tabs 25 mg-160 mg</i>	1	QL(1 ea daily)
<b>Antihypertensives - Misc.</b>		
VECAMYL TABS ( <i>mecamylamine hcl</i> )	3	
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate tabs</i>	1	
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	1	
<b>Vasodilators</b>		
<i>hydralazine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>minoxidil tabs</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tabs</i>	1	
COARTEM TABS ( <i>artemether-lumefantrine</i> )	2	Limit 24 doses per month;QL(0.8 ea daily)
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs</i>	1	
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	
KRINTAFEL TABS ( <i>tafenoquine succinate</i> )	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	QL(6 ea per fill retail, 6 ea per fill mail)
<i>primaquine phosphate tabs</i>	1	
<i>pyrimethamine tabs</i>	1	PA
<i>quinine sulfate caps</i>	1	PA; QL(2 ea daily)
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
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	

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<b>pyridostigmine bromide tbc</b> 180 mg	1	
RUZURGI TABS ( <b>amifampridine</b> )	4	PA; QL(10 ea daily)
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		
RIFAMATE CAPS ( <b>isoniazid &amp; rifampin</b> )	2	
RIFATER TABS ( <b>isoniazid-rifampin w/ pyrazinamide</b> )	3	
<b>Antimycobacterial Agents</b>		
<b>cycloserine caps</b>	1	
<b>ethambutol hcl tabs</b>	1	
<b>isoniazid syrp</b>	1	
<b>isoniazid tabs</b>	1	
PASER PACK ( <b>aminosalicylic acid</b> )	3	
PRIFTIN TABS ( <b>rifapentine</b> )	3	
<b>pyrazinamide tabs</b>	1	
<b>rifabutin caps</b>	1	
<b>rifampin caps</b>	1	
TRECTOR TABS ( <b>ethionamide</b> )	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
<b>Alkylating Agents</b>		
ALKERAN SOLR IV 50 MG ( <b>melfalan hcl</b> )	7	PA; LA
<b>busulfan soln</b>	4	PA
BUSULFEX SOLN ( <b>busulfan</b> )	7	PA
<b>cyclophosphamide caps 25 mg, 50 mg</b>	1	AC

Drug Name	Drug Tier	Requirements/ Limits
CYCLOPHOSPHAMIDE TABS 25 MG, 50 MG ( <b>cyclophosphamide</b> )	2	
GLEOSTINE CAPS ( <b>lomustine</b> )	2	AC
LEUKERAN TABS ( <b>chlorambucil</b> )	2	AC
<b>melfalan hcl solr</b>	4	PA; LA
<b>melfalan tabs</b>	1	AC
MYLERAN TABS ( <b>busulfan</b> )	2	AC
<b>temozolomide caps</b>	1	AC
<b>Antimetabolites</b>		
<b>capecitabine tabs</b>	1	AC
<b>fludarabine phosphate solr</b>	4	PA
<b>mercaptopurine tabs</b>	1	AC
<b>methotrexate sodium soln ij 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</b>	4	PA; LA
<b>methotrexate sodium solr ij 1 gm</b>	4	PA; LA
<b>methotrexate sodium tabs or 2.5 mg</b>	1	AC
ONUREG TABS ( <b>azacitidine</b> )	4	PA; AC
PURIXAN SUSP ( <b>mercaptopurine</b> )	3	AL(Up to 13 yrs old ); AC
TABLOID TABS ( <b>thioguanine</b> )	2	AC
TREXALL TABS ( <b>methotrexate sodium</b> )	3	AC
XATMEP SOLN ( <b>methotrexate</b> )	4	PA; AC
<b>Antineoplastic - Angiogenesis Inhibitors</b>		

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Drug Name	Drug Tier	Requirements/ Limits
INLYTA TABS ( <i>axitinib</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
LENVIMA 10 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	4	PA; AC
LENVIMA 12MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	4	
LENVIMA 14 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	4	PA; AC
LENVIMA 18 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	4	PA; AC
LENVIMA 20 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	4	PA; AC
LENVIMA 24 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	4	PA; AC
LENVIMA 4 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	4	
LENVIMA 8 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	4	PA; AC
<b>Antineoplastic - Anti-HER2 Agents</b>		
TUKYSA TABS ( <i>tucatinib</i> )	4	PA; AC
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TBPK ( <i>venetoclax</i> )	4	PA; AC
VENCLEXTA TABS 10 MG ( <i>venetoclax</i> )	4	PA; QL(2 ea daily); AC
VENCLEXTA TABS 100 MG ( <i>venetoclax</i> )	4	PA; QL(4 ea daily); AC
VENCLEXTA TABS 50 MG ( <i>venetoclax</i> )	4	PA; AC
<b>Antineoplastic - EGFR Inhibitors</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>erlotinib hcl tabs</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
GILOTRIF TABS ( <i>afatinib dimaleate</i> )	4	PA; Must use Accredo SP pharmacy;LA; AC
IRESSA TABS ( <i>gefitinib</i> )	4	AC
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
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO TABS ( <i>glasdegib maleate</i> )	4	PA
ERIVEDGE CAPS ( <i>vismodegib</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ODOMZO CAPS ( <i>sonidegib phosphate</i> )	4	AC
<b>Antineoplastic - Hormonal and Related Agents</b>		
<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

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Drug Name	Drug Tier	Requirements/ Limits
ELIGARD KIT ( <i>leuprolide acetate (6 month)</i> )	3	PA
ELIGARD KIT ( <i>leuprolide acetate</i> )	3	PA
EMCYT CAPS ( <i>estramustine phosphate sodium</i> )	2	AC
ERLEADA TABS ( <i>apalutamide</i> )	4	PA; AC
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; See plan documents for specific Coverage; Not available thru Mail;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; AC: Must use AcariaHealth Specialty Rx at 1-844-538-4661;AC

Drug Name	Drug Tier	Requirements/ Limits
XTANDI TABS ( <i>enzalutamide</i> )	4	PA; AC: Must use AcariaHealth Specialty Rx at 1-844-538-4661;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
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS ( <i>pomalidomide</i> )	4	PA; Must use Exactus Specialty Rx 1-866-458-9246;LA; AC
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		
AYVAKIT TABS 100 MG, 200 MG, 300 MG ( <i>avapritinib</i> )	4	PA; QL(1 ea daily); SP
AYVAKIT TABS 25 MG, 50 MG ( <i>avapritinib</i> )	4	PA; QL(1 ea daily); SP; AC
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO 100 MG ONCE WEEKLY TBPk ( <i>selinexor</i> )	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPk ( <i>selinexor</i> )	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPk ( <i>selinexor</i> )	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPk ( <i>selinexor</i> )	4	PA
XPOVIO TBPk ( <i>selinexor</i> )	4	PA; AC
<b>Antineoplastic Antibiotics</b>		
<i>mitoxantrone hcl conc</i>	2	PA
<b>Antineoplastic Combinations</b>		

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Drug Name	Drug Tier	Requirements/ Limits
INQOVI TABS ( <i>decitabine-cedazuridine</i> )	4	PA
KISQALI FEMARA 200 DOSE TBPk ( <i>ribociclib succinate-letrozole</i> )	3	PA; AC
KISQALI FEMARA 400 DOSE TBPk ( <i>ribociclib succinate-letrozole</i> )	3	PA; AC
KISQALI FEMARA 600 DOSE TBPk ( <i>ribociclib succinate-letrozole</i> )	3	PA; AC
LONSURF TABS ( <i>trifluridine-tipiracil</i> )	4	PA; AC
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR DISPERZ TBSO ( <i>everolimus</i> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
AFINITOR TABS ( <i>everolimus</i> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
ALECENSA CAPS ( <i>alectinib hcl</i> )	4	PA; AC
ALUNBRIG TABS ( <i>brigatinib</i> )	4	PA; AC
ALUNBRIG TBPk ( <i>brigatinib</i> )	4	PA; AC
BALVERSA TABS ( <i>erdafitinib</i> )	4	PA; AC
BOSULIF TABS 100 MG, 500 MG ( <i>bosutinib</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
BOSULIF TABS 400 MG ( <i>bosutinib</i> )	4	PA; AC
BRAFTOVI CAPS ( <i>encorafenib</i> )	4	PA; AC
BRUKINSA CAPS ( <i>zanubrutinib</i> )	4	PA; AC

Drug Name	Drug Tier	Requirements/ Limits
CABOMETYX TABS ( <i>cabozantinib s-malate</i> )	4	PA; AC
CALQUENCE CAPS ( <i>acalabrutinib</i> )	4	PA; AC
CAPRELSA TABS ( <i>vandetanib</i> )	4	PA; AC
COMETRIQ KIT ( <i>cabozantinib s-malate</i> )	4	PA; AC
COPIKTRA CAPS ( <i>duvelisib</i> )	4	PA; AC
COTELLIC TABS ( <i>cobimetinib fumarate</i> )	4	PA; AC
<i>everolimus tabs</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
<i>everolimus tbso</i>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
FARYDAK CAPS 10 MG ( <i>panobinostat lactate</i> )	3	PA; LA; AC
FARYDAK CAPS 15 MG, 20 MG ( <i>panobinostat lactate</i> )	4	PA; Must use Caremark SP pharmacy;LA; AC
IBRANCE CAPS 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	3	PA; PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
IBRANCE TABS 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	3	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;AC
ICLUSIG TABS 10 MG, 30 MG ( <i>ponatinib hcl</i> )	4	PA; LA; AC
ICLUSIG TABS 15 MG, 45 MG ( <i>ponatinib hcl</i> )	4	PA; AC
IDHIFA TABS ( <i>enasidenib mesylate</i> )	4	PA; AC

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Drug Name	Drug Tier	Requirements/ Limits
<b>imatinib mesylate tabs 100 mg, 400 mg</b>	4	PA
<b>imatinib mesylate tabs 100 mg, 400 mg</b>	4	PA; AC
IMBRUVICA CAPS 140 MG, 70 MG ( <b>ibrutinib</b> )	4	PA; AC
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG ( <b>ibrutinib</b> )	4	PA; QL(1 ea daily); AC
INREBIC CAPS ( <b>fedratinib hcl</b> )	4	PA; AC
ISTODAX ( <b>OVERFILL</b> ) SOLR (romidepsin)	4	PA
JAKAFI TABS ( <b>ruxolitinib phosphate</b> )	4	PA; AC
KISQALI TBPK ( <b>ribociclib succinate</b> )	3	PA; PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;AC
KOSELUGO CAPS ( <b>selumetinib sulfate</b> )	4	PA
<b>lapatinib ditosylate tabs</b>	4	PA; AC
LORBRENA TABS ( <b>lorlatinib</b> )	4	PA; AC
LYNPARZA TABS ( <b>olaparib</b> )	4	PA; Refer to Accredo SP Rx;AC
MEKINIST TABS ( <b>trametinib dimethyl sulfoxide</b> )	4	PA; AC
MEKTOVI TABS ( <b>binimetinib</b> )	4	PA; AC
NERLYNX TABS ( <b>neratinib maleate</b> )	4	PA; AC
NEXAVAR TABS ( <b>sorafenib tosylate</b> )	4	PA; LA; AC
NINLARO CAPS ( <b>ixazomib citrate</b> )	4	PA; Limited to 3 capsules per month;;QL(0.1 ea daily); AC

Drug Name	Drug Tier	Requirements/ Limits
PIQRAY 200MG DAILY DOSE TBPK ( <b>alpelisib</b> )	4	PA; AC
PIQRAY 250MG DAILY DOSE TBPK ( <b>alpelisib</b> )	4	PA; AC
PIQRAY 300MG DAILY DOSE TBPK ( <b>alpelisib</b> )	4	PA; AC
QINLOCK TABS ( <b>ripretinib</b> )	4	PA; AC
RETEVMO CAPS ( <b>selpercatinib</b> )	4	PA; AC
<b>romidepsin solr</b>	4	PA
ROMIDEPSIN SOLR ( <b>romidepsin</b> )	4	PA
ROZLYTREK CAPS ( <b>entrectinib</b> )	4	PA; AC
RUBRACA TABS ( <b>rucaparib camsylate</b> )	4	PA; AC
RYDAPT CAPS ( <b>midostaurin</b> )	4	PA; AC
SPRYCEL TABS 100 MG, 140 MG, 80 MG ( <b>dasatinib</b> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
SPRYCEL TABS 20 MG, 50 MG, 70 MG ( <b>dasatinib</b> )	4	PA; AC
STIVARGA TABS ( <b>regorafenib</b> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
<b>sunitinib malate caps</b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
SUTENT CAPS ( <b>sunitinib malate</b> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA; AC
TABRECTA TABS ( <b>capmatinib hcl</b> )	4	PA; AC

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Drug Name	Drug Tier	Requirements/ Limits
TAFINLAR CAPS ( <i>dabrafenib mesylate</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; AC
TALZENNA CAPS ( <i>talazoparib tosylate</i> )	4	PA; AC
TASIGNA CAPS ( <i>nilotinib hcl</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; 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> )	4	PA
VERZENIO TABS ( <i>abemaciclib</i> )	4	PA; AC
VITRAKVI CAPS ( <i>larotrectinib sulfate</i> )	4	PA; AC
VITRAKVI SOLN ( <i>larotrectinib sulfate</i> )	4	PA; AC
VOTRIENT TABS ( <i>pazopanib hcl</i> )	4	PA; 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

Drug Name	Drug Tier	Requirements/ Limits
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
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN ( <i>interferon gamma-1b</i> )	4	PA; LA
ALFERON N SOLN ( <i>interferon alfa-n3</i> )	4	PA; LA
<i>bexarotene caps</i>	4	PA; AC
<i>hydroxyurea caps or</i>	1	AC
INTRON A SOLN ( <i>interferon alfa-2b</i> )	4	PA; LA
INTRON A SOLR ( <i>interferon alfa-2b</i> )	4	PA; LA
MATULANE CAPS ( <i>procarbazine hcl</i> )	4	PA; AC
TARGRETIN CAPS OR 75 MG ( <i>bexarotene</i> )	7	PA; AC
<i>tretinoin (chemotherapy) caps</i>	2	AC
<b>Chemotherapy Rescue/Antidote/Protective Agents</b>		
<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
<b>Mitotic Inhibitors</b>		
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 500 MG/25ML	2	PA
(Etoposide) TOPOSAR SOLN 100 MG/5ML	2	PA; AC

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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
<b>Topoisomerase I Inhibitors</b>		
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
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjunctive Therapy</b>		
<i>carbidopa tabs</i>	2	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate 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	
<b>Antiparkinson COMT Inhibitors</b>		
<i>entacapone tabs</i>	1	
<i>tolcapone tabs</i>	1	
<b>Antiparkinson Dopaminergics</b>		

Drug Name	Drug Tier	Requirements/ Limits
<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, 25 mg-100 mg, 25 mg-250 mg</i>	1	
<i>carbidopa-levodopa tbcx 25 mg-100 mg</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa tbcx 50 mg-200 mg</i>	1	
<i>carbidopa-levodopa tbdp 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5 mg-50 mg-200 mg, 18.75 mg-75 mg-200 mg, 25 mg-100 mg-200 mg, 37.5 mg-150 mg-200 mg, 50 mg-200 mg-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75 mg-75 mg-200 mg, 31.25 mg-125 mg-200 mg</i>	2	
CARBIDOPA/LEVODOPA ODT TBDP ( <i>carbidopa-levodopa</i> )	3	
DHIVY TABS ( <i>carbidopa-levodopa</i> )	2	
DUOPA SUSP ( <i>carbidopa-levodopa</i> )	3	PA
INBRIJA CAPS ( <i>levodopa</i> )	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
KYNMOBI FILM ( <i>apomorphine hydrochloride</i> )	3	PA
KYNMOBI TITRATION KIT KIT ( <i>apomorphine hydrochloride</i> )	3	PA
NEUPRO PT24 ( <i>rotigotine</i> )	3	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	QL(3 ea daily)
<i>pramipexole dihydrochloride tb24 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 4.5 mg</i>	2	
<i>pramipexole dihydrochloride tb24 3 mg</i>	2	QL(1 ea daily)
<i>pramipexole dihydrochloride tb24 3.75 mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 12 mg</i>	2	QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	2	
<i>ropinirole hydrochloride tb24 8 mg</i>	1	
RYTARY CPCR 23.75 MG-95 MG ( <i>carbidopa-levodopa</i> )	3	PA; ST; QL(10 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RYTARY CPCR 36.25 MG-145 MG, 48.75 MG-195 MG, 61.25 MG-245 MG ( <i>carbidopa-levodopa</i> )	3	PA; QL(10 ea daily)
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps</i>	1	QL(2 ea daily)
<i>selegiline hcl tabs</i>	1	QL(2 ea daily)
XADAGO TABS ( <i>safinamide mesylate</i> )	3	PA
ZELAPAR TBDP ( <i>selegiline hcl</i> )	3	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps 150 mg, 600 mg</i>	1	
<i>lithium carbonate caps 300 mg</i>	1	QL(6 ea daily)
<i>lithium carbonate tabs 300 mg</i>	1	
<i>lithium carbonate tbc 300 mg, 450 mg</i>	1	
LITHIUM SOLN ( <i>lithium</i> )	3	
LITHOBID TBCR ( <i>lithium carbonate</i> )	7	
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12 ( <i>carbamazepine (mood)</i> )	3	
LATUDA TABS ( <i>lurasidone hcl</i> )	3	
NUPLAZID CAPS ( <i>pimavanserin tartrate</i> )	4	PA; QL(1 ea daily)
NUPLAZID TABS ( <i>pimavanserin tartrate</i> )	4	PA; QL(1 ea daily)
VRAYLAR CAPS ( <i>cariprazine hcl</i> )	4	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR CPPK ( <i>cariprazine hcl</i> )	4	QL(1 ea daily)
<i>ziprasidone hcl caps 20 mg, 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg, 80 mg</i>	1	QL(2 ea daily)
<b>Benzisoxazoles</b>		
FANAPT TABS ( <i>iloperidone</i> )	4	QL(2 ea daily)
FANAPT TITRATION PACK TABS ( <i>iloperidone</i> )	4	
<i>paliperidone tb24</i>	1	
PERSERIS PRSY ( <i>risperidone</i> )	4	PA; administered under the medical benefit
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	
<i>risperidone tabs 3 mg</i>	1	QL(2 ea daily)
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<b>Butyrophenones</b>		
<i>haloperidol lactate conc</i>	1	
<i>haloperidol tabs</i>	1	
<b>Dibenzapines</b>		
<i>asenapine maleate subl</i>	1	
<i>clozapine tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine tbdp 12.5 mg, 150 mg, 200 mg</i>	1	
<i>loxapine succinate caps</i>	1	

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

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<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

Drug Name	Drug Tier	Requirements/ Limits
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	
Cabenuva ( <i>cabotegravir 400 mg/2ml &amp; rilpivirine 600 mg/2ml IM Susp ER</i> )	5	Available through the Medical Benefit
Cabenuva ( <i>cabotegravir 600 mg/3ml &amp; rilpivirine 900 mg/3ml IM Susp ER</i> )	5	Available through the Medical Benefit
CIMDUO TABS ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	2	
COMPLERA TABS ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	2	
CRIXIVAN CAPS ( <i>indinavir sulfate</i> )	2	
DELSTRIGO TABS ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	2	
DESCOVY TABS ( <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	

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

Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS TABS ( <b>raltegravir potassium</b> )	2	
JULUCA TABS ( <b>dolutegravir sodium-rilpivirine hcl</b> )	2	
<b>lamivudine soln</b>	1	
<b>lamivudine tabs</b>	1	
<b>lamivudine-zidovudine tabs</b>	1	
LEXIVA SUSP 50 MG/ML ( <b>fosamprenavir calcium</b> )	2	
<b>lopinavir-ritonavir soln</b>	1	
<b>lopinavir-ritonavir tabs</b>	1	
NEVIRAPINE SUSP 50 MG/5ML ( <b>nevirapine</b> )	2	
<b>nevirapine tabs 200 mg</b>	1	
<b>nevirapine tb24 100 mg, 400 mg</b>	1	
NORVIR PACK 100 MG ( <b>ritonavir</b> )	2	
NORVIR SOLN 80 MG/ML ( <b>ritonavir</b> )	2	
ODEFSEY TABS ( <b>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</b> )	2	
PIFELTRO TABS ( <b>doravirine</b> )	2	
PREZCOBIX TABS ( <b>darunavir-cobicistat</b> )	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML ( <b>darunavir ethanolate</b> )	3	
PREZISTA TABS 150 MG, 600 MG, 75 MG, 800 MG ( <b>darunavir ethanolate</b> )	2	
RESCRIPTOR TABS ( <b>delavirdine mesylate</b> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
REYATAZ PACK 50 MG ( <i>atazanavir sulfate</i> )	2	
<i>ritonavir tabs</i>	1	
RUKOBIA TB12 ( <i>fostemsavir tromethamine</i> )	4	
SELZENTRY SOLN ( <i>maraviroc</i> )	2	
SELZENTRY TABS ( <i>maraviroc</i> )	2	
<i>stavudine caps 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
STAVUDINE CAPS 15 MG, 20 MG, 30 MG, 40 MG ( <i>stavudine</i> )	2	
STRIBILD TABS ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	2	
SYMTUZA TABS ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	2	QL(1 ea daily)
TEMIXYS TABS ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	2	
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS ( <i>dolutegravir sodium</i> )	2	
TRIUMEQ TABS ( <i>abacavir-dolutegravir-lamivudine</i> )	2	
TRUVADA TABS 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	7	PV
TYBOST TABS ( <i>cobicistat</i> )	2	
VIDEX EC CPDR 125 MG ( <i>didanosine</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
VIRACEPT TABS ( <i>nelfinavir mesylate</i> )	2	
VIREAD POWD 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	2	
VIREAD TABS 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	2	
<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 &amp; ritonavir 10 x 10mg</i> ) tab pak	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	

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Drug Name	Drug Tier	Requirements/ Limits
EPCLUSA PACK 37.5 MG-150 MG, 50 MG-200 MG ( <i>sofosbuvir-velpatasvir</i> )	3	PA; SP
EPCLUSA TABS 100 MG-400 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
EPCLUSA TABS 50 MG-200 MG ( <i>sofosbuvir-velpatasvir</i> )	3	PA; SP
EPIVIR HBV SOLN 5 MG/ML ( <i>lamivudine (hbv)</i> )	3	
<i>lamivudine (hbv) tabs</i>	1	
MAVYRET TABS 40 MG-100 MG ( <i>glecaprevir-pibrentasvir</i> )	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661
PEGASYS SOLN ( <i>peginterferon alfa-2a</i> )	3	PA
PEGINTRON KIT ( <i>peginterferon alfa-2b</i> )	3	PA
<i>ribavirin (hepatitis c) caps</i>	1	PA
VEMLIDY TABS ( <i>tenofovir alafenamide fumarate</i> )	4	ST
VOSEVI TABS ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<b>Herpes Agents</b>		
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>famciclovir tabs or 125 mg, 250 mg, 500 mg</i>	1	
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(8 ea daily)
<b>Influenza Agents</b>		
<i>oseltamivir phosphate caps or 30 mg, 45 mg</i>	1	QL(10 ea per fill retail, 10 ea per fill mail); AL(At least 1 yrs old)
<i>oseltamivir phosphate caps or 75 mg</i>	1	
<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	
<b>Respiratory Syncytial Virus (RSV) Agents</b>		
<i>ribavirin solr</i>	1	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<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	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	
<i>atenolol tabs or 100 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nebivolol hcl tabs</i>	1	
<b>Beta Blockers Non-Selective</b>		
(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/afl) 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)

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate tabs or 20 mg, 5 mg</i>	1	QL(2 ea daily)
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24	1	QL(1 ea daily)
(Diltiazem Hcl Coated Beads) MATZIM LA TB24	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER CP24	1	
(Diltiazem Hcl) DILT-XR CP24	1	
<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 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl extended release beads cp24</i>	1	
<i>diltiazem hcl tabs 120 mg, 30 mg, 60 mg, 90 mg</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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine caps 10 mg, 20 mg</i>	1	
<i>nifedipine tb24 30 mg, 60 mg</i>	1	
<i>nifedipine tb24 30 mg, 60 mg, 90 mg</i>	1	QL(1 ea daily)
<i>nimodipine caps</i>	1	
<i>nisoldipine tb24</i>	1	
NYMALIZE SOLN 30 MG/10ML, 60 MG/20ML ( <i>nimodipine</i> )	3	
<i>verapamil hcl cp24 100 mg, 120 mg, 200 mg, 240 mg, 300 mg</i>	1	
<i>verapamil hcl cp24 180 mg</i>	1	QL(2 ea daily)
<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 tbc 120 mg</i>	1	
<i>verapamil hcl tbc 180 mg, 240 mg</i>	1	QL(2 ea daily)
VERELAN CP24 360 MG ( <i>verapamil hcl</i> )	7	QL(1 ea daily)
VERELAN PM CP24 ( <i>verapamil hcl</i> )	7	
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
(Digoxin) DIGITEK, DIGOX TABS	1	
<i>digoxin soln 0.05 mg/ml</i>	1	
<i>digoxin tabs 0.125 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN TABS 125 MCG, 250 MCG ( <i>digoxin</i> )	7	

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS 62.5 MCG ( <i>digoxin</i> )	3	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
<i>amlodipine besylate-atorvastatin calcium tabs 10 mg-10 mg, 2.5 mg-10 mg, 2.5 mg-20 mg, 2.5 mg-40 mg, 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg, 5 mg-80 mg</i>	1	PA
<i>amlodipine besylate-atorvastatin calcium tabs 10 mg-20 mg, 10 mg-40 mg, 10 mg-80 mg</i>	1	
BIDIL TABS ( <i>isosorbide dinitrate-hydralazine hcl</i> )	3	
ENTRESTO TABS 24 MG-26 MG ( <i>sacubitril-valsartan</i> )	3	PA; QL(2 ea daily)
ENTRESTO TABS 49 MG-51 MG, 97 MG-103 MG ( <i>sacubitril-valsartan</i> )	3	PA
<b>Impotence Agents</b>		
<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)

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Drug Name	Drug Tier	Requirements/ Limits
<b><i>tadalafil tabs 2.5 mg</i></b>	1	PA; QL(1 ea daily,30 ea per fill retail,90 ea per fill mail)
<b>Peripheral Vasodilators</b>		
<b><i>isoxsuprine hcl tabs</i></b>	1	
ISOXSUPRINE HYDROCHLORIDE TABS ( <b><i>isoxsuprine hcl</i></b> )	3	
<b>Prostaglandin Vasodilators</b>		
ORENITRAM TBCR ( <b><i>treprostinil diolamine</i></b> )	4	PA
TYVASO REFILL SOLN ( <b><i>treprostinil</i></b> )	4	PA
TYVASO SOLN ( <b><i>treprostinil</i></b> )	4	PA
TYVASO STARTER SOLN ( <b><i>treprostinil</i></b> )	4	PA
VENTAVIS SOLN ( <b><i>iloprost</i></b> )	4	PA
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
<b><i>ambrisentan tabs 10 mg</i></b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST
<b><i>ambrisentan tabs 5 mg</i></b>	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg
<b><i>bosentan tabs 125 mg</i></b>	4	PA; ST; MUST USE ACARIA SPECIALTY RX 844-538-4661
<b><i>bosentan tabs 62.5 mg</i></b>	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661

Drug Name	Drug Tier	Requirements/ Limits
LETAIRIS TABS 10 MG ( <b><i>ambrisentan</i></b> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST
LETAIRIS TABS 5 MG ( <b><i>ambrisentan</i></b> )	7	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg
OPSUMIT TABS ( <b><i>macitentan</i></b> )	4	PA; ST
TRACLEER TBSO 32 MG ( <b><i>bosentan</i></b> )	4	PA; ST
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	PA; New commercial members to be referred to AcariaHealth;Q L(2 ea daily)
ADCIRCA TABS ( <b><i>tadalafil (pulmonary hypertension)</i></b> )	7	PA; New commercial members to be referred to AcariaHealth;Q L(2 ea daily)
REVATIO SUSR 10 MG/ML ( <b><i>sildenafil citrate (pulmonary hypertension)</i></b> )	7	PA
<b><i>sildenafil citrate (pulmonary hypertension) susr 10 mg/ml</i></b>	4	PA
<b><i>sildenafil citrate (pulmonary hypertension) tabs 20 mg</i></b>	1	PA; QL(3 ea daily)
<b><i>tadalafil (pulmonary hypertension) tabs</i></b>	4	PA; New commercial members to be referred to AcariaHealth;Q L(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<b>Pulmonary Hypertension - Prostacyclin Receptor</b>		
UPTRAVI TABS OR 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	4	PA
UPTRAVI TABS OR 200 MCG ( <i>selexipag</i> )	4	PA; ST
UPTRAVI TBPk OR ( <i>selexipag</i> )	4	PA; ST
<b>Pulmonary Hypertension - Sol Guanylate Cyclase</b>		
ADEMPAS TABS 0.5 MG ( <i>riociguat</i> )	4	PA; ST
ADEMPAS TABS 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	4	PA
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN 5 MG/5ML ( <i>ivabradine hcl</i> )	3	ST; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	3	ST; QL(2 ea daily)
<b>Transthyretin Stabilizers</b>		
VYNDAMAX CAPS ( <i>tafamidis</i> )	4	PA; QL(1 ea daily)
VYNDAQEL CAPS ( <i>tafamidis meglumine (cardiac)</i> )	4	PA; QL(4 ea daily)
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr</i>	4	PA
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps</i>	1	
CEFACLOR 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
<i>cefoxitin sodium solr 1 gm, 2 gm</i>	4	PA
CEFOXITIN SODIUM SOLR 1 GM-4 %, 2 GM-2.2 % ( <i>cefoxitin sodium and dextrose</i> )	4	PA
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefditoren pivoxil tabs</i>	1	
<i>cefixime caps</i>	1	
<i>cefixime susr</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
SUPRAX CHEW 100 MG, 200 MG ( <i>cefixime</i> )	3	
SUPRAX SUSR 500 MG/5ML ( <i>cefixime</i> )	3	
<b>CHEMICALS</b>		
<b>Bulk Chemicals - P's</b>		

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Drug Name	Drug Tier	Requirements/ Limits
PROGESTERONE CONCENTRATE CREA ( <i>progesterone (bulk)</i> )	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN TABS	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, BEKYREE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA TABS	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN, VELIVET TABS	5	PV
(Drospirenone-Ethinyl Estradiol) GIANVI, JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, 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, LARISSA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS	5	PV

Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA TABS	5	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE TABS	5	PV
(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

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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

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, 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 &amp; ethinyl estradiol tabs</i>	5	PV
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	5	PV
<i>drospirenone-ethinyl estradiol tabs</i>	5	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	5	PV
ESTROSTEP FE TABS <i>(norethindrone acetate-ethinyl estradiol-fe)</i>	7	PV
<i>ethynodiol diacet &amp; eth estrad tabs</i>	5	PV
GENERESS FE CHEW <i>(norethindrone &amp; ethinyl estradiol-fe)</i>	7	PV
<i>levonorgestrel &amp; eth estradiol tabs</i>	5	PV
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	5	PV
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	5	PV

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

Drug Name	Drug Tier	Requirements/ Limits
ORTHO-NOVUM 1/35 TABS ( <b>norethindrone &amp; eth estradiol</b> )	7	PV
ORTHO-NOVUM 7/7/7 TABS ( <b>norethindrone-eth estradiol (triphasic)</b> )	7	PV
QUARTETTE TABS ( <b>levonorgestrel-ethinyl estradiol (91-day)</b> )	7	PV
SAFYRAL TABS ( <b>drospirenone-ethinyl estradiol-levomefolate calcium</b> )	7	PV
SEASONIQUE TABS ( <b>levonorgestrel-ethinyl estradiol (91-day)</b> )	7	PV
TAYTULLA CAPS ( <b>norethin acet &amp; estrad-fe</b> )	7	PV
TYBLUME CHEW ( <b>levonorgestrel &amp; eth estradiol</b> )	5	PV
YASMIN 28 TABS ( <b>drospirenone-ethinyl estradiol</b> )	7	PV
YAZ TABS ( <b>drospirenone-ethinyl estradiol</b> )	7	PV
<b>Combination Contraceptives - Transdermal</b>		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY PTWK	5	365 rti day(s) supply,; PV
TWIRLA PTWK ( <b>levonorgestrel-ethinyl estradiol</b> )	5	QL(3 ea per 28 days retail); PV
<b>Combination Contraceptives - Vaginal</b>		
(Etonogestrel-Ethinyl Estradiol) ELURYNG RING	5	PV
ANNOVERA RING ( <b>segesterone acetate-ethinyl estradiol</b> )	5	QL(1 ea daily); PV
<b>etonogestrel-ethinyl estradiol ring</b>	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
NUVARING RING ( <i>etonogestrel-ethinyl estradiol</i> )	7	PV
<b>Emergency Contraceptives</b>		
(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
<b>Progestin Contraceptives - Oral</b>		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA TABS	5	PV
<i>norethindrone (contraceptive) tabs</i>	5	PV
ORTHO MICRONOR TABS ( <i>norethindrone (contraceptive)</i> )	7	PV
SLYND TABS ( <i>drospirenone</i> )	5	QL(1 ea daily); PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
(Dexamethasone) DECADRON TABS	1	
(Dexamethasone) DEXPAK 13 DAY, TAPERDEX 12-DAY TBPk	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide cpep 3 mg</i>	2	QL(3 ea daily)
<i>budesonide tb24 9 mg</i>	1	PA
<i>cortisone acetate tabs</i>	2	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC ( <i>dexamethasone</i> )	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 0.5 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 TBPk ( <i>prednisolone</i> )	3	
MILLIPRED TABS ( <i>prednisolone</i> )	2	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisolone soln</i>	1	
PREDNISONE INTENSOL CONC ( <i>prednisone</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
(Hydrocodone W/ Homatropine) HYDROMET SYRP	1	
<i>benzonatate caps 100 mg, 150 mg, 200 mg</i>	1	
<i>hydrocodone w/ homatropine syrp</i>	1	
<i>hydrocodone w/ homatropine tabs</i>	1	
<b>Cough/Cold/Allergy Combinations</b>		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN	1	
(Guaifenesin-Codeine) GUAITUSSIN 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	
DOCTOR MANZANILLA PE SYRUP ANTIHISTAMINE/DECONGESTANT LIQD ( <i>triprolidine-phenylephrine</i> )	3	

Drug Name	Drug Tier	Requirements/ Limits
DOMETUSS-DMX LIQD ( <i>phenylephrine w/ dm-gg</i> )	3	
GILPHEX TR TABS ( <i>phenylephrine-guaifenesin</i> )	3	RX/OTC
GILTUSS COUGH & COLD TABS ( <i>phenylephrine w/ dm-gg</i> )	3	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 &amp; phenylephrine syrp</i>	1	QL(30 ml daily)
<i>promethazine w/codeine soln</i>	1	QL(30 ml daily)
<i>promethazine w/codeine syrp</i>	1	QL(30 ml daily)
<i>promethazine-dm syrp</i>	1	QL(30 ml daily)
<i>promethazine-phenylephrine-codeine syrp</i>	1	
<i>pseudoephed-bromphen-dm syrp</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC GEL	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 10 MG	1	QL(4 ea daily,150 day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 20 MG	1	QL(5 ea daily,150 day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE CAPS 40 MG	1	QL(2 ea daily,150 day(s) limit)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE CAPS 30 MG	1	QL(3 ea daily,150 day(s) limit)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL	1	
(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	
<i>adapalene crea 0.1 %</i>	1	Limit 45gms per month;QL(1.5 gm daily)
<i>adapalene gel 0.1 %</i>	1	Limit 45gms per month;QL(1.5 gm daily); RX/OTC
<i>adapalene gel 0.3 %</i>	1	QL(45 gm per fill retail,135 gm per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
<b>adapalene-benzoyl peroxide gel 0.1 %-2.5 %</b>	1	
AZELEX CREA ( <b>azelaic acid (acne)</b> )	3	
<b>benzoyl peroxide-erythromycin gel</b>	1	QL(2 gm daily)
<b>clindamycin phosphate (topical) foam</b>	1	
<b>clindamycin phosphate (topical) gel</b>	1	
<b>clindamycin phosphate (topical) lotn</b>	1	
<b>clindamycin phosphate (topical) soln</b>	1	
<b>clindamycin phosphate (topical) swab</b>	1	
<b>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</b>	1	
<b>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</b>	1	
<b>clindamycin phosphate-tretinoin gel</b>	1	
<b>dapsone (topical) gel 5 %</b>	1	PA; ST
DIFFERIN LOTN 0.1 % ( <b>adapalene</b> )	3	
<b>erythromycin (acne aid) gel</b>	1	
<b>erythromycin (acne aid) soln</b>	1	
FABIOR FOAM ( <b>tazarotene (acne)</b> )	3	Limit 50gms per month;QL(1.67 gm daily)
<b>isotretinoin caps 10 mg, 25 mg</b>	1	QL(4 ea daily, 150 day(s) limit)

Drug Name	Drug Tier	Requirements/ Limits
<b>isotretinoin caps 20 mg</b>	1	QL(5 ea daily, 150 day(s) limit)
<b>isotretinoin caps 30 mg</b>	1	QL(3 ea daily, 150 day(s) limit)
<b>isotretinoin caps 35 mg, 40 mg</b>	1	QL(2 ea daily, 150 day(s) limit)
RIAX FOAM ( <b>benzoyl peroxide</b> )	3	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL ( <b>sulfacetamide sodium-sulfur in urea vehicle</b> )	3	
<b>sulfacetamide sodium (acne) lotn</b>	1	
<b>sulfacetamide sodium w/ sulfur crea 4.8 %-9.8 %</b>	1	
<b>sulfacetamide sodium w/ sulfur liqd 4.8 %-9.8 %</b>	2	
<b>sulfacetamide sodium w/ sulfur lotn 4.8 %-9.8 %</b>	1	PA
<b>sulfacetamide sodium w/ sulfur lotn 5 %-10 %</b>	1	QL(1 gm daily)
TAZAROTENE FOAM ( <b>tazarotene (acne)</b> )	3	Limit 50gms per month;QL(1.67 gm daily)
<b>tretinoin crea</b>	1	
<b>tretinoin gel</b>	1	
<b>tretinoin microsphere gel 0.04 %</b>	1	Limit 45gms per month;QL(1.7 gm daily)
<b>tretinoin microsphere gel 0.1 %</b>	1	QL(1.67 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OINT ( <i>sinecatechins</i> )	3	QL(30 gm per fill retail)
<b>Anti-inflammatory Agents - Topical</b>		
(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN RELIEVER, GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN, KLS DICLOFENAC SODIUM, 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)
PENNSAID SOLN ( <i>diclofenac sodium (topical)</i> )	3	PA; QL(4 gm daily)
<b>Antibiotics - Topical</b>		
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	
<b>Antifungals - Topical</b>		
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IDOQUIMEZ-HC CREA	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	

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	
EXELDERM SOLN ( <i>sulconazole nitrate</i> )	7	
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	

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Drug Name	Drug Tier	Requirements/ Limits
NAFTIN GEL 2 % ( <i>naftifine hcl</i> )	3	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	
OXISTAT LOTN ( <i>oxiconazole nitrate</i> )	3	
<i>sulconazole nitrate crea</i>	1	
<i>sulconazole nitrate soln</i>	1	
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
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> )	4	PA
VALCHLOR GEL ( <i>mechlorethamine hcl (topical)</i> )	4	PA; ST

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

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Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI PEN SOAJ ( <i>risankizumab-rzaa</i> )	4	PA; QL(1 ml per 84 days retail)
SKYRIZI PSKT 75 MG/0.83ML ( <i>risankizumab-rzaa</i> )	4	PA; QL(1 ea per 84 days retail)
SKYRIZI SOSY 150 MG/ML ( <i>risankizumab-rzaa</i> )	4	PA; QL(1 ml per 84 days retail)
SORILUX FOAM ( <i>calcipotriene</i> )	3	PA
STELARA SOLN SC 45 MG/0.5ML ( <i>ustekinumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
STELARA SOSY SC 90 MG/ML ( <i>ustekinumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 % ( <i>tazarotene</i> )	2	
TAZORAC GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )	2	
TREMFYA SOPN ( <i>guselkumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
TREMFYA SOSY ( <i>guselkumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<b>Antiseborrheic Products</b>		
(Sulfacetamide Sodium) SODIUM SULFACETAMIDE WASH LIQD 10 %	1	
<i>selenium sulfide lotn 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM SULFACETAMIDE WASH LIQD 0.5 %-10 % ( <i>sulfacetamide sodium in bakuchiol vehicle</i> )	3	
<i>sulfacetamide sodium liqd 10 %</i>	1	
<i>sulfacetamide sodium sham 10 %</i>	1	
<b>Antivirals - Topical</b>		
<i>acyclovir topical oint</i>	1	QL(1 gm daily)
<b>Burn Products</b>		
(Silver Sulfadiazine) SSD CREA	1	
<i>mafenide acetate pack</i>	1	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM ( <i>mafenide acetate</i> )	3	
<b>Corticosteroids - Topical</b>		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT CREA	1	
(Clobetasol Propionate Emulsion) TOVET FOAM	1	
(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	

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Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone (Topical)) ALA-CORT CREA	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA	1	
ALA-SCALP LOTN ( <i>hydrocortisone (topical)</i> )	3	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
<i>amcinonide crea</i>	1	
<i>amcinonide lotn</i>	1	
AMCINONIDE OINT ( <i>amcinonide</i> )	3	
APEXICON E CREA ( <i>diflorasone diacetate emollient base</i> )	2	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented gel</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	

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

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Drug Name	Drug Tier	Requirements/ Limits
CORDRAN TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )	3	
CORTANE-B LOTN ( <i>hydrocortisone-pramoxine-chloroxylenol</i> )	3	
<i>desonide crea</i>	1	
<i>desonide gel</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
<i>desoximetasone crea</i> 0.05 %, 0.25 %	1	
<i>desoximetasone gel</i> 0.05 %	1	
<i>desoximetasone liqd</i> 0.25 %	1	ST
<i>desoximetasone oint</i> 0.05 %, 0.25 %	1	
<i>diflorasone diacetate crea</i>	1	
<i>diflorasone diacetate oint</i>	1	
EPIFOAM FOAM ( <i>pramoxine-hc</i> )	3	
<i>fluocinolone acetonide crea</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<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	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>urea susp</i>	1	
<b>Emollients</b>		
HYLINATE LOTN ( <i>hyaluronate sodium (emollient)</i> )	3	
<b>Enzymes - Topical</b>		
SANTYL OINT ( <i>collagenase</i> )	3	
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod crea</i>	1	
<b>Immunosuppressive Agents - Topical</b>		
<i>pimecrolimus crea</i>	1	QL(2 gm daily)
<i>tacrolimus (topical) oint 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
<b>Keratolytic/Antimitotic Agents</b>		
(Salicylic Acid) KERALYT SHAM	1	
BENSAL HP OINT ( <i>salicylic acid</i> )	3	RX/OTC
CONDYLOX GEL ( <i>podofilox</i> )	2	
MG217 PSORIASIS MULTI-SYMTOM OINT ( <i>salicylic acid</i> )	3	RX/OTC
ODOCON 25 IN BENZOIN TINCTURE 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	

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

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

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Drug Name	Drug Tier	Requirements/ Limits
REGRANEX GEL ( <i>becaplermin</i> )	3	Limit 15gms per month; QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
GLUCAGEN DIAGNOSTIC SOLR ( <i>glucagon hcl rdn</i> )	4	PA
METOPIRONE CAPS ( <i>metyrapone</i> )	3	
<b>Diagnostic Tests</b>		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH ULTRA STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
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	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
KEVEYIS TABS ( <i>dichlorphenamide</i> )	4	PA
<i>methazolamide tabs</i>	1	
<b>Diuretic Combinations</b>		

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Drug Name	Drug Tier	Requirements/ Limits
ALDACTAZIDE TABS 50 MG-50 MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	2	
<i>amiloride &amp; hydrochlorothiazide tabs</i>	1	
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	1	
<i>triamterene &amp; hydrochlorothiazide caps 25 mg-37.5 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs 25 mg-37.5 mg</i>	1	QL(2 ea daily)
<i>triamterene &amp; hydrochlorothiazide tabs 50 mg-75 mg</i>	1	QL(1 ea daily)
<b>Loop Diuretics</b>		
(Torsemide) SOAANZ TABS 20 MG	1	
<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	
<i>torsemide tabs 10 mg, 20 mg, 5 mg</i>	1	
<i>torsemide tabs 100 mg</i>	1	QL(2 ea daily)
<b>Potassium Sparing Diuretics</b>		
<i>amiloride hcl tabs</i>	1	
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	
<b>Thiazides and Thiazide-Like Diuretics</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorthalidone tabs</i>	1	
DIURIL SUSP ( <i>chlorothiazide</i> )	3	
<i>hydrochlorothiazide caps</i>	1	
<i>hydrochlorothiazide tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone tabs</i>	1	
THALITONE TABS ( <i>chlorthalidone</i> )	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
<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	
FOSAMAX PLUS D TABS ( <i>alendronate sodium-cholecalciferol</i> )	3	PA; Limit 4 per month;QL(0.15 ea daily)
<i>ibandronate sodium tabs</i>	1	Limit 1 per month;QL(0.04 ea daily)
MIACALCIN SOLN ( <i>calcitonin (salmon)</i> )	7	PA; LA
NATPARA CART ( <i>parathyroid hormone (recombinant)</i> )	4	PA; LA

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Drug Name	Drug Tier	Requirements/ Limits
PROLIA SOSY ( <i>denosumab</i> )	4	PA; LA
<i>risedronate sodium tabs 150 mg</i>	1	ST; Limited to 1 per month; QL(0.04 ea daily)
<i>risedronate sodium tabs 30 mg, 35 mg, 5 mg</i>	1	ST
TYMLOS SOPN ( <i>abaloparatide</i> )	4	PA; LA
<b>Fertility Regulators</b>		
<i>clomiphene citrate tabs</i>	1	Check plan documents for coverage; QL(15 ea per fill retail, 00 ea per fill mail, 15 ea per 30 days retail)
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLR ( <i>pegvisomant</i> )	4	PA; LA
<b>Growth Hormones</b>		
HUMATROPE COMBO PACK SOLR ( <i>somatropin</i> )	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661; LA
HUMATROPE SOLR ( <i>somatropin</i> )	4	PA; LA
NORDITROPIN FLEXPOR 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
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>raloxifene hcl</i> )	7	PV

Drug Name	Drug Tier	Requirements/ Limits
OSPHENA TABS ( <i>ospemifene</i> )	3	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	5	PV
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN ( <i>mecasermin</i> )	4	PA; LA
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
FENSOLVI KIT ( <i>leuprolide acetate (cpp)</i> (6 month))	3	PA
SYNAREL SOLN ( <i>nafarelin acetate</i> )	2	
<b>Metabolic Modifiers</b>		
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	
CARBAGLU TABS ( <i>carglumic acid</i> )	7	PA
<i>carglumic acid tabs</i>	4	PA
<i>cinacalcet hcl tabs</i>	1	PA
CYSTADANE POWD ( <i>betaine</i> )	4	PA
<i>doxercalciferol caps</i>	2	
GALAFOLD CAPS ( <i>migalastat hcl</i> )	4	PA; QL(0.5 ea daily)
KUVAN PACK ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX

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Drug Name	Drug Tier	Requirements/ Limits
KUVAN TABS ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) soln</i>	1	
<i>levocarnitine (metabolic modifiers) tabs</i>	1	
MYALEPT SOLR ( <i>metreleptin</i> )	4	PA; LA
<i>nitisinone caps 10 mg</i>	4	PA
<i>nitisinone caps 2 mg, 5 mg</i>	1	PA
NITYR TABS ( <i>nitisinone</i> )	4	PA
ORFADIN CAPS 10 MG ( <i>nitisinone</i> )	7	PA
ORFADIN CAPS 20 MG ( <i>nitisinone</i> )	3	PA
ORFADIN SUSP 4 MG/ML ( <i>nitisinone</i> )	4	PA
PALYNZIQ SOSY ( <i>pegvaliase-pqpz</i> )	4	PA
<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	

Drug Name	Drug Tier	Requirements/ Limits
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN NA 0.01 % ( <i>desmopressin acetate refrigerated</i> )	2	
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML ( <i>desmopressin acetate</i> )	3	
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(6 ea daily)
NOCTIVA EMUL ( <i>desmopressin acetate</i> )	3	PA
STIMATE SOLN ( <i>desmopressin acetate</i> )	3	
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	1	
<b>Somatostatic Agents</b>		
<i>octreotide acetate soln 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate soln 1000 mcg/ml, 500 mcg/ml</i>	4	PA; LA
SANDOSTATIN SOLN 500 MCG/ML ( <i>octreotide acetate</i> )	7	PA; LA
SIGNIFOR SOLN ( <i>pasireotide diaspertate</i> )	4	PA; LA
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TBPK 15 MG ( <i>tolvaptan</i> )	4	PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>Estrogen Combinations</b>		
(Estradiol & Norethindrone Acetate) AMABELZ, LOPREEZA, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI TABS	1	
ANGELIQ TABS ( <i>drospirenone-estradiol</i> )	3	
CLIMARA PRO PTWK ( <i>estradiol-levonorgestrel</i> )	2	
COMBIPATCH PTTW ( <i>estradiol &amp; norethindrone acetate</i> )	3	
DUAVEE TABS ( <i>conjugated estrogens-bazedoxifene</i> )	3	
<i>estradiol &amp; norethindrone acetate tabs</i>	1	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
ORIAHNN CPPK ( <i>elagolix sodium-estradiol-norethindrone acetate</i> )	4	PA
PREFEST TABS ( <i>estradiol-norgestimate</i> )	3	
PREMPHASE TABS ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	
PREMPRO TABS ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	
<b>Estrogens</b>		

Drug Name	Drug Tier	Requirements/ Limits
(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	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	Limit 8 patches per month;QL(0.29 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	Limit 4 patches per month;QL(0.14 3 ea daily)
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
ESTROGEL GEL ( <i>estradiol</i> )	3	Limit 50gms per month;QL(1.67 gm daily)
EVAMIST SOLN ( <i>estradiol</i> )	3	
MENEST TABS ( <i>esterified estrogens</i> )	2	
MENOSTAR PTWK ( <i>estradiol</i> )	3	Limit 4 patches per month;QL(0.14 3 ea daily)
PREMARIN TABS OR 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG ( <i>estrogens, conjugated</i> )	2	QL(1 ea daily)
PREMARIN TABS OR 0.9 MG ( <i>estrogens, conjugated</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
CIPRO SUSR 5 GM/100ML, 500 MG/5ML ( <i>ciprofloxacin</i> )	2	
<i>ciprofloxacin hcl tabs</i>	1	
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg, 500 mg, 750 mg</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin tabs 300 mg</i>	1	
<i>ofloxacin tabs 400 mg</i>	1	QL(28 ea per 90 days retail, 28 ea per 90 days mail)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OICALIVA TABS 10 MG ( <i>obeticholic acid</i> )	4	PA
OICALIVA TABS 5 MG ( <i>obeticholic acid</i> )	4	PA; ST
<b>Gallstone Solubilizing Agents</b>		
CHENODAL TABS ( <i>chenodiol</i> )	4	PA
<i>ursodiol caps 300 mg</i>	2	
<i>ursodiol tabs 250 mg, 500 mg</i>	1	
<b>Gastrointestinal Chloride Channel Activators</b>		
<i>lubiprostone caps</i>	1	
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl soln</i>	1	
<i>metoclopramide hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl tbdp</i>	1	
METOCLOPRAMIDE ODT TBDP ( <i>metoclopramide hcl</i> )	3	
<b>Inflammatory Bowel Agents</b>		
AVSOLA SOLR ( <i>infliximab-axxq</i> )	4	PA
<i>balsalazide disodium caps</i>	1	Limit 280 caps per month; QL(9 ea daily)
CIMZIA KIT ( <i>certolizumab pegol</i> )	4	PA; LA
CIMZIA STARTER KIT KIT ( <i>certolizumab pegol</i> )	4	PA; LA
DIPENTUM CAPS ( <i>olsalazine sodium</i> )	3	
INFLECTRA SOLR ( <i>infliximab-dyyb</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<i>mesalamine cp24 or 0.375 gm</i>	1	QL(4 ea daily)
<i>mesalamine cpdr or 400 mg</i>	1	QL(6 ea daily)
<i>mesalamine enem re 4 gm</i>	1	QL(60 ml daily)
<i>mesalamine supp re 1000 mg</i>	1	QL(1 ea daily)
<i>mesalamine tbec or 1.2 gm</i>	1	QL(4 ea daily)
<i>mesalamine tbec or 800 mg</i>	1	
PENTASA CPCR 250 MG ( <i>mesalamine</i> )	3	PA
PENTASA CPCR 500 MG ( <i>mesalamine</i> )	3	PA; QL(8 ea daily)
RENFLEXIS SOLR ( <i>infliximab-abda</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661

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Drug Name	Drug Tier	Requirements/ Limits
SFROWASA ENEM ( <i>mesalamine</i> )	2	
STELARA SOLN IV 130 MG/26ML ( <i>ustekinumab (iv)</i> )	4	PA; LA
<i>sulfasalazine tabs</i>	1	QL(8 ea daily)
<i>sulfasalazine tbec</i>	1	QL(8 ea daily)
<b>Intestinal Acidifiers</b>		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC SOLN	1	
<i>lactulose (encephalopathy) soln</i>	1	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alose tron hcl tabs</i>	2	
LINZESS CAPS ( <i>lina clotide</i> )	2	
VIBERZI TABS 100 MG ( <i>eluxadol ine</i> )	3	PA
VIBERZI TABS 75 MG ( <i>eluxadol ine</i> )	3	PA; ST
<b>Peripheral Opioid Receptor Antagonists</b>		
<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>methylnaltrexone bromide</i> )	4	PA; LA
RELISTOR TABS OR 150 MG ( <i>methylnaltrexone bromide</i> )	4	PA; ST
<b>Phosphate Binder Agents</b>		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AURYXIA TABS ( <i>ferric citrate</i> )	3	PA; ST
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL PACK 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )	3	
<i>lanthanum carbonate chew 1000 mg</i>	1	QL(3 ea daily)
<i>lanthanum carbonate chew 500 mg</i>	1	
<i>lanthanum carbonate chew 750 mg</i>	1	QL(4 ea daily)
PHOSLYRA SOLN ( <i>calcium acetate (phosphate binder)</i> )	3	
<i>sevelamer carbonate pack 0.8 gm</i>	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	QL(5 ea daily)
<i>sevelamer carbonate tabs 800 mg</i>	1	
<i>sevelamer hcl tabs 400 mg</i>	1	PA; ST
<i>sevelamer hcl tabs 800 mg</i>	1	PA; ST; QL(16 ea daily)
<b>Short Bowel Syndrome (SBS) Agents</b>		
GATTEX KIT ( <i>teduglutide (rdna)</i> )	4	PA; ST; Specialty Drug refer to Caremark SP RX;LA
<b>Tryptophan Hydroxylase Inhibitors</b>		
XERMELO TABS ( <i>telotristat etiprate</i> )	4	PA; ST; Not available through mail
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b>Acidifiers</b>		
K-PHOS NO 2 TABS ( <i>potassium &amp; sodium acid phosphates</i> )	2	
<b>Alkalinizers</b>		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS, TARON-CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2 SOLN	1	RX/OTC
ORACIT SOLN ( <i>sodium citrate &amp; citric acid</i> )	3	
<i>pot &amp; sod citrates w/citric ac soln</i>	1	
<i>potassium citrate (alkalinizer) tbc</i>	1	
<i>potassium citrate-citric acid soln</i>	1	RX/OTC
<i>sodium citrate &amp; citric acid soln</i>	1	RX/OTC
<b>Cystinosis Agents</b>		
CYSTAGON CAPS ( <i>cysteamine bitartrate</i> )	4	PA
PROCYSBI CPDR 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )	4	
PROCYSBI PACK 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )	4	PA
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS ( <i>pentosan polysulfate sodium</i> )	3	QL(3 ea daily)
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CARDURA XL TB24 ( <i>doxazosin mesylate (bph)</i> )	3	
<i>dutasteride caps</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
<i>silodosin caps 4 mg</i>	1	
<i>silodosin caps 8 mg</i>	1	QL(1 ea daily)
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
<b>Urinary Stone Agents</b>		
LITHOSTAT TABS ( <i>acetohydroxamic acid</i> )	3	
THIOLA EC TBEC ( <i>tiopronin</i> )	3	
<i>tiopronin tabs</i>	1	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	1	
<b>Gout Agents</b>		
<i>allopurinol tabs 100 mg</i>	1	QL(3 ea daily)
<i>allopurinol tabs 300 mg</i>	1	QL(2 ea daily)
<i>colchicine caps</i>	1	
<i>colchicine tabs</i>	1	
<i>febuxostat tabs 40 mg</i>	1	QL(2 ea daily)
<i>febuxostat tabs 80 mg</i>	1	QL(1 ea daily)
MITIGARE CAPS ( <i>colchicine</i> )	7	
<b>Uricosurics</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<b><i>probenecid tabs</i></b>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
ADVATE SOLR ( <b><i>antihemophilic factor (rcmb)</i></b> ) plasma/albumin free (rahf-pfm))	4	PA; LA
ADYNOVATE SOLR ( <b><i>antihemophilic factor (recombinant)</i></b> ) pegylated)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
AFSTYLA KIT ( <b><i>antihemophilic factor (recombinant)</i></b> ) single chain)	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANATE SOLR ( <b><i>antihemophilic factor/von willebrand factor complex (human)</i></b> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANATE/VON WILLEBRANDFACTOR COMPLEX/HUMAN SOLR ( <b><i>antihemophilic factor/von willebrand factor complex (human)</i></b> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPHANINE SD SOLR ( <b><i>coagulation factor ix</i></b> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ALPROLIX SOLR ( <b><i>coagulation factor ix (recomb)</i></b> ) fc fusion protein (rfixfc))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
BENEFIX KIT ( <b><i>coagulation factor ix (recombinant)</i></b> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JIVI SOLR ( <i>antihemophilic factor(rcmb)</i> pegylated-aucl (bdd-rfviii peg-aucl))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA	PROFILNINE SD SOLR ( <i>factor ix complex</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KCENTRA KIT ( <i>prothrombin complex concentrate human</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
KOATE SOLR ( <i>antihemophilic factor (human)</i> )	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA	REBINYN SOLR ( <i>coagulation factor ix (recombinant)</i> glycopegylated)	4	PA; administered under the medical benefit
KOATE-DVI SOLR ( <i>antihemophilic factor (human)</i> )	3	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA	RECOMBIMATE SOLR ( <i>antihemophilic factor (recombinant)</i> (rfviii))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
KOVALTRY SOLR ( <i>antihemophilic factor (rcmb)</i> plasma/albumin free (rahf-pfm))	4	PA; LA	RIXUBIS SOLR ( <i>coagulation factor ix (recombinant)</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
MONONINE SOLR ( <i>coagulation factor ix</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA	TRETEN SOLR ( <i>coagulation factor xiii a-subunit (recombinant)</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
NOVOEIGHT SOLR ( <i>antihemophilic factor (rcmb)</i> bd truncated (bd trunc-rfviii))	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
NOVOSEVEN RT SOLR ( <i>coagulation factor viia (recombinant)</i> )	4	PA; Must use AcariaHlth Sp Rx 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
NUWIQ KIT ( <i>antihemophilic factor (rcmb)</i> simoctocog alfa(bdd-rfviii,sim))	4	PA; MUST USE ACARIA SPECIALTY RX 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
OBIZUR SOLR ( <i>antihemophilic factor (recombinant porcine)</i> (rpfviii))	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA			

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Drug Name	Drug Tier	Requirements/ Limits
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
<b>Bradykinin B2 Receptor Antagonists</b>		
(Icatibant Acetate) SAJAZIR SOLN	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661 ;LA
FIRAZYR SOLN ( <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
<b>Complement Inhibitors</b>		
HAEGARDA SOLR ( <i>c1 esterase inhibitor (human)</i> )	4	PA; Specialty drug-Health Net will refer to SP Pharmacy
<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		
TAVALISSE TABS 100 MG ( <i>fostamatinib disodium</i> )	4	PA; ST
TAVALISSE TABS 150 MG ( <i>fostamatinib disodium</i> )	4	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbc</i>	1	QL(3 ea daily)
<b>Human Protein C</b>		
CEPROTIN SOLR ( <i>protein c concentrate (human)</i> )	4	PA; LA
<b>Platelet Aggregation Inhibitors</b>		
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	
BRILINTA TABS 60 MG ( <i>ticagrelor</i> )	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BRILINTA TABS 90 MG ( <i>ticagrelor</i> )	2	
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs</i>	1	QL(2 ea daily)
<i>dipyridamole tabs</i>	1	
<i>prasugrel hcl tabs</i>	1	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CERDELGA CAPS ( <i>eliglustat tartrate</i> )	4	PA
CEREZYME SOLR ( <i>imiglucerase</i> )	4	PA; LA
<i>miglustat caps</i>	4	PA; ST
ZAVESCA CAPS ( <i>miglustat</i> )	7	PA; ST
<b>Agents for Sick Cell Disease</b>		
DROXIA CAPS ( <i>hydroxyurea (sickle cell disease)</i> )	2	
SIKLOS TABS 100 MG ( <i>hydroxyurea (sickle cell disease)</i> )	4	PA; ST;AC
SIKLOS TABS 1000 MG ( <i>hydroxyurea (sickle cell disease)</i> )	4	PA; AC
<b>Folic Acid/Folates</b>		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID TABS	5	PV
(Folic Acid) KP FOLIC ACID TABS 1 MG	1	RX/OTC
(Folic Acid) KP FOLIC ACID TABS 800 MCG	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
<b><i>folic acid tabs 1 mg</i></b>	1	RX/OTC
<b><i>folic acid tabs 400 mcg, 800 mcg</i></b>	5	PV
<b>Hematopoietic Growth Factors</b>		
FULPHILA SOSY ( <b><i>pegfilgrastim-jmdb</i></b> )	4	PA
GRANIX SOLN ( <b><i>tbo-filgrastim</i></b> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
GRANIX SOSY ( <b><i>tbo-filgrastim</i></b> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LEUKINE SOLR ( <b><i>sargramostim</i></b> )	4	PA; LA
MULPLETA TABS ( <b><i>lusutrombopag</i></b> )	4	PA
NIVESTYM SOLN 300 MCG/ML ( <b><i>filgrastim-aafi</i></b> )	4	PA; ST
NIVESTYM SOLN 480 MCG/1.6ML ( <b><i>filgrastim-aafi</i></b> )	4	PA
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML ( <b><i>filgrastim-aafi</i></b> )	4	PA
PROMACTA PACK 12.5 MG ( <b><i>eltrombopag olamine</i></b> )	4	PA; QL(1 ea daily)
PROMACTA PACK 25 MG ( <b><i>eltrombopag olamine</i></b> )	4	PA
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG ( <b><i>eltrombopag olamine</i></b> )	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 ( <b><i>epoetin alfa-epbx</i></b> )	4	PA

Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SOSY ( <b><i>pegfilgrastim-cbqv</i></b> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
ZARXIO SOSY ( <b><i>filgrastim-sndz</i></b> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
ZIEXTENZO SOSY ( <b><i>pegfilgrastim-bmez</i></b> )	4	PA; ST
<b>Hematopoietic Mixtures</b>		
FOLIVANE-F CAPS ( <b><i>ferrous fumarate-iron polysaccharide complex-folic acid-c-b3</i></b> )	2	
INTEGRA F CAPS ( <b><i>ferrous fumarate-iron polysaccharide complex-folic acid-c-b3</i></b> )	2	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
<b><i>aminocaproic acid soln</i></b>	1	
<b><i>aminocaproic acid tabs</i></b>	1	
CYKLOKAPRON SOLN ( <b><i>tranexamic acid</i></b> )	7	PA
<b><i>tranexamic acid soln iv 1000 mg/10ml</i></b>	4	PA
<b><i>tranexamic acid tabs or 650 mg</i></b>	1	QL(6 ea daily,5 day(s) limit)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
BUTISOL SODIUM TABS ( <b><i>butabarbital sodium</i></b> )	3	
<b><i>phenobarbital elix</i></b>	1	
<b><i>phenobarbital soln</i></b>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<b><i>phenobarbital tabs</i></b>	1	
<b>Non-Barbiturate Hypnotics</b>		
DORAL TABS ( <b><i>quazepam</i></b> )	7	
<b><i>estazolam tabs</i></b>	1	
<b><i>eszopiclone tabs</i></b>	1	QL(1 ea daily)
<b><i>flurazepam hcl caps 15 mg</i></b>	1	QL(2 ea daily)
<b><i>flurazepam hcl caps 30 mg</i></b>	1	QL(1 ea daily)
<b><i>midazolam hcl syrp</i></b>	1	
<b><i>temazepam caps 15 mg</i></b>	1	QL(2 ea daily)
<b><i>temazepam caps 22.5 mg, 30 mg</i></b>	1	QL(1 ea daily)
<b><i>temazepam caps 7.5 mg</i></b>	1	
<b><i>triazolam tabs 0.125 mg</i></b>	1	
<b><i>triazolam tabs 0.25 mg</i></b>	1	QL(1 ea daily)
<b><i>zaleplon caps</i></b>	1	QL(1 ea daily)
<b><i>zolpidem tartrate tabs or 10 mg, 5 mg</i></b>	1	QL(1 ea daily)
<b><i>zolpidem tartrate tbcrr or 12.5 mg, 6.25 mg</i></b>	1	QL(1 ea daily)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABS ( <b><i>suvorexant</i></b> )	2	ST; QL(1 ea daily)
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ CAPS ( <b><i>tasimelteon</i></b> )	4	PA; ST
<b><i>ramelteon tabs</i></b>	1	ST; QL(1 ea daily)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Laxative Combinations</b>		

Drug Name	Drug Tier	Requirements/ Limits
(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
COLYTE-FLAVOR PACKS SOLR ( <b><i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i></b> )	7	QL(4000 ml per fill retail); PV
GOLYTELY SOLR ( <b><i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i></b> )	7	QL(4000 ml per fill retail); PV
NULYTELY SOLR ( <b><i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i></b> )	7	PV
NULYTELY/FLAVOR PACKS SOLR ( <b><i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i></b> )	7	PV
<b><i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i></b>	5	PV
<b><i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i></b>	5	QL(4000 ml per fill retail); PV
<b><i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i></b>	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
PEG-PREP KIT ( <i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i> )	5	QL(1 ea per fill retail); PV
<b>Laxatives - Miscellaneous</b>		
(Lactulose) CONSTULOSE SOLN	1	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURALAX, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, 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)
<b>Saline Laxatives</b>		
OSMOPREP TABS ( <i>sodium phosphate monobasic-sodium phosphate dibasic</i> )	5	PA; PV
<b>Stimulant Laxatives</b>		

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, 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, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) RA LAXATIVE TBEC 5 MG	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
<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
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
<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)
<b>Clarithromycin</b>		
<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)
<b>Erythromycins</b>		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1	

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	
<b>Fidaxomicin</b>		
DIFICID TABS 200 MG ( <i>fidaxomicin</i> )	3	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		
CAYA DPRH ( <i>diaphragm arc-spring</i> )	5	QL(1 ea per 365 days retail); PV
FC FEMALE CONDOM MISC ( <i>condoms - female</i> )	5	PV
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

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Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH ( <i>diaphragm wide seal</i> )	5	PV
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
<b>Diabetic Supplies</b>		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK FASTCLIX LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK MULTICLIX 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
ACCU-CHEK SAFE-T-PRO LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SOFTCLIX LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVANCED MOBILE LANCET 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)
ADVOCATE SAFETY LANCETS 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ADVOCATE SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AIMSCO TWIST LANCETS 32G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE LANCE LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AIMSCO TWIST LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE LANCE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
AQUALANCE LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE LANCE PLUS SAFETYLANCETS 25G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	ASSURE LANCE PLUS SAFETYLANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE SAFETY LANCET 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ASSURE LANCETS 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)
AURORA LANCET THIN 23G 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)
BD LANCET ULTRAFINE 33G 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)
BULLSEYE MINI SAFETY LANCETS 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
CAREONE LANCET THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CARESENS LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
CARETOUCH SAFETY LANCETS/26G 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)
CARETOUCH SAFETY LANCETS/30G 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)
CARETOUCH TWIST LANCETS 30G 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)

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

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Drug Name	Drug Tier	Requirements/ Limits
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)
CVS ULTRA THIN LANCETS 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)
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)
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)
DROPLET PERSONAL LANCETS30G 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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)
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)
E-Z JECT LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS THIN 26G 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 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)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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 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 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 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 TWIST & CAP LANCETS 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
EQL COLOR LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
EQL COLOR LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
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)
EQL THIN LANCETS 26G 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)
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)
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)
EZ-LETS 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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 AL=Age Limit    AC=Anti-cancer    LA=Limited Access    QL=Quantity Limit    ST=Step Therapy  
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Drug Name	Drug Tier	Requirements/ Limits
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)
FIFTY50 SAFETY SEAL LANCETS 32G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FIFTY50 UNILET LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FINE 30 MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FINGERSTIX LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FORA LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
FREESTYLE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)
HAEMOLANCE LOW FLOW LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS HIGH FLOW 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)
HAEMOLANCE PLUS MAX FLOW 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)

Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS PEDIATRIC FLOW 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)
HY-VEE 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)
IN TOUCH STERILE LANCETS30G 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)
KINNEY THIN LANCETS 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)
KROGER 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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Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS MICRO THIN33G 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)
KROGER LANCETS SUPER THIN 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)
KROGER LANCETS THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS ULTRATHIN30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 26G TWIST TOP 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)
LANCETS 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 30G TWIST TOP MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 30G/TWIST TOP MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 31G TWIST TOP MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 33G EXTRA FINE MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS 33G UNIVERSAL DESIGN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
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 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 SAFETY SEAL 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
LANCETS SAFETY SEAL 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS SUPER THIN 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETS THIN 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 ULTRA FINE 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 ULTRA THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
LANCETSBULLSEYE SAFETY MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
LIBERTY MEDICAL LANCETS 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)
LIFESCAN UNISTIK II LANCETS 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)
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)
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)
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)
LONGS LANCETS STANDARD 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)

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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)
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)	MEDLANCE PLUS SUPERLITE 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)	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDICHOICE SAFETY LANCETNORMAL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDISENSE THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE PLUS/LITE 25G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS EXTRA LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MEDLANCE/EXTRA MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)
MEIJER LANCETS THIN MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MONOLETTOR SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MPD SAFETY LANCET 21G/1.8MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MPD SAFETY LANCET 28G/1.8MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MPD SAFETY LANCET 30G/1.8MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
MEIJER SUPER THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	MPD SAFETY LANCETS 23G/1.8MM MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
MYGLUCOHEALTH MGH SOFTLANC 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)
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)

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)	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)
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)	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)
REALITY LANCETS 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)
REALITY TRIGGER LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	RIGHTTEST GL300 LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION LANCETS MICRO-THIN33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	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)
RELION LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFE-T-LANCE NORMAL FLOW21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION LANCETS ULTRA-THIN30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN LANCETS/30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN LANCETS30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
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 LANCET 23G/PRESSURE ACTIVATED 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)
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)
SAFETY LANCETS 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)
SAFETY LANCETS 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)
SAFETY SEAL 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
SAFETY SEAL LANCETS 30G 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)
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)
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)
SB LANCETS THIN 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)
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)
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
SIDE BUTTON SAFETY LANCET21G 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)
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)
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)
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)
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)
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)
SMARTTEST LANCETS 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
STERILANCE TL MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SUPER THIN LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 18G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 23G 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)
SURE COMFORT LANCETS 30G 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)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)
SURELITE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TODAYS HEALTH ULTRA THINLANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TECHLITE AST LANCETS 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)
TECHLITE LANCETS 30G 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)
TECHLITE LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRAVEL LANCETS ADVANCED 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TGT LANCET MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)	TRUE COMFORT 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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Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 26G 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)
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)
TRUEPLUS LANCETS 30G 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)
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)
TRUEPLUS LANCETS 33G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
TRUEPLUS SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
ULTILET CLASSIC LANCETS MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)
UNISTIK SAFETY LANCETS 28G 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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
UNISTIK TOUCH SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 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)
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)
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)
VALUE PLUS LANCETS STANDARD 21G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUE PLUS LANCETS SUPERTHIN 30G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)
VALUE PLUS LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(6.67 ea daily,200 ea per fill retail,600 ea per fill mail)

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

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Drug Name	Drug Tier	Requirements/ Limits
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)
<b>Parenteral Therapy Supplies</b>		
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)</i> 30 g)	2	

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
TECHLITE 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)
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM MISC ( <i>insulin syringe/needle u-100</i> )	2	QL(6.67 ea daily)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Calcitonin Gene-Related Peptide (CGRP)</b>		
AIMOVIG SOAJ ( <i>erenumab-aooe</i> )	2	PA; ST
EMGALITY SOAJ 120 MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA; ST
EMGALITY SOSY 120 MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA; ST
<b>Migraine Combinations</b>		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine tabs</i>	1	
<b>Migraine Products</b>		
D.H.E. 45 SOLN ( <i>dihydroergotamine mesylate</i> )	7	PA
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	2	PA
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	PA; QL(0.27 ml daily)
ERGOMAR SUBL ( <i>ergotamine tartrate</i> )	2	
<b>Serotonin Agonists</b>		
<i>almotriptan malate tabs</i>	1	Limit 6 per month;QL(0.2 ea daily)

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

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

#### MINERALS & ELECTROLYTES

##### Calcium

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

##### Fluoride

<b>(Sodium Fluoride) FLUORITAB, FLURA-DROPS, NAFRINSE DROPS SOLN</b>	5	AL(Up to 6 yrs old ); PV
<b>(Sodium Fluoride) NAFRINSE CHEW</b>	1	AL(Up to 6 yrs old )
<b>FLORIVA LIQD (sodium fluoride-vitamin d)</b>	3	

Drug Name	Drug Tier	Requirements/ Limits
<b>FLUORABON SOLN (sodium fluoride)</b>	5	AL(Up to 6 yrs old ); PV
<b>sodium fluoride chew 0.25 mg, 0.5 mg</b>	5	AL(Up to 6 yrs old ); PV
<b>sodium fluoride chew 1 mg, 2.2 mg</b>	1	AL(Up to 6 yrs old )
<b>sodium fluoride soln 0.5 mg/ml</b>	5	AL(Up to 6 yrs old ); RX/OTC; PV
<b>sodium fluoride tabs 0.5 mg</b>	5	AL(Up to 6 yrs old ); PV
<b>sodium fluoride tabs 1 mg</b>	1	AL(Up to 6 yrs old )

##### Phosphate

<b>(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic &amp; Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL TABS</b>	1	
<b>K-PHOS TABS (potassium phosphate monobasic)</b>	2	
<b>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic tabs</b>	1	

##### Potassium

<b>(Potassium Bicarbonate) EFFER-K TBEF 25 MEQ</b>	1	
<b>(Potassium Bicarbonate) K-PRIME, KLOR-CON/EF TBEF</b>	1	
<b>(Potassium Chloride Microencapsulated Crystals Er) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 TBCR</b>	1	
<b>(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR</b>	1	
<b>(Potassium Chloride) KLOR-CON PACK</b>	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride) K-LOR-CON SPRINKLE CPCR	1	
EFFER-K TBEF 0.84 GM-1 GM, 1.68 GM-2 GM ( <i>potassium bicarbonate-citric acid</i> )	3	
K-TAB TBCR 8 MEQ ( <i>potassium chloride</i> )	7	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals or tbc 10 meq, 20 meq</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ( <i>potassium chloride</i> )	4	PA
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ( <i>potassium chloride</i> )	7	PA
<i>potassium chloride soln or 10 %, 20 %</i>	1	
<i>potassium chloride tbc or 10 meq, 20 meq, 8 meq</i>	1	
<b>Sodium</b>		
<i>sodium chloride soln</i>	3	QL(500 ml daily)
<b>Zinc</b>		
GALZIN CAPS ( <i>zinc acetate (oral)</i> )	3	
WILZIN CAPS ( <i>zinc acetate (oral)</i> )	3	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
(Trientine Hcl) CLOVIQUE CAPS	4	PA
<i>penicillamine caps</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillamine tabs</i>	1	
SYPRINE CAPS ( <i>trientine hcl</i> )	7	PA
<i>trientine hcl caps</i>	4	PA
<b>Immunomodulators</b>		
REVLIMID CAPS ( <i>lenalidomide</i> )	4	PA; Must use Exactus Specialty Rx 1- 866-458- 9246;LA; AC
THALOMID CAPS ( <i>thalidomide</i> )	3	Must use Exactus Specialty Rx 1- 866-458- 9246;AC
<b>Immunosuppressive Agents</b>		
(Azathioprine) AZASAN TABS	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24 ( <i>tacrolimus</i> )	3	ST
<i>azathioprine tabs</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil tabs or 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
PROGRAF PACK 0.2 MG, 1 MG ( <i>tacrolimus</i> )	4	PA
SANDIMMUNE SOLN 100 MG/ML ( <i>cyclosporine</i> )	3	
<i>sirolimus soln</i>	1	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR ( <i>anti-thymocyte globulin (rabbit)</i> , lymphocyte immune globulin)	3	PA; administered under the medical benefit
<b>Potassium Removing Agents</b>		
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOAJ ( <i>belimumab</i> )	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
BENLYSTA SOSY ( <i>belimumab</i> )	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		

Drug Name	Drug Tier	Requirements/ Limits
FIRST-MOUTHWASH BLM SUSP ( <i>diphenhydramine-lidocaine-alum hydroxide-mg hydroxide-simeth</i> )	3	
<i>lidocaine hcl (mouth-throat) soln</i>	1	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
ORAVIG TABS ( <i>miconazole (mouth-throat)</i> )	3	
<b>Antiseptics - Mouth/Throat</b>		
(Chlorhexidine Gluconate (Mouth-Throat)) PAROEX, PERIOGARD SOLN	1	
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
<b>Steroids - Mouth/Throat/Dental</b>		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE PSTE	1	
<i>triamcinolone acetonide (mouth) pste</i>	1	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl caps</i>	1	QL(3 ea daily)
MUCOTROL WAFR ( <i>oral wound care products</i> )	3	
<i>pilocarpine hcl (oral) tabs 5 mg</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) tabs 7.5 mg</i>	1	QL(4 ea daily)
<b>MULTIVITAMINS</b>		
<b>Multiple Vitamins w/ Minerals</b>		

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Drug Name	Drug Tier	Requirements/ Limits
THRIVITE 19 TABS ( <i>multiple vitamins w/ minerals &amp; folic acid</i> )	3	
<b>Ped MV w/ Fluoride</b>		
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old ); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML, 0.4 MG/ML-0.5 MG/ML-0.5 MG/ML-0.6 MG/ML-2 MCG/ML-5 UNIT/ML-8 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old ); RX/OTC

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

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Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Vitamins Acid W/ Fluoride) TRI-VITE/FLUORIDE SOLN 0.5 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old )
FLORIVA PLUS SOLN ( <i>pediatric multivitamins w/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 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.3 MG-0.5 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT, 0.3 MG-1 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT ( <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 acid 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

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

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Drug Name	Drug Tier	Requirements/ Limits
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	1	RX/OTC
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW 1 MG-3 MG-3 MG-6 MG-7 MG-12 MCG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	1	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT TABS	1	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS	1	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-Fa-Dha) PNV-DHA CAPS	1	
ATABEX EC TBEC ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	2	
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	

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

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Drug Name	Drug Tier	Requirements/ Limits
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	
DUET DHA BALANCED MISC ( <i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i> )	3	
FOLET DHA THPK ( <i>prenatal vit w/fe carbonyl-fe bisglyc-methylfol-dss &amp; dha</i> )	3	
FOLET ONE CAPS ( <i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i> )	3	
FOLIVANE-OB CAPS ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> )	2	
M-NATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
MARNATAL-F CAPS ( <i>prenatal without vit a w/ iron polysaccharide complex-fa</i> )	2	
MYNATAL ADVANCE TABS ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	2	
MYNATAL ULTRACAPLET TABS ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	2	
NATACHEW CHEW ( <i>prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid</i> )	3	

Drug Name	Drug Tier	Requirements/ Limits
NEEVO DHA CAPS ( <i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i> )	3	
NEONATAL COMPLETE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
NEONATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
NESTABS DHA MISC ( <i>prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3</i> )	2	
NESTABS ONE CAPS ( <i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha</i> )	3	
NESTABS TABS ( <i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i> )	3	
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	

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Drug Name	Drug Tier	Requirements/ Limits
OBSTETRIX ONE CAPS ( <i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i> )	3	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PNV TABS 29-1 TABS ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	2	
PNV-DHA+DOCUSATE CAPS ( <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i> )	3	
PNV-OMEGA CAPS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> )	3	
PR NATAL 400 EC MISC ( <i>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i> )	3	
PR NATAL 430 EC MISC ( <i>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i> )	3	
PR NATAL 430 MISC ( <i>prenatal mv &amp; 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	

Drug Name	Drug Tier	Requirements/ Limits
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	
PRENATAL + DHA THPK ( <i>prenatal w/o vit a w/ ferrous fumarate-folic acid-dha</i> )	3	
PRENATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT- 1000 UNIT ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	
PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	3	RX/OTC
PRENATAL PLUS IRON TABS ( <i>prenatal vit w/ iron carbonyl-folic acid</i> )	2	
PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC

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

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 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	
SE-NATAL 19 TABS ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	3	RX/OTC
SELECT-OB CHEW 0.4 MG-0.6 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT ( <i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i> )	2	
SELECT-OB CHEW 1 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT ( <i>prenatal vit w/ iron polysaccharide complex-folic acid</i> )	3	
SELECT-OB+DHA MISC ( <i>prenatal mv &amp; min w/fe polysaccharide complex-fa-dha</i> )	3	
TARON-PREX CAPS ( <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i> )	3	
THERANATAL CORE NUTRITION TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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	
VIRT-NATE DHA CAPS ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	3	

Drug Name	Drug Tier	Requirements/ Limits
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 FE+ CPPK 0.4 MG-0.6 MG-1.6 MG-1.8 MG-2 MG-2.5 MG-15 MG-20 MG-20 UNIT-25 MCG-25 MG-50 MG-60 MG-90 MG-150 MCG-200 MG-415 MG-1000 UNIT-1100 UNIT ( <i>prenatal vit w/ fe polysacch complex-l methylfol-fa-dha-dss</i> )	3	
VITAFOL GUMMIES CHEW ( <i>prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids</i> )	3	
VITAFOL-NANO TABS ( <i>prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid</i> )	3	
VITAFOL-ONE CAPS ( <i>prenatal mv &amp; min w/fe polysaccharide complex-fa-dha</i> )	3	
VITAMEDMD ONE RX/QUATREFOLIC CAPS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> )	3	
VITAMEDMD REDICHEW RX CHEW ( <i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i> )	3	

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Drug Name	Drug Tier	Requirements/ Limits
VITAPEARL CPRC ( <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
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
(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	

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

Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, GNP FLUTICASONE PROPIONATE CHILDRENS, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, 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-SYMPOM, RA NASAL ALLERGY SPRAY AERO	1	QL(1.2 ml daily)
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.2 ml daily); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.22 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
<b>triamcinolone acetonide (nasal) aero</b>	1	QL(1.2 ml daily)
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
<b>riluzole tabs</b>	1	
<b>Spinal Muscular Atrophy Agents (SMA)</b>		
<b>EVRYSDI SOLR (risdiplam)</b>	4	PA
<b>NUTRIENTS</b>		
<b>Lipids</b>		
<b>DOJOLVI LIQD (triheptanoin)</b>	4	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
<b>LACRISERT INST (artificial tear insert)</b>	3	
<b>Beta-blockers - Ophthalmic</b>		
(Timolol Maleate (Ophth)) <b>TIMOLOL MALEATE IN OCUDOSE SOLN</b>	1	
<b>betaxolol hcl (ophth) soln</b>	1	
<b>BETIMOL SOLN (timolol)</b>	2	
<b>BETOPTIC-S SUSP (betaxolol hcl (ophth))</b>	2	
<b>brimonidine tartrate-timolol maleate soln</b>	1	
<b>carteolol hcl (ophth) soln</b>	1	
<b>dorzolamide hcl-timolol maleate soln</b>	1	
<b>levobunolol hcl soln</b>	1	
<b>timolol maleate (ophth) solg 0.25 %, 0.5 %</b>	1	
<b>timolol maleate (ophth) soln 0.25 %, 0.5 %</b>	1	

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

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Drug Name	Drug Tier	Requirements/ Limits
IOPIDINE SOLN ( <i>apraclonidine hcl</i> )	3	
SIMBRINZA SUSP ( <i>brinzolamide-brimonidine tartrate</i> )	3	
<b>Ophthalmic Anti-infectives</b>		
(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 ( <i>azithromycin (ophth)</i> )	3	Limit 5mls per month;QL(0.17 ml daily)
<i>bacitracin (ophthalmic) oint</i>	2	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	
BESIVANCE SUSP ( <i>besifloxacin hcl</i> )	3	
BETADINE OPHTHALMIC PREP SOLN ( <i>povidone-iodine (ophth)</i> )	3	
CILOXAN OINT ( <i>ciprofloxacin hcl (ophth)</i> )	2	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN ( <i>azithromycin (ophth)</i> )	3	Limit 5mls per month;QL(0.17 ml daily)
<i>levofloxacin (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL ( <i>cyclosporine (ophth)</i> )	2	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)
<b>Ophthalmic Local Anesthetics</b>		
(Tetracaine Hcl (Ophth)) ALTACAINE, TETCAINE, TETRAVISC, TETRAVISC FORTE SOLN	1	
AKTEN GEL ( <i>lidocaine hcl (ophth)</i> )	3	

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Drug Name	Drug Tier	Requirements/ Limits
<b>proparacaine hcl soln</b>	1	
<b>tetracaine hcl (ophth) soln</b>	1	
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE SOLN ( <b>cenegermin-bkbj</b> )	4	PA
<b>Ophthalmic Steroids</b>		
(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 ( <b>loteprednol etabonate</b> )	3	
<b>bacitracin-poly-neomycin-hc oint</b>	1	QL(4 gm per fill retail, 4 gm per fill mail)
BLEPHAMIDE S.O.P. OINT ( <b>sulfacetamide sod-prednisolone</b> )	2	
BLEPHAMIDE SUSP ( <b>sulfacetamide sod-prednisolone</b> )	2	
<b>dexamethasone sodium phosphate (ophth) soln</b>	1	
<b>difluprednate emul</b>	1	
FLAREX SUSP ( <b>fluorometholone acetate</b> )	2	
<b>fluorometholone (ophth) susp</b>	1	
FML FORTE SUSP ( <b>fluorometholone (ophth)</b> )	2	
FML OINT ( <b>fluorometholone (ophth)</b> )	2	
LOTEMAX OINT ( <b>loteprednol etabonate</b> )	3	

Drug Name	Drug Tier	Requirements/ Limits
<b>loteprednol etabonate gel</b>	1	
<b>loteprednol etabonate susp</b>	1	
MAXIDEX SUSP ( <b>dexamethasone (ophth)</b> )	2	
<b>neomycin-polymy-dexameth oint</b>	1	
<b>neomycin-polymy-dexameth susp</b>	1	
<b>neomycin-polymyxin-hc (ophth) susp</b>	1	
PRED-G S.O.P. OINT ( <b>gentamicin-prednisolone acetate</b> )	3	
PRED-G SUSP ( <b>gentamicin-prednisolone acetate</b> )	3	
<b>prednisolone acetate (ophth) susp</b>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % ( <b>prednisolone sodium phosphate (ophth)</b> )	3	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN ( <b>prednisolone-moxifloxacin</b> )	3	
<b>sulfacetamide sod-prednisolone soln</b>	1	
TOBRADEX OINT ( <b>tobramycin-dexamethasone</b> )	3	
TOBRADEX ST SUSP ( <b>tobramycin-dexamethasone</b> )	3	
<b>tobramycin-dexamethasone susp</b>	1	QL(5 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
ZYLET SUSP ( <i>loteprednol etabonate-tobramycin</i> )	3	QL(5 ml per fill retail)
<b>Ophthalmic Surgical Aids</b>		
GELFILM OP FILM ( <i>gelatin adsorbable (ophth)</i> )	3	
<b>Ophthalmics - Misc.</b>		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, GNP OLOPATADINE HYDROCHLORIDE SOLN 0.1 %	1	Limit 10mls per month;QL(0.34 ml daily); RX/OTC
(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
(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	
ALOCRIL SOLN ( <i>nedocromil sodium (ophth)</i> )	3	
ALOMIDE SOLN ( <i>lodoxamide tromethamine</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP ( <i>nepafenac</i> )	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	
LASTACFT SOLN ( <i>alcaftadine</i> )	3	ST
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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN ( <i>ciprofloxacin hcl (otic)</i> )	7	QL(14 ea per fill retail)
<i>ciprofloxacin hcl (otic) soln</i>	1	QL(14 ea per fill retail)
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
(Pramoxine-Hc-Chloroxylenol) CORTIC-ND, EXOTIC-HC SOLN	1	
CIPRO HC SUSP ( <i>ciprofloxacin-hydrocortisone</i> )	3	
<i>ciprofloxacin-dexamethasone susp</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-fluocinolone acetonide soln</i>	1	Limit 15mls per month;QL(0.5 ea daily)
COLY-MYCIN S SUSP ( <i>neomycin-colistin-hc-thonzonium</i> )	3	
CORTISPORIN-TC SUSP ( <i>neomycin-colistin-hc-thonzonium</i> )	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN ( <i>ciprofloxacin-fluocinolone acetonide</i> )	7	Limit 15mls per month;QL(0.5 ea daily)
PRAMOTIC LIQD ( <i>pramoxine-chloroxylenol</i> )	3	
<b>Otic Steroids</b>		
(Fluocinolone Acetonide (Otic)) FLAC OIL	1	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	2	QL(10 ml per fill retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Abortifacients/Agents for Cervical Ripening</b>		
CERVIDIL INST ( <i>dinoprostone</i> )	3	
PREPIDIL GEL ( <i>dinoprostone</i> )	3	
PROSTIN E2 SUPP ( <i>dinoprostone</i> )	3	
<b>Oxytocics</b>		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate tabs</i>	1	

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<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
BIVIGAM SOLN 10 % ( <i>immune globulin (human)</i> iv)	4	PA; LA
CARIMUNE NANOFILTERED SOLR 6 GM ( <i>immune globulin (human)</i> iv)	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)</i> iv)	4	PA; LA
GAMMAGARD LIQUID SOLN 1 GM/10ML ( <i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA
GAMMAGARD LIQUID SOLN 2.5 GM/25ML ( <i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
GAMMAKED SOLN ( <i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA
GAMMAPLEX SOLN 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/100ML ( <i>immune globulin (human)</i> iv)	4	PA; LA
GAMUNEX-C SOLN 1 GM/10ML ( <i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Covered under Medical Benefit;LA
GAMUNEX-C SOLN 2.5 GM/25ML ( <i>immune globulin (human)</i> iv or subcutaneous)	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA

Drug Name	Drug Tier	Requirements/ Limits
OCTAGAM SOLN 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML ( <i>immune globulin (human)</i> iv)	4	PA; LA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML ( <i>immune globulin (human)</i> iv)	4	PA; LA
<b>Monoclonal Antibodies</b>		
REGEN-COV SOLN 1332 MG/11.1ML-300 MG/2.5ML ( <i>casirivimab-imdevimab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA KIT 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
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<i>ampicillin sodium solr</i>	4	PA
<b>Natural Penicillins</b>		
(Penicillin G Potassium) PFIZERPEN SOLR	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
BICILLIN L-A SUSP ( <i>penicillin g benzathine</i> )	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN ( <i>penicillin g pot in dextrose</i> )	4	PA
<i>penicillin g potassium solr</i>	4	PA
PENICILLIN G PROCAINE SUSP ( <i>penicillin g procaine</i> )	4	PA
<i>penicillin g sodium solr</i>	4	PA
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate chew</i>	1	
<i>amoxicillin &amp; pot clavulanate susr</i>	1	
<i>amoxicillin &amp; pot clavulanate tabs</i>	1	
<i>amoxicillin &amp; pot clavulanate tb12</i>	1	
<i>ampicillin &amp; sulbactam sodium solr</i>	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	2	
BICILLIN C-R SUSP ( <i>penicillin g benzathine &amp; procaine</i> )	4	PA
<i>piperacillin sodium-tazobactam sodium solr</i>	4	PA
UNASYN BULK PACK SOLR ( <i>ampicillin &amp; sulbactam sodium</i> )	7	PA

Drug Name	Drug Tier	Requirements/ Limits
UNASYN SOLR ( <i>ampicillin &amp; sulbactam sodium</i> )	7	PA
ZOSYN SOLR ( <i>piperacillin sodium-tazobactam 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)
<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

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Drug Name	Drug Tier	Requirements/ Limits
<i>acamprosate calcium tbec</i>	1	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS ( <i>lofexidine hcl</i> )	4	PA; QL(224 ea per 14 days retail)
<b>Anti-Cataleptic Agents</b>		
XYREM SOLN ( <i>sodium oxybate</i> )	4	PA; ST
<b>Antidementia Agents</b>		
<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
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
<b>Combination Psychotherapeutics</b>		
<i>chlordiazepoxide-amitriptyline tabs</i>	1	
<i>olanzapine-fluoxetine hcl caps 12 mg-25 mg, 12 mg-50 mg, 6 mg-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl caps 3 mg-25 mg, 6 mg-50 mg</i>	2	
<i>perphenazine-amitriptyline tabs</i>	1	
<b>Fibromyalgia Agents</b>		
SAVELLA TABS 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)
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS 12 MG, 9 MG ( <i>deutetrabenazine</i> )	4	PA
AUSTEDO TABS 6 MG ( <i>deutetrabenazine</i> )	4	PA; ST
INGREZZA CAPS ( <i>valbenazine tosylate</i> )	4	PA
INGREZZA CPPK ( <i>valbenazine tosylate</i> )	4	PA
<i>tetrabenazine tabs</i>	4	PA; Specialty drug-Health Net will refer to SP Pharmacy
XENAZINE TABS ( <i>tetrabenazine</i> )	7	PA; Specialty drug-Health Net will refer to SP Pharmacy
<b>Multiple Sclerosis Agents</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Glatiramer Acetate) GLATOPA SOSY	1	PA
AUBAGIO TABS ( <i>teriflunomide</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
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 ( <i>fingolimod hcl</i> )	3	PA
<i>glatiramer acetate sosy</i>	1	PA
MAVENCLAD TBPk ( <i>cladribine (multiple sclerosis)</i> )	4	PA; ST
MAYZENT TABS ( <i>siponimod fumarate</i> )	3	PA
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

Drug Name	Drug Tier	Requirements/ Limits
REBIF SOSY ( <i>interferon beta-1a</i> )	4	PA; LA
REBIF TITRATION PACK SOSY ( <i>interferon beta-1a</i> )	4	PA; LA
TYSABRI CONC ( <i>natalizumab</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA
<b>Postherpetic Neuralgia (PHN)/Neuropathic Pain</b>		
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)
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
<i>fluoxetine hcl (pmdd) tabs</i>	1	
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA CAPS ( <i>dextromethorphan hbr-quinidine sulfate</i> )	4	PA
<b>Psychotherapeutic and Neurological Agents -</b>		
<i>ergoloid mesylates tabs</i>	1	
<i>pimozide tabs</i>	1	
<b>Restless Leg Syndrome (RLS) Agents</b>		
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)
<b>Smoking Deterrents</b>		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX, 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 ( <b>varenicline tartrate</b> )	5	PV
APO-VARENICLINE TABS 1 MG ( <b>varenicline tartrate</b> )	5	QL(2 ea daily); PV
<b>bupropion hcl (smoking deterrent) tb12</b>	5	PV
CHANTIX CONTINUING MONTHPAK TABS ( <b>varenicline tartrate</b> )	5	QL(2 ea daily); PV
CHANTIX STARTING MONTH PAK TABS ( <b>varenicline tartrate</b> )	5	PV
CHANTIX TABS 0.5 MG ( <b>varenicline tartrate</b> )	5	PV
CHANTIX TABS 1 MG ( <b>varenicline tartrate</b> )	5	QL(2 ea daily); PV
NICODERM CQ PT24 ( <b>nicotine</b> )	7	PV
NICORETTE GUM ( <b>nicotine polacrilex</b> )	7	PV
NICORETTE LOZG ( <b>nicotine polacrilex</b> )	7	PV
NICORETTE MINI LOZG ( <b>nicotine polacrilex</b> )	7	PV
NICORETTE STARTER KIT GUM ( <b>nicotine polacrilex</b> )	7	PV
<b>nicotine polacrilex gum</b>	5	PV
<b>nicotine polacrilex lozg</b>	5	PV
<b>nicotine pt24</b>	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
VARENICLINE TARTRATE TABS 0.5 MG ( <i>varenicline tartrate</i> )	5	PV
VARENICLINE TARTRATE TABS 1 MG ( <i>varenicline tartrate</i> )	5	QL(2 ea daily); PV
<b>Transthyretin Amyloidosis Agents</b>		
TEGSEDI SOSY ( <i>inotersen sodium</i> )	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Cystic Fibrosis Agents</b>		
KALYDECO PACK 25 MG ( <i>ivacaftor</i> )	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4662;LA
KALYDECO PACK 50 MG, 75 MG ( <i>ivacaftor</i> )	4	PA; Must use Accredo SP pharmacy;LA
KALYDECO TABS 150 MG ( <i>ivacaftor</i> )	4	PA; Must use Accredo SP pharmacy;LA
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG ( <i>lumacaftor-ivacaftor</i> )	4	PA; MUST USE ACARIA SPECIALTY RX 844-538-4661;LA
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG ( <i>lumacaftor-ivacaftor</i> )	4	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
PULMOZYME SOLN ( <i>dornase alfa</i> )	2	PA; QL(5 ml daily)
SYMDEKO TBPK ( <i>tezacaftor-ivacaftor</i> )	4	PA; LA

Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TBPK 25 MG-50 MG ( <i>ellexacaftor-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>ellexacaftor-tezacaftor-ivacaftor</i> )	4	PA; Must use AcariaHlth Sp Rx 1-844-538-4662;QL(3 ea daily); LA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET CAPS ( <i>pirfenidone</i> )	4	PA; Must use Exactus Specialty Rx 1-866-458-9246;LA
ESBRIET TABS ( <i>pirfenidone</i> )	4	PA; Must use Exactus Specialty Rx 1-866-458-9246;LA
OFEV CAPS ( <i>nintedanib esylate</i> )	4	PA; QL(1 ea daily)
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	1	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
(Doxycycline (Monohydrate)) AVIDOXY TABS	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL, OKEBO CAPS	2	
(Doxycycline Hyclate) LYMEPAK TABS	1	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG CAPS	1	

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Drug Name	Drug Tier	Requirements/ Limits
<b>demeclocycline hcl tabs</b>	1	
<b>doxycycline (monohydrate) caps 100 mg, 50 mg, 75 mg</b>	2	
<b>doxycycline (monohydrate) caps 150 mg</b>	2	ST
<b>doxycycline (monohydrate) susr 25 mg/5ml</b>	1	
<b>doxycycline (monohydrate) tabs 100 mg, 50 mg</b>	1	
<b>doxycycline (monohydrate) tabs 150 mg</b>	2	ST
<b>doxycycline (monohydrate) tabs 75 mg</b>	1	ST
<b>doxycycline hyclate caps 100 mg, 50 mg</b>	1	
<b>doxycycline hyclate tabs 100 mg, 20 mg</b>	1	
<b>MINOCIN CAPS (minocycline hcl)</b>	7	PA
<b>minocycline hcl caps 100 mg, 50 mg, 75 mg</b>	1	
<b>minocycline hcl cp24 135 mg, 45 mg, 90 mg</b>	3	ST
<b>minocycline hcl tabs 100 mg, 50 mg</b>	1	
<b>minocycline hcl tabs 75 mg</b>	1	PA
<b>tetracycline hcl caps</b>	1	
<b>VIBRAMYCIN SYRP 50 MG/5ML (doxycycline calcium)</b>	2	

Drug Name	Drug Tier	Requirements/ Limits
XIMINO CP24 135 MG, 45 MG, 90 MG ( <b>minocycline hcl</b> )	3	ST
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<b>methimazole tabs</b>	1	
<b>propylthiouracil tabs</b>	1	QL(3 ea daily)
<b>Thyroid Hormones</b>		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) EUTHYROX, LEVOXYL TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
(Levothyroxine Sodium) LEVO-T, UNITHROID TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
(Thyroid) NP THYROID 15, NP THYROID 30, NP THYROID 60, NP THYROID 90 TABS	1	
ARMOUR THYROID TABS 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG ( <b>thyroid</b> )	2	
ARMOUR THYROID TABS 15 MG ( <b>thyroid</b> )	2	
CYTOMEL TABS 25 MCG, 50 MCG ( <b>liothyronine sodium</b> )	2	QL(2 ea daily)
CYTOMEL TABS 5 MCG ( <b>liothyronine sodium</b> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
<b>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</b>	1	
<b>levothyroxine sodium caps or 125 mcg</b>	1	QL(1 ea daily)
<b>levothyroxine sodium tabs or 100 mcg, 137 mcg, 150 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</b>	1	
<b>levothyroxine sodium tabs or 112 mcg, 125 mcg, 175 mcg, 200 mcg</b>	1	QL(1 ea daily)
<b>liothyronine sodium tabs 25 mcg, 50 mcg</b>	1	QL(2 ea daily)
<b>liothyronine sodium tabs 5 mcg</b>	1	
NATURE-THROID NT-2.5 TABS ( <b>thyroid</b> )	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 ( <b>thyroid</b> )	2	
NATURE-THROID TABS 130 MG ( <b>thyroid</b> )	3	
SYNTHROID TABS 100 MCG, 137 MCG, 150 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <b>levothyroxine sodium</b> )	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ( <b>levothyroxine sodium</b> )	2	QL(1 ea daily)
<b>thyroid tabs</b>	1	

Drug Name	Drug Tier	Requirements/ Limits
TIROSINT CAPS 75 MCG ( <b>levothyroxine sodium</b> )	2	
WESTHROID TABS 130 MG ( <b>thyroid</b> )	3	
WESTHROID TABS 195 MG, 32.5 MG, 65 MG, 97.5 MG ( <b>thyroid</b> )	2	
WP THYROID TABS 113.75 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG ( <b>thyroid</b> )	2	
WP THYROID TABS 130 MG ( <b>thyroid</b> )	3	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP	1	
(Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR TB12	1	
(Hyoscyamine Sulfate) OSCIMIN TABS	1	
(Hyoscyamine Sulfate) OSCIMIN, SYMAX-SL SUBL	1	
BELLADONNA/OPIUM SUPP ( <b>belladonna alkaloids &amp; opium</b> )	3	
<b>chlordiazepoxide hcl-clidinium bromide caps</b>	1	
<b>dicyclomine hcl caps</b>	1	
<b>dicyclomine hcl soln</b>	1	
<b>dicyclomine hcl tabs</b>	1	
GLYCATE TABS ( <b>glycopyrrolate</b> )	3	
<b>glycopyrrolate soln or 1 mg/5ml</b>	1	
<b>glycopyrrolate tabs or 1 mg, 2 mg</b>	1	

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Drug Name	Drug Tier	Requirements/ Limits
GLYCOPYRROLATE TABS OR 1.5 MG ( <i>glycopyrrolate</i> )	3	
<i>hyoscyamine sulfate subl</i>	1	
<i>hyoscyamine sulfate tabs</i>	1	
<i>hyoscyamine sulfate tb12</i>	1	
<i>hyoscyamine sulfate tbdp</i>	1	
<i>methscopolamine bromide tabs</i>	1	
<i>propantheline bromide tabs</i>	1	
<b>H-2 Antagonists</b>		
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, RA ACID REDUCER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH TABS 20 MG	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
(Famotidine) ACID CONTROLLER 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, QC ACID CONTROLLER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS	1	RX/OTC
<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	
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate susp 1 gm/10ml</i>	1	
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(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, HEARTBURN TREATMENT 24 HOUR, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, RA 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	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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)
PRIOSEC 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>	2	
HELIDAC THERAPY MISC ( <i>metronidazole-tetracycline w/ bismuth subsalicylate</i> )	3	
OMECLAMOX-PAK MISC ( <i>amoxicillin-clarithromycin w/ omeprazole</i> )	3	
PYLERA CAPS ( <i>bismuth subcitrate potassium-metronidazole-tetracycline</i> )	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	
<i>oxybutynin chloride syr 5 mg/5ml</i>	1	QL(15 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
<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)
TOVIAZ TB24 ( <i>fesoterodine fumarate</i> )	2	QL(1 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	
<i>tropium chloride tabs 20 mg</i>	1	QL(2 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs</i>	1	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1	
<b>VACCINES</b>		
<b>Viral Vaccines</b>		
FLUMIST QUADRIVALENT SUSP ( <i>influenza virus vaccine live quadrivalent</i> )	5	PV
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Spermicides</b>		
ENCARE SUPP ( <i>nonoxynol-9</i> )	5	PV
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE GEL ( <i>nonoxynol-9</i> )	7	PV

Drug Name	Drug Tier	Requirements/ Limits
OPTIONS GYNOL II VAGINALCONTRACEPTIV E 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 CONTRACEPTIVEGEL GEL ( <i>nonoxynol-9</i> )	5	PV
<b>Vaginal Anti-infectives</b>		
(Metronidazole Vaginal) VANDAZOLE GEL	1	
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP	1	
AVC CREA ( <i>sulfanilamide vaginal</i> )	3	
CLEOCIN SUPP VA 100 MG ( <i>clindamycin phosphate vaginal</i> )	3	
<i>clindamycin phosphate vaginal crea</i>	1	
CLINDESSE CREA ( <i>clindamycin phosphate (one dose)</i> )	3	
GYNAZOLE-1 CREA ( <i>butoconazole nitrate (one dose)</i> )	3	
<i>metronidazole vaginal gel</i>	1	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
<b>Vaginal Contraceptive - pH Modulators</b>		

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

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

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BENEFIX.....	71	BIDIL.....	46	butalbital-acetaminophen- caffeine w/ codeine.....	8
BENLYSTA.....	107	BIKTARVY.....	41	butalbital-aspirin-caffeine....	6
BENSAL HP.....	61	bimatoprost.....	121	butalbital-aspirin-caffeine w/cod.....	8
BENZNIDAZOLE.....	11	bisacodyl.....	77	BUTISOL SODIUM.....	74
benzonatate.....	53	bisacodyl laxative.....	76	butorphanol tartrate.....	9
benzoyl peroxide- erythromycin.....	55	bisoprolol & hydrochlorothiazide.....	30	C-NATE DHA.....	110
benzphetamine hcl.....	1	bisoprolol fumarate.....	45	Cabenuva (cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml IM Susp ER).....	41
benztropine mesylate.....	38	BIVIGAM.....	122	Cabenuva (cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml IM Susp ER).....	41
bepotastine besilate.....	120	BLEPHAMIDE.....	119	cabergoline.....	66
beser.....	58	BLEPHAMIDE S.O.P.....	119	CABOMETYX.....	35
BESIVANCE.....	118	bosentan.....	47	caffeine citrate.....	1
		BOSULIF.....	35	CALCIFOL.....	105
		bp 10-1.....	54	calcipotriene.....	57
		bp cleansing wash.....	54	CALCIPOTRIENE.....	57
		BRAFTOVI.....	35	calcipotriene-betamethasone dipropionate.....	59
		BREO ELLIPTA.....	15	calcitonin (salmon).....	64
		BREZTRI AEROSPHERE.....	15	calcitrene.....	57
		BRILINTA.....	73	calcitriol.....	65
		brimonidine tartrate.....	117	calcitriol (topical).....	57
		brimonidine tartrate-timolol maleate.....	117	calcium acetate (phosphate binder).....	69
		brinzolamide.....	120		
		bromfenac sodium (ophth).....	120		
		bromocriptine mesylate....	38		
		BROMSITE.....	120		
		BRUKINSA.....	35		
		budesonide.....	52		



CALCIUM-FOLIC ACID PLUS D.....	105	cartia xt.....	45	chloroquine phosphate.....	31
calphron.....	69	carvedilol.....	44	chlorpromazine hcl.....	40
CALQUENCE.....	35	carvedilol phosphate.....	44	chlorthalidone.....	64
camila.....	52	cataflam.....	4	chlorzoxazone.....	115
candesartan cilexetil.....	29	CAYA.....	77	cholestyramine.....	27
candesartan cilexetil-hydrochlorothiazide.....	30	CAYSTON.....	11	cholestyramine light.....	27
capecitabine.....	32	caziant.....	49	choline fenofibrate.....	28
CAPEX.....	59	cefaclor.....	48	ciclopirox.....	56
CAPRELSA.....	35	CEFACLOR ER.....	48	ciclopirox olamine.....	56
captopril.....	29	cefadroxil.....	48	cidofovir.....	43
captopril & hydrochlorothiazide.....	30	cefazolin sodium.....	48	cilostazol.....	73
CARAC.....	57	cefdinir.....	48	CILOXAN.....	118
CARBAGLU.....	65	cefditoren pivoxil.....	48	CIMDUO.....	41
carbamazepine.....	17	cefixime.....	48	cimetidine.....	131
CARBATROL.....	17	CEFOTAN.....	48	CIMZIA.....	68
carbidopa.....	38	cefotetan disodium.....	48	CIMZIA STARTER KIT.....	68
carbidopa-levodopa.....	38	cefoxitin sodium.....	48	cinacalcet hcl.....	65
carbidopa-levodopa-entacapone.....	38	CEFOXITIN SODIUM.....	48	CIPRO.....	68
CARBIDOPA/LEVODOPA ODT.....	38	cefpodoxime proxetil.....	48	CIPRO HC.....	121
carbinoxamine maleate.....	26	cefprozil.....	48	ciprofloxacin hcl.....	68
CARBINOXAMINE MALEATE.....	26	cefuroxime axetil.....	48	ciprofloxacin hcl (ophth).....	118
CARDIZEM LA.....	45	celecoxib.....	4	ciprofloxacin hcl (otic).....	121
CARDURA XL.....	70	CELONTIN.....	20	ciprofloxacin-dexamethasone.....	121
CAREONE LANCET SUPER THIN/30G.....	80	CENTANY.....	56	ciprofloxacin-fluocinolone acetonide.....	121
CAREONE LANCET THIN.....	80	cephalexin.....	48	citalopram hydrobromide.....	20
CARESENS LANCETS.....	80	CEPROTIN.....	73	CITRANATAL 90 DHA.....	110
CARETOUCH SAFETY LANCETS/26G.....	80	CERDELGA.....	73	CITRANATAL ASSURE.....	110
CARETOUCH SAFETY LANCETS/28G.....	80	CEREZYME.....	73	CITRANATAL B-CALM.....	110
CARETOUCH SAFETY LANCETS/30G.....	80	cerovel.....	61	CITRANATAL BLOOM.....	110
CARETOUCH TWIST LANCETS 28G.....	80	CERVIDIL.....	121	CITRANATAL BLOOM DHA.....	110
CARETOUCH TWIST LANCETS 30G.....	80	CETACaine.....	62	CITRANATAL DHA.....	110
CARETOUCH TWIST LANCETS 33G.....	80	CETRAXAL.....	121	CITRANATAL ESSENCE.....	110
carglumic acid.....	65	cevimeline hcl.....	107	CITRANATAL HARMONY.....	110
CARIMUNE NANOFILTERED.....	122	CHANTIX.....	127	CITRANATAL MEDLEY.....	110
carisoprodol.....	115	CHANTIX CONTINUING MONTHPAK.....	127	CITRANATAL RX.....	110
carisoprodol w/ aspirin.....	116	CHANTIX STARTING MONTHPAK.....	127	clarithromycin.....	77
carisoprodol w/ aspirin & codeine.....	116	charlotte 24 fe.....	49	CLEANLET LANCETS 28G.....	81
carteolol hcl (ophth).....	117	CHEMET.....	25	clearlax.....	76
		CHENODAL.....	68	clemastine fumarate.....	26
		chlordiazepoxide hcl.....	12	CLEOCIN.....	133
		chlordiazepoxide hcl-clidinium bromide.....	130	CLEVER CHEK LANCETS ULTRATHIN.....	81
		chlordiazepoxide-amitriptyline.....	124	CLEVER CHEK LANCETS ULTRATHIN 30G.....	81
		chlorhexidine gluconate (mouth-throat).....	107	CLEVER CHOICE COMFORT EZLANCETS 21G.....	81

CLEVER CHOICE COMFORT EZLANCETS 23G.....	81	colestipol hcl.....	28	cvs folic acid.....	73
CLEVER CHOICE COMFORT EZLANCETS 28G.....	81	colocort.....	10	CVS LANCETS 21G.....	81
CLIMARA PRO.....	67	COLY-MYCIN S.....	121	CVS LANCETS MICRO THIN 33G.....	81
clindacin etz pledgets.....	54	COLYTE-FLAVOR PACKS	75	CVS LANCETS MICRO-THIN 33G.....	81
clindamycin hcl.....	11	COMBIPATCH.....	67	CVS LANCETS ORIGINAL.....	81
clindamycin palmitate hydrochloride.....	11	COMBIVENT RESPIMAT.....	15	CVS LANCETS THIN 26G.....	81
clindamycin phosphate (topical).....	55	COMETRIQ.....	35	CVS LANCETS ULTRA THIN 30G.....	81
clindamycin phosphate vaginal.....	133	COMFORT ASSURED LANCETS MICRO THIN 33G.....	81	CVS LANCETS ULTRA-THIN 30G.....	82
clindamycin phosphate-benzoyl peroxide.....	55	COMFORT ASSURED LANCETS SUPER THIN 28G.....	81	cvs lansoprazole.....	132
clindamycin phosphate-benzoyl peroxide (refrigerate).....	55	COMFORT LANCETS.....	81	cvs nasal allergy spray.....	116
clindamycin phosphate- tretinoin.....	55	COMFORT TOUCH LANCETS ULTRA THIN 31G.....	81	cvs nicotine.....	126
CLINDESSE.....	133	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G.....	81	cvs nicotine lozenge.....	126
clobazam.....	16	COMPLERA.....	41	cvs nicotine transdermalsystem.....	127
clobetasol propionate.....	59	COMPLETENATE.....	110	cvs olopatadine hydrochloride.....	120
clobetasol propionate e.....	58	compro.....	40	CVS ULTRA THIN LANCETS.....	82
clobetasol propionate emollient base.....	59	CONCEPT DHA.....	110	cyclobenzaprine hcl.....	115
clobetasol propionate emulsion.....	59	CONCEPT OB.....	111	CYCLOMYDRIL.....	117
clocortolone pivalate.....	59	CONDYLOX.....	61	cyclopentolate hcl.....	117
clodan.....	58	constulose.....	76	cyclophosphamide.....	32
CLODERM.....	59	CONTRAVE.....	1	CYCLOPHOSPHAMIDE.....	32
clomiphene citrate.....	65	CONZIP.....	7	cycloserine.....	32
clomipramine hcl.....	21	COPIKTRA.....	35	cyclosporine.....	106
clonazepam.....	16	CORDRAN.....	60	cyclosporine modified (for microemulsion).....	106
clonidine hcl.....	29	CORIFACT.....	71	CYKLOKAPRON.....	74
clonidine hcl (adhd).....	2	CORLANOR.....	48	cyproheptadine hcl.....	27
clopidogrel bisulfate.....	73	CORTANE-B.....	60	CYSTADANE.....	65
clorazepate dipotassium.....	12	cortic-nd.....	121	CYSTAGON.....	70
clotrimazole.....	107	CORTIFOAM.....	10	CYSTARAN.....	120
clotrimazole w/ betamethasone.....	56	cortisone acetate.....	52	CYTOMEL.....	129
clovique.....	106	CORTISPORIN-TC.....	121	cytra k crystals.....	70
clozapine.....	40	COSENTYX.....	57	cytra-2.....	70
COAGADEX.....	71	COSENTYX SENSOREADY PEN.....	57	cytra-3.....	70
COAGUCHEK LANCETS.....	81	COTELLIC.....	35	cytra-k.....	70
COARTEM.....	31	CREON.....	63	D.H.E. 45.....	104
codeine sulfate.....	7	CRESEMBA.....	26	dalfampridine.....	125
CODITUSSIN AC.....	53	CRINONE.....	134	danazol.....	10
COGENTIN.....	38	CRIXIVAN.....	41	dantrolene sodium.....	116
colchicine.....	70	cromolyn sodium.....	13	dapsone.....	11
colchicine w/ probenecid.....	70	cromolyn sodium (ophth).....	120	dapsone (topical).....	55
colesevelam hcl.....	28	cryselle-28.....	50	darifenacin hydrobromide.....	132
				DAURISMO.....	33
				DAYTRANA.....	2

DDAVP.....	66	diclofenac sodium (topical).....	56	DOVATO.....	41
decadron.....	52	diclofenac w/ misoprostol....	4	doxazosin mesylate.....	29
deferasirox.....	25	dicloxacillin sodium.....	123	doxepin hcl.....	21
deferiprone.....	25	dicyclomine hcl.....	130	doxepin hcl (antipruritic)....	57
DELSTRIGO.....	41	didanosine.....	41	doxercalciferol.....	65
demeclocycline hcl.....	129	diethylpropion hcl.....	1	doxycycline (monohydrate).....	129
DEPAKOTE.....	20	DIFFERIN.....	55	doxycycline (rosacea).....	62
DEPAKOTE ER.....	20	DIFICID.....	77	doxycycline hyclate.....	129
DEPAKOTE SPRINKLES.....	20	diflorasone diacetate.....	60	doxylamine-pyridoxine.....	26
DESCOVY.....	41	diflunisal.....	7	dronabinol.....	26
desipramine hcl.....	21	difluprednate.....	119	DROPLET INSULIN SYRINGE	
desloratadine.....	27	digitek.....	46	U-100/1ML/31G X 15/64"....	103
DESMOPRESSIN		digoxin.....	46	DROPLET INSULIN	
ACETATE.....	66	dihydroergotamine		SYRINGE/U-100/0.5ML/31G X	
desmopressin acetate.....	66	mesylate.....	104	15/64".....	103
desmopressin acetate spray.....	66	DILANTIN.....	19	DROPLET INSULIN	
desmopressin acetate spray		DILANTIN INFATABS.....	19	SYRINGE/U-100/1ML/31G X	
refrigerated.....	66	DILANTIN-125.....	19	15/64".....	103
desogestrel & ethinyl		DILATRATE SR.....	12	DROPLET LANCETS ULTRA	
estradiol.....	50	dilt-xr.....	45	THIN 30G.....	82
desogestrel-ethinyl estradiol		diltiazem hcl.....	45	DROPLET PERSONAL	
(biphasic).....	50	diltiazem hcl coated beads.....	45	LANCETS30G.....	82
desonide.....	60	diltiazem hcl extended release		drospirenone-ethinyl	
desoximetasone.....	60	beads.....	45	estradiol.....	50
desrx.....	58	dimethyl fumarate.....	125	drospirenone-ethinyl estradiol-	
desvenlafaxine succinate.....	21	DIPENTUM.....	68	levomefolate calcium.....	50
dexamethasone.....	52	diphenhydramine hcl.....	27	DROXIA.....	73
DEXAMETHASONE		diphenoxylate w/ atropine.....	24	droxidopa.....	134
INTENSOL.....	52	dipyridamole.....	73	DRUG MART LANCETS	
dexamethasone sodium		disopyramide phosphate.....	13	THIN.....	82
phosphate (ophth).....	119	disulfiram.....	124	DRUG MART ON-THE-GO	
dexchlorpheniramine		DIURIL.....	64	LANCETS GENTLE 30G.....	82
maleate.....	26	divalproex sodium.....	20	DRUG MART UNILET	
dexmethylphenidate hcl.....	2	DIVIGEL.....	67	LANCETSSUPER THIN 30G.....	82
dexpak 13 day.....	52	DOCTOR MANZANILLA PE		DRUG MART UNILET	
dextroamphetamine sulfate....	1	SYRUP		LANCETSULTRA THIN 28G.....	82
DHIVY.....	38	ANTIHISTAMINE/DECONGES		DRUG MART UNILET MICRO	
DIACOMIT.....	17	TANT.....	53	THIN LANCETS 33G.....	82
DIATHRIVE LANCETS.....	82	dofetilide.....	13	DRYSOL.....	62
DIATHRIVE LANCETS ULTRA		DOJOLVI.....	117	DUAVEE.....	67
THIN 30G.....	82	DOMETUSS-DMX.....	53	DUET DHA 400.....	111
diazepam.....	13	donepezil hydrochloride.....	124	DUET DHA BALANCED.....	111
diazepam (anticonvulsant)....	16	DORAL.....	75	duloxetine hcl.....	21
diazepam intensol.....	12	dorzolamide hcl.....	120	DUOPA.....	38
diazoxide.....	22	DORZOLAMIDE HCL.....	120	DUPIXENT.....	61
diclofenac potassium.....	4	dorzolamide hcl-timolol		duraxin.....	5
diclofenac sodium.....	4	maleate.....	117	dutasteride.....	70
diclofenac sodium (actinic		dotti.....	67	dutasteride-tamsulosin hcl....	70
keratoses).....	57			E-Z JECT LANCETS.....	82
diclofenac sodium (ophth)....	120			E-Z JECT LANCETS 21G.....	82
				E-Z JECT LANCETS	
				COLOR.....	82

E-Z JECT LANCETS SUPER THIN 30G.....	82	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	84	emtricitabine-tenofovir disoproxil fumarate.....	42
E-Z JECT LANCETS THIN 26G.....	82	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	84	EMTRIVA.....	42
E-ZJECT LANCETS MICRO-THIN 33G.....	82	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	84	enalapril maleate.....	29
e.e.s. 400.....	77	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	84	enalapril maleate & hydrochlorothiazide.....	30
EASY COMFORT LANCETS 30G/PULL TOP.....	82	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	84	ENBREL.....	5
EASY COMFORT LANCETS 30G/THIN TOP.....	83	EASY TWIST & CAP LANCETS.....	84	ENBREL MINI.....	5
EASY COMFORT LANCETS TWIST TOP.....	83	econazole nitrate.....	56	ENBREL SURECLICK.....	5
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2".....	103	ed-spaz.....	130	ENCARE.....	133
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2".....	103	EDARBI.....	29	endocet.....	8
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	83	EDARBYCLOR.....	30	ENDOMETRIN.....	134
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	83	EDURANT.....	41	enoxaparin sodium.....	16
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	83	efavirenz.....	41	enpresse-28.....	49
EASY TOUCH LANCETS 26G/PULL-TOP.....	83	efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	42	entacapone.....	38
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	83	efavirenz-lamivudine-tenofovir disoproxil fumarate.....	42	entecavir.....	43
EASY TOUCH LANCETS 28G/PULL-TOP.....	83	effer-k.....	105	ENTRESTO.....	46
EASY TOUCH LANCETS 28G/TWIST.....	83	EFFER-K.....	106	enulose.....	69
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	83	ELESTRIN.....	67	EPCLUSA.....	44
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	83	eletriptan hydrobromide.....	104	EPIDIOLEX.....	17
EASY TOUCH LANCETS 30G/PULL-TOP.....	83	ELIGARD.....	33	EPIFOAM.....	60
EASY TOUCH LANCETS 30G/TWIST.....	83	ELIQUIS.....	16	epinastine hcl (ophth).....	120
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	83	ELIQUIS STARTER PACK.....	16	EPINEPHRINE.....	134
EASY TOUCH LANCETS 32G/PULL-TOP.....	83	ELIXOPHYLLIN.....	15	epinephrine (anaphylaxis).....	134
EASY TOUCH LANCETS 32G/TWIST.....	83	ELLA.....	52	epitol.....	16
EASY TOUCH LANCETS 33G/TWIST.....	83	ELMIRON.....	70	EPIVIR HBV.....	44
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	84	ELOCTATE.....	71	eplerenone.....	31
		eluryng.....	51	EQL COLOR LANCETS 21G.....	84
		EMBRACE LANCETS ULTRA THIN 30G.....	84	EQL COLOR LANCETS MICRO THIN 33G.....	84
		EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G.....	84	EQL SUPER THIN LANCETS 30G.....	84
		EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G.....	84	EQL THIN LANCETS 26G.....	84
		EMCYT.....	34	EQUETRO.....	39
		EMEND.....	26	ergocalciferol.....	134
		EMGALITY.....	104	ergoloid mesylates.....	125
		EMSAM.....	20	ERGOMAR.....	104
		emtricitabine.....	42	ergotamine w/ caffeine.....	104
				ERIVEDGE.....	33
				ERLEADA.....	34
				erlotinib hcl.....	33
				ERTACZO.....	56
				ertapenem sodium.....	11
				ery.....	54
				ery-tab.....	77
				erythrocine stearate.....	77
				erythromycin (acne aid).....	55
				erythromycin (ophth).....	118

erythromycin base .....	77	EZ-LETS LANCETS 28G		FIRAZYR .....	73
erythromycin ethylsuccinate .....	77	ULTRA-SOFT .....	84	FIRDAPSE .....	31
ESBRIET .....	128	EZ-LETS LANCETS 30G .....	84	FIRST-MOUTHWASH BLM .....	107
escitalopram oxalate .....	20	ezetimibe .....	28	FIRST-OMEPRAZOLE .....	132
esgic .....	5	ezetimibe-simvastatin .....	27	FIRVANQ .....	11
esomeprazole magnesium .....	132	FABIOR .....	55	flac .....	121
estarylla .....	50	famciclovir .....	44	FLAREX .....	119
estazolam .....	75	famotidine .....	131	flavoxate hcl .....	133
estradiol .....	67	FANAPT .....	40	FLEBOGAMMA DIF .....	122
estradiol & norethindrone		FANAPT TITRATION		flecainide acetate .....	13
acetate .....	67	PACK .....	40	FLORIVA .....	105
estradiol vaginal .....	134	FARXIGA .....	24	FLORIVA PLUS .....	109
ESTRING .....	134	FARYDAK .....	35	FLOVENT DISKUS .....	14
ESTROGEL .....	67	FASENRA .....	13	FLOVENT HFA .....	14
ESTROSTEP FE .....	50	FC FEMALE CONDOM .....	77	fluconazole .....	26
eszopiclone .....	75	FC2 FEMALE CONDOM .....	77	flucytosine .....	26
ethacrynic acid .....	64	febuxostat .....	70	fludarabine phosphate .....	32
ethambutol hcl .....	32	FEIBA .....	71	fludrocortisone acetate .....	53
ethosuximide .....	20	felbamate .....	19	FLUMIST QUADRIVALENT .....	133
ethynodiol diacet & eth		FELBATOL .....	19	fluocinolone acetonide .....	60
estrad .....	50	felodipine .....	45	fluocinolone acetonide	
etodolac .....	4	FEMCAP .....	77	(otic) .....	121
etonogestrel-ethinyl estradiol	51	FEMRING .....	134	fluocinonide .....	60
ETOPOPHOS .....	38	fenofibrate .....	28	fluocinonide emulsified base .....	60
etoposide .....	38	FENOFIBRATE .....	28	FLUORABON .....	105
etravirine .....	42	fenofibrate .....	28	fluoritab .....	105
EUCRISA .....	62	fenofibrate micronized .....	28	fluorometholone (ophth) .....	119
EULEXIN .....	34	FENOFIBRATE		FLUOROPLEX .....	57
euthyrox .....	129	MICRONIZED .....	28	fluorouracil (topical) .....	57
EVAMIST .....	67	FENOFIBRIC ACID .....	28	fluoxetine hcl .....	20,21
everolimus .....	35	FENSOLVI .....	65	fluoxetine hcl (pmdd) .....	125
everolimus		fentanyl .....	7	fluphenazine hcl .....	40
(immunosuppressant) .....	106	fentanyl citrate .....	7	flurandrenolide .....	60
EVISTA .....	65	FERRIPROX .....	25	flurazepam hcl .....	75
EVOTAZ .....	42	FETZIMA .....	21	flurbiprofen .....	4
EVRYSDI .....	117	FETZIMA TITRATION		flurbiprofen sodium .....	120
EVZIO .....	25	PACK .....	21	flutamide .....	34
EXELDERM .....	56	fexmid .....	115	fluticasone propionate .....	60
exemestane .....	34	FIBRICOR .....	28	fluticasone propionate	
EXFORGE HCT .....	30	FIFTY50 SAFETY SEAL		(nasal) .....	116
EXJADE .....	25	LANCETS 30G .....	85	fluticasone-salmeterol .....	15
EXODERM .....	56	FIFTY50 SAFETY SEAL		fluvastatin sodium .....	28
eye allergy itch relief .....	120	LANCETS 32G .....	85	fluvoxamine maleate .....	21
eye allergy		FIFTY50 UNILET LANCETS		FML .....	119
itch/rednessrelief .....	120	33G .....	85	FML FORTE .....	119
EZ-LETS LANCETS 21G .....	84	FINACEA .....	62	FOLET DHA .....	111
EZ-LETS LANCETS 26G		finasteride .....	70	FOLET ONE .....	111
SUPER-SOFT .....	84	FINE 30 .....	85		
		FINGERSTIX LANCETS .....	85		



follic acid.....	74	GATTEX.....	69	GLOBAL INJECT EASE	
FOLIVANE-F.....	74	gavilyte-c.....	75	LANCETS 30G.....	85
FOLIVANE-OB.....	111	gavilyte-n/flavor pack.....	75	GLUCAGEN DIAGNOSTIC.....	63
fondaparinux sodium.....	16	GELFILM OP.....	120	GLUCAGON EMERGENCY KIT	
FORA LANCETS.....	85	gemfibrozil.....	28	FOR LOW BLOOD SUGAR.....	22
FORFIVO XL.....	20	gemmily.....	49	GLUCOCOM LANCETS	
formaldehyde.....	41	GENERESS FE.....	50	28G.....	86
FOSAMAX PLUS D.....	64	gengraf.....	106	GLUCOCOM LANCETS	
fosamprenavir calcium.....	42	gentak.....	118	30G.....	86
fosfomycin tromethamine.....	12	gentamicin sulfate		GLUCOCOM LANCETS	
fosinopril sodium.....	29	(ophth).....	118	33G.....	86
fosinopril sodium &		gentamicin sulfate (topical).....	56	glyburide.....	24
hydrochlorothiazide.....	30	GENTEEL BUTTERFLY		glyburide micronized.....	24
FOSRENOL.....	69	TOUCH LANCETS.....	85	glyburide-metformin.....	22
FRAGMIN.....	16	GENTLE-LET GP		GLYCATE.....	130
FREDS PHARMACY UNILET		LANCETS.....	85	glycopyrrolate.....	130
LANCETS SUPER THIN		GENTLE-LET LANCETS		GLYCOPYRROLATE.....	131
30G.....	85	GENERAL PURPOSE		GLYXAMBI.....	22
FREDS PHARMACY UNILET		STYLE/FINE POINT.....	85	gnp aspirin.....	6
LANCETS ULTRA THIN		GENTLE-LET LANCETS		GNP LANCETS 21G.....	86
28G.....	85	GENERAL PURPOSE		GNP LANCETS MICRO THIN	
FREESTYLE INSULINX		STYLE/MEDIUM POINT.....	85	33G.....	86
BLOODGLUCOSE TEST.....	63	GENTLE-LET LANCETS		GNP LANCETS SUPER THIN	
FREESTYLE INSULINX		SAFETY STYLE/FINE		30G.....	86
BLOODGLUCOSE TEST		POINT.....	85	GNP LANCETS THIN.....	86
STRIPS.....	63	GENTLE-LET LANCETS		GNP LANCETS THIN 26G.....	86
FREESTYLE LANCETS.....	85	SAFETY STYLE/MEDIUM		GNP STERILE LANCETS	
FREESTYLE LITE TEST		POINT.....	85	28G.....	86
STRIPS.....	63	GENVOYA.....	42	GNP STERILE LANCETS	
FREESTYLE TEST STRIPS.....	63	gianvi.....	49	30G.....	86
FREESTYLE UNISTICK II		GILENYA.....	125	GNP STERILE LANCETS	
LANCETS.....	85	GILOTRIF.....	33	33G.....	86
frovatriptan succinate.....	104	GILPHEX TR.....	53	GOJJI STERILE LANCETS	
FULPHILA.....	74	GILTUSS COUGH &		30G.....	86
furosemide.....	64	COLD.....	53	GOLYTELY.....	75
FUZEON.....	42	GILTUSS SINUS &		GONITRO.....	12
fyavolv.....	67	CONGESTION.....	53	goodsense aspirin.....	6
FYCOMPA.....	16	GILTUSS TR.....	53	GOODSENSE COLOR	
g tussin ac.....	53	glatiramer acetate.....	125	LANCETS MICRO-THIN 33G	
gabapentin.....	17	glatopa.....	125	UNIVERSAL.....	86
GABITRIL.....	19	GLEOSTINE.....	32	GOODSENSE LANCETS	
GABLOFEN.....	115	glimepiride.....	24	MICRO-THIN 33G.....	86
GALAFOLD.....	65	glipizide.....	24	GOODSENSE LANCETS	
galantamine hydrobromide.....	124	glipizide xl.....	24	MICRO-THIN 33G	
GALZIN.....	106	glipizide-metformin hcl.....	22	UNIVERSAL.....	86
GAMMAGARD LIQUID.....	122	GLOBAL EASY GLIDE		GOODSENSE LANCETS	
GAMMAKED.....	122	INSULIN SYRINGE/0.5ML/31G		ULTRA-THIN 26G	
GAMMAPLEX.....	122	X 15/64".....	103	UNIVERSAL.....	86
GAMUNEX-C.....	122	GLOBAL EASY GLIDE		GOODSENSE LANCETS	
gatifloxacin (ophth).....	118	INSULIN SYRINGE/1ML/31G X		ULTRA-THIN 30G.....	86
		15/64".....	103	GOODSENSE LANCETS	
		GLOBAL INJECT EASE		ULTRA-THIN 30G	
		LANCETS 28G.....	85	UNIVERSAL.....	86
				GRALISE.....	125

granisetron hcl.....	25	HUMALOG MIX 75/25		hydroxyzine hcl.....	12
GRANIX.....	74	KWIKPEN.....	23	hydroxyzine pamoate.....	12
griseofulvin microsize.....	26	HUMATE-P.....	71	HYLINATE.....	61
griseofulvin ultramicrosize...	26	HUMATROPE.....	65	hyoscyamine sulfate.....	131
guaiaatussin ac.....	53	HUMATROPE COMBO		HYPERSAL.....	54
guaifenesin dac.....	53	PACK.....	65	HYPODERMIC NEEDLE	
guaifenesin-codeine.....	53	HUMIRA.....	3	30GX1/2".....	103
guanfacine hcl.....	29	HUMIRA PEDIATRIC CROHNS		HYQVIA.....	122
guanfacine hcl (adhd).....	2	DISEASE STARTER PACK	3	ibandronate sodium.....	64
GUANIDINE HCL.....	31	HUMIRA PEN.....	3	IBRANCE.....	35
GYNAZOLE-1.....	133	HUMIRA PEN-CD/UC/HS		ibu.....	4
H-E-B INCONTROL LANCETS		STARTER.....	3	ibuprofen.....	4
MICRO THIN 33G.....	87	HUMIRA PEN-PEDIATRIC UC		icatibant acetate.....	73
H-E-B INCONTROL LANCETS		STARTER PACK.....	3	ICLUSIG.....	35
SUPER THIN 30G.....	87	HUMIRA PEN-PS/UV		icosapent ethyl.....	27
H-E-B INCONTROL LANCETS		STARTER.....	3	IDELVION.....	71
ULTRA THIN 28G.....	87	HUMULIN 70/30.....	23	IDHIFA.....	35
HAEGARDA.....	73	HUMULIN 70/30		ILEVRO.....	120
HAEMOLANCE.....	87	KWIKPEN.....	23	ILUMYA.....	57
HAEMOLANCE LOW FLOW		HUMULIN N.....	23	imatinib mesylate.....	36
LANCETS.....	87	HUMULIN N KWIKPEN...	23	IMBRUVICA.....	36
HAEMOLANCE PLUS.....	87	HUMULIN R.....	23	imipenem-cilastatin.....	11
HAEMOLANCE PLUS HIGH		HUMULIN R U-500		imipramine hcl.....	21
FLOW.....	87	(CONCENTRATED).....	24	imipramine pamoate.....	21
HAEMOLANCE PLUS LOW		HUMULIN R U-500		imiquimod.....	61
FLOW.....	87	KWIKPEN.....	24	IMITREX.....	104
HAEMOLANCE PLUS MAX		HY-VEE LANCETS.....	87	IMITREX STATDOSE	
FLOW.....	87	HY-VEE THIN LANCETS...	87	REFILL.....	104
HAEMOLANCE PLUS		HYCANTIN.....	38	IMITREX STATDOSE	
PEDIATRIC FLOW.....	87	hydralazine hcl.....	31	SYSTEM.....	104
halobetasol propionate.....	60	hydrochlorothiazide.....	64	IN TOUCH STERILE	
haloperidol.....	40	hydrocodone polistirex-		LANCETS30G.....	87
haloperidol lactate.....	40	chlorpheniramine polistirex	53	inatal gt.....	110
HEALTHY ACCENTS UNILET		hydrocodone w/		INBRIJA.....	38
LANCETS SUPER THIN		homatropine.....	53	INCRELEX.....	65
30G.....	87	hydrocodone-		INCRUSE ELLIPTA.....	13
HELIDAC THERAPY.....	132	acetaminophen.....	8,9	indapamide.....	64
HEMOFIL M.....	71	hydrocodone-ibuprofen.....	9	INDERAL XL.....	45
heparin sodium (porcine)....	16	hydrocortisone.....	52	INDOCIN.....	4
HETLIOZ.....	75	hydrocortisone (intrarectal)	10	indomethacin.....	4
homatropaire.....	117	hydrocortisone (rectal)....	10	INFLECTRA.....	68
homatropine hbr.....	117	hydrocortisone (topical)....	60	INGREZZA.....	124
HORIZANT.....	125	hydrocortisone butyrate....	60	INLYTA.....	33
HUMALOG.....	23	hydrocortisone butyrate		INNOPRAN XL.....	45
HUMALOG JUNIOR		hydrophilic lipo base.....	60	INQOVI.....	35
KWIKPEN.....	23	hydrocortisone valerate....	60	INREBIC.....	36
HUMALOG KWIKPEN.....	23	hydrocortisone w/acetic			
HUMALOG MIX 50/50.....	23	acid.....	121		
HUMALOG MIX 50/50		hydromet.....	53		
KWIKPEN.....	23	hydromorphone hcl.....	7		
HUMALOG MIX 75/25.....	23	hydroxychloroquine sulfate	31		
		hydroxyurea.....	37		

INSULIN LISPRO		JULUCA	42	KROGER HEALTHPRO TWIST	
PROTAMINE/INSULIN LISPRO		JUXTAPID	28	LANCETS/26G	87
KWIKPEN	24	JYNARQUE	66	KROGER LANCETS	88
INSULIN SYRINGES AND PEN		K-PHOS	105	KROGER LANCETS 21G	87
NEEDLES	103	K-PHOS NO 2	70	KROGER LANCETS MICRO	
INTEGRA F	74	k-prime	105	THIN33G	88
INTELENCE	42	K-TAB	106	KROGER LANCETS SUPER	
INTRON A	37	KADIAN	7	THIN	88
INVANZ	11	kaitlib fe	50	KROGER LANCETS THIN	88
INVIRASE	42	KALYDECO	128	KROGER LANCETS THIN	
iodoquimez-hc	56	KCENTRA	72	26G	88
iodoquinol-hydrocortisone in aloe		kelnor 1/35	49	KROGER LANCETS	
vehicle	56	KEPPRA	17	ULTRATHIN30G	88
IOPIDINE	118	KEPPRA XR	17	KUVAN	65
ipratropium bromide	13	keralyt	61	KYNMOBI	39
ipratropium bromide (nasal)	116	ketoconazole	26	KYNMOBI TITRATION KIT	39
ipratropium-albuterol	15	ketoconazole (topical)	56	labetalol hcl	44
irbesartan	29	ketodan	56	LACRISERT	117
irbesartan-hydrochlorothiazide	30	ketoprofen	4	lactulose	76
IRESSA	33	KETOROLAC		lactulose (encephalopathy)	69
ISENTRESS	42	TROMETHAMINE	4	LAMICTAL	17
ISENTRESS HD	42	ketorolac tromethamine	4	LAMICTAL CHEWABLE	
isoniazid	32	ketorolac tromethamine		DISPERSIBLE	17
ISOPTO ATROPINE	117	(ophth)	120	LAMICTAL ODT	17
isosorbide dinitrate	12	KEVEYIS	63	LAMICTAL XR	17
isosorbide mononitrate	12	KEVZARA	4	lamivudine	42
isotretinoin	55	KINNEY LANCETS	87	lamivudine (hbv)	44
isoxsuprine hcl	47	KINNEY THIN LANCETS	87	lamivudine-zidovudine	42
ISOXSUPRINE		kionex	107	lamotrigine	18
HYDROCHLORIDE	47	KISQALI	36	LANCETS	88
isradipine	45	KISQALI FEMARA 200		LANCETS 26G TWIST TOP	88
ISTODAX (OVERFILL)	36	DOSE	35	LANCETS 28G	88
itraconazole	26	KISQALI FEMARA 400		LANCETS 30G	88
ivermectin	11	DOSE	35	LANCETS 30G TWIST TOP	88
IVERMECTIN	62	KISQALI FEMARA 600		LANCETS 30G/TWIST TOP	88
ivermectin (pediculicide)	62	DOSE	35	LANCETS 31G TWIST TOP	88
ivermectin (rosacea)	62	KLARITY-A	118	LANCETS 33G EXTRA	
IXINITY	71	klor-con	105	FINE	88
JADENU	25	klor-con 10	105	LANCETS 33G UNIVERSAL	
JADENU SPRINKLE	25	klor-con m10	105	DESIGN	88
JAKAFI	36	klor-con sprinkle	106	LANCETS MICRO THIN	
jantoven	15	KLOXXADO	25	33G	88
JANUMET	22	KOATE	72	LANCETS SAFETY SEAL	
JANUMET XR	22	KOATE-DVI	72	21G	88
JANUVIA	23	KOSELUGO	36	LANCETS SAFETY SEAL	
JARDIANCE	24	KOVALTRY	72	26G	88
JIVI	72	kp folic acid	73	LANCETS SAFETY SEAL	
		KRINTAFEL	31	28G	89
				LANCETS SAFETY SEAL	
				30G	89
				LANCETS SUPER THIN	
				28G	89

LANCETS THIN.....	89	levofloxacin (ophth).....	118	LONSURF.....	35
LANCETS TWIST TOP.....	89	levonorgestrel & eth		loperamide hcl.....	25
LANCETS ULTRA FINE.....	89	estradiol.....	50	lopinavir-ritonavir.....	42
LANCETS ULTRA THIN.....	89	levonorgestrel (emergency		lorazepam.....	13
LANCETS ULTRA THIN		oc).....	52	lorazepam intensol.....	12
30G.....	89	levonorgestrel-eth estradiol		LORBRENA.....	36
LANCETSBULLSEYE		(triphasic).....	50	lorcet.....	8
SAFETY.....	89	levonorgestrel-ethinyl estradiol		LORTAB.....	9
LANOXIN.....	46	(91-day).....	50	lorzone.....	115
lansoprazole.....	132	levonorgestrel-ethinyl estradiol		losartan potassium.....	29
lanthanum carbonate.....	69	(continuous).....	51	losartan potassium &	
LANTUS.....	24	levorphanol tartrate.....	7	hydrochlorothiazide.....	30
LANTUS SOLOSTAR.....	24	levothyroxine sodium.....	130	LOSEASONIQUE.....	51
lapatinib ditosylate.....	36	LEXIVA.....	42	LOTEMAX.....	119
LASTACRAFT.....	120	LIBERTY MEDICAL LANCETS		loteprednol etabonate.....	119
latanoprost.....	121	30G.....	89	lovastatin.....	28
LATUDA.....	39	lidocaine.....	62	loxapine succinate.....	40
leflunomide.....	5	lidocaine hcl.....	62	lubiprostone.....	68
LENVIMA 10 MG DAILY		lidocaine hcl (mouth-		LUCEMYRA.....	124
DOSE.....	33	throat).....	107	LUMIGAN.....	121
LENVIMA 12MG DAILY		lidocaine-prilocaine.....	62	lymepak.....	128
DOSE.....	33	LIFESCAN UNISTIK 2 DEEP		LYNPARZA.....	36
LENVIMA 14 MG DAILY		PENETRATION.....	89	LYRICA.....	18
DOSE.....	33	LIFESCAN UNISTIK II		LYSODREN.....	34
LENVIMA 18 MG DAILY		LANCETS.....	89	M-NATAL PLUS.....	111
DOSE.....	33	linezolid.....	11	mafenide acetate.....	58
LENVIMA 20 MG DAILY		LINZESS.....	69	MAGNEBIND 400.....	105
DOSE.....	33	LIORESAL		malathion.....	62
LENVIMA 24 MG DAILY		INTRATHECAL.....	115	maprotiline hcl.....	20
DOSE.....	33	liothyronine sodium.....	130	MARNATAL-F.....	111
LENVIMA 4 MG DAILY		LIPOFEN.....	28	MARPLAN.....	20
DOSE.....	33	lisinopril.....	29	MATULANE.....	37
LENVIMA 8 MG DAILY		lisinopril &		matzim la.....	45
DOSE.....	33	hydrochlorothiazide.....	30	MAVENCLAD.....	125
LETAIRIS.....	47	LITE TOUCH LANCETS.....	89	MAVYRET.....	44
letrozole.....	34	LITETOUCH LANCETS MICRO		MAXIDEX.....	119
leucovorin calcium.....	37	THIN 33G.....	89	MAYZENT.....	125
LEUKERAN.....	32	LITHIUM.....	39	meclofenamate sodium.....	4
LEUKINE.....	74	lithium carbonate.....	39	MEDICHOICE PRE-SET	
leuprolide acetate.....	34	LITHOBID.....	39	SAFETY LANCET DUAL	
levabuterol hcl.....	15	LITHOSTAT.....	70	USE.....	90
levabuterol tartrate.....	15	LIVALO.....	28	MEDICHOICE PRE-SET	
LEVEMIR.....	24	LIVE BETTER LANCET		SAFETY LANCET LOW	
LEVEMIR FLEXTOUCH.....	24	SUPERTHIN 30G.....	89	FLOW.....	90
levetiracetam.....	18	LIVE BETTER LANCET		MEDICHOICE PRE-SET	
levo-t.....	129	ULTRATHIN 28G.....	89	SAFETY LANCET MEDIUM	
levobunolol hcl.....	117	LO LOESTRIN FE.....	51	FLOW.....	90
levocarnitine (metabolic		LOMAIRA.....	1		
modifiers).....	66	LONGS LANCETS			
levocetirizine dihydrochloride	27	STANDARD.....	89		
levofloxacin.....	68	LONGS LANCETS THIN.....	89		
		LONGS LANCETS ULTRA			
		THIN.....	90		

MEDICHOICE PRE-SET		melphalan hcl.....	32	metronidazole (topical).....	62
SAFETY LANCET MODERATE		memantine hcl.....	124	metronidazole vaginal.....	133
FLOW.....	90	MENEST.....	67	metyrosine.....	29
MEDICHOICE SAFETY		MENOSTAR.....	67	mexiletine hcl.....	13
LANCETEXTRA.....	90	meperidine hcl.....	7	MG217 PSORIASIS MULTI-	
MEDICHOICE SAFETY		mercaptopurine.....	32	SYMPTOM.....	61
LANCETNORMAL.....	90	meropenem.....	11	MIACALCIN.....	64
MEDISENSE THIN		MERREM.....	11	miconazole 3.....	133
LANCETS.....	90	mesalamine.....	68	MICROLET LANCETS.....	91
MEDLANCE PLUS EXTRA		MESNEX.....	37	midazolam hcl.....	75
LANCETS 21G.....	90	MESTINON.....	31	midodrine hcl.....	134
MEDLANCE PLUS		metaxalone.....	115	migergot.....	104
LANCETS.....	90	metformin hcl.....	22	miglitol.....	22
MEDLANCE PLUS LANCETS		METFORMIN		miglustat.....	73
LITE 25G.....	90	HYDROCHLORIDE.....	22	MILLIPRED.....	52
MEDLANCE PLUS LITE		methadone hcl.....	7	MILLIPRED DP.....	52
LANCETS 25G.....	90	methadone hydrochloride		MINASTRIN 24 FE.....	51
MEDLANCE PLUS SPECIAL		intensol.....	7	minitran.....	12
LANCETS 0.8MM.....	90	methadose.....	7	MINOCIN.....	129
MEDLANCE PLUS SUPERLITE		methamphetamine hcl.....	1	minocycline hcl.....	129
30G.....	90	methazolamide.....	63	minoxidil.....	31
MEDLANCE PLUS SUPERLITE		methenamine hippurate.....	12	MIRCETTE.....	51
30G/COMFORT MAX.....	90	methenamine mandelate.....	12	mirtazapine.....	20
MEDLANCE PLUS UNIVERSAL		methergine.....	121	MIRVASO.....	62
LANCETS 21G.....	90	methimazole.....	129	misoprostol.....	132
MEDLANCE PLUS/LITE		METHITEST.....	10	MITIGARE.....	70
25G.....	90	methocarbamol.....	115	mitoxantrone hcl.....	34
MEDLANCE/EXTRA.....	90	methotrexate sodium.....	32	MM TWIST LANCETS.....	91
MEDLANCE/LITE.....	91	methoxsalen rapid.....	57	modafinil.....	2
MEDLANCE/UNIVERSAL.....	91	methscopolamine		moexipril hcl.....	29
MEDROL.....	52	bromide.....	131	molindone hcl.....	40
MEDROX-RX.....	62	methyl dopa.....	29	Molnupiravir (molnupiravir caps	
medroxyprogesterone		METHYLDOPA.....	29	200 mg).....	43
acetate.....	123	methyl dopa &		mometasone furoate.....	60
mefenamic acid.....	4	hydrochlorothiazide.....	30	mometasone furoate	
mefloquine hcl.....	31	methylergonovine		(nasal).....	116
megestrol acetate.....	34	maleate.....	121	mondoxyne nl.....	128
megestrol acetate		methylphenidate hcl.....	2	MONOLET LANCETS.....	91
(appetite).....	123	methylprednisolone.....	52	MONOLET OPD LANCETS.....	91
MEIJER COLOR LANCETS		methyltestosterone.....	10	MONOLETTOR SAFETY	
UNIVERSAL 33G.....	91	metoclopramide hcl.....	68	LANCETS.....	91
MEIJER LANCETS.....	91	METOCLOPRAMIDE ODT.....	68	MONONINE.....	72
MEIJER LANCETS THIN.....	91	metolazone.....	64	montelukast sodium.....	14
MEIJER LANCETS		METOPIRONE.....	63	morgidox 1x100mg.....	128
UNIVERSAL21G.....	91	metoprolol &		morphine sulfate.....	7
MEIJER LANCETS		hydrochlorothiazide.....	30	morphine sulfate beads.....	7
UNIVERSAL30G.....	91	metoprolol succinate.....	45	MOVANTIK.....	69
MEIJER LANCETS		metoprolol tartrate.....	45	moxifloxacin hcl.....	68
UNIVERSAL33G.....	91	metronidazole.....	11		
MEIJER SUPER THIN					
LANCETS.....	91				
MEKINIST.....	36				
MEKTOVI.....	36				
meloxicam.....	4				
melphalan.....	32				



moxifloxacin hcl (ophth)....	118	NAMZARIC.....	124	nicardipine hcl.....	45
MPD SAFETY LANCET		naproxen.....	4	NICODERM CQ.....	127
21G/1.8MM.....	91	naproxen sodium.....	4	NICORETTE.....	127
MPD SAFETY LANCET		naratriptan hcl.....	104	NICORETTE MINI.....	127
28G/1.8MM.....	91	NATACHEW.....	111	NICORETTE STARTER	
MPD SAFETY LANCET		NATACYN.....	118	KIT.....	127
30G/1.8MM.....	91	NATAZIA.....	51	nicotine.....	127
MPD SAFETY LANCETS		nateglinide.....	24	nicotine polacrilex.....	127
23G/1.8MM.....	91	NATPARA.....	64	NICOTINE TRANSDERMAL	
MUCOTROL.....	107	NATURE-THROID.....	130	SYSTEM.....	128
MULPLETA.....	74	NATURE-THROID NT-		NICOTROL INHALER.....	128
MULTAQ.....	13	2.5.....	130	NICOTROL NS.....	128
multi-vit/iron/fluoride.....	109	NAYZILAM.....	16	nifedipine.....	46
multi-vitamin/fluoride drops.	108	nebivolol hcl.....	45	nilutamide.....	34
MULTIVITAMIN +		nebusal.....	54	nimodipine.....	46
FLUORIDE.....	109	NEBUSAL.....	54	NINLARO.....	36
multivitamin select/fluoride.	108	NEEVO DHA.....	111	nisoldipine.....	46
multivitamin with fluoride...	108	nefazodone hcl.....	21	nitazoxanide.....	11
MULTIVITAMIN WITH		neo-polycin.....	118	nitisinone.....	66
FLUORIDE.....	109	neo-polycin hc.....	119	NITRO-BID.....	12
multivitamin/fluoride.....	108	neomycin sulfate.....	2	NITRO-DUR.....	12
MULTIVITAMIN/FLUORIDE		neomycin-bacitracin zn-		nitrofurantoin.....	12
.....	109	polymyxin.....	118	nitrofurantoin macrocrystal...	12
multivitamins/fluoride.....	108	neomycin-polymy-		nitrofurantoin monohyd	
mupirocin.....	56	dexameth.....	119	macro.....	12
MYALEPT.....	66	neomycin-polymyxin-gramicidin	118	nitroglycerin.....	12
mycophenolate mofetil.106,107		neomycin-polymyxin-hc		NITYR.....	66
mycophenolate sodium.....	107	(ophth).....	119	NIVA-PLUS.....	111
MYGLUCOHEALTH MGH		neomycin-polymyxin-hc		NIVESTYM.....	74
SOFTLANCE LANCETS		(otic).....	121	nizatidine.....	131
30G.....	92	NEONATAL COMPLETE.111		NOCTIVA.....	66
MYLERAN.....	32	NEONATAL PLUS.....	111	nolix.....	58
MYNATAL ADVANCE.....	111	NEOTUSS PLUS.....	53	NORDITROPIN FLEXPRO..	65
MYNATAL ULTRACAPLET.111		NERLYNX.....	36	norethin acet & estrad-fe...	51
MYSOLINE.....	18	NESTABS.....	111	norethindrone & ethinyl estradiol-	
MYTESI.....	24	NESTABS DHA.....	111	fe.....	51
nabumetone.....	4	NESTABS ONE.....	111	norethindrone	
nadolol.....	45	neuac.....	54	(contraceptive).....	52
NAFCILLIN.....	123	NEUPRO.....	39	norethindrone acet & eth	
nafcillin sodium.....	123	NEURONTIN.....	18	estra.....	51
NAFCILLIN SODIUM.....	123	NEVANAC.....	120	norethindrone acetate.....	123
nafcillin sodium.....	123	NEVIRAPINE.....	42	norethindrone acetate-ethinyl	
nafrinse.....	105	nevirapine.....	42	estradiol.....	67
naftifine hcl.....	56	NEXAVAR.....	36	norgestimate-ethinyl	
NAFTIN.....	57	NEXIUM.....	132	estradiol.....	51
NALOCET.....	9	NEXTSTELLIS.....	51	norgestimate-ethinyl estradiol	
naloxone hcl.....	25	niacin (antihyperlipidemic).29		(triphasic).....	51
naltrexone hcl.....	25	niacor.....	28	NORITATE.....	62
NAMENDA XR TITRATION				NORPACE CR.....	13
PACK.....	124			NORTHERA.....	134

nortriptyline hcl.....	21	olmesartan medoxomil.....	29	oralone dental paste.....	107
NORVIR.....	42	olmesartan medoxomil- amlodipine-hydrochlorothiazide	30	ORAVIG.....	107
NOVA SAFETY LANCETS 23G.....	92	olmesartan medoxomil- hydrochlorothiazide.....	30	ORENCIA.....	5
NOVA SAFETY LANCETS 28G.....	92	olopatadine hcl.....	120	ORENCIA CLICKJECT.....	5
NOVA SUREFLEX LANCETS.....	92	olopatadine hcl (nasal)...	116	ORENITRAM.....	47
NOVOEIGHT.....	72	OMECLAMOX-PAK.....	132	ORFADIN.....	66
NOVOPEN ECHO.....	103	omega-3-acid ethyl esters.	27	ORIAHNN.....	67
NOVOSEVEN RT.....	72	omeprazole.....	132	ORKAMBI.....	128
NOXAFIL.....	26	OMEPRAZOLE + SYRSPEND SFALKA.....	132	orphenadrine citrate.....	116
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SYNTHROID	130	tenofovir disoproxil fumarate	43	TOBRADEX ST	119
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tovet.....	58	TRIKAFTA.....	128	TYVASO REFILL.....	47
TOVIAZ.....	133	TRILEPTAL.....	19	TYVASO STARTER.....	47
TRACLEER.....	47	trimethobenzamide hcl.....	25	UCERIS.....	10
tramadol hcl.....	8	trimethoprim.....	11	UDENYCA.....	74
tramadol-acetaminophen.....	9	TRIMETHOPRIM.....	11	ULILET CLASSIC LANCETS.....	99
trandolapril.....	29	trimipramine maleate.....	22	ULILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM.....	104
trandolapril-verapamil hcl.....	31	TRINATAL RX 1.....	114	ULILET LANCETS.....	99
TRANDOLAPRIL/VERAPAMIL HCL ER.....	31	TRINTELLIX.....	21	ULILET LANCETS 33G.....	99
tranexamic acid.....	74	TRISTART DHA.....	114	ULILET SAFETY LANCETS 21G X 2.2MM.....	99
tranylcypromine sulfate.....	20	TRISTART ONE.....	114	ULILET SAFETY LANCETS 23G.....	99
TRAVEL LANCETS 30G.....	98	TRIUMEQ.....	43	ULTRA THIN LANCETS 31G.....	99
TRAVEL LANCETS ADVANCED 28G.....	98	TROKENDI XR.....	19	ULTRA-CARE LANCETS 30G.....	99
travoprost.....	121	tropicamide.....	117	ULTRA-THIN II AUTO LANCET.....	99
trazodone hcl.....	21	tropium chloride.....	133	ULTRA-THIN II LANCETS 28G.....	99
TRECATOR.....	32	TRUE COMFORT TWIST TOP LANCETS 30G.....	98	ULTRA-THIN II LANCETS 30G.....	99
TRELEGY ELLIPTA.....	15	TRUEPLUS LANCETS 26G.....	99	UNASYN.....	123
TREMFYA.....	58	TRUEPLUS LANCETS 28G.....	99	UNASYN BULK PACK.....	123
TRESIBA.....	24	TRUEPLUS LANCETS 28G.....	99	UNILET COMFORTOUCH LANCET.....	100
TRESIBA FLEXTOUCH.....	24	TRUEPLUS LANCETS 30G.....	99	UNILET EXCELITE.....	100
tretinoin.....	55	TRUEPLUS LANCETS 30G.....	99	UNILET EXCELITE II.....	100
tretinoin (chemotherapy).....	37	ULTRA THIN.....	99	UNILET G.P. LANCET.....	100
tretinoin microsphere.....	55	TRUEPLUS LANCETS 33G.....	99	UNILET G.P. SUPERLITE LANCET.....	100
TRETTEN.....	72	MICRO THIN.....	99		
TREXALL.....	32				
tri femynor.....	50				
TRI-TABS DHA.....	114				
TRI-VI-FLOR.....	109				

UNILET GP 28 ULTRA THIN.....	100	VALUMARK LANCET ULTRA THIN 28G.....	101	VIRT-PN DHA.....	114
UNILET LANCET.....	100	vanadom.....	115	VIRT-PN PLUS.....	114
UNILET LANCETS MICRO-THIN33G.....	100	vancomycin hcl.....	11	virtussin ac/alc.....	53
UNILET LANCETS SUPER-THIN30G.....	100	vandazole.....	133	VIRTUSSIN DAC.....	54
UNILET LANCETS ULTRA-THIN 28G.....	100	VARENICLINE TARTRATE.....	128	VISTOGARD.....	25
UNILET SUPERLITE LANCET.....	100	VARUBI.....	26	VITAFOL FE+.....	114
UNISTIK 3 GENTLE.....	100	VASCEPA.....	27	VITAFOL GUMMIES.....	114
UNISTIK PRO SAFETY LANCET 21G.....	100	VCF VAGINAL CONTRACEPTIVE FILM.....	133	VITAFOL-NANO.....	114
UNISTIK PRO SAFETY LANCET 25G.....	100	VCF VAGINAL CONTRACEPTIVE FOAM.....	133	VITAFOL-ONE.....	114
UNISTIK PRO SAFETY LANCET 28G.....	100	VCF VAGINAL CONTRACEPTIVE GEL.....	133	VITALET PRO LANCETS.....	101
UNISTIK SAFETY LANCETS 28G.....	100	VECAMEYL.....	31	VITALET PRO PLUS LANCETS.....	101
UNISTIK SAFETY LANCETS 30G.....	100	VELCADE.....	37	VITAMEDMD ONE RX/QUATREFOLIC.....	114
UNISTIK TOUCH SAFETY LANCETS 21G.....	100	VEMLIDY.....	44	VITAMEDMD REDICHEW RX.....	114
UNISTIK TOUCH SAFETY LANCETS 23G.....	101	VENCLEXTA.....	33	VITAPEARL.....	115
UNISTIK TOUCH SAFETY LANCETS 28G.....	101	VENCLEXTA STARTING PACK.....	33	VITATHELY/GINGER.....	115
UNISTIK TOUCH SAFETY LANCETS 30G.....	101	venlafaxine hcl.....	21	VITATRUE.....	115
UNIVERSAL 1 LANCETS THIN26G.....	101	VENTAVIS.....	47	VITRAKVI.....	37
UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	101	verapamil hcl.....	46	VIVA DHA.....	115
UNIVERSAL 1 LANCETS/33G/MICRO-THIN.....	101	VEREGEN.....	56	VIVAGUARD LANCETS.....	101
UPTRAVI.....	48	VERELAN.....	46	VIZIMPRO.....	33
urea.....	61	VERELAN PM.....	46	VOL-PLUS.....	115
ursodiol.....	68	VERSACLOZ.....	40	VOL-TAB RX.....	115
valacyclovir hcl.....	44	VERZENIO.....	37	VONVENDI.....	72
VALCHLOR.....	57	VIBERZI.....	69	voriconazole.....	26
valganciclovir hcl.....	43	VIBRAMYCIN.....	129	VOSEVI.....	44
valproate sodium.....	20	VICTOZA.....	23	VOTRIENT.....	37
valproic acid.....	20	VIDA MIA UNILET LANCETS SUPER THIN 30G.....	101	VP-PNV-DHA.....	115
valsartan.....	29	VIDA MIA UNILET LANCETS ULTRA THIN 28G.....	101	VRAYLAR.....	39
valsartan-hydrochlorothiazide.....	31	VIDEX EC.....	43	VYNDAMAX.....	48
VALUE PLUS LANCETS STANDARD 21G.....	101	vigabatrin.....	19	VYNDAREL.....	48
VALUE PLUS LANCETS SUPERTHIN 30G.....	101	vigadrone.....	19	VYVANSE.....	1
VALUE PLUS LANCETS THIN 26G.....	101	VIIBRYD.....	21	WALGREENS ADVANCED TRAVELLANCETS 28G.....	101
VALUMARK LANCET SUPER THIN 30G.....	101	VIIBRYD STARTER PACK.....	21	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G.....	101
		VIMPAT.....	19	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G.....	102
		VINATE DHA RF.....	114	WALGREENS LANCETS.....	102
		VINATE ONE.....	114	WALGREENS THIN LANCETS.....	102
		VIOKACE.....	63	WALGREENS ULTRA THIN LANCETS.....	102
		VIRACEPT.....	43	warfarin sodium.....	15
		VIREAD.....	43	WESTAB PLUS.....	115
		VIRT-C DHA.....	114	WESTGEL DHA.....	115
		VIRT-NATE DHA.....	114		

WESTHROID.....	130	XYREM.....	124
WIDE-SEAL SILICONE		YASMIN 28.....	51
DIAPHRAGM KIT 60.....	77	YAZ.....	51
WIDE-SEAL SILICONE		YONSA.....	34
DIAPHRAGM KIT 65.....	77	yuvaferm.....	134
WIDE-SEAL SILICONE		zafirlukast.....	14
DIAPHRAGM KIT 70.....	78	zaleplon.....	75
WIDE-SEAL SILICONE		ZARONTIN.....	20
DIAPHRAGM KIT 75.....	78	ZARXIO.....	74
WIDE-SEAL SILICONE		ZATEAN-PN DHA.....	115
DIAPHRAGM KIT 80.....	78	ZATEAN-PN PLUS.....	115
WIDE-SEAL SILICONE		ZAVESCA.....	73
DIAPHRAGM KIT 85.....	78	ZEJULA.....	37
WIDE-SEAL SILICONE		ZELAPAR.....	39
DIAPHRAGM KIT 90.....	78	ZELBORAF.....	37
WIDE-SEAL SILICONE		ZENPEP.....	63
DIAPHRAGM KIT 95.....	78	zenzedi.....	1
WILATE.....	72	ZEV RX TWIST TOP LANCETS	
WILZIN.....	106	30G.....	102
wixela inhub.....	14	zidovudine.....	43
WP THYROID.....	130	ZIEXTENZO.....	74
XADAGO.....	39	zileuton.....	14
XALKORI.....	37	ZIOPTAN.....	121
XARELTO.....	16	ziprasidone hcl.....	40
XARELTO STARTER PACK	16	ZIRGAN.....	118
XATMEP.....	32	ZOLINZA.....	37
XELJANZ.....	3	zolmitriptan.....	105
XELJANZ XR.....	3	zolpidem tartrate.....	75
XENAZINE.....	124	ZOMACTON.....	65
XENICAL.....	2	ZONEGRAN.....	19
XERAC AC.....	62	zonisamide.....	19
XERMELO.....	69	ZORBTIVE.....	65
XIFAXAN.....	11	ZOSYN.....	123
XIGDUO XR.....	22	ZUPLENZ.....	25
XIMINO.....	129	ZYDELIG.....	37
XOLAIR.....	13	ZYFLO.....	14
XOSPATA.....	37	ZYKADIA.....	37
XPOVIO.....	34	ZYLET.....	120
XPOVIO 100 MG ONCE		ZYTIGA.....	34
WEEKLY.....	34		
XPOVIO 60 MG ONCE			
WEEKLY.....	34		
XPOVIO 80 MG ONCE			
WEEKLY.....	34		
XPOVIO 80 MG TWICE			
WEEKLY.....	34		
XTANDI.....	34		
xulane.....	51		
XURIDEN.....	66		
XYNTHA.....	72		
XYNTHA SOLOFUSE.....	73		