

# *California*

## **Essential Drug List**

### **For Small Business Group**

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 All previous versions are no longer in effect.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

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

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

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

*Hours of Operation*

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

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# *Welcome to Health Net*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Example:

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

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

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

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

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

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

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

**How much will I pay for my drugs?**

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

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

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

## Tier Description Table

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

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

### Are there any limits on my drug coverage?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

You can save time and money with these simple steps:

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

# Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

plan.

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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 5 MG, 10 MG	1	
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1	QL(90 ea per fill retail)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily)
<i>methamphetamine hcl</i>	2	PA
VYVANSE CAPS	2	QL(1 ea daily)
<b>Analeptics</b>		
<i>caffeine citrate SOLN OR</i>	1	
<b>Anorexiants Non-Amphetamine</b>		
<i>ADIPEX-P CAPS (phentermine hcl)</i>	7	Check plan documents for coverage; PA
<i>ADIPEX-P TABS (phentermine hcl)</i>	7	Check plan documents for coverage; PA
<i>benzphetamine hcl 50 MG</i>	4	PA
<i>diethylpropion hcl TABS</i>	4	Check plan documents for coverage; PA
<i>diethylpropion hcl TB24</i>	4	Check plan documents for coverage; PA
LOMAIRA TABS	4	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
<i>phentermine hcl TABS</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 ea daily); PA
<b>Anti-Obesity Agents</b>		
CONTRAVE	4	Check plan documents for coverage; PA
<i>orlistat</i>	4	Check plan documents for coverage; PA

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

Drug Name	Drug Tier	Requirements/Limits
SAXENDA	4	Check plan documents for coverage; QL(0.5 ml daily); PA
XENICAL ( <i>orlistat</i> )	7	Check plan documents for coverage; PA
<b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b>		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)
<i>clonidine hcl (adhd) TB12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
<b>Stimulants - Misc.</b>		
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	ST; PA
<i>armodafinil 50 MG</i>	1	ST; PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)
<i>methylphenidate hcl CHEW</i>	1	
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 ea daily)
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1	
<i>methylphenidate hcl SOLN</i>	1	
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>methylphenidate PTCH</i>	1	QL(1 ea daily)
<i>modafinil</i>	2	QL(1 ea daily); ST
QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
RELEXXII TBCR 18 MG, 27 MG, 36 MG	2	QL(1 ea daily)
RELEXXII TBCR 54 MG	2	QL(2 ea daily)
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
ARIKAYCE	4	PA
BETHKIS NEBU ( <i>tobramycin</i> )	7	PA
HUMATIN	2	
<i>neomycin sulfate TABS</i>	1	
<i>streptomycin sulfate SOLR</i>	4	PA
TOBI PODHALER CAPS	4	PA
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	4	PA
<i>tobramycin NEBU</i>	4	PA
<i>tobramycin NEBU</i>	2	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Antirheumatic - Enzyme Inhibitors</b>		

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 ea daily; 2 ea per 28 days retail); SP; PA	<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	1	
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Indomethacin) INDOCIN SUPP	1	
HUMIRA PSKT	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
<b>Gold Compounds</b>			(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
RIDAURA	2		<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA
<b>Interleukin-1 Blockers</b>			<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)
ARCALYST	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; PA	<i>diclofenac potassium TABS 50 MG</i>	1	
<b>Interleukin-6 Receptor Inhibitors</b>			<i>diclofenac sodium TB24</i>	1	
			<i>diclofenac sodium TBEC</i>	1	
			<i>diclofenac w/ misoprostol TBEC</i>	1	
			<i>etodolac CAPS</i>	1	
			<i>etodolac TABS</i>	1	
			<i>etodolac TB24</i>	1	QL(2 ea daily)
			<i>fenoprofen calcium TABS</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPCR</i>	1	
<i>indomethacin SUPP</i>	1	
<i>indomethacin SUSP</i>	1	
<i>ketoprofen CAPS 75 MG</i>	1	
<i>ketoprofen CP24</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail)
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	1	
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 10 MG</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
<i>sulindac TABS 200 MG</i>	1	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
<i>OTEZLA TABS</i>	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); PA
<i>OTEZLA TBPk</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 days retail); PA

Drug Name	Drug Tier	Requirements/Limits
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
<i>ENBREL MINI SOCT</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA
<i>ENBREL SURECLICK SOAJ</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
<i>ENBREL SOLN</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
<i>ENBREL SOLR</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA
<i>ENBREL SOSY 50 MG/ML</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA
<i>ENBREL SOSY 25 MG/0.5ML</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain,</b>		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>Muscle and Joint Conditions</b>			(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	PV
Analgesic Combinations					
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1				
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1				
(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1				
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1				
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	1				
<i>butalbital-aspirin-caffeine CAPS</i>	1				
Salicylates					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV	<i>codeine sulfate TABS</i>	1	
			CONZIP CP24 ( <i>tramadol hcl</i> )	7	
			<i>fentanyl citrate LPOP 1600 MCG</i>	2	ST; QL(4 ea daily); PA
			<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	ST; PA
			<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>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 ea daily)
			<i>hydromorphone hcl LIQD</i>	1	
			<i>hydromorphone hcl TABS</i>	1	
			<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)
			<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)
			<i>levorphanol tartrate TABS</i>	1	ST; PA
			<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	
			<i>meperidine hcl TABS 50 MG</i>	1	
			<i>methadone hcl CONC</i>	1	
			<i>methadone hcl SOLN OR</i>	1	
			<i>methadone hcl TABS</i>	1	QL(12 ea daily)
			<i>methadone hcl TBSO</i>	1	
			<i>morphine sulfate beads</i>	1	QL(1 ea daily)
			<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)
			<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1	
			<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
<i>aspirin CHEW</i>	5	PV			
<i>aspirin TBEC 81 MG</i>	5	PV			
<i>diflunisal TABS</i>	1				
<i>salsalate</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	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate SUPP 10 MG, 20 MG, 30 MG</i>	1	
<i>morphine sulfate TABS</i>	1	
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
OXAYDO TABS 7.5 MG	3	QL(4 ea daily)
OXAYDO TABS 5 MG	2	
<i>oxycodone hcl CAPS</i>	1	
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>oxycodone hcl SOLN</i>	1	
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
<i>oxymorphone hcl TABS 10 MG</i>	1	QL(8 ea daily)
<i>oxymorphone hcl TABS 5 MG</i>	1	
<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)
<i>tramadol hcl TABS 100 MG</i>	1	
<i>tramadol hcl TB24</i>	1	
<i>tramadol hcl TB24 100 MG</i>	1	QL(3 ea daily)
<i>tramadol hcl TB24 200 MG</i>	1	QL(1 ea daily)
Opioid Combinations		
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	
<i>acetaminophen w/ codeine SOLN</i>	1	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA
<i>butalbital-aspirin-caffeine w/cod</i>	1	
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1	
LORTAB ELIX	3	
NALOCET TABS	3	
OXYCODONE AND ACETAMINOPHEN TABS	3	
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily)
OXYCODONE/ACETAMINOPHEN TABS	3	
PROLATE TABS	3	
<i>tramadol-acetaminophen</i>	1	QL(8 ea daily)
<b>Opioid Partial Agonists</b>		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)
<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 ea per 28 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1	
SUBLOCADE SOSY	4	Covered under the Medical Benefit; PA
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
<i>oxandrolone 2.5 MG</i>	2	
<i>oxandrolone 10 MG</i>	2	QL(2 ea daily)
<b>Androgens</b>		
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)
<i>danazol CAPS</i>	1	
METHITEST TABS	2	
<i>methyltestosterone CAPS</i>	1	
TESTIM GEL TD ( <i>testosterone</i> )	7	QL(10 gm daily); PA
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	QL(10 gm daily)
<i>testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone SOLN</i>	1	QL(6 ml daily)
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (intrarectal)</i>	1	ST; PA
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
Anthelmintics		
<i>albendazole</i>	1	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	1	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1	QL(4 ea daily)
<i>ranolazine TB12 1000 MG</i>	1	
Nitrates		
GONITRO PACK	3	PA
<i>isosorbide dinitrate TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 ea daily)
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>bupirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	2	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	2	
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	1	
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUCALA SOAJ	4	PA

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOLR	4	Must use Acaria Specialty (844) 538-4661; SP; PA
NUCALA SOSY 100 MG/ML	4	PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
<i>zafirlukast 20 MG</i>	1	QL(2 ea daily)
<i>zafirlukast 10 MG</i>	1	
<i>zileuton TB12</i>	1	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1	QL(1 ea daily)
Steroid Inhalants		

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Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ml daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ml daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail)
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)
Sympathomimetics		
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	

Drug Name	Drug Tier	Requirements/Limits
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)
<i>albuterol sulfate AERS</i>	1	QL(0.72 gm daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)
<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
ALBUTEROL SULFATE NEBU	2	
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS</i>	1	
ANORO ELLIPTA	2	QL(2 ea daily)
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)
<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)
<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)
<i>formoterol fumarate NEBU</i>	1	QL(4 ml daily)
<i>ipratropium-albuterol SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl</i>	1		XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
<i>levalbuterol tartrate</i>	1	QL(0.6 gm daily)	XARELTO TABS 10 MG	2	QL(2 ea daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)	<b>Heparins And Heparinoid-Like Agents</b>		
SEREVENT DISKUS	2	QL(2 ea daily)	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML ( <i>fondaparinux sodium</i> )	7	PA
STIOLTO RESPIMAT	2	QL(0.14 gm daily)	ARIXTRA 2.5 MG/0.5ML ( <i>fondaparinux sodium</i> )	7	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)	<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ml daily); PA
<i>terbutaline sulfate TABS</i>	1		<i>enoxaparin sodium SOSY</i>	2	QL(4 ml per 7 days retail)
TRELEGY ELLIPTA	2	QL(2 ea daily)	<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	4	PA
<b>Xanthines</b>			<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
(Theophylline) ELIXOPHYLLIN ELIX	1		FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
THEO-24 CP24	2		FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA
<i>theophylline ELIX</i>	1		FRAGMIN SOSY 2500 UNIT/0.2ML	4	PA
<i>theophylline SOLN</i>	1		<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA
<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)	<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)	<b>AMPA Glutamate Receptor Antagonists</b>		
<i>theophylline TB24</i>	1	QL(1 ea daily)	FYCOMPA SUSP	3	QL(24 ml daily)
<b>ANTICOAGULANTS - Blood Thinners</b>			FYCOMPA TABS 6 MG	3	QL(2 ea daily); SL
<b>Coumarin Anticoagulants</b>			FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); SL
(Warfarin Sodium) JANTOVEN TABS	1				
<i>warfarin sodium TABS</i>	1				
<b>Direct Factor Xa Inhibitors</b>					
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)			
ELIQUIS TABS	2	QL(2 ea daily)			
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)			
XARELTO SUSR	2	QL(900 ml per 30 days retail)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 2 MG	3	QL(6 ea daily)	(Levetiracetam)	1	QL(6 ea daily)
FYCOMPA TABS 4 MG	3	QL(3 ea daily)	ROWEEPRA TABS 500 MG		
Anticonvulsants - Benzodiazepines			APTIOM	3	QL(2 ea daily); ST
<i>clobazam SUSP</i>	1		BANZEL SUSP ( <i>rufinamide</i> )	7	
<i>clobazam TABS 20 MG</i>	1	QL(2 ea daily)	BANZEL TABS 400 MG ( <i>rufinamide</i> )	7	QL(8 ea daily)
<i>clobazam TABS 10 MG</i>	1	QL(1 ea daily)	BANZEL TABS 200 MG ( <i>rufinamide</i> )	7	
<i>clonazepam TABS</i>	1		<i>carbamazepine CHEW</i>	1	
<i>clonazepam TBDP</i>	1		<i>carbamazepine CP12</i>	1	
<i>diazepam (anticonvulsant) GEL</i>	1	QL(0.14 ea daily)	<i>carbamazepine SUSP</i>	1	
NAYZILAM	4	QL(10 ea per 30 days retail); PA	<i>carbamazepine TABS</i>	1	
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA	<i>carbamazepine TB12 100 MG</i>	1	
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA	<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA	<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA	CARBATROL CP12 ( <i>carbamazepine</i> )	7	
Anticonvulsants - Misc.			DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
(Carbamazepine) EPITOL TABS	1		DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE TABS	1		EPIDIOLEX	4	ST; PA
			<i>gabapentin CAPS</i>	1	
			<i>gabapentin SOLN</i>	1	
			<i>gabapentin TABS 600 MG, 800 MG</i>	1	
			KEPPRA XR TB24 ( <i>levetiracetam</i> )	7	QL(4 ea daily)
			KEPPRA SOLN OR 100 MG/ML ( <i>levetiracetam</i> )	7	
			KEPPRA TABS 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	7	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KEPPRA TABS 1000 MG ( <i>levetiracetam</i> )	7	QL(3 ea daily)	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ( <i>pregabalin</i> )	7	ST; QL(3 ea daily); PA
<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)	LYRICA SOLN ( <i>pregabalin</i> )	7	QL(30 ml daily); PA
<i>lacosamide TABS</i>	1	QL(2 ea daily)	MYSOLINE ( <i>primidone</i> )	7	
LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>lamotrigine</i> )	7		NEURONTIN CAPS ( <i>gabapentin</i> )	7	
LAMICTAL ODT KIT	3	ST; PA	NEURONTIN SOLN ( <i>gabapentin</i> )	7	
LAMICTAL ODT TBDP ( <i>lamotrigine</i> )	7	PA	NEURONTIN TABS ( <i>gabapentin</i> )	7	
LAMICTAL XR KIT	3	ST; PA	<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)
LAMICTAL XR TB24 300 MG ( <i>lamotrigine</i> )	7	QL(2 ea daily)	<i>oxcarbazepine TABS 150 MG</i>	1	
LAMICTAL XR TB24 250 MG ( <i>lamotrigine</i> )	7	PA	<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG ( <i>lamotrigine</i> )	7	QL(1 ea daily); PA	<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)
LAMICTAL TABS ( <i>lamotrigine</i> )	7		OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); ST
<i>lamotrigine CHEW</i>	1		OXTELLAR XR TB24 150 MG, 300 MG	3	ST
<i>lamotrigine KIT 25 MG</i>	1	ST	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	ST; QL(3 ea daily); PA
<i>lamotrigine KIT</i>	1	ST; PA	<i>pregabalin CAPS 225 MG, 300 MG</i>	1	ST; QL(2 ea daily); PA
<i>lamotrigine TABS</i>	1		<i>pregabalin SOLN</i>	1	QL(30 ml daily); PA
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	1	QL(1 ea daily); PA	<i>primidone 50 MG, 250 MG</i>	1	
<i>lamotrigine TB24 300 MG</i>	1	QL(2 ea daily)	<i>rufinamide SUSP</i>	1	
<i>lamotrigine TB24 250 MG</i>	1	PA	<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily)
<i>lamotrigine TBDP</i>	1	PA	<i>rufinamide TABS 200 MG</i>	1	
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1		TEGRETOL SUSP ( <i>carbamazepine</i> )	7	
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)	TEGRETOL TABS ( <i>carbamazepine</i> )	7	
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)	TEGRETOL-XR TB12 100 MG ( <i>carbamazepine</i> )	7	
<i>levetiracetam TB24</i>	1	QL(4 ea daily)			
LYRICA CAPS 225 MG, 300 MG ( <i>pregabalin</i> )	7	ST; QL(2 ea daily); PA			

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Drug Name	Drug Tier	Requirements/Limits
TOPAMAX SPRINKLE CPSP ( <i>topiramate</i> )	7	
TOPAMAX TABS 100 MG ( <i>topiramate</i> )	7	QL(4 ea daily)
TOPAMAX TABS 50 MG ( <i>topiramate</i> )	7	QL(8 ea daily)
TOPAMAX TABS 25 MG ( <i>topiramate</i> )	7	
TOPAMAX TABS 200 MG ( <i>topiramate</i> )	7	QL(2 ea daily)
<i>topiramate CP24 25 MG</i>	1	ST; PA
<i>topiramate CP24 200 MG</i>	1	QL(2 ea daily); PA
<i>topiramate CP24 50 MG, 100 MG</i>	1	PA
<i>topiramate CPSP</i>	1	
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	1	QL(1 ea daily); PA
<i>topiramate CS24 25 MG, 50 MG</i>	1	QL(2 ea daily); PA
<i>topiramate TABS 25 MG</i>	1	
<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)
<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)
<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)
TRILEPTAL SUSP ( <i>oxcarbazepine</i> )	7	QL(40 ml daily)
TRILEPTAL TABS 300 MG ( <i>oxcarbazepine</i> )	7	QL(8 ea daily)
TRILEPTAL TABS 600 MG ( <i>oxcarbazepine</i> )	7	QL(4 ea daily)
TRILEPTAL TABS 150 MG ( <i>oxcarbazepine</i> )	7	
ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )	7	QL(6 ea daily)
ZONEGRAN CAPS 25 MG ( <i>zonisamide</i> )	7	
<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)
Carbamates		

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
FELBATOL SUSP ( <i>felbamate</i> )	7	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 ea daily)
(Vigabatrin) VIGADRONE TABS	4	
GABITRIL ( <i>tiagabine hcl</i> )	7	
SABRIL PACK ( <i>vigabatrin</i> )	7	QL(6 ea daily)
SABRIL TABS ( <i>vigabatrin</i> )	7	
<i>tiagabine hcl</i>	1	
<i>vigabatrin PACK</i>	4	QL(6 ea daily)
<i>vigabatrin TABS</i>	4	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN ( <i>phenytoin sodium extended</i> )	7	
DILANTIN 30 MG	3	
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	7	
DILANTIN-125 SUSP ( <i>phenytoin</i> )	7	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
CELONTIN ( <i>methsuximide</i> )	7	
<i>ethosuximide CAPS</i>	1	

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<i>ethosuximide SOLN</i>	1		N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>methsuximide</i>	1		SPRAVATO 56MG DOSE	4	PA
ZARONTIN CAPS ( <i>ethosuximide</i> )	7		SPRAVATO 84MG DOSE	4	PA
ZARONTIN SOLN ( <i>ethosuximide</i> )	7		Selective Serotonin Reuptake Inhibitors (SSRIs)		
Valproic Acid			<i>citalopram hydrobromide SOLN</i>	1	QL(20 ml daily)
DEPAKOTE ER TB24 ( <i>divalproex sodium</i> )	7		<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)
DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )	7		<i>escitalopram oxalate SOLN</i>	1	
DEPAKOTE TBEC ( <i>divalproex sodium</i> )	7		<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)
<i>divalproex sodium CSDR</i>	1		<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 ea daily)
<i>divalproex sodium TB24</i>	1		<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
<i>divalproex sodium TBEC</i>	1		<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1		<i>fluoxetine hcl CPDR</i>	1	
<i>valproic acid CAPS</i>	1		<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>					
Alpha-2 Receptor Antagonists (Tetracyclics)					
<i>mirtazapine TABS</i>	1		<i>fluoxetine hcl TABS 10 MG</i>	1	
<i>mirtazapine TBDP</i>	1		<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 ea daily)
Antidepressants - Misc.					
<i>bupropion hcl TABS</i>	1		<i>fluvoxamine maleate CP24 150 MG</i>	2	
<i>bupropion hcl TB12</i>	1		<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 ea daily)
<i>bupropion hcl TB24 450 MG</i>	1	QL(1 ea daily); ST	<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)	<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
FORFIVO XL TB24 ( <i>bupropion hcl</i> )	7	QL(1 ea daily); ST	<i>paroxetine hcl SUSP</i>	1	
Monoamine Oxidase Inhibitors (MAOIs)					
EMSAM	3	QL(1 ea daily)	<i>paroxetine hcl TABS</i>	1	
MARPLAN	3		<i>paroxetine hcl TB24</i>	1	
<i>phenelzine sulfate</i>	1		<i>sertraline hcl CONC</i>	1	
<i>tranylcypromine sulfate</i>	2		<i>sertraline hcl TABS</i>	1	QL(2 ea daily)
Serotonin Modulators					

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Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl</i>	1	
<i>trazodone hcl TABS</i>	1	
TRINTELLIX	3	ST
VIIBRYD STARTER PACK KIT	3	PA
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)
FETZIMA TITRATION PACK C4PK	3	ST
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
<i>venlafaxine hcl CP24</i>	1	QL(2 ea daily)
<i>venlafaxine hcl TABS</i>	1	
<i>venlafaxine hcl TB24 225 MG</i>	1	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl TABS</i>	1	
<i>doxepin hcl CAPS</i>	1	
<i>doxepin hcl CONC</i>	1	
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate CAPS</i>	1	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
Antidiabetic Combinations		
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	1	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
Biguanides		
<i>metformin hcl SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic; PV	HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
			HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
			HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>metformin hcl TB24 500 MG, 750 MG</i>	1		HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
Diabetic Other			HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>diazoxide</i>	2		HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 days retail)	HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
<i>alogliptin benzoate</i>	1		HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
JANUVIA	2	QL(1 ea daily)	HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
<i>saxagliptin hcl</i>	1	QL(2 ea daily)	HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
Incretin Mimetic Agents			HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
OZEMPIC SOPN	2	Not available through mail order.; PA	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
RYBELSUS TABS 3 MG	2	Not available through mail order; PA	HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
RYBELSUS TABS 7 MG, 14 MG	2	PA	HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
TRULICITY	2	Not available through mail order; PA	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
VICTOZA	2	Not available through mail order; PA			
Insulin					
AFREZZA POWD	3				
AFREZZA POWD	3	QL(6 ea daily)			
AFREZZA POWD	3	QL(3 ea daily)			
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)			

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
TRESIBA SOLN	2	QL(1.5 ml daily)
Insulin Sensitizing Agents		
<i>pioglitazone hcl 15 MG</i>	1	
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS</i>	1	RX/OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox PACK</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>deferasirox TABS</i>	4	PA
<i>deferasirox TBSO</i>	4	PA
<i>deferiprone TABS 500 MG</i>	4	PA
EXJADE TBSO ( <i>deferasirox</i> )	7	PA
FERRIPROX SOLN	4	PA
FERRIPROX TABS 500 MG ( <i>deferiprone</i> )	7	PA

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Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE PACK ( <i>deferasirox</i> )	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JADENU TABS ( <i>deferasirox</i> )	7	PA
<b>Antidotes and Specific Antagonists</b>		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	
<b>Opioid Antagonists</b>		
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 ea per 30 days retail); RX/OTC
<i>naloxone hcl SOSY</i>	1	
<i>naltrexone hcl</i>	1	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
ANZEMET TABS 50 MG	3	ST; Limit 2 per month; QL(0.07 ea daily); PA
<i>granisetron hcl TABS</i>	1	ST; Limit 2 tablets per day; QL(2 ea daily); PA
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ml daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 ea daily)
<i>ondansetron TBDP</i>	1	Limit 20 per month; QL(0.67 ea daily)
SANCUSO PTCH	4	QL(0.04 ea daily); PA
ZUPLENZ FILM 4 MG	3	Limit 20 per month; QL(0.67 ea daily)
<b>Antiemetics - Anticholinergic</b>		
<i>scopolamine</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide hcl CAPS</i>	1	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO	3	QL(2 ea per 28 days retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily)
<i>dronabinol CAPS 2.5 MG</i>	2	ST; PA
<i>dronabinol CAPS 5 MG</i>	2	PA
<i>dronabinol CAPS 10 MG</i>	2	PA
SYNDROS SOLN	4	PA
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 ea daily)
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 ea daily)
<i>aprepitant MISC</i>	1	Limit 3 per month; QL(0.1 ea daily)
EMEND SUSR	3	QL(1 ea per 30 days retail)
VARUBI TBPK	3	QL(4 ea per fill retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungals</b>		
<i>flucytosine</i>	1	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 days retail)
<b>Imidazole-Related Antifungals</b>		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CRESEMBA CAPS 186 MG	3	Not available through mail order	<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA
<i>fluconazole SUSR</i>	1		<i>desloratadine TBDP 5 MG</i>	1	PA
<i>fluconazole TABS</i>	1		<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC
<i>itraconazole CAPS</i>	1	ST; PA	<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 ea daily); RX/OTC
<i>itraconazole SOLN</i>	1	PA	<b>Antihistamines - Phenothiazines</b>		
<i>ketoconazole</i>	1		(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
<i>posaconazole SUSP</i>	1		(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)
<i>posaconazole TBEC</i>	1		PHENERGAN SOLN ( <i>promethazine hcl</i> )	7	PA
TOLSURA CAPS	4	PA	<i>promethazine hcl SOLN 25 MG/ML, 50 MG/ML</i>	4	PA
<i>voriconazole SUSR</i>	1		<i>promethazine hcl SOLN 6.25 MG/5ML</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)	<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2	
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>			<i>promethazine hcl SYRP</i>	1	
Antihistamines - Alkylamines			<i>promethazine hcl TABS 12.5 MG</i>	1	
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1		<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)
Antihistamines - Ethanolamines			<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)
<i>carbinoxamine maleate SOLN</i>	1		<b>Antihistamines - Piperidines</b>		
<i>carbinoxamine maleate TABS 4 MG</i>	1		<i>cyproheptadine hcl SYRP</i>	1	
CARBINOXAMINE MALEATE TABS	3		<i>cyproheptadine hcl TABS</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1		<b>ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol</b>		
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	4	PA	Antihyperlipidemics - Combinations		
RYVENT TABS	3		<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)
Antihistamines - Non-Sedating			Antihyperlipidemics - Misc.		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC	<i>icosapent ethyl</i>	2	PA
<i>desloratadine TABS</i>	1	ST; QL(1 ea daily); PA	<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
VASCEPA ( <i>icosapent ethyl</i> )	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light</i> PACK	1	
<i>cholestyramine light</i> POWD	1	
<i>cholestyramine</i> PACK	1	
<i>cholestyramine</i> POWD	1	
<i>colesevelam hcl</i> PACK	1	QL(1 ea daily)
<i>colesevelam hcl</i> TABS	1	QL(7 ea daily)
<i>colestipol hcl</i> GRAN	1	
<i>colestipol hcl</i> PACK	2	
<i>colestipol hcl</i> TABS	1	
Fibric Acid Derivatives		
ANTARA 30 MG	3	
<i>choline fenofibrate</i> 135 MG	1	QL(1 ea daily)
<i>choline fenofibrate</i> 45 MG	1	
<i>fenofibrate micronized</i> 130 MG, 200 MG	1	QL(1 ea daily)
<i>fenofibrate micronized</i> 30 MG, 43 MG, 67 MG, 90 MG, 134 MG	1	
<i>fenofibrate</i> CAPS	1	
<i>fenofibrate</i> TABS 54 MG	1	QL(2 ea daily)
<i>fenofibrate</i> TABS 145 MG, 160 MG	1	QL(1 ea daily)
<i>fenofibrate</i> TABS 48 MG	1	
FENOFIBRATE TABS	2	QL(1 ea daily)
FIBRICOR ( <i>fenofibric acid</i> )	2	
<i>gemfibrozil</i> TABS	1	
LIPOFEN CAPS ( <i>fenofibrate</i> )	7	

Drug Name	Drug Tier	Requirements/Limits
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i> TABS	1	QL(1 ea daily)
<i>fluvastatin sodium</i> CAPS	1	QL(1 ea daily)
<i>fluvastatin sodium</i> TB24	1	QL(1 ea daily)
<i>lovastatin</i> TABS	1	\$0 copay for Generic only, age 40 to 75; PV
<i>pitavastatin calcium</i>	1	QL(1 ea daily); ST
<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); PV
<i>rosuvastatin calcium</i> TABS	1	QL(1 ea daily)
<i>simvastatin</i> TABS	1	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
JUXTAPID 5 MG	4	ST; PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic)</i> TBCR	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
ACE Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ml daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)
<i>trandolapril</i>	1	
Agents for Pheochromocytoma		
<i>metirosine</i>	1	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 ea daily)
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
<i>telmisartan 20 MG, 40 MG</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 ea daily)
<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
Antiadrenergic Antihypertensives		

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl TABS</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa TABS</i>	1	
<i>prazosin hcl CAPS</i>	1	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>atenolol &amp; chlorthalidone</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
EDARBYCLOR	3	QL(1 ea daily)
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril &amp; hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hydrochlorothiazide TABS</i>	1	
<i>metoprolol &amp; hydrochlorothiazide TABS 50 MG-100 MG</i>	6	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
TEKTURNA HCT	3	ST
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	3	

Drug Name	Drug Tier	Requirements/Limits
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</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 IN</i>	1	
<i>tinidazole 250 MG</i>	1	ST; PA
<i>tinidazole 500 MG</i>	1	ST
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(2 ea daily); PA
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
<i>atovaquone</i>	2	
LAMPIT	4	PA
<i>nitazoxanide TABS</i>	1	
Carbapenems		

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Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium IJ</i>	4	PA
<i>imipenem-cilastatin IV</i>	2	PA
INVANZ IJ ( <i>ertapenem sodium</i> )	7	PA
<i>meropenem 500 MG</i>	4	PA
PRIMAXIN IV IV 500 MG-500 MG ( <i>imipenem-cilastatin</i> )	7	PA
Glycopeptides		
<i>vancomycin hcl CAPS 250 MG</i>	1	
<i>vancomycin hcl CAPS 125 MG</i>	1	PA
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	1	PA
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
<i>dapsone 25 MG</i>	1	
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Monobactams		
CAYSTON	4	PA
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail)
<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
<i>nitrofurantoin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 ea daily)
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
DARAPRIM ( <i>pyrimethamine</i> )	7	PA
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail; 6 per fill mail)
<i>mefloquine hcl</i>	6	
<i>primaquine phosphate TABS</i>	1	
<i>pyrimethamine</i>	4	PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA
SOVUNA 200 MG	2	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
MESTINON SOLN OR ( <i>pyridostigmine bromide</i> )	7	PA
<i>neostigmine methylsulfate SOSY</i>	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	4	PA
NEOSTIGMINE METHYLSULFATE SOSY ( <i>neostigmine methylsulfate</i> )	7	PA
<i>pyridostigmine bromide SOLN OR</i>	4	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
<i>cycloserine</i>	1	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
PASER PACK	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
ALKERAN ( <i>melphalan hcl</i> )	7	PA
<i>busulfan SOLN</i>	4	PA
BUSULFEX SOLN ( <i>busulfan</i> )	7	PA
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC

Drug Name	Drug Tier	Requirements/ Limits
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
<i>melphalan hcl</i>	4	PA
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine 500 MG</i>	1	AC
<i>capecitabine 150 MG</i>	1	AC
<i>fludarabine phosphate SOLR</i>	4	PA
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	4	PA
<i>methotrexate sodium SOLR</i>	4	PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	4	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<b>Antineoplastic - Anti-HER2 Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
TUKYSA	4	AC; PA
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TBPK	4	AC; PA
VENCLEXTA TABS 50 MG	4	AC; PA
VENCLEXTA TABS 100 MG	4	QL(4 ea daily); AC; PA
VENCLEXTA TABS 10 MG	4	QL(2 ea daily); AC; PA
<b>Antineoplastic - EGFR Inhibitors</b>		
<i>erlotinib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
<i>gefitinib</i>	4	AC
GILOTRIF	4	Must use Accredo SP pharmacy; AC; PA
IRESSA ( <i>gefitinib</i> )	7	AC
TAGRISO	4	SP; AC; PA
VIZIMPRO	4	AC; PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO	4	PA
ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ODOMZO	4	AC
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>anastrozole</i>	5	QL(1 ea daily); PV; AC
ARIMIDEX ( <i>anastrozole</i> )	7	QL(1 ea daily); PV; AC

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Drug Name	Drug Tier	Requirements/Limits
AROMASIN ( <i>exemestane</i> )	7	PV
<i>bicalutamide</i>	1	QL(1 ea daily); AC
ELIGARD SC	3	PA
EMCYT	2	AC
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	5	PV
<i>flutamide</i>	1	AC
<i>letrozole</i>	1	AC
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA
LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN	2	AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
<i>nilutamide</i>	1	AC
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SOLTAMOX SOLN	5	PV; AC
<i>tamoxifen citrate TABS</i>	5	PV; AC
<i>toremifene citrate</i>	1	AC

Drug Name	Drug Tier	Requirements/Limits
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	4	AC; PA
ZYTIGA ( <i>abiraterone acetate</i> )	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 ea daily); SP; AC; PA
AYVAKIT	4	QL(1 ea daily); SP; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	4	AC; PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
Antineoplastic Antibiotics		
<i>mitoxantrone hcl 2 MG/ML</i>	2	PA
Antineoplastic Combinations		
INQOVI	4	PA
KISQALI FEMARA 200 DOSE	4	AC; PA
KISQALI FEMARA 400 DOSE	4	AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE	4	AC; PA	CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA
LONSURF	4	AC; PA	CALQUENCE	4	QL(2 ea daily); AC; PA
Antineoplastic Enzyme Inhibitors			CALQUENCE	4	QL(2 ea daily); AC; PA
AFINITOR DISPERZ TBSO ( <i>everolimus</i> )	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA	CAPRELSA	4	AC; PA
AFINITOR TABS ( <i>everolimus</i> )	7	QL(1 ea daily); SP; AC; PA	COMETRIQ KIT	4	AC; PA
ALECENSA	4	AC; PA	COPIKTRA	4	AC; PA
ALUNBRIG TABS	4	AC; PA	COTELLIC	4	AC; PA
ALUNBRIG TBPk	4	AC; PA	<i>everolimus</i> TABS	4	QL(1 ea daily); SP; AC; PA
BALVERSA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>everolimus</i> TBSO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
<i>bortezomib</i> SOLR IJ	4	PA	FARYDAK 15 MG, 20 MG	4	Must use Caremark SP pharmacy; AC; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA	FARYDAK 10 MG	4	AC; PA
BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ICLUSIG 10 MG, 30 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
BRUKINSA	4	AC; PA	ICLUSIG 15 MG, 45 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA			

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IDHIFA	4	AC; PA	NEXAVAR ( <i>sorafenib tosylate</i> )	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA		NINLARO	4
<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA	<i>pazopanib hcl</i>		4
IMBRUVICA CAPS	4	AC; PA		PIQRAY 200MG DAILY DOSE	4
IMBRUVICA TABS	4	QL(1 ea daily); AC; PA	PIQRAY 250MG DAILY DOSE	4	AC; PA
INREBIC	4	AC; PA	PIQRAY 300MG DAILY DOSE	4	AC; PA
ISTODAX SOLR ( <i>romidepsin</i> )	7	PA	QINLOCK	4	AC; PA
JAKAFI	4	QL(2 ea daily); AC; PA	RETEVMO	4	AC; PA
KISQALI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<i>romidepsin SOLR</i>	4	PA
KOSELUGO	4	PA	ROZLYTREK CAPS	4	AC; PA
<i>lapatinib ditosylate</i>	4	AC; PA	RUBRACA	4	AC; PA
LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LYNPARZA TABS	4	QL(4 ea daily); SP; AC; PA	<i>sorafenib tosylate</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
MEKINIST TABS	4	AC; PA		SPRYCEL 80 MG, 100 MG, 140 MG	4
MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			
NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA			

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SPRYCEL 20 MG, 50 MG, 70 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TIBSOVO	4	AC; PA
STIVARGA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TORISEL ( <i>temsirolimus</i> )	7	PA
<i>sunitinib malate</i> 12.5 MG, 37.5 MG, 50 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	TURALIO 200 MG	4	AC; PA
<i>sunitinib malate</i> 25 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TYKERB ( <i>lapatinib ditosylate</i> )	7	AC; PA
SUTENT 25 MG ( <i>sunitinib malate</i> )	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	VELCADE SOLR IJ ( <i>bortezomib</i> )	7	PA
SUTENT 12.5 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	VERZENIO	4	QL(2 ea daily); AC; PA
TABRECTA	4	AC; PA	VITRAKVI CAPS	4	AC; PA
TAFINLAR CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	VITRAKVI SOLN	4	AC; PA
TALZENNA 0.25 MG, 1 MG	4	AC; PA	VOTRIENT ( <i>pazopanib hcl</i> )	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TASIGNA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	VOTRIENT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAZVERIK	4	PA	XALKORI CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
<i>temsirolimus</i>	4	PA	XOSPATA	4	AC; PA
			ZEJULA CAPS	4	AC; PA
			ZEJULA TABS	4	PA
			ZELBORAF	4	AC; PA
			ZOLINZA	4	AC; PA
			ZYDELIG	3	AC; PA
			ZYKADIA TABS	4	AC
			Antineoplastics Misc.		
			ACTIMMUNE	4	PA
			ALFERON N	4	PA
			BESREMI	4	PA
			<i>bexarotene</i>	4	SP; AC; PA
			<i>hydroxyurea</i>	1	AC
			INTRON A SOLR	4	PA

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MATULANE	4	AC; PA
TARGRETIN ( <i>bexarotene</i> )	7	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	4	PA
<i>leucovorin calcium TABS</i>	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	2	PA
ETOPOPHOS	3	PA
<i>etoposide CAPS</i>	1	AC
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	AC; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	AC; PA
HYCANTIN SOLR ( <i>topotecan hcl</i> )	7	PA
<i>topotecan hcl SOLR</i>	4	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	4	administered under the medical benefit; PA
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	
<i>tolcapone</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2	
<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	1	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa TBDP</i>	1	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	3	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)	<i>lithium carbonate TBCR</i>	1	
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i>	2		LITHOBID TBCR ( <i>lithium carbonate</i> )	7	
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 ea daily)	Antipsychotics - Misc.		
<i>pramipexole dihydrochloride TB24 3.75 MG</i>	1		EQUETRO	3	
<i>ropinirole hydrochloride TABS</i>	1		<i>lurasidone hcl</i>	1	
<i>ropinirole hydrochloride TB24 8 MG</i>	1		NUPLAZID CAPS	4	QL(1 ea daily); PA
<i>ropinirole hydrochloride TB24 12 MG</i>	2	QL(2 ea daily)	NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	2		VRAYLAR CAPS	4	SP
RYTARY CPCR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA	VRAYLAR CPPK	4	SP
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA	<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors			<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)
<i>rasagiline mesylate</i>	1		Benzisoxazoles		
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)	FANAPT	4	QL(2 ea daily)
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)	FANAPT TITRATION PACK	4	
XADAGO	3	PA	<i>paliperidone</i>	1	
ZELAPAR TBDP	3		PERSERIS PRSY	4	administered under the medical benefit; PA
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>			<i>risperidone SOLN</i>	1	
Antimanic Agents			<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
LITHIUM	3		<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)	<i>risperidone TBDP</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1		Butyrophenones		
<i>lithium carbonate TABS</i>	1		<i>haloperidol lactate CONC</i>	1	
			<i>haloperidol TABS</i>	1	
			Dibenzapines		
			<i>asenapine maleate</i>	1	
			<i>clozapine TABS</i>	1	
			<i>clozapine TBDP 12.5 MG</i>	1	
			<i>loxapine succinate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)
<i>olanzapine TBDP</i>	2	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)
<i>quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG</i>	1	PA
<i>quetiapine fumarate TB24 50 MG</i>	1	ST; PA
SAPHRIS 5 MG	3	
SECUADO	3	QL(1 ea daily)
VERSACLOZ SUSP	3	QL(18 ml daily)
Dihydroindolones		
<i>molindone hcl</i>	1	
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>chlorpromazine hcl TABS</i>	2	
<i>fluphenazine hcl CONC</i>	1	
<i>fluphenazine hcl ELIX</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
<i>aripiprazole SOLN OR</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)
<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TBDP</i>	1	PA
REXULTI	3	
Thioxanthenes		
<i>thiothixene</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY 200 MG-50 MG-25 MG	2	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
CIMDUO	2	
COMPLERA	2	
<i>darunavir TABS</i>	1	
DELSTRIGO	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV	<i>maraviroc TABS</i>	1	
DOVATO	2		<i>nevirapine SUSP</i>	1	
EDURANT	2		<i>nevirapine TABS</i>	1	
<i>efavirenz CAPS</i>	1		<i>nevirapine TB24</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)	NORVIR PACK	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		NORVIR SOLN	2	
<i>efavirenz TABS</i>	1		ODEFSEY	2	
<i>emtricitabine CAPS</i>	1		PIFELTRO	2	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 ea daily); PV	PREZCOBIX	2	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)	PREZISTA SUSP	2	
EMTRIVA SOLN	2		PREZISTA TABS 75 MG, 150 MG	2	
<i>etravirine</i>	1		REYATAZ PACK	2	
EVOTAZ	2		<i>ritonavir TABS</i>	1	
<i>fosamprenavir calcium TABS</i>	1		RUKOBIA	4	
FUZEON SOLR	4	ST; PA	SELZENTRY SOLN	2	
GENVOYA	2		SELZENTRY TABS 25 MG, 75 MG	2	
INTELENCE 25 MG	2		<i>stavudine CAPS</i>	1	
ISENTRESS HD TABS	2		STRIBILD	2	
ISENTRESS CHEW	2		SYMTUZA	2	
ISENTRESS PACK	2		<i>tenofovir disoproxil fumarate TABS</i>	1	
ISENTRESS TABS	2		TIVICAY TABS	2	
JULUCA	2		TRIUMEQ PD TBSO	2	
<i>lamivudine SOLN</i>	1		TRIUMEQ TABS	2	
<i>lamivudine TABS</i>	1		TRIZIVIR	2	
<i>lamivudine-zidovudine</i>	1		TRUVADA 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	7	QL(1 ea daily); PV
LEXIVA SUSP	2		TYBOST	2	
<i>lopinavir-ritonavir SOLN</i>	1		VIRACEPT TABS	2	
<i>lopinavir-ritonavir TABS</i>	1		VIREAD POWD	2	
			VIREAD TABS 150 MG, 200 MG, 250 MG	2	
			<i>zidovudine CAPS</i>	1	
			<i>zidovudine SYRP</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>zidovudine TABS</b>	1	
<b>Antiviral Combinations</b>		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV
<b>CMV Agents</b>		
<b>valganciclovir hcl SOLR</b>	1	Limit 630mls per month; QL(21 ml daily)
<b>valganciclovir hcl TABS</b>	1	
<b>Hepatitis Agents</b>		
<b>adefovir dipivoxil</b>	2	
<b>entecavir TABS</b>	2	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplclusa; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
<b>lamivudine (hbv) TABS</b>	1	
MAVYRET TABS	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
PEGASYS SOLN	3	PA
<b>ribavirin (hepatitis c) CAPS</b>	1	PA
VEMLIDY	4	SP; ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<b>Herpes Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>acyclovir CAPS</b>	1	
<b>acyclovir SUSP</b>	1	
<b>acyclovir TABS OR 800 MG</b>	1	QL(5 ea daily)
<b>acyclovir TABS OR 400 MG</b>	1	
<b>famciclovir</b>	1	
<b>valacyclovir hcl 500 MG</b>	1	QL(8 ea daily)
<b>valacyclovir hcl 1 GM, 1000 MG</b>	1	QL(4 ea daily)
<b>Influenza Agents</b>		
<b>oseltamivir phosphate CAPS</b>	1	QL(10 ea per fill retail)
<b>oseltamivir phosphate SUSR</b>	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
<b>rimantadine hydrochloride TABS</b>	1	
<b>Misc. Antivirals</b>		
LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
<b>Respiratory Syncytial Virus (RSV) Agents</b>		
<b>ribavirin</b>	1	
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<b>carvedilol 6.25 MG, 12.5 MG, 25 MG</b>	1	
<b>carvedilol 3.125 MG</b>	1	QL(2 ea daily)
<b>carvedilol phosphate</b>	1	
<b>labetalol hcl TABS</b>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Beta Blockers Cardio-Selective			(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
<i>acebutolol hcl CAPS</i>	1		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
<i>atenolol TABS</i>	1		(Diltiazem Hcl) DILT-XR CP24	1	
<i>betaxolol hcl</i>	1		(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)	<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>metoprolol succinate TB24</i>	1		<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)
<i>metoprolol tartrate TABS</i>	1		<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)
<i>nebivolol hcl</i>	1		<i>diltiazem hcl extended release beads</i>	1	
Beta Blockers Non-Selective			<i>diltiazem hcl CP12</i>	1	
(Sotalol Hcl) SORINE TABS	1		<i>diltiazem hcl CP24</i>	1	
HEMANGEOL SOLN OR	3	PA	<i>diltiazem hcl TABS</i>	1	
INDERAL XL	3		<i>diltiazem hcl TB24</i>	1	
INNOPRAN XL	3		<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1		<i>felodipine 10 MG</i>	1	QL(1 ea daily)
<i>pindolol TABS</i>	1		<i>isradipine CAPS</i>	1	
<i>propranolol hcl CP24</i>	1		<i>nicardipine hcl CAPS</i>	1	
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1		<i>nifedipine CAPS</i>	1	
<i>propranolol hcl TABS</i>	1		<i>nifedipine TB24</i>	1	QL(1 ea daily)
<i>sotalol hcl (afib/af)</i>	1		<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>sotalol hcl TABS</i>	1		<i>nimodipine CAPS</i>	1	
SOTYLIZE SOLN OR	3		<i>nisoldipine</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)	<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily)	<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>					
Calcium Channel Blockers					
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 120 MG</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
VERELAN PM CP24 ( <i>verapamil hcl</i> )	7	
VERELAN CP24 360 MG ( <i>verapamil hcl</i> )	2	QL(1 ea daily)

### CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm

Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1	
<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 125 MCG, 250 MCG ( <i>digoxin</i> )	7	

### CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions

Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	1	
ENTRESTO	3	QL(2 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
<i>tadalafil 2.5 MG</i>	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
Peripheral Vasodilators		
<i>isoxsuprine hcl</i>	1	
Prostaglandin Vasodilators		
ORENITRAM TBCR	4	PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 ea daily); PA
TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 ea daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(7 ea daily); PA
TYVASO DPI TITRATION KIT POWD	4	QL(9 ea daily); PA
TYVASO REFILL SOLN IN	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )	7	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
REVATIO SUSR ( <i>sildenafil citrate (pulmonary hypertension)</i> )	7	PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 ea daily); PA
<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPB	4	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	ST; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		

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Drug Name	Drug Tier	Requirements/Limits
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS	3	QL(2 ea daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cefazolin sodium SOLR IV 1 GM</i>	4	PA
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	3	
<i>cefactor CAPS</i>	1	
<i>cefactor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	4	PA
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	4	PA
CEFOXITIN SODIUM	4	PA
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZANT	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG	5	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
			(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	5	PV

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

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(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG	5	PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONOLINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	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 1 MG-20 MCG	5	PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	PV	BALCOLTRA ( <i>levonorgestrel-ethinyl estradiol-iron</i> )	7	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	5	PV	BEYAZ ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	7	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	5	PV	<i>desogestrel &amp; ethinyl estradiol</i>	5	PV
			<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV
			<i>drospirenone-ethinyl estradiol</i>	5	PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV
			ESTROSTEP FE ( <i>norethindrone acetate-ethinyl estradiol-fe</i> )	7	PV
			<i>ethynodiol diacet &amp; eth estrad</i>	5	PV
			GENERESS FE ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )	7	PV
			<i>levonorgestrel &amp; eth estradiol TABS</i>	5	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
LO LOESTRIN FE TABS	5	PV
LOSEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	7	PV
MINASTRIN 24 FE CHEW ( <i>norethin acet &amp; estrad-fe</i> )	7	PV
MIRCETTE ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )	7	PV
NATAZIA	5	PV
NEXTSTELLIS	5	PV
<i>norethin acet &amp; estrad-fe CAPS</i>	5	PV
<i>norethin acet &amp; estrad-fe CHEW</i>	5	PV
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
<i>norethindrone &amp; ethinyl estradiol-fe</i>	5	PV
<i>norethindrone acet &amp; eth estra</i>	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
QUARTETTE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	7	PV
SAFYRAL ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	7	PV
SEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	7	PV
TAYTULLA CAPS ( <i>norethin acet &amp; estrad-fe</i> )	7	PV
TYBLUME CHEW	5	PV

Drug Name	Drug Tier	Requirements/Limits
YASMIN 28 ( <i>drospirenone-ethinyl estradiol</i> )	7	PV
YAZ ( <i>drospirenone-ethinyl estradiol</i> )	7	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING ( <i>etonogestrel-ethinyl estradiol</i> )	7	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
PLAN B ONE-STEP ( <i>levonorgestrel (emergency oc)</i> )	7	PV
Progestin Contraceptives - Injectable		

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Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PEF SYR)	5	Available through the Medical Benefit
<b>Progestin Contraceptives - Oral</b>		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBP	1	
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	4	SP; PA
<i>budesonide CPEP</i>	2	QL(3 ea daily)
<i>budesonide TB24</i>	1	PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBP</i>	1	
<i>hydrocortisone TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBP</i>	1	
MILLIPRED TABS	2	
<i>prednisolone sodium phosphate SOLN</i>	1	
<i>prednisolone sodium phosphate TBP</i>	1	
<i>prednisolone SOLN</i>	1	
<i>prednisolone TABS</i>	1	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBP</i>	1	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate TABS</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
<b>Cough/Cold/Allergy Combinations</b>		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIFENESIN AC, GUAIFENESIN AC SYRP	1	

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(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
ACTIDOM DMX LIQD	3		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
CODITUSSIN AC LIQD	3		HYPERSAL NEBU	3	
DOMETUSS-DMX LIQD	3		NEBUSAL NEBU	3	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	<b>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</b>	1	
GILTUSS COUGH & COLD TABS	3		Mucolytics		
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC	<b>acetylcysteine SOLN</b>	1	
<b>guaifenesin-codeine SOLN</b>	1		<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>hydrocodone polistirex-chlorpheniramine polistirex SUER</b>	1		Acne Products		
<b>promethazine &amp; phenylephrine SYRP</b>	1	QL(30 ml daily)	(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
<b>promethazine w/codeine SOLN</b>	1	QL(30 ml daily)	(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	
<b>promethazine w/codeine SYRP</b>	1	QL(30 ml daily)	(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
<b>promethazine-dm SYRP</b>	1	QL(30 ml daily)	(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
<b>promethazine-phenylephrine-codeine</b>	1		(Erythromycin (Acne Aid)) ERY PADS	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
<b>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</b>	1		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
TUSNEL TABS	3		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
TUSSLIN PEDIATRIC LIQD	3				
TUSSLIN LIQD	3				
Expectorants					
<b>potassium iodide (expectorant) SOLN</b>	1				
Misc. Respiratory Inhalants					

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(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1		<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		<i>clindamycin phosphate-tretinoin</i>	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		<i>dapsone (topical) 5 %</i>	1	ST; PA
(Tretinoin) AVITA CREA 0.025 %	1		DIFFERIN LOTN	3	
(Tretinoin) AVITA GEL 0.025 %	1		<i>erythromycin (acne aid) GEL</i>	1	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1		<i>erythromycin (acne aid) SOLN</i>	1	
<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)	FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)	<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)
<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC	<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)
AZELEX	3		<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)	<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)
<i>clindamycin phosphate (topical) FOAM</i>	1		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
<i>clindamycin phosphate (topical) GEL</i>	1		<i>sulfacetamide sodium (acne)</i>	1	
<i>clindamycin phosphate (topical) LOTN</i>	1		<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2	
<i>clindamycin phosphate (topical) SWAB</i>	1		<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA
			<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>ciclopirox SOLN</i>	1	
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 gm daily)	<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 gm daily)
<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)	<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>econazole nitrate CREA</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1		ERTACZO	4	QL(1 gm daily); PA
Agents for External Genital and Perianal Warts			EXELDERM CREA ( <i>sulconazole nitrate</i> )	7	
VEREGEN	3	QL(30 gm per fill retail)	EXELDERM SOLN	2	
Antibiotics - Topical			EXODERM	3	
ALTABAX	3		<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
CENTANY OINT	2		<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
<i>gentamicin sulfate (topical) CREA</i>	1		<i>ketoconazole (topical) FOAM</i>	2	
<i>gentamicin sulfate (topical) OINT</i>	1		<i>ketoconazole (topical) SHAM 2 %</i>	1	
<i>mupirocin OINT</i>	1		<i>naftifine hcl CREA</i>	1	
Antifungals - Topical			<i>naftifine hcl GEL 2 %</i>	1	
(Ciclopirox) CICLODAN SOLN	1		<i>nystatin (topical) CREA</i>	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1		<i>nystatin (topical) OINT</i>	1	
(Ketoconazole (Topical)) KETODAN FOAM	2		<i>nystatin (topical) POWD EX</i>	1	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		<i>nystatin-triamcinolone CREA</i>	1	
<i>ciclopirox olamine CREA</i>	1		<i>nystatin-triamcinolone OINT</i>	1	
<i>ciclopirox olamine SUSP</i>	1		<i>oxiconazole nitrate CREA</i>	1	
<i>ciclopirox GEL</i>	1		OXISTAT LOTN	3	
<i>ciclopirox SHAM</i>	1		<i>sulconazole nitrate CREA</i>	1	
			<i>sulconazole nitrate SOLN</i>	1	
Anti-inflammatory Agents - Topical					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	TARGRETIN ( <i>bexarotene (topical)</i> )	7	PA
			VALCHLOR	4	ST; PA
			Antipruritics - Topical		
			<i>doxepin hcl (antipruritic)</i>	1	QL(3 gm daily)
			Antipsoriatics		
			(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
			<i>acitretin 25 MG</i>	2	QL(2 ea daily)
			<i>acitretin 10 MG</i>	2	QL(1 ea daily)
			<i>acitretin 17.5 MG</i>	2	
			<i>calcipotriene CREA</i>	2	QL(5 gm daily)
			<i>calcipotriene FOAM</i>	1	PA
			CALCIPOTRIENE FOAM	3	PA
			<i>calcipotriene OINT</i>	1	QL(5 gm daily)
			<i>calcipotriene SOLN</i>	1	
			<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 gm daily)
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 gm daily); PA			
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)	COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
PENNSAID SOLN EX	3	QL(4 gm daily); PA			
Antineoplastic or Premalignant Lesion Agents - Topical					
<i>bexarotene (topical)</i>	4	PA	COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA
CARAC CREA ( <i>fluorouracil (topical)</i> )	2	QL(1 gm daily)			
<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA	COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1				
<i>fluorouracil (topical) SOLN</i>	1				
PANRETIN	3	PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA	TREMFYA SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
<i>methoxsalen rapid</i>	1		TREMFYA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	<b>Antiseborrheic Products</b>		
SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA	<i>selenium sulfide LOTN 2.5 %</i>	1	
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	SODIUM SULFACETAMIDE WASH LIQD	3	
SORILUX FOAM	3	PA	<i>sulfacetamide sodium LIQD</i>	1	
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	<i>sulfacetamide sodium SHAM 10 %</i>	1	
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); SP; PA	<b>Antivirals - Topical</b>		
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); SP; PA	<i>acyclovir topical OINT</i>	1	QL(1 gm daily)
<i>tazarotene CREA</i>	1		<b>Burn Products</b>		
<i>tazarotene GEL</i>	1		(Silver Sulfadiazine) SSD	1	
TAZORAC CREA	2		<i>mafenide acetate PACK</i>	1	
			<i>silver sulfadiazine</i>	1	
			SULFAMYLON CREA	3	
			<b>Corticosteroids - Topical</b>		
			(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1	
			(Clobetasol Propionate Emulsion) TOVET	1	
			(Clobetasol Propionate) CLODAN SHAM	1	
			(Desonide) DESRX GEL	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Flurandrenolide) NOLIX CREA	1		<i>betamethasone valerate OINT</i>	1	
(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 %	1		<i>calcipotriene-betamethasone dipropionate OINT</i>	2	ST
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 gm daily); ST
ALA-SCALP LOTN	3		CAPEX SHAM	2	
<i>alclometasone dipropionate CREA</i>	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate emulsion</i>	1	
<i>amcinonide CREA</i>	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>amcinonide LOTN</i>	1		<i>clobetasol propionate FOAM</i>	1	
<i>amcinonide OINT</i>	1		<i>clobetasol propionate GEL 0.05 %</i>	1	
APEXICON E CREA	2		<i>clobetasol propionate LIQD</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		CLODERM ( <i>clocortolone pivalate</i> )	7	
<i>betamethasone dipropionate augmented OINT</i>	1		CORDRAN TAPE	3	
<i>betamethasone valerate CREA</i>	1		CORTANE-B	3	
<i>betamethasone valerate FOAM</i>	1		<i>desonide CREA</i>	1	
<i>betamethasone valerate LOTN</i>	1		<i>desonide GEL</i>	1	
			<i>desonide LOTN</i>	1	
			<i>desonide OINT</i>	1	
			<i>desoximetasone CREA</i>	1	
			<i>desoximetasone GEL</i>	1	
			<i>desoximetasone LIQD</i>	1	ST

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<i>desoximetasone OINT</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<i>diflorasone diacetate CREA</i>	1		<i>hydrocortisone butyrate SOLN</i>	1	
<i>diflorasone diacetate OINT</i>	1		<i>hydrocortisone valerate CREA</i>	1	
EPIFOAM FOAM	3		<i>hydrocortisone valerate OINT</i>	1	
<i>fluocinolone acetonide CREA</i>	1		LOCOID LIPOCREAM	3	
<i>fluocinolone acetonide OIL</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinolone acetonide OINT</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinolone acetonide SOLN</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinonide emulsified base</i>	1		NUCORT LOTN	3	
<i>fluocinonide CREA</i>	1		PRAMOSONE LOTN	3	
<i>fluocinonide GEL</i>	1		PRAMOSONE OINT	3	
<i>fluocinonide OINT</i>	1		<i>prednicarbate OINT</i>	1	
<i>fluocinonide SOLN</i>	1		TEXACORT SOLN 2.5 %	3	
<i>flurandrenolide CREA</i>	1		<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>fluticasone propionate CREA 0.05 %</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>fluticasone propionate LOTN</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>fluticasone propionate OINT</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>halobetasol propionate CREA</i>	1		<b>Eczema Agents</b>		
<i>halobetasol propionate OINT</i>	1		DUPIXENT SOPN 300 MG/2ML	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1		<b>Emollient/Keratolytic Agents</b>		
<i>hydrocortisone (topical) OINT 2.5 %</i>	1				
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1				
<i>hydrocortisone butyrate CREA</i>	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Urea) CEROVEL LOTN 40 %	1		<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 ea daily)
<i>urea LOTN 40 %</i>	1		PREMIUM SCAR PATCH	3	
Enzymes - Topical			Misc. Topical		
SANTYL OINT	3		DRYSOL SOLN	2	
Immunomodulating Agents - Topical			XERAC AC	3	
<i>imiquimod 5 %</i>	1		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
Immunosuppressive Agents - Topical			EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
<i>pimecrolimus</i>	1	QL(2 gm daily)	Rosacea Agents		
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)	(Metronidazole (Topical)) ROSADAN CREA	1	
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)	(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limit 45gms per month; QL(1.5 gm daily)
Keratolytic/Antimitotic Agents			<i>azelaic acid GEL</i>	1	
(Salicylic Acid) KERALYT SHAM 6 %	1		<i>brimonidine tartrate (topical)</i>	1	ST; PA
BENSAL HP OINT	3	RX/OTC	<i>doxycycline (rosacea)</i>	1	ST; QL(1 ea daily); PA
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC	FINACEA FOAM	3	
PODOCON-25 SOLN	3		<i>ivermectin (rosacea)</i>	1	QL(1.5 gm daily); PA
<i>podofilox GEL</i>	1		<i>metronidazole (topical) CREA</i>	1	
<i>podofilox SOLN</i>	1		<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>salicylic acid in ammonium lactate vehicle</i>	1		<i>metronidazole (topical) GEL 1 %</i>	1	
SALICYLIC ACID OINT	3	RX/OTC	<i>metronidazole (topical) LOTN</i>	1	QL(2 ml daily)
<i>salicylic acid SHAM 6 %</i>	1		NORITATE CREA	4	PA
SALIMEZ CREA	3		ORACEA ( <i>doxycycline (rosacea)</i> )	7	ST; QL(1 ea daily); PA
SALYCIM CREA	3		RHOFADE	3	ST; PA
Local Anesthetics - Topical					
(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %	1	Limited to 3 patches per day; QL(3 ea daily)			
CETACAINE AERO	3				
<i>lidocaine hcl SOLN</i>	1				
<i>lidocaine-prilocaine CREA</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<b>Scabicides &amp; Pediculicides</b>		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	1	RX/OTC
<i>ivermectin (pediculicide)</i>	1	RX/OTC
<i>malathion</i>	1	
<i>permethrin CREA</i>	1	QL(2 gm daily)
<b>Wound Care Products</b>		
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
METOPIRONE	3	
<b>Diagnostic Tests</b>		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	6	
KETOSTIX STRP	6	

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA	2	QL(0.36 ea daily)
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

### DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

#### Digestive Enzymes

CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	

### DIURETICS - Drugs to Treat Heart, Circulation

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Drug Name	Drug Tier	Requirements/Limits
<b>Conditions and Blood Pressure</b>		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>dichlorphenamide</i>	4	PA
KEVEYIS ( <i>dichlorphenamide</i> )	7	PA
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
ALDACTAZIDE	2	
<i>amiloride &amp; hydrochlorothiazide</i>	1	
<i>spironolactone &amp; hydrochlorothiazide</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)
Loop Diuretics		
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>ethacrynic acid</i>	1	ST
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	
<i>furosemide TABS</i>	1	
<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>torseamide TABS 100 MG</i>	1	QL(2 ea daily)
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>		
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	1	
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 ea daily)
<i>alendronate sodium TABS 5 MG, 10 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>calcitonin (salmon) IJ</i>	4	PA
<i>calcitonin (salmon) NA</i>	1	
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ ( <i>calcitonin (salmon)</i> )	7	PA
NATPARA	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 ea daily); ST

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	PA
NORDITROPIN FLEXPRO SOPN	4	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
ZOMACTON SOLR SC 10 MG	4	PA
ZORBTIVE SC	4	PA
Hormone Receptor Modulators		
EVISTA ( <i>raloxifene hcl</i> )	7	PV
OSPHENA	3	QL(1 ea daily)
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
<i>betaine</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
BUPHENYL POWD ( <i>sodium phenylbutyrate</i> )	7	PA
BUPHENYL TABS ( <i>sodium phenylbutyrate</i> )	7	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN OR</i>	1	
<i>cinacalcet hcl</i>	1	PA
CYSTADANE ( <i>betaine</i> )	7	PA
<i>doxercalciferol CAPS</i>	2	
GALAFOLD	4	QL(0.5 ea daily); PA
KUVAN PACK ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX
KUVAN TABS ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	1	
MYALEPT	4	PA
<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA
<i>nitisinone CAPS 10 MG</i>	4	PA
NITYR TABS	4	PA
ORFADIN CAPS 10 MG ( <i>nitisinone</i> )	7	PA
ORFADIN SUSP	4	PA
PALYNZIQ	4	PA
<i>paricalcitol CAPS</i>	1	
RAVICTI	4	
<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX

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Drug Name	Drug Tier	Requirements/Limits
<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	4	PA
XURIDEN	4	
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1	
STIMATE SOLN NA	3	
Progesterone Receptor Antagonists		
MIFEPREX ( <i>mifepristone</i> )	7	PV
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML</i>	4	PA
<i>octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML</i>	4	PA
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	4	PA
SANDOSTATIN SOLN 500 MCG/ML ( <i>octreotide acetate</i> )	7	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol &amp; norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	4	PA
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
Estrogens		

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Drug Name	Drug Tier	Requirements/Limits
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW	2	QL(0.29 ea daily)
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</i>	1	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 ea daily)
<i>estradiol TABS</i>	1	
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	
MENEST	2	
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
PREMARIN TABS 0.9 MG	2	
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 days retail; 28 ea per 90 days mail)
<i>ofloxacin 300 MG</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 10 MG	4	QL(1 ea daily); PA
OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	4	PA
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	1	
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 ea daily)
DIPENTUM	3	
INFLECTRA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>mesalamine CP24</i>	1	QL(4 ea daily)
<i>mesalamine CPCR</i>	1	QL(8 ea daily); PA
<i>mesalamine CPDR</i>	1	QL(6 ea daily)
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)
<i>mesalamine TBEC 800 MG</i>	1	
PENTASA CPR 250 MG	3	PA
RENFLXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 rtl pack lmt per fill; PA
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl</i>	2	
LINZESS	2	QL(1 ea daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1	
MOVANTIK	3	QL(1 ea daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA	3	ST; PA
<i>calcium acetate (phosphate binder) CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
PHOSLYRA SOLN	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</i>	1	
<i>sevelamer hcl 800 MG</i>	1	QL(16 ea daily); PA
<i>sevelamer hcl 400 MG</i>	1	ST; PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	

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Drug Name	Drug Tier	Requirements/Limits
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
ORACIT	3	
ORAL CITRATE	3	
<i>pot &amp; sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate &amp; citric acid</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
<i>silodosin 4 MG</i>	1	
<i>silodosin 8 MG</i>	1	QL(1 ea daily)
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC	3	
<i>tiopronin TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tiopronin TBEC</i>	1	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
MITIGARE CAPS ( <i>colchicine</i> )	7	
Uricosurics		
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
AFSTYLA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	IDELVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ALTUVIIIO	4	PA	IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	JIVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COAGADEX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	KOVALTRY	4	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOSEVEN RT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
			OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Icatibant Acetate) SAJAZIR SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	administered under the medical benefit; PA	FIRAZYR SOSY ( <i>icatibant acetate</i> )	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>icatibant acetate SOLN</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>icatibant acetate SOSY</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<b>Complement Inhibitors</b>		
VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	FABHALTA	4	PA
WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HAEGARDA SOLR SC	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		
XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TAVALISSE 100 MG	4	ST; PA
<b>Bradykinin B2 Receptor Antagonists</b>			TAVALISSE 150 MG	4	PA
			<b>Hematorheologic Agents</b>		
			<i>pentoxifylline</i>	1	QL(3 ea daily)
			<b>Human Protein C</b>		
			CEPROTIN	4	PA
			<b>Platelet Aggregation Inhibitors</b>		
			<i>anagrelide hcl</i>	1	
			<i>aspirin-dipyridamole</i>	1	
			BRILINTA	2	QL(2 ea daily)
			<i>cilostazol</i>	1	QL(2 ea daily)
			<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
			<i>dipyridamole</i>	1	
			<i>prasugrel hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
CEREZYME 400 UNIT	4	PA
<i>miglustat</i>	4	ST; PA
ZAVESCA ( <i>miglustat</i> )	7	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 1000 MG	4	AC; PA
SIKLOS TABS 100 MG	4	ST; AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
Hematopoietic Growth Factors		
MULPLETA	4	PA
PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
RETACRIT	4	PA
RETACRIT 20000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	
<i>aminocaproic acid TABS</i>	1	
CYKLOKAPRON SOLN ( <i>tranexamic acid</i> )	7	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	4	PA
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>			(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
Barbiturate Hypnotics			GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	7	QL(4000 ml per fill retail); PV
<i>phenobarbital ELIX</i>	1		NULYTELY ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	7	PV
<i>phenobarbital TABS</i>	1		<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
Non-Barbiturate Hypnotics			<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	QL(4000 ml per fill retail); PV
DORAL ( <i>quazepam</i> )	7		<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
<i>estazolam</i>	1		PEG-PREP	5	QL(1 ea per fill retail); PV
<i>eszopiclone</i>	1	QL(1 ea daily)	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)	SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	7	PV
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)	Laxatives - Miscellaneous		
<i>midazolam hcl SYRP</i>	1		(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
<i>temazepam 7.5 MG</i>	1				
<i>temazepam 15 MG</i>	1	QL(2 ea daily)			
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 ea daily)			
<i>triazolam 0.125 MG</i>	1				
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)			
<i>zaleplon</i>	1	QL(1 ea daily)			
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)			
<i>zolpidem tartrate TBCR</i>	1	QL(1 ea daily)			
Orexin Receptor Antagonists					
BELSOMRA	2	QL(1 ea daily); ST			
Selective Melatonin Receptor Agonists					
<i>ramelteon</i>	1	QL(1 ea daily); ST			
<b>LAXATIVES - Bowel Treatment Drugs</b>					
Laxative Combinations					
(PEG 3350-Kcl-Nacl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV			

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(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD	1	Limit 528gms per month; QL(17.6 gm daily)	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C- LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX- LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX- WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>lactulose SOLN</i>	1				
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 gm daily)			
Saline Laxatives					
OSMOPREP	5	PV			
Stimulant Laxatives					
			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl TBEC</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
Azithromycin		
<i>azithromycin PACK</i>	1	
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<i>clarithromycin TABS</i>	1	
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
Erythromycins		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	
<i>erythromycin base TBEC</i>	1	

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

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KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	OMNIFLEX DIAPHRAGM	5	PV
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	PREMIUM CONDOMS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
MAXX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
			TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	Diabetic Supplies		
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK SAFE-T-PRO LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	PV	ACTI-LANCE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	PV	ACTI-LANCE LITE SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	PV	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	PV			
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV			
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV			
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV			

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ACTI-LANCE SPECIAL SAFETYLANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	AQUALANCE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE COMFORT LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVANCED MOBILE LANCET 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AIMSCO TWIST LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AIMSCO TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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ASSURE LANCE PLUS SAFETYLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AURORA LANCET SUPER THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AURORA LANCET THIN 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
BD MICROTAINER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CAREONE LANCET SUPER THIN/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEANLET LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CAREONE LANCET THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHEK LANCETS ULTRATHIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARESENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHEK LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH SAFETY LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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CLEVER CHOICE COMFORT EZLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COAGUCHEK LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS ORIGINAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT ASSURED LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH LANCETS ULTRA THIN 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CVS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DIATHRIVE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DIATHRIVE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DROPLET PERSONAL LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DRUG MART LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DRUG MART UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 26G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DRUG MART UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL COLOR LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL COLOR LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL SUPER THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL THIN LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS COLOR	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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E-Z JECT LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FINE 30	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FINGERSTIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
E-ZJECT LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FORA LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 26G SUPER-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 28G ULTRA-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREESTYLE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GNP STERILE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GNP STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GNP STERILE LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

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KROGER LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS ULTRATHIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIBERTY MEDICAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G/TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LITETOUCH LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G EXTRA FINE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G UNIVERSAL DESIGN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

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MEDLANCE/UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MONOLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MONOLET OPD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MONOLETTOR SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCET 21G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCET 28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCET 30G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCETS 23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MICROLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MM TWIST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

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

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RA E-ZJECT LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS ULTRA-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCANCE SAFETY LANCETS/21G/2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCANCE SAFETY LANCETS/23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCANCE SAFETY LANCETS/26G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCANCE SAFETY LANCETS/28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCANCE SAFETY LANCETS/30G/1.6MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	REXALL LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
REALITY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RIGHTEST GL300 LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE NORMAL FLOW21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

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

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

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ULTILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET EXCELITE II	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET GP 28 ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II AUTO LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS SUPER-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET EXCELITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 GENTLE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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UNISTIK PRO SAFETY LANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK PRO SAFETY LANCET 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK PRO SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS STANDARD 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 21G X 2.4MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 23G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS THIN26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 28G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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VERIFINE SAFETY LANCET MINI 30G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ZEV RX TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	<b>Parenteral Therapy Supplies</b>		
VIVAGUARD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
VIVAGUARD SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
WALGREENS ADVANCED TRAVEL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC
			BD NEEDLE/30G X 1/2"	2	RX/OTC

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

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DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC	<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AJOVY SOAJ	2	PA
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	6	RX/OTC	AJOVY SOSY	2	PA
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC	EMGALITY SOAJ	2	PA
NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	EMGALITY SOSY	2	PA
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC	UBRELVY	3	QL(10 ea per 30 days retail); ST
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	Migraine Combinations		
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	<i>ergotamine w/ caffeine TABS</i>	1	
			Migraine Products		
			D.H.E. 45 SOLN IJ ( <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	QL(0.27 ml daily); PA
			ERGOMAR SUBL	2	
			Serotonin Agonists		
			<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML ( <i>sumatriptan succinate</i> )	7	ST; PA
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</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 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>sumatriptan succinate SOAJ</i>	4	PA
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	4	PA
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	4	ST; PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ml daily); PA
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan SOLN</i>	1	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)

MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
CALCIUM-FOLIC ACID PLUS D	3	
MAGNEBIND 400	3	
Fluoride		
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
FLORIVA	3	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
Phosphate		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		K-TAB TBCR 8 MEQ ( <i>potassium chloride</i> )	2	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		<i>potassium chloride microencapsulated crystals er</i>	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1		<i>potassium chloride CPCR</i>	1	
Potassium			<i>potassium chloride PACK OR 20 MEQ</i>	1	
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1		<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1		POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ( <i>potassium chloride</i> )	7	PA
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1		<i>potassium chloride TBCR</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1		Zinc		
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1		GALZIN	3	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1		WILZIN	3	
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1		<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
EFFER-K	3		Chelating Agents		
			CUPRIMINE CAPS ( <i>penicillamine</i> )	7	PA
			<i>penicillamine CAPS</i>	4	PA
			<i>penicillamine TABS</i>	1	
			SYPRINE ( <i>trientine hcl</i> )	7	PA
			<i>trientine hcl 250 MG</i>	4	PA
			<i>trientine hcl 500 MG</i>	4	PA
			Immunomodulators		
			<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
			THALOMID	3	Must use Exactus Specialty Rx 1-866-458-9246; AC
			Immunosuppressive Agents		

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Drug Name	Drug Tier	Requirements/Limits
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	ST
<i>azathioprine TABS</i>	1	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>cyclosporine CAPS</i>	1	
<i>everolimus (immunosuppressant)</i>	1	
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	1	
<i>mycophenolate mofetil TABS</i>	1	
<i>mycophenolate sodium</i>	1	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN OR	3	
<i>sirolimus SOLN</i>	1	
<i>sirolimus TABS</i>	1	
<i>tacrolimus CAPS</i>	1	
THYMOGLOBULIN	3	administered under the medical benefit; PA
<b>Potassium Removing Agents</b>		
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat)</i>	1	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
<b>Antiseptics - Mouth/Throat</b>		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<b>Steroids - Mouth/Throat/Dental</b>		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl</i>	1	QL(3 ea daily)
MUCOTROL WAFR	3	
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)
<b>MULTIVITAMINS</b>		

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

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QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL BLOOM	3	
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL BLOOM DHA	2	
TRI-VI-FLOR	3		CITRANATAL DHA	2	
TRI-VI-FLORO	3		CITRANATAL ESSENCE	2	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
FLORIVA	3		CITRANATAL MEDLEY	3	
Prenatal Vitamins			C-NATE DHA CAPS	3	
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	1	RX/OTC	COMPLETENATE CHEW	2	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		CONCEPT DHA	2	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		CONCEPT OB	2	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		DUET DHA 400 MISC	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	1		FOLIVANE-OB	2	
ATABEX EC TBEC	2		M-NATAL PLUS TABS	2	RX/OTC
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
CITRANATAL ASSURE	3		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
			NEONATAL 19	3	

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NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC	PRENATAL-U CAPS	2	
NESTABS	3		PRENATE	3	
NESTABS DHA	2		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3	
NESTABS ONE	3		PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3	
NIVA-PLUS TABS	2	RX/OTC	PRENATE ENHANCE	3	
OB COMPLETE ONE	3		PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
OB COMPLETE PETITE	3		PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3	
OB COMPLETE PREMIER	3		PRENATE PIXIE	3	
OB COMPLETE/DHA	3		PRENATE RESTORE	3	
OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	3		PRENATRIX TABS	2	RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	RX/OTC	PRENATRYL TABS	2	RX/OTC
PNV-DHA+DOCUSATE	3		PREPLUS TABS	2	RX/OTC
PNV-OMEGA	3		RELNATE DHA CAPS	3	
PRENA 1 TRUE	2		SELECT-OB+DHA MISC	3	
PRENA1 CHEW	3				
PRENA1 PEARL	3				
PRENAISSANCE	3				
PRENAISSANCE PLUS CAPS	3				
PRENATAL 19 CHEW	2				
PRENATAL 19 TABS	3	RX/OTC			
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	RX/OTC			
PRENATAL PLUS TABS	2	RX/OTC			
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3		WESNATE DHA CAPS	3	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2		WESTAB PLUS TABS	2	RX/OTC
SE-NATAL 19 CHEW	2		WESTGEL DHA	3	
SE-NATAL 19 TABS	3	RX/OTC	ZATEAN-PN DHA	3	
THERANATAL CORE NUTRITION TABS	2	RX/OTC	ZATEAN-PN PLUS	3	
THRIVITE RX TABS	2	RX/OTC	<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
TRICARE TABS	2	RX/OTC	<b>Central Muscle Relaxants</b>		
TRINATAL RX 1 TABS	2		(Carisoprodol) VANADOM TABS 350 MG	1	
TRISTART DHA	3		(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
TRISTART ONE	3		<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 40000 MCG/20ML</i>	4	administered under the medical benefit; PA
VINATE DHA RF	3		<i>baclofen TABS 5 MG</i>	1	
VINATE ONE TABS	2		<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
VIRT-C DHA	2		<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
VIRT-NATE DHA CAPS	3		<i>carisoprodol TABS</i>	1	
VIRT-PN DHA	3		<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
VITAFOL GUMMIES	3		<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
VITAFOL-NANO	3		GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	4	administered under the medical benefit; PA
VITAFOL-ONE CAPS	3		LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	4	administered under the medical benefit; PA
VITAMEDMD ONE RX/QUATREFOLIC	3		LIORESAL INTRATHECAL SOLN IT ( <i>baclofen</i> )	7	administered under the medical benefit; PA
VITAMEDMD REDICHEW RX	3		<i>metaxalone 400 MG</i>	1	
VITAPEARL	3		<i>metaxalone 800 MG</i>	1	QL(4 ea daily)
VITATHELY/GINGER TABS	2	RX/OTC	<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
VITATRUE	2		<i>orphenadrine citrate TB12</i>	1	
VIVA DHA CAPS	3				
VP-PNV-DHA CAPS	3				
WESCAP-C DHA	2				

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC
NASONEX 24HR SUSP	2	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ml daily)
XHANCE EXHU	3	QL(1.07 ml daily); ST
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	4	PA
RADICAVA ORS SUSP	4	PA
RELYVRIO	4	PA
<i>riluzole TABS</i>	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	4	PA
<b>NUTRIENTS</b>		
Lipids		
DOJOLVI	4	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	1	
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	
TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
<i>atropine sulfatate (ophthalmic) OINT</i>	1	
<i>atropine sulfatate (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
ISOPTO ATROPINE SOLN	2	
<i>phenylephrine hcl (mydriatic) SOLN</i>	1	
<i>tropicamide SOLN</i>	1	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN	1		<i>sulfacetamide sodium (ophth) OINT</i>	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1		<i>sulfacetamide sodium (ophth) SOLN</i>	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN	1		<i>tobramycin (ophth) SOLN</i>	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)	TOBREX OINT	2	
<i>bacitracin (ophthalmic)</i>	2		<i>trifluridine</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1		ZIRGAN GEL	3	
BESIVANCE	3		Ophthalmic Immunomodulators		
BETADINE OPHTHALMIC PREP	3		<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
CILOXAN OINT	2		Ophthalmic Local Anesthetics		
<i>ciprofloxacin hcl (ophth) SOLN</i>	1		(Tetracaine Hcl (Ophth)) ALTACAINE	1	
ERYTHROMYCIN	2		AKTEN	3	
<i>erythromycin (ophth)</i>	1		<i>proparacaine hcl</i>	1	
<i>gatifloxacin (ophth)</i>	1		<i>tetracaine hcl (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1		Ophthalmic Steroids		
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)	(Bacitracin-Poly-Neomycin-HC) NEO-POLYCYN HC	1	QL(4 gm per fill retail; 4 per fill mail)
<i>levofloxacin (ophth) 1.5 %</i>	2		(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1		<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail; 4 per fill mail)
NATACYN	2		BLEPHAMIDE S.O.P. OINT	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1		BLEPHAMIDE SUSP	2	
<i>neomycin-polymyxin-gramicidin</i>	1		<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail)	<i>difluprednate</i>	1	
<i>polymyxin b-trimethoprim</i>	1		FLAREX	2	
POVIDONE IODINE	3		<i>fluorometholone (ophth) SUSP</i>	1	
			FML FORTE SUSP	2	
			FML OINT	2	
			LOTEMAX OINT	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate GEL</i>	1		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP	1	QL(0.09 ml daily); RX/OTC
<i>loteprednol etabonate SUSP</i>	1		OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC		
MAXIDEX SUSP OP	2		OLOPATADINE HYDROCHLORIDE, SM		
<i>neomycin-polymyx-dexameth OINT</i>	1		OLOPATADINE HCL 0.2 %		
<i>neomycin-polymyx-dexameth SUSP</i>	1		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESS RELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
<i>neomycin-polymyxin-hc (ophth)</i>	1		OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %		
PRED MILD	2		ACUVAIL	3	
PRED-G S.O.P. OINT	3		ALOCRIAL	3	
PRED-G SUSP	3		ALOMIDE	2	
<i>prednisolone acetate (ophth)</i>	1		<i>azelastine hcl (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3		<i>bepotastine besilate</i>	1	QL(0.34 ml daily); ST
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3		<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
<i>sulfacetamide sod-prednisolone SOLN</i>	1		<i>bromfenac sodium (ophth)</i>	1	
TOBRADEX ST SUSP	3		<i>cromolyn sodium (ophth)</i>	1	
TOBRADEX OINT	3		CYSTARAN	4	
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)	<i>diclofenac sodium (ophth)</i>	1	
ZYLET	3	QL(5 ml per fill retail)	<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ml daily)
Ophthalmic Surgical Aids			DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)
GELFILM OP	3		<i>epinastine hcl (ophth)</i>	1	
Ophthalmics - Misc.					

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<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ml daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PAREMYD	3	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.09 ml daily)
LATANOPROST SOLN	2	QL(0.09 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>tafluprost</i>	1	QL(1 ea daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 ea per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-fluocinolone acetamide</i>	1	Limit 15mls per month; QL(0.5 ea daily)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
OTOVEL ( <i>ciprofloxacin-fluocinolone acetamide</i> )	7	Limit 15mls per month; QL(0.5 ea daily)
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetamide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ml per fill retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
BIVIGAM SOLN 5 GM/50ML	4	PA
BIVIGAM SOLN 10 %	4	PA
FLEBOGAMMA DIF SOLN 5 GM/50ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF SOLN	4	PA
GAMASTAN	4	PA
GAMMAGARD LIQUID 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
GAMMAGARD LIQUID 1 GM/10ML	4	Covered under Medical Benefit; PA
GAMMAKED 1 GM/10ML	4	Covered under Medical Benefit; PA
GAMMAPLEX SOLN	4	PA
GAMMAPLEX SOLN 5 GM/50ML	4	PA
GAMUNEX-C 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
GAMUNEX-C 1 GM/10ML	4	Covered under Medical Benefit; PA
OCTAGAM SOLN 5 GM/50ML	4	PA
OCTAGAM SOLN	4	PA
PRIVIGEN SOLN 5 GM/50ML	4	PA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	PA
Passive Immunizing Agents - Combinations		
HYQVIA 1600 UNIT/10ML-20 GM/200ML, 200 UNT/1.25ML-2.5 GM/25ML, 2400 UNIT/15ML-30 GM/300ML, 400 UNIT/2.5ML-5 GM/50ML	4	Some members may obtain their medications through their Medical Group; PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	4	PA
BICILLIN L-A SUSY	4	PA
<i>penicillin g potassium</i>	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	PA
PENICILLIN G PROCAINE	4	PA
<i>penicillin g sodium</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 IJ 2 GM-1 GM</i>	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	4	PA

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<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	4	PA	<b>Anti-Cataleptic Agents</b>		
UNASYN IJ 2 GM-1 GM ( <i>ampicillin &amp; sulbactam sodium</i> )	7	PA	SODIUM OXYBATE SOLN	4	ST; PA
UNASYN BULK PACK IV ( <i>ampicillin &amp; sulbactam sodium</i> )	7	PA	XYREM SOLN	4	ST; PA
<b>Penicillinase-Resistant Penicillins</b>			<b>Antidementia Agents</b>		
<i>dicloxacillin sodium</i>	1		<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
NAFCILLIN 1 GM/50ML-5 %	4	PA	<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
<i>nafcillin sodium IV 2 GM, 10 GM</i>	4	PA	<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>oxacillin sodium IV 10 GM</i>	4	PA	<i>galantamine hydrobromide SOLN</i>	1	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>			<i>galantamine hydrobromide TABS</i>	1	
<b>Progestins</b>			<i>memantine hcl CP24 7 MG</i>	1	ST; PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1		<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	1	PA
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)	<i>memantine hcl SOLN</i>	1	
<i>megestrol acetate (appetite)</i>	1	AC	<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)
<i>norethindrone acetate TABS</i>	1		<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)
<i>progesterone CAPS</i>	1	QL(1 ea daily)	<i>memantine hcl TABS</i>	1	
<i>progesterone OIL</i>	1	PA	NAMZARIC C4PK	3	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>			<i>rivastigmine</i>	1	
<b>Agents for Chemical Dependency</b>			<i>rivastigmine tartrate CAPS</i>	1	
<i>acamprosate calcium</i>	1		<b>Combination Psychotherapeutics</b>		
<i>disulfiram</i>	1		<i>chlordiazepoxide-amitriptyline</i>	1	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA	<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG</i>	2	
			<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG</i>	1	
			<i>perphenazine-amitriptyline</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Fibromyalgia Agents			<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ml daily)
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA	KESIMPTA	4	QL(0.0143 ml daily); PA
SAVELLA TABS	3	QL(2 ea daily); PA	MAYZENT STARTER PACK TBPB	3	not available thru mail order; PA
Movement Disorder Drug Therapy			MAYZENT STARTER PACK TBPB	3	not available thru mail order; QL(12 ea per 5 days retail); PA
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA	MAYZENT TABS 2 MG	3	QL(1 ea daily); PA
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA	MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA	MAYZENT TABS 1 MG	3	not available thru mail order; PA
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA	PLEGRIDY STARTER PACK SOPN	4	PA
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 ea daily); PA	PLEGRIDY STARTER PACK SOSY SC	4	PA
INGREZZA CPPK	4	PA	PLEGRIDY SOPN	4	PA
<i>tetrabenazine</i>	4	Specialty drug-Health Net will refer to SP Pharmacy; PA	PLEGRIDY SOSY SC	4	PA
XENAZINE ( <i>tetrabenazine</i> )	7	Specialty drug-Health Net will refer to SP Pharmacy; PA	PLEGRIDY SOSY IM	4	PA
Multiple Sclerosis Agents			REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 days retail)	REBIF REBIDOSE SOAJ	4	PA
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)	REBIF TITRATION PACK SOSY	4	PA
AVONEX PEN AJKT	4	PA	REBIF SOSY	4	PA
AVONEX PSKT	4	PA	<i>teriflunomide</i>	1	QL(1 ea daily)
BETASERON KIT	4	PA	Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>dalfampridine</i>	1	PA	<i>fluoxetine hcl (pmdd) TABS</i>	1	
<i>dimethyl fumarate CDPK</i>	2	QL(60 ea per 365 days retail)	Pseudobulbar Affect (PBA) Agents		
<i>dimethyl fumarate CPDR</i>	2	QL(2 ea daily)	NUEDEXTA	4	PA
<i> fingolimod hcl</i>	1	QL(1 ea daily)	Psychotherapeutic and Neurological Agents - Misc.		
GILENYA 0.5 MG	2	QL(1 ea daily)	<i>ergoloid mesylates TABS</i>	1	
<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 days retail)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pimozide</i>	1		(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG	5	PV
Smoking Deterrents			(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR			(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/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR			(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/STEP 1/CLEAR, SM NICOTINE	5	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR			(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/STEP 1/CLEAR, SM NICOTINE	5	PV

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

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Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR		
APO-VARENICLINE TABS 1 MG	5	QL(2 ea daily); PV
APO-VARENICLINE TABS 0.5 MG	5	QL(1 ea daily); PV
<i>bupropion hcl (smoking deterrent)</i>	5	PV
NICODERM CQ PT24 TD ( <i>nicotine</i> )	7	PV
NICORETTE MINI LOZG ( <i>nicotine polacrilex</i> )	7	PV
NICORETTE STARTER KIT GUM ( <i>nicotine polacrilex</i> )	7	PV
NICORETTE GUM ( <i>nicotine polacrilex</i> )	7	PV
NICORETTE LOZG ( <i>nicotine polacrilex</i> )	7	PV
<i>nicotine polacrilex GUM</i>	5	PV
<i>nicotine polacrilex LOZG</i>	5	PV
NICOTINE TRANSDERMAL SYSTEM KIT	5	PV
<i>nicotine MISC XX</i>	5	PV
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
NICOTROL INHALER INHA	5	PV
NICOTROL NS SOLN	5	PV
<i>varenicline tartrate TABS 1 MG</i>	5	QL(2 ea daily); PV
<i>varenicline tartrate TABS 0.5 MG</i>	5	QL(1 ea daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Lung Conditions</b>		
Cystic Fibrosis Agents		
KALYDECO PACK	4	PA
KALYDECO TABS	4	PA
ORKAMBI PACK 94 MG-75 MG	4	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO	4	PA
TRIKAFTA TBPK 100 MG-50 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4662; QL(3 ea daily); PA
TRIKAFTA TBPK 50 MG-25 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS ( <i>pirfenidone</i> )	7	QL(3 ea daily); SP; PA
ESBRIET TABS ( <i>pirfenidone</i> )	7	QL(3 ea daily); SP; PA
OFEV	4	QL(2 ea daily); PA
<i>pirfenidone CAPS</i>	4	QL(3 ea daily); SP; PA
<i>pirfenidone TABS</i>	4	QL(3 ea daily); SP; PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily)
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
<i>tropium chloride CP24</i>	1	
<i>tropium chloride TABS</i>	1	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
<b>VACCINES</b>		
Viral Vaccines		
AFLURIA QUADRIVALENT 2021-2022 SUSY	5	PV
AFLURIA QUADRIVALENT 2022-2023 SUSY	5	PV
AFLURIA QUADRIVALENT 2023-2024 SUSY	5	PV
COVID VACCINES	5	

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Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT 2021-2022	5	PV
FLUAD QUADRIVALENT 2022-2023	5	PV
FLUAD QUADRIVALENT 2023-2024	5	PV
FLUARIX QUADRIVALENT 2021-2022 SUSY	5	PV
FLUARIX QUADRIVALENT 2022-2023 SUSY	5	PV
FLUARIX QUADRIVALENT 2023-2024 SUSY	5	PV
FLULAVAL QUADRIVALENT 2021-2022 SUSY	5	PV
FLULAVAL QUADRIVALENT 2022-2023 SUSY	5	PV
FLULAVAL QUADRIVALENT 2023-2024 SUSY	5	PV
FLUMIST QUADRIVALENT	5	PV
FLUZONE HIGH-DOSE PF 2021-2022	5	PV
FLUZONE HIGH-DOSE PF 2022-2023	5	PV
FLUZONE HIGH-DOSE PF 2023-2024	5	PV
FLUZONE QUADRIVALENT 2021-2022 SUSY	5	PV
FLUZONE QUADRIVALENT 2022-2023 SUSY	5	PV
FLUZONE QUADRIVALENT 2023-2024 SUSY	5	PV
HEPLISAV-B SOSY	5	Medical Benefit; PV
<b>VAGINAL AND RELATED PRODUCTS</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Spermicides</b>		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
<b>Vaginal Anti-infectives</b>		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA 0.8 %</i>	6	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
<b>Vaginal Contraceptive - pH Modulators</b>		
PHEXXI	5	PV
<b>Vaginal Estrogens</b>		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 per fill mail)
FEMRING	3	QL(1 ea per 90 days retail; 1 ea per 90 days mail)

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN	2	QL(2 gm daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	3	Limited to 2 auto-injectors per fill; QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	3	QL(2 ea per fill retail; 4 ea per 30 days retail)
EPINEPHRINE SOAJ 0.3 MG/0.3ML	3	Limited to 2 pens per fill; 4 pens per month; QL(2 ea per fill retail; 4 ea per 30 days retail)
EPIPEN 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )	6	
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA ( <i>droxidopa</i> )	7	PA
Vasopressors		
<i>midodrine hcl</i>	1	
<b>VITAMINS</b>		
Oil Soluble Vitamins		
<i>ergocalciferol CAPS</i>	1	
<i>phytonadione TABS 5 MG</i>	1	
Water Soluble Vitamins		
POTABA CAPS	3	

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(Ciclopirox) CICLODAN SOLN ....	49	(Dexamethasone) TAPERDEX 12- DAY, TAPERDEX 7-DAY TBPK ...	46	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG .....	38
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB .....	47	(Dexchlorpheniramine Maleate) RYCLOLA SOLN .....	22	(Diltiazem Hcl) DILT-XR CP24 ....	38
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM .....	47	(Dextroamphetamine Sulfate) PROCENTRA SOLN .....	1	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG .....	38
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ...	47	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG .....	1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG .....	115
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % .....	51	(Diazepam) DIAZEPAM INTENSOL CONC .....	10	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 115	
(Clobetasol Propionate Emulsion) TOVET .....	51	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG .....	4	(Doxycycline Hyclate) LYMEPAK TABS 100 MG .....	115
(Clobetasol Propionate) CLODAN SHAM .....	51	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG .....	41
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG .....	94			(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG .....	41
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 94				(Drospirenone-Ethinyl Estradiol- Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG .....	42

(Ergotamine W/ Caffeine) MIGERGOT SUPP .....	91	MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG .....	117	SM ALLERGY RELIEF NASAL SPRAY SUSP .....	99
(Erythromycin (Acne Aid)) ERY PADS .....	47	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	12		
(Erythromycin Base) ERY-TAB TBEC .....	67	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG .....	64		
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG .....	67	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG .....	64		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG .....	58	(Fluocinolone Acetonide (Otic)) FLAC .....	103		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS .....	58	(Flurandrenolide) NOLIX CREA ...	52		
(Estradiol Vaginal) YUVAFEM TABS . 119		(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF,			
(Estradiol) DOTTI, LYLLANA PTTW . 59					
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG .....	42	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG .....	64		
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG .....	42	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG .....	64		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE .....	45	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG .....	64		
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	33	(Gentamicin Sulfate (Ophth)) GENTAK OINT .....	101		
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML .....	106		

(Guaifenesin-Codeine) GUAIA TUSSIN AC, GUAIFENESIN AC SYRP .....46	(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT 55	ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .42
(Homatropine Hbr) HOMATROPAIRE .....100	(Ketoconazole (Topical)) KETODAN FOAM ..... 49	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELLYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...42
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 46	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC ..... 60	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELLYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...42
(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % .....10	(Lactulose) CONSTULOSE SOLN 10 GM/15ML .....65	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELLYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG . 42
(Hydrocortisone (Topical)) ALA- SCALP LOTN 2 % ..... 52	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT .....14	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG ..... 45
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG ..... 116	(Lamotrigine) SUBVENITE TABS . 14	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 .....42
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG ..... 116	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .117	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE ..... 42
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG ..... 116	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .117	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE ..... 42
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG ..... 4	(Levetiracetam) ROWEEPRA TABS 500 MG .....14	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE ..... 42
(Icatibant Acetate) SAJAZIR SOSY 63	(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS ..... 22	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE ..... 42
(Indomethacin) INDOCIN SUPP .....4	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELLYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA,	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE ..... 42
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC .....49		
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG ..47		
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..47		
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..47		
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG ..... 48		



LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG .... 42	CREA ..... 54	POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG ..... 107
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42	(Metronidazole (Topical)) ROSADAN GEL 0.75 % ..... 54	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG . 107
(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAX ..... 42	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG . 119	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID,
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ..... 115	(Miglustat) YARGESA ..... 64	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG ..... 115	(Nabumetone) RELAFEN 500 MG . 4	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG ..... 115	(Nabumetone) RELAFEN 750 MG . 4	
(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 % ..... 54	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN ..... 101	
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI- DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS ..... 20	(Niacin (Antihyperlipidemic)) NIACOR TABS ..... 23	
(Lorazepam) LORAZEPAM INTENSOL CONC ..... 10	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG ..... 108	
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC ..... 7	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE	
(Methadone Hcl) METHADOSE TBSO ..... 7		
(Methylergonovine Maleate) METHERGINE TABS ..... 103		
(Metronidazole (Topical)) ROSADAN		

RA NICOTINE, RA NICOTINE GUM,  
SM NICOTINE, SM NICOTINE  
POLACRILEX, THRIVE GUM 2 MG  
108

(Nicotine Polacrilex) CVS NICOTINE,  
CVS NICOTINE GUM, CVS  
NICOTINE POLACRILEX, CVS  
NICOTINE POLACRILEX STARTER,  
EQ NICOTINE POLACRILEX, EQL  
NICOTINE POLACRILEX REFILL,  
EQL NICOTINE POLACRILEX  
STARTER, GNP NICOTINE GUM,  
GNP NICOTINE POLACRILEX,  
GOODSENSE NICOTINE GUM,  
GOODSENSE NICOTINE  
POLACRILEX GUM, HM NICOTINE  
POLACRILEX, KLS QUIT2, KLS  
QUIT4, PX STOP SMOKING AID,  
RA NICOTINE, RA NICOTINE GUM,  
SM NICOTINE, SM NICOTINE  
POLACRILEX, THRIVE GUM 4 MG  
109

(Nicotine Polacrilex) CVS NICOTINE,  
CVS NICOTINE GUM, CVS  
NICOTINE POLACRILEX, CVS  
NICOTINE POLACRILEX STARTER,  
EQ NICOTINE POLACRILEX, EQL  
NICOTINE POLACRILEX REFILL,  
EQL NICOTINE POLACRILEX  
STARTER, GNP NICOTINE GUM,  
GNP NICOTINE POLACRILEX,  
GOODSENSE NICOTINE GUM,  
GOODSENSE NICOTINE  
POLACRILEX GUM, HM NICOTINE  
POLACRILEX, KLS QUIT2, KLS  
QUIT4, PX STOP SMOKING AID,  
RA NICOTINE, RA NICOTINE GUM,  
SM NICOTINE, SM NICOTINE  
POLACRILEX, THRIVE GUM .... 108

(Nicotine) CVS NICOTINE  
TRANSDERMALSYSTEM, CVS  
NICOTINE  
TRANSDERMALSYSTEM STEP 1,  
CVS NICOTINE

TRANSDERMALSYSTEM STEP 2,  
CVS NICOTINE  
TRANSDERMALSYSTEM/STEP 3,  
EQ NICOTINE, EQ NICOTINE STEP  
3, GNP NICOTINE  
TRANSDERMALSYSTEM, GNP  
NICOTINE  
TRANSDERMALSYSTEM STEP 2,  
HABITROL, HM NICOTINE  
TRANSDERMAL SYSTEM STEP 1,  
HM NICOTINE TRANSDERMAL  
SYSTEM STEP 2, HM NICOTINE  
TRANSDERMAL SYSTEM STEP 3,  
NICOTINE STEP 1, NICOTINE  
STEP 3, NICOTINE TRANSDERMAL  
SYSTEM STEP 1, NICOTINE  
TRANSDERMAL SYSTEM STEP  
1/CLEAR, NICOTINE  
TRANSDERMAL SYSTEM STEP 2,  
NICOTINE TRANSDERMAL  
SYSTEM STEP 2/CLEAR,  
NICOTINE TRANSDERMAL  
SYSTEM STEP 3, NICOTINE  
TRANSDERMAL SYSTSTEM STEP  
3/CLEAR, QC NICOTINE  
TRANSDERMAL SYSTEM/STEP 1,  
QC NICOTINE TRANSDERMAL  
SYSTEM/STEP 2, RA NICOTINE,  
RA NICOTINE TRANSDERMAL  
SYSTEM, SM NICOTINE  
TRANSDERMAL SYSTEM/STEP  
1/CLEAR, SM NICOTINE  
TRANSDERMAL SYSTEM/STEP  
2/CLEAR, SM NICOTINE  
TRANSDERMAL SYSTEM/STEP  
3/CLEAR PT24 TD 14 MG/24HR, 21  
MG/24HR ..... 112

(Nicotine) CVS NICOTINE  
TRANSDERMALSYSTEM, CVS  
NICOTINE  
TRANSDERMALSYSTEM STEP 1,  
CVS NICOTINE  
TRANSDERMALSYSTEM STEP 2,  
CVS NICOTINE  
TRANSDERMALSYSTEM/STEP 3,

EQ NICOTINE, EQ NICOTINE STEP  
3, GNP NICOTINE  
TRANSDERMALSYSTEM, GNP  
NICOTINE  
TRANSDERMALSYSTEM STEP 2,  
HABITROL, HM NICOTINE  
TRANSDERMAL SYSTEM STEP 1,  
HM NICOTINE TRANSDERMAL  
SYSTEM STEP 2, HM NICOTINE  
TRANSDERMAL SYSTEM STEP 3,  
NICOTINE STEP 1, NICOTINE  
STEP 3, NICOTINE TRANSDERMAL  
SYSTEM STEP 1, NICOTINE  
TRANSDERMAL SYSTEM STEP  
1/CLEAR, NICOTINE  
TRANSDERMAL SYSTEM STEP 2,  
NICOTINE TRANSDERMAL  
SYSTEM STEP 2/CLEAR,  
NICOTINE TRANSDERMAL  
SYSTEM STEP 3, NICOTINE  
TRANSDERMAL SYSTSTEM STEP  
3/CLEAR, QC NICOTINE  
TRANSDERMAL SYSTEM/STEP 1,  
QC NICOTINE TRANSDERMAL  
SYSTEM/STEP 2, RA NICOTINE,  
RA NICOTINE TRANSDERMAL  
SYSTEM, SM NICOTINE  
TRANSDERMAL SYSTEM/STEP  
1/CLEAR, SM NICOTINE  
TRANSDERMAL SYSTEM/STEP  
2/CLEAR, SM NICOTINE  
TRANSDERMAL SYSTEM/STEP  
3/CLEAR PT24 TD 14 MG/24HR, 21  
MG/24HR ..... 113

(Nicotine) CVS NICOTINE  
TRANSDERMALSYSTEM, CVS  
NICOTINE  
TRANSDERMALSYSTEM STEP 1,  
CVS NICOTINE  
TRANSDERMALSYSTEM STEP 2,  
CVS NICOTINE  
TRANSDERMALSYSTEM/STEP 3,  
EQ NICOTINE, EQ NICOTINE STEP  
3, GNP NICOTINE  
TRANSDERMALSYSTEM, GNP





RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..113	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..114	CAPS ..... 43
(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/STEP 1/CLEAR, SM NICOTINE	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY ..... 45  (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG ..... 43  (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG ..... 43  (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW ..... 43  (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG ..... 43  (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG ..... 43  (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG ..... 43  (Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG ..... 43  (Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG .... 43  (Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA ..... 46  (Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN

1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG- 20 MCG ..... 44	OGESTREL, TURQOZ 30 MCG-0.3 MG ..... 44	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG ..... 8
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG ..... 44	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % ..... 102	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG . 8
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI .... 58	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % ..... 102	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 8
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG ..... 58	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % ..... 102	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 MG/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML .... 95
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE ..... 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG ..... 117	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ... 95
(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 ..... 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG ..... 117	(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML .... 95
(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 ..... 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG ..... 117	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 95
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA ..... 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 95
(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW-	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	(Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 95  (Pediatric Vitamins ACD W/ Fluoride)

MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML .....	95	VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL .....	93	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW .....	.96
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN .....	95	(Potassium Bicarbonate) EFFER-K, K-PRIME, K-LOR-CON/EF TBEF ..	93	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT .....	96
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBATE .....	65	(Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 10 MEQ .....	93	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG .....	96
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....	65	(Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 15 MEQ .....	93	(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA .....	96
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..	104	(Potassium Chloride) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20 20 MEQ .....	93	(Prochlorperazine) COMPRO .....	35
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....	100	(Potassium Chloride) K-LOR-CON 10, K-LOR-CON 8 TBCR 10 MEQ .....	93	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG .....	22
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG .....	16	(Potassium Chloride) K-LOR-CON 10, K-LOR-CON 8 TBCR 8 MEQ .....	93	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG .....	22
(Phenytoin) PHENYTOIN INFATABS CHEW .....	16	(Potassium Chloride) K-LOR-CON PACK OR 20 MEQ .....	93	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML .....	47
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD .....	66	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK .....	61	(Salicylic Acid) KERALYT SHAM 6 % .....	54
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP .....	60	(Potassium Citrate-Citric Acid) CYTRA-K SOLN .....	61	(Sapropterin Dihydrochloride) JAVYGTOR PACK .....	57
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, .....		(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS .....	93	(Sapropterin Dihydrochloride) JAVYGTOR TABS .....	57
		(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 101 .....		(Silver Sulfadiazine) SSD .....	51
		(Prednisolone) MILLIPRED TABS ..	46	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % ..	47
		(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS .....	96	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % ..	47
		(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS .....	96	(Sodium Citrate & Citric Acid) CYTRA-2 .....	61

(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP .....	92	SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI- SYMPTOM, RA NASAL ALLERGY SPRAY AERO .....	99	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG .....	8
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG .....	92	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % .....	52	acetaminophen w/ codeine TABS 60 MG-300 MG .....	8
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML .....	94	(Urea) CEROVEL LOTN 40 % .....	54	acetazolamide CP12 .....	56
(Sotalol Hcl) SORINE TABS .....	38	(Vigabatrin) VIGADRONE TABS ..	16	acetazolamide TABS 125 MG .....	56
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % .....	48	(Vigabatrin) VIGADRONE, VIGPODER PACK .....	16	acetazolamide TABS 250 MG .....	56
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM .....	48	(Warfarin Sodium) JANTOVEN TABS .....	13	acetic acid (otic) .....	103
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % .....	48	1ST TIER UNILET COMFORTOUCH LANCETS 28G .....	69	acetylcysteine SOLN .....	47
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	25	1ST TIER UNILET COMFORTOUCH LANCETS 30G .....	69	acitretin 10 MG .....	50
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS .....	40	abacavir sulfate SOLN .....	35	acitretin 17.5 MG .....	50
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM .....	9	abacavir sulfate TABS .....	35	acitretin 25 MG .....	50
(Tetracaine Hcl (Ophth)) ALTACAINE .....	101	abacavir sulfate-lamivudine .....	35	ACTIDOM DMX LIQD .....	47
(Theophylline) ELIXOPHYLLIN ELIX . 13		abiraterone acetate .....	28	ACTI-LANCE LANCETS 28G .....	69
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 % .....	100	acamprosate calcium .....	105	ACTI-LANCE LITE SAFETY LANCETS 28G .....	69
(Tretinoin) AVITA CREA 0.025 % .	48	acarbose .....	18	ACTI-LANCE SPECIAL SAFETY LANCETS 17G .....	69
(Tretinoin) AVITA GEL 0.025 % ...	48	ACCU-CHEK FASTCLIX LANCETS . 69		ACTI-LANCE SPECIAL SAFETYLANCETS 17G .....	70
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE .....	94	ACCU-CHEK SAFE-T-PRO LANCETS .....	69	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G .....	70
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY		ACCU-CHEK SAFE-T-PRO PLUSLANCETS .....	69	ACTIMMUNE .....	32
		ACCU-CHEK SOFTCLIX LANCETS 69		ACUVAIL .....	102
		acebutolol hcl CAPS .....	38	acyclovir CAPS .....	37
		acetaminophen w/ codeine SOLN ..	8	acyclovir SUSP .....	37
				acyclovir TABS OR 400 MG .....	37
				acyclovir TABS OR 800 MG .....	37
				acyclovir topical OINT .....	51
				ADALIMUMAB-ADAZ SOAJ .....	3
				ADALIMUMAB-ADAZ SOSY .....	3
				adapalene CREA .....	48



adapalene GEL 0.1 %	48	AFSTYLA	61	ALINIA SUSR	25
adapalene GEL 0.3 %	48	AGAMATRIX ULTRA-THIN LANCETS 33G	70	aliskiren fumarate	25
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	48	AGAMREE	46	ALKERAN (melphalan hcl)	27
ADCIRCA TABS (tadalafil (pulmonary hypertension))	40	AIMSCO LUBRICATED MISC	67	allopurinol 100 MG	61
adefovir dipivoxil	37	AIMSCO TWIST LANCETS 32G	70	allopurinol 300 MG	61
ADEMPAS	41	AIMSCO TWIST LANCETS 33G	70	almotriptan malate	91
ADIPEX-P CAPS (phentermine hcl)	1	AJOVY SOAJ	91	ALOCRIAL	102
ADIPEX-P TABS (phentermine hcl)	.1	AJOVY SOSY	91	alogliptin benzoate	19
ADTHYZA TABS 130 MG	115	AKTEN	101	ALOMIDE	102
ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	115	AKYNZEO	21	ALORA PTTW	59
ADVANCED MOBILE LANCET 30G 70		ALA-SCALP LOTN	52	alosetron hcl	60
ADVATE	61	albendazole	10	ALPHANATE SOLR	61
ADVOCATE LANCETS	70	albuterol sulfate AERS	12	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	61
ADVOCATE LANCETS 30G	70	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	12	ALPRAZOLAM INTENSOL CONC 10	
ADVOCATE SAFETY LANCETS	70	ALBUTEROL SULFATE NEBU	12	alprazolam TABS	10
ADVOCATE SAFETY LANCETS 26G	70	albuterol sulfate SYRP	12	alprazolam TB24	10
ADYNOVATE	61	albuterol sulfate TABS	12	alprazolam TBDP	10
AFINITOR DISPERZ TBSO (everolimus)	30	alclometasone dipropionate CREA	52	ALPROLIX	62
AFINITOR TABS (everolimus)	30	alclometasone dipropionate OINT	52	ALTABAX	49
AFLURIA QUADRIVALENT 2021- 2022 SUSY	118	ALDACTAZIDE	56	ALTUVIIO	62
AFLURIA QUADRIVALENT 2022- 2023 SUSY	118	ALECENSA	30	ALUNBRIG TABS	30
AFLURIA QUADRIVALENT 2023- 2024 SUSY	118	alendronate sodium SOLN	56	ALUNBRIG TBPK	30
AFREZZA POWD	19	alendronate sodium TABS 35 MG	56	alvimopan	60
		alendronate sodium TABS 5 MG, 10 MG	56	amantadine hcl CAPS	33
		alendronate sodium TABS 70 MG	56	amantadine hcl TABS	33
		ALFERON N	32	ambrisentan 10 MG	40
		alfuzosin hcl	61	ambrisentan 5 MG	40
				amcinonide CREA	52
				amcinonide LOTN	52



ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium) .....	13	ASSURE LANCE PLUS SAFETYLANCETS 30G .....	71	AVONEX PSKT .....	106
armodafinil 150 MG, 200 MG, 250 MG .....	2	ASSURE LANCE SAFETY LANCET 28G .....	71	AYVAKIT .....	29
armodafinil 50 MG .....	2	ASTAGRAF XL CP24 .....	94	AZASITE .....	101
ARMOUR THYROID TABS .....	115	ATABEX EC TBEC .....	96	azathioprine TABS .....	94
ARNUITY ELLIPTA .....	12	atazanavir sulfate CAPS .....	35	azelaic acid GEL .....	54
AROMASIN (exemestane) .....	29	atenolol & chlorthalidone .....	24	azelastine hcl (ophth) .....	102
asenapine maleate .....	34	atenolol TABS .....	38	azelastine hcl 0.1 %, 137 MCG/SPRAY .....	99
aspirin CHEW .....	7	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG .....	2	azelastine hcl 0.15 %, 205.5 MCG/SPRAY .....	99
aspirin TBEC 81 MG .....	7	atomoxetine hcl 60 MG, 80 MG, 100 MG .....	2	azelastine hcl-fluticasone propionate SUSP .....	99
aspirin-dipyridamole .....	63	atorvastatin calcium TABS .....	23	AZELEX .....	48
ASSURE COMFORT LANCETS ULTRA THIN 28G .....	70	atovaquone .....	25	azithromycin PACK .....	67
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G .....	70	atovaquone-proguanil hcl .....	26	azithromycin SUSR .....	67
ASSURE HAEMOLANCE PLUS LOW FLOW 25G .....	70	atropine sulfate (ophthalmic) OINT 100 .....		azithromycin TABS 250 MG .....	67
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G .....	70	atropine sulfate (ophthalmic) SOLN 100 .....		azithromycin TABS 500 MG .....	67
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G .....	70	ATROPINE SULFATE SOLN 1 % 100 .....		azithromycin TABS 600 MG .....	67
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE .....	70	ATROVENT HFA .....	11	bacitracin (ophthalmic) .....	101
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64" .....	89	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....	104	bacitracin-polymyxin b (ophth) ...	101
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64" .....	89	AURORA LANCET SUPER THIN30G .....	71	bacitracin-poly-neomycin-hc .....	101
ASSURE LANCE LANCETS .....	70	AURORA LANCET THIN 23G ....	71	baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 40000 MCG/20ML .....	98
ASSURE LANCE LANCETS 21G .70		AURYXIA .....	60	baclofen TABS 10 MG .....	98
ASSURE LANCE PLUS SAFETYLANCETS 25G .....	70	AUSTEDO TABS 12 MG .....	106	baclofen TABS 20 MG .....	98
		AUSTEDO TABS 6 MG .....	106	baclofen TABS 5 MG .....	98
		AUSTEDO TABS 9 MG .....	106	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) .....	44
		AVONEX PEN AJKT .....	106	balsalazide disodium CAPS .....	59
				BALVERSA .....	30
				BANZEL SUSP (rufinamide) .....	14
				BANZEL TABS 200 MG (rufinamide)	

14	FINE/U-100/0.5ML/31G X 15/64" .90	betamethasone dipropionate augmented LOTN .....52
BANZEL TABS 400 MG (rufinamide) .14	BELLADONNA/OPIUM ..... 116	betamethasone dipropionate augmented OINT ..... 52
BD AUTOSHIELD DUO 30G X 5MM .....89	BELSOMRA ..... 65	betamethasone valerate CREA .... 52
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2" ..... 89	benazepril & hydrochlorothiazide .24	betamethasone valerate FOAM ... 52
BD MICROTAINER LANCETS ....71	benazepril hcl .....24	betamethasone valerate LOTN ....52
BD NEEDLE/30G X 1/2" ..... 89	BENEFIX KIT ..... 62	betamethasone valerate OINT ..... 52
BD PEN MINI MISC .....90	BENLYSTA SOAJ .....94	BETASERON KIT ..... 106
BD PEN MISC ..... 90	BENLYSTA SOSY ..... 94	betaxolol hcl (ophth) SOLN .....100
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM ..... 90	BENSAL HP OINT ..... 54	betaxolol hcl .....38
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM ..... 90	BENZNIDAZOLE .....10	bethanechol chloride .....118
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" .....90	benzonatate .....46	BETHKIS NEBU (tobramycin) ..... 2
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM ..... 90	benzoyl peroxide-erythromycin GEL .48	BETIMOL .....100
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM .....90	benzphetamine hcl 50 MG ..... 1	BETOPTIC-S SUSP .....100
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM ..... 90	benztropine mesylate SOLN .....33	bexarotene (topical) .....50
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...90	benztropine mesylate TABS ..... 33	bexarotene ..... 32
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" .....90	bepotastine besilate .....102	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ... 44
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM .....90	BESIVANCE ..... 101	bicalutamide .....29
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM .....90	BESREMI .....32	BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML ..... 104
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" ...90	BETADINE OPHTHALMIC PREP 101	BICILLIN L-A SUSY ..... 104
BD VEO INSULIN SYRINGE ULTR-	betaine .....57	BIKTARVY 200 MG-50 MG-25 MG 35
	betamethasone dipropionate (topical) CREA .....52	bimatoprost SOLN .....103
	betamethasone dipropionate (topical) LOTN .....52	bisacodyl SUPP .....67
	betamethasone dipropionate (topical) OINT ..... 52	bisacodyl TBEC .....67
	betamethasone dipropionate augmented CREA .....52	bisoprolol & hydrochlorothiazide ..24
	betamethasone dipropionate augmented GEL 0.05 % ..... 52	bisoprolol fumarate .....38
		BIVIGAM SOLN 10 % ..... 103

BIVIGAM SOLN 5 GM/50ML	103	budesonide-formoterol fumarate dihydrate	12	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6
BLEPHAMIDE S.O.P. OINT	101	bumetanide TABS 0.5 MG, 1 MG	56	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	8
BLEPHAMIDE SUSP	101	bumetanide TABS 2 MG	56	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	8
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	30	BUPHENYL POWD (sodium phenylbutyrate)	57	butalbital-aspirin-caffeine CAPS	6
bortezomib SOLR IJ	30	BUPHENYL TABS (sodium phenylbutyrate)	57	butalbital-aspirin-caffeine w/cod	8
bosentan TABS 125 MG	40	buprenorphine hcl SUBL 2 MG	9	butorphanol tartrate NA 10 MG/ML	9
bosentan TABS 62.5 MG	40	buprenorphine hcl SUBL 8 MG	9	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	35
BOSULIF CAPS	30	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	9	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	35
BOSULIF TABS	30	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	9	cabergoline	58
BRAFTOVI 75 MG	30	buprenorphine hcl-naloxone hcl dihydrate SUBL	9	CABOMETYX TABS 20 MG, 60 MG	30
BREZTRI AEROSPHERE	12	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	9	CABOMETYX TABS 40 MG	30
BRILINTA	63	bupropion hcl (smoking deterrent)	114	caffeine citrate SOLN OR	1
brimonidine tartrate (topical)	54	bupropion hcl TABS	17	CALCIFOL	92
brimonidine tartrate	100	bupropion hcl TB12	17	calcipotriene CREA	50
brimonidine tartrate-timolol maleate	100	bupropion hcl TB24 150 MG, 300 MG	17	calcipotriene FOAM	50
brinzolamide	102	bupropion hcl TB24 450 MG	17	CALCIPOTRIENE FOAM	50
bromfenac sodium (ophth)	102	buspirone hcl	10	calcipotriene OINT	50
bromocriptine mesylate CAPS	33	busulfan SOLN	27	calcipotriene SOLN	50
bromocriptine mesylate TABS 2.5 MG	33	BUSULFEX SOLN (busulfan)	27	calcipotriene-betamethasone dipropionate OINT	52
BRUKINSA	30	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	6	calcipotriene-betamethasone dipropionate SUSP	52
budesonide (inhalation) SUSP 0.25 MG/2ML	12	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6	calcitonin (salmon) IJ	56
budesonide (inhalation) SUSP 0.5 MG/2ML	12			calcitonin (salmon) NA	56
budesonide (inhalation) SUSP 1 MG/2ML	12				
budesonide (intrarectal)	10				
budesonide CPEP	46				
budesonide TB24	46				

calcitriol (topical) .....	50	carbidopa-levodopa TABS .....	33	CARETOUCH TWIST LANCETS 33G .....	71
calcitriol CAPS 0.25 MCG .....	57	carbidopa-levodopa TBCR 100 MG- 25 MG .....	33	CARETOUCH TWIST LANCETS MULTI COLOR/30G .....	71
calcitriol CAPS 0.5 MCG .....	57	carbidopa-levodopa TBCR 200 MG- 50 MG .....	33	carisoprodol TABS .....	98
calcitriol SOLN OR .....	57	carbidopa-levodopa TBDP .....	33	carisoprodol w/ aspirin & codeine ..	99
calcium acetate (phosphate binder) CAPS .....	60	carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG .....	33	carteolol hcl (ophth) .....	100
calcium acetate (phosphate binder) TABs .....	60	carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 75 MG-18.75 MG-200 MG .....	33	carvedilol 3.125 MG .....	37
CALCIUM-FOLIC ACID PLUS D ..	92	carbinoxamine maleate SOLN ....	22	carvedilol 6.25 MG, 12.5 MG, 25 MG 37	
CALQUENCE .....	30	carbinoxamine maleate TABS 4 MG . 22		carvedilol phosphate .....	37
candesartan cilexetil 32 MG .....	24	CARBINOXAMINE MALEATE TABS . 22		CAYA DPRH .....	67
candesartan cilexetil 4 MG, 8 MG, 16 MG .....	24	CARDURA XL .....	61	CAYSTON .....	26
candesartan cilexetil- hydrochlorothiazide .....	24	CAREONE LANCET SUPER THIN/30G .....	71	cefaclor CAPS .....	41
capecitabine 150 MG .....	27	CAREONE LANCET THIN .....	71	CEFACLOR ER TB12 .....	41
capecitabine 500 MG .....	27	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2" .....	90	cefaclor SUSR 125 MG/5ML, 375 MG/5ML .....	41
CAPEX SHAM .....	52	CARESENS LANCETS .....	71	cefadroxil CAPS .....	41
CAPRELSA .....	30	CARETOUCH SAFETY LANCETS/26G .....	71	cefadroxil SUSR .....	41
captopril .....	24	CARETOUCH SAFETY LANCETS/28G .....	71	cefadroxil TABS .....	41
CARAC CREA (fluorouracil (topical)) 50		CARETOUCH SAFETY LANCETS/30G .....	71	cefazolin sodium SOLR IV 1 GM ..	41
carbamazepine CHEW .....	14	CARETOUCH TWIST LANCETS 28G .....	71	cefazolin sodium SOLR IV 1 GM ..	41
carbamazepine CP12 .....	14	CARETOUCH TWIST LANCETS 30G .....	71	cefdinir CAPS .....	41
carbamazepine SUSP .....	14			cefdinir SUSR .....	41
carbamazepine TABS .....	14			cefixime CAPS .....	41
carbamazepine TB12 100 MG .....	14			cefixime SUSR .....	41
carbamazepine TB12 200 MG .....	14			cefotetan disodium IJ 1 GM, 2 GM	41
carbamazepine TB12 400 MG .....	14			CEFOXITIN SODIUM .....	41
CARBATROL CP12 (carbamazepine) .....	14			cefoxitin sodium IV 1 GM, 2 GM ...	41
carbidopa .....	33			cefpodoxime proxetil SUSR .....	41
				cefpodoxime proxetil TABS .....	41
				cefprozil SUSR .....	41

cefprozil TABS .....	41	choline fenofibrate 135 MG .....	23	CITRANATAL B-CALM 120 MG-25	
cefuroxime axetil TABS .....	41	choline fenofibrate 45 MG .....	23	MG-1 MG-400 UNIT-120 MG-20 MG	96
celecoxib 400 MG .....	4	ciclopirox GEL .....	49	CITRANATAL BLOOM .....	96
celecoxib 50 MG, 100 MG, 200 MG	4	ciclopirox olamine CREA .....	49	CITRANATAL BLOOM DHA .....	96
CELONTIN (methsuximide) .....	16	ciclopirox olamine SUSP .....	49	CITRANATAL DHA .....	96
CENTANY OINT .....	49	ciclopirox SHAM .....	49	CITRANATAL ESSENCE .....	96
cephalexin CAPS .....	41	ciclopirox SOLN .....	49	CITRANATAL HARMONY 25 MG-1	
cephalexin SUSR .....	41	cilostazol .....	63	MG-400 UNIT-50 MG-104 MG-27	
CEPROTIN .....	63	CILOXAN OINT .....	101	MG-30 UNIT-260 MG .....	96
CERDELGA .....	64	CIMDUO .....	35	CITRANATAL MEDLEY .....	96
CEREZYME 400 UNIT .....	64	cimetidine TABS 300 MG, 800 MG		clarithromycin SUSR .....	67
CERVIDIL INST .....	103	117		clarithromycin TABS .....	67
CETACAINE AERO .....	54	cimetidine TABS 400 MG .....	117	clarithromycin TB24 .....	67
cevimeline hcl .....	94	cinacalcet hcl .....	57	CLEANLET LANCETS 28G .....	71
CHEMET .....	20	CIPRO HC .....	103	clemastine fumarate TABS 2.68 MG .	22
CHENODAL .....	59	CIPRO SUSR .....	59	CLEOCIN SUPP .....	119
chlordiazepoxide hcl CAPS .....	10	ciprofloxacin hcl (ophth) SOLN ...	101	CLEVER CHEK LANCETS	
chlordiazepoxide hcl-clidinium		ciprofloxacin hcl (otic) .....	103	ULTRATHIN .....	71
bromide .....	116	ciprofloxacin hcl TABS .....	59	CLEVER CHEK LANCETS	
chlordiazepoxide-amitriptyline ...	105	ciprofloxacin SUSR 5 GM/100ML,		ULTRATHIN 30G .....	71
chlorhexidine gluconate (mouth-		500 MG/5ML .....	59	CLEVER CHOICE COMFORT	
throat) .....	94	ciprofloxacin-dexamethasone ...	103	EZLANCETS 21G .....	71
chloroquine phosphate TABS .....	26	ciprofloxacin-fluocinolone acetonide .		CLEVER CHOICE COMFORT	
chlorpromazine hcl TABS .....	35	103		EZLANCETS 23G .....	71
chlorthalidone 25 MG, 50 MG .....	56	citalopram hydrobromide SOLN ...	17	CLEVER CHOICE COMFORT	
chlorzoxazone TABS 375 MG, 500		citalopram hydrobromide TABS ...	17	EZLANCETS 28G .....	72
MG, 750 MG .....	98	CITRANATAL 90 DHA 120 MG-20		CLIMARA PRO .....	58
cholestyramine light PACK .....	23	MG-1 MG-3 MG-400 UNIT-3.4 MG-		clindamycin hcl .....	26
cholestyramine light POWD .....	23	20 MG-50 MG-25 MG-2 MG-159 MG-		clindamycin palmitate hydrochloride .	26
cholestyramine PACK .....	23	90 MG-150 MCG-30 UNIT-0.75 MG-		300 MG .....	96
cholestyramine POWD .....	23	CITRANATAL ASSURE .....	96	clindamycin phosphate (topical)	
				FOAM .....	48

clindamycin phosphate (topical) GEL 48	CLODERM (clocortolone pivalate) 52	COMBIVENT RESPIMAT AERS .. 12
clindamycin phosphate (topical) LOTN .....48	clomipramine hcl ..... 18	COMETRIQ KIT .....30
clindamycin phosphate (topical) SOLN .....48	clonazepam TABS ..... 14	COMFORT ASSURED LANCETS MICRO THIN 33G .....72
clindamycin phosphate (topical) SWAB .....48	clonazepam TBDP .....14	COMFORT ASSURED LANCETS SUPER THIN 28G .....72
clindamycin phosphate vaginal CREA .....119	clonidine hcl (adhd) TB12 .....2	COMFORT LANCETS ..... 72
clindamycin phosphate-benzoyl peroxide (refrigerate) .....48	clonidine hcl TABS .....24	COMFORT TOUCH LANCETS ULTRA THIN 31G .....72
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % .....48	clopidogrel bisulfate .....63	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G .....72
clindamycin phosphate-tretinoin .. 48	clorazepate dipotassium TABS ....10	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G .....72
CLINDESSE ..... 119	clotrimazole .....94	COMPLERA .....35
clobazam SUSP .....14	clotrimazole w/ betamethasone CREA .....49	COMPLETENATE CHEW ..... 96
clobazam TABS 10 MG .....14	clotrimazole w/ betamethasone LOTN .....49	CONCEPT DHA .....96
clobazam TABS 20 MG .....14	clozapine TABS .....34	CONCEPT OB .....96
clobetasol propionate CREA 0.05 % . 52	clozapine TBDP 12.5 MG .....34	CONDOMS .....67
clobetasol propionate emollient base 0.05 % .....52	C-NATE DHA CAPS .....96	CONTRAVE ..... 1
clobetasol propionate emulsion ...52	COAGADDEX .....62	CONZIP CP24 (tramadol hcl) .....7
clobetasol propionate FOAM ..... 52	COAGUCHEK LANCETS .....72	COPIKTRA .....30
clobetasol propionate GEL 0.05 % 52	COARTEM .....26	CORDRAN TAPE .....52
clobetasol propionate LIQD .....52	codeine sulfate TABS .....7	CORIFACT .....62
clobetasol propionate LOTN .....52	CODITUSSIN AC LIQD .....47	CORLANOR SOLN .....41
clobetasol propionate OINT 0.05 % 52	colchicine CAPS .....61	CORLANOR TABS ..... 41
clobetasol propionate SHAM ..... 52	colchicine TABS .....61	CORTANE-B ..... 52
clobetasol propionate SOLN 0.05 % . 52	colchicine w/ probenecid .....61	CORTIFOAM EX 10 % .....10
clocortolone pivalate ..... 52	colesevelam hcl PACK .....23	CORTISPORIN-TC ..... 103
	colesevelam hcl TABS .....23	COSENTYX SENSOREADY PEN SOAJ .....50
	colestipol hcl GRAN .....23	COSENTYX SOSY 150 MG/ML ...50
	colestipol hcl PACK .....23	
	colestipol hcl TABS .....23	
	COMBIPATCH PTTW .....58	



COSENTYX SOSY 150 MG/ML ...51	cycloserine ..... 27	deferasirox TBSO .....20
COSENTYX SOSY 75 MG/0.5ML .50	cyclosporine (ophth) EMUL .....101	deferiprone TABS 500 MG ..... 20
COSENTYX UNOREADY SOAJ .. 50	cyclosporine CAPS ..... 94	DELSTRIGO ..... 35
COTELLIC .....30	cyclosporine modified (for microemulsion) CAPS ..... 94	demeclocycline hcl TABS ..... 115
COVID VACCINES ..... 118	cyclosporine modified (for microemulsion) SOLN ..... 94	DEPAKOTE ER TB24 (divalproex sodium) .....17
COVID-19 AT HOME TEST KITS .55	CYKLOKAPRON SOLN (tranexamic acid) .....64	DEPAKOTE SPRINKLES CSDR (divalproex sodium) ..... 17
CREON CPEP .....55	cyproheptadine hcl SYRP ..... 22	DEPAKOTE TBEC (divalproex sodium) .....17
CRESEMBA CAPS 186 MG .....22	cyproheptadine hcl TABS .....22	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR) ..... 46
CRINONE GEL 8 % ..... 120	CYSTADANE (betaine) ..... 57	DESCOVY 200 MG-25 MG .....36
cromolyn sodium (ophth) ..... 102	CYSTAGON CAPS ..... 61	desipramine hcl TABS ..... 18
cromolyn sodium NEBU ..... 11	CYSTARAN .....102	desloratadine TABS ..... 22
CUPRIMINE CAPS (penicillamine) 93	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) ..... 115	desloratadine TBDP 2.5 MG .....22
CVS LANCETS 21G ..... 72	CYTOMEL TABS 5 MCG (liothyronine sodium) ..... 115	desloratadine TBDP 5 MG .....22
CVS LANCETS MICRO THIN 33G 72	D.H.E. 45 SOLN IJ (dihydroergotamine mesylate) .....91	DESMOPRESSIN ACETATE SOLN NA .....58
CVS LANCETS MICRO-THIN 33G 72	dalfampridine .....106	desmopressin acetate spray .....58
CVS LANCETS ORIGINAL ..... 72	danazol CAPS .....9	desmopressin acetate spray refrigerated ..... 58
CVS LANCETS THIN 26G ..... 72	dantrolene sodium CAPS .....99	desmopressin acetate TABS 0.1 MG 58
CVS LANCETS ULTRA THIN 30G 72	dapsone (topical) 5 % .....48	desmopressin acetate TABS 0.2 MG 58
CVS LANCETS ULTRA-THIN 30G 72	dapsone 100 MG .....26	desogestrel & ethinyl estradiol ....44
CVS ULTRA THIN LANCETS ....72	dapsone 25 MG .....26	desogestrel-ethinyl estradiol (biphasic) .....44
cyclobenzaprine hcl TABS 5 MG, 10 MG ..... 98	DARAPRIM (pyrimethamine) ..... 26	desonide CREA .....52
CYCLOGYL .....100	darifenacin hydrobromide .....118	desonide GEL .....52
CYCLOMYDRIL .....100	darunavir TABS .....35	desonide LOTN ..... 52
cyclopentolate hcl .....100	DAURISMO ..... 28	
cyclophosphamide CAPS .....27	deferasirox PACK .....20	
CYCLOPHOSPHAMIDE TABS ....27	deferasirox TABS ..... 20	

desonide OINT .....	52	diazepam TABS 10 MG .....	10	MCG .....	39
desoximetasone CREA .....	52	diazepam TABS 2 MG, 5 MG .....	11	dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	91
desoximetasone GEL .....	52	diazoxide .....	19	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	91
desoximetasone LIQD .....	52	dichlorphenamide .....	56	DILANTIN (phenytoin sodium extended) .....	16
desoximetasone OINT .....	53	diclofenac potassium TABS 50 MG .4 EX .....	50	DILANTIN 30 MG .....	16
desvenlafaxine succinate .....	18	diclofenac sodium (ophth) .....	102	DILANTIN INFATABS CHEW (phenytoin) .....	16
dexamethasone ELIX .....	46	diclofenac sodium (topical) GEL EX 50 .....	50	DILANTIN-125 SUSP (phenytoin) .	16
DEXAMETHASONE INTENSOL CONC .....	46	diclofenac sodium (topical) SOLN EX 1.5 % .....	50	diltiazem hcl coated beads CP24 ..	38
dexamethasone sodium phosphate (ophth) .....	101	diclofenac sodium (topical) SOLN EX 2 % .....	50	diltiazem hcl CP12 .....	38
dexamethasone SOLN .....	46	diclofenac sodium TB24 .....	4	diltiazem hcl CP24 .....	38
dexamethasone TABS .....	46	diclofenac sodium TBEC .....	4	diltiazem hcl extended release beads .....	38
dexamethasone TBPk .....	46	diclofenac w/ misoprostol TBEC ....	4	diltiazem hcl TABS .....	38
dexmethylphenidate hcl CP24 .....	2	dicloxacillin sodium .....	105	diltiazem hcl TB24 .....	38
dexmethylphenidate hcl TABS .....	2	dicyclomine hcl CAPS .....	116	dimethyl fumarate CDPK .....	106
dextroamphetamine sulfate CP24 ...	1	dicyclomine hcl SOLN OR .....	116	dimethyl fumarate CPDR .....	106
dextroamphetamine sulfate SOLN ..	1	dicyclomine hcl TABS .....	116	DIPENTUM .....	59
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	diethylpropion hcl TABS .....	1	diphenhydramine hcl SOLN 50 MG/ML .....	22
DHIVY TABS .....	33	diethylpropion hcl TB24 .....	1	diphenoxylate w/ atropine LIQD ...	20
DIACOMIT CAPS 250 MG .....	14	DIFFERIN LOTN .....	48	diphenoxylate w/ atropine TABS ..	20
DIACOMIT CAPS 500 MG .....	14	DIFICID TABS .....	67	dipyridamole .....	63
DIACOMIT PACK 250 MG .....	14	diflorasone diacetate CREA .....	53	disopyramide phosphate CAPS ...	11
DIACOMIT PACK 500 MG .....	14	diflorasone diacetate OINT .....	53	disulfiram .....	105
DIATHRIVE LANCETS .....	72	diflunisal TABS .....	7	DIURIL SUSP .....	56
DIATHRIVE LANCETS ULTRA THIN 30G .....	72	difluprednate .....	101	divalproex sodium CSDR .....	17
diazepam (anticonvulsant) GEL ...	14	digoxin SOLN OR 0.05 MG/ML ....	39	divalproex sodium TB24 .....	17
diazepam CONC .....	10	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250		divalproex sodium TBEC .....	17

dofetilide .....	11	doxylamine-pyridoxine TBEC .....	21	DUAVEE .....	58
DOJOLVI .....	100	dronabinol CAPS 10 MG .....	21	DUET DHA 400 MISC .....	96
DOMETUSS-DMX LIQD .....	47	dronabinol CAPS 2.5 MG .....	21	DUET DHA BALANCED MISC 120	
donepezil hydrochloride TABS ...	105	dronabinol CAPS 5 MG .....	21	MG-50 MG-15 MG-1 MG-640 UNIT-	
donepezil hydrochloride TBDP ...	105	DROPLET INSULIN SYRINGE U-		12 MCG-2 MG-55 MG-20 MG-215	
DORAL (quazepam) .....	65	100/1ML/31G X 15/64" .....	90	MG-1.5 MG-25 MG-25 MG-1.8 MG-	
dorzolamide hcl .....	102	DROPLET INSULIN SYRINGE/U-		2800 UNIT-25 MG-210 MCG-65	
DORZOLAMIDE HCL .....	102	100/0.5ML/31G X 15/64" .....	90	MCG-267 MG .....	96
DORZOLAMIDE HCL/TIMOLOL		DROPLET INSULIN SYRINGE/U-		duloxetine hcl CPEP 20 MG, 30 MG,	
MALEATE .....	100	100/1ML/31G X 15/64" .....	90	60 MG .....	18
dorzolamide hcl-timolol maleate .	100	DROPLET LANCETS ULTRA THIN		DUOPA SUSP .....	33
DOVATO .....	36	30G .....	72	DUPIXENT SOPN 300 MG/2ML ...	53
doxazosin mesylate .....	24	DROPLET PERSONAL		DUPIXENT SOSY 200 MG/1.14ML,	
doxepin hcl (antipruritic) .....	50	LANCETS30G .....	72	300 MG/2ML .....	53
doxepin hcl CAPS .....	18	DROPSAFE INSULIN SAFETY		DUREX EXTRA SENSITIVE THIN	
doxepin hcl CONC .....	18	SYRINGE/FIXED NEEDLE		DEVI .....	67
doxercalciferol CAPS .....	57	31GX6MM 0.5ML .....	90	dutasteride .....	61
doxycycline (monohydrate) CAPS		DROPSAFE INSULIN SAFETY		dutasteride-tamsulosin hcl .....	61
150 MG .....	115	SYRINGE/FIXED NEEDLE		EASY COMFORT LANCETS .....	73
doxycycline (monohydrate) CAPS 50		31GX6MM 1ML .....	91	EASY COMFORT LANCETS	
MG, 75 MG, 100 MG .....	115	drospirenone-ethinyl estradiol ....	44	30G/PULL TOP .....	73
doxycycline (monohydrate) SUSR		drospirenone-ethinyl estradiol-		EASY COMFORT LANCETS	
115		levomefolate calcium .....	44	30G/THIN TOP .....	73
doxycycline (monohydrate) TABS		DROXIA CAPS .....	64	EASY COMFORT LANCETS TWIST	
150 MG .....	115	droxidopa .....	120	TOP .....	73
doxycycline (monohydrate) TABS 50		DRUG MART LANCETS THIN ...	73	EASY TOUCH FLIPLOCK NEEDLES	
MG, 100 MG .....	115	DRUG MART ON-THE-GO		30GX1/2" .....	91
doxycycline (monohydrate) TABS 75		LANCETS GENTLE 30G .....	73	EASY TOUCH HYPODERMIC	
MG .....	115	DRUG MART UNILET		NEEDLES 30GX1/2" .....	91
doxycycline (rosacea) .....	54	LANCETSSUPER THIN 30G ....	73	EASY TOUCH LANCETS	
doxycycline hyclate CAPS .....	115	DRUG MART UNILET		21G/PRESSURE ACTIVATED ...	73
doxycycline hyclate TABS 20 MG,		LANCETSULTRA THIN 28G .....	73	EASY TOUCH LANCETS	
100 MG .....	115	DRUG MART UNILET MICRO THIN		23G/PRESSURE ACTIVATED ...	73
		LANCETS 33G .....	73	EASY TOUCH LANCETS	
		DRYSOL SOLN .....	54	26G/PRESSURE ACTIVATED ...	73

EASY TOUCH LANCETS 26G/PULL-TOP .....	73	LANCETS28G/BUTTON ACTIVATED .....	74	EMGALITY SOAJ .....	91
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED .....	73	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74	EMGALITY SOSY .....	91
EASY TOUCH LANCETS 28G/PULL-TOP .....	73	econazole nitrate CREA .....	49	EMSAM .....	17
EASY TOUCH LANCETS 28G/TWIST .....	73	EDARBI 40 MG .....	24	emtricitabine CAPS .....	36
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED .....	73	EDARBI 80 MG .....	24	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG .....	36
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED .....	73	EDARBYCLOR .....	24	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....	36
EASY TOUCH LANCETS 30G/PULL-TOP .....	73	EDURANT .....	36	EMTRIVA SOLN .....	36
EASY TOUCH LANCETS 30G/TWIST .....	73	efavirenz CAPS .....	36	enalapril maleate & hydrochlorothiazide .....	24
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED .....	74	efavirenz TABS .....	36	enalapril maleate TABS .....	24
EASY TOUCH LANCETS 32G/PULL-TOP .....	74	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....	36	ENBREL MINI SOCT .....	5
EASY TOUCH LANCETS 32G/TWIST .....	74	efavirenz-lamivudine-tenofovir disoproxil fumarate .....	36	ENBREL SOLN .....	5
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED .....	74	EFFER-K .....	93	ENBREL SOLR .....	5
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED .....	74	ELESTRIN GEL .....	59	ENBREL SOSY 25 MG/0.5ML .....	5
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED .....	74	eletriptan hydrobromide .....	92	ENBREL SOSY 50 MG/ML .....	5
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....	74	ELIGARD SC .....	29	ENBREL SURECLICK SOAJ .....	5
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74	ELIQUIS STARTER PACK TBPK ..	13	ENCARE SUPP 100 MG .....	119
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED .....	74	ELIQUIS TABS .....	13	ENDOMETRIN INST .....	120
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74	ELLA .....	45	enoxaparin sodium SOLN IJ 300 MG/3ML .....	13
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74	ELMIRON CAPS .....	61	enoxaparin sodium SOSY .....	13
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74	ELOCTATE .....	62	entacapone .....	33
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74	EMBRACE LANCETS ULTRA THIN 30G .....	74	entecavir TABS .....	37
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G .....	74	ENTRESTO .....	39
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G .....	74	EPCLUSA PACK .....	37
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74	EMCYT .....	29	EPCLUSA TABS 100 MG-400 MG ..	37
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74	EMEND SUSR .....	21	EPCLUSA TABS 50 MG-200 MG ..	37
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74			EPIDIOLEX .....	14
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74			EPIFOAM FOAM .....	53

epinastine hcl (ophth) .....	102	erythromycin ethylsuccinate SUSR 67	etodolac TABS .....	4	
epinephrine (anaphylaxis) SOAJ .	120	ESBRIET CAPS (pirfenidone) ....	114	etodolac TB24 .....	4
EPINEPHRINE SOAJ 0.3 MG/0.3ML 120		ESBRIET TABS (pirfenidone) ....	114	etonogestrel-ethinyl estradiol .....	45
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis)) .....	120	escitalopram oxalate SOLN .....	17	ETOPOPHOS .....	33
eplerenone .....	25	escitalopram oxalate TABS 10 MG, 20 MG .....	17	etoposide CAPS .....	33
EQL COLOR LANCETS 21G .....	74	escitalopram oxalate TABS 5 MG .	17	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	33
EQL COLOR LANCETS MICRO THIN 33G .....	74	esomeprazole magnesium PACK	118	etravirine .....	36
EQL SUPER THIN LANCETS 30G 74		estazolam .....	65	EUCRISA .....	54
EQL THIN LANCETS 26G .....	74	estradiol & norethindrone acetate TABs .....	58	EULEXIN .....	29
EQUETRO .....	34	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM .....	59	EVAMIST SOLN .....	59
ergocalciferol CAPS .....	120	estradiol PTTW .....	59	everolimus (immunosuppressant) .	94
ergoloid mesylates TABS .....	106	estradiol PTWK .....	59	everolimus TABS .....	30
ERGOMAR SUBL .....	91	estradiol TABS .....	59	everolimus TBSO .....	30
ergotamine w/ caffeine TABS .....	91	estradiol vaginal CREA .....	119	EVISTA (raloxifene hcl) .....	57
ERIVEDGE .....	28	estradiol vaginal TABS .....	119	EVOTAZ .....	36
ERLEADA 240 MG .....	29	estradiol valerate .....	59	EVRYSDI .....	100
ERLEADA 60 MG .....	29	ESTRING RING .....	119	EXELDERM CREA (sulconazole nitrate) .....	49
erlotinib hcl .....	28	ESTROGEL GEL .....	59	EXELDERM SOLN .....	49
ERTACZO .....	49	ESTROSTEP FE (norethindrone acetate-ethinyl estradiol-fe) .....	44	exemestane .....	29
ertapenem sodium IJ .....	26	eszopiclone .....	65	EXJADE TBSO (deferasirox) .....	20
erythromycin (acne aid) GEL .....	48	ethacrynic acid .....	56	EXODERM .....	49
erythromycin (acne aid) SOLN ....	48	ethambutol hcl TABS .....	27	E-Z JECT LANCETS .....	74
erythromycin (ophth) .....	101	ethosuximide CAPS .....	16	E-Z JECT LANCETS 21G .....	74
ERYTHROMYCIN .....	101	ethosuximide SOLN .....	17	E-Z JECT LANCETS COLOR .....	74
erythromycin base CPEP .....	67	ethynodiol diacet & eth estrad .....	44	E-Z JECT LANCETS SUPER THIN 30G .....	75
erythromycin base TABS .....	67	etodolac CAPS .....	4	E-Z JECT LANCETS THIN 26G ..	75
erythromycin base TBEC .....	67			ezetimibe .....	23
				ezetimibe-simvastatin .....	22

E-ZJECT LANCETS MICRO-THIN 33G .....	75	felodipine 2.5 MG, 5 MG .....	38	FIFTY50 SAFETY SEAL LANCETS 30G .....	75
EZ-LETS LANCETS 21G .....	75	FEMCAP DEVI .....	67	FIFTY50 SAFETY SEAL LANCETS 32G .....	75
EZ-LETS LANCETS 26G SUPER-SOFT .....	75	FEMRING .....	119	FIFTY50 UNILET LANCETS 33G .....	75
EZ-LETS LANCETS 28G ULTRA-SOFT .....	75	fenofibrate CAPS .....	23	FINACEA FOAM .....	54
EZ-LETS LANCETS 30G .....	75	fenofibrate micronized 130 MG, 200 MG .....	23	finasteride .....	61
FABHALTA .....	63	fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG .....	23	FINE 30 .....	75
FABIOR FOAM .....	48	fenofibrate TABS 145 MG, 160 MG 23		FINGERSTIX LANCETS .....	75
famciclovir .....	37	fenofibrate TABS 48 MG .....	23	fingolimod hcl .....	106
famotidine SUSR .....	117	fenofibrate TABS 54 MG .....	23	FIRAZYR SOSY (icatibant acetate) 63	
famotidine TABS 20 MG .....	117	FENOFIBRATE TABS .....	23	FIRDAPSE .....	26
famotidine TABS 40 MG .....	117	FENOPROFEN CALCIUM TABS .....	4	FIRST-OMEPRAZOLE SUSP .....	118
FANAPT .....	34	FENSOLVI SC .....	57	FLAREX .....	101
FANAPT TITRATION PACK .....	34	fentanyl citrate LPOP 1600 MCG ... 7		flavoxate hcl .....	118
FANTASY LUBRICATED MISC ... 67		fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG .....	7	FLEBOGAMMA DIF SOLN 5 GM/50ML .....	103
FANTASY LUBRICATED/SPERMICIDE MISC 67		fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	7	FLEBOGAMMA DIF SOLN .....	104
FARXIGA .....	20	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	7	flecainide acetate .....	11
FARYDAK 10 MG .....	30	FERRIPROX SOLN .....	20	FLORIVA .....	92
FARYDAK 15 MG, 20 MG .....	30	FERRIPROX TABS 500 MG (deferiprone) .....	20	FLORIVA .....	96
FASENRA PEN SOAJ .....	11	fesoterodine fumarate .....	118	FLORIVA PLUS SOLN .....	95
FC2 FEMALE CONDOM .....	67	FETZIMA CP24 20 MG .....	18	FLUAD QUADRIVALENT 2021-2022 .....	119
febuxostat 40 MG .....	61	FETZIMA CP24 40 MG, 80 MG, 120 MG .....	18	FLUAD QUADRIVALENT 2022-2023 .....	119
febuxostat 80 MG .....	61	FETZIMA TITRATION PACK C4PK 18		FLUAD QUADRIVALENT 2023-2024 .....	119
FEIBA .....	62	FIBRICOR (fenofibric acid) .....	23	FLUARIX QUADRIVALENT 2021-2022 SUSY .....	119
felbamate SUSP .....	16			FLUARIX QUADRIVALENT 2022-2023 SUSY .....	119
felbamate TABS .....	16				
FELBATOL SUSP (felbamate) .....	16				
felodipine 10 MG .....	38				

FLUARIX QUADRIVALENT 2023-2024 SUSY .....	119	fluoxetine hcl SOLN .....	17	fluticasone-salmeterol AERO .....	12
fluconazole SUSR .....	22	fluoxetine hcl TABS 10 MG .....	17	fluvastatin sodium CAPS .....	23
fluconazole TABS .....	22	fluoxetine hcl TABS 20 MG, 60 MG 17		fluvastatin sodium TB24 .....	23
flucytosine .....	21	fluphenazine hcl CONC .....	35	fluvoxamine maleate CP24 100 MG 17	
fludarabine phosphate SOLR .....	27	fluphenazine hcl ELIX .....	35	fluvoxamine maleate CP24 150 MG 17	
fludrocortisone acetate TABS .....	46	fluphenazine hcl TABS .....	35	fluvoxamine maleate TABS 100 MG . 17	
FLULAVAL QUADRIVALENT 2021-2022 SUSY .....	119	flurandrenolide CREA .....	53	fluvoxamine maleate TABS 25 MG, 50 MG .....	17
FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	119	flurazepam hcl 15 MG .....	65	FLUZONE HIGH-DOSE PF 2021-2022 .....	119
FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	119	flurazepam hcl 30 MG .....	65	FLUZONE HIGH-DOSE PF 2022-2023 .....	119
FLUMIST QUADRIVALENT .....	119	flurbiprofen sodium .....	103	FLUZONE HIGH-DOSE PF 2023-2024 .....	119
fluocinolone acetonide (otic) .....	103	flurbiprofen TABS .....	5	FLUZONE QUADRIVALENT 2021-2022 SUSY .....	119
fluocinolone acetonide CREA .....	53	flutamide .....	29	FLUZONE QUADRIVALENT 2022-2023 SUSY .....	119
fluocinolone acetonide OIL .....	53	fluticasone furoate-vilanterol .....	12	FLUZONE QUADRIVALENT 2023-2024 SUSY .....	119
fluocinolone acetonide OINT .....	53	fluticasone propionate (inhalation) AEPB 100 MCG/ACT .....	12	FML FORTE SUSP .....	101
fluocinolone acetonide SOLN .....	53	fluticasone propionate (inhalation) AEPB 250 MCG/ACT .....	12	FML OINT .....	101
fluocinonide CREA .....	53	fluticasone propionate (inhalation) AEPB 50 MCG/ACT .....	12	folic acid TABS 1 MG .....	64
fluocinonide emulsified base .....	53	fluticasone propionate (nasal) SUSP . 99		folic acid TABS 400 MCG, 800 MCG . 64	
fluocinonide GEL .....	53	fluticasone propionate CREA 0.05 % 53		FOLIVANE-F .....	64
fluocinonide OINT .....	53	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....	12	FOLIVANE-OB .....	96
fluocinonide SOLN .....	53	fluticasone propionate hfa 44 MCG/ACT .....	12	fondaparinux sodium 2.5 MG/0.5ML . 13	
fluorometholone (ophth) SUSP ...	101	fluticasone propionate LOTN .....	53	fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML .....	13
fluorouracil (topical) CREA 5 % ...	50	fluticasone propionate OINT .....	53		
fluorouracil (topical) SOLN .....	50	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	12		
fluoxetine hcl (pmdd) TABS .....	106				
fluoxetine hcl CAPS 10 MG, 20 MG 17					
fluoxetine hcl CAPS 40 MG .....	17				
fluoxetine hcl CPDR .....	17				

FORA LANCETS .....	75	.....	75	GAMMAPLEX SOLN .....	104
FORFIVO XL TB24 (bupropion hcl) 17		frovatriptan succinate .....	92	GAMUNEX-C 1 GM/10ML .....	104
formaldehyde SOLN 10 % .....	35	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....	56	GAMUNEX-C 2.5 GM/25ML .....	104
formoterol fumarate NEBU .....	12	furosemide TABS .....	56	gatifloxacin (ophth) .....	101
fosamprenavir calcium TABS .....	36	FUZEON SOLR .....	36	GATTEX .....	60
fosfomycin tromethamine .....	26	FYCOMPA SUSP .....	13	gefitinib .....	28
fosinopril sodium & hydrochlorothiazide .....	24	FYCOMPA TABS 2 MG .....	14	GELFILM OP .....	102
fosinopril sodium .....	24	FYCOMPA TABS 4 MG .....	14	gemfibrozil TABS .....	23
FOSRENOL PACK .....	60	FYCOMPA TABS 6 MG .....	13	GENERESS FE (norethindrone & ethinyl estradiol-fe) .....	44
FRAGMIN SOLN 95000 UNIT/3.8ML 13		FYCOMPA TABS 8 MG, 10 MG, 12 MG .....	13	gentamicin sulfate (ophth) SOLN .	101
FRAGMIN SOSY 2500 UNIT/0.2ML 13		gabapentin CAPS .....	14	gentamicin sulfate (topical) CREA .	49
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..	13	gabapentin SOLN .....	14	gentamicin sulfate (topical) OINT ..	49
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G .....	75	gabapentin TABS 600 MG, 800 MG 14		GENTEEL BUTTERFLY TOUCH LANCETS .....	75
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G .....	75	GABITRIL (tiagabine hcl) .....	16	GENTLE-LET GP LANCETS .....	75
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP .....	55	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	98	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	75
FREESTYLE LANCETS .....	75	GALAFOLD .....	57	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 76	
FREESTYLE LITE TEST STRIPS STRP .....	55	galantamine hydrobromide CP24	105	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT .....	76
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP .....	55	galantamine hydrobromide SOLN 105		GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT .....	76
FREESTYLE TEST STRIPS STRP 55		galantamine hydrobromide TABS	105	GENVOYA .....	36
FREESTYLE UNISTICK II LANCETS		GALZIN .....	93	GILENYA 0.5 MG .....	106
		GAMASTAN .....	104	GILOTRIF .....	28
		GAMMAGARD LIQUID 1 GM/10ML 104		GILPHEX TR TABS 10 MG-388 MG .	47
		GAMMAGARD LIQUID 2.5 GM/25ML .....	104	GILTUSS COUGH & COLD TABS	47
		GAMMAKED 1 GM/10ML .....	104	GILTUSS SINUS & CONGESTION TABS .....	47
		GAMMAPLEX SOLN 5 GM/50ML 104			



glatiramer acetate SOSY 20 MG/ML . 106	GNP LANCETS 21G .....76	HAEMOLANCE .....77
	GNP LANCETS THIN 26G .....76	HAEMOLANCE LOW FLOW LANCETS ..... 77
glatiramer acetate SOSY 40 MG/ML . 106	GNP STERILE LANCETS 28G ... 76	HAEMOLANCE PLUS .....77
	GNP STERILE LANCETS 30G ... 76	HAEMOLANCE PLUS HIGH FLOW . 77
GLEOSTINE 10 MG, 40 MG, 100 MG .....27	GNP STERILE LANCETS 33G ... 76	HAEMOLANCE PLUS LOW FLOW . 77
glimepiride .....20	GOJJI STERILE LANCETS 30G ..76	HAEMOLANCE PLUS MAX FLOW 77
glipizide TABS ..... 20	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfat) ... 65	HAEMOLANCE PLUS PEDIATRIC FLOW .....77
glipizide TB24 .....20	GONITRO PACK .....10	halobetasol propionate CREA ..... 53
glipizide-metformin hcl ..... 18	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL .. 76	halobetasol propionate OINT ..... 53
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...91	GOODSENSE LANCETS MICRO- THIN 33G .....76	haloperidol lactate CONC ..... 34
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" .....91	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL ..... 76	haloperidol TABS ..... 34
GLOBAL INJECT EASE LANCETS 28G .....76	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL ..... 76	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G .....77
GLOBAL INJECT EASE LANCETS 30G .....76	GOODSENSE LANCETS ULTRA- THIN 30G .....76	H-E-B IN CONTROL PEN NEEDLE 31GX3/16" .....91
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR .....19	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL ..... 76	H-E-B INCONTROL LANCETS MICRO THIN 33G .....77
GLUCOCOM LANCETS 28G .....76	granisetron hcl TABS ..... 21	H-E-B INCONTROL LANCETS SUPER THIN 30G .....77
GLUCOCOM LANCETS 30G .....76	griseofulvin microsize SUSP .....21	H-E-B INCONTROL LANCETS ULTRA THIN 28G .....77
GLUCOCOM LANCETS 33G .....76	griseofulvin microsize TABS .....21	HEMANGEOL SOLN OR .....38
glyburide micronized 1.5 MG, 3 MG, 6 MG ..... 20	griseofulvin ultramicrosize ..... 21	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT ..... 62
glyburide TABS ..... 20	guaifenesin-codeine SOLN ..... 47	heparin sodium (porcine) SOLN IJ 10000 UNIT/ML ..... 13
glyburide-metformin ..... 18	guanfacine hcl (adhd) ..... 2	HEPLISAV-B SOSY ..... 119
GLYCATE TABS .....116	guanfacine hcl .....24	HUMALOG JUNIOR KWIKPEN SOPN ..... 19
glycopyrrolate SOLN OR 1 MG/5ML . 116	GYNAZOLE-1 .....119	
glycopyrrolate TABS 1 MG, 2 MG 116	HADLIMA PUSHTOUCH SOAJ ....3	
GLYCOPYRROLATE TABS .....116	HADLIMA SOSY ..... 3	
GLYXAMBI ..... 18	HAEGARDA SOLR SC ..... 63	

HUMALOG KWIKPEN SOPN 100 UNIT/ML .....	19	HUMULIN 70/30 SUSP .....	19	hydrocortisone (intrarectal) .....	10
HUMALOG KWIKPEN SOPN 200 UNIT/ML .....	19	HUMULIN N KWIKPEN SUPN ....	19	hydrocortisone (rectal) EX 2.5 % ..	10
HUMALOG MIX 50/50 KWIKPEN SUPN .....	19	HUMULIN N SUSP .....	19	hydrocortisone (topical) CREA 2.5 %	53
HUMALOG MIX 50/50 SUSP .....	19	HUMULIN R SOLN IJ .....	19	hydrocortisone (topical) LOTN 2 %, 2.5 % .....	53
HUMALOG MIX 75/25 KWIKPEN SUPN .....	19	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	19	hydrocortisone (topical) OINT 2.5 % .	53
HUMALOG MIX 75/25 SUSP .....	19	HUMULIN R U-500 KWIKPEN SOPN SC .....	19	hydrocortisone butyrate CREA ....	53
HUMALOG SOCT .....	19	HYCAMTIN CAPS .....	33	hydrocortisone butyrate hydrophilic lipo base .....	53
HUMALOG SOLN IJ .....	19	HYCAMTIN SOLR (topotecan hcl)	33	hydrocortisone butyrate OINT .....	53
HUMATE-P SOLR .....	62	hydralazine hcl TABS .....	25	hydrocortisone butyrate SOLN ....	53
HUMATIN .....	2	hydrochlorothiazide CAPS .....	56	hydrocortisone TABS .....	46
HUMATROPE CART IJ .....	57	hydrochlorothiazide TABS .....	56	hydrocortisone valerate CREA ....	53
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	3	hydrocodone bitartrate-homatropine methylbromide SOLN .....	46	hydrocortisone valerate OINT .....	53
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT .	3	hydrocodone bitartrate-homatropine methylbromide TABS .....	46	hydrocortisone w/acetic acid .....	103
HUMIRA PEN PNKT 40 MG/0.4ML .	4	hydrocodone polistirex- chlorpheniramine polistirex SUER .	47	hydromorphone hcl LIQD .....	7
HUMIRA PEN PNKT 40 MG/0.8ML .	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....	8	hydromorphone hcl TABS .....	7
HUMIRA PEN PNKT 80 MG/0.8ML .	4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG .....	8	hydromorphone hcl TB24 32 MG ...	7
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML .....	3	hydrocodone-acetaminophen TABS 300 MG-7.5 MG .....	8	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	7
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML .....	3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	8	hydroxychloroquine sulfate 200 MG	26
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....	3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG .	9	hydroxyurea .....	32
HUMIRA PEN-PS/UV STARTER PNKT .....	4	hydrocodone-ibuprofen 10 MG-200 MG .....	8	hydroxyzine hcl SYRP .....	10
HUMIRA PSKT 40 MG/0.8ML .....	4			hydroxyzine hcl TABS .....	10
HUMIRA PSKT .....	4			hydroxyzine pamoate CAPS .....	10
HUMULIN 70/30 KWIKPEN SUPN 19				hyoscyamine sulfate SUBL 0.125 MG .....	116
				hyoscyamine sulfate TABS 0.125 MG .....	116
				hyoscyamine sulfate TB12 0.375 MG	

116	imipramine hcl TABS 10 MG, 25 MG .	INREBIC .....	31
hyoscyamine sulfate TBDP 0.125 MG	18	INSULIN LISPRO	
.....116	imipramine hcl TABS 50 MG .....	PROTAMINE/INSULIN LISPRO	
HYPERSAL NEBU .....	18	KWIKPEN SUPN .....	19
47	imipramine pamoate .....	INTEGRA F .....	64
HYPODERMIC NEEDLE 30GX1/2" .	54	INTELENCE 25 MG .....	36
91	imiquimod 5 % .....	INTRON A SOLR .....	32
HYQVIA 1600 UNIT/10ML-20	92	INVANZ IJ (ertapenem sodium) ...	26
GM/200ML, 200 UNT/1.25ML-2.5		iodoquinol-hydrocortisone in aloe	
GM/25ML, 2400 UNIT/15ML-30	IMITREX STATDOSE REFILL SOCT	vehicle .....	49
GM/300ML, 400 UNIT/2.5ML-5	4 MG/0.5ML (sumatriptan succinate) .	IOPIDINE .....	100
GM/50ML .....	92	ipratropium bromide (nasal) .....	99
104	IMITREX STATDOSE REFILL SOCT	ipratropium bromide SOLN 0.02 %	11
HY-VEE LANCETS .....	6 MG/0.5ML (sumatriptan succinate) .	ipratropium-albuterol SOLN .....	12
77	92	irbesartan .....	24
HY-VEE THIN LANCETS .....	IMITREX STATDOSE SYSTEM	irbesartan-hydrochlorothiazide ...	24
77	SOAJ (sumatriptan succinate) .....	IRESSA (gefitinib) .....	28
ibandronate sodium TABS .....	92	ISENTRESS CHEW .....	36
56	IN TOUCH STERILE LANCETS30G	ISENTRESS HD TABS .....	36
IBRANCE CAPS .....	77	ISENTRESS PACK .....	36
30	INBRIJA CAPS .....	ISENTRESS TABS .....	36
IBRANCE TABS .....	33	isoniazid SYRP .....	27
30	INCRELEX .....	isoniazid TABS .....	27
ibuprofen TABS 400 MG, 600 MG,	57	ISOPTO ATROPINE SOLN .....	100
800 MG .....	11	isosorbide dinitrate TABS .....	10
5	INDAPAMIDE TABS 1.25 MG, 2.5 MG .	isosorbide dinitrate-hydralazine hcl	
icatifant acetate SOLN .....	56	39	
63	INDERAL XL .....	isosorbide mononitrate TABS .....	10
icatifant acetate SOSY .....	38	isosorbide mononitrate TB24 .....	10
63	indomethacin CAPS 25 MG, 50 MG 5	isotretinoin 10 MG, 25 MG .....	48
ICLUSIG 10 MG, 30 MG .....	5	isotretinoin 20 MG .....	48
30	indomethacin CPCR .....		
ICLUSIG 15 MG, 45 MG .....	5		
30	indomethacin SUPP .....		
icosapent ethyl .....	5		
22	indomethacin SUSP .....		
IDELVION 250 UNIT, 500 UNIT,	59		
1000 UNIT, 2000 UNIT .....	59		
62	INFLECTRA SOLR .....		
IDELVION 3500 UNIT .....	59		
62	INGREZZA CAPS 40 MG, 80 MG		
IDHIFA .....	106		
31	106		
ILEVRO .....	106		
103	INGREZZA CAPS 60 MG .....		
imatinib mesylate 100 MG .....	106		
31	INGREZZA CPPK .....		
imatinib mesylate 400 MG .....	106		
31	INLYTA .....		
IMBRUVICA CAPS .....	27		
31	INNOPRAN XL .....		
IMBRUVICA TABS .....	38		
31	INQOVI .....		
imipenem-cilastatin IV .....	29		
26			

isotretinoin 30 MG	48	KEPPRA SOLN OR 100 MG/ML (levetiracetam)	14	68	KIMONO PS LUBRICATED MISC	.68
isotretinoin 35 MG, 40 MG	48	KEPPRA TABS 1000 MG (levetiracetam)	15	68	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	68
isoxsuprine hcl	39	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	14	68	KIMONO SENSATION LUBRICATED MISC	68
isradipine CAPS	38	KEPPRA XR TB24 (levetiracetam)	14	68	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	68
ISTODAX SOLR (romidepsin)	31	KESIMPTA	106	68	KIMONO SPECIAL DEVI	68
itraconazole CAPS	22	ketoconazole (topical) CREA	49	68	KINNEY LANCETS	77
itraconazole SOLN	22	ketoconazole (topical) FOAM	49	68	KINNEY THIN LANCETS	77
ivermectin (pediculicide)	55	ketoconazole (topical) SHAM 2 %	49	68	KISQALI	31
ivermectin (rosacea)	54	ketoprofen CAPS 75 MG	5	68	KISQALI FEMARA 200 DOSE	29
ivermectin	10	ketoprofen CP24	5	68	KISQALI FEMARA 400 DOSE	29
IXINITY SOLR	62	ketorolac tromethamine (ophth)	103	68	KISQALI FEMARA 600 DOSE	30
JADENU SPRINKLE PACK (deferasirox)	21	ketorolac tromethamine TABS	5	68	KLARITY-A	101
JADENU TABS (deferasirox)	21	KETOSTIX STRP	55	68	KLOXXADO LIQD	21
JAKAFI	31	KEVEYIS (dichlorphenamide)	56	68	KOATE SOLR	62
JANUMET TABS	18	KEVZARA SOAJ	4	68	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	62
JANUMET XR TB24 1000 MG-100 MG	18	KEVZARA SOSY	4	68	KOSELUGO	31
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	18	KIMONO COLORS DEVI	67	68	KOVALTRY	62
JANUVIA	19	KIMONO LUBRICATED MISC	67	68	K-PHOS NO 2	60
JARDIANCE	20	KIMONO MAXX/LARGE FLARE MISC	67	68	KRINTAFEL	26
JIVI	62	KIMONO MICRO THIN MISC	68	68	KROGER HEALTHPRO TWIST LANCETS/26G	77
JULUCA	36	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	68	68	KROGER LANCETS	77
JUXTAPID 10 MG, 20 MG, 30 MG	23	KIMONO PLUS SPERMICIDE LUBRICATED MISC	68	68	KROGER LANCETS 21G	77
JUXTAPID 5 MG	23	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	68	68	KROGER LANCETS MICRO THIN33G	77
JYNARQUE TBPK	58			68	KROGER LANCETS SUPER THIN	
KALYDECO PACK	114			68		
KALYDECO TABS	114			68		
KAMELEON LUBRICATED MISC	.67			68		
KCENTRA	62			68		

78	lamivudine (hbv) TABS .....	37	lanthanum carbonate CHEW 1000 MG .....	60
KROGER LANCETS THIN .....	78	lamivudine SOLN .....	36	lanthanum carbonate CHEW 500 MG .....
KROGER LANCETS THIN 26G ...	78	lamivudine TABS .....	36	60
KROGER LANCETS ULTRATHIN30G .....	78	lamivudine-zidovudine .....	36	lanthanum carbonate CHEW 750 MG .....
K-TAB TBCR 8 MEQ (potassium chloride) .....	93	lamotrigine CHEW .....	15	60
KUVAN PACK (sapropterin dihydrochloride) .....	57	lamotrigine KIT 25 MG .....	15	LANTUS SOLN .....
KUVAN TABS (sapropterin dihydrochloride) .....	57	lamotrigine KIT .....	15	LANTUS SOLOSTAR SOPN .....
K-Y ME & YOU EXTRA LUBRICATED DEVI .....	68	lamotrigine TABS .....	15	lapatinib ditosylate .....
K-Y ME & YOU INTENSE DEVI ...	68	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG .....	15	LASTACAFT .....
labetalol hcl TABS .....	37	lamotrigine TB24 250 MG .....	15	103
lacosamide SOLN OR 10 MG/ML .	15	lamotrigine TB24 300 MG .....	15	latanoprost SOLN .....
lacosamide TABS .....	15	lamotrigine TBDP .....	15	LATANOPROST SOLN .....
lactulose (encephalopathy) .....	60	LAMPIT .....	25	103
lactulose SOLN .....	66	LANCETS .....	78	leflunomide 10 MG .....
LAGEVRIO .....	37	LANCETS 30G .....	78	5
LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 15		LANCETS 30G TWIST TOP .....	78	leflunomide 20 MG .....
LAMICTAL ODT KIT .....	15	LANCETS 30G/TWIST TOP .....	78	5
LAMICTAL ODT TBDP (lamotrigine) .	15	LANCETS 33G EXTRA FINE .....	78	lenalidomide .....
LAMICTAL TABS (lamotrigine) ....	15	LANCETS 33G UNIVERSAL DESIGN .....	78	93
LAMICTAL XR KIT .....	15	LANCETS MICRO THIN 33G .....	78	LENVIMA 10 MG DAILY DOSE ...
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine) ....	15	LANCETS SUPER THIN 28G .....	78	27
LAMICTAL XR TB24 250 MG (lamotrigine) .....	15	LANCETS THIN .....	78	LENVIMA 12MG DAILY DOSE ...
LAMICTAL XR TB24 300 MG (lamotrigine) .....	15	LANCETS ULTRA THIN .....	78	28
		LANCETS ULTRA THIN 30G .....	78	LENVIMA 14 MG DAILY DOSE ...
		LANOXIN TABS 125 MCG, 250 MCG (digoxin) .....	39	28
		lansoprazole CPDR .....	118	LENVIMA 18 MG DAILY DOSE ...
		lansoprazole TBDD 15 MG .....	118	28
		lansoprazole TBDD 30 MG .....	118	LENVIMA 20 MG DAILY DOSE ...
				28
				LENVIMA 24 MG DAILY DOSE ...
				28
				LENVIMA 4 MG DAILY DOSE ....
				28
				LENVIMA 8 MG DAILY DOSE ....
				28
				LETAIRIS 10 MG (ambrisentan) ...
				40
				LETAIRIS 5 MG (ambrisentan) ....
				40
				letrozole .....
				29
				leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG .....
				33
				leucovorin calcium TABS .....
				33
				LEUKERAN .....
				27
				leuprolide acetate KIT IJ 1 MG/0.2ML .....
				29

levabuterol hcl .....	13	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG .....	116	lisinopril TABS 40 MG .....	24
levabuterol tartrate .....	13	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....	116	LITE TOUCH LANCETS .....	78
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML .....	15	LEXIVA SUSP .....	36	LITETOUCH LANCETS MICRO THIN 33G .....	78
levetiracetam TABS 1000 MG .....	15	LIBERTY MEDICAL LANCETS 30G 78		LITHIUM .....	34
levetiracetam TABS 250 MG, 500 MG, 750 MG .....	15	lidocaine hcl (mouth-throat) .....	94	lithium carbonate CAPS 150 MG, 600 MG .....	34
levetiracetam TB24 .....	15	lidocaine hcl SOLN .....	54	lithium carbonate CAPS 300 MG ..	34
levobunolol hcl 0.5 % .....	100	lidocaine PTCH 5 % .....	54	lithium carbonate TABS .....	34
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML .....	57	lidocaine-prilocaine CREA .....	54	lithium carbonate TBCR .....	34
levocarnitine (metabolic modifiers) TABS .....	57	linezolid SUSR .....	26	LITHOBID TBCR (lithium carbonate) .	34
levocetirizine dihydrochloride SOLN 22		linezolid TABS .....	26	LITHOSTAT .....	61
levocetirizine dihydrochloride TABS 22		LINZESS .....	60	LIVE BETTER LANCET SUPERTHIN 30G .....	78
levofloxacin (ophth) 1.5 % .....	101	LIORESAL INTRATHECAL SOLN IT (baclofen) .....	98	LIVE BETTER LANCET ULTRATHIN 28G .....	78
levofloxacin SOLN OR .....	59	LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML .....	98	LO LOESTRIN FE TABS .....	45
levofloxacin TABS .....	59	liothyronine sodium TABS 25 MCG, 50 MCG .....	116	LOCOID LIPOCREAM .....	53
levonorgestrel & eth estradiol TABS 44		liothyronine sodium TABS 5 MCG 116		LOKELMA .....	94
levonorgestrel (emergency oc) 1.5 MG .....	45	LIPOFEN CAPS (fenofibrate) .....	23	LOMAIRA TABS .....	1
levonorgestrel-eth estradiol (triphasic) .....	44	lisdexamfetamine dimesylate CAPS 1		LONGS LANCETS STANDARD ..	79
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG .....	44	lisdexamfetamine dimesylate CHEW 1		LONGS LANCETS THIN .....	79
levonorgestrel-ethinyl estradiol (continuous) .....	44	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG .....	25	LONGS LANCETS ULTRA THIN .	79
levonorgestrel-ethinyl estradiol-iron 45		lisinopril & hydrochlorothiazide 25 MG-20 MG .....	24	LONSURF .....	30
levorphanol tartrate TABS .....	7	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG .....	24	loperamide hcl CAPS .....	20
levothyroxine sodium CAPS .....	115			lopinavir-ritonavir SOLN .....	36
				lopinavir-ritonavir TABS .....	36
				lorazepam CONC .....	11
				lorazepam TABS .....	11
				LORBRENA .....	31
				LORTAB ELIX .....	9

losartan potassium & hydrochlorothiazide .....	25	MAVYRET TABS .....	37	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX .....	79
losartan potassium .....	24	MAXIDEX SUSP OP .....	102	MEDLANCE PLUS UNIVERSAL LANCETS 21G .....	79
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)) .....	45	MAXX LUBRICATED MISC .....	68	MEDLANCE PLUS/LITE 25G .....	79
LOTEMAX OINT .....	101	MAXX PLUS SPERMICIDE LUBRICATED MISC .....	68	MEDLANCE/EXTRA .....	79
loteprednol etabonate GEL .....	102	MAYZENT STARTER PACK TBPK 106		MEDLANCE/LITE .....	79
loteprednol etabonate SUSP .....	102	MAYZENT TABS 0.25 MG .....	106	MEDLANCE/UNIVERSAL .....	80
lovastatin TABS .....	23	MAYZENT TABS 1 MG .....	106	MEDROL TABS .....	46
loxapine succinate .....	34	MAYZENT TABS 2 MG .....	106	medroxyprogesterone acetate 10 MG .....	105
lubiprostone .....	59	meclofenamate sodium CAPS .....	5	medroxyprogesterone acetate 2.5 MG, 5 MG .....	105
LUCEMYRA .....	105	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE .....	79	mefenamic acid CAPS .....	5
LUMIGAN SOLN 0.01 % .....	103	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW .....	79	mefloquine hcl .....	26
LUPRON DEPOT (1-MONTH) KIT IM .....	29	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW .....	79	megestrol acetate (appetite) .....	105
LUPRON DEPOT-PED (1-MONTH) 7.5 MG .....	57	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW .....	79	megestrol acetate SUSP .....	29
lurasidone hcl .....	34	MEDICHOICE PRE-SET SAFETY LANCET EXTRA .....	79	megestrol acetate TABS .....	29
LYNPARZA TABS .....	31	MEDICHOICE SAFETY LANCETNORMAL .....	79	MEIJER COLOR LANCETS UNIVERSAL 33G .....	80
LYRICA CAPS 225 MG, 300 MG (pregabalin) .....	15	MEDLANCE PLUS EXTRA LANCETS 21G .....	79	MEIJER LANCETS .....	80
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin) .....	15	MEDLANCE PLUS LANCETS .....	79	MEIJER LANCETS THIN .....	80
LYRICA SOLN (pregabalin) .....	15	MEDLANCE PLUS LANCETS LITE 25G .....	79	MEIJER LANCETS UNIVERSAL21G .....	80
LYSODREN .....	29	MEDLANCE PLUS LANCETS LITE 25G .....	79	MEIJER LANCETS UNIVERSAL30G .....	80
mafenide acetate PACK .....	51	MEDLANCE PLUS LITE LANCETS 25G .....	79	MEIJER LANCETS UNIVERSAL33G .....	80
MAGNEBIND 400 .....	92	MEDLANCE PLUS SPECIAL LANCETS 0.8MM .....	79	MEIJER SUPER THIN LANCETS .....	80
malathion .....	55	MEDLANCE PLUS SUPERLITE 30G .....	79	MEKINIST TABS .....	31
maraviroc TABS .....	36			MEKTOVI .....	31
MARPLAN .....	17			meloxicam TABS 15 MG .....	5
MATULANE .....	33			meloxicam TABS 7.5 MG .....	5

melphalan .....	27	metformin hcl TB24 500 MG, 750 MG .....	19	methylphenidate hcl SOLN .....	2
melphalan hcl .....	27	methadone hcl CONC .....	7	methylphenidate hcl TABS 20 MG ..	2
memantine hcl CP24 14 MG, 21 MG, 28 MG .....	105	methadone hcl SOLN OR .....	7	methylphenidate hcl TABS 5 MG, 10 MG .....	2
memantine hcl CP24 7 MG .....	105	methadone hcl TABS .....	7	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....	2
memantine hcl SOLN .....	105	methadone hcl TBSO .....	7	methylphenidate hcl TB24 36 MG ..	2
memantine hcl TABS 10 MG .....	105	methamphetamine hcl .....	1	methylphenidate hcl TBCR 10 MG, 20 MG .....	2
memantine hcl TABS 5 MG .....	105	methazolamide TABS .....	56	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....	2
memantine hcl TABS .....	105	methenamine hippurate .....	26	methylphenidate hcl TBCR 54 MG ..	2
MENEST .....	59	methenamine mandelate 0.5 GM, 1 GM .....	26	methylphenidate PTCH .....	2
MENOSTAR PTWK .....	59	methimazole TABS .....	115	methylprednisolone TABS .....	46
meperidine hcl SOLN OR 50 MG/5ML .....	7	METHITEST TABS .....	9	methylprednisolone TBPK .....	46
meperidine hcl TABS 50 MG .....	7	methocarbamol TABS 500 MG, 750 MG .....	98	methyltestosterone CAPS .....	9
mercaptopurine TABS .....	27	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	27	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	59
meropenem 500 MG .....	26	methotrexate sodium SOLR .....	27	metoclopramide hcl TABS .....	59
mesalamine CP24 .....	59	methotrexate sodium TABS 2.5 MG 27 .....		metoclopramide hcl TBDP .....	59
mesalamine CPR .....	59	methoxsalen rapid .....	51	metolazone .....	56
mesalamine CPDR .....	59	methscopolamine bromide .....	116	METOPIRONE .....	55
mesalamine ENEM .....	59	methsuximide .....	17	metoprolol & hydrochlorothiazide TABS 50 MG-100 MG .....	25
mesalamine SUPP .....	59	methyl dopa TABS .....	24	metoprolol & hydrochlorothiazide TABS .....	25
mesalamine TBEC 1.2 GM .....	60	methylergonovine maleate TABS .....	103	metoprolol succinate TB24 .....	38
mesalamine TBEC 800 MG .....	60	methylphenidate hcl CHEW .....	2	metoprolol tartrate TABS .....	38
MESNEX TABS .....	33	methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) CREA .....	54
MESTINON SOLN OR (pyridostigmine bromide) .....	26	methylphenidate hcl CP24 .....	2	metronidazole (topical) GEL 0.75 % ..	54
metaxalone 400 MG .....	98	methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG .....	2	metronidazole (topical) GEL 1 % ..	54
metaxalone 800 MG .....	98	methylphenidate hcl CPCR 20 MG, 30 MG .....	2	metronidazole (topical) LOTN .....	54
metformin hcl SOLN .....	18				
metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	19				



metronidazole CAPS .....	25	MM TWIST LANCETS .....	80	moxifloxacin hcl (ophth) SOLN OP 101
metronidazole TABS .....	25	M-NATAL PLUS TABS .....	96	moxifloxacin hcl TABS .....
metronidazole vaginal .....	119	modafinil .....	2	59
metyrosine .....	24	moexipril hcl .....	24	MPD SAFETY LANCET 21G/1.8MM 80
mexiletine hcl .....	11	molindone hcl .....	35	MPD SAFETY LANCET 28G/1.8MM 80
MG217 PSORIASIS MULTI- SYM TOM OINT .....	54	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG) .....	37	MPD SAFETY LANCET 30G/1.8MM 80
MIACALCIN IJ (calcitonin (salmon)) 56		mometasone furoate (nasal) SUSP 100		MPD SAFETY LANCETS 23G/1.8MM .....
MICROLET LANCETS .....	80	mometasone furoate CREA .....	53	80
midazolam hcl SYRP .....	65	mometasone furoate OINT .....	53	MUCOTROL WAFR .....
midodrine hcl .....	120	mometasone furoate SOLN .....	53	MULPLETA .....
MIFEPREX (mifepristone) .....	58	MONOLET LANCETS .....	80	MULTIVITAMIN + FLUORIDE CHEW .....
mifepristone .....	58	MONOLET OPD LANCETS .....	80	95
miglitol .....	18	MONOLETTOR SAFETY LANCETS 80		MULTIVITAMIN WITH FLUORIDE CHEW .....
miglustat .....	64	montelukast sodium CHEW .....	11	95
MILLIPRED TABS .....	46	montelukast sodium PACK .....	11	MULTI-VIT-FLOR CHEW .....
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) .....	45	montelukast sodium TABS .....	11	95
minocycline hcl CAPS .....	115	morphine sulfate beads .....	7	mupirocin OINT .....
minocycline hcl CP24 .....	115	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	7	57
minocycline hcl TABS 50 MG, 100 MG .....	115	morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML .....	7	mycophenolate mofetil CAPS .....
minocycline hcl TABS 75 MG .....	115	morphine sulfate SOLN OR 10 MG/5ML .....	7	94
minoxidil 2.5 MG, 10 MG .....	25	morphine sulfate SUPP 10 MG, 20 MG, 30 MG .....	8	mycophenolate mofetil SUSR .....
MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) .....	45	morphine sulfate TABS .....	8	94
mirtazapine TABS .....	17	morphine sulfate TBCR .....	8	mycophenolate sodium .....
mirtazapine TBDP .....	17	MOVANTIK .....	60	94
misoprostol .....	118			MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G .....
MITIGARE CAPS (colchicine) .....	61			80
mitoxantrone hcl 2 MG/ML .....	29			MYLERAN TABS .....
				27
				MYSOLINE (primidone) .....
				15
				MYTESI .....
				20
				nabumetone 500 MG .....
				.5
				nabumetone 750 MG .....
				.5
				nadolol TABS 20 MG, 40 MG, 80 MG .....
				38

NAFCILLIN 1 GM/50ML-5 % .....	105	neomycin-bacitracin zn-polymyxin 101	nevirapine TABS .....	36	
naftifine sodium IV 2 GM, 10 GM .	105	neomycin-polymyx-dexameth OINT 102	nevirapine TB24 .....	36	
naftifine hcl CREA .....	49	neomycin-polymyx-dexameth SUSP 102	NEXAVAR (sorafenib tosylate) ...	31	
naftifine hcl GEL 2 % .....	49	neomycin-polymyxin-gramicidin .	NEXIUM PACK .....	118	
NALOCET TABS .....	9	101	NEXTSTELLIS .....	45	
naloxone hcl LIQD .....	21	neomycin-polymyxin-hc (ophth) .	niacin (antihyperlipidemic) TBCR ..	23	
naloxone hcl SOSY .....	21	102	nicardipine hcl CAPS .....	38	
naltrexone hcl .....	21	neomycin-polymyxin-hc (otic) SOLN . 103	NICODERM CQ PT24 TD (nicotine) . 114		
NAMZARIC C4PK .....	105	neomycin-polymyxin-hc (otic) SUSP . 103	NICORETTE GUM (nicotine polacrilex) .....	114	
naproxen sodium TABS 275 MG, 550 MG .....	5	NEONATAL 19 .....	96	NICORETTE LOZG (nicotine polacrilex) .....	114
naproxen SUSP .....	5	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG .....	97	NICORETTE MINI LOZG (nicotine polacrilex) .....	114
naproxen TABS .....	5	NEONATAL PLUS TABS .....	97	NICORETTE STARTER KIT GUM (nicotine polacrilex) .....	114
naratriptan hcl .....	92	NEOSTIGMINE METHYLSULFATE SOSY (neostigmine methylsulfate) 27	nicotine MISC XX .....	114	
NASONEX 24HR SUSP .....	100	NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML .....	nicotine polacrilex GUM .....	114	
NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 96		27	nicotine polacrilex LOZG .....	114	
NATACYN .....	101	neostigmine methylsulfate SOSY ..	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	114	
NATAZIA .....	45	31	NICOTINE TRANSDERMAL SYSTEM KIT .....	114	
nateglinide .....	20	NERLYNX .....	31	NICOTROL INHALER INHA .....	114
NATPARA .....	56	NESTABS .....	97	NICOTROL NS SOLN .....	114
NAYZILAM .....	14	NESTABS DHA .....	97	nifedipine CAPS .....	38
nebivolol hcl .....	38	NESTABS ONE .....	97	nifedipine TB24 30 MG, 60 MG ...	38
NEBUSAL NEBU .....	47	NEUPRO .....	33	nifedipine TB24 .....	38
NEEVO DHA 85 MG-25 MG-15 MG- 5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG .....	96	NEURONTIN CAPS (gabapentin) .	15	nilutamide .....	29
nefazodone hcl .....	18	NEURONTIN SOLN (gabapentin) .	15	nimodipine CAPS .....	38
neomycin sulfate TABS .....	2	NEURONTIN TABS (gabapentin) .	15	NINLARO .....	31
		NEVANAC .....	103		
		nevirapine SUSP .....	36		

nisoldipine .....	38	norethindrone acetate-ethinyl estradiol .....	58	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride) .....	65
nitazoxanide TABS .....	25	norethindrone acetate-ethinyl estradiol-fe .....	45	NUPLAZID CAPS .....	34
nitisinone CAPS 10 MG .....	57	norgestimate-ethinyl estradiol (triphasic) .....	45	NUPLAZID TABS 10 MG .....	34
nitisinone CAPS 2 MG, 5 MG, 20 MG .....	57	norgestimate-ethinyl estradiol .....	45	NUVARING (etonogestrel-ethinyl estradiol) .....	45
NITRO-BID OINT .....	10	NORITATE CREA .....	54	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT .....	62
NITRO-DUR PT24 .....	10	NORPACE CR CP12 .....	11	nystatin (mouth-throat) .....	94
nitrofurantoin .....	26	NORTHERA (droxidopa) .....	120	nystatin (topical) CREA .....	49
nitrofurantoin macrocrystal .....	26	nortriptyline hcl CAPS .....	18	nystatin (topical) OINT .....	49
nitrofurantoin monohyd macro .....	26	nortriptyline hcl SOLN .....	18	nystatin (topical) POWD EX .....	49
nitroglycerin (intra-anal) .....	10	NORVIR PACK .....	36	nystatin (topical) POWD EX .....	49
nitroglycerin PT24 .....	10	NORVIR SOLN .....	36	nystatin TABS .....	21
nitroglycerin SOLN TL 0.4 MG/SPRAY .....	10	NOVA SAFETY LANCETS 23G ..	80	nystatin-triamcinolone CREA .....	49
nitroglycerin SUBL .....	10	NOVA SAFETY LANCETS 28G ..	80	nystatin-triamcinolone OINT .....	49
NITYR TABS .....	57	NOVA SUREFLEX LANCETS .....	81	OB COMPLETE ONE .....	97
NIVA THYROID TABS .....	116	NOVOEIGHT .....	62	OB COMPLETE PETITE .....	97
NIVA-PLUS TABS .....	97	NOVOPEN ECHO DEVI .....	91	OB COMPLETE PREMIER .....	97
nizatidine CAPS .....	117	NOVOSEVEN RT .....	62	OB COMPLETE/DHA .....	97
nizatidine SOLN .....	117	NP THYROID 120 TABS .....	116	OBIZUR .....	62
NORDITROPIN FLEXPPO SOPN ..	57	NP THYROID 15 TABS .....	116	OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG ..	97
norelgestromin-ethinyl estradiol ..	45	NP THYROID 30 TABS .....	116	OCALIVA 10 MG .....	59
norethin acet & estrad-fe CAPS ..	45	NP THYROID 60 TABS .....	116	OCALIVA 5 MG .....	59
norethin acet & estrad-fe CHEW ..	45	NP THYROID 90 TABS .....	116	OCTAGAM SOLN 5 GM/50ML ...	104
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	45	NUBEQA .....	29	OCTAGAM SOLN .....	104
norethindrone & ethinyl estradiol-fe 45		NUCALA SOAJ .....	11	octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML .....	58
norethindrone (contraceptive) .....	46	NUCALA SOLR .....	11	octreotide acetate SOLN 50	
norethindrone acet & eth estra .....	45	NUCALA SOSY 100 MG/ML .....	11		
norethindrone acetate TABS .....	105	NUCORT LOTN .....	53		
		NUEDEXTA .....	106		

MCG/ML, 100 MCG/ML .....58	olopatadine hcl 0.2 % .....103	ORACIT ..... 61
octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML ..... 58	omega-3-acid ethyl esters ..... 22	ORAL CITRATE .....61
octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML .....58	OMEPRAZOLE + SYRSPEND SFALKA SUSP ..... 118	ORAVIG ..... 94
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ODOMZO .....28	omeprazole CPDR 20 MG, 40 MG 118	ORFADIN CAPS 10 MG (nitisinone) . 57
OFEV .....114	omeprazole magnesium CPDR .. 118	ORFADIN SUSP .....57
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ofloxacin (otic) .....103	ondansetron hcl SOLN OR 4 MG/5ML .....21	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG ..... 114
ofloxacin 300 MG ..... 59	ondansetron hcl TABS 4 MG, 8 MG 21	ORKAMBI PACK 94 MG-75 MG . 114
ofloxacin 400 MG ..... 59	ondansetron TBDP .....21	ORKAMBI TABS .....114
olanzapine TABS 15 MG, 20 MG ..35	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS .97	orlistat .....1
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG .....35	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G .....81	orphenadrine citrate TB12 .....98
olanzapine TBDP ..... 35	ONETOUCH DELICA PLUS LANCETS FINE 30G .....81	oseltamivir phosphate CAPS ..... 37
olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG 105	ONETOUCH ULTRA STRP .....55	oseltamivir phosphate SUSR .....37
olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG .....105	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....81	OSMOPREP .....66
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olmesartan medoxomil 5 MG, 20 MG 24	ONETOUCH VERIO TEST STRIPS STRP .....55	OTEZLA TABS .....5
olmesartan medoxomil-amlodipine- hydrochlorothiazide ..... 25	ONUREG TABS .....27	OTEZLA TBPK .....5
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 25	OPILL .....46	OTOVEL (ciprofloxacin-fluocinolone acetoneide) .....103
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG .....25	OPSUMIT .....40	OTREXUP SOAJ 10 MG/0.4ML .... 3
olopatadine hcl (nasal) .....99	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 119	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 ..... 3
olopatadine hcl 0.1 % .....103	ORACEA (doxycycline (rosacea)) 54	oxacillin sodium IV 10 GM .....105
		oxandrolone 10 MG ..... 9
		oxandrolone 2.5 MG ..... 9
		oxaprozin TABS .....5
		OXAYDO TABS 5 MG .....8

OXAYDO TABS 7.5 MG ..... 8	oxymorphone hcl TB12 ..... 8	bicarbonate-sod chloride ..... 65
oxazepam CAPS 10 MG, 15 MG .. 11	OZEMPIC SOPN ..... 19	PEGASYS SOLN ..... 37
oxazepam CAPS 30 MG ..... 11	paliperidone ..... 34	PEG-PREP ..... 65
oxcarbazepine SUSP ..... 15	PALYNZIQ ..... 57	penicillamine CAPS ..... 93
oxcarbazepine TABS 150 MG ..... 15	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT ..... 55	penicillamine TABS ..... 93
oxcarbazepine TABS 300 MG ..... 15	PANRETIN ..... 50	penicillin g potassium ..... 104
oxcarbazepine TABS 600 MG ..... 15	pantoprazole sodium PACK ..... 118	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE ..... 104
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OXTELLAR XR TB24 600 MG ..... 15	paroxetine hcl SUSP ..... 17	penicillin v potassium TABS ..... 104
oxybutynin chloride TABS 5 MG . 118	paroxetine hcl TABS ..... 17	PENNSAID SOLN EX ..... 50
oxybutynin chloride TB24 ..... 118	paroxetine hcl TB24 ..... 17	pentamidine isethionate IN ..... 25
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oxycodone hcl CAPS ..... 8	PAXLOVID 100 MG-150 MG ..... 37	pentazocine w/ naloxone hcl ..... 9
oxycodone hcl CONC 100 MG/5ML 8	pazopanib hcl ..... 31	pentoxifylline ..... 63
oxycodone hcl SOLN ..... 8	PC LANCETS SUPER THIN 30G . 81	PERFECT LANCETS 30G ..... 81
oxycodone hcl TABS 30 MG ..... 8	pediatric multivitamins w/fl CHEW . 95	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G ..... 81
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG ..... 8	pediatric vitamins acid w/ fluoride SOLN ..... 95	perindopril erbumine ..... 24
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ... 9	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid ..... 65	permethrin CREA ..... 55
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG ..... 9	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM ..... 65	perphenazine TABS ..... 35
oxycodone w/ acetaminophen TABS 325 MG-5 MG ..... 9	peg 3350-potassium chloride-sod	perphenazine-amitriptyline ..... 105
OXYCODONE/ACETAMINOPHEN TABS ..... 9		PERSERIS PRSY ..... 34
oxymorphone hcl TABS 10 MG ..... 8		PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN . 81
oxymorphone hcl TABS 5 MG ..... 8		PHARMACIST CHOICE ULTRA THIN LANCETS ..... 81
		PHARMACIST CHOICE ULTRA THIN LANCETS 28G ..... 81
		PHARMACIST CHOICE ULTRA

THIN LANCETS 30G .....	81	pioglitazone hcl 15 MG .....	20	POLY HUB NEEDLE/30G X 1/2" ..	91
PHARMACIST CHOICE ULTRA THIN LANCETS 31G .....	81	pioglitazone hcl 30 MG, 45 MG ...	20	polyethylene glycol 3350 POWD ..	66
PHARMACIST CHOICE ULTRA THIN LANCETS 33G .....	81	pioglitazone hcl-glimepiride .....	18	polymyxin b-trimethoprim .....	101
PHARMACY COUNTER LANCETS . 81		pioglitazone hcl-metformin hcl TABS . 18		POLY-VI-FLOR CHEW .....	95
phenelzine sulfate .....	17	PIP LANCETS/28G .....	81	POLY-VI-FLOR SUSP .....	95
PHENERGAN SOLN (promethazine hcl) .....	22	PIP LANCETS/30G .....	81	POLY-VI-FLOR/IRON CHEW .....	95
phenobarbital ELIX .....	65	piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM .....	105	POLY-VI-FLOR/IRON SUSP .....	95
phenobarbital TABS .....	65	PIQRAY 200MG DAILY DOSE ...	31	POMALYST .....	29
phenoxybenzamine hcl .....	24	PIQRAY 250MG DAILY DOSE ...	31	posaconazole SUSP .....	22
phentermine hcl CAPS .....	1	PIQRAY 300MG DAILY DOSE ...	31	posaconazole TBEC .....	22
phentermine hcl TABS .....	1	pirfenidone CAPS .....	114	pot & sod citrates w/citric ac SOLN 61	
phenylephrine hcl (mydriatic) SOLN 100		pirfenidone TABS .....	114	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	93
phenytoin CHEW .....	16	piroxicam CAPS 10 MG .....	5	POTABA CAPS .....	120
phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	16	piroxicam CAPS 20 MG .....	5	potassium chloride CPCR .....	93
phenytoin SUSP .....	16	pitavastatin calcium .....	23	potassium chloride microencapsulated crystals er ....	93
PHEXXI .....	119	PLAN B ONE-STEP (levonorgestrel (emergency oc)) .....	45	potassium chloride PACK OR 20 MEQ .....	93
PHOSLYRA SOLN .....	60	PLEGRIDY SOPN .....	106	POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride) 93	
phytonadione TABS 5 MG .....	120	PLEGRIDY SOSY IM .....	106	potassium chloride SOLN OR 10 %, 20 % .....	93
PIFELTRO .....	36	PLEGRIDY SOSY SC .....	106	potassium chloride TBCR .....	93
pilocarpine hcl (oral) 5 MG .....	94	PLEGRIDY STARTER PACK SOPN . 106		potassium citrate (alkalinizer) TBCR . 61	
pilocarpine hcl (oral) 7.5 MG .....	94	PLEGRIDY STARTER PACK SOSY SC .....	106	potassium citrate-citric acid SOLN .	61
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 100		PNV-DHA+DOCUSATE .....	97	potassium iodide (expectorant) SOLN .....	47
pimecrolimus .....	54	PNV-OMEGA .....	97	POVIDONE IODINE .....	101
pimozide .....	107	PODOCON-25 SOLN .....	54	PRALUENT SOAJ .....	23
pindolol TABS .....	38	podofilox GEL .....	54		
		podofilox SOLN .....	54		

pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG .....	33	prednisolone sodium phosphate TBDP .....	46	PRENA1 CHEW .....	97
pramipexole dihydrochloride TABS 1 MG .....	33	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN .....	102	PRENA1 PEARL .....	97
pramipexole dihydrochloride TABS 1.5 MG .....	34	prednisolone SOLN .....	46	PRENAISSANCE .....	97
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG .....	34	prednisolone TABS .....	46	PRENAISSANCE PLUS CAPS ...	97
pramipexole dihydrochloride TB24 3 MG .....	34	PREDNISON INTENSOL CONC	46	PRENATAL 19 CHEW .....	97
pramipexole dihydrochloride TB24 3.75 MG .....	34	prednisone SOLN .....	46	PRENATAL 19 TABS .....	97
PRAMOSONE LOTN .....	53	prednisone TABS .....	46	PRENATAL PLUS TABS .....	97
PRAMOSONE OINT .....	53	prednisone TBPk .....	46	PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	97
PRAMOTIC .....	103	PREFERRED PLUS LANCETS COLORED 21G .....	81	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG- 1200 MCG-27 MG-200 MG-1.84 MG- 25 MG-2 MG-10 MG .....	97
prasugrel hcl .....	63	PREFERRED PLUS LANCETS SUPER THIN 30G .....	81	PRENATAL VITAMINS PLUS LOW IRON TABS .....	97
pravastatin sodium .....	23	PREFERRED PLUS LANCETS THIN 26G .....	82	PRENATAL-U CAPS .....	97
praziquantel .....	10	PREFEST .....	58	PRENATE .....	97
prazosin hcl CAPS .....	24	pregabalin CAPS 225 MG, 300 MG 15		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG .....	97
PRECISION THINS GP LANCET	81	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	15	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..	97
PRECISION XTRA .....	55	pregabalin SOLN .....	15	PRENATE ENHANCE .....	97
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	55	PREMARIN .....	120	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG- 18 MG .....	97
PRED MILD .....	102	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG .....	59	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG- 80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG ..	97
PRED-G S.O.P. OINT .....	102	PREMARIN TABS 0.9 MG .....	59	PRENATE PIXIE .....	97
PRED-G SUSP .....	102	PREMIUM CONDOMS LUBRICATED MISC .....	68		
prednicarbate OINT .....	53	PREMIUM SCAR PATCH .....	54		
prednisolone acetate (ophth) ....	102	PREMPHASE .....	58		
PREDNISOLONE SODIUM PHOSPHATE .....	102	PREMPRO .....	58		
prednisolone sodium phosphate SOLN .....	46	PRENA 1 TRUE .....	97		

PRENATE RESTORE .....	97	PRODIGY TWIST TOP LANCETS	82	proparacaine hcl .....	101
PRENATRIX TABS .....	97	PROFILNINE .....	63	propranolol hcl CP24 .....	38
PRENATRYL TABS .....	97	progesterone CAPS .....	105	propranolol hcl SOLN OR 20	
PREPIDIL GEL .....	103	progesterone OIL .....	105	MG/5ML, 40 MG/5ML .....	38
PREPLUS TABS .....	97	PROGRAF PACK .....	94	propranolol hcl TABS .....	38
PREZCOBIX .....	36	PROLATE TABS .....	9	propylthiouracil .....	115
PREZISTA SUSP .....	36	PROLIA SOSY .....	56	PRO-RED AC SYRP 9 MG/5ML-5	
PREZISTA TABS 75 MG, 150 MG	36	PROMACTA PACK 12.5 MG .....	64	MG/5ML-1 MG/5ML .....	47
PRIFTIN .....	27	PROMACTA PACK 25 MG .....	64	protiptyline hcl .....	18
PRILOSEC PACK .....	118	PROMACTA TABS .....	64	pseudoephed-bromphen-dm SYRP	
primaquine phosphate TABS .....	26	promethazine & phenylephrine SYRP	47	10 MG/5ML-30 MG/5ML-2 MG/5ML	
PRIMAXIN IV IV 500 MG-500 MG		promethazine hcl SOLN 25 MG/ML,	22	PSS SELECT GP LANCETS .....	82
(imipenem-cilastatin) .....	26	50 MG/ML .....	22	PSS SELECT SAFETY LANCETS	
primidone 50 MG, 250 MG .....	15	promethazine hcl SOLN 6.25	22	82	
PRIVIGEN SOLN 10 GM/100ML, 20		MG/5ML .....	22	PULMICORT FLEXHALER AEPB .	12
GM/200ML, 40 GM/400ML .....	104	promethazine hcl SUPP 12.5 MG, 25	22	PULMOZYME .....	114
PRIVIGEN SOLN 5 GM/50ML ....	104	MG .....	22	PURE COMFORT LANCETS 30G	
PRO COMFORT LANCETS 30G .	82	promethazine hcl SYRP .....	22	82	
PRO COMFORT LANCETS 31G .	82	promethazine hcl TABS 12.5 MG .	22	PURIXAN SUSP .....	27
PRO COMFORT SAFETY LANCETS		promethazine hcl TABS 25 MG ...	22	PX LANCETS MICROTHIN 33G .	82
30G PRESSURE ACTIVATED ...	82	promethazine hcl TABS 50 MG ...	22	PX LANCETS ULTRA THIN .....	82
PROAIR RESPICLICK AEPB .....	13	promethazine hcl TABS 50 MG ...	22	PX LANCETS ULTRA THIN 28G .	82
probenecid .....	61	promethazine w/codeine SOLN ...	47	pyrazinamide .....	27
prochlorperazine .....	35	promethazine w/codeine SYRP ...	47	pyridostigmine bromide SOLN OR	27
prochlorperazine maleate TABS ...	35	promethazine-dm SYRP .....	47	pyridostigmine bromide TABS 60 MG	
PROCTOFOAM HC FOAM EX ....	10	promethazine-phenylephrine-codeine	47	.....	27
PROCYSBI CPDR .....	61	propafenone hcl CP12 .....	11	pyridostigmine bromide TBCR .....	27
PROCYSBI PACK .....	61	propafenone hcl TABS 150 MG ...	11	pyrimethamine .....	26
PRODIGY PRESSURE ACTIVATED		propafenone hcl TABS 225 MG, 300	11	QBRELIS SOLN .....	24
SAFETY LANCETS .....	82	MG .....	11	QC LANCETS SUPER THIN .....	82
PRODIGY SAFETY LANCETS ...	82			QC LANCETS ULTRA THIN .....	82



QC UNILET LANCETS 28G/ULTRA THIN .....	82	REALITY LANCETS .....	83
QC UNILET LANCETS 33G/MICRO THIN .....	82	REALITY LATEX CONDOMS/LUBRICATED MISC ..	68
QINLOCK .....	31	REALITY LATEX/ULTRA TEXTURED DEVI .....	68
QSYMIA .....	1	REALITY LATEX/ULTRA THIN DEVI	68
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)) .....	45	REALITY TRIGGER LANCETS ...	83
quetiapine fumarate TABS 200 MG 35		REBIF REBIDOSE SOAJ .....	106
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG .....	35	REBIF REBIDOSE TITRATIONPACK SOAJ .....	106
quetiapine fumarate TABS 300 MG, 400 MG .....	35	REBIF SOSY .....	106
quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG .....	35	REBIF TITRATION PACK SOSY .	106
quetiapine fumarate TB24 50 MG .	35	REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT .....	63
QUFLORA FE PEDIATRIC LIQD ..	95	RECOMBINATE SOLR .....	63
QUFLORA GUMMIES CHEW .....	96	REGRANEX .....	55
QUFLORA PEDIATRIC CHEW .....	96	RELENZA DISKHALER .....	37
QUFLORA PEDIATRIC SOLN .....	96	RELEXXII TBCR 18 MG, 27 MG, 36 MG .....	2
QUILLIVANT XR SRER .....	2	RELEXXII TBCR 54 MG .....	2
quinapril hcl .....	24	RELION INSULIN SYRINGE 0.5ML/31G X 15/64" .....	91
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG .....	25	RELION INSULIN SYRINGE 1ML/31GX15/64" .....	91
quinapril-hydrochlorothiazide 25 MG-20 MG .....	25	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" .....	91
quinidine gluconate TBCR .....	11	RELION LANCETS MICRO-THIN33G .....	83
quinine sulfate CAPS 324 MG .....	26	RELION LANCETS THIN 26G .....	83
QVAR REDIHALER 40 MCG/ACT .	12	RELION LANCETS ULTRA-THIN30G .....	83
QVAR REDIHALER 80 MCG/ACT .	12	RELION ULTRA THIN LANCETS/30G .....	83
RA E-ZJECT LANCETS 28G .....	82		
RA E-ZJECT LANCETS THIN 26G			
RA E-ZJECT LANCETS THIN 28G			
RA E-ZJECT LANCETS ULTRATHIN 30G .....	83		
RABEPRAZOLE SODIUM DR SPRINKLE CPSP .....	118		
rabeprazole sodium TBEC .....	118		
RADICAVA ORS STARTER KIT SUSP .....	100		
RADICAVA ORS SUSP .....	100		
raloxifene hcl .....	57		
ramelteon .....	65		
ramipril CAPS .....	24		
ranolazine TB12 1000 MG .....	10		
ranolazine TB12 500 MG .....	10		
rasagiline mesylate .....	34		
RASUVO SOAJ 20 MG/0.4ML .....	3		
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML .....	3		
RAVICTI .....	57		
READYLANCE SAFETY LANCETS/21G/2.2MM .....	83		
READYLANCE SAFETY LANCETS/23G/1.8MM .....	83		
READYLANCE SAFETY LANCETS/26G/1.8MM .....	83		
READYLANCE SAFETY LANCETS/28G/1.8MM .....	83		
READYLANCE SAFETY LANCETS/30G/1.6MM .....	83		

RELION ULTRA THIN LANCETS30G .....	83	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG .....	34	RYTARY CPCR 95 MG-23.75 MG	34
RELION ULTRA THIN PLUS LANCETS 32G .....	83	risperidone TABS 3 MG .....	34	RYVENT TABS .....	22
RELION ULTRA THIN PLUS LANCETS 33G .....	83	risperidone TBDP .....	34	SABRIL PACK (vigabatrin) .....	16
RELNATE DHA CAPS .....	97	ritonavir TABS .....	36	SABRIL TABS (vigabatrin) .....	16
RELYVRIO .....	100	rivastigmine .....	105	SAFE-T-LANCE LOW FLOW 25G	83
RENFLEXIS .....	60	rivastigmine tartrate CAPS .....	105	SAFE-T-LANCE NORMAL FLOW21G .....	83
repaglinide .....	20	RIXUBIS SOLR .....	63	SAFE-T-LANCE PLUS	
RETACRIT .....	64	rizatriptan benzoate TABS .....	92	SAFETYLANCET HIGH FLOW ...	83
RETACRIT 20000 UNIT/ML .....	64	rizatriptan benzoate TBDP .....	92	SAFE-T-LANCE PLUS	
RETEVMO .....	31	roflumilast .....	11	SAFETYLANCET LOW FLOW ...	84
REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) .....	40	romidepsin SOLR .....	31	SAFE-T-LANCE PLUS	
REXALL LANCETS ULTRA THIN	83	ropinirole hydrochloride TABS ....	34	SAFETYLANCET NORMAL FLOW	84
REXULTI .....	35	ropinirole hydrochloride TB24 12 MG	34	SAFETY LANCET 30G/PRESSURE ACTIVATED .....	84
REYATAZ PACK .....	36	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG .....	34	SAFETY LANCETS .....	84
RHOFADE .....	54	ropinirole hydrochloride TB24 8 MG	34	SAFETY LANCETS 21G .....	84
ribavirin (hepatitis c) CAPS .....	37	rosuvastatin calcium TABS .....	23	SAFETY LANCETS 23G .....	84
ribavirin .....	37	ROZLYTREK CAPS .....	31	SAFETY LANCETS 28G .....	84
RIDAURA .....	4	RUBRACA .....	31	SAFETY LANCETS/PRESSURE ACTIVATED/28G .....	84
rifabutin .....	27	rufinamide SUSP .....	15	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	45
rifampin CAPS .....	27	rufinamide TABS 200 MG .....	15	salicylic acid in ammonium lactate vehicle .....	54
RIGHTEST GL300 LANCETS ....	83	rufinamide TABS 400 MG .....	15	SALICYLIC ACID OINT .....	54
riluzole TABS .....	100	RUKOBIA .....	36	salicylic acid SHAM 6 % .....	54
rimantadine hydrochloride TABS ..	37	RYBELSUS TABS 3 MG .....	19	SALIMEZ CREA .....	54
RINVOQ .....	3	RYBELSUS TABS 7 MG, 14 MG ..	19	salsalate .....	7
risedronate sodium TABS 150 MG	56	RYDAPT .....	31	SALYCIM CREA .....	54
risedronate sodium TABS 5 MG, 30 MG, 35 MG .....	56	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG .....	34	SANCUSO PTCH .....	21
risperidone SOLN .....	34				

SANDIMMUNE SOLN OR .....	94	29 MG-1700 UNIT .....	98	sildenafil citrate (pulmonary hypertension) SUSR .....	40
SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate) .....	58	SELECT-OB+DHA MISC .....	97	sildenafil citrate (pulmonary hypertension) TABS .....	40
SANTYL OINT .....	54	selegiline hcl CAPS .....	34	sildenafil citrate .....	39
SAPHRIS 5 MG .....	35	selegiline hcl TABS .....	34	silodosin 4 MG .....	61
sapropterin dihydrochloride PACK ..	57	selenium sulfide LOTN 2.5 % .....	51	silodosin 8 MG .....	61
sapropterin dihydrochloride TABS ..	58	SELZENTRY SOLN .....	36	silver sulfadiazine .....	51
SAPS HEALTH CARE TWIST TOP LANCETS .....	84	SELZENTRY TABS 25 MG, 75 MG .....	36	simvastatin TABS .....	23
SAPS HEALTH PLUS TWIST TOP LANCETS 30G .....	84	SE-NATAL 19 CHEW .....	98	SINGLE-LET .....	84
SAPS HEALTH TWIST TOP LANCETS 30G .....	84	SE-NATAL 19 TABS .....	98	sirolimus SOLN .....	94
SAPSCARE TWIST TOP LANCETS 30G .....	84	SEREVENT DISKUS .....	13	sirolimus TABS .....	94
SAVELLA TABS .....	106	SEROSTIM SC 4 MG, 5 MG, 6 MG ..	57	SIVEXTRO TABS .....	26
SAVELLA TITRATION PACK MISC 106 ..		sertraline hcl CONC .....	17	SKYRIZI PEN SOAJ .....	51
saxagliptin hcl .....	19	sertraline hcl TABS .....	17	SKYRIZI PSKT .....	51
saxagliptin-metformin hcl .....	18	sevelamer carbonate PACK 0.8 GM ..	60	SKYRIZI SOCT .....	60
SAXENDA .....	2	sevelamer carbonate PACK 2.4 GM ..	60	SKYRIZI SOSY .....	51
SB LANCETS THIN .....	84	sevelamer carbonate TABS .....	60	SLYND .....	46
SB LANCETS ULTRA THIN .....	84	sevelamer hcl 400 MG .....	60	SM MICRO THIN LANCETS 33G ..	84
scopolamine .....	21	sevelamer hcl 800 MG .....	60	SMART SENSE COLOR LANCETS UNIVERSAL 33G .....	84
SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)) .....	45	SFROWASA ENEM .....	60	SMART SENSE STANDARD LANCETS UNIVERSAL 21G .....	85
SECUADO .....	35	SHOPKO ON-THE-GO COMFORTLANCETS 30G .....	84	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G .....	85
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG .....	98	SHOPKO UNILET LANCETS SUPER THIN 30G .....	84	SMART SENSE THIN LANCETSUNIVERSAL 26G .....	85
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-		SHOPKO UNILET LANCETS ULTRA THIN 28G .....	84	SMARTTEST LANCETS 28G .....	85
		SIGNIFOR .....	58	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 % .....	47
		SIKLOS TABS 100 MG .....	64	sodium citrate & citric acid .....	61
		SIKLOS TABS 1000 MG .....	64	sodium fluoride CHEW 0.25 MG, 0.5 MG .....	92

sodium fluoride CHEW 1 MG, 2.2 MG .....92	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT .....11	sulfacetamide sodium (ophth) SOLN . 101
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML .....92	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT .....11	sulfacetamide sodium LIQD ..... 51
sodium fluoride TABS 0.5 MG .....92	spironolactone & hydrochlorothiazide .....56	sulfacetamide sodium SHAM 10 % 51
sodium fluoride TABS 1 MG .....92	spironolactone TABS ..... 56	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 % ..... 48
SODIUM OXYBATE SOLN .....105	SPRAVATO 56MG DOSE ..... 17	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 % .....48
sodium phenylbutyrate POWD .....58	SPRAVATO 84MG DOSE ..... 17	sulfacetamide sodium w/ sulfur LOTN 10 %-5 % .....48
sodium phenylbutyrate TABS .....58	SPRYCEL 20 MG, 50 MG, 70 MG .32	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 % .....48
sodium polystyrene sulfonate POWD 94	SPRYCEL 80 MG, 100 MG, 140 MG . 31	sulfacetamide sod-prednisolone SOLN ..... 102
SODIUM SULFACETAMIDE WASH LIQD .....51	stavudine CAPS .....36	sulfadiazine TABS .....115
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL .....48	STELARA SOLN 45 MG/0.5ML ... 51	sulfamethoxazole-trimethoprim SUSP .....25
sodium sulfate-potassium sulfate- magnesium sulfate .....65	STELARA SOSY 45 MG/0.5ML ... 51	sulfamethoxazole-trimethoprim TABS .....25
solifenacin succinate TABS 10 MG 118	STELARA SOSY 90 MG/ML .....51	SULFAMYLON CREA ..... 51
solifenacin succinate TABS 5 MG 118	STERILANCE TL .....85	sulfasalazine TABS .....60
SOLTAMOX SOLN .....29	STIMATE SOLN NA ..... 58	sulfasalazine TBEC .....60
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G .....85	STIOLTO RESPIMAT .....13	sulindac TABS 150 MG ..... 5
SOLUS V2 TWIST LANCETS 30G 85	STIVARGA .....32	sulindac TABS 200 MG ..... 5
SOMAVERT .....57	STRENSIQ .....58	sumatriptan 20 MG/ACT .....92
sorafenib tosylate .....31	streptomycin sulfate SOLR .....2	sumatriptan 5 MG/ACT ..... 92
SORILUX FOAM .....51	STRIBILD .....36	sumatriptan succinate SOAJ .....92
sotalol hcl (afib/af) .....38	STRIVERDI RESPIMAT .....13	sumatriptan succinate SOCT 4 MG/0.5ML .....92
sotalol hcl TABS .....38	SUBLOCADE SOSY .....9	sumatriptan succinate SOCT 6 MG/0.5ML .....92
SOTYLIZE SOLN OR .....38	sucalfate SUSP .....117	sumatriptan succinate SOLN 6 MG/0.5ML .....92
SOVUNA 200 MG .....26	sucalfate TABS ..... 117	
	sulconazole nitrate CREA ..... 49	
	sulconazole nitrate SOLN .....49	
	sulfacetamide sodium (acne) ..... 48	
	sulfacetamide sodium (ophth) OINT 101	

sumatriptan succinate TABS .....	92	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) .....	116	TAZVERIK .....	32
sunitinib malate 12.5 MG, 37.5 MG, 50 MG .....	32	SYPRINE (trientine hcl) .....	93	TECHLITE AST LANCETS .....	85
sunitinib malate 25 MG .....	32	TABLOID .....	27	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" .....	91
SUPER THIN LANCETS .....	85	TABRECTA .....	32	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" .....	91
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate) .....	65	tacrolimus (topical) OINT 0.03 % ..	54	TECHLITE LANCETS .....	85
SURE COMFORT LANCETS 18G 85		tacrolimus (topical) OINT 0.1 % ...	54	TECHLITE LANCETS 26G .....	85
SURE COMFORT LANCETS 21G 85		tacrolimus CAPS .....	94	TECHLITE LANCETS 30G .....	85
SURE COMFORT LANCETS 23G 85		tadalafil (pulmonary hypertension) TABS .....	40	TEGRETOL SUSP (carbamazepine) .	15
SURE COMFORT LANCETS 28G 85		tadalafil 2.5 MG .....	39	TEGRETOL TABS (carbamazepine) .	15
SURE COMFORT LANCETS 30G 85		tadalafil 5 MG, 10 MG, 20 MG ....	39	TEGRETOL-XR TB12 100 MG (carbamazepine) .....	15
SURELITE LANCETS .....	85	TAFINLAR CAPS .....	32	TEGSEDI .....	114
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate) .....	32	tafluprost .....	103	TEKTURNA HCT .....	25
SUTENT 25 MG (sunitinib malate)	32	TAGRISSO .....	28	telmisartan 20 MG, 40 MG .....	24
SYMDEKO .....	114	TALZENNA 0.25 MG, 1 MG .....	32	telmisartan 80 MG .....	24
SYMTUZA .....	36	tamoxifen citrate TABS .....	29	telmisartan-amlodipine .....	25
SYNAREL .....	57	tamsulosin hcl .....	61	telmisartan-hydrochlorothiazide ...	25
SYNDROS SOLN .....	21	TARGRETIN (bexarotene (topical)) 50		temazepam 15 MG .....	65
SYNJARDY TABS .....	18	TARGRETIN (bexarotene) .....	33	temazepam 22.5 MG, 30 MG .....	65
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....	18	TASIGNA .....	32	temazepam 7.5 MG .....	65
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG .....	18	TAVALISSE 100 MG .....	63	temozolomide CAPS .....	27
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) .....	116	TAVALISSE 150 MG .....	63	temsirolimus .....	32
		TAYTULLA CAPS (norethin acet & estrad-fe) .....	45	tenofovir disoproxil fumarate TABS	36
		tazarotene CREA .....	51	terazosin hcl 1 MG, 2 MG, 5 MG ..	24
		TAZAROTENE FOAM .....	49	terazosin hcl 10 MG .....	24
		tazarotene GEL .....	51	terbinafine hcl TABS .....	21
		TAZORAC CREA .....	51	terbutaline sulfate TABS .....	13

terconazole vaginal CREA 0.8 % .119	THINLETS GP LANCETS .....86	TOBRADEX OINT ..... 102
terconazole vaginal CREA .....119	THIOLA EC TBEC ..... 61	TOBRADEX ST SUSP ..... 102
terconazole vaginal SUPP .....119	thioridazine hcl 10 MG, 25 MG, 100 MG ..... 35	tobramycin (ophth) SOLN ..... 101
teriflunomide ..... 106	thioridazine hcl 50 MG .....35	tobramycin NEBU ..... 2
TESTIM GEL TD (testosterone) .... 9	thiothixene .....35	tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML ..... 2
testosterone cypionate SOLN IM ... 9	THRIVITE RX TABS ..... 98	tobramycin-dexamethasone SUSP 102
testosterone enanthate SOLN IM ... 9	THYMOGLOBULIN .....94	TOBEX OINT ..... 101
testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM ..... 9	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG ..... 116	TODAY SPONGE MISC .....119
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM .....9	tiagabine hcl .....16	TODAYS HEALTH SUPER THINLANCETS 30G ..... 86
testosterone GEL TD 10 MG/ACT .. 9	TIBSOVO .....32	TODAYS HEALTH ULTRA THINLANCETS 28G ..... 86
testosterone SOLN .....9	timolol maleate (ophth) SOLG ....100	tolcapone .....33
tetrabenazine .....106	timolol maleate (ophth) SOLN ....100	TOLSURA CAPS ..... 22
tetracaine hcl (ophth) ..... 101	timolol maleate TABS 10 MG .....38	tolterodine tartrate CP24 ..... 118
tetracycline hcl CAPS .....115	timolol maleate TABS 5 MG, 20 MG . 38	tolterodine tartrate TABS ..... 118
TEXACORT SOLN 2.5 % .....53	TIMOPTIC-XE SOLG (timolol maleate (ophth)) ..... 100	TOPAMAX SPRINKLE CPSP (topiramate) ..... 16
TGT LANCET MICRO THIN 33G .85	tinidazole 250 MG .....25	TOPAMAX TABS 100 MG (topiramate) ..... 16
TGT LANCET THIN 26G .....85	tinidazole 500 MG .....25	TOPAMAX TABS 200 MG (topiramate) ..... 16
TGT LANCET ULTRA THIN 30G .86	tiopronin TABS .....61	TOPAMAX TABS 25 MG (topiramate) ..... 16
THALITONE .....56	tiopronin TBEC .....61	TOPAMAX TABS 50 MG (topiramate) ..... 16
THALOMID .....93	tiotropium bromide monohydrate CAPS .....11	TOPCARE LANCETS MICRO-THIN 33G .....86
THEO-24 CP24 ..... 13	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG ..... 116	topiramate CP24 200 MG .....16
theophylline ELIX ..... 13	TIVICAY TABS .....36	topiramate CP24 25 MG ..... 16
theophylline SOLN ..... 13	tizanidine hcl CAPS .....99	topiramate CP24 50 MG, 100 MG .16
theophylline TB12 300 MG ..... 13	tizanidine hcl TABS 2 MG .....99	
theophylline TB12 450 MG ..... 13	tizanidine hcl TABS 4 MG .....99	
theophylline TB24 ..... 13	TOBI PODHALER CAPS ..... 2	
THERANATAL CORE NUTRITION TABS .....98		

topiramate CPSP .....	16	tranexamic acid SOLN 1000 MG/10ML .....	64	triamcinolone acetonide (topical) CREA .....	53
topiramate CS24 100 MG, 150 MG, 200 MG .....	16	tranexamic acid TABS .....	64	triamcinolone acetonide (topical) LOTN .....	53
topiramate CS24 25 MG, 50 MG ..	16	tranylcypromine sulfate .....	17	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % .....	53
topiramate TABS 100 MG .....	16	TRAVEL LANCETS 30G .....	86	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	56
topiramate TABS 200 MG .....	16	TRAVEL LANCETS ADVANCED 28G .....	86	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG .....	56
topiramate TABS 25 MG .....	16	travoprost SOLN .....	103	triamterene & hydrochlorothiazide TABS 50 MG-75 MG .....	56
topiramate TABS 50 MG .....	16	trazodone hcl TABS .....	18	triamterene CAPS .....	56
topotecan hcl SOLR .....	33	TRECTOR .....	27	triazolam 0.125 MG .....	65
toremifene citrate .....	29	TRELEGY ELLIPTA .....	13	triazolam 0.25 MG .....	65
TORISEL (temsirolimus) .....	32	TREMFYA SOPN .....	51	TRICARE TABS .....	98
toremide TABS 100 MG .....	56	TREMFYA SOSY .....	51	trientine hcl 250 MG .....	93
toremide TABS 5 MG, 10 MG, 20 MG .....	56	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML .....	20	trientine hcl 500 MG .....	93
TOUJEO MAX SOLOSTAR SOPN 20 .....	20	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML .....	20	trifluoperazine hcl TABS .....	35
TOUJEO SOLOSTAR SOPN .....	20	TRESIBA SOLN .....	20	trifluridine .....	101
TPOXX (TECOVIRIMAT CAP 200 MG) .....	37	tretinoin (chemotherapy) .....	33	trihexyphenidyl hcl SOLN .....	33
TPOXX CAPS .....	37	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	49	trihexyphenidyl hcl TABS .....	33
TPOXX SOLN .....	37	tretinoin GEL 0.01 %, 0.025 %, 0.05 % .....	49	TRIJARDY XR .....	18
TRACLEER TBSO .....	40	tretinoin microsphere 0.04 % .....	49	TRIKAFTA TBPK 100 MG-50 MG 114 .....	114
tramadol hcl CP24 100 MG, 200 MG, 300 MG .....	8	tretinoin microsphere 0.1 % .....	49	TRIKAFTA TBPK 50 MG-25 MG .	114
tramadol hcl TABS 100 MG .....	8	TRETEN .....	63	TRILEPTAL SUSP (oxcarbazepine) 16 .....	16
tramadol hcl TABS 50 MG .....	8	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	27	TRILEPTAL TABS 150 MG (oxcarbazepine) .....	16
tramadol hcl TB24 100 MG .....	8	triamcinolone acetonide (mouth) ..	94	TRILEPTAL TABS 300 MG (oxcarbazepine) .....	16
tramadol hcl TB24 200 MG .....	8	triamcinolone acetonide (nasal) AERO .....	100	TRILEPTAL TABS 600 MG (oxcarbazepine) .....	16
tramadol hcl TB24 .....	8	triamcinolone acetonide (topical) AERS .....	53		
tramadol-acetaminophen .....	9				
trandolapril .....	24				
trandolapril-verapamil hcl .....	25				

trimethobenzamide hcl CAPS ..... 21	TRUSTEX COLOR CONDOMS + LUBE MISC ..... 68	TUKYSA ..... 28
trimethoprim TABS ..... 25	TRUSTEX LUBRICATED EXTRALARGE MISC ..... 68	TURALIO 200 MG ..... 32
trimipramine maleate CAPS ..... 18	TRUSTEX LUBRICATED EXTRASTRENGTH MISC ..... 68	TUSNEL TABS ..... 47
TRINATAL RX 1 TABS ..... 98	TRUSTEX LUBRICATED MISC ... 69	TUSSLIN LIQD ..... 47
TRINTELLIX ..... 18	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC ..... 68	TUSSLIN PEDIATRIC LIQD ..... 47
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TRISTART ONE ..... 98	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC ..... 68	TWIST TOP LANCETS 30G ..... 86
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UNISTIK SAFETY LANCETS 28G 88		valganciclovir hcl TABS .....	37	VASCEPA (icosapent ethyl) .....	23
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		valsartan TABS 40 MG, 80 MG, 320 MG .....	24	VELCADE SOLR IJ (bortezomib) ..	32
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venlafaxine hcl TABS .....	18	VICTOZA .....	19	VITRAKVI CAPS .....	32
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verapamil hcl TBCR 180 MG, 240 MG .....	39	VINATE ONE TABS .....	98	VOSEVI .....	37
VEREGEN .....	49	VIRACEPT TABS .....	36	VOTRIENT (pazopanib hcl) .....	32
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VERIFINE SAFETY LANCET MINI 28G X 1.8MM .....	88	VIRT-PN DHA .....	98	VYNDAMAX .....	41
VERIFINE SAFETY LANCET MINI 30G X 1.8MM .....	89	VISTOGARD .....	21	VYNDAQEL .....	41
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		VITAFOL-NANO .....	98	WALGREENS ADVANCED TRAVELLANCETS 28G .....	89
		VITAFOL-ONE CAPS .....	98	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G .....	89
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WALGREENS THIN LANCETS ...	89	XATMEP SOLN .....	27	zafirlukast 10 MG .....	11
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warfarin sodium TABS .....	13	XELJANZ TABS .....	3	zaleplon .....	65
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WESNATE DHA CAPS .....	98	XENAZINE (tetrabenazine) .....	106	ZARONTIN SOLN (ethosuximide) .	17
WESTAB PLUS TABS .....	98	XENICAL (orlistat) .....	2	ZARXIO .....	64
WESTGEL DHA .....	98	XERAC AC .....	54	ZATEAN-PN DHA .....	98
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....	69	XERMELO .....	60	ZATEAN-PN PLUS .....	98
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....	69	XHANCE EXHU .....	100	ZAVESCA (miglustat) .....	64
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WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	69	XIFAXAN 550 MG .....	25	ZEJULA TABS .....	32
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	69	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG .....	18	ZELAPAR TBDP .....	34
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	69	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG .....	18	ZELBORAF .....	32
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	69	XIMINO CP24 .....	115	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT .....	55
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WILZIN .....	93	XPOVIO 80 MG TWICE WEEKLY 29		zidovudine SYRP .....	36
XADAGO .....	34	XTANDI CAPS .....	29	zidovudine TABS .....	37
XALKORI CAPS .....	32	XTANDI TABS .....	29	ZIEXTENZO .....	64
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XARELTO SUSR .....	13	XYNTHA .....	63	ziprasidone hcl 20 MG, 40 MG ....	34
XARELTO TABS 10 MG .....	13	XYNTHA SOLOFUSE .....	63	ziprasidone hcl 60 MG, 80 MG ....	34
		XYREM SOLN .....	105		
		YASMIN 28 (drospirenone-ethinyl estradiol) .....	45		
		YAZ (drospirenone-ethinyl estradiol) 45			

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ZOLINZA .....	32
zolmitriptan SOLN .....	92
zolmitriptan TABS .....	92
zolmitriptan TBDP .....	92
zolpidem tartrate TABS .....	65
zolpidem tartrate TBCR .....	65
ZOMACTON SOLR SC 10 MG ....	57
ZOMIG SOLN 2.5 MG .....	92
ZONEGRAN CAPS 100 MG (zonisamide) .....	16
ZONEGRAN CAPS 25 MG (zonisamide) .....	16
zonisamide CAPS 100 MG .....	16
zonisamide CAPS 25 MG, 50 MG .	16
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ZUPLENZ FILM 4 MG .....	21
ZYDELIG .....	32
ZYFLO TABS .....	11
ZYKADIA TABS .....	32
ZYLET .....	102
ZYTIGA (abiraterone acetate) ....	29