

California

2 Tier Drug List

The 2 Tier Drug List (formulary) includes a list of drugs covered by Health Net. The drug list is updated at least monthly and is subject to change. All previous versions are no longer in effect. You can view the most current drug list by going to our website at www.healthnet.com. Refer to *Evidence of Coverage* for specific cost share information.

California Large Group members

Go to

[Drug List](#) Use the “2 Tier” Drug List

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 **1-800-522-0088**

Hours of Operation

8:00am – 6:00pm Monday through Friday

Updated April 1, 2024



Health Net of California, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC.

Table of Contents

What If I Have Questions Regarding My Pharmacy Benefit?	iii
What is the Drug List?	iii
How do I find a drug in the Drug List?	iii
How are the drugs listed in the categorical list?.....	iii
How much will I pay for my drugs?.....	iv
Are there any limits on my drug coverage?.....	v
How often does the Drug List change?	vi
How can I get prior authorization or an exception to the rules for drug coverage?...	vi
Step Therapy Exception.....	vii
Are all contraceptives covered?.....	viii
What blood glucose supplies covered?.....	viii
Are preventive drugs covered?	ix
What drugs are under my medical benefit?	ix
Can I go to any pharmacy?	ix
Can I use a mail order pharmacy?	ix
How can I save money on my prescription drugs?	ix
<i>Definitions</i>	x
Categorical list of prescription drugs.....	1
Alphabetical index of prescription drugs	Index 1

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

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

How do I find a drug in the Drug List?

You can search for a drug by using the search tool, alphabetical index or by medical condition. 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.

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

Drug Class	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

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.
4	Drugs indicated as "Tier 4" are self-injectable drugs and coverage may differ based on your benefits. Please refer to your plan documents for specific coverage.
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, after any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> • 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
PA	Prior Authorization	This drug requires prior approval. This means that you or your doctor must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.

PV	Preventive Drug	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply. Grandfathered Groups will pay a copayment. Members in grandfathered plans will pay a copayment.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulins, 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.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

Changes such as removing a drug or dosage form from the drug list may occur 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.

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

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

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

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

Your doctor must submit a supporting statement to us explaining why you need the drug. You or your doctor may appeal the denial of an exception request. The denial documents provide more information on appeal rights and procedures if there is a medical need to use a non-formulary drug or a drug requiring

pre-approval, an exception to coverage may be requested by the prescriber. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

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

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

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

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

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization.

The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs.

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

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

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies. Health Net contracts with most U.S. chain pharmacies and many independent pharmacies.

These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our Website at [Find a pharmacy near you](#) 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.

Can I use a mail order pharmacy?

For certain kinds of prescription drugs, you can use the contracted Mail Order Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. 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.

Cost sharing: includes applicable copayments, coinsurances, or deductibles.

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 health care provider can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	7	QL(2 ea daily; 90 Day(s) limit ; 180 ea per fill retail)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	7	
<i>amphetamine-dextroamphetamine</i> CP24 1.25 MG-1.25 MG-1.25 MG-1.25 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, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	QL(2 ea daily; 90 Day(s) limit ; 180 ea per fill retail)
<i>amphetamine-dextroamphetamine</i> TABS	1	
DEXEDRINE CP24 (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate</i> CP24	1	
<i>dextroamphetamine sulfate</i> TABS 5 MG, 10 MG	1	
<i>lisdexamfetamine dimesylate</i> CAPS	1	QL(1 ea daily)
<i>lisdexamfetamine dimesylate</i> CHEW	1	QL(1 ea daily)
VYVANSE CAPS	2	QL(1 ea daily)
Analeptics		
<i>caffeine citrate</i> SOLN OR	1	

Drug Name	Drug Tier	Requirements/Limits
Anorexiant Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	7	Check plan documents for coverage; PA
LOMAIRA TABS	2	Check plan documents for coverage; PA
<i>phentermine hcl</i> CAPS	1	Check plan documents for coverage; PA
QSYMIA	2	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRAVE	2	Check benefits for coverage; PA
<i>orlistat</i>	1	Check benefits for coverage; PA
XENICAL (<i>orlistat</i>)	7	Check benefits for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i> 60 MG, 80 MG, 100 MG	1	
<i>atomoxetine hcl</i> 10 MG, 18 MG, 25 MG, 40 MG	1	QL(2 ea daily)
<i>guanfacine hcl</i> (adhd)	1	QL(1 ea daily)
INTUNIV (<i>guanfacine hcl</i> (adhd))	7	QL(1 ea daily)
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 ea daily)
STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
<i>armodafinil</i> 200 MG	1	ST; PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>armodafinil 50 MG, 150 MG, 250 MG</i>	1	ST; PA
CONCERTA TBCR 18 MG, 27 MG, 36 MG (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
CONCERTA TBCR 54 MG (<i>methylphenidate hcl</i>)	7	QL(2 ea daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	7	QL(2 ea daily)
METADATE CD CPCR (<i>methylphenidate hcl</i>)	7	QL(1 ea daily)
METHYLIN SOLN 5 MG/5ML (<i>methylphenidate hcl</i>)	7	
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)
<i>methylphenidate hcl CPCR</i>	1	QL(1 ea daily)
<i>methylphenidate hcl SOLN 5 MG/5ML</i>	1	
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)
<i>methylphenidate hcl TB24 54 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<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; 180 ea per fill retail)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>methylphenidate hcl TBCR 10 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 20 MG</i>	1	QL(90 Day(s) limit)

Drug Name	Drug Tier	Requirements/Limits
NUVIGIL 50 MG, 150 MG, 250 MG (<i>armodafinil</i>)	7	ST; PA
NUVIGIL 200 MG (<i>armodafinil</i>)	7	ST; PA
RELEXXII TBCR 18 MG, 27 MG, 36 MG	2	QL(1 ea daily)
RELEXXII TBCR 54 MG	2	QL(2 ea daily)
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	7	QL(3 ea daily)
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	7	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	2	PA
BETHKIS NEBU (<i>tobramycin</i>)	7	
HUMATIN	2	
KITABIS PAK NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>neomycin sulfate TABS</i>	1	
TOBI PODHALER CAPS	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
TOBI NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>tobramycin NEBU</i>	1	
<i>tobramycin NEBU</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA	HADLIMA SOSY	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
XELJANZ XR TB24	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 days retail); PA
XELJANZ SOLN	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); 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
XELJANZ TABS	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); 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
Anti-TNF-alpha - Monoclonal Antibodies			HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
ADALIMUMAB-ADAZ SOAJ	4	Check plan documents for coverage; QL(0.143 ml daily); PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; QL(4 ea per 365 days retail); SP; PA
ADALIMUMAB-ADAZ SOSY	4	Check plan documents for coverage; QL(0.143 ml daily); PA	HUMIRA PEN PNKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA
HADLIMA PUSHTOUCH SOAJ	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA	HUMIRA PEN PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
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 PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
HUMIRA PSKT	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
HUMIRA PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
Gold Compounds			CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 ea daily)
RIDAURA	2		CELEBREX 400 MG (<i>celecoxib</i>)	7	QL(2 ea daily); PA
Interleukin-6 Receptor Inhibitors			<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)
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	<i>celecoxib 400 MG</i>	1	QL(2 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	DAYPRO TABS (<i>oxaprozin</i>)	7	
			<i>diclofenac sodium TBEC</i>	1	
			<i>etodolac CAPS</i>	1	
			<i>etodolac TABS</i>	1	
			<i>etodolac TB24</i>	1	QL(2 ea daily)
			FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 ea daily)
			FELDENE CAPS 10 MG (<i>piroxicam</i>)	7	
			<i>fenoprofen calcium CAPS 200 MG</i>	1	
			FENOPROFEN CALCIUM CAPS 200 MG	2	
			FENORTHO CAPS 200 MG	2	
			<i>flurbiprofen TABS 50 MG</i>	1	
			<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
			INDOCIN SUSP (<i>indomethacin</i>)	7	
			<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
			<i>indomethacin CPR</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>indomethacin SUSP</i>	1	
<i>ketoprofen CAPS 75 MG</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail; 20 ea per 30 days retail)
LODINE TABS (<i>etodolac</i>)	7	
<i>meclofenamate sodium 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)
MOBIC TABS 15 MG (<i>meloxicam</i>)	7	QL(1 ea daily)
MOBIC TABS 7.5 MG (<i>meloxicam</i>)	7	QL(2 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
NAPROSYN SUSP (<i>naproxen</i>)	7	
NAPROSYN TABS 500 MG (<i>naproxen</i>)	7	
<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	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	2	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); PA
OTEZLA TBPk	2	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(55 ea per 365 days retail); PA

Drug Name	Drug Tier	Requirements/Limits
Pyrimidine Synthesis Inhibitors		
ARAVA 10 MG (<i>leflunomide</i>)	7	QL(2 ea daily)
ARAVA 20 MG (<i>leflunomide</i>)	7	QL(1 ea daily)
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA	(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	Grand Fathered Plans at Tier 2; PV
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					
Analgesic Combinations					
(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-325 MG</i>	1				
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-aspirin-caffeine CAPS</i>	1				
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7				
Salicylates					

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(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	Grand Fathered Plans at Tier 2; PV	(Methadone Hcl) METHADOSE TBSO	1	
			<i>codeine sulfate TABS 15 MG, 30 MG</i>	1	
			CODEINE SULFATE TABS 60 MG	2	
			DILAUDID LIQD (<i>hydromorphone hcl</i>)	7	
			DILAUDID TABS (<i>hydromorphone hcl</i>)	7	
			<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 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 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)
			<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 5 MG/5ML</i>	1	
			<i>methadone hcl TABS</i>	1	QL(12 ea daily)
<i>aspirin CHEW</i>	5	Grand Fathered Plans at Tier 2; PV	<i>methadone hcl TBSO</i>	1	
<i>aspirin TBEC 81 MG</i>	5	Grand Fathered Plans at Tier 2; PV	METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	7	
<i>salsalate</i>	1		METHADOSE CONC (<i>methadone hcl</i>)	7	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate beads</i>	1	QL(1 ea daily)
Opioid Agonists			<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1		<i>morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>morphine sulfate SUPP 20 MG, 30 MG</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>morphine sulfate TABS</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>morphine sulfate TBCR</i>	1	QL(3 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
MS CONTIN TBCR (<i>morphine sulfate</i>)	7	QL(3 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
OXAYDO TABS 5 MG	2		<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order
<i>oxycodone hcl CAPS</i>	1		<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1	
<i>oxycodone hcl CONC 100 MG/5ML</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)
<i>oxycodone hcl SOLN</i>	1		PERCO CET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 ea daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1		Opioid Partial Agonists		
<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 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>oxymorphone hcl TB12</i>	1	QL(2 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 ea daily)	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 ea daily)
ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>)	7		<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)
<i>tramadol hcl TABS 100 MG</i>	1		<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)			
ULTRAM TABS (<i>tramadol hcl</i>)	7	QL(8 ea daily)			
Opioid Combinations					
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)			
<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				

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(3 ea daily)
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone 10 MG</i>	1	QL(2 ea daily)
<i>oxandrolone 2.5 MG</i>	1	
Androgens		
(Testosterone) ANDROGEL, TESTIM GEL TD 50 MG/5GM	2	QL(10 gm daily)
(Testosterone) ANDROGEL, TESTIM GEL TD 1 %	2	QL(10 gm daily)
ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
<i>danazol CAPS</i>	1	
FORTESTA GEL TD (<i>testosterone</i>)	7	QL(3.5 gm daily)
METHITEST TABS	2	
<i>methyltestosterone CAPS</i>	1	
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	QL(10 gm daily)
<i>testosterone GEL TD 1 %</i>	1	Limit 300gms per month; QL(10 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(3.5 gm daily)
VOGELXO PUMP GEL TD (<i>testosterone</i>)	2	Limit 300gms per month; QL(10 gm daily)
VOGELXO GEL TD (<i>testosterone</i>)	2	QL(10 gm daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	7	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
Rectal Combinations		
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	7	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	7	
ANTHELMINTICS - Drugs to Treat Worm Infections		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
Anthelmintics		
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE (<i>praziquantel</i>)	7	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	1	
STROMECTOL (<i>ivermectin</i>)	7	QL(5 ea per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7	
<i>isosorbide dinitrate TABS</i>	1	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 ea daily)
NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	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	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7	
NITROSTAT SUBL (<i>nitroglycerin</i>)	7	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate CAPS</i>	1	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7	
Benzodiazepines		
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
<i>alprazolam TABS</i>	1	
ATIVAN TABS (<i>lorazepam</i>)	7	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	7	
VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 ea daily)
XANAX TABS (<i>alprazolam</i>)	7	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	2	
NORPACE CAPS (<i>disopyramide phosphate</i>)	7	
<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)
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	7	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
TIKOSYN (<i>dofetilide</i>)	7	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	
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	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	7	QL(1 ea daily)
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)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 ea daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	7	QL(1 ea daily)
<i>roflumilast</i>	1	QL(1 ea daily)
Steroid Inhalants		
ARNUIITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)	<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 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	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)	ALBUTEROL SULFATE NEBU	2	
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 8 Inhalers per month; QL(0.27 ea daily)	<i>albuterol sulfate SYRP</i>	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)	<i>albuterol sulfate TABS</i>	1	
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ml daily)	ANORO ELLIPTA	2	QL(2 ea daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ml daily)	<i>arformoterol tartrate</i>	1	QL(4 ml daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ml daily)	BREZTRI AEROSPHERE	2	QL(0.36 gm daily)
QVAR REDHALER 80 MCG/ACT	2	QL(0.72 gm daily)	BROVANA (<i>arformoterol tartrate</i>)	7	QL(4 ml daily)
Sympathomimetics			<i>budesonide-formoterol fumarate dihydrate</i>	1	
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)	<i>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)
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	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	
			<i>levalbuterol hcl</i>	1	
			<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)
			PERFOROMIST NEBU (<i>formoterol fumarate</i>)	7	QL(4 ml daily)
			SEREVENT DISKUS	2	QL(2 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SYMBICORT <i>(budesonide-formoterol fumarate dihydrate)</i>	7	
<i>terbutaline sulfate TABS</i>	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
XOPENEX <i>(levalbuterol hcl)</i>	7	
XOPENEX CONCENTRATE <i>(levalbuterol hcl)</i>	7	
Xanthines		
<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)
<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)
<i>theophylline TB24</i>	1	QL(1 ea daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium TABS</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 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)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 10 MG	2	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants - Benzodiazepines		
<i>clonazepam TABS</i>	1	
<i>clonazepam TBDP</i>	1	
KLONOPIN TABS <i>(clonazepam)</i>	7	
Anticonvulsants - Misc.		
(Carbamazepine) EPITOL TABS	1	
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRAS TABS 500 MG	1	QL(6 ea daily)
(Oxcarbazepine) TRILEPTAL SUSP 300 MG/5ML	1	QL(40 ml daily)
BANZEL SUSP <i>(rufinamide)</i>	7	
BANZEL TABS 200 MG <i>(rufinamide)</i>	7	
BANZEL TABS 400 MG <i>(rufinamide)</i>	7	QL(8 ea daily)
<i>carbamazepine CHEW</i>	1	
<i>carbamazepine CP12</i>	1	
<i>carbamazepine SUSP</i>	1	
<i>carbamazepine TABS</i>	1	
<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>carbamazepine TB12 100 MG</i>	1		<i>lamotrigine TBDP</i>	1	PA
CARBATROL CP12 (<i>carbamazepine</i>)	7		<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	
<i>gabapentin CAPS</i>	1		<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)
<i>gabapentin SOLN</i>	1		<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1		<i>levetiracetam TB24</i>	1	QL(4 ea daily)
KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 ea daily)	MYSOLINE (<i>primidone</i>)	7	
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	7		NEURONTIN CAPS (<i>gabapentin</i>)	7	
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 ea daily)	NEURONTIN SOLN (<i>gabapentin</i>)	7	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 ea daily)	NEURONTIN TABS (<i>gabapentin</i>)	7	
<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)	<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)
<i>lacosamide TABS</i>	1	QL(2 ea daily)	<i>oxcarbazepine TABS 150 MG</i>	1	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	7		<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)
LAMICTAL ODT TBDP (<i>lamotrigine</i>)	7	PA	<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	7	ST	<i>primidone 50 MG, 250 MG</i>	1	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST	<i>rufinamide SUSP</i>	1	
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST	<i>rufinamide TABS 200 MG</i>	1	
LAMICTAL TABS (<i>lamotrigine</i>)	7		<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily)
<i>lamotrigine CHEW</i>	1		TEGRETOL SUSP (<i>carbamazepine</i>)	7	
<i>lamotrigine KIT 25 MG</i>	1	ST	TEGRETOL TABS (<i>carbamazepine</i>)	7	
<i>lamotrigine TABS</i>	1		TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	7	QL(4 ea daily)
			TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	7	QL(8 ea daily)
			TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7	
			TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7	
			TOPAMAX TABS 200 MG (<i>topiramate</i>)	7	QL(2 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
TOPAMAX TABS 50 MG <i>(topiramate)</i>	7	QL(8 ea daily)	(Vigabatrin) VIGADRONE TABS	1	
TOPAMAX TABS 25 MG <i>(topiramate)</i>	7		SABRIL PACK <i>(vigabatrin)</i>	7	QL(6 ea daily)
TOPAMAX TABS 100 MG <i>(topiramate)</i>	7	QL(4 ea daily)	SABRIL TABS <i>(vigabatrin)</i>	7	
<i>topiramate CPSP</i>	1		<i>vigabatrin PACK</i>	1	QL(6 ea daily)
<i>topiramate TABS 25 MG</i>	1		<i>vigabatrin TABS</i>	1	
<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)	Hydantoins		
<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
TRILEPTAL TABS 150 MG <i>(oxcarbazepine)</i>	7		DILANTIN 30 MG	2	
TRILEPTAL TABS 600 MG <i>(oxcarbazepine)</i>	7	QL(4 ea daily)	DILANTIN <i>(phenytoin sodium extended)</i>	7	
TRILEPTAL TABS 300 MG <i>(oxcarbazepine)</i>	7	QL(8 ea daily)	DILANTIN INFATABS CHEW <i>(phenytoin)</i>	7	
VIMPAT SOLN OR 10 MG/ML <i>(lacosamide)</i>	7	QL(40 ml daily)	DILANTIN-125 SUSP <i>(phenytoin)</i>	7	
VIMPAT TABS <i>(lacosamide)</i>	7	QL(2 ea daily)	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
ZONEGRAN CAPS 100 MG <i>(zonisamide)</i>	7	QL(6 ea daily)	<i>phenytoin CHEW</i>	1	
ZONEGRAN CAPS 25 MG <i>(zonisamide)</i>	7		<i>phenytoin SUSP</i>	1	
<i>zonisamide CAPS 25 MG, 50 MG</i>	1		Succinimides		
<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)	CELONTIN <i>(methsuximide)</i>	7	
Carbamates			<i>ethosuximide CAPS</i>	1	
<i>felbamate SUSP</i>	1		<i>ethosuximide SOLN</i>	1	
<i>felbamate TABS</i>	1		<i>methsuximide</i>	1	
FELBATOL SUSP <i>(felbamate)</i>	7		ZARONTIN CAPS <i>(ethosuximide)</i>	7	
FELBATOL TABS <i>(felbamate)</i>	7		ZARONTIN SOLN <i>(ethosuximide)</i>	7	
GABA Modulators			Valproic Acid		
(Vigabatrin) VIGADRONE, VIGPODER PACK	1	QL(6 ea daily)	DEPAKOTE ER TB24 <i>(divalproex sodium)</i>	7	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7	
<i>divalproex sodium</i> CSDR	1	
<i>divalproex sodium</i> TB24	1	
<i>divalproex sodium</i> TBEC	1	
<i>valproate sodium</i> SOLN OR 250 MG/5ML	1	
<i>valproic acid</i> CAPS	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine</i> TABS	1	
<i>mirtazapine</i> TBDP	1	
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	7	
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	7	
Antidepressants - Misc.		
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> TB12	1	
<i>bupropion hcl</i> TB24 150 MG, 300 MG	1	QL(1 ea daily)
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7	
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
NARDIL (<i>phenelzine sulfate</i>)	7	
PARNATE (<i>tranylcypromine sulfate</i>)	7	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	2	PA

Drug Name	Drug Tier	Requirements/ Limits
SPRAVATO 84MG DOSE	2	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 ea daily)
<i>citalopram hydrobromide</i> SOLN	1	QL(20 ml daily)
<i>citalopram hydrobromide</i> TABS	1	QL(1 ea daily)
<i>escitalopram oxalate</i> SOLN	1	
<i>escitalopram oxalate</i> TABS 10 MG, 20 MG	1	QL(1 ea daily)
<i>escitalopram oxalate</i> TABS 5 MG	1	QL(2 ea daily)
<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	1	
<i>fluoxetine hcl</i> CAPS 40 MG	1	QL(1 ea daily)
<i>fluoxetine hcl</i> SOLN	1	QL(15 ml daily)
<i>fluoxetine hcl</i> TABS 20 MG	1	QL(1 ea daily)
<i>fluoxetine hcl</i> TABS 10 MG	1	
<i>fluvoxamine maleate</i> CP24 100 MG	1	QL(3 ea daily)
<i>fluvoxamine maleate</i> CP24 150 MG	1	
<i>fluvoxamine maleate</i> TABS 25 MG, 50 MG	1	
<i>fluvoxamine maleate</i> TABS 100 MG	1	QL(3 ea daily)
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 ea daily)
LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 ea daily)
<i>paroxetine hcl</i> SUSP	1	
<i>paroxetine hcl</i> TABS	1	
<i>paroxetine hcl</i> TB24	1	
PAXIL CR TB24 (<i>paroxetine hcl</i>)	7	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
PAXIL SUSP (<i>paroxetine hcl</i>)	7		<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)
PAXIL TABS (<i>paroxetine hcl</i>)	7		<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)	<i>venlafaxine hcl TABS</i>	1	
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7		<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)
<i>sertraline hcl CONC</i>	1		<i>venlafaxine hcl TB24 225 MG</i>	1	
<i>sertraline hcl TABS</i>	1	QL(2 ea daily)	Tricyclic Agents		
ZOLOFT CONC (<i>sertraline hcl</i>)	7		<i>amitriptyline hcl TABS</i>	1	
ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 ea daily)	<i>amoxapine</i>	1	
Serotonin Modulators			ANAFRANIL (<i>clomipramine hcl</i>)	7	
<i>nefazodone hcl</i>	1		<i>clomipramine hcl</i>	1	
<i>trazodone hcl TABS</i>	1		<i>desipramine hcl TABS</i>	1	
TRINTELLIX	2	ST	<i>doxepin hcl CAPS</i>	1	
VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7		<i>doxepin hcl CONC</i>	1	
VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 ea daily)	<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1		<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)	NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>nortriptyline hcl CAPS</i>	1	
CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 ea daily)	<i>nortriptyline hcl SOLN</i>	2	
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)	PAMELOR CAPS (<i>nortriptyline hcl</i>)	7	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 ea daily)	Alpha-Glucosidase Inhibitors		
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 ea daily)	<i>acarbose</i>	1	
PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 ea daily)	PRECOSE (<i>acarbose</i>)	7	
			Antidiabetic Combinations		
			ACTOPLUS MET TABS (<i>pioglitazone hcl-metformin hcl</i>)	7	
			DUETACT (<i>pioglitazone hcl-glimepiride</i>)	7	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 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-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
Biguanides		
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
RIOMET SOLN (<i>metformin hcl</i>)	7	
Diabetic Other		
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(1 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	4	Check plan documents for coverage; PA
RYBELSUS TABS 7 MG, 14 MG	2	PA
RYBELSUS TABS 3 MG	2	Not available through mail order; PA
TRULICITY 3 MG/0.5ML, 4.5 MG/0.5ML	4	PA
TRULICITY 0.75 MG/0.5ML, 1.5 MG/0.5ML	4	Check plan documents for coverage; PA
VICTOZA	4	PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	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 KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 40mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45ml per month; QL(1.5 ml daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(40 ml per fill retail; 40 ml per 30 days retail)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month; QL(0.9 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month; QL(0.9 ml daily)

Drug Name	Drug Tier	Requirements/Limits
TRESIBA SOLN	2	QL(1.5 ml daily)
Insulin Sensitizing Agents		
ACTOS 15 MG (<i>pioglitazone hcl</i>)	7	
ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 ea daily)
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
<i>pioglitazone hcl 15 MG</i>	1	
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL (<i>glimepiride</i>)	7	
<i>glimepiride</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
GLYNASE (<i>glyburide micronized</i>)	7	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>diphenoxylate w/ atropine TABS</i>	1	
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
<i>deferasirox TABS</i>	1	PA
JADENU TABS (<i>deferasirox</i>)	7	PA
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ml daily; 50 ml per fill retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 ea per fill retail)
<i>ondansetron TBDP</i>	1	QL(20 ea per fill retail)
Antiemetics - Anticholinergic		
<i>trimethobenzamide hcl CAPS</i>	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<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)
Imidazole-Related Antifungals		

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN SUSR (<i>fluconazole</i>)	7	
DIFLUCAN TABS (<i>fluconazole</i>)	7	
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX SOLN (<i>itraconazole</i>)	7	PA
TOLSURA CAPS	2	PA
VFEND SUSR (<i>voriconazole</i>)	7	
VFEND TABS (<i>voriconazole</i>)	7	QL(2 ea daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 ea daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
<i>promethazine hcl SOLN 6.25 MG/5ML</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1		COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>promethazine hcl SYRP</i>	1		<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)	<i>colestipol hcl TABS</i>	1	
<i>promethazine hcl TABS 12.5 MG</i>	1		QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)	QUESTRAN POWD (<i>cholestyramine</i>)	7	
Antihistamines - Piperidines			Fibric Acid Derivatives		
<i>cyproheptadine hcl SYRP</i>	1		<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
<i>cyproheptadine hcl TABS</i>	1		<i>choline fenofibrate 45 MG</i>	1	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
Antihyperlipidemics - Combinations			<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
EZETIMIBE/ATORVASTATIN	2	QL(1 ea daily)	<i>fenofibrate TABS 48 MG</i>	1	
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 ea daily)	<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
Antihyperlipidemics - Misc.			FENOFIBRATE TABS	2	QL(1 ea daily)
<i>icosapent ethyl</i>	2	PA	<i>gemfibrozil TABS</i>	1	
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 ea daily)	LOPID TABS (<i>gemfibrozil</i>)	7	
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)	TRICOR TABS 48 MG (<i>fenofibrate</i>)	7	
VASCEPA (<i>icosapent ethyl</i>)	2	PA	TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 ea daily)
Bile Acid Sequestrants			TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 ea daily)
(Cholestyramine Light) PREVALITE POWD	1		TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7	
<i>cholestyramine light POWD</i>	1		HMG CoA Reductase Inhibitors		
<i>cholestyramine POWD</i>	1		<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7		CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 ea daily)
COLESTID GRAN (<i>colestipol hcl</i>)	7		<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
			<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 ea daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 ea daily)
<i>lovastatin TABS 40 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
<i>lovastatin TABS 10 MG, 20 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 ea daily)
<i>pravastatin sodium 40 MG</i>	1	QL(2 ea daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (<i>simvastatin</i>)	7	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA (<i>ezetimibe</i>)	7	
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	
NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 ea daily)
<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)
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)
<i>trandolapril</i>	1	
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 ea daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7	
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 ea daily)
Agents for Pheochromocytoma		
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	7	Not available through mail
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 ea daily)
AVAPRO (<i>irbesartan</i>)	7	
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 ea daily)
<i>candesartan cilexetil</i> 4 MG, 8 MG, 16 MG	1	
<i>candesartan cilexetil</i> 32 MG	1	QL(1 ea daily)
COZAAR (<i>losartan potassium</i>)	7	
DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 ea daily)
DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 ea daily)
MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
<i>olmesartan medoxomil</i> 40 MG	1	QL(1 ea daily)
<i>olmesartan medoxomil</i> 5 MG, 20 MG	1	
<i>telmisartan</i> 20 MG, 40 MG	1	
<i>telmisartan</i> 80 MG	1	QL(1 ea daily)
<i>valsartan</i> TABS 160 MG	1	QL(2 ea daily)
<i>valsartan</i> TABS 40 MG, 80 MG, 320 MG	1	
Antiadrenergic Antihypertensives		
CARDURA (<i>doxazosin mesylate</i>)	7	
<i>clonidine hcl</i> TABS	1	
<i>doxazosin mesylate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl</i>	1	
<i>methyldopa</i> TABS	1	
MINIPRESS CAPS (<i>prazosin hcl</i>)	7	
<i>prazosin hcl</i> CAPS	1	
<i>terazosin hcl</i> 1 MG, 2 MG, 5 MG	1	
<i>terazosin hcl</i> 10 MG	1	QL(2 ea daily)
Antihypertensive Combinations		
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	
ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl</i> 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	1	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl</i> 10 MG-2.5 MG	1	
<i>amlodipine besylate-valsartan</i> 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	1	
<i>amlodipine besylate-valsartan</i> 10 MG-160 MG	1	QL(1 ea daily)
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7	
<i>atenolol & chlorthalidone</i>	1	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7	
<i>benazepril & hydrochlorothiazide</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 ea daily)	<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1		LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1		LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	7	QL(1 ea daily)
DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	7		<i>metoprolol & hydrochlorothiazide TABS</i>	1	
DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 ea daily)	MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	7	
<i>enalapril maleate & hydrochlorothiazide</i>	1		<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 ea daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	1		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7		<i>telmisartan-amlodipine</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1		<i>telmisartan-hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7	
			TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	7	ST
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7	
ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 ea daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	7	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
INSPRA (<i>eplerenone</i>)	7	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>metronidazole</i>)	7	
IMPAVIDO	2	
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate IN</i>	1	
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
<i>atovaquone</i>	1	
LAMPIT	2	AC; PA
MEPRON (<i>atovaquone</i>)	7	
Glycopeptides		
VANCOGIN CAPS 125 MG (<i>vancomycin hcl</i>)	7	PA
<i>vancomycin hcl CAPS 125 MG</i>	1	PA
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
<i>dapsone 25 MG</i>	1	
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	7	
<i>clindamycin hcl</i>	1	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail); PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail); PA
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ml per 90 days retail); PA
ZYVOX TABS (<i>linezolid</i>)	7	QL(20 ea per 90 days retail); PA
Urinary Anti-infectives		
MACROBID (<i>nitrofurantoin monohyd macro</i>)	7	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	7	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl 25 MG-62.5 MG</i>	1	
COARTEM	2	QL(0.8 ea daily)
MALARONE 25 MG-62.5 MG (<i>atovaquone-proguanil hcl</i>)	7	
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	1	
<i>chloroquine phosphate TABS 500 MG</i>	2	
<i>hydroxychloroquine sulfate 200 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	7	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	7	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	7	QL(2 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA
SOVUNA 200 MG	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	7	
MESTINON TABS (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	7	
MYCOBUTIN (<i>rifabutin</i>)	7	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melphalan</i>)	7	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC; AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	7	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine 500 MG</i>	1	AC
<i>capecitabine 150 MG</i>	1	AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	2	AC; PA
TABLOID	2	AC
XATMEP SOLN	2	AC; PA
XELODA 150 MG (<i>capecitabine</i>)	7	AC
XELODA 500 MG (<i>capecitabine</i>)	7	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 12MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 14 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 18 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
LENVIMA 20 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 24 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 4 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
LENVIMA 8 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	2	PA; AC; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	PA; AC; AC; PA
VENCLEXTA TABS 100 MG	2	PA; AC; QL(4 ea daily); AC; PA
VENCLEXTA TABS 50 MG	2	PA; AC; AC; PA
VENCLEXTA TABS 10 MG	2	PA; AC; QL(2 ea daily); AC; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	1	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>gefitinib</i>	1	AC; AC
GILOTRIF	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
IRESSA (<i>gefitinib</i>)	7	AC; AC
TAGRISO	2	SP; AC; PA
TARCEVA (<i>erlotinib hcl</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
VIZIMPRO	2	PA; AC; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	PA

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ODOMZO	2	AC
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	1	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>anastrozole</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV; AC
ARIMIDEX (<i>anastrozole</i>)	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV; AC
AROMASIN (<i>exemestane</i>)	5	Grand Fathered Plans at Tier 2; PV; AC
<i>bicalutamide</i>	1	QL(1 ea daily); AC
CASODEX (<i>bicalutamide</i>)	7	QL(1 ea daily); AC
EMCYT	2	AC
ERLEADA 240 MG	2	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
ERLEADA 60 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	5	Grand Fathered Plans at Tier 2; PV; AC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
FARESTON (<i>toremifene citrate</i>)	7	AC
FEMARA (<i>letrozole</i>)	7	AC
<i>flutamide</i>	1	AC
<i>letrozole</i>	1	AC
LYSODREN	2	AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
NILANDRON (<i>nilutamide</i>)	7	AC
<i>nilutamide</i>	1	AC
NUBEQA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SOLTAMOX SOLN	5	Grand Fathered Plans at Tier 2; PV
<i>tamoxifen citrate TABS</i>	5	Grand Fathered Plans at Tier 2; PV; AC
<i>toremifene citrate</i>	1	AC
XTANDI CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		

Drug Name	Drug Tier	Requirements/Limits
POMALYST	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	2	AC; PA
XPOVIO 80 MG TWICE WEEKLY	2	PA; AC; PA
Antineoplastic Combinations		
INQOVI	2	PA
KISQALI FEMARA 200 DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
KISQALI FEMARA 400 DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
KISQALI FEMARA 600 DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
LONSURF	2	PA; AC; AC; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>everolimus</i>)	7	QL(1 ea daily); SP; AC; PA
ALECENSA	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ALUNBRIG TABS	2	PA; AC; ; AC; PA
ALUNBRIG TBPK	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
BALVERSA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	FARYDAK	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
BOSULIF CAPS	2	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
BOSULIF TABS	2	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ICLUSIG 15 MG, 45 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 20 MG, 60 MG	2	QL(1 ea daily); AC; PA	ICLUSIG 10 MG, 30 MG	2	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 40 MG	2	QL(2 ea daily); AC; PA	IDHIFA	2	PA; AC; AC; PA
CALQUENCE	2	QL(2 ea daily); AC; PA	<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA
CALQUENCE	2	QL(2 ea daily); AC; PA	<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); PA
CAPRELSA	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	IMBRUVICA CAPS	2	PA; AC; AC; PA
COMETRIQ KIT	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	IMBRUVICA TABS	2	PA; AC; QL(1 ea daily); AC; PA
COTELLIC	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	JAKAFI	2	PA; AC; QL(2 ea daily); AC; PA
<i>everolimus TABS</i>	1	QL(1 ea daily); SP; AC; PA	KISQALI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
			KOSELUGO	2	PA; AC; PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>lapatinib ditosylate</i>	1	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	PIQRAY 250MG DAILY DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
LORBRENA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	PIQRAY 300MG DAILY DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
LYNPARZA TABS	2	QL(4 ea daily); SP; AC; PA	QINLOCK	2	PA; AC; AC; PA
MEKINIST TABS	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	RETEVMO	2	PA; AC; AC; PA
MEKTOVI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RUBRACA	2	PA; AC; AC; PA
NERLYNX	2	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	RYDAPT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	<i>sorafenib tosylate</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	SPRYCEL	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>pazopanib hcl</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	STIVARGA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
PIQRAY 200MG DAILY DOSE	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
			<i>sunitinib malate 25 MG</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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	VOTRIENT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	XALKORI CAPS	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TABRECTA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	XOSPATA	2	PA; AC; PA
TAFINLAR CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ZEJULA CAPS	2	PA; AC; AC; PA
TALZENNA 0.25 MG, 1 MG	2	PA; AC; ; AC; PA	ZEJULA TABS	2	PA
TASIGNA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ZELBORAF	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TAZVERIK	2	PA; AC; PA	ZOLINZA	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TURALIO 200 MG	2	PA; AC; AC; PA	ZYDELIG	2	PA; AC; AC; PA
TYKERB (<i>lapatinib ditosylate</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	Antineoplastics Misc.		
VERZENIO	2	QL(2 ea daily); AC; PA	<i>bexarotene</i>	1	SP; AC; PA
VITRAKVI CAPS	2	PA; AC; PA	HYDREA (<i>hydroxyurea</i>)	7	AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC
VITRAKVI SOLN	2	PA; AC; PA	<i>hydroxyurea</i>	1	AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC
VOTRIENT (<i>pazopanib hcl</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	MATULANE	2	AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC
			TARGRETIN (<i>bexarotene</i>)	7	SP; AC; PA
			<i>tretinoin (chemotherapy)</i>	1	PA; AC; AC
			Chemotherapy Rescue/Antidote/Protective Agents		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>leucovorin calcium TABS</i>	1	AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	AC; AC
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2	
<i>carbidopa-levodopa-entacapone</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)
DHIVY TABS	2	
DUOPA SUSP	2	PA
INBRIJA CAPS	2	PA

Drug Name	Drug Tier	Requirements/Limits
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	
PARLODEL TABS (<i>bromocriptine mesylate</i>)	7	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 ea daily)
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	7	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	7	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
LITHIUM	2	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>lithium carbonate TABS</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	7	
Antipsychotics - Misc.		
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 ea daily)
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7	
LATUDA (<i>lurasidone hcl</i>)	7	
<i>lurasidone hcl</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
Benzisoxazoles		
RISPERDAL SOLN (<i>risperidone</i>)	7	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7	
RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 ea daily)
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>clozapine TABS</i>	1	
CLOZARIL TABS (<i>clozapine</i>)	7	
<i>loxapine succinate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 ea daily)
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7	
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 ea daily)
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>chlorpromazine hcl TABS</i>	1	
<i>fluphenazine hcl ELIX</i>	1	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
ABILIFY TABS 20 MG (<i>aripiprazole</i>)	7	QL(1 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG <i>(aripiprazole)</i>	7	
ABILIFY TABS 15 MG <i>(aripiprazole)</i>	7	QL(2 ea daily)
<i>aripiprazole SOLN OR</i>	1	
<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 TABS 20 MG</i>	1	QL(1 ea daily)
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
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	
COMBIVIR <i>(lamivudine-zidovudine)</i>	7	
COMPLERA	2	
<i>darunavir TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	
<i>emtricitabine CAPS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)
EMTRIVA CAPS <i>(emtricitabine)</i>	7	
EMTRIVA SOLN	2	
EPIVIR SOLN <i>(lamivudine)</i>	7	
EPIVIR TABS <i>(lamivudine)</i>	7	
EPZICOM <i>(abacavir sulfate-lamivudine)</i>	7	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir calcium TABS</i>	1	
GENVOYA	2	
INTELENCE 25 MG	2	
INTELENCE <i>(etravirine)</i>	7	
ISENTRESS HD TABS	2	
ISENTRESS CHEW	2	
ISENTRESS PACK	2	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
ISENTRESS TABS	2		SELZENTRY SOLN	2	
JULUCA	2		SELZENTRY TABS (<i>maraviroc</i>)	7	
KALETRA SOLN (<i>lopinavir-ritonavir</i>)	7		SELZENTRY TABS 25 MG, 75 MG	2	
KALETRA TABS (<i>lopinavir-ritonavir</i>)	7		<i>stavudine</i> CAPS	1	
<i>lamivudine</i> SOLN	1		STRIBILD	2	
<i>lamivudine</i> TABS	1		SUSTIVA CAPS (<i>efavirenz</i>)	7	
<i>lamivudine-zidovudine</i>	1		SUSTIVA TABS (<i>efavirenz</i>)	7	
LEXIVA SUSP	2		SYMFI (<i>efavirenz- lamivudine-tenofovir disoproxil fumarate</i>)	7	
LEXIVA TABS (<i>fosamprenavir calcium</i>)	7		SYMFI LO (<i>efavirenz- lamivudine-tenofovir disoproxil fumarate</i>)	7	
<i>lopinavir-ritonavir</i> SOLN	1		SYMFI LO (<i>efavirenz- lamivudine-tenofovir disoproxil fumarate</i>)	7	
<i>lopinavir-ritonavir</i> TABS	1		SYMTUZA	2	
<i>maraviroc</i> TABS	1		<i>tenofovir disoproxil fumarate</i> TABS	1	
<i>nevirapine</i> SUSP	1		TIVICAY TABS	2	
<i>nevirapine</i> TABS	1		TRIUMEQ PD TBSO	2	
<i>nevirapine</i> TB24	1		TRIUMEQ TABS	2	
NORVIR PACK	2		TRIZIVIR	2	
NORVIR SOLN	2		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily)
NORVIR TABS (<i>ritonavir</i>)	7		TRUVADA 200 MG-300 MG (<i>emtricitabine- tenofovir disoproxil fumarate</i>)	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
ODEFSEY	2		TYBOST	2	
PIFELTRO	2		VIRACEPT TABS	2	
PREZCOBIX	2		VIRAMUNE XR TB24 400 MG (<i>nevirapine</i>)	7	
PREZISTA SUSP	2		VIREAD POWD	2	
PREZISTA TABS 75 MG, 150 MG	2		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
PREZISTA TABS (<i>darunavir</i>)	7		VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7	
RETROVIR CAPS (<i>zidovudine</i>)	7				
RETROVIR SYRP (<i>zidovudine</i>)	7				
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7				
REYATAZ PACK	2				
<i>ritonavir</i> TABS	1				
RUKOBIA	2				

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
ZIAGEN SOLN (<i>abacavir sulfate</i>)	7	
ZIAGEN TABS (<i>abacavir sulfate</i>)	7	
<i>zidovudine CAPS</i>	1	
<i>zidovudine SYRP</i>	1	
<i>zidovudine TABS</i>	1	
Antiviral Combinations		
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
CMV Agents		
VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ml daily)
VALCYTE TABS (<i>valganciclovir hcl</i>)	7	
<i>valganciclovir hcl SOLR</i>	1	QL(21 ml daily)
<i>valganciclovir hcl TABS</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABS (<i>entecavir</i>)	7	
<i>entecavir TABS</i>	1	
EPCLUSIA PACK	2	SP; PA
EPCLUSIA TABS	2	SP; PA
EPCLUSIA TABS	2	SP; PA
HEPSERA (<i>adefovir dipivoxil</i>)	7	
<i>ribavirin (hepatitis c) CAPS</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<i>acyclovir TABS OR 400 MG</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)
VALTREX 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 ea daily)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 ea daily)
ZOVIRAX SUSP (<i>acyclovir</i>)	7	
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ml daily; 5 Day(s) limit)
<i>rimantadine hydrochloride TABS</i>	1	QL(180 ea per fill retail; 180 ea per 10 days retail)
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 ea per fill retail)
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	7	QL(75 ml daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	
COREG (<i>carvedilol</i>)	7	
COREG CR (<i>carvedilol phosphate</i>)	7	
<i>labetalol hcl TABS</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)
BYSTOLIC (<i>nebivolol hcl</i>)	7	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7	
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
TENORMIN TABS (<i>atenolol</i>)	7	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>)	7	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	7	
INDERAL LA CP24 (<i>propranolol hcl</i>)	7	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/afll)</i>	1	
<i>sotalol hcl TABS</i>	1	
SOTYLIZE SOLN OR	2	
<i>timolol maleate TABS 5 MG</i>	1	QL(2 ea daily; 60 ea per fill retail)
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)
<i>timolol maleate TABS 20 MG</i>	1	QL(60 ea per fill retail)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7		<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)	<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 ea daily)	<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7		<i>verapamil hcl TABS</i>	1	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7		<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)	<i>verapamil hcl TBCR 120 MG</i>	1	
<i>diltiazem hcl extended release beads</i>	1		VERELAN PM CP24 (<i>verapamil hcl</i>)	2	
<i>diltiazem hcl CP12</i>	1		VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
<i>diltiazem hcl CP24</i>	1		VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)
<i>diltiazem hcl TABS</i>	1		VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 ea daily)
<i>diltiazem hcl TB24</i>	1		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>felodipine 10 MG</i>	1	QL(1 ea daily)	Cardiac Glycosides		
<i>felodipine 2.5 MG, 5 MG</i>	1		(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1	
<i>nifedipine CAPS</i>	1		(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
<i>nifedipine TB24 30 MG, 60 MG</i>	1		<i>digoxin SOLN OR 0.05 MG/ML</i>	1	
<i>nifedipine TB24</i>	1	QL(1 ea daily)	<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	
<i>nimodipine CAPS</i>	1				
<i>nisoldipine</i>	1				
NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 ea daily)			
NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 ea daily)			
PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 ea daily)			

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	7		VIAGRA (<i>sildenafil citrate</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			Prostaglandin Vasodilators		
Cardiovascular Agents Misc. - Combinations			TYVASO DPI MAINTENANCE KIT POWD		
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7		TYVASO DPI MAINTENANCE KIT POWD	2	QL(8 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1		TYVASO DPI TITRATION KIT POWD	2	QL(4 ea daily); PA
Impotence Agents			TYVASO DPI TITRATION KIT POWD	2	QL(9 ea daily); PA
CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA	TYVASO DPI TITRATION KIT POWD	2	QL(7 ea daily); PA
CIALIS 2.5 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA	VENTAVIS	2	PA
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA	Pulmonary Hypertension - Endothelin Receptor Antagonists		
<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	<i>ambrisentan</i>	1	ST; QL(1 ea daily); PA
<i>tadalafil 2.5 MG</i>	1	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA	<i>bosentan TABS 62.5 MG</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			<i>bosentan TABS 125 MG</i>	1	ST
			LETAIRIS (<i>ambrisentan</i>)	7	ST; QL(1 ea daily); PA
			TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST
			TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			TRACLEER TBSO	2	ST; PA
			Pulmonary Hypertension - Phosphodiesterase Inhibitors		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	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
<i>tadalafil (pulmonary hypertension) TABS</i>	1	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Transthyretin Stabilizers		
VYNDAMAX	2	QL(1 ea daily); PA
VYNDAQEL	2	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cephalexin CAPS 250 MG, 500 MG</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	1	
<i>cefpodoxime proxetil SUSR</i>	1	
<i>cefpodoxime proxetil TABS</i>	1	
SUPRAX CAPS (<i>cefixime</i>)	7	
SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>)	7	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	Grand Fathered Plans at Tier 2; PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN	5	Grand Fathered Plans at Tier 2; PV

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	Grand Fathered Plans at Tier 2; PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV			

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(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	Grand Fathered Plans at Tier 2; 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 1.5 MG-30 MCG	5	Grand Fathered Plans at Tier 2.; 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	Grand Fathered Plans at Tier 2; PV	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Norethindrone & Ethinyl Estradiol-Fe) WYMZYA FE 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; 365 rtd day(s) supply; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2.; PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	Grand Fathered Plans at Tier 2; PV
			(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	Grand Fathered Plans at Tier 2; PV

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	Grand Fathered Plans at Tier 2; PV	LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; PV
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV	LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>desogestrel & ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV	MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>drospirenone-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	NATAZIA	5	Grand Fathered Plans at Tier 2; PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	Grand Fathered Plans at Tier 2; PV	NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; PV
ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV	<i>norethin acet & estrad-fe CAPS</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
<i>ethynodiol diacet & eth estrad</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethin acet & estrad-fe CHEW</i>	5	Grand Fathered Plans at Tier 2; PV
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	Grand Fathered Plans at Tier 2; PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel & eth estradiol TABS</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone acet & eth estra</i>	5	Grand Fathered Plans at Tier 2.; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	Grand Fathered Plans at Tier 2; PV			

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>norgestimate-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	ANNOVERA	5	Grand Fathered Plans at Tier 2; PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>etonogestrel-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV	NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV	Emergency Contraceptives		
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV	(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	Grand Fathered Plans at Tier 2; PV
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV	ELLA	5	Grand Fathered Plans at Tier 2; PV
TYBLUME CHEW	5	Grand Fathered Plans at Tier 2; PV	<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	Grand Fathered Plans at Tier 2; PV
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV	PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	5	Grand Fathered Plans at Tier 2; PV
YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV	Progestin Contraceptives - Injectable		
Combination Contraceptives - Transdermal			DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	Grand Fathered Plans at Tier 2; PV	Progestin Contraceptives - Oral		
<i>norelgestromin-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	Grand Fathered Plans at Tier 2; PV
TWIRLA	5	Grand Fathered Plans at Tier 2; 365 rti day(s) supply; PV			
Combination Contraceptives - Vaginal					
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	Grand Fathered Plans at Tier 2; PV			

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>norethindrone (contraceptive)</i>	5	Grand Fathered Plans at Tier 2; PV
OPILL	5	Grandfather Plans at Tier 2; PV
SLYND	5	Grand Fathered Plans at Tier 2; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	1	
<i>budesonide CPEP</i>	1	QL(3 ea daily)
CORTEF TABS (<i>hydrocortisone</i>)	7	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>hydrocortisone TABS</i>	1	
MEDROL DOSEPAK TBPK (<i>methylprednisolone</i>)	7	
MEDROL TABS	2	
MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	7	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPK</i>	1	
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	7	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG</i>	1	
<i>prednisone TBPK 10 MG</i>	1	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate 100 MG, 200 MG</i>	1	
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7	
HYCODAN TABS 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>guaifenesin-codeine SOLN</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	Limit 10mls per day; QL(10 ml daily); AL(At least 6 yrs old)
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)
<i>promethazine-phenylephrine-codeine</i>	1	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
Misc. Respiratory Inhalants		
<i>sodium chloride (inhalant) NEBU 0.9 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 gm per fill retail); RX/OTC
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)

Drug Name	Drug Tier	Requirements/Limits
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Tretinoin) AVITA CREA 0.025 %	1	
(Tretinoin) AVITA GEL 0.025 %	1	
ABSORICA 30 MG (<i>isotretinoin</i>)	7	QL(3 ea daily; 150 Day(s) limit)
ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	7	QL(2 ea daily; 150 Day(s) limit)
ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	7	QL(4 ea daily; 150 Day(s) limit)
ABSORICA 20 MG (<i>isotretinoin</i>)	7	QL(5 ea daily; 150 Day(s) limit)
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>adapalene CREA</i>	1	QL(45 gm per fill retail)
<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)
<i>adapalene GEL 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	7	QL(2 gm daily)	<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)
CLEOCIN-T LOTN (clindamycin phosphate (topical))	7		KLARON (<i>sulfacetamide sodium (acne)</i>)	7	
CLINDAGEL GEL (clindamycin phosphate (topical))	7		RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 gm daily)
<i>clindamycin phosphate (topical) GEL</i>	1		RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 gm daily)
<i>clindamycin phosphate (topical) LOTN</i>	1		RETIN-A CREA (<i>tretinoin</i>)	7	
<i>clindamycin phosphate (topical) SOLN</i>	1		RETIN-A GEL (<i>tretinoin</i>)	7	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>sulfacetamide sodium (acne)</i>	1	
DIFFERIN CREA (<i>adapalene</i>)	7	QL(45 gm per fill retail)	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 gm per fill retail)
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	7	QL(45 gm per fill retail; 135 per fill mail)	<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 50gms per month; QL(1.7 gm daily)
DIFFERIN GEL 0.1 % (<i>adapalene</i>)	7	QL(45 gm per fill retail); RX/OTC	<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	7	Limit 45gms per month; QL(1.5 gm daily)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	7		Antibiotics - Topical		
<i>erythromycin (acne aid) GEL</i>	1		CENTANY OINT	2	
<i>erythromycin (acne aid) SOLN</i>	1		<i>gentamicin sulfate (topical) CREA</i>	1	
<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)	<i>gentamicin sulfate (topical) OINT</i>	1	
<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)	<i>mupirocin OINT</i>	1	
			Antifungals - Topical		
			(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH SOLN	1	RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>ciclopirox olamine CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1	
<i>ciclopirox GEL</i>	1	
<i>ciclopirox SHAM</i>	1	
<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 gm per fill retail; 45 gm per 30 days retail)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(60 ml per fill retail; 60 ml per 30 days retail)
<i>econazole nitrate CREA</i>	1	
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	7	
LOPROX CREA (<i>ciclopirox olamine</i>)	7	
LOPROX SUSP (<i>ciclopirox olamine</i>)	7	
<i>nystatin (topical) CREA</i>	1	
<i>nystatin (topical) OINT</i>	1	
<i>nystatin (topical) POWD EX</i>	1	
<i>nystatin-triamcinolone CREA</i>	1	Limit 30gms per month; QL(1 gm daily)
<i>nystatin-triamcinolone OINT</i>	1	Limit 30gms per month; QL(1 gm daily)
Anti-inflammatory Agents - Topical		

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
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)
VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	7	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>bexarotene (topical)</i>	1	
CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)
EFUDEX CREA (<i>fluorouracil (topical)</i>)	7	
<i>fluorouracil (topical) CREA 5 %</i>	1	
<i>fluorouracil (topical) SOLN</i>	1	
TARGRETIN (<i>bexarotene (topical)</i>)	7	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
Antipsoriatics			SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)	SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA
<i>calcipotriene CREA</i>	1	QL(5 gm daily)	SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
<i>calcipotriene OINT</i>	1	QL(5 gm daily)	STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage; SP; PA
<i>calcipotriene SOLN</i>	1		STELARA SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage.; QL(0.012 ml daily); SP; PA
<i>calcitriol (topical)</i>	1	Limited 100 gms per month; QL(3.4 gm daily)	STELARA SOSY 90 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ml daily); SP; PA
COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA	<i>tazarotene CREA</i>	1	QL(1 gm daily)
COSENTYX UNOREADY SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA	<i>tazarotene GEL</i>	1	QL(1 gm daily)
COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA	TAZORAC CREA	2	QL(1 gm daily)
COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.036 ml daily); PA	TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 gm daily)
COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.18 ml daily); PA	TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 gm daily)
COSENTYX SOSY 75 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.18 ml daily); PA	TREMFYA SOPN	4	See plan documents for specific Coverage.; QL(0.018 ml daily); PA
DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 gm daily)			
<i>methoxsalen rapid</i>	1				

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
TREMFYA SOSY	4	See plan documents for specific Coverage.; QL(0.018 ml daily); PA	<i>amcinonide CREA</i>	1	
			APEXICON E CREA	2	
			<i>betamethasone dipropionate (topical) CREA</i>	1	
Antiseborrheic Products			<i>betamethasone dipropionate (topical) LOTN</i>	1	
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	7		<i>betamethasone dipropionate (topical) OINT</i>	1	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	7		<i>betamethasone dipropionate augmented CREA</i>	1	
<i>selenium sulfide LOTN 2.5 %</i>	1		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		<i>betamethasone dipropionate augmented LOTN</i>	1	
Antivirals - Topical			<i>betamethasone dipropionate augmented OINT</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 gm daily)	<i>betamethasone valerate CREA</i>	1	
ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 gm daily)	<i>betamethasone valerate LOTN</i>	1	
Burn Products			<i>betamethasone valerate OINT</i>	1	
(Silver Sulfadiazine) SSD	1		CAPEX SHAM	2	
SILVADENE (<i>silver sulfadiazine</i>)	7		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>silver sulfadiazine</i>	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
Corticosteroids - Topical			<i>clobetasol propionate GEL 0.05 %</i>	1	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
(Clobetasol Propionate) CLODAN SHAM	1		<i>clobetasol propionate SHAM</i>	1	
(Triamcinolone Acetonide (Topical)) TRIDERMA CREA 0.5 %	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>alclometasone dipropionate CREA</i>	1				
<i>alclometasone dipropionate OINT</i>	1				

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
CLOBEX SHAM (<i>clobetasol propionate</i>)	7		<i>fluticasone propionate</i> OINT	1	
DERMA-SMOOTHIE/FS BODY OIL (<i>fluocinolone</i> <i>acetonide</i>)	7		<i>halobetasol propionate</i> CREA	1	
DERMA-SMOOTHIE/FS SCALP OIL (<i>fluocinolone</i> <i>acetonide</i>)	7		<i>halobetasol propionate</i> OINT	1	
<i>desonide</i> CREA	1		<i>hydrocortisone (topical)</i> CREA 2.5 %	1	
<i>desonide</i> LOTN	1		<i>hydrocortisone (topical)</i> LOTN 2.5 %	1	
<i>desonide</i> OINT	1		<i>hydrocortisone (topical)</i> OINT 2.5 %	1	
DESOWEN CREA (<i>desonide</i>)	7		<i>hydrocortisone butyrate</i> CREA	1	
<i>desoximetasone</i> CREA	1		<i>hydrocortisone butyrate</i> OINT	1	
<i>desoximetasone</i> GEL	1		KENALOG AERS (<i>triamcinolone acetonide</i> (<i>topical</i>))	7	
<i>desoximetasone</i> OINT 0.25 %	1		<i>mometasone furoate</i> CREA	1	
<i>diflorasone diacetate</i> CREA	1		<i>mometasone furoate</i> OINT	1	
<i>diflorasone diacetate</i> OINT	1		<i>mometasone furoate</i> SOLN	1	
DIPROLENE OINT (<i>betamethasone</i> <i>dipropionate augmented</i>)	7		SYNALAR CREA (<i>fluocinolone acetonide</i>)	7	
<i>fluocinolone acetonide</i> CREA	1		SYNALAR OINT (<i>fluocinolone acetonide</i>)	7	
<i>fluocinolone acetonide</i> OIL	1		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7	
<i>fluocinolone acetonide</i> OINT	1		TEMOVATE CREA (<i>clobetasol propionate</i>)	7	
<i>fluocinolone acetonide</i> SOLN	1		TEMOVATE OINT (<i>clobetasol propionate</i>)	7	
<i>fluocinonide emulsified</i> <i>base</i>	1		TOPICORT CREA (<i>desoximetasone</i>)	7	
<i>fluocinonide</i> CREA 0.05 %	1		TOPICORT GEL (<i>desoximetasone</i>)	7	
<i>fluocinonide</i> GEL	1		TOPICORT OINT 0.25 % (<i>desoximetasone</i>)	7	
<i>fluocinonide</i> OINT	1		<i>triamcinolone acetonide</i> (<i>topical</i>) AERS	1	
<i>fluocinonide</i> SOLN	1				
<i>fluticasone propionate</i> CREA 0.05 %	1				

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDESILON CREA 0.05 % (<i>desonide</i>)	7	
Immunomodulating Agents - Topical		
ALDARA (<i>imiquimod</i>)	7	
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 15 yrs old)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
CONDYLOX GEL (<i>podofilox</i>)	7	
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	
<i>salicylic acid SHAM 6 %</i>	1	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %	1	QL(3 ea daily)
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine PTCH 5 %</i>	1	QL(3 ea daily)
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Misc. Topical		
DRYSOL SOLN	2	
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	QL(45 gm per fill retail)
<i>azelaic acid GEL</i>	1	
FINACEA GEL (<i>azelaic acid</i>)	7	
METROCREAM CREA (<i>metronidazole (topical)</i>)	7	
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7	
METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ml per fill retail)
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	QL(60 ml per fill retail)
Scabicides & Pediculicides		
<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
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

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without prior 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	2	QL(50 ea per fill retail)
KETOSTIX STRP	2	QL(50 ea per fill retail)
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	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7	
ALDACTAZIDE	2	
<i>amiloride & hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 ea daily)
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	
<i>furosemide SOLN OR 10 MG/ML</i>	1	
<i>furosemide TABS</i>	1	
LASIX TABS (<i>furosemide</i>)	7	
SOANZ TABS 20 MG (<i>torseamide</i>)	7	
<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		
ALDACTONE TABS (<i>spironolactone</i>)	7	
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
<i>hydrochlorothiazide CAPS</i>	1	QL(1 ea daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
BONIVA TABS (<i>ibandronate sodium</i>)	7	QL(0.04 ea daily)
<i>calcitonin (salmon) NA</i>	1	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	7	QL(0.15 ea daily)
<i>ibandronate sodium TABS</i>	1	QL(0.04 ea daily)
Fertility Regulators		
(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)
<i>clomiphene citrate TABS</i>	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)
Growth Hormones		
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>raloxifene hcl</i>	5	Grand Fathered Plans at Tier 2; PV
LHRH/GnRH Agonist Analog Pituitary		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
Suppressants		
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	1	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	Specialty Drug refer to Caremark SP RX
<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	
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>paricalcitol CAPS</i>	1	
ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 ea daily)
ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
ROCALTROL SOLN OR (<i>calcitriol</i>)	7	
<i>sapropterin dihydrochloride PACK</i>	1	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride TABS</i>	1	Specialty Drug refer to Caremark SP RX
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
Posterior Pituitary Hormones		
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	

Drug Name	Drug Tier	Requirements/Limits
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 ea daily)
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin acetate TABS 0.1 MG</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>mifepristone</i>	5	Grand Fathered Plans at Tier 2; PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7	
CLIMARA PRO	2	QL(4 ea per 30 days retail)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>estradiol & norethindrone acetate TABS</i>	1	
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	7	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	2	PA
PREMPHASE	2	
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2	
PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW	2	QL(0.29 ea daily)
CLIMARA PTWK (<i>estradiol</i>)	7	QL(4 ea per fill retail; 4 ea per 30 days retail)
ESTRACE TABS (<i>estradiol</i>)	7	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	QL(4 ea per fill retail; 4 ea per 30 days retail)
<i>estradiol TABS</i>	1	
MENEST	2	
MINIVELLE PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)
PREMARIN TABS 0.9 MG	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Gallstone Solubilizing Agents		
URSO 250 TABS (<i>ursodiol</i>)	7	
URSO FORTE TABS (<i>ursodiol</i>)	7	
<i>ursodiol CAPS</i>	1	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	7	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl TABS</i>	1	
REGLAN TABS (<i>metoclopramide hcl</i>)	7	
Inflammatory Bowel Agents		
APRISO CP24 (<i>mesalamine</i>)	7	QL(4 ea daily)
ASACOL HD TBEC (<i>mesalamine</i>)	7	
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 ea daily)
AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 ea daily)
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily; 280 ea per fill retail)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
CANASA SUPP (<i>mesalamine</i>)	7	QL(1 ea daily)
COLAZAL CAPS (<i>balsalazide disodium</i>)	7	QL(9 ea daily; 280 ea per fill retail)
DELZICOL CPDR (<i>mesalamine</i>)	7	QL(6 ea daily)
LIALDA TBEC (<i>mesalamine</i>)	7	QL(4 ea daily)
<i>mesalamine CP24</i>	1	QL(4 ea daily)
<i>mesalamine CPDR</i>	1	QL(6 ea daily)
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	QL(1 ea daily)
<i>mesalamine TBEC 800 MG</i>	1	
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Check Benefits for coverage; 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		
LINZESS	2	QL(1 ea daily)
Peripheral Opioid Receptor Antagonists		
MOVANTIK	2	QL(1 ea daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<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 CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 ea daily)
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 ea daily)
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7	
FOSRENOL PACK	2	
<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7	
RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 ea daily)
RENVELA TABS (<i>sevelamer carbonate</i>)	7	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate TABS</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(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
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
Cystinosis Agents		
CYSTAGON CAPS	2	
PROCYSBI CPDR	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)
<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)
FLOMAX (<i>tamsulosin hcl</i>)	7	QL(2 ea daily)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	7	
PROSCAR (<i>finasteride</i>)	7	QL(1 ea daily); AL(At least 40 yrs old)
<i>tamsulosin hcl</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 ea daily)
GOUT AGENTS - Drugs to Treat Gout		
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 TABS</i>	1	
COLCRYS TABS (<i>colchicine</i>)	7	
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 ea daily)
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 ea daily)
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 ea daily)
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 ea daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Complement Inhibitors		
FABHALTA	2	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7	
<i>anagrelide hcl</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)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>dipyridamole</i>	1	
EFFIENT (<i>prasugrel hcl</i>)	7	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	7	QL(2 ea daily)
<i>prasugrel hcl</i>	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	Grand Fathered Plans at Tier 2; PV
<i>folic acid TABS 1 MG</i>	1	RX/OTC
Hematopoietic Growth Factors		
PROMACTA PACK 25 MG	2	QL(1 ea daily); PA
PROMACTA PACK 12.5 MG	2	QL(1 ea daily); PA
PROMACTA TABS	2	QL(1 ea daily); PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
LYSTEDA TABS (<i>tranexamic acid</i>)	7	QL(6 ea daily; 5 Day(s) limit)
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN TABS 5 MG (<i>zolpidem tartrate</i>)	7	QL(1 ea daily; 30 ea per fill retail; 30 ea per 30 days retail)
AMBIEN TABS 10 MG (<i>zolpidem tartrate</i>)	7	QL(1 ea daily; 30 ea per fill retail)
<i>estazolam</i>	1	
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 ea daily)
RESTORIL 30 MG (<i>temazepam</i>)	7	QL(1 ea daily)
RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
RESTORIL 7.5 MG (<i>temazepam</i>)	7		<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	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
<i>temazepam 30 MG</i>	1	QL(1 ea daily)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	Grand Fathered Plans at Tier 2; PV
<i>temazepam 15 MG</i>	1	QL(2 ea daily)	PEG-PREP	5	Grand Fathered Plans at Tier 2; QL(1 ea per fill retail); PV
<i>temazepam 7.5 MG</i>	1		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	Grand Fathered Plans at Tier F
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)	SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	Grand Fathered Plans at Tier F
<i>triazolam 0.125 MG</i>	1		Laxatives - Miscellaneous		
<i>zaleplon</i>	1	QL(1 ea daily)	(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
<i>zolpidem tartrate TABS 10 MG</i>	1	QL(1 ea daily; 30 ea per fill retail)	(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)
<i>zolpidem tartrate TABS 5 MG</i>	1	QL(1 ea daily; 30 ea per fill retail; 30 ea per 30 days retail)	<i>lactulose SOLN</i>	1	
Orexin Receptor Antagonists					
BELSOMRA	2	QL(1 ea daily); ST			
LAXATIVES - Bowel Treatment Drugs					
Laxative Combinations					
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	Grand Fathered Plans at Tier 2; PV			
(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	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV			
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV			
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	5	Grand Fathered Plans at Tier 2; PV			
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	Grand Fathered Plans at Tier 2; PV			

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
MIRALAX POWD (polyethylene glycol 3350)	7	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	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
polyethylene glycol 3350 POWD	1	Limit 528gms per month; QL(17.6 gm daily)			
Saline Laxatives					
OSMOPREP	5	Grand Fathered Plans at Tier 2; 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	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl TBEC</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX SUPP (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 ea daily)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 ea per fill retail)
ZITHROMAX PACK (<i>azithromycin</i>)	7	
ZITHROMAX SUSR (<i>azithromycin</i>)	7	
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 ea daily)
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	QL(6 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	
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	7	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
<i>erythromycin base CPEP</i>	2	
<i>erythromycin base TABS</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>erythromycin base TBEC</i>	1		KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
MEDICAL DEVICES AND SUPPLIES			KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
Contraceptives			KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
AIMSCO 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)
CAYA DPRH	5	Grand Fathered Plans at Tier 2; QL(1 ea per 365 days retail); PV	KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
CONDOMS	5	PV	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE 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)
FANTASY LUBRICATED/SPERMICIDE 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)
FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	Grand Fathered Plans at Tier 2; PV	K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FEMCAP DEVI	5	Grand Fathered Plans at Tier 2; PV	K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
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)			

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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)
MAXX PLUS SPERMICIDE LUBRICATED 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)
OMNIFLEX DIAPHRAGM	5	Grand Fathered Plans at Tier 2; PV	TRUSTEX 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)	TRUSTEX NATURAL CONDOMS +LUBE/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)	TRUSTEX NON-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)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED SPERMICIDE 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)	TRUSTEX/RIA LUBRICATED/SPERMICIDE 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)	TRUSTEX/RIA LUBRICATED MISC	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)	TRUSTEX/RIA NON-LUBRICATED MISC	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)	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	Grand Fathered Plans at Tier 2; PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	Grand Fathered Plans at Tier 2; PV

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	Grand Fathered Plans at Tier 2; 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 80	5	Grand Fathered Plans at Tier 2; 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 85	5	Grand Fathered Plans at Tier 2; 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 90	5	Grand Fathered Plans at Tier 2; 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 95	5	Grand Fathered Plans at Tier 2; PV	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
Diabetic Supplies			ADVANCED MOBILE LANCET 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 28G	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
1ST TIER UNILET COMFORTOUCH LANCETS 30G	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
ACCU-CHEK FASTCLIX LANCETS	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
ACCU-CHEK SAFE-T-PRO LANCETS	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
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC			
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC			

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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
AQUALANCE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE COMFORT LANCETS ULTRA THIN 28G	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
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	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
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	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
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	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
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CAREONE LANCET SUPER THIN/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	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

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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
CARETOUCH SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 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	COAGUCHEK LANCETS	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	COMFORT ASSURED LANCETS MICRO THIN 33G	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	COMFORT ASSURED LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH LANCETS ULTRA THIN 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	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

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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
CVS LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ORIGINAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETSSUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS ULTRA THIN LANCETS	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
DIATHRIVE LANCETS	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

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
EASY COMFORT LANCETS 30G/THIN TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	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 TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	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 TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS COLOR	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL SUPER THIN LANCETS 30G	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
EQL THIN LANCETS 26G	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

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
FIFTY50 SAFETY SEAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days 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	FREESTYLE UNISTICK II 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	GENTEEL BUTTERFLY TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FINE 30	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FORA LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	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	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	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	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days 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

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
GLUCOCOM LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KINNEY THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER HEALTHPRO TWIST LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS MICRO THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HY-VEE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
IN TOUCH STERILE LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS ULTRATHIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KINNEY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIBERTY MEDICAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G/TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LITETOUCH LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G EXTRA FINE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G UNIVERSAL DESIGN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS STANDARD	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS UNIVERSAL LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS/LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/LITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LITE LANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
MEIJER LANCETS UNIVERSAL30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCET 30G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCETS 23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MICROLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MM TWIST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SUREFLEX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLET OPD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 21G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
MPD SAFETY LANCET 28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
ONETOUCH ULTRASOFT LANCETS	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 VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days 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 VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days 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
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRO COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
PRO COMFORT LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 33G/MICRO THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PSS SELECT GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PSS SELECT SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PX LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	READYLANCE SAFETY LANCETS/21G/2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
READYLANCE 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
READYLANCE 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
READYLANCE SAFETY LANCETS/28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	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
RELION LANCETS ULTRA-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION ULTRA THIN 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

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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
SAPS HEALTH TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAPSCARE TWIST TOP LANCETS 30G	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

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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
SURE COMFORT LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TGT LANCET ULTRA THIN 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	THINLETS GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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
TRUEPLUS LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTILET LANCETS 33G	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	ULTILET SAFETY LANCETS 21G X 2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
ULILET 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
UNILET EXCELITE II	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK PRO SAFETY LANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET G.P. LANCET	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

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
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	Parenteral Therapy Supplies		
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	Limit 200; 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
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD NEEDLE/30G X 1/2"	2	RX/OTC
WALGREENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)
			BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
			BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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 Drug RX/OTC=Prescription & Over-the-Counter AC=Anti-Cancer LA=Limited Access SP=Specialty

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	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
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Limit 200; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Limit 200; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC	POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
			RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC
			RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Limit 200; QL(6.67 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	4	PA
AJOVY SOSY	4	PA
EMGALITY SOAJ	4	PA
EMGALITY SOSY 120 MG/ML	4	PA
UBRELVY	2	QL(10 ea per 30 days retail); ST
Migraine Combinations		
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	
<i>ergotamine w/ caffeine</i> TABS	1	
Migraine Products		
ERGOMAR SUBL	2	
Serotonin Agonists		
<i>almotriptan malate</i>	1	QL(0.2 ea daily)
AMERGE (<i>naratriptan hcl</i>)	7	QL(9 ea per fill retail; 9 ea per 30 days retail)
IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 ea daily)
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	QL(6 ea per fill retail; 6 ea per 30 days retail)
IMITREX TABS (<i>sumatriptan succinate</i>)	7	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 ea daily)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	QL(0.6 ea daily)
<i>naratriptan hcl</i>	1	QL(9 ea per fill retail; 9 ea per 30 days retail)
<i>rizatriptan benzoate</i> TABS	1	QL(0.6 ea daily)
<i>rizatriptan benzoate</i> TBDP	1	Limit 12 per month; QL(0.4 ea daily)
<i>sumatriptan 5 MG/ACT</i>	1	QL(6 ea per fill retail; 6 ea per 30 days retail)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>sumatriptan succinate</i> TABS	1	QL(2 ea daily)
MINERALS & ELECTROLYTES		
Fluoride		
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>sodium fluoride</i> CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>sodium fluoride</i> SOLN 0.125 MG/DROP, 0.5 MG/ML	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride</i> TABS 1 MG	1	AL(Up to 6 yrs old)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
sodium fluoride TABS 0.5 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
Phosphate			(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7		K-TAB TBCR 8 MEQ (<i>potassium chloride</i>)	2	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7		K-TAB TBCR 10 MEQ (<i>potassium chloride</i>)	7	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1		<i>potassium chloride microencapsulated crystals er</i>	1	
Potassium			<i>potassium chloride CPCR</i>	1	
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1		<i>potassium chloride PACK OR 20 MEQ</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	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		<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES					
Chelating Agents					
DEPEN TITRATABS TABS (<i>penicillamine</i>)				7	
<i>penicillamine TABS</i>				1	
<i>trientine hcl 500 MG</i>				1	PA
Immunomodulators					
<i>lenalidomide</i>				1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
Immunosuppressive Agents					

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
azathioprine TABS 50 MG	1	
CELLCEPT CAPS <i>(mycophenolate mofetil)</i>	7	
CELLCEPT SUSR <i>(mycophenolate mofetil)</i>	7	
CELLCEPT TABS <i>(mycophenolate mofetil)</i>	7	
<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	
IMURAN TABS <i>(azathioprine)</i>	7	
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	1	
<i>mycophenolate mofetil TABS</i>	1	
NEORAL CAPS <i>(cyclosporine modified (for microemulsion))</i>	7	
NEORAL SOLN <i>(cyclosporine modified (for microemulsion))</i>	7	
PROGRAF CAPS <i>(tacrolimus)</i>	7	
SANDIMMUNE CAPS <i>(cyclosporine)</i>	7	
SANDIMMUNE SOLN OR <i>tacrolimus CAPS</i>	2	
	1	
ZORTRESS <i>(everolimus (immunosuppressant))</i>	7	

Drug Name	Drug Tier	Requirements/Limits
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
<i>sodium polystyrene sulfonate POWD</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
PERIDEX <i>(chlorhexidine gluconate (mouth-throat))</i>	7	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
SALAGEN 7.5 MG <i>(pilocarpine hcl (oral))</i>	7	QL(4 ea daily)
SALAGEN 5 MG <i>(pilocarpine hcl (oral))</i>	7	QL(6 ea daily)
MULTIVITAMINS		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
Ped Multi Vitamins w/FI & FE			(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-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) MULTI-VITAMIN/FLUORIDE DROPS 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 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
(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 Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	2	AL(Up to 5 yrs old)	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN WITH 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	MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/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
			QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
			QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
ATABEX EC TBEC	2	
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	
CITRANATAL ASSURE	2	
CITRANATAL BLOOM DHA	2	
CITRANATAL DHA	2	
CITRANATAL ESSENCE	2	
COMPLETENATE CHEW	2	
CONCEPT DHA	2	
CONCEPT OB	2	
FOLIVANE-OB	2	
M-NATAL PLUS TABS	2	RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC
NESTABS DHA	2	
NIVA-PLUS TABS	2	RX/OTC
OBSTETRIX DHA MISC	2	
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2	

Drug Name	Drug Tier	Requirements/Limits
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	RX/OTC
PRENA 1 TRUE	2	
PRENATAL 19 CHEW	2	
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	RX/OTC
PRENATAL PLUS TABS	2	RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
PRENATAL-U CAPS	2	
PRENATRIX TABS	2	RX/OTC
PRENATRYL TABS	2	RX/OTC
PREPLUS TABS	2	RX/OTC
PROVIDA OB	2	
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	
SE-NATAL 19 CHEW	2	
THERANATAL CORE NUTRITION TABS	2	RX/OTC
TRICARE TABS	2	RX/OTC
VIRT-C DHA	2	
VITATHELY/GINGER TABS	2	RX/OTC
VITATRUE	2	
WESCAP-C DHA	2	
WESTAB PLUS TABS	2	RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(Carisoprodol) VANADOM TABS 350 MG	1	
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
<i>baclofen TABS 5 MG</i>	1	
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
<i>carisoprodol TABS 350 MG</i>	1	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
SOMA TABS 350 MG (<i>carisoprodol</i>)	7	
<i>tizanidine hcl TABS 2 MG</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7	
<i>dantrolene sodium CAPS</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ml daily)
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Nasal Steroids		
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQ FLUTICASONE PROPIONATE, EQ 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	QL(32 ml per fill retail; 32 ml per 30 days retail); 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, HM 24 HOUR NASAL ALLERGYSPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPDOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(32 gm per fill retail; 32 gm per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)
NASONEX 24HR SUSP	2	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)
XHANCE EXHU	2	QL(1.07 ml daily); ST
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	2	PA
NUTRIENTS		
Lipids		
DOJOLVI	2	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	7	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
<i>dorzolamide hcl-timolol maleate</i>	1	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	
TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
<i>atropine sulfite (ophthalmic) OINT</i>	1	
<i>atropine sulfite (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 % (<i>atropine sulfite (ophthalmic)</i>)	7	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL (<i>cyclopentolate hcl</i>)	7	
CYCLOGYL	2	
<i>cyclopentolate hcl</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
ISOPTO ATROPINE SOLN	2	
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
Miotics		
ISOPTO CARPINE SOLN 1 %, 2 % (<i>pilocarpine hcl</i>)	7	QL(0.5 ml daily)
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>brimonidine tartrate</i>)	7	
<i>brimonidine tartrate</i>	1	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	7	
CILOXAN OINT	2	
CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	7	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ml per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBREX OINT	2	
<i>trifluridine</i>	1	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ml per fill retail)
ZYMAXID (<i>gatifloxacin (ophth)</i>)	7	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
FLAREX	2	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
fluorometholone (ophth) SUSP	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP <i>(fluorometholone (ophth))</i>	7	
FML OINT	2	
MAXIDEX SUSP OP	2	
MAXITROL OINT <i>(neomycin-polymyx-dexameth)</i>	7	
MAXITROL SUSP <i>(neomycin-polymyx-dexameth)</i>	7	
neomycin-polymyx-dexameth OINT	1	
neomycin-polymyx-dexameth SUSP	1	
neomycin-polymyxin-hc (ophth)	1	
PRED MILD	2	
prednisolone acetate (ophth)	1	
PREDNISOLONE SODIUM PHOSPHATE	2	
sulfacetamide sod-prednisolone SOLN	1	
TOBRADEX SUSP <i>(tobramycin-dexamethasone)</i>	7	QL(5 ml per fill retail)
tobramycin-dexamethasone SUSP	1	QL(5 ml per fill retail)
Ophthalmics - Misc.		

Drug Name	Drug Tier	Requirements/Limits
(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 %	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
(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 %	1	Limit 10mls per month without prior authorization; QL(0.34 ml daily); RX/OTC
ACULAR <i>(ketorolac tromethamine (ophth))</i>	7	
ACULAR LS <i>(ketorolac tromethamine (ophth))</i>	7	
ALOCRIAL	2	
ALOMIDE	2	
azelastine hcl (ophth)	1	
AZOPT <i>(brinzolamide)</i>	7	Limit 10mls per month; QL(0.4 ml daily)
brinzolamide	1	Limit 10mls per month; QL(0.4 ml daily)
bromfenac sodium (ophth) 0.09 %	1	
cromolyn sodium (ophth)	1	
CYSTARAN	2	Limit 4 bottles per month; QL(2.15 ml daily)
diclofenac sodium (ophth)	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>dorzolamide hcl</i>	1	
DORZOLAMIDE HCL	2	
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month without prior authorization; QL(0.34 ml daily); RX/OTC
PATADAY 0.2 % (<i>olopatadine hcl</i>)	7	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC
PATADAY 0.1 % (<i>olopatadine hcl</i>)	7	Limit 10mls per month without prior authorization; QL(0.34 ml daily); RX/OTC
TRUSOPT (<i>dorzolamide hcl</i>)	7	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.0949 ml daily)
LATANOPROST SOLN	2	QL(0.0949 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.09 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ml daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ml per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>norethindrone acetate</i>)	7	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PROMETRIUM CAPS (<i>progesterone</i>)	7	QL(1 ea daily)
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 ea daily)
PROVERA 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	7	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
LUCEMYRA	2	QL(224 ea per 14 days retail); PA
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	7	
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	7	QL(1 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	
<i>donepezil hydrochloride TABS 23 MG</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
EXELON (<i>rivastigmine</i>)	7	
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)
<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>memantine hcl</i> TABS	1		MAYZENT TABS 0.25 MG	2	not available thru mail order; QL(4 ea daily); PA
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7		PLEGRIDY SOSY IM	4	PA
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 ea daily)	TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	7	QL(60 ea per 365 days retail)
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 ea daily)	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	7	QL(2 ea daily)
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	7	QL(1 ea daily)	<i>teriflunomide</i>	1	QL(1 ea daily)
<i>rivastigmine</i>	1		Smoking Deterrents		
<i>rivastigmine tartrate</i> CAPS	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 2 MG	5	Grand Fathered Plans at Tier 2; PV
Movement Disorder Drug Therapy					
INGREZZA CAPS 60 MG	2	PA			
Multiple Sclerosis Agents					
AMPYRA (<i>dalfampridine</i>)	7	PA			
AUBAGIO (<i>teriflunomide</i>)	7	QL(1 ea daily)			
<i>dalfampridine</i>	1	PA			
<i>dimethyl fumarate</i> CDPK	1	QL(60 ea per 365 days retail)			
<i>dimethyl fumarate</i> CPDR	1	QL(2 ea daily)			
<i> fingolimod hcl</i>	1	QL(1 ea daily)			
GILENYA 0.5 MG	2	QL(1 ea daily)			
GILENYA (<i> fingolimod hcl</i>)	7	QL(1 ea daily)			
MAYZENT STARTER PACK TBPB	2	not available thru mail order; QL(12 ea per 5 days retail); PA			
MAYZENT STARTER PACK TBPB	2	not available thru mail order; PA			
MAYZENT TABS 1 MG	2	not available thru mail order; PA			
MAYZENT TABS 2 MG	2	not available thru mail order; QL(1 ea daily); PA			

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(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	Grand Fathered Plans at Tier 2; PV	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	5	Grand Fathered Plans at Tier 2; PV

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(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	Grand Fathered Plans at Tier 2; 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 4 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV			

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(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	Grand Fathered Plans at Tier 2; PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(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	Grand Fathered Plans at Tier 2; PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(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	Grand Fathered Plans at Tier 2; PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(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	Grand Fathered Plans at Tier 2; PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR		

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(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	Grand Fathered Plans at Tier 2; PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR		
			APO-VARENICLINE TABS	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	Grand Fathered Plans at Tier 2; PV
			NICODERM CQ PT24 TD (<i>nicotine</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine polacrilex GUM</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine polacrilex LOZG</i>	5	Grand Fathered Plans at Tier 2; PV
			NICOTINE TRANSDERMAL SYSTEM KIT	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine MISC XX</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	Grand Fathered Plans at Tier 2; PV
			NICOTROL INHALER INHA	5	Grand Fathered Plans at Tier 2; PV

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
NICOTROL NS SOLN	5	Grand Fathered Plans at Tier 2; PV
<i>varenicline tartrate TABS</i>	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	2	PA
KALYDECO TABS	2	PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO 150 MG-100 MG	2	PA
SYMDEKO 75 MG-50 MG	2	PA
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 ea daily); PA
TRIKAFTA TBPK 50 MG-25 MG	2	QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	2	QL(3 ea daily); PA
ESBRIET TABS (<i>pirfenidone</i>)	2	QL(3 ea daily); PA
<i>pirfenidone CAPS</i>	1	QL(3 ea daily); PA
<i>pirfenidone TABS</i>	1	QL(3 ea daily); PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	

Drug Name	Drug Tier	Requirements/Limits
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline (monohydrate) CAPS 150 MG</i>	1	Use MONODOX generic
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS</i>	1	
<i>doxycycline hyclate CAPS</i>	1	
<i>doxycycline hyclate TABS 100 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	
<i>tetracycline hcl CAPS</i>	1	
TETRACYCLINE HYDROCHLORIDE TABS	2	
TETRACYCLINE HYDROCHLORID TABS	2	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	7	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	7	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS</i>	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		NP THYROID 120 TABS	2	
(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		NP THYROID 15 TABS	2	
ADTHYZA TABS	2		NP THYROID 30 TABS	2	
ARMOUR THYROID TABS	2		NP THYROID 60 TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG <i>(liothyronine sodium)</i>	2	QL(2 ea daily)	NP THYROID 90 TABS	2	
CYTOMEL TABS 5 MCG <i>(liothyronine sodium)</i>	2		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG <i>(levothyroxine sodium)</i>	2	
<i>levothyroxine sodium</i> CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG <i>(levothyroxine sodium)</i>	2	QL(1 ea daily)
<i>levothyroxine sodium</i> CAPS 125 MCG	1	QL(1 ea daily)	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	TIROSINT CAPS 75 MCG	2	
<i>levothyroxine sodium</i> TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 ea daily)	Antispasmodics		
<i>liothyronine sodium</i> TABS 5 MCG	1		(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
NIVA THYROID TABS	2		(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
			CUVPOSA SOLN OR <i>(glycopyrrolate)</i>	7	
			<i>dicyclomine hcl</i> CAPS	1	
			<i>dicyclomine hcl</i> SOLN OR	1	
			<i>dicyclomine hcl</i> TABS	1	
			<i>glycopyrrolate</i> SOLN OR 1 MG/5ML	1	
			<i>glycopyrrolate</i> TABS 1 MG, 2 MG	1	
			<i>hyoscyamine sulfate</i> SUBL 0.125 MG	1	
			<i>hyoscyamine sulfate</i> TABS 0.125 MG	1	
			LEVSIN/SL SUBL <i>(hyoscyamine sulfate)</i>	7	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	7		(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, 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	QL(4 ea daily); RX/OTC
<i>methscopolamine bromide</i>	1				
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	7				
ROBINUL TABS (<i>glycopyrrolate</i>)	7				
H-2 Antagonists					
			<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	1	
			<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)
			<i>cimetidine TABS 300 MG, 800 MG</i>	1	
			<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
<i>famotidine TABS 20 MG</i>	1	QL(4 ea daily); RX/OTC	(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>nizatidine CAPS</i>	1				
<i>nizatidine SOLN</i>	1				
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC			
PEPCID AC TABS 20 MG (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC			
PEPCID TABS 20 MG (<i>famotidine</i>)	7	QL(4 ea daily); RX/OTC			
PEPCID TABS 40 MG (<i>famotidine</i>)	7	QL(2 ea daily)	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)
Misc. Anti-Ulcer			<i>lansoprazole CPDR</i>	1	QL(1 ea daily)
CARAFATE SUSP (<i>sucralfate</i>)	7		<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
CARAFATE TABS (<i>sucralfate</i>)	7	QL(4 ea daily)	<i>omeprazole CPDR 10 MG</i>	1	
<i>sucralfate SUSP</i>	1		<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
<i>sucralfate TABS</i>	1	QL(4 ea daily)	<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
Proton Pump Inhibitors			PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 ea daily); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC	PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	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)	PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)
			Ulcer Drugs - Prostaglandins		
			CYTOTEC (<i>misoprostol</i>)	7	
			<i>misoprostol</i>	1	
			Ulcer Therapy Combinations		
			<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 ea daily)
DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	7	
<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>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 ea daily)
<i>trospium chloride CP24</i>	1	
<i>trospium chloride TABS</i>	1	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
AFLURIA QUADRIVALENT 2021-2022 SUSP	5	PV
AFLURIA QUADRIVALENT 2022-2023 SUSP	5	PV
AFLURIA QUADRIVALENT 2023-2024 SUSP	5	PV
COVID VACCINES	5	

Drug Name	Drug Tier	Requirements/Limits
FLUBLOK QUADRIVALENT 2021-2022	5	PV
FLUBLOK QUADRIVALENT 2022-2023	5	PV
FLUBLOK QUADRIVALENT 2023-2024	5	PV
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	5	PV
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	5	PV
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	5	PV
FLUMIST QUADRIVALENT	5	PV
FLUZONE QUADRIVALENT 2021-2022 SUSP	5	PV
FLUZONE QUADRIVALENT 2022-2023 SUSP	5	PV
FLUZONE QUADRIVALENT 2023-2024 SUSP	5	PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	Grand Fathered Plans at Tier 2; PV
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
TODAY SPONGE MISC	5	Grand Fathered Plans at Tier 2; PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	Grand Fathered Plans at Tier 2; PV

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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
VCF VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
Vaginal Anti-infectives		
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
<i>clindamycin phosphate vaginal CREA</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	Grand Fathered Plans at Tier 2; PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	7	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	7	
Vaginal Progestins		
CRINONE GEL 8 %	2	QL(168 gm per 180 days retail); PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	4	See plan documents for specific Coverage ; QL(2 ea per fill retail; 4 ea per 30 days retail); PA
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>ergocalciferol</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>ergocalciferol CAPS</i>	5	Grand Fathered Plans at Tier 2; PV
MEPHYTON TABS (<i>phytonadione</i>)	7	
<i>phytonadione TABS 5 MG</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=Self-injectable 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

INDEX

(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	48	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	7	WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	63		
(Amiodarone Hcl) PACERONE TABS	11	(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	6	(AzelaStine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	94	(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	63
(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		(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN	96	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	12		
		(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	96	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG .	6		
		(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		(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	6		
				(Calcipotriene) CALCITRENE OINT 51			
				(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	59		
				(Carbamazepine) EPITOL TABS ..	13		
				(Carisoprodol) VANADOM TABS 350 MG	94		
				(Chlorhexidine Gluconate (Mouth- Throat)) PERIOGARD	91		
				(Cholestyramine Light) PREVALITE POWD	21		
				(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ..	48		
				(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE			

EMOLLIENT 0.05 % 52	RELIEVER, ASPERCREME	JASMIEL, LO-ZUMANDIMINE,
(Clobetasol Propionate) CLODAN	ARTHRITIS PAIN RELIEVER, CVS	LORYNA, NIKKI, OCELLA, SYEDA,
SHAM 52	DICLOFENAC SODIUM, CVS	VESTURA, ZUMANDIMINE 0.02
(Clomiphene Citrate) CLOMID TABS	DICLOFENAC SODIUM, EQ	MG-3 MG 42
56	ARTHRITIS PAIN, EQ ARTHRITIS	(Drospirenone-Ethinyl Estradiol)
(Clotrimazole (Topical)) CVS	PAIN RELIEVER, FT ARTHRITIS	JASMIEL, LO-ZUMANDIMINE,
CLOTRIMAZOLE	PAIN, GNP ARTHRITIS PAIN, GNP	LORYNA, NIKKI, OCELLA, SYEDA,
MAXIMUMSTRENGTH SOLN 49	DICLOFENAC SODIUM,	VESTURA, ZUMANDIMINE 0.03
(Cyclosporine Modified (For	GOODSENSE ARTHRITIS PAIN,	MG-3 MG 42
Microemulsion)) GENGRAF CAPS	KLS ARTHRITIS PAIN RELIEF, KLS	(Drospirenone-Ethinyl Estradiol-
25 MG, 100 MG 91	DICLOFENAC SODIUM, MOTRIN	Levomefolate Calcium) TYDEMY
(Cyclosporine Modified (For	ARTHRITIS PAIN, QC DICLOFENAC	0.03 MG-3 MG-0.451 MG 42
Microemulsion)) GENGRAF SOLN	SODIUM, SM ARTHRITIS PAIN	(Erythromycin Base) ERY-TAB TBEC
91	GEL EX 50 64
(Desogestrel & Ethinyl Estradiol)	(Digoxin) DIGITEK, DIGOX TABS	(Erythromycin Stearate)
APRI, CYRED, CYRED EQ,	0.125 MG, 0.25 MG, 125 MCG, 250	ERYTHROCIN STEARATE TABS
EMOQUETTE, ENSKYCE,	MCG 39	250 MG 64
ISIBLOOM, JULEBER, KALLIGA,	(Digoxin) DIGITEK, DIGOX TABS	(Estradiol & Norethindrone Acetate)
RECLIPSEN 0.03 MG-0.15 MG ... 41	125 MCG, 250 MCG 39	AMABELZ, MIMVEY TABS 1 MG-0.5
(Desogestrel & Ethinyl Estradiol)	(Diltiazem Hcl Coated Beads)	MG 57
APRI, CYRED, CYRED EQ,	CARTIA XT CP24 120 MG, 180 MG,	(Estradiol & Norethindrone Acetate)
EMOQUETTE, ENSKYCE,	240 MG, 300 MG 38	AMABELZ, MIMVEY TABS 57
ISIBLOOM, JULEBER, KALLIGA,	(Diltiazem Hcl Extended Release	(Estradiol Vaginal) YUVAFEM TABS .
RECLIPSEN 30 MCG-0.15 MG ... 41	Beads) TAZTIA XT, TIADYLT ER . 38	113
(Desogestrel-Ethinyl Estradiol	(Diltiazem Hcl Extended Release	(Estradiol) DOTTI, LYLLANA PTTW .
(Biphasic)) AZURETTE, KARIVA,	Beads) TAZTIA XT, TIADYLT ER	58
PIMTREA, SIMLIYA, VIORELE,	120 MG, 180 MG, 240 MG, 300 MG,	(Ethinodiol Diacet & Eth Estrad)
VOLNEA 41	360 MG 38	KELNOR 1/35, KELNOR 1/50,
(Desogestrel-Ethinyl Estradiol	(Diltiazem Hcl) DILT-XR CP24 38	ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1
(Triphasic)) CAZIAN 41	(Diltiazem Hcl) MATZIM LA TB24	MG 42
(Dexamethasone) DECADRON	180 MG, 240 MG, 300 MG, 360 MG,	(Ethinodiol Diacet & Eth Estrad)
TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	420 MG 38	KELNOR 1/35, KELNOR 1/50,
..... 47	(Doxycycline (Monohydrate))	ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1
(Dextroamphetamine Sulfate)	AVIDOXY TABS 100 MG 108	MG 42
ZENZEDI TABS 5 MG, 10 MG 1	(Doxycycline (Monohydrate))	(Etonogestrel-Ethinyl Estradiol)
(Diazepam) DIAZEPAM INTENSOL	MONDOXYNE NL CAPS 100 MG	ELURYNG, ENILLORING,
CONC 10	108	HALOETTE 46
(Diclofenac Sodium (Topical)) ALEVE	(Doxycycline Hyclate) LYMEPAK	(Famotidine) ACID CONTROL
ARTHRITIS PAIN, ARTHRITIS PAIN	TABS 100 MG 108	MAXIMUM STRENGTH, ACID
	(Drospirenone-Ethinyl Estradiol)	

CONTROLLER MAXIMUM STRENGTH, ACID REDUCER	ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	(Homatropine Hbr) HOMATROPAIRE	95
MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN .	47
MAXIMUM STRENGTH, EQL HEARTBURN		(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	9
PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE		(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	109
MAXIMUM STRENGTH, FT ACID REDUCER	(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	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	109
MAXIMUM STRENGTH, GNP ACID REDUCER	TABS 400 MCG, 800 MCG	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	4
MAXIMUMSTRENGTH, HEARTBURN RELIEF		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG ..	48
MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..	48
CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP	(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	(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	48
MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER	TABS 400 MCG	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	59
MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID		(Lactulose) CONSTULOSE SOLN 10 GM/15ML	62
REDUCER, RA ACID REDUCER		(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	13
MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER	(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	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL	
MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG	TABS 800 MCG		
(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	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG		
	(Gentamicin Sulfate (Ophth)) GENTAK OINT		96
	(Glipizide) GLIPIZIDE XL TB24		19
	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML		47
	(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP		47

LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .111	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-2842	(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC7
(Levetiracetam) ROWEEPRA TABS 500 MG13	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE42	(Methadone Hcl) METHADOSE TBSO7
(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 .42	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG43	(Methylergonovine Maleate) METHERGINE TABS98
(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 ...42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE43	(Metronidazole (Topical)) ROSADAN CREA54
(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 .42	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAUX43	(Metronidazole (Topical)) ROSADAN GEL 0.75 %54
(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 MG46	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG108	(Nabumetone) RELAFEN 500 MG ..4 (Nabumetone) RELAFEN 750 MG ..4 (Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN96
	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG109	(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 MG100
	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG109	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT
	(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %54	
	(Lorazepam) LORAZEPAM INTENSOL CONC10	

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 101

(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 . 101

(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
 102

(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
 102

(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 102

(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 104

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

TRANSDERMALSYSTEM STEP 2, CVS NICOTINE	3, GNP NICOTINE	HABITROL, HM NICOTINE
TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE	TRANSDERMALSYSTEM, GNP NICOTINE	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE
TRANSDERMALSYSTEM, GNP NICOTINE	TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE
TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE	TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE
TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE
TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR,
TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE	NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE
TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE	TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR,	TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE
TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR,	NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE	TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE,
NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE	TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE	RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE
TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE	TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE,	TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE,	RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE
RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR 106
TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE	(Nicotine) CVS NICOTINE
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 103	TRANSDERMALSYSTEM, CVS NICOTINE
TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR 105	(Nicotine) CVS NICOTINE	TRANSDERMALSYSTEM STEP 1, CVS NICOTINE
(Nicotine) CVS NICOTINE	TRANSDERMALSYSTEM, CVS NICOTINE	TRANSDERMALSYSTEM STEP 2, CVS NICOTINE
TRANSDERMALSYSTEM, CVS NICOTINE	TRANSDERMALSYSTEM STEP 1, CVS NICOTINE	TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE
TRANSDERMALSYSTEM STEP 1, CVS NICOTINE	TRANSDERMALSYSTEM STEP 2, CVS NICOTINE	TRANSDERMALSYSTEM, GNP NICOTINE
TRANSDERMALSYSTEM STEP 2, CVS NICOTINE	TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE	TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE
TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP	TRANSDERMALSYSTEM, GNP NICOTINE	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL
	TRANSDERMALSYSTEM STEP 2,	

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 TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..107 (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 46 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG43 (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 CAPS 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-0.4 MG 44 (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 44 (Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG 44 (Norethindrone & Ethinyl Estradiol- Fe) WYMZYA FE 35 MCG-0.4 MG 44 (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 (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 (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 57 (Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG 57 (Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 44 (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 7/7/744	EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG111	MG/ML-10 MG/ML-5 UNIT/ML 92 (Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 92
(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 MG111	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 92 (Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN . 92
(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 CPDR111	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML 92
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG 44	(Oxcarbazepine) TRILEPTAL SUSP 300 MG/5ML 13	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN 92
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 50	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 8	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBATE62
(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 %97	(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 92	(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 62
(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 %97	(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	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 % 95
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE,	(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	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG15 (Phenytoin) PHENYTOIN INFATABS CHEW15

LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD	62	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	.96	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	25
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	59	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	93	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	41
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	90	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	.93	(Testosterone) ANDROGEL, TESTIM GEL TD 1 %	9
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF ..	90	(Prochlorperazine) COMPRO	34	(Testosterone) ANDROGEL, TESTIM GEL TD 50 MG/5GM	9
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	90	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	20	(Tretinoin) AVITA CREA 0.025 % ..	48
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	90	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	20	(Tretinoin) AVITA GEL 0.025 % ...	48
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	90	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	48	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	91
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	90	(Salicylic Acid) KERALYT SHAM 6 %	54	(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, HM 24 HOUR NASAL ALLERGYSpray,	94
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	90	(Sapropterin Dihydrochloride) JAVYGTOR PACK	57	KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPPTOM, RA NASAL ALLERGY SPRAY AERO	94
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	90	(Sapropterin Dihydrochloride) JAVYGTOR TABS	57	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	52
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	60	(Silver Sulfadiazine) SSD	52	(Vigabatrin) VIGADRONE TABS ..	15
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	60	(Sodium Citrate & Citric Acid) CYTRA-2	60	(Vigabatrin) VIGADRONE, VIGPODER PACK	15
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	90	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	89	(Warfarin Sodium) JANTOVEN TABS	13
		(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	89	1ST TIER UNILET COMFORTOUCH LANCETS 28G	67
		(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	91	1ST TIER UNILET COMFORTOUCH LANCETS 30G	67
		(Sotalol Hcl) SORINE TABS	38	abacavir sulfate SOLN	35
		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	48		
		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	48		

abacavir sulfate TABS	35	MG-300 MG, 30 MG-300 MG	8	ADALIMUMAB-ADAZ SOAJ	3
abacavir sulfate-lamivudine	35	acetaminophen w/ codeine TABS 60		ADALIMUMAB-ADAZ SOSY	3
ABILIFY TABS 15 MG (aripiprazole) .	35	MG-300 MG	8	adapalene CREA	48
ABILIFY TABS 2 MG, 5 MG, 10 MG,		acetazolamide CP12	55	adapalene GEL 0.1 %	48
30 MG (aripiprazole)	35	acetazolamide TABS 125 MG	55	adapalene GEL 0.3 %	48
ABILIFY TABS 20 MG (aripiprazole) .	34	acetazolamide TABS 250 MG	55	adapalene-benzoyl peroxide GEL 2.5	
abiraterone acetate	28	acetic acid (otic)	98	%-0.1 %	48
ABSORICA 10 MG, 25 MG		acetylcysteine SOLN	48	ADCIRCA TABS (tadalafil	
(isotretinoin)	48	ACTI-LANCE LANCETS 28G	67	(pulmonary hypertension))	41
ABSORICA 20 MG (isotretinoin) ..	48	ACTI-LANCE LITE SAFETY		ADDERALL TABS (amphetamine-	
ABSORICA 30 MG (isotretinoin) ..	48	LANCETS 28G	67	dextroamphetamine)	1
ABSORICA 35 MG, 40 MG		ACTI-LANCE SPECIAL SAFETY		ADDERALL XR CP24	
(isotretinoin)	48	LANCETS 17G	67	(amphetamine-dextroamphetamine) .	1
acamprosate calcium	99	ACTI-LANCE SPECIAL		adefovir dipivoxil	37
acarbose	17	SAFETYLANCETS 17G	67	ADIPEX-P CAPS (phentermine hcl) 1	
ACCU-CHEK FASTCLIX LANCETS .	67	ACTI-LANCE UNIVERSAL SAFETY		ADTHYZA TABS	109
ACCU-CHEK SAFE-T-PRO		LANCETS 23G	67	ADVAIR DISKUS AEPB (fluticasone-	
LANCETS	67	ACTIVELLA TABS 1 MG-0.5 MG		salmeterol)	12
ACCU-CHEK SAFE-T-PRO		(estradiol & norethindrone acetate)	57	ADVANCED MOBILE LANCET 30G	
PLUSLANCETS	67	ACTOPLUS MET TABS (pioglitazone		67	
ACCU-CHEK SOFTCLIX LANCETS	67	hcl-metformin hcl)	17	ADVOCATE LANCETS	67
67		ACTOS 15 MG (pioglitazone hcl) ..	19	ADVOCATE LANCETS 30G	67
ACCUPRIL (quinapril hcl)	22	ACTOS 30 MG, 45 MG (pioglitazone		ADVOCATE SAFETY LANCETS .	67
ACCURETIC 12.5 MG-10 MG, 12.5		hcl)	19	ADVOCATE SAFETY LANCETS	
MG-20 MG (quinapril-		ACULAR (ketorolac tromethamine		26G	67
hydrochlorothiazide)	23	(ophth))	97	AFINITOR TABS (everolimus)	29
ACCURETIC 25 MG-20 MG		ACULAR LS (ketorolac		AFLURIA QUADRIVALENT 2021-	
(quinapril-hydrochlorothiazide)	23	tromethamine (ophth))	97	2022 SUSP	112
acebutolol hcl CAPS	38	acyclovir CAPS	37	AFLURIA QUADRIVALENT 2022-	
acetaminophen w/ codeine SOLN ..	8	acyclovir SUSP	37	2023 SUSP	112
acetaminophen w/ codeine TABS 15		acyclovir TABS OR 400 MG	37	AFLURIA QUADRIVALENT 2023-	
		acyclovir TABS OR 800 MG	37	2024 SUSP	112
		acyclovir topical OINT	52	AGAMATRIX ULTRA-THIN	

LANCETS 33G	68	ALOCRIAL	97	amlodipine besylate-valsartan 10 MG-160 MG	23
AGRYLIN 0.5 MG (anagrelide hcl) 60		ALOMIDE	97	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG	23
AIMSCO LUBRICATED MISC	65	ALORA PTTW	58	amlodipine-valsartan- hydrochlorothiazide	23
AIMSCO TWIST LANCETS 32G ..	68	ALPHAGAN P (brimonidine tartrate) 96		amoxapine	17
AIMSCO TWIST LANCETS 33G ..	68	alprazolam TABS	10	amoxicillin & pot clavulanate CHEW . 99	
AJOVY SOAJ	89	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	22	amoxicillin & pot clavulanate SUSR 99	
AJOVY SOSY	89	ALUNBRIG TABS	29	amoxicillin & pot clavulanate TABS 99	
albuterol sulfate AERS	12	ALUNBRIG TBPK	29	amoxicillin & pot clavulanate TB12 99	
albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	12	amantadine hcl CAPS	33	amoxicillin CAPS	98
ALBUTEROL SULFATE NEBU ...	12	AMARYL (glimepiride)	19	amoxicillin CHEW 125 MG, 250 MG . 98	
albuterol sulfate SYRP	12	AMBIEN TABS 10 MG (zolpidem tartrate)	61	amoxicillin SUSR	98
albuterol sulfate TABS	12	AMBIEN TABS 5 MG (zolpidem tartrate)	61	amoxicillin TABS	99
alclometasone dipropionate CREA 52		ambisentan	40	amoxicillin-clarithromycin w/ lansoprazole THPK	111
alclometasone dipropionate OINT .52		amcinonide CREA	52	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
ALDACTAZIDE (spironolactone & hydrochlorothiazide)	55	AMERGE (naratriptan hcl)	89	amphetamine-dextroamphetamine TABs	1
ALDACTAZIDE	55	amiloride & hydrochlorothiazide ...	55	ampicillin CAPS 500 MG	99
ALDACTONE TABS (spironolactone)	56	amiloride hcl TABS	56	AMPYRA (dalfampridine)	100
ALDARA (imiquimod)	54	amiodarone hcl TABS	11	ANAFRANIL (clomipramine hcl) ..	17
ALECENSA	29	AMITIZA (lubiprostone)	58	anagrelide hcl	60
alendronate sodium TABS 35 MG, 70 MG	56	amitriptyline hcl TABS	17		
alendronate sodium TABS 5 MG, 10 MG	56	amlodipine besylate TABS 2.5 MG 39			
alfuzosin hcl	60	amlodipine besylate TABS 5 MG, 10 MG	39		
ALKERAN (melphalan)	27	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	23		
allopurinol 100 MG	60	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 23			
allopurinol 300 MG	60				
almotriptan malate	89				

ANAPROX DS TABS (naproxen sodium)	4	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	35	ASSURE LANCE PLUS SAFETYLANCETS 30G	68
anastrozole	28	aripiprazole TABS 20 MG	35	ASSURE LANCE SAFETY LANCET 28G	68
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone)	9	armodafinil 200 MG	1	ATABEX EC TBEC	93
ANDROGEL PUMP GEL TD 1.62 % (testosterone)	9	armodafinil 50 MG, 150 MG, 250 MG 2		ATACAND 32 MG (candesartan cilexetil)	23
ANNOVERA	46	ARMOUR THYROID TABS	109	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	23
ANORO ELLIPTA	12	ARNUITY ELLIPTA	11	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	23
ANUSOL-HC EX (hydrocortisone (rectal))	9	AROMASIN (exemestane)	28	atazanavir sulfate CAPS	35
APEXICON E CREA	52	ASACOL HD TBEC (mesalamine)	58	atenolol & chlorthalidone	23
APO-VARENICLINE TABS	107	aspirin CHEW	7	atenolol TABS	38
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	35	aspirin TBEC 81 MG	7	ATIVAN TABS (lorazepam)	10
APRISO CP24 (mesalamine)	58	ASSURE COMFORT LANCETS ULTRA THIN 28G	68	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1
APTENSIO XR CP24 (methylphenidate hcl)	1	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	68	atomoxetine hcl 60 MG, 80 MG, 100 MG	1
APTIVUS CAPS	35	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	68	atorvastatin calcium TABS	21
AQUALANCE LANCETS ULTRA THIN 30G	68	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	68	atovaquone	25
ARAVA 10 MG (leflunomide)	5	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	68	atovaquone-proguanil hcl 25 MG-62.5 MG	26
ARAVA 20 MG (leflunomide)	5	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	68	atropine sulfate (ophthalmic) OINT 95	
arformoterol tartrate	12	ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	87	atropine sulfate (ophthalmic) SOLN 95	
ARICEPT TABS 23 MG (donepezil hydrochloride)	99	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	87	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	95
ARICEPT TABS 5 MG, 10 MG (donepezil hydrochloride)	99	ASSURE LANCE LANCETS	68	ATROPINE SULFATE SOLN 1 %	95
ARIKAYCE	2	ASSURE LANCE LANCETS 21G	68	ATROVENT HFA	11
ARIMIDEX (anastrozole)	28	ASSURE LANCE PLUS SAFETYLANCETS 25G	68	AUBAGIO (teriflunomide)	100
aripiprazole SOLN OR	35			AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	99
aripiprazole TABS 15 MG	35			AUGMENTIN SUSR 31.25 MG/5ML-	

125 MG/5ML	99	baclofen TABS 10 MG	94	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	88
AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	99	baclofen TABS 20 MG	94	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	88
AURORA LANCET SUPER THIN30G	68	baclofen TABS 5 MG	94	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	88
AURORA LANCET THIN 23G	68	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	25	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	88
AVALIDE (irbesartan-hydrochlorothiazide)	23	BACTRIM TABS (sulfamethoxazole-trimethoprim)	25	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	88
AVAPRO (irbesartan)	23	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	45	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	88
AVODART (dutasteride)	60	balsalazide disodium CAPS	58	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64" ..	88
AYGESTIN TABS (norethindrone acetate)	99	BALVERSA	30	BELMORA	62
azathioprine TABS 50 MG	91	BANZEL SUSP (rufinamide)	13	benazepril & hydrochlorothiazide ..	23
azelaic acid GEL	54	BANZEL TABS 200 MG (rufinamide) .	13	benazepril hcl	22
azelastine hcl (ophth)	97	BANZEL TABS 400 MG (rufinamide) .	13	BENICAR 40 MG (olmesartan medoxomil)	23
azelastine hcl 0.1 %, 137 MCG/SPRAY	94	BARACLUDE TABS (entecavir) ...	37	BENICAR 5 MG, 20 MG (olmesartan medoxomil)	23
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	94	BD AUTOSHIELD DUO 30G X 5MM	87	BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide)	24
AZILECT (rasagiline mesylate) ...	33	BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	87	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide)	24
azithromycin PACK	64	BD MICROTAINER LANCETS ...	68	BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	49
azithromycin SUSR	64	BD NEEDLE/30G X 1/2"	87	BENZNIDAZOLE	10
azithromycin TABS 250 MG	64	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	87	benzonatate 100 MG, 200 MG	47
azithromycin TABS 500 MG	64	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	87	benzoyl peroxide-erythromycin GEL .	49
azithromycin TABS 600 MG	64	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	87	benztropine mesylate TABS	33
AZOPT (brinzolamide)	97	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	88	betamethasone dipropionate (topical)	
AZULFIDINE EN-TABS TBEC (sulfasalazine)	58	BD PEN			
AZULFIDINE TABS (sulfasalazine)	58	NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	88		
bacitracin (ophthalmic)	96				
bacitracin-polymyxin b (ophth)	96				
bacitracin-poly-neomycin-hc	96				

CREA	52	BIKTARVY 200 MG-50 MG-25 MG 35	budesonide (inhalation) SUSP 1 MG/2ML	11		
betamethasone dipropionate (topical) LOTN	52	BILTRICIDE (praziquantel)	10	budesonide CPEP	47	
betamethasone dipropionate (topical) OINT	52	bimatoprost SOLN	98	budesonide-formoterol fumarate dihydrate	12	
betamethasone dipropionate augmented CREA	52	bisacodyl SUPP	64	bumetanide TABS 0.5 MG, 1 MG ..	56	
betamethasone dipropionate augmented GEL 0.05 %	52	bisacodyl TBEC	64	bumetanide TABS 2 MG	56	
betamethasone dipropionate augmented LOTN	52	bisoprolol & hydrochlorothiazide ..	24	BUMEX TABS 0.5 MG (bumetanide) .	56	
betamethasone dipropionate augmented OINT	52	bisoprolol fumarate	38	buprenorphine hcl SUBL 2 MG	8	
betamethasone valerate CREA	52	BLEPH-10 SOLN (sulfacetamide sodium (ophth))	96	buprenorphine hcl SUBL 8 MG	8	
betamethasone valerate LOTN	52	BLEPHAMIDE S.O.P. OINT	96	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1	8	
betamethasone valerate OINT	52	BLEPHAMIDE SUSP	96	MG-4 MG, 2 MG-8 MG	8	
BETAPACE AF (sotalol hcl (afib/af))	38	BONIVA TABS (ibandronate sodium) 56	bosentan TABS 125 MG	40	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	8
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	38	bosentan TABS 62.5 MG	40	buprenorphine hcl-naloxone hcl dihydrate SUBL	8	
betaxolol hcl (ophth) SOLN	95	BOSULIF CAPS	30	bupropion hcl (smoking deterrent) 107	bupropion hcl TABS	16
betaxolol hcl	38	BOSULIF TABS	30	bupropion hcl TB12	16	
bethanechol chloride	112	BRAFTOVI 75 MG	30	bupropion hcl TB24 150 MG, 300 MG	16	
BETHKIS NEBU (tobramycin)	2	BREZTRI AEROSPHERE	12	bupirone hcl	10	
BETIMOL	95	BRILINTA	60	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	6	
BETOPTIC-S SUSP	95	brimonidine tartrate	96	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6	
bexarotene (topical)	50	brinzolamide	97	butalbital-aspirin-caffeine CAPS ...	6	
bexarotene	32	bromfenac sodium (ophth) 0.09 %	97	BYSTOLIC (nebivolol hcl)	38	
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ...	45	bromocriptine mesylate CAPS	33	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	35	
bicalutamide	28	bromocriptine mesylate TABS 2.5 MG	33			
BIDIL (isosorbide dinitrate- hydralazine hcl)	40	BROVANA (arformoterol tartrate) .	12			
		budesonide (inhalation) SUSP 0.25 MG/2ML	11			
		budesonide (inhalation) SUSP 0.5 MG/2ML	11			

CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	35	capecitabine 150 MG	27	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	39
cabergoline	57	capecitabine 500 MG	27	CARDURA (doxazosin mesylate)	23
CABOMETYX TABS 20 MG, 60 MG . 30		CAPEX SHAM	52	CAREONE LANCET SUPER THIN/30G	68
CABOMETYX TABS 40 MG	30	CAPRELSA	30	CAREONE LANCET THIN	68
CAFERGOT TABS (ergotamine w/ caffeine)	89	captopril	22	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	88
caffeine citrate SOLN OR	1	CARAC CREA (fluorouracil (topical)) 50		CARESENS LANCETS	69
CALAN SR TBCR 120 MG (verapamil hcl)	39	CARAFATE SUSP (sucralfate) ...	111	CARETOUCH SAFETY LANCETS/26G	69
CALAN SR TBCR 180 MG, 240 MG (verapamil hcl)	39	CARAFATE TABS (sucralfate) ...	111	CARETOUCH SAFETY LANCETS/28G	69
calcipotriene CREA	51	carbamazepine CHEW	13	CARETOUCH SAFETY LANCETS/30G	69
calcipotriene OINT	51	carbamazepine CP12	13	CARETOUCH TWIST LANCETS 28G	69
calcipotriene SOLN	51	carbamazepine SUSP	13	CARETOUCH TWIST LANCETS 30G	69
calcitonin (salmon) NA	56	carbamazepine TABS	13	CARETOUCH TWIST LANCETS 33G	69
calcitriol (topical)	51	carbamazepine TB12 100 MG	14	CARETOUCH TWIST LANCETS MULTI COLOR/30G	69
calcitriol CAPS 0.25 MCG	57	carbamazepine TB12 200 MG	13	carisoprodol TABS 350 MG	94
calcitriol CAPS 0.5 MCG	57	carbamazepine TB12 400 MG	13	carvedilol	38
calcitriol SOLN OR	57	CARBATROL CP12 (carbamazepine)	14	carvedilol phosphate	38
calcium acetate (phosphate binder) CAPS	59	carbidopa-levodopa TABS	33	CASODEX (bicalutamide)	28
calcium acetate (phosphate binder) TABS	59	carbidopa-levodopa TBCR 100 MG-25 MG	33	CAYA DPRH	65
CALQUENCE	30	carbidopa-levodopa TBCR 200 MG-50 MG	33	cefaclor CAPS	41
CANASA SUPP (mesalamine)	59	carbidopa-levodopa-entacapone ..	33	cefaclor SUSR 125 MG/5ML, 375 MG/5ML	41
candesartan cilexetil 32 MG	23	carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 75 MG-18.75 MG-200 MG ...	33	cefadroxil CAPS	41
candesartan cilexetil 4 MG, 8 MG, 16 MG	23	carbinoxamine maleate SOLN	20	cefadroxil SUSR	41
candesartan cilexetil-hydrochlorothiazide	24	CARDIZEM CD CP24 (diltiazem hcl coated beads)	39	cefadroxil TABS	41
		CARDIZEM LA TB24 (diltiazem hcl) 39			

cefdinir CAPS	41	MG	26	ciprofloxacin hcl (otic)	98
cefdinir SUSR	41	chloroquine phosphate TABS 500		ciprofloxacin hcl TABS	58
cefixime CAPS	41	MG	26	ciprofloxacin SUSR 5 GM/100ML,	
cefixime SUSR	41	chlorpromazine hcl TABS	34	500 MG/5ML	58
cefpodoxime proxetil SUSR	41	chlorthalidone 25 MG, 50 MG	56	ciprofloxacin-dexamethasone	98
cefpodoxime proxetil TABS	41	cholestyramine light POWD	21	citalopram hydrobromide SOLN ...	16
cefprozil SUSR	41	cholestyramine POWD	21	citalopram hydrobromide TABS ...	16
cefprozil TABS	41	choline fenofibrate 135 MG	21	CITRANATAL 90 DHA 120 MG-20	
cefuroxime axetil TABS	41	choline fenofibrate 45 MG	21	MG-1 MG-3 MG-400 UNIT-3.4 MG-	
CELEBREX 400 MG (celecoxib) ...	4	CIALIS 2.5 MG (tadalafil)	40	20 MG-50 MG-25 MG-2 MG-159 MG-	
CELEBREX 50 MG, 100 MG, 200		CIALIS 5 MG, 10 MG, 20 MG		90 MG-150 MCG-30 UNIT-0.75 MG-	
MG (celecoxib)	4	(tadalafil)	40	300 MG	93
celecoxib 400 MG	4	ciclopirox GEL	50	CITRANATAL ASSURE	93
celecoxib 50 MG, 100 MG, 200 MG	4	ciclopirox olamine CREA	50	CITRANATAL BLOOM DHA	93
CELEXA TABS (citalopram		ciclopirox olamine SUSP	50	CITRANATAL DHA	93
hydrobromide)	16	ciclopirox SHAM	50	CITRANATAL ESSENCE	93
CELLCEPT CAPS (mycophenolate		cilostazol	60	clarithromycin SUSR	64
mofetil)	91	CILOXAN OINT	96	clarithromycin TABS	64
CELLCEPT SUSR (mycophenolate		CILOXAN SOLN (ciprofloxacin hcl		clarithromycin TB24	64
mofetil)	91	(ophth))	96	CLEANLET LANCETS 28G	69
CELLCEPT TABS (mycophenolate		CIMDUO	35	clemastine fumarate SYRP	20
mofetil)	91	cimetidine hcl OR 300 MG/5ML, 400		clemastine fumarate TABS 2.68 MG .	
CELONTIN (methsuximide)	15	MG/6.67ML	110	20	
CENTANY OINT	49	cimetidine TABS 300 MG, 800 MG		CLEOCIN (clindamycin hcl)	25
cephalexin CAPS 250 MG, 500 MG		110		CLEOCIN CREA (clindamycin	
41		cimetidine TABS 400 MG	110	phosphate vaginal)	113
cephalexin SUSR	41	CIPRO SUSR	58	CLEOCIN-T LOTN (clindamycin	
CETRAXAL (ciprofloxacin hcl (otic)) .		CIPRO TABS 250 MG, 500 MG		phosphate (topical))	49
98		(ciprofloxacin hcl)	58	CLEVER CHEK LANCETS	
chlordiazepoxide hcl CAPS	10	CIPRODEX (ciprofloxacin-		ULTRATHIN	69
chlorhexidine gluconate (mouth-		dexamethasone)	98	CLEVER CHEK LANCETS	
throat)	91	ciprofloxacin hcl (ophth) SOLN ...	96	ULTRATHIN 30G	69
chloroquine phosphate TABS 250				CLEVER CHOICE COMFORT	
				EZLANCETS 21G	69

CLEVER CHOICE COMFORT EZLANCETS 23G	69	clonazepam TBDP	13	MICRO THIN 33G	69
CLEVER CHOICE COMFORT EZLANCETS 28G	69	clonidine hcl TABS	23	COMFORT ASSURED LANCETS SUPER THIN 28G	69
CLIMARA PRO	57	clopidogrel bisulfate	60	COMFORT LANCETS	69
CLIMARA PTWK (estradiol)	58	clorazepate dipotassium TABS	10	COMFORT TOUCH LANCETS ULTRA THIN 31G	69
CLINDAGEL GEL (clindamycin phosphate (topical))	49	clotrimazole (topical) SOLN	50	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	69
clindamycin hcl	25	clotrimazole	91	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	70
clindamycin phosphate (topical) GEL 49		clotrimazole w/ betamethasone CREA	50	COMPLERA	35
clindamycin phosphate (topical) LOTN	49	clotrimazole w/ betamethasone LOTN	50	COMPLETENATE CHEW	93
clindamycin phosphate (topical) SOLN	49	clozapine TABS	34	CONCEPT DHA	93
clindamycin phosphate vaginal CREA	113	CLOZARIL TABS (clozapine)	34	CONCEPT OB	93
clindamycin phosphate-benzoyl peroxide (refrigerate)	49	COAGUCHEK LANCETS	69	CONCERTA TBCR 18 MG, 27 MG, 36 MG (methylphenidate hcl)	2
clobetasol propionate CREA 0.05 % . 52		COARTEM	26	CONCERTA TBCR 54 MG (methylphenidate hcl)	2
clobetasol propionate emollient base 0.05 %	52	codeine sulfate TABS 15 MG, 30 MG	7	CONDOMS	65
clobetasol propionate GEL 0.05 % 52		CODEINE SULFATE TABS 60 MG .7		CONDYLOX GEL (podofilox)	54
clobetasol propionate OINT 0.05 % 52		COLAZAL CAPS (balsalazide disodium)	59	CONTRAVE	1
clobetasol propionate SHAM	52	colchicine TABS	60	COREG (carvedilol)	38
clobetasol propionate SOLN 0.05 % . 52		colchicine w/ probenecid	60	COREG CR (carvedilol phosphate) 38	
CLOBEX SHAM (clobetasol propionate)	53	COLCRYS TABS (colchicine)	60	CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol)	38
clomiphene citrate TABS	56	COLESTID FLAVORED GRAN (colestipol hcl)	21	CORTEF TABS (hydrocortisone) ..47	
clomipramine hcl	17	COLESTID GRAN (colestipol hcl) .21		CORTENEMA (hydrocortisone (intrarectal))	9
clonazepam TABS	13	COLESTID TABS (colestipol hcl) .21		CORTIFOAM EX 10 %	9
		colestipol hcl GRAN	21	COSENTYX SENSOREADY PEN SOAJ	51
		colestipol hcl TABS	21		
		COMBIVIR (lamivudine-zidovudine) . 35			
		COMETRIQ KIT	30		
		COMFORT ASSURED LANCETS			

COSENTYX SOSY 150 MG/ML ...51	cyclopentolate hcl 95	(desmopressin acetate)57
COSENTYX SOSY 75 MG/0.5ML .51	cyclophosphamide CAPS27	DDAVP TABS 0.2 MG (desmopressin acetate)57
COSENTYX UNOREADY SOAJ .. 51	CYCLOPHOSPHAMIDE TABS ...27	deferasirox TABS 20
COSOPT (dorzolamide hcl-timolol maleate)95	cyclosporine (ophth) EMUL96	DELSTRIGO 35
COTELLIC30	cyclosporine CAPS 91	DELZICOL CPDR (mesalamine) .. 59
COVID VACCINES 112	cyclosporine modified (for microemulsion) CAPS 91	demeclocycline hcl TABS 108
COVID-19 AT HOME TEST KITS .54	cyclosporine modified (for microemulsion) SOLN 91	DEPAKOTE ER TB24 (divalproex sodium)15
COZAAR (losartan potassium) ...23	CYMBALTA CPEP (duloxetine hcl) 17	DEPAKOTE SPRINKLES CSDR (divalproex sodium) 16
CREON CPEP55	cyproheptadine hcl SYRP 21	DEPAKOTE TBEC (divalproex sodium)16
CRESTOR TABS (rosuvastatin calcium)21	cyproheptadine hcl TABS21	DEPEN TITRATABS TABS (penicillamine) 90
CRINONE GEL 8 % 113	CYSTAGON CAPS 60	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR) 46
cromolyn sodium (ophth)97	CYSTARAN 97	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide) 53
cromolyn sodium NEBU 11	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) 109	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide) 53
CUVPOSA SOLN OR (glycopyrrolate) 109	CYTOMEL TABS 5 MCG (liothyronine sodium) 109	DESCOVY 200 MG-25 MG35
CVS LANCETS 21G 70	CYTOTEC (misoprostol)111	desipramine hcl TABS 17
CVS LANCETS MICRO THIN 33G 70	dalfampridine100	desmopressin acetate spray 57
CVS LANCETS MICRO-THIN 33G 70	DALIRESP (roflumilast) 11	desmopressin acetate spray refrigerated 57
CVS LANCETS ORIGINAL 70	danazol CAPS9	desmopressin acetate TABS 0.1 MG 57
CVS LANCETS THIN 26G70	DANTRIUM CAPS 25 MG (dantrolene sodium)94	desmopressin acetate TABS 0.2 MG 57
CVS LANCETS ULTRA THIN 30G 70	dantrolene sodium CAPS94	desogestrel & ethinyl estradiol45
CVS LANCETS ULTRA-THIN 30G 70	dapsone 100 MG25	desogestrel-ethinyl estradiol (biphasic)45
CVS ULTRA THIN LANCETS70	dapsone 25 MG25	
cyclobenzaprine hcl TABS 5 MG, 10 MG 94	darunavir TABS 35	
CYCLOGYL (cyclopentolate hcl) ..95	DAURISMO 28	
CYCLOGYL 95	DAYPRO TABS (oxaprozin) 4	
	DDAVP TABS 0.1 MG	

desonide CREA	53	diazepam TABS 2 MG, 5 MG	10	hcl)	7
desonide LOTN	53	DIBENZYLINE (phenoxybenzamine hcl)	22	DILAUDID TABS (hydromorphone hcl)	7
desonide OINT	53	diclofenac sodium (ophth)	97	diltiazem hcl coated beads CP24 ..	39
DESOWEN CREA (desonide)	53	diclofenac sodium (topical) GEL EX 50		diltiazem hcl CP12	39
desoximetasone CREA	53	diclofenac sodium (topical) SOLN EX 1.5 %	50	diltiazem hcl CP24	39
desoximetasone GEL	53	diclofenac sodium TBEC	4	diltiazem hcl extended release beads	39
desoximetasone OINT 0.25 %	53	dicloxacillin sodium	99	diltiazem hcl TABS	39
desvenlafaxine succinate	17	dicyclomine hcl CAPS	109	diltiazem hcl TB24	39
DETROL LA CP24 (tolterodine tartrate)	112	dicyclomine hcl SOLN OR	109	dimethyl fumarate CDPK	100
DETROL TABS (tolterodine tartrate) . 112		dicyclomine hcl TABS	109	dimethyl fumarate CPDR	100
dexamethasone ELIX	47	DIFFERIN CREA (adapalene)	49	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan- hydrochlorothiazide)	24
DEXAMETHASONE INTENSOL CONC	47	DIFFERIN GEL 0.1 % (adapalene) 49		DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide)	24
dexamethasone sodium phosphate (ophth)	96	DIFFERIN GEL 0.3 % (adapalene) 49		DIOVAN TABS 160 MG (valsartan) 23	
dexamethasone SOLN	47	diflorasone diacetate CREA	53	DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan)	23
dexamethasone TABS	47	diflorasone diacetate OINT	53	diphenoxylate w/ atropine LIQD ...	19
DEXEDRINE CP24 (dextroamphetamine sulfate)	1	DIFLUCAN SUSR (fluconazole) ...	20	diphenoxylate w/ atropine TABS ...	20
dexmethylphenidate hcl TABS	2	DIFLUCAN TABS (fluconazole) ...	20	DIPROLENE OINT (betamethasone dipropionate augmented)	53
dextroamphetamine sulfate CP24 ...	1	digoxin SOLN OR 0.05 MG/ML ...	39	dipyridamole	61
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	39	disopyramide phosphate CAPS ...	11
DHIVY TABS	33	DILANTIN (phenytoin sodium extended)	15	disulfiram	99
DIATHRIVE LANCETS	70	DILANTIN 30 MG	15	DITROPAN XL TB24 5 MG, 10 MG (oxybutynin chloride)	112
DIATHRIVE LANCETS ULTRA THIN 30G	70	DILANTIN INFATABS CHEW (phenytoin)	15	divalproex sodium CSDR	16
diazepam CONC	10	DILANTIN-125 SUSP (phenytoin) .	15	divalproex sodium TB24	16
diazepam SOLN OR 5 MG/5ML ...	10	DILAUDID LIQD (hydromorphone			
diazepam TABS 10 MG	10				

divalproex sodium TBEC	16	100/0.5ML/31G X 15/64"	88	DUOPA SUSP	33
dofetilide	11	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	88	DUREX EXTRA SENSITIVE THIN DEVI	65
DOJOLVI	95	DROPLET LANCETS ULTRA THIN 30G	70	dutasteride	60
donepezil hydrochloride TABS 23 MG	99	DROPLET PERSONAL LANCETS30G	70	dutasteride-tamsulosin hcl	60
donepezil hydrochloride TABS 5 MG, 10 MG	99	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	88	E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	64
donepezil hydrochloride TBDP	99	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	88	EASY COMFORT LANCETS	70
dorzolamide hcl	98	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	88	EASY COMFORT LANCETS 30G/PULL TOP	70
DORZOLAMIDE HCL	98	drosiprenone-ethinyl estradiol	45	EASY COMFORT LANCETS 30G/THIN TOP	71
DORZOLAMIDE HCL/TIMOLOL MALEATE	95	drosiprenone-ethinyl estradiol- levomefolate calcium	45	EASY COMFORT LANCETS TWIST TOP	71
dorzolamide hcl-timolol maleate ..	95	DROXIA CAPS	61	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	88
DOVATO	35	DRUG MART LANCETS THIN	70	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	88
DOVONEX CREA (calcipotriene) ..51		DRUG MART ON-THE-GO LANCETS GENTLE 30G	70	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	71
doxazosin mesylate	23	DRUG MART UNILET LANCETSSUPER THIN 30G	70	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	71
doxepin hcl CAPS	17	DRUG MART UNILET LANCETSULTRA THIN 28G	70	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	71
doxepin hcl CONC	17	DRUG MART UNILET MICRO THIN LANCETS 33G	70	EASY TOUCH LANCETS 26G/PULL- TOP	71
doxycycline (monohydrate) CAPS 150 MG	108	DRYSOL SOLN	54	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	71
doxycycline (monohydrate) CAPS 50 MG, 100 MG	108	DUETACT (pioglitazone hcl- glimepiride)	17	EASY TOUCH LANCETS 28G/PULL- TOP	71
doxycycline (monohydrate) SUSR 108		DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	64	EASY TOUCH LANCETS 28G/TWIST	71
doxycycline (monohydrate) TABS 108		DULCOLAX SUPP (bisacodyl)	64	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	71
doxycycline hyclate CAPS	108	DULCOLAX TBEC (bisacodyl)	64	EASY TOUCH LANCETS	
doxycycline hyclate TABS 100 MG 108		duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	17	EASY TOUCH LANCETS	
DRISDOL CAPS (ergocalciferol) .113					
DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64"	88				
DROPLET INSULIN SYRINGE/U-					

30G/PRESSURE ACTIVATED	71	efavirenz-lamivudine-tenofovir		ENBREL SOLR	5
EASY TOUCH LANCETS 30G/PULL-TOP	71	disoproxil fumarate	35	ENBREL SOSY 25 MG/0.5ML	5
EASY TOUCH LANCETS 30G/TWIST	71	EFFEXOR XR CP24 150 MG (venlafaxine hcl)	17	ENBREL SOSY 50 MG/ML	6
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	71	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)	17	ENBREL SURECLICK SOAJ	5
EASY TOUCH LANCETS 32G/PULL-TOP	71	EFFIENT (prasugrel hcl)	61	ENCARE SUPP 100 MG	112
EASY TOUCH LANCETS 32G/TWIST	71	EFUDEX CREA (fluorouracil (topical))	50	entecavir TABS	37
EASY TOUCH LANCETS 33G/TWIST	71	ELIQUIS STARTER PACK TBPK	13	EPCLUSA PACK	37
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	71	ELIQUIS TABS	13	EPCLUSA TABS	37
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	71	ELLA	46	EPIDUO GEL (adapalene-benzoyl peroxide)	49
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	71	EMBRACE LANCETS ULTRA THIN 30G	72	epinastine hcl (ophth)	98
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	72	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	72	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	113
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	72	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	72	EPIVIR SOLN (lamivudine)	35
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	72	EMCYT	28	EPIVIR TABS (lamivudine)	35
econazole nitrate CREA	50	EMGALITY SOAJ	89	eplerenone	25
EDURANT	35	EMGALITY SOSY 120 MG/ML	89	EPZICOM (abacavir sulfate-lamivudine)	35
efavirenz CAPS	35	emtricitabine CAPS	35	EQL COLOR LANCETS 21G	72
efavirenz TABS	35	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	35	EQL COLOR LANCETS MICRO THIN 33G	72
efavirenz-emtricitabine-tenofovir disoproxil fumarate	35	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	35	EQL SUPER THIN LANCETS 30G	72
Index 21		EMTRIVA CAPS (emtricitabine)	35	EQL THIN LANCETS 26G	72
		EMTRIVA SOLN	35	ergocalciferol CAPS	113
		enalapril maleate & hydrochlorothiazide	24	ERGOMAR SUBL	89
		enalapril maleate TABS	22	ergotamine w/ caffeine TABS	89
		ENBREL MINI SOCT	5	ERIVEDGE	28
		ENBREL SOLN	5	ERLEADA 240 MG	28
				ERLEADA 60 MG	28
				erlotinib hcl	28
				ERYGEL GEL (erythromycin (acne	

aid))	49	estradiol vaginal TABS	113	E-Z JECT LANCETS SUPER THIN 30G	72
ERYPED 200 SUSR (erythromycin ethylsuccinate)	64	ESTRING RING	113	E-Z JECT LANCETS THIN 26G	72
ERYPED 400 SUSR (erythromycin ethylsuccinate)	64	ESTROSTEP FE (norethindrone acetate-ethinyl estradiol-fe)	45	ezetimibe	22
erythromycin (acne aid) GEL	49	ethambutol hcl TABS	26	EZETIMIBE/ATORVASTATIN	21
erythromycin (acne aid) SOLN	49	ethosuximide CAPS	15	ezetimibe-simvastatin	21
erythromycin (ophth)	96	ethosuximide SOLN	15	E-ZJECT LANCETS MICRO-THIN 33G	72
ERYTHROMYCIN	96	ethynodiol diacet & eth estrad	45	EZ-LETS LANCETS 21G	72
erythromycin base CPEP	64	etodolac CAPS	4	EZ-LETS LANCETS 26G SUPER-SOFT	72
erythromycin base TABS	64	etodolac TABS	4	EZ-LETS LANCETS 28G ULTRA-SOFT	72
erythromycin base TBEC	65	etodolac TB24	4	EZ-LETS LANCETS 30G	72
erythromycin ethylsuccinate SUSR 65		etonogestrel-ethinyl estradiol	46	FABHALTA	60
ESBRIET CAPS (pirfenidone)	108	etoposide CAPS	33	famciclovir	37
ESBRIET TABS (pirfenidone)	108	etravirine	35	famotidine TABS 20 MG	111
escitalopram oxalate SOLN	16	EULEXIN	28	famotidine TABS 40 MG	110
escitalopram oxalate TABS 10 MG, 20 MG	16	everolimus (immunosuppressant)	91	FANTASY LUBRICATED MISC	65
escitalopram oxalate TABS 5 MG	16	everolimus TABS	30	FANTASY LUBRICATED/SPERMICIDE MISC 65	
ESGIC TABS (butalbital-acetaminophen-caffeine)	6	EVISTA (raloxifene hcl)	56	FARESTON (toremifene citrate)	29
estazolam	61	EVOTAZ	35	FARXIGA	19
ESTRACE CREA (estradiol vaginal)	113	EVRYSDI	95	FARYDAK	30
ESTRACE TABS (estradiol)	58	EXELON (rivastigmine)	99	FASENRA PEN SOAJ	11
estradiol & norethindrone acetate TABS	58	exemestane	28	FC2 FEMALE CONDOM	65
estradiol PTTW	58	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan)	24	febuxostat 40 MG	60
estradiol PTWK	58	EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	24	febuxostat 80 MG	60
estradiol TABS	58	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	24	felbamate SUSP	15
estradiol vaginal CREA	113	E-Z JECT LANCETS	72	felbamate TABS	15
		E-Z JECT LANCETS 21G	72	FELBATOL SUSP (felbamate)	15
		E-Z JECT LANCETS COLOR	72		

FELBATOL TABS (felbamate)	15	FIFTY50 UNILET LANCETS 33G .73	fluocinolone acetonide CREA	53
FELDENE CAPS 10 MG (piroxicam) .	4	FINACEA GEL (azelaic acid)	fluocinolone acetonide OIL	53
FELDENE CAPS 20 MG (piroxicam) .	4	finasteride	fluocinolone acetonide OINT	53
felodipine 10 MG	39	FINE 30	fluocinolone acetonide SOLN	53
felodipine 2.5 MG, 5 MG	39	FINGERSTIX LANCETS	fluocinonide CREA 0.05 %	53
FEMARA (letrozole)	29	fingolimod hcl	fluocinonide emulsified base	53
FEMCAP DEVI	65	FLAGYL CAPS (metronidazole)	fluocinonide GEL	53
FEMHRT (norethindrone acetate- ethinyl estradiol)	58	FLAREX	fluocinonide OINT	53
fenofibrate micronized 130 MG, 200 MG	21	flavoxate hcl	fluocinonide SOLN	53
fenofibrate micronized 43 MG, 67 MG, 134 MG	21	flecainide acetate	fluorometholone (ophth) SUSP	97
fenofibrate TABS 145 MG, 160 MG 21		FLOMAX (tamsulosin hcl)	fluorouracil (topical) CREA 5 %	50
fenofibrate TABS 48 MG	21	FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))	fluorouracil (topical) SOLN	50
fenofibrate TABS 54 MG	21	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal))	fluoxetine hcl CAPS 10 MG, 20 MG 16	
FENOFIBRATE TABS	21	FLORIVA PLUS SOLN	fluoxetine hcl CAPS 40 MG	16
fenopropfen calcium CAPS 200 MG . 4		FLUBLOK QUADRIVALENT 2021- 2022	fluoxetine hcl SOLN	16
FENOPROFEN CALCIUM CAPS 200 MG	4	FLUBLOK QUADRIVALENT 2022- 2023	fluoxetine hcl TABS 10 MG	16
FENORTHO CAPS 200 MG	4	FLUBLOK QUADRIVALENT 2023- 2024	fluoxetine hcl TABS 20 MG	16
fantanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	7	FLUCELVAX QUADRIVALENT 2021-2022 SUSY	fluphenazine hcl ELIX	34
fesoterodine fumarate	112	FLUCELVAX QUADRIVALENT 2022-2023 SUSY	fluphenazine hcl TABS	34
FIFTY50 SAFETY SEAL LANCETS 30G	73	FLUCELVAX QUADRIVALENT 2023-2024 SUSY	flurazepam hcl 15 MG	61
FIFTY50 SAFETY SEAL LANCETS 32G	73	fluconazole SUSR	flurazepam hcl 30 MG	61
		fluconazole TABS	flurbiprofen sodium	98
		fludrocortisone acetate TABS	flurbiprofen TABS 50 MG	4
		FLUMIST QUADRIVALENT	flutamide	29
			fluticasone furoate-vilanterol	12
			fluticasone propionate (inhalation) AEPB 100 MCG/ACT	11
			fluticasone propionate (inhalation) AEPB 250 MCG/ACT	12
			fluticasone propionate (inhalation)	

AEPB 50 MCG/ACT	12	FOCALIN TABS (dexmethylphenidate hcl)	2	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	73
fluticasone propionate (nasal) SUSP . 95		folic acid TABS 1 MG	61	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	55
fluticasone propionate CREA 0.05 % 53		folic acid TABS 400 MCG, 800 MCG . 61		FREESTYLE TEST STRIPS STRP 55	
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	12	FOLIVANE-OB	93	FREESTYLE UNISTICK II LANCETS	73
fluticasone propionate hfa 44 MCG/ACT	12	FORA LANCETS	73	furosemide SOLN OR 10 MG/ML .	56
fluticasone propionate OINT	53	formoterol fumarate NEBU	12	furosemide TABS	56
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	12	FORTESTA GEL TD (testosterone) .	9	gabapentin CAPS	14
fluticasone-salmeterol AERO	12	FOSAMAX TABS 70 MG (alendronate sodium)	56	gabapentin SOLN	14
fluvastatin sodium CAPS	21	fosamprenavir calcium TABS	35	gabapentin TABS 600 MG, 800 MG 14	
fluvastatin sodium TB24	21	fosinopril sodium & hydrochlorothiazide	24	galantamine hydrobromide CP24 ..	99
fluvoxamine maleate CP24 100 MG 16		fosinopril sodium	22	galantamine hydrobromide SOLN ..	99
fluvoxamine maleate CP24 150 MG 16		FOSRENOL CHEW 1000 MG (lanthanum carbonate)	59	galantamine hydrobromide TABS ..	99
fluvoxamine maleate TABS 100 MG . 16		FOSRENOL CHEW 500 MG (lanthanum carbonate)	59	gatifloxacin (ophth)	96
fluvoxamine maleate TABS 25 MG, 50 MG	16	FOSRENOL CHEW 750 MG (lanthanum carbonate)	59	gefitinib	28
FLUZONE QUADRIVALENT 2021- 2022 SUSP	112	FOSRENOL PACK	59	gemfibrozil TABS	21
FLUZONE QUADRIVALENT 2022- 2023 SUSP	112	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	73	GENERESS FE (norethindrone & ethinyl estradiol-fe)	45
FLUZONE QUADRIVALENT 2023- 2024 SUSP	112	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	73	gentamicin sulfate (ophth) SOLN ..	96
FML FORTE SUSP	97	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	54	gentamicin sulfate (topical) CREA .	49
FML LIQUIFILM SUSP (fluorometholone (ophth))	97	FREESTYLE LANCETS	73	gentamicin sulfate (topical) OINT ..	49
FML OINT	97	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	73	GENTEEL BUTTERFLY TOUCH LANCETS	73
		FREESTYLE LITE TEST STRIPS STRP	54	GENTLE-LET GP LANCETS	73
				GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	73
				GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	

73	glyburide micronized 1.5 MG, 3 MG, 6 MG	19	guaifenesin-codeine SOLN	48	
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	73	glyburide TABS	19	guanfacine hcl (adhd)	1
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	73	glyburide-metformin	18	guanfacine hcl	23
GENVOYA	35	glycopyrrolate SOLN OR 1 MG/5ML . 109		HADLIMA PUSH TOUCH SOAJ	3
GEODON 20 MG, 40 MG (ziprasidone hcl)	34	glycopyrrolate TABS 1 MG, 2 MG 109		HADLIMA SOSY	3
GEODON 60 MG, 80 MG (ziprasidone hcl)	34	GLYNASE (glyburide micronized) 19		HAEMOLANCE	74
GILENYA (fingolimod hcl)	100	GLYXAMBI	18	HAEMOLANCE LOW FLOW LANCETS	74
GILENYA 0.5 MG	100	GNP LANCETS 21G	74	HAEMOLANCE PLUS	74
GILOTRIF	28	GNP LANCETS THIN 26G	74	HAEMOLANCE PLUS HIGH FLOW . 74	
GLEOSTINE 10 MG, 40 MG, 100 MG	27	GNP STERILE LANCETS 28G ...	74	HAEMOLANCE PLUS LOW FLOW . 74	
glimepiride	19	GNP STERILE LANCETS 30G ...	74	HAEMOLANCE PLUS MAX FLOW 75	
glipizide TABS	19	GNP STERILE LANCETS 33G ...	74	HAEMOLANCE PLUS PEDIATRIC FLOW	75
glipizide TB24	19	GOJJI STERILE LANCETS 30G ..	74	HALCION 0.25 MG (triazolam)	61
glipizide-metformin hcl	18	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	62	halobetasol propionate CREA	53
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...	88	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..	74	halobetasol propionate OINT	53
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	88	GOODSENSE LANCETS MICRO-THIN 33G	74	haloperidol lactate CONC	34
GLOBAL INJECT EASE LANCETS 28G	73	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	74	haloperidol TABS	34
GLOBAL INJECT EASE LANCETS 30G	73	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	74	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	75
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	18	GOODSENSE LANCETS ULTRA-THIN 30G	74	H-E-B INCONTROL LANCETS MICRO THIN 33G	75
GLUCOCOM LANCETS 28G	74	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	74	H-E-B INCONTROL LANCETS SUPER THIN 30G	75
GLUCOCOM LANCETS 30G	74	griseofulvin microsize SUSP	20	H-E-B INCONTROL LANCETS ULTRA THIN 28G	75
GLUCOCOM LANCETS 33G	74	griseofulvin microsize TABS	20	HEPSERA (adefovir dipivoxil)	37
GLUCOTROL XL TB24 (glipizide) .	19	griseofulvin ultramicrosize	20	HUMALOG JUNIOR KWIKPEN SOPN	18

HUMALOG KWIKPEN SOPN 100 UNIT/ML	18	HUMULIN N KWIKPEN SUPN	19	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG 8
HUMALOG KWIKPEN SOPN 200 UNIT/ML	18	HUMULIN N SUSP	19	hydrocodone-ibuprofen 10 MG-200 MG
HUMALOG MIX 50/50 KWIKPEN SUPN	18	HUMULIN R SOLN IJ	19	8
HUMALOG MIX 50/50 SUSP	18	HUMULIN R U-500 (CONCENTRATED) SOLN SC	19	hydrocortisone (intrarectal)
HUMALOG MIX 75/25 KWIKPEN SUPN	18	HUMULIN R U-500 KWIKPEN SOPN SC	19	9
HUMALOG MIX 75/25 SUSP	18	HYCANTIN CAPS	33	hydrocortisone (rectal) EX 2.5 %
HUMALOG SOCT	18	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	47	9
HUMALOG SOLN IJ	18	HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	47	hydrocortisone (topical) CREA 2.5 % 53
HUMATIN	2	HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	47	hydrocortisone (topical) LOTN 2.5 % . 53
HUMATROPE CART IJ	56	hydralazine hcl TABS	25	hydrocortisone (topical) OINT 2.5 % . 53
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3	HYDREA (hydroxyurea)	32	hydrocortisone butyrate CREA 53
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT .3 MG/0.8ML	3	hydrochlorothiazide CAPS	56	hydrocortisone butyrate OINT 53
HUMIRA PEN PNKT 40 MG/0.4ML .3 MG/0.8ML .3	3	hydrochlorothiazide TABS 25 MG, 50 MG	56	hydrocortisone TABS
HUMIRA PEN PNKT 40 MG/0.8ML .3 MG/0.8ML .4	3	hydrocodone bitartrate-homatropine methylbromide SOLN	47	47
HUMIRA PEN PNKT 80 MG/0.8ML .4 MG/0.8ML .4	3	hydrocodone bitartrate-homatropine methylbromide TABS	47	hydrocodone bitartrate-homatropine methylbromide SOLN
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	3	hydrocodone polistirex- chlorpheniramine polistirex SUER .48	48	47
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	3	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	8	hydrocodone bitartrate-homatropine methylbromide TABS
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	3	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	8	47
HUMIRA PEN-PS/UV STARTER PNKT	4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	8	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML
HUMIRA PSKT 40 MG/0.8ML	4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	8	8
HUMIRA PSKT	4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	8	hydrocodone-acetaminophen TABS 300 MG-7.5 MG
HUMULIN 70/30 KWIKPEN SUPN 19	19	HYPODERMIC NEEDLE 30GX1/2" . 88	88	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG
HUMULIN 70/30 SUSP	19	HY-VEE LANCETS	75	8
		HY-VEE THIN LANCETS	75	

HYZAAR (losartan potassium & hydrochlorothiazide)	24	INDERAL LA CP24 (propranolol hcl) .	38	ISOPTO CARPINE SOLN 1 %, 2 % (pilocarpine hcl)	96
ibandronate sodium TABS	56	INDOCIN SUSP (indomethacin)	4	ISORDIL TITRADOSE TABS (isosorbide dinitrate)	10
IBRANCE CAPS	30	indomethacin CAPS 25 MG, 50 MG	4	isosorbide dinitrate TABS	10
IBRANCE TABS	30	indomethacin CPCR	4	isosorbide dinitrate-hydralazine hcl	40
ibuprofen TABS 400 MG, 600 MG, 800 MG	4	indomethacin SUSP	5	isosorbide mononitrate TABS	10
ICLUSIG 10 MG, 30 MG	30	INGREZZA CAPS 60 MG	100	isosorbide mononitrate TB24	10
ICLUSIG 15 MG, 45 MG	30	INLYTA	27	isotretinoin 10 MG, 25 MG	49
icosapent ethyl	21	INQOVI	29	isotretinoin 20 MG	49
IDHIFA	30	INSPRA (eplerenone)	25	isotretinoin 30 MG	49
imatinib mesylate 100 MG	30	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	19	isotretinoin 35 MG, 40 MG	49
imatinib mesylate 400 MG	30	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	19	ISTALOL SOLN (timolol maleate (ophth))	95
IMBRUVICA CAPS	30	INTELENCE (etravirine)	35	itraconazole CAPS	20
IMBRUVICA TABS	30	INTELENCE 25 MG	35	itraconazole SOLN	20
imipramine hcl TABS 10 MG, 25 MG .	17	INTUNIV (guanfacine hcl (adhd)) ...	1	ivermectin	10
imipramine hcl TABS 50 MG	17	ipratropium bromide (nasal)	94	JADENU TABS (deferasirox)	20
imiquimod 5 %	54	ipratropium bromide SOLN 0.02 %	11	JAKAFI	30
IMITREX 20 MG/ACT (sumatriptan) 89		ipratropium-albuterol SOLN	12	JALYN (dutasteride-tamsulosin hcl) .	60
IMITREX 5 MG/ACT (sumatriptan) 89		irbesartan	23	JANUMET TABS	18
IMITREX TABS (sumatriptan succinate)	89	irbesartan-hydrochlorothiazide ...	24	JANUMET XR TB24 1000 MG-100 MG	18
IMPAVIDO	25	IRESSA (gefitinib)	28	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	18
IMURAN TABS (azathioprine)	91	ISENTRESS CHEW	35	JANUVIA	18
IN TOUCH STERILE LANCETS30G 75		ISENTRESS HD TABS	35	JARDIANCE	19
INBRIJA CAPS	33	ISENTRESS PACK	35	JULUCA	36
INCRUSE ELLIPTA	11	ISENTRESS TABS	36	KALETRA SOLN (lopinavir-ritonavir) .	36
indapamide TABS 1.25 MG, 2.5 MG .	56	isoniazid SYRP	26	KALETRA TABS (lopinavir-ritonavir) .	
		isoniazid TABS	26		
		ISOPTO ATROPINE SOLN	96		

36	SPERMICIDE/LUBRICATED MISC	KROGER LANCETS 21G	75
KALYDECO PACK	65	KROGER LANCETS MICRO	
108	KIMONO PS LUBRICATED MISC	THIN33G	75
KALYDECO TABS	65	KROGER LANCETS SUPER THIN	75
KAMELEON LUBRICATED MISC	65	KROGER LANCETS THIN	75
KENALOG AERS (triamcinolone acetoneide (topical))	53	KROGER LANCETS THIN 26G	75
KEPPRA SOLN OR 100 MG/ML (levetiracetam)	14	KROGER LANCETS ULTRATHIN30G	75
KEPPRA TABS 1000 MG (levetiracetam)	14	K-TAB TBCR 10 MEQ (potassium chloride)	90
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	14	K-TAB TBCR 8 MEQ (potassium chloride)	90
KEPPRA XR TB24 (levetiracetam)	14	KUVAN PACK (sapropterin dihydrochloride)	57
ketoconazole (topical) CREA	50	KUVAN TABS (sapropterin dihydrochloride)	57
ketoconazole	20	K-Y ME & YOU EXTRA LUBRICATED DEVI	65
KETONE STRP	55	K-Y ME & YOU INTENSE DEVI	65
ketoprofen CAPS 75 MG	5	labetalol hcl TABS	38
ketorolac tromethamine (ophth)	98	lacosamide SOLN OR 10 MG/ML	14
ketorolac tromethamine TABS	5	lacosamide TABS	14
KETOSTIX STRP	55	lactulose (encephalopathy)	59
KEVZARA SOAJ	4	lactulose SOLN	62
KEVZARA SOSY	4	LAGEVRIO	37
KIMONO COLORS DEVI	65	LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine)	14
KIMONO LUBRICATED MISC	65	LAMICTAL ODT TBDP (lamotrigine)	14
KIMONO MAXX/LARGE FLARE MISC	65	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (lamotrigine)	14
KIMONO MICRO THIN MISC	65		
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	65		
KIMONO PLUS SPERMICIDE LUBRICATED MISC	65		
KIMONO PLUS			
	KIMONO SENSATION LUBRICATED MISC		65
	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC		65
	KIMONO SPECIAL DEVI		65
	KINNEY LANCETS		75
	KINNEY THIN LANCETS		75
	KISQALI		30
	KISQALI FEMARA 200 DOSE		29
	KISQALI FEMARA 400 DOSE		29
	KISQALI FEMARA 600 DOSE		29
	KITABIS PAK NEBU (tobramycin)		2
	KLARON (sulfacetamide sodium (acne))		49
	KLONOPIN TABS (clonazepam)		13
	KLOXXADO LIQD		20
	KOSELUGO		30
	K-PHOS NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)		90
	K-PHOS NO 2		59
	K-PHOS TABS (potassium phosphate monobasic)		90
	KRINTAFEL		26
	KROGER HEALTHPRO TWIST LANCETS/26G		75
	KROGER LANCETS		75

LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (lamotrigine)	14	lanthanum carbonate CHEW 750 MG	59	levetiracetam TABS 1000 MG	14
LAMICTAL STARTER/TAKING VALPROATE KIT (lamotrigine)	14	LANTUS SOLN	19	levetiracetam TABS 250 MG, 500 MG, 750 MG	14
LAMICTAL TABS (lamotrigine)	14	LANTUS SOLOSTAR SOPN	19	levetiracetam TB24	14
lamivudine SOLN	36	lapatinib ditosylate	31	levobunolol hcl 0.5 %	95
lamivudine TABS	36	LASIX TABS (furosemide)	56	levofloxacin SOLN OR	58
lamivudine-zidovudine	36	latanoprost SOLN	98	levofloxacin TABS	58
lamotrigine CHEW	14	LATANOPROST SOLN	98	levonorgestrel & eth estradiol TABS 45	
lamotrigine KIT 25 MG	14	LATUDA (lurasidone hcl)	34	levonorgestrel (emergency oc) 1.5 MG	46
lamotrigine TABS	14	leflunomide 10 MG	5	levonorgestrel-eth estradiol (triphasic)	45
lamotrigine TBDP	14	leflunomide 20 MG	5	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	45
LAMPIT	25	lenalidomide	90	levonorgestrel-ethinyl estradiol (continuous)	45
LANCETS	75	LENVIMA 10 MG DAILY DOSE	27	levonorgestrel-ethinyl estradiol-iron 45	
LANCETS 30G	76	LENVIMA 12MG DAILY DOSE	27	levothyroxine sodium CAPS 125 MCG	109
LANCETS 30G TWIST TOP	76	LENVIMA 14 MG DAILY DOSE	27	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	109
LANCETS 30G/TWIST TOP	76	LENVIMA 18 MG DAILY DOSE	27	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	109
LANCETS 33G EXTRA FINE	76	LENVIMA 20 MG DAILY DOSE	27	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	109
LANCETS 33G UNIVERSAL DESIGN	76	LENVIMA 24 MG DAILY DOSE	27	LEVSIN TABS (hyoscyamine sulfate)	110
LANCETS MICRO THIN 33G	76	LENVIMA 4 MG DAILY DOSE	27	LEVSIN/SL SUBL (hyoscyamine sulfate)	109
LANCETS SUPER THIN 28G	76	LENVIMA 8 MG DAILY DOSE	28		
LANCETS THIN	76	LESCOL XL TB24 (fluvastatin sodium)	22		
LANCETS ULTRA THIN	76	LETAIRIS (ambrisentan)	40		
LANCETS ULTRA THIN 30G	76	letrozole	29		
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	40	leucovorin calcium TABS	33		
lansoprazole CPDR	111	LEUKERAN	27		
lanthanum carbonate CHEW 1000 MG	59	levalbuterol hcl	12		
lanthanum carbonate CHEW 500 MG		levalbuterol tartrate	12		
		levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	14		

LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate)	16	LITETOUCH LANCETS MICRO THIN 33G	76	lorazepam CONC	10
LEXAPRO TABS 5 MG (escitalopram oxalate)	16	LITHIUM	33	lorazepam TABS	10
LEXIVA SUSP	36	lithium carbonate CAPS 150 MG, 600 MG	33	LORBRENA	31
LEXIVA TABS (fosamprenavir calcium)	36	lithium carbonate CAPS 300 MG ..	33	losartan potassium & hydrochlorothiazide	24
LIALDA TBEC (mesalamine)	59	lithium carbonate TABS	33	losartan potassium	23
LIBERTY MEDICAL LANCETS 30G . 76		lithium carbonate TBCR	34	LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	45
lidocaine hcl (mouth-throat) 2 % ...	91	LITHOBID TBCR (lithium carbonate) . 34		LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	22
lidocaine hcl SOLN	54	LIVE BETTER LANCET SUPERTHIN 30G	76	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 24	
lidocaine PTCH 5 %	54	LIVE BETTER LANCET ULTRATHIN 28G	76	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 24	
LIDODERM PTCH (lidocaine)	54	LO LOESTRIN FE TABS	45	lovastatin TABS 10 MG, 20 MG ...	22
linezolid SUSR	25	LODINE TABS (etodolac)	5	lovastatin TABS 40 MG	22
linezolid TABS	26	LOMAIRA TABS	1	LOVAZA (omega-3-acid ethyl esters)	21
LINZESS	59	LOMOTIL TABS (diphenoxylate w/ atropine)	20	loxapine succinate	34
liothyronine sodium TABS 25 MCG, 50 MCG	109	LONGS LANCETS STANDARD ..	76	lubiprostone	58
liothyronine sodium TABS 5 MCG 109		LONGS LANCETS THIN	76	LUCEMYRA	99
LIPITOR TABS (atorvastatin calcium)	22	LONGS LANCETS ULTRA THIN .	76	LUMIGAN SOLN 0.01 %	98
lisdexamphetamine dimesylate CAPS 1		LONSURF	29	lurasidone hcl	34
lisdexamphetamine dimesylate CHEW . 1		LOPID TABS (gemfibrozil)	21	LYNPARZA TABS	31
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	24	lopinavir-ritonavir SOLN	36	LYSODREN	29
lisinopril & hydrochlorothiazide 25 MG-20 MG	24	lopinavir-ritonavir TABS	36	LYSTEDA TABS (tranexamic acid) 61	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	22	LOPRESSOR TABS (metoprolol tartrate)	38	MACROBID (nitrofurantoin monohyd macro)	26
lisinopril TABS 40 MG	22	LOPROX CREA (ciclopirox olamine) . 50		MACRODANTIN (nitrofurantoin	
LITE TOUCH LANCETS	76	LOPROX SHAMPOO SHAM (ciclopirox)	50		
		LOPROX SUSP (ciclopirox olamine) .			

macrocrystal)26	LANCET MODERATE FLOW77	megestrol acetate SUSP29
MALARONE 25 MG-62.5 MG (atovaquone-proguanil hcl)26	MEDICHOICE SAFETY LANCETEXTRA77	megestrol acetate TABS29
maraviroc TABS36	MEDICHOICE SAFETY LANCETNORMAL77	MEIJER COLOR LANCETS UNIVERSAL 33G77
MATULANE32	MEDLANCE PLUS EXTRA LANCETS 21G77	MEIJER LANCETS77
MAXALT TABS 10 MG (rizatriptan benzoate)89	MEDLANCE PLUS LANCETS77	MEIJER LANCETS THIN77
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)89	MEDLANCE PLUS LANCETS LITE 25G77	MEIJER LANCETS UNIVERSAL21G77
MAXIDEX SUSP OP97	MEDLANCE PLUS LITE LANCETS 25G77	MEIJER LANCETS UNIVERSAL30G78
MAXITROL OINT (neomycin-polymy- dexameth)97	MEDLANCE PLUS SPECIAL LANCETS 0.8MM77	MEIJER LANCETS UNIVERSAL33G78
MAXITROL SUSP (neomycin- polymy-dexameth)97	MEDLANCE PLUS SUPERLITE 30G77	MEIJER SUPER THIN LANCETS 78
MAXX LUBRICATED MISC66	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX77	MEKINIST TABS31
MAXX PLUS SPERMICIDE LUBRICATED MISC66	MEDLANCE PLUS UNIVERSAL LANCETS 21G77	MEKTOVI31
MAXZIDE TABS (triamterene & hydrochlorothiazide)55	MEDLANCE PLUS/LITE 25G77	meloxicam TABS 15 MG5
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)55	MEDLANCE/EXTRA77	meloxicam TABS 7.5 MG5
MAYZENT STARTER PACK TBPK 100	MEDLANCE/LITE77	melphalan27
MAYZENT TABS 0.25 MG100	MEDLANCE/UNIVERSAL77	memantine hcl SOLN99
MAYZENT TABS 1 MG100	MEDROL DOSEPAK TBPK (methylprednisolone)47	memantine hcl TABS 10 MG99
MAYZENT TABS 2 MG100	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)47	memantine hcl TABS 5 MG99
meclofenamate sodium CAPS5	MEDROL TABS47	memantine hcl TABS100
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE76	medroxyprogesterone acetate 10 MG99	MENEST58
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW76	medroxyprogesterone acetate 2.5 MG, 5 MG99	meperidine hcl SOLN OR 50 MG/5ML7
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW77	mefloquine hcl26	meperidine hcl TABS 50 MG7
MEDICHOICE PRE-SET SAFETY		MEPHYTON TABS (phytonadione) 113
		MEPRON (atovaquone)25
		mercaptopurine TABS27
		mesalamine CP2459
		mesalamine CPDR59

mesalamine ENEM	59	methscopolamine bromide	110	(metronidazole (topical))	54
mesalamine SUPP	59	methsuximide	15	METROGEL GEL 1 % (metronidazole (topical))	54
mesalamine TBEC 1.2 GM	59	methyldopa TABS	23	METROLOTION LOTN (metronidazole (topical))	54
mesalamine TBEC 800 MG	59	methylergonovine maleate TABS ..	98	metronidazole (topical) CREA	54
MESTINON TABS (pyridostigmine bromide)	26	METHYLIN SOLN 5 MG/5ML (methylphenidate hcl)	2	metronidazole (topical) GEL 0.75 % 54	
MESTINON TIMESPAN TBCR (pyridostigmine bromide)	26	methylphenidate hcl CP24	2	metronidazole (topical) GEL 1 % ..	54
METADATE CD CPCR (methylphenidate hcl)	2	methylphenidate hcl CPCR	2	metronidazole (topical) LOTN	54
metformin hcl SOLN	18	methylphenidate hcl CPCR	2	metronidazole CAPS	25
metformin hcl TABS 500 MG, 850 MG, 1000 MG	18	methylphenidate hcl SOLN 5 MG/5ML	2	metronidazole TABS	25
metformin hcl TB24 500 MG, 750 MG	18	methylphenidate hcl TABS 20 MG ..	2	metronidazole vaginal	113
methadone hcl CONC	7	methylphenidate hcl TABS 5 MG, 10 MG	2	mexiletine hcl	11
methadone hcl SOLN OR 5 MG/5ML 7		methylphenidate hcl TABS 18 MG, 27 MG, 54 MG	2	MICARDIS 20 MG, 40 MG (telmisartan)	23
methadone hcl TABS	7	methylphenidate hcl TB24 36 MG ..	2	MICARDIS 80 MG (telmisartan) ...	23
methadone hcl TBSO	7	methylphenidate hcl TB24 54 MG ..	2	MICARDIS HCT (telmisartan- hydrochlorothiazide)	24
METHADOSE CONC (methadone hcl)	7	methylphenidate hcl TBCR 10 MG ..	2	MICROLET LANCETS	78
METHADOSE SUGAR-FREE CONC (methadone hcl)	7	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	MIFEPREX (mifepristone)	57
methazolamide TABS	55	methylphenidate hcl TBCR 20 MG ..	2	mifepristone	57
methenamine mandelate 0.5 GM, 1 GM	26	methylphenidate hcl TBCR 54 MG ..	2	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	45
methimazole TABS	108	methylprednisolone TABS	47	MINIPRESS CAPS (prazosin hcl) ..	23
METHITEST TABS	9	methylprednisolone TBPk	47	MINIVELLE PTTW (estradiol)	58
methocarbamol TABS 500 MG, 750 MG	94	methyltestosterone CAPS	9	minocycline hcl CAPS	108
methotrexate sodium TABS 2.5 MG 27		metoclopramide hcl TABS	58	minoxidil 2.5 MG, 10 MG	25
methoxsalen rapid	51	metolazone	56	MIRALAX POWD (polyethylene glycol 3350)	63
		metoprolol & hydrochlorothiazide TABs	24	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	45
		metoprolol succinate TB24	38	mirtazapine TABS	16
		metoprolol tartrate TABS	38		
		METROCREAM CREA			

mirtazapine TBDP	16	moxifloxacin hcl (ophth) SOLN OP	96	NAMENDA TABS 10 MG (memantine hcl)	100
misoprostol	111	moxifloxacin hcl TABS	58	NAMENDA TABS 5 MG (memantine hcl)	100
MM TWIST LANCETS	78	MPD SAFETY LANCET 21G/1.8MM 78		NAMENDA TITRATION PAK TABS (memantine hcl)	100
M-NATAL PLUS TABS	93	MPD SAFETY LANCET 28G/1.8MM 78		NAPROSYN SUSP (naproxen)	5
MOBIC TABS 15 MG (meloxicam) ..5		MPD SAFETY LANCET 30G/1.8MM 78		NAPROSYN TABS 500 MG (naproxen)	5
MOBIC TABS 7.5 MG (meloxicam) .5		MPD SAFETY LANCETS 23G/1.8MM	78	naproxen sodium TABS 275 MG, 550 MG	5
moexipril hcl	22	MS CONTIN TBCR (morphine sulfate)	8	naproxen SUSP	5
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	37	MULTIVITAMIN + FLUORIDE CHEW	92	naproxen TABS	5
mometasone furoate (nasal) SUSP 95		MULTIVITAMIN WITH FLUORIDE CHEW	92	naratriptan hcl	89
mometasone furoate CREA	53	MULTI-VIT-FLOR CHEW	92	NARDIL (phenelzine sulfate)	16
mometasone furoate OINT	53	mupirocin OINT	49	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) .	95
mometasone furoate SOLN	53	MYAMBUTOL TABS 400 MG (ethambutol hcl)	26	NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone acetonide (nasal))	95
MONOLET LANCETS	78	MYCOBUTIN (rifabutin)	26	NASONEX 24HR SUSP	95
MONOLET OPD LANCETS	78	mycophenolate mofetil CAPS	91	NATACYN	96
MONOLETTOR SAFETY LANCETS 78		mycophenolate mofetil SUSR	91	NATAZIA	45
montelukast sodium CHEW	11	mycophenolate mofetil TABS	91	nateglinide	19
montelukast sodium PACK	11	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	78	nebivolol hcl	38
montelukast sodium TABS	11	MYLERAN TABS	27	NEBUPENT IN (pentamidine isethionate)	25
morphine sulfate beads	7	MYSOLINE (primidone)	14	nefazodone hcl	17
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	7	nabumetone 500 MG	5	neomycin sulfate TABS	2
morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	7	nabumetone 750 MG	5	neomycin-bacitracin zn-polymyxin	96
morphine sulfate SUPP 20 MG, 30 MG	8	nadolol TABS 20 MG, 40 MG, 80 MG	38	neomycin-polymy-dexameth OINT	97
morphine sulfate TABS	8	naltrexone hcl	20	neomycin-polymy-dexameth SUSP	97
morphine sulfate TBCR	8				
MOVANTIK	59				

neomycin-polymyxin-gramicidin ...96	polacrilex)107	nitroglycerin SUBL 10
neomycin-polymyxin-hc (ophth) ...97	NICORETTE MINI LOZG (nicotine polacrilex)107	NITROLINGUAL SOLN TL (nitroglycerin)10
neomycin-polymyxin-hc (otic) SOLN . 98	NICORETTE STARTER KIT GUM (nicotine polacrilex)107	NITROSTAT SUBL (nitroglycerin) .10
neomycin-polymyxin-hc (otic) SUSP . 98	nicotine MISC XX107	NIVA THYROID TABS109
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 93	nicotine polacrilex GUM 107	NIVA-PLUS TABS 93
NEONATAL PLUS TABS 93	nicotine polacrilex LOZG 107	nizatidine CAPS 111
NEORAL CAPS (cyclosporine modified (for microemulsion)) 91	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR107	nizatidine SOLN 111
NEORAL SOLN (cyclosporine modified (for microemulsion)) 91	NICOTINE TRANSDERMAL SYSTEM KIT 107	NORDITROPIN FLEXPPO SOPN .56
NERLYNX31	NICOTROL INHALER INHA107	norelgestromin-ethinyl estradiol46
NESTABS DHA 93	NICOTROL NS SOLN108	norethin acet & estrad-fe CAPS ... 45
NEURONTIN CAPS (gabapentin) . 14	nifedipine CAPS39	norethin acet & estrad-fe CHEW .. 45
NEURONTIN SOLN (gabapentin) . 14	nifedipine TB24 30 MG, 60 MG ...39	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG 45
NEURONTIN TABS (gabapentin) . 14	nifedipine TB24 39	norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG 45
nevirapine SUSP36	nifedipine TB24 39	norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG 45
nevirapine TABS36	NILANDRON (nilutamide)29	norethindrone (contraceptive)47
nevirapine TB2436	nilutamide29	norethindrone acet & eth estra ... 45
NEXAVAR (sorafenib tosylate) ... 31	nimodipine CAPS 39	norethindrone acetate TABS 99
NEXTSTELLIS 45	NINLARO31	norethindrone acetate-ethinyl estradiol 58
niacin (antihyperlipidemic) TBCR ..22	nisoldipine39	norethindrone acetate-ethinyl estradiol-fe 45
NIASPAN TBCR (niacin (antihyperlipidemic)) 22	NITRO-BID OINT 10	norgestimate-ethinyl estradiol (triphasic)46
NICODERM CQ PT24 TD (nicotine) . 107	NITRO-DUR PT24 (nitroglycerin) ..10	norgestimate-ethinyl estradiol46
NICORETTE GUM (nicotine polacrilex)107	NITRO-DUR PT24 10	NORPACE CAPS (disopyramide phosphate) 11
NICORETTE LOZG (nicotine	nitrofurantoin 26	NORPACE CR CP12 11
	nitrofurantoin macrocrystal26	NORPRAMIN TABS 10 MG, 25 MG
	nitrofurantoin monohyd macro26	
	nitroglycerin (intra-anal) 9	
	nitroglycerin PT2410	
	nitroglycerin SOLN TL 0.4 MG/SPRAY 10	

(desipramine hcl)	17	nystatin-triamcinolone CREA	50	omeprazole magnesium CPDR ..	111
nortriptyline hcl CAPS	17	nystatin-triamcinolone OINT	50	OMNIFLEX DIAPHRAGM	66
nortriptyline hcl SOLN	17	OBSTETRIX DHA MISC	93	ondansetron hcl SOLN OR 4 MG/5ML	20
NORVASC TABS 2.5 MG (amlodipine besylate)	39	OBTREX DHA MISC 120 MG-1 MG- 3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	93	ondansetron hcl TABS 4 MG, 8 MG 20	
NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	39	OCUFLOX (ofloxacin (ophth))	96	ondansetron TDBP	20
NORVIR PACK	36	ODEFSEY	36	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	93
NORVIR SOLN	36	ODOMZO	28	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	78
NORVIR TABS (ritonavir)	36	ofloxacin (ophth)	96	ONETOUCH DELICA PLUS LANCETS FINE 30G	78
NOVA SAFETY LANCETS 23G ..	78	ofloxacin (otic)	98	ONETOUCH ULTRA 2 KIT	78
NOVA SAFETY LANCETS 28G ..	78	ofloxacin 300 MG	58	ONETOUCH ULTRA STRP	55
NOVA SUREFLEX LANCETS	78	olanzapine TABS 15 MG, 20 MG ..	34	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	78
NP THYROID 120 TABS	109	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	34	ONETOUCH ULTRASOFT LANCETS	79
NP THYROID 15 TABS	109	olmesartan medoxomil 40 MG	23	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	79
NP THYROID 30 TABS	109	olmesartan medoxomil 5 MG, 20 MG 23		ONETOUCH VERIO REFLECT KIT	79
NP THYROID 60 TABS	109	olmesartan medoxomil-amlodipine- hydrochlorothiazide	24	ONETOUCH VERIO TEST STRIPS STRP	55
NP THYROID 90 TABS	109	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG .	24	ONUREG TABS	27
NUBEQA	29	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	24	OPILL	47
NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	62	olopatadine hcl 0.1 %	98	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 112	
NUVARING (etonogestrel-ethinyl estradiol)	46	olopatadine hcl 0.2 %	98	ORIAHNN	58
NUVIGIL 200 MG (armodafinil)	2	omega-3-acid ethyl esters	21	orlistat	1
NUVIGIL 50 MG, 150 MG, 250 MG (armodafinil)	2	omeprazole CPDR 10 MG	111	orphenadrine citrate TB12	94
nystatin (mouth-throat)	91	omeprazole CPDR 20 MG, 40 MG 111			
nystatin (topical) CREA	50				
nystatin (topical) OINT	50				
nystatin (topical) POWD EX	50				
nystatin TABS	20				

oseltamivir phosphate CAPS	37	PAMELOR CAPS (nortriptyline hcl)	17	PEG-PREP	62
oseltamivir phosphate SUSR	37	pantoprazole sodium TBEC	111	penicillamine TABS	90
OSMOPREP	63	paricalcitol CAPS	57	penicillin v potassium SOLR	99
OTEZLA TABS	5	PARLODEL CAPS (bromocriptine mesylate)	33	penicillin v potassium TABS	99
OTEZLA TBPK	5	PARLODEL TABS (bromocriptine mesylate)	33	pentamidine isethionate IN	25
OVACE PLUS WASH LIQD (sulfacetamide sodium)	52	PARNATE (tranylcypromine sulfate) 16		pentoxifylline	60
OVACE WASH LIQD (sulfacetamide sodium)	52	paroxetine hcl SUSP	16	PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	111
oxandrolone 10 MG	9	paroxetine hcl TABS	16	PEPCID AC TABS 20 MG (famotidine)	111
oxandrolone 2.5 MG	9	paroxetine hcl TB24	16	PEPCID TABS 20 MG (famotidine) 111	
oxaprozin TABS	5	PATADAY 0.1 % (olopatadine hcl) 98		PEPCID TABS 40 MG (famotidine) 111	
OXAYDO TABS 5 MG	8	PATADAY 0.2 % (olopatadine hcl) 98		PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen)	8
oxazepam CAPS 10 MG, 15 MG ..	10	PAXIL CR TB24 (paroxetine hcl) ..	16	PERFECT LANCETS 30G	79
oxazepam CAPS 30 MG	10	PAXIL SUSP (paroxetine hcl)	17	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	79
oxcarbazepine SUSP	14	PAXIL TABS (paroxetine hcl)	17	PERFOROMIST NEBU (formoterol fumarate)	12
oxcarbazepine TABS 150 MG	14	PAXLOVID 100 MG-150 MG	37	PERIDEX (chlorhexidine gluconate (mouth-throat))	91
oxcarbazepine TABS 300 MG	14	pazopanib hcl	31	perindopril erbumine	22
oxcarbazepine TABS 600 MG	14	PC LANCETS SUPER THIN 30G ..	79	permethrin CREA	54
oxybutynin chloride TABS 5 MG .	112	PEDIAPRED SOLN (prednisolone sodium phosphate)	47	perphenazine TABS	34
oxybutynin chloride TB24	112	pediatric multivitamins w/fl CHEW ..	92	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN ..	79
oxycodone hcl CAPS	8	pediatric vitamins acid w/ fluoride SOLN	92	PHARMACIST CHOICE ULTRA THIN LANCETS	79
oxycodone hcl CONC 100 MG/5ML	8	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	62	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	79
oxycodone hcl SOLN	8	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	62	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	79
oxycodone hcl TABS 30 MG	8				
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	8				
oxycodone w/ acetaminophen TABS 325 MG-5 MG	8				
oxymorphone hcl TB12	8				
OZEMPIC SOPN	18				

PHARMACIST CHOICE ULTRA THIN LANCETS 31G	79	PIQRAY 200MG DAILY DOSE ...	31	potassium chloride TBCR 8 MEQ, 10 MEQ	90	
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	79	PIQRAY 250MG DAILY DOSE ...	31	potassium citrate (alkalinizer) TBCR .	60	
PHARMACY COUNTER LANCETS .	79	PIQRAY 300MG DAILY DOSE ...	31	potassium citrate-citric acid SOLN .	60	
phenelzine sulfate	16	pirfenidone CAPS	108	PRALUENT SOAJ	22	
phenobarbital ELIX	61	pirfenidone TABS	108	pramipexole dihydrochloride TABS	0.125 MG, 0.25 MG, 0.5 MG, 0.75	
phenobarbital TABS	61	piroxicam CAPS 10 MG	5	MG	33	
phenoxybenzamine hcl	22	piroxicam CAPS 20 MG	5	pramipexole dihydrochloride TABS 1	MG	
phentermine hcl CAPS	1	PLAN B ONE-STEP (levonorgestrel	(emergency oc))	46	pramipexole dihydrochloride TABS	1.5 MG
phenylephrine hcl (mydriatic) SOLN	2.5 %	PLAQUENIL (hydroxychloroquine	sulfate)	26	33	
phenytoin CHEW	15	PLAVIX 75 MG (clopidogrel bisulfate)	61	prasugrel hcl	61
phenytoin sodium extended 100 MG,	200 MG, 300 MG	PLEGRIDY SOSY IM	100	pravastatin sodium 10 MG, 20 MG,	80 MG	22
phenytoin SUSP	15	podofilox GEL	54	pravastatin sodium 40 MG	22	
PHEXXI	113	podofilox SOLN	54	praziquantel	10	
phytonadione TABS 5 MG	113	POLY HUB NEEDLE/30G X 1/2" .	88	prazosin hcl CAPS	23	
PIFELTRO	36	polyethylene glycol 3350 POWD ..	63	PRECISION THINS GP LANCET .	79	
pilocarpine hcl (oral) 5 MG	91	polymyxin b-trimethoprim	96	PRECISION XTRA	55	
pilocarpine hcl (oral) 7.5 MG	91	POLYTRIM (polymyxin b-	trimethoprim)	96	PRECISION XTRA BLOOD	
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	96	POLY-VI-FLOR CHEW	92	GLUCOSE TEST STRIPS STRP ..	55	
pindolol TABS	38	POLY-VI-FLOR/IRON CHEW	92	PRECOSE (acarbose)	17	
pioglitazone hcl 15 MG	19	POMALYST	29	PRED MILD	97	
pioglitazone hcl 30 MG, 45 MG	19	pot phosphate monobasic w/ sod	phosphate dibasic & monobasic ..	90	prednisolone acetate (ophth)	97
pioglitazone hcl-glimepiride	18	potassium chloride CPCR	90	PREDNISOLONE SODIUM	PHOSPHATE	97
pioglitazone hcl-metformin hcl TABS .	18	potassium chloride	microencapsulated crystals er	90	prednisolone sodium phosphate	
PIP LANCETS/28G	79	potassium chloride PACK OR 20	MEQ	90	SOLN 5 MG/5ML, 6.7 MG/5ML, 15	
PIP LANCETS/30G	79	potassium chloride SOLN OR 10 %,	20 %	90	MG/5ML	47
					PREDNISONE INTENSOL CONC	47
					prednisone SOLN	47
					prednisone TABS 1 MG, 2.5 MG, 5	

MG, 10 MG, 20 MG47	(lansoprazole)111	PROMACTA PACK 12.5 MG 61
prednisone TBPK 10 MG47	PREVACID CPDR 30 MG (lansoprazole)111	PROMACTA PACK 25 MG 61
PREFERRED PLUS LANCETS COLORED 21G 79	PREZCOBIX36	PROMACTA TABS 61
PREFERRED PLUS LANCETS SUPER THIN 30G79	PREZISTA SUSP36	promethazine & phenylephrine SYRP48
PREFERRED PLUS LANCETS THIN 26G79	PREZISTA TABS (darunavir)36	promethazine hcl SOLN 6.25 MG/5ML20
PREMARIN 113	PREZISTA TABS 75 MG, 150 MG 36	promethazine hcl SUPP 12.5 MG, 25 MG 21
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG58	PRIFTIN26	promethazine hcl SYRP 21
PREMARIN TABS 0.9 MG58	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)26	promethazine hcl TABS 12.5 MG ..21
PREMIUM CONDOMS LUBRICATED MISC66	primaquine phosphate TABS26	promethazine hcl TABS 25 MG ...21
PREMPHASE 58	primidone 50 MG, 250 MG14	promethazine hcl TABS 50 MG ...21
PREMPRO 1.5 MG-0.3 MG58	PRISTIQ (desvenlafaxine succinate) 17	promethazine w/codeine SOLN ...48
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG ...58	PRO COMFORT LANCETS 30G .79	promethazine w/codeine SYRP ...48
PRENA 1 TRUE93	PRO COMFORT LANCETS 31G .80	promethazine-dm SYRP48
PRENATAL 19 CHEW93	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ...80	promethazine-phenylephrine-codeine48
PRENATAL PLUS TABS93	probenecid60	PROMETRIUM CAPS (progesterone)99
PRENATAL PLUS VITAMIN ANDMINERAL TABS93	PROCARDIA XL TB24 (nifedipine) 39	propafenone hcl CP12 11
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 MG93	prochlorperazine 34	propafenone hcl TABS 150 MG ... 11
PRENATAL VITAMINS PLUS LOW IRON TABS93	prochlorperazine maleate TABS ...34	propafenone hcl TABS 225 MG, 300 MG 11
PRENATAL-U CAPS93	PROCTOFOAM HC FOAM EX 9	propranolol hcl CP2438
PRENATRIX TABS93	PROCYSBI CPDR60	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML38
PRENATRYL TABS93	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS 80	propranolol hcl TABS 38
PREPLUS TABS93	PRODIGY SAFETY LANCETS ...80	propylthiouracil108
PREVACID 24HR CPDR	PRODIGY TWIST TOP LANCETS 80	PROSCAR (finasteride)60
	progesterone CAPS99	PROTONIX TBEC (pantoprazole sodium) 111
	PROGRAF CAPS (tacrolimus)91	PROTOPIC OINT 0.03 % (tacrolimus

(topical))54	pyridostigmine bromide TABS 60 MG26	quinidine gluconate TBCR11
PROTOPIC OINT 0.1 % (tacrolimus (topical))54	pyridostigmine bromide TBCR26	quinine sulfate CAPS 324 MG26
PROVERA 10 MG (medroxyprogesterone acetate) ... 99	QC LANCETS SUPER THIN80	QVAR REDIHALER 80 MCG/ACT .12
PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate) ... 99	QC LANCETS ULTRA THIN80	RA E-ZJECT LANCETS 28G 80
PROVIDA OB 93	QC UNILET LANCETS 28G/ULTRA THIN80	RA E-ZJECT LANCETS THIN 26G 80
PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl) 17	QC UNILET LANCETS 33G/MICRO THIN80	RA E-ZJECT LANCETS THIN 28G 80
PROZAC CAPS 40 MG (fluoxetine hcl) 17	QINLOCK31	RA E-ZJECT LANCETS ULTRATHIN 30G80
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 48	QSYMIA1	raloxifene hcl 56
PSS SELECT GP LANCETS 80	QUALAQUIN CAPS (quinine sulfate) 26	ramipril CAPS22
PSS SELECT SAFETY LANCETS 80	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))46	rasagiline mesylate33
PULMICORT FLEXHALER AEPB 180 MCG/ACT 12	QUESTRAN LIGHT POWD (cholestyramine light)21	RAZADYNE ER CP24 (galantamine hydrobromide) 100
PULMICORT FLEXHALER AEPB 90 MCG/ACT 12	QUESTRAN POWD (cholestyramine)21	READYLANCE SAFETY LANCETS/21G/2.2MM80
PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation)) 12	quetiapine fumarate TABS 200 MG 34	READYLANCE SAFETY LANCETS/23G/1.8MM81
PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) 12	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG 34	READYLANCE SAFETY LANCETS/26G/1.8MM81
PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) 12	quetiapine fumarate TABS 300 MG, 400 MG34	READYLANCE SAFETY LANCETS/28G/1.8MM81
PULMOZYME108	QUFLORA FE PEDIATRIC LIQD ..92	READYLANCE SAFETY LANCETS/30G/1.6MM81
PURE COMFORT LANCETS 30G 80	QUFLORA GUMMIES CHEW92	REALITY LANCETS81
PX LANCETS MICROTHIN 33G ..80	QUFLORA PEDIATRIC CHEW ...92	REALITY LATEX CONDOMS/LUBRICATED MISC ..66
PX LANCETS ULTRA THIN 80	QUFLORA PEDIATRIC SOLN92	REALITY LATEX/ULTRA TEXTURED DEVI66
PX LANCETS ULTRA THIN 28G .80	quinapril hcl22	REALITY LATEX/ULTRA THIN DEVI 66
pyrazinamide26	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 24	REALITY TRIGGER LANCETS ...81
	quinapril-hydrochlorothiazide 25 MG-20 MG24	RECTIV (nitroglycerin (intra-anal)) .9

REGLAN TABS (metoclopramide hcl)	58	RESTORIL 15 MG (temazepam) ..	61	risperidone TABS 3 MG	34
RELEXXII TBCR 18 MG, 27 MG, 36 MG	2	RESTORIL 30 MG (temazepam) ..	61	risperidone TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	34
RELEXXII TBCR 54 MG	2	RESTORIL 7.5 MG (temazepam) ..	62	RITALIN TABS 20 MG (methylphenidate hcl)	2
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	88	RETEVMO	31	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	2
RELION INSULIN SYRINGE 1ML/31GX15/64"	88	RETIN-A CREA (tretinoin)	49	ritonavir TABS	36
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	88	RETIN-A GEL (tretinoin)	49	rivastigmine	100
RELION LANCETS MICRO-THIN33G	81	RETIN-A MICRO (tretinoin microsphere)	49	rivastigmine tartrate CAPS	100
RELION LANCETS THIN 26G	81	RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere)	49	rizatriptan benzoate TABS	89
RELION LANCETS ULTRA-THIN30G	81	RETROVIR CAPS (zidovudine) ...	36	rizatriptan benzoate TBDP	89
RELION ULTRA THIN LANCETS/30G	81	RETROVIR SYRP (zidovudine) ...	36	ROBINUL FORTE TABS (glycopyrrolate)	110
RELION ULTRA THIN PLUS LANCETS 32G	81	REXALL LANCETS ULTRA THIN	81	ROBINUL TABS (glycopyrrolate) .	110
RELION ULTRA THIN PLUS LANCETS 33G	81	REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	36	ROCALTROL CAPS 0.25 MCG (calcitriol)	57
REMERON SOLTAB TBDP (mirtazapine)	16	REYATAZ PACK	36	ROCALTROL CAPS 0.5 MCG (calcitriol)	57
REMERON TABS 15 MG, 30 MG (mirtazapine)	16	ribavirin (hepatitis c) CAPS	37	ROCALTROL SOLN OR (calcitriol) 57	
RENEVELA PACK 0.8 GM (sevelamer carbonate)	59	RIDAURA	4	roflumilast	11
RENEVELA PACK 2.4 GM (sevelamer carbonate)	59	rifabutin	26	ropinirole hydrochloride TABS	33
RENEVELA TABS (sevelamer carbonate)	59	rifampin CAPS	27	ropinirole hydrochloride TB24 12 MG 33	
repaglinide	19	RIGHTEST GL300 LANCETS	81	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	33
		rimantadine hydrochloride TABS ..	37	rosuvastatin calcium TABS	22
		RINVOQ	3	ROXICODONE TABS 30 MG (oxycodone hcl)	8
		RIOMET SOLN (metformin hcl)	18	ROXICODONE TABS 5 MG, 15 MG (oxycodone hcl)	8
		RISPERDAL SOLN (risperidone) ..	34	RUBRACA	31
		RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)	34	rufinamide SUSP	14
		RISPERDAL TABS 3 MG (risperidone)	34		
		risperidone SOLN	34		
		risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	34		

rufinamide TABS 200 MG14	(oral))91	SE-NATAL 19 CHEW93
rufinamide TABS 400 MG14	salicylic acid SHAM 6 % 54	SEREVENT DISKUS12
RUKOBIA36	salsalate 7	SEROQUEL TABS 200 MG (quetiapine fumarate)34
RYBELSUS TABS 3 MG18	SANDIMMUNE CAPS (cyclosporine) 91	SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)34
RYBELSUS TABS 7 MG, 14 MG ..18	SANDIMMUNE SOLN OR91	SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)34
RYDAPT31	sapropterin dihydrochloride PACK .57	sertraline hcl CONC17
RYTHMOL SR CP12 (propafenone hcl) 11	sapropterin dihydrochloride TABS .57	sertraline hcl TABS 17
SABRIL PACK (vigabatrin) 15	SAPS HEALTH CARE TWIST TOP LANCETS 82	sevelamer carbonate PACK 0.8 GM . 59
SABRIL TABS (vigabatrin)15	SAPS HEALTH PLUS TWIST TOP LANCETS 30G82	sevelamer carbonate PACK 2.4 GM . 59
SAFE-T-LANCE LOW FLOW 25G 81	SAPS HEALTH TWIST TOP LANCETS 30G82	sevelamer carbonate TABS 59
SAFE-T-LANCE NORMAL FLOW21G81	SAPSCARE TWIST TOP LANCETS 30G82	SFROWASA ENEM59
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ...81	saxagliptin hcl 18	SHOPKO ON-THE-GO COMFORTLANCETS 30G82
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ...81	saxagliptin-metformin hcl18	SHOPKO UNILET LANCETS SUPER THIN 30G 82
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 81	SB LANCETS THIN82	SHOPKO UNILET LANCETS ULTRA THIN 28G82
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 81	SB LANCETS ULTRA THIN 82	sildenafil citrate40
SAFETY LANCET 30G/PRESSURE ACTIVATED82	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))46	SILVADENE (silver sulfadiazine) .52
SAFETY LANCETS82	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 MG93	silver sulfadiazine 52
SAFETY LANCETS 21G82	selegiline hcl CAPS33	simvastatin TABS22
SAFETY LANCETS 23G82	selegiline hcl TABS 33	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)33
SAFETY LANCETS 28G82	selenium sulfide LOTN 2.5 %52	SINGLE-LET 82
SAFETY LANCETS/PRESSURE ACTIVATED/28G82	SELZENTRY SOLN36	SINGULAIR CHEW (montelukast sodium)11
SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium)46	SELZENTRY TABS (maraviroc) ...36	SINGULAIR PACK (montelukast sodium)11
SALAGEN 5 MG (pilocarpine hcl (oral))91	SELZENTRY TABS 25 MG, 75 MG 36	
SALAGEN 7.5 MG (pilocarpine hcl		

SINGULAIR TABS (montelukast sodium)	11	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	83	STERILANCE TL	83
SIVEXTRO TABS	26	SOLUS V2 TWIST LANCETS 30G 83		STIOLTO RESPIMAT	13
SKYRIZI PEN SOAJ	51	SOMA TABS 350 MG (carisoprodol) . 94		STIVARGA	31
SKYRIZI PSKT	51	sorafenib tosylate	31	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	1
SKYRIZI SOCT	59	sotalol hcl (afib/afI)	38	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	1
SKYRIZI SOSY	51	sotalol hcl TABS	38	STRIBILD	36
SLYND	47	SOTYLIZE SOLN OR	38	STRIVERDI RESPIMAT	13
SM MICRO THIN LANCETS 33G .82		SOVUNA 200 MG	26	STROMECTOL (ivermectin)	10
SMART SENSE COLOR LANCETS UNIVERSAL 33G	82	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .11		SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	9
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	82	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	11	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	9
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	82	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	11	sucralfate SUSP	111
SMART SENSE THIN LANCETSUNIVERSAL 26G	83	spironolactone & hydrochlorothiazide	55	sucralfate TABS	111
SMARTEST LANCETS 28G	83	spironolactone TABS	56	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	39
SOANZ TABS 20 MG (torsemide) 56		SPORANOX CAPS (itraconazole) .20		sulfacetamide sodium (acne)	49
sodium chloride (inhalant) NEBU 0.9 %	48	SPORANOX PULSEPAK CAPS (itraconazole)	20	sulfacetamide sodium (ophth) OINT 96	
sodium citrate & citric acid	60	SPORANOX SOLN (itraconazole) .20		sulfacetamide sodium (ophth) SOLN . 96	
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	89	SPRAVATO 56MG DOSE	16	sulfacetamide sodium LIQD	52
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	89	SPRAVATO 84MG DOSE	16	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	49
sodium fluoride TABS 0.5 MG	90	SPRYCEL	31	sulfacetamide sod-prednisolone SOLN	97
sodium fluoride TABS 1 MG	89	STALEVO 50 (carbidopa-levodopa-entacapone)	33	sulfamethoxazole-trimethoprim SUSP	25
sodium polystyrene sulfonate POWD 91		stavudine CAPS	36	sulfamethoxazole-trimethoprim TABS	25
sodium sulfate-potassium sulfate-magnesium sulfate	62	STELARA SOLN 45 MG/0.5ML ...	51		
SOLTAMOX SOLN	29	STELARA SOSY 45 MG/0.5ML ...	51		
		STELARA SOSY 90 MG/ML	51		

sulfasalazine TABS	59	SYMBICORT (budesonide- formoterol fumarate dihydrate)	13	tadalafil 2.5 MG	40
sulfasalazine TBEC	59	SYMDEKO 150 MG-100 MG	108	tadalafil 5 MG, 10 MG, 20 MG	40
sulindac TABS 150 MG	5	SYMDEKO 75 MG-50 MG	108	TAFINLAR CAPS	32
sulindac TABS 200 MG	5	SYMFI (efavirenz-lamivudine- tenofovir disoproxil fumarate)	36	TAGRISSE	28
sumatriptan 20 MG/ACT	89	SYMFI LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)	36	TALZENNA 0.25 MG, 1 MG	32
sumatriptan 5 MG/ACT	89	SYMTUZA	36	TAMIFLU CAPS (oseltamivir phosphate)	37
sumatriptan succinate TABS	89	SYNALAR CREA (fluocinolone acetone)	53	TAMIFLU SUSR (oseltamivir phosphate)	37
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	31	SYNALAR OINT (fluocinolone acetone)	53	tamoxifen citrate TABS	29
sunitinib malate 25 MG	31	SYNALAR SOLN (fluocinolone acetone)	53	tamsulosin hcl	60
SUPER THIN LANCETS	83	SYNAREL	57	TARCEVA (erlotinib hcl)	28
SUPRAX CAPS (cefixime)	41	SYNJARDY TABS	18	TARGRETIN (bexarotene (topical)) 50	
SUPRAX SUSR 100 MG/5ML (cefixime)	41	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	18	TARGRETIN (bexarotene)	32
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	62	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	18	TASIGNA	32
SURE COMFORT LANCETS 18G 83		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	109	TAYTULLA CAPS (norethin acet & estradiol)	46
SURE COMFORT LANCETS 21G 83		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	109	tazarotene CREA	51
SURE COMFORT LANCETS 23G 83		TABLOID	27	tazarotene GEL	51
SURE COMFORT LANCETS 28G 83		TABRECTA	32	TAZORAC CREA (tazarotene)	51
SURE COMFORT LANCETS 30G 83		tacrolimus (topical) OINT 0.03 % ..	54	TAZORAC CREA	51
SURELITE LANCETS	83	tacrolimus (topical) OINT 0.1 % ...	54	TAZORAC GEL (tazarotene)	51
SUSTIVA CAPS (efavirenz)	36	tacrolimus CAPS	91	TAZVERIK	32
SUSTIVA TABS (efavirenz)	36	tadalafil (pulmonary hypertension) TABS	41	TECFIDERA CPDR (dimethyl fumarate)	100
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)	32			TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	100
SUTENT 25 MG (sunitinib malate) 32				TECHLITE AST LANCETS	83
				TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64"	89
				TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64"	89

TECHLITE LANCETS	83	terazosin hcl 1 MG, 2 MG, 5 MG ..	23	THYROID TABS 15 MG, 30 MG, 60	
TECHLITE LANCETS 26G	83	terazosin hcl 10 MG	23	MG, 90 MG, 120 MG	109
TECHLITE LANCETS 30G	83	terbinafine hcl TABS	20	TIAZAC (diltiazem hcl extended	
TEGRETOL SUSP (carbamazepine) .		terbutaline sulfate TABS	13	release beads)	39
14		terconazole vaginal CREA	113	TIKOSYN (dofetilide)	11
TEGRETOL TABS (carbamazepine) .		teriflunomide	100	timolol maleate (ophth) SOLG	95
14		testosterone GEL TD 1 %, 25		timolol maleate (ophth) SOLN	95
TEGRETOL-XR TB12 100 MG		MG/2.5GM, 50 MG/5GM	9	timolol maleate TABS 10 MG	38
(carbamazepine)	14	testosterone GEL TD 1 %	9	timolol maleate TABS 20 MG	38
TEGRETOL-XR TB12 200 MG		testosterone GEL TD 1.62 %, 20.25		timolol maleate TABS 5 MG	38
(carbamazepine)	14	MG/1.25GM, 25 MG/2.5GM, 40.5		TIMOPTIC SOLN (timolol maleate	
TEGRETOL-XR TB12 400 MG		MG/2.5GM	9	(ophth))	95
(carbamazepine)	14	testosterone GEL TD 10 MG/ACT ..	9	TIMOPTIC-XE SOLG (timolol	
telmisartan 20 MG, 40 MG	23	tetracycline hcl CAPS	108	maleate (ophth))	95
telmisartan 80 MG	23	TETRACYCLINE HYDROCHLORID		CAPS	11
telmisartan-amlodipine	24	TABS	108	TIROSINT CAPS 75 MCG	109
telmisartan-hydrochlorothiazide ..	24	TETRACYCLINE HYDROCHLORIDE		TIVICAY TABS	36
temazepam 15 MG	62	TABS	108	TGT LANCET MICRO THIN 33G ..	83
temazepam 30 MG	62	TGT LANCET THIN 26G	83	TGT LANCET THIN 30G ..	83
temazepam 7.5 MG	62	TGT LANCET ULTRA THIN 30G ..	83	THALITONE	56
TEMODAR CAPS 100 MG, 140 MG,		theophylline TB12 300 MG	13	theophylline TB12 450 MG	13
180 MG, 250 MG (temozolomide) .	27	theophylline TB24	13	THERANATAL CORE NUTRITION	
TEMOVATE CREA (clobetasol		TABS	93	TABS	93
propionate)	53	THINLETS GP LANCETS	83	thioridazine hcl 10 MG, 25 MG, 100	
TEMOVATE OINT (clobetasol		thioridazine hcl 50 MG	34	MG	34
propionate)	53	thiothixene	35	thiothixene	35
temozolomide CAPS	27	TENORETIC 100 (atenolol &		TODAYS HEALTH SUPER	
tenofovir disoproxil fumarate TABS		chlorthalidone)	24	THINLANCETS 30G	84
36		TENORETIC 50 (atenolol &		TODAYS HEALTH ULTRA	
TENORETIC 100 (atenolol &		chlorthalidone)	24		
TENORETIC 50 (atenolol &		TENORMIN TABS (atenolol)	38		
chlorthalidone)	24				
TENORMIN TABS (atenolol)	38				

THINLANCETS 28G	84	19	UNIT/ML	19	
TOLSURA CAPS	20	TOUJEO SOLOSTAR SOPN	19	TRESIBA SOLN	19
tolterodine tartrate CP24	112	TOVIAZ (fesoterodine fumarate)	112	tretinoin (chemotherapy)	32
tolterodine tartrate TABS	112	TPOXX (TECOVIRIMAT CAP 200	MG)	38	tretinoin CREA 0.025 %, 0.05 %, 0.1
TOPAMAX SPRINKLE CPSP		TPOXX CAPS	38	%	49
(topiramate)	14	TPOXX SOLN	38	tretinoin GEL 0.01 %, 0.025 %	49
TOPAMAX TABS 100 MG		TRACLEER TABS 125 MG		tretinoin microsphere 0.04 %, 0.1 %	49
(topiramate)	15	(bosentan)	40	triamcinolone acetonide (mouth) ..	91
TOPAMAX TABS 200 MG		TRACLEER TABS 62.5 MG		triamcinolone acetonide (nasal)	
(topiramate)	14	(bosentan)	40	AERO	95
TOPAMAX TABS 25 MG		TRACLEER TBSO	40	triamcinolone acetonide (topical)	
(topiramate)	15	tramadol hcl TABS 100 MG	8	AERS	53
TOPAMAX TABS 50 MG		tramadol hcl TABS 50 MG	8	triamcinolone acetonide (topical)	
(topiramate)	15	trandolapril	22	CREA	54
TOPCARE LANCETS MICRO-THIN		tranexamic acid TABS	61	triamcinolone acetonide (topical)	
33G	84	TRANXENE T TABS 7.5 MG		LOTN	54
TOPICORT CREA (desoximetasone)		(clorazepate dipotassium)	10	triamcinolone acetonide (topical)	
.....	53	tranylcypromine sulfate	16	OINT 0.025 %, 0.1 %, 0.5 %	54
TOPICORT GEL (desoximetasone)		TRAVATAN Z SOLN (travoprost) ..	98	triamterene & hydrochlorothiazide	
53		TRAVEL LANCETS 30G	84	CAPS 25 MG-37.5 MG	55
TOPICORT OINT 0.25 %		TRAVEL LANCETS ADVANCED		triamterene & hydrochlorothiazide	
(desoximetasone)	53	28G	84	TABS 25 MG-37.5 MG	55
topiramate CPSP	15	travoprost SOLN	98	triamterene & hydrochlorothiazide	
topiramate TABS 100 MG	15	trazodone hcl TABS	17	TABS 50 MG-75 MG	56
topiramate TABS 200 MG	15	TRECTOR	27	triazolam 0.125 MG	62
topiramate TABS 25 MG	15	TRELEGY ELLIPTA	13	triazolam 0.25 MG	62
topiramate TABS 50 MG	15	TREMFYA SOPN	51	TRIBENZOR (olmesartan	
TOPROL XL TB24 (metoprolol		TREMFYA SOSY	52	medoxomil-amlodipine-	
succinate)	38	TRESIBA FLEXTOUCH SOPN 100		hydrochlorothiazide)	25
toremifene citrate	29	UNIT/ML	19	TRICARE TABS	93
toremide TABS 100 MG	56	TRESIBA FLEXTOUCH SOPN 200		TRICOR TABS 145 MG (fenofibrate) .	21
toremide TABS 5 MG, 10 MG, 20		UNIT/ML	19	TRICOR TABS 48 MG (fenofibrate)	21
MG	56				
TOUJEO MAX SOLOSTAR SOPN					

TRIDESILON CREA 0.05 % (desonide)	54	TRUEPLUS LANCETS 26G	84	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	66
trientine hcl 500 MG	90	TRUEPLUS LANCETS 28G	84	TRUSTEX NON-LUBRICATED MISC	66
trifluoperazine hcl TABS	34	TRUEPLUS LANCETS 28G SUPER THIN	84	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC	66
trifluridine	96	TRUEPLUS LANCETS 30G	84	TRUSTEX/RIA LUBRICATED MISC . 66	
trihexyphenidyl hcl SOLN	33	TRUEPLUS LANCETS 30G ULTRA THIN	84	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	66
trihexyphenidyl hcl TABS	33	TRUEPLUS LANCETS 33G	84	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 66	
TRIJARDY XR	18	TRUEPLUS LANCETS 33G MICRO THIN	84	TRUSTEX/RIA NON-LUBRICATED MISC	66
TRIKAFTA TBPK 100 MG-50 MG 108		TRUEPLUS SAFETY LANCETS 28G	84	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)	36
TRIKAFTA TBPK 50 MG-25 MG .	108	TRULICITY 0.75 MG/0.5ML, 1.5 MG/0.5ML	18	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	36
TRILEPTAL TABS 150 MG (oxcarbazepine)	15	TRULICITY 3 MG/0.5ML, 4.5 MG/0.5ML	18	TUKYSA	28
TRILEPTAL TABS 300 MG (oxcarbazepine)	15	TRUSOPT (dorzolamide hcl)	98	TURALIO 200 MG	32
TRILEPTAL TABS 600 MG (oxcarbazepine)	15	TRUSTEX COLOR CONDOMS + LUBE MISC	66	TWIRLA	46
TRILIPIX 135 MG (choline fenofibrate)	21	TRUSTEX LUBRICATED EXTRALARGE MISC	66	TWIST TOP LANCETS 30G	84
TRILIPIX 45 MG (choline fenofibrate)	21	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	66	TYBLUME CHEW	46
trimethobenzamide hcl CAPS	20	TRUSTEX LUBRICATED MISC ..	66	TYBOST	36
trimethoprim TABS	25	TRUSTEX LUBRICATED/RIBBED/STUDED MISC	66	TYKERB (lapatinib ditosylate)	32
TRINTELLIX	17	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	66	TYVASO DPI MAINTENANCE KIT POWD	40
TRIUMEQ PD TBSO	36	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	66	TYVASO DPI TITRATION KIT POWD	40
TRIUMEQ TABS	36	TRUSTEX LUBRICATED/SPERMICIDE MISC 66		UBRELVY	89
TRIZIVIR	36			ULORIC 40 MG (febuxostat)	60
tropium chloride CP24	112				
tropium chloride TABS	112				
TRUE COMFORT SAFETY LANCETS/30G	84				
TRUE COMFORT TWIST TOP LANCETS 30G	84				

ULORIC 80 MG (febuxostat)	60	UNISTIK PRO SAFETY LANCET 25G	85	valacyclovir hcl 1 GM, 1000 MG . . .	37
ULTILET CLASSIC LANCETS	84	UNISTIK PRO SAFETY LANCET 28G	86	valacyclovir hcl 500 MG	37
ULTILET LANCETS	84	UNISTIK SAFETY LANCETS 28G 86		VALCYTE SOLR (valganciclovir hcl) .	37
ULTILET LANCETS 33G	84	UNISTIK SAFETY LANCETS 30G 86		VALCYTE TABS (valganciclovir hcl) .	37
ULTILET SAFETY LANCETS 21G X 2.2MM	84	UNISTIK TOUCH SAFETY LANCETS 21G	86	valganciclovir hcl SOLR	37
ULTILET SAFETY LANCETS 23G 85		UNISTIK TOUCH SAFETY LANCETS 23G	86	valganciclovir hcl TABS	37
ULTRA THIN LANCETS 31G	85	UNISTIK TOUCH SAFETY LANCETS 28G	86	VALIUM TABS 10 MG (diazepam) 10	
ULTRA-CARE LANCETS 30G	85	UNISTIK TOUCH SAFETY LANCETS 30G	86	VALIUM TABS 2 MG, 5 MG (diazepam)	10
ULTRAM TABS (tramadol hcl)	8	UNIVERSAL 1 LANCETS THIN26G .	86	valproate sodium SOLN OR 250 MG/5ML	16
ULTRA-THIN II AUTO LANCET	85	UNIVERSAL 1 LANCETS ULTRA THIN 30G	86	valproic acid CAPS	16
ULTRA-THIN II LANCETS 28G	85	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	86	valsartan TABS 160 MG	23
ULTRA-THIN II LANCETS 30G	85	UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	60	valsartan TABS 40 MG, 80 MG, 320 MG	23
UNILET COMFORTOUCH LANCET 85		UROCIT-K 15 TBCR (potassium citrate (alkalinizer))	60	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG	25
UNILET EXCELITE	85	UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	60	valsartan-hydrochlorothiazide 25 MG- 160 MG	25
UNILET EXCELITE II	85	UROXATRAL (alfuzosin hcl)	60	VALTREX 1 GM (valacyclovir hcl) .	37
UNILET G.P. LANCET	85	URSO 250 TABS (ursodiol)	58	VALTREX 500 MG (valacyclovir hcl) .	37
UNILET G.P. SUPERLITE LANCET .	85	URSO FORTE TABS (ursodiol)	58	VALUE PLUS LANCETS STANDARD 21G	86
UNILET GP 28 ULTRA THIN	85	ursodiol CAPS	58	VALUE PLUS LANCETS SUPERTHIN 30G	86
UNILET LANCET	85	ursodiol TABS	58	VALUE PLUS LANCETS THIN 26G .	86
UNILET LANCETS MICRO-THIN33G	85	VAGIFEM TABS (estradiol vaginal) 113		VALUMARK LANCET SUPER THIN 30G	86
UNILET LANCETS SUPER- THIN30G	85			VALUMARK LANCET ULTRA THIN 28G	86
UNILET LANCETS ULTRA-THIN 28G	85				
UNILET SUPERLITE LANCET	85				
UNISTIK 3 GENTLE	85				
UNISTIK PRO SAFETY LANCET 21G	85				

VANCOGIN CAPS 125 MG (vancomycin hcl)	25	verapamil hcl TBCR 180 MG, 240 MG	39	VIDA MIA UNILET LANCETS ULTRA THIN 28G	87
vancomycin hcl CAPS 125 MG	25	VERELAN CP24 120 MG, 240 MG (verapamil hcl)	39	vigabatrin PACK	15
VANDAZOLE	113	VERELAN CP24 180 MG (verapamil hcl)	39	vigabatrin TABS	15
varenicline tartrate TABS	108	VERELAN CP24 360 MG (verapamil hcl)	39	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	96
VASCEPA (icosapent ethyl)	21	VERELAN PM CP24 (verapamil hcl) . 39		VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	17
VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide)	25	VERIFINE SAFETY LANCET MINI 21G X 2.4MM	86	VIIBRYD TABS 20 MG (vilazodone hcl)	17
VASOTEC TABS (enalapril maleate) . 22		VERIFINE SAFETY LANCET MINI 23G X 1.8MM	86	vilazodone hcl TABS 10 MG, 40 MG . 17	
VCF VAGINAL CONTRACEPTIVE FILM FILM	112	VERIFINE SAFETY LANCET MINI 28G X 1.8MM	86	vilazodone hcl TABS 20 MG	17
VCF VAGINAL CONTRACEPTIVEGEL GEL	113	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	86	VIMPAT SOLN OR 10 MG/ML (lacosamide)	15
VENCLEXTA STARTING PACK TBPK	28	VERIFINE SAFETY LANCET MINI 33G	87	VIMPAT TABS (lacosamide)	15
VENCLEXTA TABS 10 MG	28	VERZENIO	32	VIRACEPT TABS	36
VENCLEXTA TABS 100 MG	28	VFEND SUSR (voriconazole)	20	VIRAMUNE XR TB24 400 MG (nevirapine)	36
VENCLEXTA TABS 50 MG	28	VFEND TABS (voriconazole)	20	VIREAD POWD	36
venlafaxine hcl CP24 150 MG	17	VIAGRA (sildenafil citrate)	40	VIREAD TABS (tenofovir disoproxil fumarate)	36
venlafaxine hcl CP24 37.5 MG, 75 MG	17	VIBRAMYCIN CAPS (doxycycline hyclate)	108	VIREAD TABS 150 MG, 200 MG, 250 MG	36
venlafaxine hcl TABS	17	VIBRAMYCIN SUSR (doxycycline (monohydrate))	108	VIRT-C DHA	93
venlafaxine hcl TB24 225 MG	17	VICTOZA	18	VISTARIL CAPS (hydroxyzine pamoate)	10
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	17	VIDA MIA UNILET LANCETS SUPER THIN 30G	87	VITATHELY/GINGER TABS	93
VENTAVIS	40			VITATRUE	93
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...	39			VITRAKVI CAPS	32
verapamil hcl CP24 180 MG	39			VITRAKVI SOLN	32
verapamil hcl CP24 360 MG	39			VIVAGUARD LANCETS	87
verapamil hcl TABS	39			VIVAGUARD SAFETY LANCETS/28G	87
verapamil hcl TBCR 120 MG	39				

VIVELLE-DOT PTTW (estradiol) .. 58	WESCAP-C DHA93	XENICAL (orlistat) 1
VIZIMPRO28	WESTAB PLUS TABS93	XHANCE EXHU95
VOGELXO GEL TD (testosterone) .9	WIDE-SEAL SILICONE DIAPHRAGM KIT 6066	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG 18
VOGELXO PUMP GEL TD (testosterone)9	WIDE-SEAL SILICONE DIAPHRAGM KIT 6566	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG18
VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...50	WIDE-SEAL SILICONE DIAPHRAGM KIT 7066	XOPENEX (levalbuterol hcl) 13
voriconazole SUSR20	WIDE-SEAL SILICONE DIAPHRAGM KIT 7567	XOPENEX CONCENTRATE (levalbuterol hcl) 13
voriconazole TABS20	WIDE-SEAL SILICONE DIAPHRAGM KIT 8067	XOSPATA32
VOSEVI37	WIDE-SEAL SILICONE DIAPHRAGM KIT 8567	XPOVIO29
VOTRIENT (pazopanib hcl)32	WIDE-SEAL SILICONE DIAPHRAGM KIT 9067	XPOVIO 80 MG TWICE WEEKLY 29
VOTRIENT32	WIDE-SEAL SILICONE DIAPHRAGM KIT 9567	XTANDI CAPS29
VYNDAMAX41	XALATAN SOLN (latanoprost)98	XTANDI TABS29
VYNDAQEL41	XALKORI CAPS32	YASMIN 28 (drospirenone-ethinyl estradiol)46
VYTORIN (ezetimibe-simvastatin) 21	XANAX TABS (alprazolam)10	YAZ (drospirenone-ethinyl estradiol) 46
VYVANSE CAPS1	XARELTO STARTER PACK TBPK 13	zaleplon62
WALGREENS ADVANCED TRAVELLANCETS 28G87	XARELTO SUSR13	ZANAFLEX TABS 4 MG (tizanidine hcl)94
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G87	XARELTO TABS 10 MG13	ZARONTIN CAPS (ethosuximide) .15
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G87	XARELTO TABS 2.5 MG, 15 MG, 20 MG13	ZARONTIN SOLN (ethosuximide) .15
WALGREENS LANCETS87	XATMEP SOLN27	ZEJULA CAPS32
WALGREENS THIN LANCETS ..87	XELJANZ SOLN3	ZEJULA TABS32
WALGREENS ULTRA THIN LANCETS87	XELJANZ TABS3	ZELBORAF32
warfarin sodium TABS13	XELJANZ XR TB243	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)57
WELLBUTRIN SR TB12 (bupropion hcl)16	XELODA 150 MG (capecitabine) ..27	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,
WELLBUTRIN XL TB24 (bupropion hcl)16	XELODA 500 MG (capecitabine) ..27	

252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT55	ZITHROMAX Z-PAK TABS (azithromycin)64
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)25	ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (simvastatin)22
ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...25	ZOLINZA32
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)22	ZOLOFT CONC (sertraline hcl)17
ZESTRIL TABS 40 MG (lisinopril) .22	ZOLOFT TABS (sertraline hcl)17
ZETIA (ezetimibe)22	zolpidem tartrate TABS 10 MG62
ZEVRX TWIST TOP LANCETS 30G 87	zolpidem tartrate TABS 5 MG62
ZIAC (bisoprolol & hydrochlorothiazide)25	ZONEGRAN CAPS 100 MG (zonisamide)15
ZIAGEN SOLN (abacavir sulfate) .37	ZONEGRAN CAPS 25 MG (zonisamide)15
ZIAGEN TABS (abacavir sulfate) .37	zonisamide CAPS 100 MG15
zidovudine CAPS37	zonisamide CAPS 25 MG, 50 MG .15
zidovudine SYRP37	ZORTRESS (everolimus (immunosuppressant))91
zidovudine TABS37	ZOVIRAX OINT (acyclovir topical) .52
ziprasidone hcl 20 MG, 40 MG34	ZOVIRAX SUSP (acyclovir)37
ziprasidone hcl 60 MG, 80 MG34	ZYDELIG32
ZITHROMAX PACK (azithromycin) 64	ZYLOPRIM 100 MG (allopurinol) ..60
ZITHROMAX SUSR (azithromycin) 64	ZYLOPRIM 300 MG (allopurinol) ..60
ZITHROMAX TABS 250 MG (azithromycin)64	ZYMAXID (gatifloxacin (ophth)) ...96
ZITHROMAX TABS 500 MG (azithromycin)64	ZYPREXA TABS 15 MG, 20 MG (olanzapine)34
ZITHROMAX TRI-PAK TABS (azithromycin)64	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)34
	ZYTIGA (abiraterone acetate)29
	ZYVOX SUSR (linezolid)26
	ZYVOX TABS (linezolid)26