

California

Essential Drug List

For Small Business Group

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 All previous versions are no longer in effect.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

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

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

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

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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?	iv
How much will I pay for my drugs?	iv
Tier Descriptions.....	iv
Nonpreferred Generic Drugs.....	v
Are there any limits on my drug coverage?	v
How often does the Drug List change?.....	vii
How can I get prior authorization or an exception to the rules for drug coverage?	vii
Step Therapy Exception:	viii
Are all contraceptives covered?	ix
What blood glucose supplies covered?	ix
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?.....	x
How can I save money on my prescription drugs?.....	x
<i>Definitions</i>	xi
Categorical list of prescription drugs.....	Index 1
Alphabetical Index.....	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 complete list of covered drugs used to treat common diseases or health problems. The drug list is selected by a committee of doctors and pharmacists who meet regularly to decide which drugs should be included. The committee reviews new drugs and current information about existing drugs and chooses drugs based on:

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

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

Tier Descriptions

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

Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.
- Specialty or drugs over \$600 (net of rebates) are placed at Tier 4.

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

Are there any limits on my drug coverage?

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

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

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

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

Health Net will cover all medically necessary drugs. If Health Net fails to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent

request and 24 hours of receiving an expedited request, the request will be approved, and Health Net may not deny the request thereafter.

Step Therapy Exception:

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

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

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

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

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

When information necessary for the health plan to make a determination is not included with a request for prior authorization or step therapy exception, the plan will notify the prescribing

provider within 72 hours of receipt or within 24 hours of receipt if exigent circumstances exist. Once the health plan receives the requested information, the applicable time period to approve or deny a prior authorization or step therapy exception request begins. If the health plan, contracted physician group, or utilization review organization fails to notify the prescribing provider within the applicable time period, the request is deemed approved for the duration of the prescription, including refills.

Are all contraceptives covered?

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

What blood glucose supplies covered?

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

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

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

Can I go to any pharmacy?

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

Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our

website at [Find a pharmacy](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

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

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

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

Out-of-pocket costs: Are your expenses for health care benefits that are not reimbursed by the

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG</i>	1	QL(90 EA per fill retail)
<i>amphetamine-dextroamphetamine TABS 5 MG, 10 MG, 12.5 MG, 20 MG, 30 MG</i>	1	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	2	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG</i>	2	
<i>lisdexamfetamine dimesylate CHEW 60 MG</i>	2	QL(1 EA daily)
<i>methamphetamine hcl</i>	1	PA
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG	3	
VYVANSE CHEW 60 MG	3	QL(1 EA daily)
Analeptics		

Drug Name	Drug Tier	Requirements/ Limits
<i>caffeine citrate SOLN PO</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
ADIPEX-P TABS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
<i>benzphetamine hcl 25 MG</i>	4	Check plan documents for coverage; PA
<i>benzphetamine hcl 50 MG</i>	2	PA
<i>diethylpropion hcl TABS</i>	4	Check plan documents for coverage; PA
<i>diethylpropion hcl TB24</i>	4	Check plan documents for coverage; PA
LOMAIRA TABS	4	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
<i>phentermine hcl TABS</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 EA daily); PA
Anti-Obesity Agents		
CONTRAVE	4	Check plan documents for coverage; PA
<i>orlistat</i>	4	Check plan documents for coverage; PA
SAXENDA	4	Check plan documents for coverage; QL(0.5 ML daily); PA
XENICAL (<i>orlistat</i>)	4	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Agents			<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)	<i>methylphenidate PTCH</i>	1	QL(1 EA daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)	<i>modafinil</i>	1	QL(1 EA daily); ST
<i>clonidine hcl (adhd) TB12</i>	1	QL(4 EA daily)	QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)	QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
Stimulants - Misc.			QUILLIVANT XR SRER	3	QL(12 ML daily); PA
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	ST; PA	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>armodafinil 50 MG</i>	1	ST; PA	Aminoglycosides		
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily)	ARIKAYCE	4	PA
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)	BETHKIS NEBU (<i>tobramycin</i>)	4	PA
<i>methylphenidate hcl CHEW</i>	1		HUMATIN	2	
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)	<i>neomycin sulfate TABS</i>	1	
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 EA daily)	<i>paromomycin sulfate</i>	1	
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1		<i>streptomycin sulfate SOLR</i>	4	PA
<i>methylphenidate hcl SOLN</i>	1		TOBI PODHALER CAPS	4	PA
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1		TOBI NEBU (<i>tobramycin</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)	<i>tobramycin NEBU</i>	4	PA
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)	<i>tobramycin NEBU</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)	ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	Antirheumatic - Enzyme Inhibitors		
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RINVOQ LQ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(12 ML daily); SP; PA	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RINVOQ TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	RASUVO SOAJ 20 MG/0.4ML	4	ST; PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	Anti-TNF-alpha - Monoclonal Antibodies		
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-ADAZ SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	ST; PA	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA
OTREXUP SOAJ 10 MG/0.4ML	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
			HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check Plan Documents for coverage; QL(0.072 EA daily); SP; PA	HUMIRA-PED>=40KG UC STARTER AJKT	4	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA
HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA	Gold Compounds		
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	AURANOFIN 3 MG	4	
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	RIDAURA	4	
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); SP; PA	Interleukin-1 Blockers		
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); PA	ARCALYST	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; PA
HUMIRA-PED>=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	Interleukin-6 Receptor Inhibitors		
			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
			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
Nonsteroidal Anti-inflammatory Agents (NSAIDs)					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		<i>oxaprozin TABS</i>	1	
(Indomethacin) INDOCIN SUPP	4		<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)
<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA	<i>piroxicam CAPS 10 MG</i>	1	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)	<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
<i>diclofenac potassium TABS 50 MG</i>	1		<i>sulindac TABS 200 MG</i>	1	
<i>diclofenac sodium TB24</i>	1		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>diclofenac sodium TBEC</i>	1		OTEZLA TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
<i>diclofenac w/ misoprostol TBEC</i>	1		OTEZLA TBP	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA
<i>etodolac CAPS</i>	1		Pyrimidine Synthesis Inhibitors		
<i>etodolac TABS</i>	1		<i>leflunomide 10 MG</i>	1	QL(2 EA daily)
<i>etodolac TB24</i>	1	QL(2 EA daily)	<i>leflunomide 20 MG</i>	1	QL(1 EA daily)
<i>fenoprofen calcium TABS</i>	6		Soluble Tumor Necrosis Factor Receptor Agents		
<i>flurbiprofen TABS</i>	1		ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); SP; PA
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1		ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
<i>indomethacin CAPS 25 MG, 50 MG</i>	1		ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
<i>indomethacin CPCR</i>	1				
<i>indomethacin SUPP</i>	4				
<i>indomethacin SUSP</i>	2				
<i>ketoprofen CP24</i>	1				
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)			
<i>meclofenamate sodium CAPS</i>	1				
<i>mefenamic acid CAPS</i>	2				
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)			
<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)			
<i>nabumetone 750 MG</i>	1	QL(3 EA daily)			
<i>nabumetone 500 MG</i>	1	QL(4 EA daily)			
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1				
<i>naproxen SUSP</i>	1				
<i>naproxen TABS</i>	1				

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ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ML daily); SP; PA	butalbital-aspirin-caffeine CAPS	1	
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA	Salicylates		
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC 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, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, 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 ST, 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 TBEC 81 MG	5	PV
Analgesic Combinations					
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2				
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1				
(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1				
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1				
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	1				
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	1				
butalbital-acetaminophen CAPS 50 MG-300 MG	2				
butalbital-acetaminophen TABS 50 MG-300 MG	2				
butalbital-acetaminophen TABS 50 MG-325 MG	1				

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(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	5	PV	<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	ST; PA
			<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)
			<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)
			<i>hydrocodone bitartrate T24A</i>	2	PA
			<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>hydromorphone hcl TB24 32 MG</i>	1	QL(2 EA daily)
			HYSINGLA ER T24A	3	PA
			<i>levorphanol tartrate TABS 2 MG</i>	4	PA
<i>aspirin CHEW</i>	5	PV	<i>levorphanol tartrate TABS 3 MG</i>	4	
<i>aspirin TBEC 81 MG</i>	5	PV	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2	
<i>diflunisal TABS</i>	1		<i>meperidine hcl TABS 50 MG</i>	1	
<i>salsalate</i>	1		<i>methadone hcl CONC</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>methadone hcl SOLN PO</i>	1	
Opioid Agonists			<i>methadone hcl TABS</i>	1	QL(12 EA daily)
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1		<i>methadone hcl TBSO</i>	1	
(Methadone Hcl) METHADOSE TBSO	1		<i>morphine sulfate beads</i>	2	QL(1 EA daily)
<i>codeine sulfate TABS</i>	1		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)
CONZIP CP24 (<i>tramadol hcl</i>)	3		<i>morphine sulfate SOLN PO 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
<i>fentanyl citrate LPOP 1600 MCG</i>	2	ST; QL(4 EA daily); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate SOLN PO 10 MG/5ML</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)
<i>morphine sulfate SUPP</i>	2				
<i>morphine sulfate TABS</i>	1		(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)	<i>acetaminophen w/ codeine SOLN</i>	1	
OXAYDO TABS 5 MG	2		<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)
OXAYDO TABS 7.5 MG	3	QL(4 EA daily)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	
<i>oxycodone hcl CAPS</i>	1		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	
<i>oxycodone hcl CONC 100 MG/5ML</i>	1		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA
<i>oxycodone hcl SOLN</i>	1		<i>butalbital-aspirin-caffeine w/cod</i>	1	
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 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>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 EA daily)	<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)
<i>oxymorphone hcl TABS 5 MG</i>	2		<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>oxymorphone hcl TB12</i>	2	QL(2 EA daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1				
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)			
<i>tramadol hcl TABS 100 MG</i>	1				
<i>tramadol hcl TB24 200 MG</i>	1	QL(1 EA daily)			
<i>tramadol hcl TB24 100 MG</i>	1	QL(3 EA daily)			
<i>tramadol hcl TB24</i>	1				
Opioid Combinations					
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1				
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2	
NALOCET TABS	3	
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 EA daily)
OXYCODONE-ACETAMINOPHEN TABS	3	
PROLATE TABS	3	
<i>tramadol-acetaminophen</i>	1	QL(8 EA daily)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 EA per 28 day(s) retail)
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
<i>pentazocine w/ naloxone hcl</i>	1	
ANDROGENS-ANABOLIC - Drugs to Regulate		

Drug Name	Drug Tier	Requirements/ Limits
Hormones		
Androgens		
(Methyltestosterone) METHITEST TABS	4	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML per fill retail)
<i>danazol CAPS</i>	1	
<i>methyltestosterone CAPS</i>	4	
TESTIM GEL TD (<i>testosterone</i>)	3	QL(10 GM daily); PA
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD</i>	1	Limited to 300 gms per month; QL(10 GM daily)
<i>testosterone GEL TD 1 %</i>	1	QL(10 GM daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)
<i>testosterone SOLN</i>	1	QL(6 ML daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	2	PA
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		

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Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	2	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	2	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin</i>	1	QL(5 EA per fill retail); PA
<i>praziquantel</i>	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
Nitrates		
GONITRO PACK	3	PA
<i>isosorbide dinitrate TABS 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide dinitrate TABS 5 MG, 40 MG</i>	2	
<i>isosorbide mononitrate TABS</i>	1	
ISOSORBIDE MONONITRATE TABS	2	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 EA daily)
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	2	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
heart rhythms			FASENRA SOSY 30 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA
Antiarrhythmics Type I-A					
disopyramide phosphate CAPS	2				
NORPACE CR CP12	3		NUCALA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA
quinidine gluconate TBCR	1				
Antiarrhythmics Type I-B					
mexiletine hcl	1		NUCALA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 EA daily); SP; PA
Antiarrhythmics Type I-C					
flecainide acetate	1				
propafenone hcl CP12	2		NUCALA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); SP; PA
propafenone hcl TABS 225 MG, 300 MG	1	QL(3 EA daily)			
propafenone hcl TABS 150 MG	1	QL(6 EA daily)			
Antiarrhythmics Type III			NUCALA SOSY 40 MG/0.4ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0144 ML daily); SP; PA
(Amiodarone Hcl) PACERONE TABS	1				
amiodarone hcl TABS	1				
dofetilide	2		Anti-Inflammatory Agents		
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			cromolyn sodium NEBU	1	
Antiasthmatic - Monoclonal Antibodies			Bronchodilators - Anticholinergics		
FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); SP; PA	ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
FASENRA SOSY 10 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	INCRUSE ELLIPTA	2	QL(1 EA daily)
			ipratropium bromide SOLN 0.02 %	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 EA daily)	PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)
Leukotriene Modulators					
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)	QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)	QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)	Sympathomimetics		
<i>zafirlukast 20 MG</i>	1	QL(2 EA daily)	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
<i>zafirlukast 10 MG</i>	1		(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>zileuton TB12</i>	4	ST	<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
ZYFLO TABS	3	ST	<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			<i>albuterol sulfate AERS</i>	1	QL(0.72 GM daily)
<i>roflumilast</i>	1	QL(1 EA daily)	<i>albuterol sulfate NEBU</i>	1	
Steroid Inhalants			ALBUTEROL SULFATE NEBU	2	
ARNUITY ELLIPTA	2	QL(1 EA daily)	<i>albuterol sulfate SYRP</i>	1	
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ML daily)	<i>albuterol sulfate TABS</i>	1	
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)	BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ML daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)			
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)			
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 GM daily)
<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
<i>fluticasone-salmeterol</i> 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</i> AERO	1	Limit 1 inhaler per month; QL(0.4 GM daily)
<i>formoterol fumarate</i> NEBU	2	QL(4 ML daily)
<i>ipratropium-albuterol</i> SOLN	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.6 GM daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	QL(0.14 GM daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>terbutaline sulfate</i> TABS	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>umeclidinium-vilanterol</i>	1	QL(2 EA daily)
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
<i>theophylline</i> ELIX	1	
<i>theophylline</i> SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline</i> TB12 300 MG	1	QL(2 EA daily)
<i>theophylline</i> TB12 450 MG	1	QL(1 EA daily)
<i>theophylline</i> TB24	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium</i> TABS	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS	2	QL(2 EA daily)
<i>rivaroxaban</i> TABS 2.5 MG	1	QL(1 EA daily)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)
XARELTO TABS 10 MG	2	QL(2 EA daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	4	PA
<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	1	QL(0.1 ML daily); PA
<i>enoxaparin sodium</i> SOSY	1	QL(4 ML per 7 day(s) retail)
<i>fondaparinux sodium</i> 2.5 MG/0.5ML	4	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA

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<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	4	PA	NAYZILAM	4	QL(10 EA per 30 day(s) retail); PA
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA	VALTOCO 10 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
FRAGMIN SOSY 2500 UNIT/0.2ML	4		VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	4	QL(10 EA per 30 day(s) retail); PA
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA	VALTOCO 5 MG DOSE LIQD	4	QL(10 EA per 30 day(s) retail); PA
Thrombin Inhibitors			Anticonvulsants - Misc.		
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)	(Carbamazepine) EPITOL TABS	1	
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2	
ANTICONVULSANTS - Drugs to Treat Seizures			(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2	
AMPA Glutamate Receptor Antagonists			(Lamotrigine) SUBVENITE TABS	1	
FYCOMPA SUSP	4	QL(24 ML daily)	(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
FYCOMPA TABS 4 MG	4	QL(3 EA daily)	APTOM	3	QL(2 EA daily); ST
FYCOMPA TABS 2 MG	4	QL(6 EA daily)	BRIVIACT SOLN PO 10 MG/ML	4	
FYCOMPA TABS 6 MG	4	QL(2 EA daily)	BRIVIACT TABS 100 MG	4	QL(2 EA daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 EA daily)	BRIVIACT TABS 25 MG, 50 MG, 75 MG	4	
Anticonvulsants - Benzodiazepines			BRIVIACT TABS 10 MG	4	ST
<i>clobazam SUSP</i>	2		<i>carbamazepine CHEW 100 MG</i>	1	
<i>clobazam TABS 10 MG</i>	2	QL(1 EA daily)			
<i>clobazam TABS 20 MG</i>	2	QL(2 EA daily)			
<i>clonazepam TABS</i>	1				
<i>clonazepam TBDP</i>	1				
<i>diazepam (anticonvulsant) GEL</i>	2	QL(0.14 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<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 100 MG</i>	1	
<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)
CARBATROL CP12 (<i>carbamazepine</i>)	3	
DIACOMIT CAPS 500 MG	4	QL(6 EA daily); PA
DIACOMIT CAPS 250 MG	4	QL(12 EA daily); PA
DIACOMIT PACK 250 MG	4	QL(12 EA daily); PA
DIACOMIT PACK 500 MG	4	QL(6 EA daily); PA
EPIDIOLEX	4	ST; PA
<i>gabapentin CAPS</i>	1	
<i>gabapentin SOLN</i>	1	
<i>gabapentin TABS 600 MG, 800 MG</i>	1	
KEPPRA XR TB24 (<i>levetiracetam</i>)	3	QL(4 EA daily)
KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	3	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	3	QL(3 EA daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	QL(6 EA daily)
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)
<i>lacosamide TABS</i>	1	QL(2 EA daily)
LAMICTAL XR KIT	3	PA
LAMICTAL CHEW (<i>lamotrigine</i>)	3	
LAMICTAL TABS (<i>lamotrigine</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine CHEW</i>	1	
<i>lamotrigine KIT</i>	2	PA
<i>lamotrigine KIT 25 MG</i>	2	
<i>lamotrigine TABS</i>	1	
<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	QL(1 EA daily); PA
<i>lamotrigine TB24 300 MG</i>	2	QL(2 EA daily)
<i>lamotrigine TB24 250 MG</i>	2	PA
<i>lamotrigine TBDP</i>	2	PA
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1	
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)
<i>levetiracetam TB24</i>	1	QL(4 EA daily)
MYSOLINE (<i>primidone</i>)	3	
NEURONTIN CAPS (<i>gabapentin</i>)	3	
NEURONTIN SOLN (<i>gabapentin</i>)	3	
NEURONTIN TABS (<i>gabapentin</i>)	3	
<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)
<i>oxcarbazepine TABS 150 MG</i>	1	
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)
<i>oxcarbazepine TB24 150 MG, 300 MG</i>	1	ST
<i>oxcarbazepine TB24 600 MG</i>	1	QL(4 EA daily); ST
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)
<i>pregabalin SOLN</i>	1	QL(30 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>primidone 50 MG, 250 MG</i>	1		TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	3	QL(4 EA daily)
<i>rufinamide SUSP</i>	2		ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	3	
<i>rufinamide TABS 200 MG</i>	2		ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	3	QL(6 EA daily)
<i>rufinamide TABS 400 MG</i>	2	QL(8 EA daily)	<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
TEGRETOL SUSP (<i>carbamazepine</i>)	3		<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
TEGRETOL TABS (<i>carbamazepine</i>)	3		Carbamates		
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	3		<i>felbamate SUSP</i>	1	
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	3		<i>felbamate TABS</i>	1	
TOPAMAX TABS 25 MG (<i>topiramate</i>)	3		FELBATOL SUSP (<i>felbamate</i>)	3	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	3	QL(4 EA daily)	GABA Modulators		
TOPAMAX TABS 50 MG (<i>topiramate</i>)	3	QL(8 EA daily)	(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 EA daily)
TOPAMAX TABS 200 MG (<i>topiramate</i>)	3	QL(2 EA daily)	(Vigabatrin) VIGADRONE TABS	4	
<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA	SABRIL PACK (<i>vigabatrin</i>)	4	QL(6 EA daily)
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA	SABRIL TABS (<i>vigabatrin</i>)	4	
<i>topiramate CPSP 15 MG, 25 MG</i>	1		<i>tiagabine hcl</i>	2	
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA	<i>vigabatrin PACK</i>	4	QL(6 EA daily)
<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA	<i>vigabatrin TABS</i>	4	
<i>topiramate TABS 25 MG</i>	1		Hydantoins		
<i>topiramate TABS 100 MG</i>	1	QL(4 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	
<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)	DILANTIN	3	
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	3	QL(40 ML daily)	DILANTIN (<i>phenytoin sodium extended</i>)	3	
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	3		DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	3	QL(8 EA daily)	DILANTIN-125 SUSP (<i>phenytoin</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits
DILANTIN SUSP (phenytoin)	3	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1	
phenytoin CHEW	1	
phenytoin SUSP	1	
Succinimides		
CELONTIN (methsuximide)	3	
ethosuximide CAPS	1	
ethosuximide SOLN	1	
methsuximide	1	
ZARONTIN CAPS (ethosuximide)	3	
ZARONTIN SOLN (ethosuximide)	3	
Valproic Acid		
DEPAKOTE ER TB24 (divalproex sodium)	3	
DEPAKOTE SPRINKLES CSDR (divalproex sodium)	3	
DEPAKOTE TBEC (divalproex sodium)	3	
divalproex sodium CSDR	1	
divalproex sodium TB24	1	
divalproex sodium TBEC	1	
valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML	1	
valproic acid CAPS	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine TABS	1	
mirtazapine TBDP	1	
Antidepressants - Misc.		
bupropion hcl TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
bupropion hcl TB12	1	
bupropion hcl TB24 450 MG	2	QL(1 EA daily)
bupropion hcl TB24 150 MG, 300 MG	1	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN	3	
phenelzine sulfate	1	
tranylcypromine sulfate	2	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	4	PA
SPRAVATO (84 MG DOSE)	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CITALOPRAM HYDROBROMIDE CAPS	3	
citalopram hydrobromide SOLN	1	QL(20 ML daily)
citalopram hydrobromide TABS	1	QL(1 EA daily)
escitalopram oxalate SOLN	1	
escitalopram oxalate TABS 10 MG, 20 MG	1	QL(1 EA daily)
escitalopram oxalate TABS 5 MG	1	QL(2 EA daily)
fluoxetine hcl CAPS 40 MG	1	QL(1 EA daily)
fluoxetine hcl CAPS 10 MG, 20 MG	1	
fluoxetine hcl CPDR	2	
fluoxetine hcl SOLN	1	QL(15 ML daily)
fluoxetine hcl TABS 10 MG	1	
fluoxetine hcl TABS 20 MG, 60 MG	1	QL(1 EA daily)

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<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 EA daily)	<i>venlafaxine hcl TB24 225 MG</i>	1	
<i>fluvoxamine maleate CP24 150 MG</i>	2		Tricyclic Agents		
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1		<i>amitriptyline hcl TABS</i>	1	
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)	<i>amoxapine</i>	1	
<i>paroxetine hcl SUSP</i>	1		<i>clomipramine hcl</i>	2	
<i>paroxetine hcl TABS</i>	1		<i>desipramine hcl TABS</i>	1	
<i>paroxetine hcl TB24</i>	1		<i>doxepin hcl CAPS</i>	1	
SERTRALINE HCL CAPS	2		<i>doxepin hcl CONC</i>	1	
<i>sertraline hcl CONC</i>	1		<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>sertraline hcl TABS</i>	1	QL(2 EA daily)	<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)
Serotonin Modulators			<i>imipramine pamoate</i>	1	
<i>nefazodone hcl</i>	1		<i>nortriptyline hcl CAPS</i>	1	
<i>trazodone hcl TABS</i>	1		<i>nortriptyline hcl SOLN</i>	1	
TRINTELLIX	3	ST	<i>protriptyline hcl</i>	2	
VIIBRYD STARTER PACK KIT	3	PA	<i>trimipramine maleate CAPS</i>	1	
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1		ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)	Alpha-Glucosidase Inhibitors		
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>acarbose</i>	1	
<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)	<i>miglitol</i>	1	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)	Antidiabetic Combinations		
FETZIMA TITRATION C4PK	3	ST	<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST	<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST	<i>glipizide-metformin hcl</i>	1	
<i>venlafaxine hcl CP24</i>	1	QL(2 EA daily)	<i>glyburide-metformin</i>	1	
<i>venlafaxine hcl TABS</i>	1		GLYXAMBI	2	
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)	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)

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Drug Name	Drug Tier	Requirements/ Limits
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>	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-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>	2	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic; PV
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
Diabetic Other		
<i>diazoxide</i>	2	
GLUCAGON EMERGENCY	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	2	
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
Incretin Mimetic Agents		
<i>liraglutide</i>	2	Not available through Mail Order; SP; PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	Not available through mail order.; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	Not available through mail order.; PA
OZEMPIC (2 MG/DOSE) SOPN	2	Not available through mail order.; PA
RYBELSUS TABS	2	Not available through mail order; PA
TRULICITY	2	Not available through mail order; PA
Insulin		
AFREZZA POWD	3	QL(6 EA daily)
AFREZZA POWD	3	
AFREZZA POWD	3	QL(3 EA daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)

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HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA SOLN	2	QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	Insulin Sensitizing Agents		
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ML daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)	Meglitinide Analogues		
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>nateglinide</i>	1	
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)	<i>repaglinide</i>	1	
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)	FARXIGA	2	QL(1 EA daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ML daily)	JARDIANCE	2	QL(1 EA daily)
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)	Sulfonylureas		
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)	(Glipizide) GLIPIZIDE XL TB24	1	
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)	<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
			<i>glipizide TABS</i>	1	
			<i>glipizide TB24</i>	1	
			<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
			<i>glyburide TABS</i>	1	
			ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
			Antidiarrheal - Chloride Channel Antagonists		
			MYTESI	3	QL(2 EA daily); PA
			Antiperistaltic Agents		

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(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC	<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail); RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	2		<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1		<i>naltrexone hcl</i>	1	
<i>loperamide hcl CAPS</i>	1	RX/OTC	ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
ANTIDOTES AND SPECIFIC ANTAGONISTS			5-HT3 Receptor Antagonists		
Antidotes - Chelating Agents			ANZEMET TABS 50 MG	3	ST; Limit 2 per month; QL(0.07 EA daily); PA
CHEMET	3		<i>granisetron hcl TABS</i>	1	ST; Limit 2 tablets per day; QL(2 EA daily); PA
<i>deferasirox PACK</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ML daily)
<i>deferasirox TABS</i>	4	PA	<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
<i>deferasirox TBSO</i>	4	PA	<i>ondansetron TBDP 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
<i>deferiprone TABS 500 MG</i>	4	PA	SANCUSO PTCH	4	QL(0.04 EA daily); PA
EXJADE TBSO (<i>deferasirox</i>)	4	PA	Antiemetics - Anticholinergic		
FERRIPROX SOLN	4	PA	(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	4	PA	<i>meclizine hcl CHEW</i>	1	RX/OTC
JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>scopolamine</i>	1	
JADENU TABS (<i>deferasirox</i>)	4	PA	<i>trimethobenzamide hcl CAPS</i>	1	
Antidotes and Specific Antagonists			Antiemetics - Miscellaneous		
ANDEXXA 200 MG	4	PA	AKYNZEO	3	QL(2 EA per 28 day(s) retail)
VISTOGARD	4				
Opioid Antagonists					
KLOXXADO LIQD	2				

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA
<i>dronabinol CAPS 10 MG</i>	2	PA
SYNDROS SOLN	4	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 EA daily)
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 EA daily)
<i>aprepitant MISC</i>	1	Limit 3 per month; QL(0.1 EA daily)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPB	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON (<i>flucytosine</i>)	4	
<i>flucytosine</i>	4	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
<i>fluconazole SUSR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	2	
<i>posaconazole TBEC</i>	2	
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 EA daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	4	PA
RYVENT TABS	3	
Antihistamines - Non-Sedating		
<i>desloratadine TABS</i>	1	ST; QL(1 EA daily); PA
<i>desloratadine TBDP 5 MG</i>	1	PA
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1		<i>colestipol hcl TABS</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2		Fibric Acid Derivatives		
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)	<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)	<i>choline fenofibrate 45 MG</i>	1	
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)
Antihistamines - Piperidines			<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<i>cyproheptadine hcl SYRP</i>	1		<i>fenofibrate CAPS</i>	1	
<i>cyproheptadine hcl TABS</i>	1		<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>fenofibrate TABS 48 MG</i>	1	
Antihyperlipidemics - Combinations			<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)	FIBRICOR (<i>fenofibric acid</i>)	2	
Antihyperlipidemics - Misc.			<i>gemfibrozil TABS</i>	1	
<i>icosapent ethyl</i>	2	PA	HMG CoA Reductase Inhibitors		
<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)	<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA	<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)
Bile Acid Sequestrants			<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)
(Cholestyramine Light) PREVALITE PACK	1		<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV
(Cholestyramine Light) PREVALITE POWD	1		<i>pitavastatin calcium</i>	1	QL(1 EA daily); ST
<i>cholestyramine light PACK</i>	1		<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 EA daily); PV
<i>cholestyramine light POWD</i>	1		<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>cholestyramine PACK</i>	1		<i>simvastatin TABS</i>	1	QL(1 EA daily)
<i>cholestyramine POWD</i>	1		Intestinal Cholesterol Absorption Inhibitors		
<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)	<i>ezetimibe</i>	1	
<i>colesevelam hcl TABS</i>	2	QL(7 EA daily)	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
<i>colestipol hcl GRAN</i>	1				
<i>colestipol hcl PACK</i>	2				

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JUXTAPID 5 MG	4	ST; PA
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ML daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>trandolapril</i>	1	
Agents for Pheochromocytoma		
DEMSEER (<i>metirosine</i>)	4	
<i>metirosine</i>	4	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 EA daily)
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)
<i>telmisartan 80 MG</i>	1	QL(1 EA daily)
<i>telmisartan 20 MG, 40 MG</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
Antiadrenergic Antihypertensives		
<i>clonidine hcl TABS</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa TABS</i>	1	
<i>prazosin hcl CAPS</i>	1	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)

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<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
<i>atenolol & chlorthalidone</i>	1		TEKTURNA HCT 25 MG-150 MG	3	ST
<i>benazepril & hydrochlorothiazide</i>	1		<i>telmisartan-amlodipine</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1		<i>telmisartan-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1		<i>trandolapril-verapamil hcl</i>	1	
<i>captopril & hydrochlorothiazide</i>	1		<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
EDARBYCLOR	3	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	
<i>enalapril maleate & hydrochlorothiazide</i>	1		Antihypertensives - Misc.		
<i>fosinopril sodium & hydrochlorothiazide</i>	1		VECAMEYL	3	
<i>irbesartan-hydrochlorothiazide</i>	1		Direct Renin Inhibitors		
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		<i>aliskiren fumarate</i>	1	
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)	Selective Aldosterone Receptor Antagonists (SARAs)		
<i>losartan potassium & hydrochlorothiazide</i>	1		<i>eplerenone</i>	1	
<i>metoprolol & hydrochlorothiazide TABS</i>	1		Vasodilators		
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST	<i>hydralazine hcl TABS</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)	<i>minoxidil 2.5 MG, 10 MG</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1		ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
			Anti-infective Agents - Misc.		
			<i>metronidazole CAPS</i>	2	
			<i>metronidazole TABS 250 MG, 500 MG</i>	1	

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<i>pentamidine isethionate IN</i>	2	
<i>tinidazole 250 MG</i>	1	
<i>tinidazole 500 MG</i>	1	ST
<i>trimethoprim TABS</i>	1	
XIFAXAN 200 MG	3	QL(9 EA per fill retail); PA
XIFAXAN 550 MG	3	QL(2 EA daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
<i>atovaquone</i>	2	
LAMPIT	4	PA
<i>nitazoxanide TABS</i>	2	
Carbapenems		
<i>ertapenem sodium IJ</i>	4	PA
<i>imipenem-cilastatin IV</i>	2	PA
INVANZ IJ (<i>ertapenem sodium</i>)	4	PA
<i>meropenem 500 MG</i>	4	PA
PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	4	PA
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
<i>dapsone 25 MG</i>	1	
Lincosamides		

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Monobactams		
CAYSTON	4	PA
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</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</i>	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 EA daily)
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
DARAPRIM (<i>pyrimethamine</i>)	4	PA
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail; 6 per fill mail)
<i>mefloquine hcl</i>	6	
<i>primaquine phosphate TABS</i>	1	
<i>pyrimethamine</i>	4	PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
NEOSTIGMINE METHYLSULFATE RFID SOSY (<i>neostigmine methylsulfate</i>)	4	PA
<i>neostigmine methylsulfate SOSY</i>	4	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	4	PA
<i>pyridostigmine bromide SOLN PO</i>	2	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	2	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	4	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	2	
<i>rifampin CAPS</i>	1	
TRECTOR	2	

Drug Name	Drug Tier	Requirements/ Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	2	SP; AC
Antimetabolites		
<i>capecitabine</i>	2	SP; AC
<i>fludarabine phosphate SOLR</i>	4	PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AL(Up to 13 yrs old); AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium SOLR</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	4	AC; PA
TABLOID	4	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LENVIMA (10 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	LENVIMA (8 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	Antineoplastic - Anti-HER2 Agents		
LENVIMA (14 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	TUKYSA	4	AC; PA
LENVIMA (18 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA (20 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA STARTING PACK TBPK	4	AC; PA
LENVIMA (24 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA TABS 100 MG	4	QL(4 EA daily); AC; PA
LENVIMA (4 MG DAILY DOSE)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA TABS 10 MG	4	QL(2 EA daily); AC; PA
			VENCLEXTA TABS 50 MG	4	AC; PA
			Antineoplastic - EGFR Inhibitors		
			<i>erlotinib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
			<i>gefitinib</i>	2	SP; AC; PA
			GILOTTRIF	4	Must use Accredo SP pharmacy; AC; PA
			TAGRISSE	4	SP; AC; PA
			VIZIMPRO	4	AC; PA
			Antineoplastic - Hedgehog Pathway Inhibitors		
			DAURISMO	4	PA
			ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
			ODOMZO	4	AC
			Antineoplastic - Hormonal and Related Agents		

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Drug Name	Drug Tier	Requirements/ Limits
(Abiraterone Acetate) ABIRTEGA 250 MG	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>anastrozole</i>	5	QL(1 EA daily); PV; AC
ARIMIDEX (<i>anastrozole</i>)	5	QL(1 EA daily); PV; AC
AROMASIN (<i>exemestane</i>)	5	PV; AC
<i>bicalutamide</i>	1	QL(1 EA daily); AC
ELIGARD KIT SC 7.5 MG, 45 MG	3	PA
EMCYT	2	AC
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	5	PV; AC
<i>letrozole</i>	1	AC
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	2	PA
LUPRON DEPOT (1-MONTH) KIT IM	3	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN	2	AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC

Drug Name	Drug Tier	Requirements/ Limits
NILANDRON (<i>nilutamide</i>)	4	AC; PA
<i>nilutamide</i>	4	AC; PA
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SOLTAMOX SOLN	5	PV; AC
<i>tamoxifen citrate TABS</i>	5	PV; AC
<i>toremifene citrate</i>	2	AC
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	4	AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	4	QL(1 EA daily); SP; PA
AYVAKIT	4	QL(1 EA daily); SP; AC; PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) 50 MG	4	AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
XPOVIO (40 MG ONCE WEEKLY) 40 MG	4	AC; PA
XPOVIO (40 MG TWICE WEEKLY) 40 MG	4	AC; PA
XPOVIO (60 MG ONCE WEEKLY) 60 MG	4	AC; PA
XPOVIO (80 MG ONCE WEEKLY) 40 MG	4	AC; PA
XPOVIO (80 MG TWICE WEEKLY)	4	PA
Antineoplastic Combinations		
INQOVI	4	PA
KISQALI FEMARA (200 MG DOSE)	4	AC; PA
KISQALI FEMARA (400 MG DOSE)	4	AC; PA
KISQALI FEMARA (600 MG DOSE)	4	AC; PA
LONSURF	4	AC; PA
Antineoplastic Enzyme Inhibitors		
(Everolimus) TORPENZ TABS	4	QL(1 EA daily); SP; AC; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	4	QL(1 EA daily); SP; AC; PA
AFINITOR TABS (<i>everolimus</i>)	4	QL(1 EA daily); SP; AC; PA
ALECENSA	4	AC; PA
ALUNBRIG TABS	4	AC; PA
ALUNBRIG TBPk	4	AC; PA
BALVERSA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>bortezomib SOLR IJ</i>	4	PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
BRUKINSA	4	AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 EA daily); AC; PA
CABOMETYX TABS 40 MG	4	QL(2 EA daily); AC; PA
CALQUENCE	4	QL(2 EA daily); AC; PA
CAPRELSA	4	AC; PA
COMETRIQ (100 MG DAILY DOSE) KIT	4	AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	4	AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	4	AC; PA
COPIKTRA	4	AC; PA
COTELLIC	4	AC; PA
<i>dasatinib</i>	4	SP; AC; PA
<i>everolimus TABS</i>	4	QL(1 EA daily); SP; AC; PA
<i>everolimus TBSO</i>	4	QL(1 EA daily); SP; AC; PA
IBRANCE CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IBRANCE TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	KISQALI (600 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
ICLUSIG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	KOSELUGO	4	PA
IDHIFA	4	AC; PA	<i>lapatinib ditosylate</i>	4	AC; PA
<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); AC; PA	LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); AC; PA	LUMAKRAS 120 MG, 240 MG	4	QL(2 EA daily); PA
IMBRUVICA CAPS 140 MG	4	QL(3 EA daily); SP; AC; PA	LUMAKRAS 320 MG	4	QL(3 EA daily); PA
IMBRUVICA CAPS 70 MG	4	QL(1 EA daily); SP; AC; PA	LYNPARZA TABS	4	QL(4 EA daily); SP; AC; PA
IMBRUVICA SUSP	4	QL(8 ML daily); SP; AC; PA	MEKINIST SOLR	4	SP; AC; PA
IMBRUVICA TABS	4	QL(1 EA daily); AC; PA	MEKINIST TABS	4	SP; AC; PA
INREBIC	4	AC; PA	MEKTOVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
ISTODAX SOLR (<i>romidepsin</i>)	4	PA	NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
JAKAFI	4	QL(2 EA daily); AC; PA	NEXAVAR (<i>sorafenib tosylate</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
KISQALI (200 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	NINLARO	4	Limited to 3 capsules per month;; QL(0.1 EA daily); AC; PA
KISQALI (400 MG DOSE)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pazopanib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	TABRECTA	4	AC; PA
PIQRAY (200 MG DAILY DOSE)	4	AC; PA	TAFINLAR CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
PIQRAY (250 MG DAILY DOSE)	4	AC; PA	TAFINLAR TBSO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
PIQRAY (300 MG DAILY DOSE)	4	AC; PA	TALZENNA	4	SP; AC; PA
QINLOCK	4	AC; PA	TASIGNA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
RETEVMO CAPS	4	AC; PA	TAZVERIK	4	PA
<i>romidepsin SOLR</i>	4	PA	<i>temsirolimus</i>	4	PA
ROZLYTREK CAPS	4	AC; PA	TIBSOVO	4	AC; PA
RUBRACA	4	AC; PA	TORISEL (<i>temsirolimus</i>)	4	PA
RYDAPT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	TYKERB (<i>lapatinib ditosylate</i>)	4	AC; PA
<i>sorafenib tosylate</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	VELCADE SOLR IJ (<i>bortezomib</i>)	4	PA
STIVARGA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	VERZENIO	4	QL(2 EA daily); AC; PA
<i>sunitinib malate 25 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	VITRAKVI CAPS	4	AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VITRAKVI SOLN	4	AC; PA
			VOTRIENT (<i>pazopanib hcl</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
			XALKORI CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
XALKORI CPSP	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XOSPATA	4	AC; PA
ZEJULA TABS	4	PA
ZELBORAF	4	AC; PA
ZOLINZA	4	AC; PA
ZYDELIG	3	AC; PA
ZYKADIA TABS	4	AC
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	PA
ALFERON N	4	PA
BESREMI	4	PA
<i>bexarotene</i>	4	SP; AC; PA
<i>hydroxyurea</i>	1	AC
MATULANE	4	AC; PA
TARGRETIN (<i>bexarotene</i>)	4	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	4	PA
<i>leucovorin calcium TABS</i>	1	AC
<i>mesna TABS</i>	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	2	AC
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	AC; PA
HYCANTIN SOLR (<i>topotecan hcl</i>)	4	PA
<i>topotecan hcl SOLR</i>	4	PA
ANTIPARKINSON AND RELATED THERAPY		

Drug Name	Drug Tier	Requirements/ Limits
AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	4	administered under the medical benefit; PA
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	
TASMAR (<i>tolcapone</i>)	4	
<i>tolcapone</i>	4	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)
<i>carbidopa-levodopa TBDP</i>	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	4	

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Drug Name	Drug Tier	Requirements/ Limits
<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>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	2	
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 EA daily)
<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	
RYTARY CPRC	4	QL(10 EA daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	3	
Antipsychotics - Misc.		
EQUETRO	3	
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	4	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	4	QL(1 EA daily); PA
VRAYLAR CAPS	3	
VRAYLAR CPPK	3	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
Benzisoxazoles		
FANAPT	4	QL(2 EA daily)
FANAPT TITRATION PACK	4	
<i>paliperidone</i>	1	
PERSERIS PRSY	4	administered under the medical benefit; PA
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>asenapine maleate</i>	2	
<i>clozapine TABS</i>	1	
<i>clozapine TBDP</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)
<i>olanzapine TBDP</i>	1	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)
<i>quetiapine fumarate TB24</i>	1	
SECUADO	3	QL(1 EA daily)
VERSACLOZ SUSP	4	QL(18 ML daily)
Dihydroindolones		
<i>molindone hcl</i>	1	
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
<i>chlorpromazine hcl TABS</i>	2	
<i>fluphenazine hcl CONC</i>	1	
<i>fluphenazine hcl ELIX</i>	2	
<i>fluphenazine hcl TABS</i>	1	
<i>perphenazine TABS</i>	1	
<i>prochlorperazine</i>	1	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	1	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)
<i>trifluoperazine hcl TABS</i>	1	
Quinolinone Derivatives		
<i>aripiprazole SOLN PO</i>	1	
<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)
<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>efavirenz CAPS</i>	1		NORVIR PACK	2	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)	ODEFSEY	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		PIFELTRO	2	
<i>efavirenz TABS</i>	1		PREZCOBIX	2	
<i>emtricitabine CAPS</i>	1		PREZISTA SUSP	2	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 EA daily); PV	PREZISTA TABS 75 MG, 150 MG	2	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)	REYATAZ PACK	2	
EMTRIVA SOLN	2		<i>ritonavir TABS</i>	1	
<i>etravirine</i>	1		RUKOBIA	4	
EVOTAZ	2		SELZENTRY SOLN	2	
<i>fosamprenavir calcium TABS</i>	1		STRIBILD	2	
FUZEON SOLR	4	ST; PA	SYMTUZA	2	
GENVOYA	2		<i>tenofovir disoproxil fumarate TABS</i>	1	
INTELENCE 25 MG	2		TIVICAY TABS 50 MG	2	
ISENTRESS HD TABS	2		TRIUMEQ PD TBSO	2	
ISENTRESS CHEW	2		TRIUMEQ TABS	2	
ISENTRESS PACK	2		TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	QL(1 EA daily); PV
ISENTRESS TABS	2		TYBOST	2	
JULUCA	2		VIRACEPT TABS	2	
KALETRA SOLN	2		VIREAD POWD	2	
<i>lamivudine SOLN</i>	1		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
<i>lamivudine TABS</i>	1		<i>zidovudine CAPS</i>	1	
<i>lamivudine-zidovudine</i>	1		<i>zidovudine SYRP</i>	1	
<i>lopinavir-ritonavir SOLN</i>	1		<i>zidovudine TABS</i>	1	
<i>lopinavir-ritonavir TABS</i>	1		Antiviral Combinations		
<i>maraviroc TABS</i>	1		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
<i>nevirapine SUSP</i>	1				
<i>nevirapine TABS</i>	1				
<i>nevirapine TB24</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
CMV Agents		
<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ML daily)
<i>valganciclovir hcl TABS</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	2	
<i>entecavir TABS</i>	2	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA
<i>lamivudine (hcv) TABS</i>	2	
MAVYRET TABS	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
PEGASYS SOLN	3	PA
<i>ribavirin (hepatitis c) CAPS</i>	1	PA
VEMLIDY	4	SP; ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir TABS PO 400 MG</i>	1	
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
<i>famciclovir</i>	1	
<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate SUSP</i>	1	QL(75 ML daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride TABS</i>	1	
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG</i>	1	QL(2 EA daily)
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol phosphate</i>	1	
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betaxolol hcl</i>	1		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily)	(Diltiazem Hcl) DILT-XR CP24	1	
<i>metoprolol succinate TB24</i>	1		(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>metoprolol tartrate TABS</i>	1		<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>nebivolol hcl</i>	1		<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
Beta Blockers Non-Selective			<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)
(Sotalol Hcl) SORINE TABS	1		<i>diltiazem hcl extended release beads</i>	1	
HEMANGEOL SOLN PO	3	PA	<i>diltiazem hcl CP12</i>	1	
INDERAL XL	3		<i>diltiazem hcl CP24</i>	1	
INNOPRAN XL	3		<i>diltiazem hcl TABS</i>	1	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1		<i>diltiazem hcl TB24</i>	1	
<i>pindolol TABS</i>	1		<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>propranolol hcl CP24</i>	1		<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1		<i>isradipine CAPS</i>	1	
<i>propranolol hcl TABS</i>	1		<i>nicardipine hcl CAPS</i>	1	
<i>sotalol hcl (afib/af)</i>	1		<i>nifedipine CAPS</i>	1	
<i>sotalol hcl TABS</i>	1		<i>nifedipine TB24</i>	1	QL(1 EA daily)
SOTYLIZE SOLN PO	3		<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)	<i>nimodipine CAPS</i>	2	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 EA daily)	<i>nimodipine SOLN</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>nisoldipine</i>	2	
Calcium Channel Blockers			<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)	<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl TABS</i>	1		Prostaglandin Vasodilators		
<i>verapamil hcl TBCR 120 MG</i>	1		ORENITRAM MONTH 1 TEPK	4	SP; PA
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)	ORENITRAM MONTH 2 TEPK	4	SP; PA
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			ORENITRAM MONTH 3 TEPK	4	SP; PA
Cardiac Glycosides			ORENITRAM TBCR	4	SP; PA
<i>digoxin SOLN PO 0.05 MG/ML</i>	1		TYVASO DPI INSTITUTIONAL KIT POWD	4	QL(4 EA daily); PA
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1		TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 EA daily); PA
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3		TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 EA daily); PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			TYVASO DPI TITRATION KIT POWD	4	QL(7 EA daily); PA
Cardiovascular Agents Misc. - Combinations			TYVASO DPI TITRATION KIT POWD	4	QL(9 EA daily); PA
<i>amlodipine besylate-atorvastatin calcium</i>	2		TYVASO REFILL KIT SOLN IN	4	PA
ENTRESTO TABS	3	QL(2 EA daily); PA	TYVASO STARTER KIT SOLN IN	4	PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1		TYVASO SOLN IN	4	PA
Impotence Agents			VENTAVIS IN	4	PA
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA	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 day(s) retail); AL(At least 21 yrs old); PA	<i>ambrisentan 5 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 EA daily); PA
<i>tadalafil 2.5 MG</i>	1	QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA	<i>ambrisentan 10 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
bosentan TABS	4	PA
LETAIRIS 10 MG (<i>ambrisentan</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 EA daily); PA
LETAIRIS 5 MG (<i>ambrisentan</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 EA daily); PA
OPSUMIT	4	ST; PA
TRACLEER TABS (<i>bosentan</i>)	4	PA
TRACLEER TBSO	4	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 EA daily); PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 EA daily); PA
<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 EA daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	4	ST; PA
UPTRAVI TABS 200 MCG	4	ST; PA
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase		

Drug Name	Drug Tier	Requirements/ Limits
Stimulator		
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ML daily); ST
<i>ivabradine hcl TABS</i>	2	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 EA daily); PA
VYNDAQEL	4	QL(4 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cefazolin sodium SOLR IV 1 GM</i>	4	PA
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACLO ER TB12	3	
<i>cefaclor CAPS</i>	1	
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
CEFOTAN IJ (<i>cefotetan disodium</i>)	4	PA
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	4	PA
<i>cefroxitin sodium IV 1 GM, 2 GM</i>	4	PA
CEFOXITIN SODIUM-DEXTROSE	4	PA
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	

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Cephalosporins - 3rd Generation			(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
<i>cefdinir CAPS</i>	1				
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
SUPRAX CHEW	3				
SUPRAX SUSR 500 MG/5ML	3		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV			
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV	(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV			
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV			

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

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

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(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	PV	BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV	BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV
			<i>drospirenone-ethinyl estradiol</i>	5	PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV
			<i>ethynodiol diacet & eth estrad</i>	5	PV
			FEMLYV TBDP	5	PV
			GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	5	PV
			LO LOESTRIN FE TABS	5	PV
			LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV

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MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	PV	<i>norelgestromin-ethinyl estradiol</i>	5	PV
NATAZIA	5	PV	TWIRLA	5	PV
NEXTSTELLIS	5	PV	Combination Contraceptives - Vaginal		
<i>norethin acet & estrad-fe CAPS</i>	5	PV	(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
<i>norethin acet & estrad-fe CHEW</i>	5	PV	ANNOVERA	5	PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV	<i>etonogestrel-ethinyl estradiol</i>	5	PV
<i>norethindrone & ethinyl estradiol-fe</i>	5	PV	NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	5	PV
<i>norethindrone acet & eth estra TABS</i>	5	PV	Emergency Contraceptives		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	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	PV
<i>norgestimate-ethinyl estradiol</i>	5	PV	ELLA	5	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV	<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV	PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	5	PV
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	PV	Progestin Contraceptives - Injectable		
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	PV	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	PV	Progestin Contraceptives - Oral		
TYBLUME CHEW	5	PV			
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	PV			
YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	PV			
Combination Contraceptives - Transdermal					

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Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPB	1	
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	4	SP; PA
<i>budesonide TB24</i>	2	PA
<i>deflazacort SUSP</i>	4	SP; PA
<i>deflazacort TABS</i>	4	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBPB</i>	1	
EMFLAZA SUSP (<i>deflazacort</i>)	4	SP; PA
EMFLAZA TABS (<i>deflazacort</i>)	4	SP; PA
<i>hydrocortisone TABS</i>	1	
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPB</i>	1	
MILLIPRED TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1	
<i>prednisolone sodium phosphate TBPB</i>	1	
<i>prednisolone SOLN</i>	1	
<i>prednisolone TABS</i>	1	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	2	
<i>prednisone TABS</i>	1	
<i>prednisone TBPB</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</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	

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(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
ACTIDOM DMX LIQD	3		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
CODITUSSIN AC LIQD	3		HYPERSAL NEBU	2	
DOMETUSS-DMX LIQD	3		NEBUSAL NEBU	3	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	1	
GILTUSS COUGH & COLD TABS	3		Mucolytics		
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC	acetylcysteine SOLN	1	
guaifenesin-codeine SOLN	1		DERMATOLOGICALS - Drugs to Treat Skin Conditions		
hydrocodone polistirex-chlorpheniramine polistirex SUER	1		Acne Products		
NEOTUSS PLUS LIQD	3		(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
promethazine w/codeine SOLN	1	QL(30 ML daily)	(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
promethazine w/codeine SYRP	1	QL(30 ML daily)	(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
promethazine-dm SYRP	1	QL(30 ML daily)	(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		(Erythromycin (Acne Aid)) ERY PADS	1	
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2	
TUSNEL TABS	3		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
TUSSLIN PEDIATRIC LIQD	3		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
TUSSLIN LIQD	3				
Expectorants					
potassium iodide (expectorant) SOLN	1				
Misc. Respiratory Inhalants					

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(Tretinoin) AVITA CREA 0.025 %	1		FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
(Tretinoin) AVITA GEL 0.025 %	1		<i>sulfacetamide sodium (acne)</i>	1	
<i>adapalene-benzoyl peroxide GEL</i>	1		<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)	<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2	
<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)	<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA
<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC	<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 GM daily)
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)	SULFACETAMIDE-SULFUR IN UREA EMUL	2	
<i>clindamycin phosphate (topical) FOAM</i>	1		TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>clindamycin phosphate (topical) GEL</i>	1		<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 GM daily)
<i>clindamycin phosphate (topical) LOTN</i>	1		<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 GM daily)
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>tretinoin microsphere 0.08 %</i>	2	QL(1.7 GM daily)
<i>clindamycin phosphate (topical) SWAB</i>	1		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1		Agents for External Genital and Perianal Warts		
<i>clindamycin phosphate-tretinoin</i>	2		VEREGEN	3	QL(30 GM per fill retail)
<i>dapsone (topical) 5 %</i>	1	ST; PA	Antibiotics - Topical		
<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily)	<i>gentamicin sulfate (topical) CREA</i>	1	
DIFFERIN LOTN	2		<i>gentamicin sulfate (topical) OINT</i>	1	
<i>erythromycin (acne aid) GEL</i>	1		<i>mupirocin OINT</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1		Antifungals - Topical		

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(Ciclopirox) CICLODAN SOLN	1		<i>nystatin-triamcinolone CREA</i>	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	2		<i>nystatin-triamcinolone OINT</i>	1	
(Ketoconazole (Topical)) KETODAN FOAM	2		<i>oxiconazole nitrate CREA</i>	2	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		OXISTAT LOTN	3	
<i>ciclopirox olamine CREA</i>	1		<i>sulconazole nitrate CREA</i>	2	
<i>ciclopirox olamine SUSP</i>	1		<i>sulconazole nitrate SOLN</i>	1	
<i>ciclopirox GEL</i>	1		Anti-inflammatory Agents - Topical		
<i>ciclopirox SHAM</i>	1		(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>ciclopirox SOLN</i>	1				
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 GM daily)	<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)	<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 GM daily); PA
<i>econazole nitrate CREA</i>	1		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)
ERTACZO	4	QL(1 GM daily); PA	Antineoplastic or Premalignant Lesion Agents - Topical		
EXELDERM SOLN	2		<i>bexarotene (topical)</i>	4	SP; PA
EXODERM	3				
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	2				
JUBLIA	4	QL(0.27 ML daily)			
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)			
<i>ketoconazole (topical) FOAM</i>	2				
<i>ketoconazole (topical) SHAM 2 %</i>	1				
<i>naftifine hcl CREA</i>	2				
<i>naftifine hcl GEL 2 %</i>	2				
<i>nystatin (topical) CREA</i>	1				
<i>nystatin (topical) OINT</i>	1				
<i>nystatin (topical) POWD EX</i>	1				

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CARAC CREA	4	QL(1 GM daily)	COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA			
<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 GM daily)	COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	2				
<i>fluorouracil (topical) SOLN</i>	1		COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ML daily); PA
PANRETIN	3	PA			
TARGRETIN (<i>bexarotene (topical)</i>)	4	SP; PA	COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
VALCHLOR	4	ST; PA			
Antipruritics - Topical			COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
<i>doxepin hcl (antipruritic)</i>	2	QL(3 GM daily)			
Antipsoriatics			<i>methoxsalen rapid</i>	2	
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)	SKYRIZI PEN SOAJ	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA
<i>acitretin 25 MG</i>	2	QL(2 EA daily)			
<i>acitretin 10 MG</i>	2	QL(1 EA daily)	SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); PA
<i>acitretin 17.5 MG</i>	2				
<i>calcipotriene CREA</i>	2	QL(5 GM daily)	SORILUX FOAM	3	PA
<i>calcipotriene FOAM</i>	1	PA	STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
CALCIPOTRIENE FOAM	3	PA			
<i>calcipotriene OINT</i>	1	QL(5 GM daily)			
<i>calcipotriene SOLN</i>	1				
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)			
COSENTYX (300 MG DOSE) SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA			
COSENTYX SENSOREADY (300 MG) SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ML daily); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	USTEKINUMAB SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ML daily); SP; PA	Antiseborrheic Products		
<i>tazarotene CREA</i>	1		<i>selenium sulfide LOTN 2.5 %</i>	1	
<i>tazarotene GEL</i>	1		SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3	
TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	<i>sulfacetamide sodium LIQD</i>	1	
TREMFYA PEN SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	<i>sulfacetamide sodium SHAM 10 %</i>	1	
TREMFYA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); SP; PA	Antivirals - Topical		
USTEKINUMAB SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	<i>acyclovir topical CREA</i>	1	
USTEKINUMAB SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ML daily); SP; PA	<i>acyclovir topical OINT</i>	1	QL(1 GM daily)
			Burn Products		
			(Silver Sulfadiazine) SSD	1	
			<i>mafenide acetate PACK</i>	1	
			<i>silver sulfadiazine</i>	1	
			SULFAMYLLON CREA	3	
			Corticosteroids - Topical		
			(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
			(Clobetasol Propionate Emulsion) TOVET	2	
			(Clobetasol Propionate) CLODAN SHAM	1	
			(Desonide) DESRX GEL	1	
			(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1	
			(Hydrocortisone (Topical)) ALA-CORT CREA 2.5 %	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1		<i>calcipotriene- betamethasone dipropionate SUSP</i>	1	QL(2 GM daily); ST
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>alclometasone dipropionate CREA</i>	1		<i>clobetasol propionate emulsion</i>	2	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>amcinonide LOTN</i>	1		<i>clobetasol propionate FOAM</i>	2	
APEXICON E CREA	3		<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate LIQD</i>	2	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone dipropionate augmented OINT</i>	1		CORDRAN TAPE	3	
<i>betamethasone valerate CREA</i>	1		CORTANE-B	3	
<i>betamethasone valerate FOAM</i>	2		<i>desonide CREA</i>	1	
<i>betamethasone valerate LOTN</i>	1		<i>desonide GEL</i>	1	
<i>betamethasone valerate OINT</i>	1		<i>desonide LOTN</i>	1	
<i>calcipotriene- betamethasone dipropionate OINT</i>	2	ST	<i>desonide OINT</i>	1	
			<i>desoximetasone CREA</i>	1	
			<i>desoximetasone GEL</i>	1	
			<i>desoximetasone LIQD</i>	2	ST
			<i>desoximetasone OINT 0.05 %</i>	2	
			<i>desoximetasone OINT 0.25 %</i>	1	
			<i>diflorasone diacetate CREA</i>	1	
			<i>diflorasone diacetate OINT</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EPIFOAM FOAM	3		<i>hydrocortisone butyrate SOLN</i>	1	
<i>fluocinolone acetonide CREA</i>	1		<i>hydrocortisone valerate CREA</i>	1	
<i>fluocinolone acetonide OIL</i>	1		<i>hydrocortisone valerate OINT</i>	1	
<i>fluocinolone acetonide OINT</i>	1		LOCOID LIPOCREAM	3	
<i>fluocinolone acetonide SOLN</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinonide emulsified base</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinonide CREA</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinonide GEL</i>	1		NUCORT LOTN	3	
<i>fluocinonide OINT</i>	1		PRAMOSONE LOTN	3	
<i>fluocinonide SOLN</i>	1		PRAMOSONE OINT	3	
<i>fluticasone propionate CREA 0.05 %</i>	1		<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>fluticasone propionate LOTN</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>fluticasone propionate OINT</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>halobetasol propionate CREA</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>halobetasol propionate OINT</i>	1		Eczema Agents		
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		DUPIXENT SOAJ 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1		DUPIXENT SOAJ 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA
<i>hydrocortisone (topical) OINT 2.5 %</i>	1				
<i>hydrocortisone (topical) SOLN 2.5 %</i>	1				
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1				
<i>hydrocortisone butyrate CREA</i>	1				
<i>hydrocortisone butyrate LOTN</i>	2				
<i>hydrocortisone butyrate OINT</i>	1				

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DUPIXENT SOSY 200 MG/1.14ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); SP; PA	MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
DUPIXENT SOSY 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); SP; PA	PODOCON-25 SOLN	3	
DUPIXENT SOSY 100 MG/0.67ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.048 ML daily); SP; PA	<i>podofilox GEL</i>	2	
Emollient/Keratolytic Agents			<i>podofilox SOLN</i>	1	
(Urea) CEROVEL LOTN 40 %	1		SALICYLIC ACID OINT	3	RX/OTC
<i>urea LOTN 40 %</i>	1		<i>salicylic acid SHAM 6 %</i>	1	
Enzymes - Topical			SALIMEZ CREA	3	
SANTYL OINT	3		SALY CIM CREA	3	
Immunomodulating Agents - Topical			Local Anesthetics - Topical		
<i>imiquimod 5 %</i>	1		(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)
Immunosuppressive Agents - Topical			CETACAINE AERO	3	
<i>pimecrolimus</i>	1	QL(2 GM daily)	<i>lidocaine hcl SOLN</i>	1	
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)	<i>lidocaine-prilocaine CREA</i>	1	
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)	<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 EA daily)
Keratolytic/Antimitotic/Vesicant Agents			PREMIUM SCAR	3	
(Salicylic Acid) KERALYT SHAM 6 %	1		Misc. Topical		
BENSAL HP OINT	3	RX/OTC	DRYSOL SOLN	2	
			XERAC AC	3	
			Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
			EUCRISA	3	ST; Limited to 60 gm per month; QL(2 GM daily); PA
			Rosacea Agents		
			<i>azelaic acid GEL</i>	1	
			<i>brimonidine tartrate (topical)</i>	2	PA
			<i>doxycycline (rosacea)</i>	2	QL(1 EA daily); PA
			FINACEA FOAM	3	
			<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA

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<i>metronidazole (topical) CREA</i>	1		FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>metronidazole (topical) GEL 1 %</i>	1		FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)	KETONE TEST STRP	6	
NORITATE CREA	4	PA	KETOSTIX STRP	6	
RHOFADE	3	ST; PA	ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
Scabicides & Pediculicides			ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	2		ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>ivermectin (pediculicide)</i>	2		ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>malathion</i>	2		PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
<i>permethrin CREA</i>	1	QL(2 GM daily)	PRECISION XTRA KETONE	2	QL(0.36 EA daily)
<i>spinosad</i>	2	AL(At least 4 yrs old)	SPEEDY SWAB COVID-19/FLU HOME	5	PV
Wound Care Products			DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
REGRANEX	3	QL(0.5 GM daily)			
DIAGNOSTIC PRODUCTS					
Diagnostic Drugs					
METOPIRONE	3				
Diagnostic Tests					
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month			
COVID-19 FLU A&B 3-IN-1 TEST	5	PV			
FLOWFLEX PLUS COVID-19/FLU A/B	5	PV			
FREESTYLE INSULINX TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Digestive Enzymes			<i>spironolactone & hydrochlorothiazide</i>	1	
CREON CPEP	2		<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3		<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)
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		<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			Loop Diuretics		
Carbonic Anhydrase Inhibitors			<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
(Dichlorphenamide) ORMALVI	4	PA	<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>acetazolamide CP12</i>	1	QL(2 EA daily)	<i>ethacrynic acid</i>	2	ST
<i>acetazolamide TABS 125 MG</i>	1		<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)	<i>furosemide TABS</i>	1	
<i>dichlorphenamide</i>	4	PA	SOAANZ TABS 20 MG	2	
KEVEYIS (<i>dichlorphenamide</i>)	4	PA	<i>torseamide TABS 100 MG</i>	1	QL(2 EA daily)
<i>methazolamide TABS</i>	1		<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	
Diuretic Combinations			Potassium Sparing Diuretics		
<i>amiloride & hydrochlorothiazide</i>	1		<i>amiloride hcl TABS</i>	1	
			<i>spironolactone TABS</i>	1	
			<i>triamterene CAPS</i>	2	
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	1	
			DIURIL SUSP	3	
			<i>hydrochlorothiazide CAPS</i>	1	
			<i>hydrochlorothiazide TABS</i>	1	
			<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
			<i>metolazone</i>	1	
			THALITONE	2	
			ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate		

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Drug Name	Drug Tier	Requirements/ Limits
Hormones		
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	2	
<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 EA daily)
<i>calcitonin (salmon) IJ</i>	4	PA
<i>calcitonin (salmon) NA</i>	1	
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 EA daily); ST
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
<i>teriparatide SOPN</i>	4	SP; PA
TYMLOS	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	PA
NORDITROPIN FLEXPPO SOPN	4	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
ZOMACTON SOLR SC 10 MG	4	PA
ZORBTIVE SC	4	PA
Hormone Receptor Modulators		

Drug Name	Drug Tier	Requirements/ Limits
EVISTA (<i>raloxifene hcl</i>)	5	PV
OSPHEHA	3	QL(1 EA daily)
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
<i>betaine</i>	4	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN PO</i>	1	
<i>cinacalcet hcl</i>	2	PA
CYSTADANE (<i>betaine</i>)	4	PA
<i>doxercalciferol CAPS</i>	2	
GALAFOLD	4	QL(0.5 EA daily); PA
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX

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<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	2	
MYALEPT	4	PA
<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA
<i>nitisinone CAPS 10 MG</i>	1	PA
NITYR TABS	4	PA
ORFADIN SUSP	4	PA
PALYNZIQ	4	PA
<i>paricalcitol CAPS</i>	1	
<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
<i>sodium phenylbutyrate POWD</i>	2	SP; PA
<i>sodium phenylbutyrate TABS</i>	2	SP; PA
STRENSIQ	4	PA
XURIDEN	4	
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1	
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	5	PV

Drug Name	Drug Tier	Requirements/ Limits
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML</i>	4	SP; PA
<i>octreotide acetate SOLN 500 MCG/ML</i>	4	PA
<i>octreotide acetate SOSY</i>	4	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>)	4	SP; PA
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	4	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	PA
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 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH PTTW	3	

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Drug Name	Drug Tier	Requirements/ Limits
DUAVEE	3	
<i>estradiol & norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	4	PA
PREMPHASE	2	QL(1 EA daily)
PREMPRO	2	QL(1 EA daily)
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
ELESTRIN GEL	3	QL(1.74 GM daily)
<i>estradiol valerate</i>	1	QL(5 ML per fill retail)
<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</i>	1	
<i>estradiol PTTW</i>	1	QL(0.29 EA daily)
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 EA daily)
<i>estradiol TABS</i>	1	
EVAMIST SOLN	3	QL(0.27 ML daily)
MENEST 2.5 MG	2	QL(3 EA daily)
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)
PREMARIN TABS	2	QL(1 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/ Limits
Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 400 MG</i>	2	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)
<i>ofloxacin 300 MG</i>	1	
GASTROINTESTINAL AGENTS - MISC. -		
Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 10 MG	4	QL(1 EA daily); PA
OCALIVA 5 MG	4	ST; QL(1 EA daily); PA
Gallstone Solubilizing Agents		
(Chenodiol) CHENODAL	4	PA
CTEXLI 250 MG	4	PA
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	2	
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 EA daily)
DIPENTUM	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INFLECTRA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	TREMFYA PEN SOAJ SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA
<i>mesalamine CP24</i>	1	QL(4 EA daily)		TREMFYA SOSY SC 200 MG/2ML	
<i>mesalamine CPCR</i>	1	QL(8 EA daily); PA			
<i>mesalamine CPDR</i>	1	QL(6 EA daily)			
<i>mesalamine ENEM</i>	1	QL(60 ML daily)			
<i>mesalamine SUPP</i>	2	QL(1 EA daily)			
<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 EA daily)	Intestinal Acidifiers		
<i>mesalamine TBEC 800 MG</i>	1		(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
PENTASA CPCR 500 MG	3	QL(8 EA daily); PA	<i>lactulose (encephalopathy)</i>	1	
PENTASA CPCR 250 MG	3	PA	Irritable Bowel Syndrome (IBS) Agents		
RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA	<i>alosetron hcl</i>	2	
SFROWASA ENEM	2		LINZESS	2	QL(1 EA daily)
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 package(s) per fill retail; PA	VIBERZI	3	PA
<i>sulfasalazine TABS</i>	1	QL(8 EA daily)	Peripheral Opioid Receptor Antagonists		
<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)	<i>alvimopan</i>	4	
TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0715 ML daily); SP; PA	ENTEREG (<i>alvimopan</i>)	4	
			MOVANTIK	3	QL(1 EA daily)
			Phosphate Binder Agents		
			(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
			<i>calcium acetate (phosphate binder) CAPS</i>	1	
			<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
			<i>ferric citrate</i>	1	ST; PA
			FOSRENOL PACK	3	
			<i>lanthanum carbonate CHEW 500 MG</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 EA daily)
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 EA daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 400 MG</i>	1	PA
<i>sevelamer hcl 800 MG</i>	2	QL(16 EA daily); PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS -		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(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
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)
<i>silodosin 4 MG</i>	1	
<i>silodosin 8 MG</i>	1	QL(1 EA daily)
<i>tamsulosin hcl</i>	1	QL(2 EA daily)
Urinary Stone Agents		
(Tiopronin) VENXXIVA TBEC	2	
LITHOSTAT	3	
<i>tiopronin TABS</i>	2	
<i>tiopronin TBEC</i>	2	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)	BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>colchicine CAPS</i>	1				
<i>colchicine TABS</i>	1				
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)	CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)			
Uricosurics					
<i>probenecid</i>	1		ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders					
Antihemophilic Products			ESPEROCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
ADVATE	4	PA			
ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HEMLIBRA	4	SP; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	IDELVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	4	PA	IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BALFAXAR	4	SP; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JIVI 4000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	REBINYN	4	SP; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOVALTRY	4	PA	TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOSEVEN RT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	4	SP; PA	XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ KIT 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>icatibant acetate</i> SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Complement Inhibitors		
FABHALTA	4	PA
HAEGARDA SOLR SC	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 100 MG	4	ST; PA
TAVALISSE 150 MG	4	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 EA daily)
Human Protein C		
CEPROTIN	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	QL(2 EA daily)
<i>cilostazol</i>	1	QL(2 EA daily)
<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)
<i>dipyridamole</i>	1	
<i>prasugrel hcl</i>	1	
<i>ticagrelor 90 MG</i>	2	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat		

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV	INTEGRA F	2	
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC	IRON FOLATE-F	2	
<i>folic acid TABS 1 MG</i>	1	RX/OTC	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV	Hemostatics - Systemic		
Hematopoietic Growth Factors			<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	2	
MULPLETA	4	PA	<i>aminocaproic acid TABS</i>	2	
NYVEPRIA	4	SP; PA	CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	4	PA
PROMACTA PACK 25 MG	4	QL(1 EA daily); PA	<i>tranexamic acid SOLN 1000 MG/10ML</i>	4	PA
PROMACTA PACK 12.5 MG	4	QL(1 EA daily); PA	<i>tranexamic acid TABS</i>	1	QL(6 EA daily; 5 Day(s) limit)
PROMACTA TABS	4	QL(1 EA daily); PA	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
RETACRIT 20000 UNIT/ML	4	PA	Barbiturate Hypnotics		
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	PA	<i>phenobarbital ELIX</i>	1	
UDENYCA ONBODY SOSY	4	SP; PA	<i>phenobarbital TABS</i>	1	
UDENYCA SOAJ	4	SP; PA	Non-Barbiturate Hypnotics		
UDENYCA SOSY	4	PA	<i>estazolam</i>	1	
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	<i>eszopiclone</i>	1	QL(1 EA daily)
Hematopoietic Mixtures			<i>flurazepam hcl 30 MG</i>	2	QL(1 EA daily)
FOLIVANE-F	2		<i>flurazepam hcl 15 MG</i>	2	QL(2 EA daily)
			<i>midazolam hcl SYRP</i>	1	
			<i>quazepam</i>	2	
			<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
			<i>temazepam 15 MG</i>	1	QL(2 EA daily)
			<i>temazepam 7.5 MG</i>	1	
			<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
			<i>triazolam 0.125 MG</i>	1	
			<i>zaleplon</i>	1	QL(1 EA daily)
			<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
			<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily)
			Orexin Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	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 SCORBAT	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ML per fill retail); PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	QL(4000 ML per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
PEG-PREP	5	QL(1 EA per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	PV
Laxatives - Miscellaneous		

Drug Name	Drug Tier	Requirements/ Limits
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 GM daily)
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)
Saline Laxatives		
OSMOPREP	5	PV
Stimulant Laxatives		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl TBEC</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					
<i>azithromycin PACK</i>	1				
<i>azithromycin SUSR</i>	1				
<i>azithromycin TABS 500 MG</i>	1				QL(3 EA daily)
<i>azithromycin TABS 600 MG</i>	1				QL(10 EA per fill retail)
<i>azithromycin TABS 250 MG</i>	1				QL(6 EA per fill retail)
ZITHROMAX PACK	3				
Clarithromycin					
<i>clarithromycin SUSR</i>	2				
<i>clarithromycin TABS</i>	1				
<i>clarithromycin TB24</i>	1				QL(14 EA per fill retail)
Erythromycins					
(Erythromycin Base) ERY-TAB TBEC	1				
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1				
<i>erythromycin base CPEP</i>	2				
<i>erythromycin base TABS</i>	1				
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV			

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<i>erythromycin base TBEC</i>	1		KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>erythromycin ethylsuccinate SUSR</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 TABS</i>	1		KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
Fidaxomicin			KIMONO MICRO THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DIFICID TABS	3		KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MEDICAL DEVICES AND SUPPLIES			KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
Contraceptives			KIMONO PS 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 SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
CAYA DPRH	5	QL(1 EA per 365 day(s) retail); PV	KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
CONDOMS	5	PV	KIMONO SPECIAL DEVI	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 MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			
FANTASY LUBRICATED/SPERMICI DE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			
FC2 FEMALE CONDOM	5	PV			
FEMCAP DEVI	5	PV			
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			

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K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUB/RIBBED/STUDDERED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	5	PV	TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX CONDOMS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ENZ MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN MAGNUM MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ULTRA THIN/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX NATURAL CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN ULTRA THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX RIA LUB/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN-ENZ/SPERMICIDAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			

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TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	ACTI-LANCE 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	ACTI-LANCE LITE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL DIAPHRAGM 60	5	PV	ACTI-LANCE SPECIAL LANCETS 17G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL DIAPHRAGM 65	5	PV	ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL DIAPHRAGM 70	5	PV	ADVANCED MOBILE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL DIAPHRAGM 75	5	PV	ADVOCATE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL DIAPHRAGM 80	5	PV	ADVOCATE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL DIAPHRAGM 85	5	PV	ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL DIAPHRAGM 90	5	PV	ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL DIAPHRAGM 95	5	PV			
Diabetic Supplies					
1ST TIER UNILET COMFORTOUCH	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			
ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC			

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AGAMATRIX ULTRA-THIN LANCETS	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 SAFETY 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
AQUALANCE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE PLUS SAFETY 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE COMFORT LANCETS 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	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AURORA LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE HAEMOLANCE PLUS LOW	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	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD LANCET ULTRAFINE 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD LANCET ULTRAFINE 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE HAEMOLANCE PLUS PED	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

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CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CHOSEN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CAREONE LANCET THIN 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CHOSEN SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARESENS 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
CARESENS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CLEVER CHEK LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE COMFORT EZ	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 LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COAGUCHEK LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST MC LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT ASSURED LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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COMFORT ASSURED LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH LANCETS 31G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CVS ULTRA THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DIATHRIVE LANCET ULTRA THIN 30	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DIATHRIVE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH TWIST LANCET 30G	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 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DROPLET PERSONAL LANCETS 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	DROPSAFE ACTI-LANCE 23G	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 LANCETS THIN 26G	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 ON-THE-GO LANCET 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DRUG MART UNILET LANCETS 30G	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
DRUG MART UNILET LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	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 33G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS 28G	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	EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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EMBRACE PRESSURE ACTIVATED 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 28G	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 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS MICRO 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 28G	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 30G	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	FIFTY50 SAFETY SEAL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCET MICRO-THIN 33G	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
E-Z JECT LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FINE 30	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FINGERSTIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS 21G	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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FREDS PHARMACY UNILET LANC 28G	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
FREDS PHARMACY UNILET LANC 30G	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
FREESTYLE LANCETS	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
FREESTYLE UNISTICK II LANCETS	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
GENTEEL BUTTERFLY TOUCH LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GNP STERILE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GNP STERILE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GENTLE-LET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GNP STERILE LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOJJI STERILE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE COLOR LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 26G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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GOODSENSE LANCETS 30G	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
GOODSENSE LANCETS 30G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HEALTHY ACCENTS UNILET LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	H-E-B INCONTROL LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS 33G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	H-E-B INCONTROL LANCETS 30G	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	H-E-B INCONTROL LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HY-VEE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	HY-VEE THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	IN TOUCH STERILE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KINNEY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KINNEY THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KROGER HEALTHPRO LANCET 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LANCETS 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	LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LANCETS SUPER THIN	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	LANCETS SUPER THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
KROGER LANCETS ULTRATHIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LIBERTY MEDICAL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LANCETS 28G THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LIFESCAN UNISTIK 2	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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LIFESCAN UNISTIK II LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE SAFETY LANCET NORM	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	MEDLANCE EXTRA 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LITETOUGH LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDLANCE LITE 25G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LIVE BETTER LANCET SUPER THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS EXTRA 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LIVE BETTER LANCET ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LONGS LANCETS STANDARD	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
LONGS LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS SPECIAL 0.8MM	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
LONGS LANCETS ULTRA THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEDLANCE UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER 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
MEIJER LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCET 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCET 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCET 28G	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	MPD SAFETY LANCET 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	MYGLUCOHEALTH LANCETS 30G	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 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MOBILE LANCETS 30G	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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH CLUB LANCETS FINE PT	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
ONETOUCH DELICA LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PERFECT POINT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PHARMACIST CHOICE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PHARMACY COUNTER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ONETOUCH DELICA SAFETY LANCING	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
ONETOUCH FINEPOINT LANCETS	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
ONETOUCH ULTRASOFT 2 LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PRECISION THINS GP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ONETOUCH ULTRASOFT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS COLORED	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	PREFERRED PLUS LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PERFECT LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	PRO COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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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	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	QC LANCETS SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRODIGY LANCETS 28G	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 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 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 ULTRA THIN	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	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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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	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION LANCET DEVICES 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE PLUS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS MICRO-THIN 33G	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
RELION LANCETS THIN 26G	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
RELION LANCETS ULTRA-THIN 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
RELION ULTRA THIN LANCETS 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
RELION ULTRA THIN PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SAPS HEALTH PLUS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
REXALL LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SAPS HEALTH TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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SAPS TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SMART SENSE STANDARD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SAPSCARE TWIST TOP LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SMART SENSE SUPER THIN LANCETS	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	SMART SENSE THIN LANCETS 26G	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	SMARTEST LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SHOPKO ON-THE-GO LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SOLUS V2 LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SHOPKO UNILET LANCETS 28G	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
SHOPKO UNILET LANCETS 30G	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
SINGLE-LET	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
SM LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 18G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
SMART SENSE COLOR LANCETS 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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
SURE COMFORT LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TODAYS HEALTH THIN 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	TODAYS HEALTH THIN LANCETS 30G	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	TOPCARE LANCETS MICRO-THIN 33G	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	TRAVEL LANCETS	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	TRAVEL LANCETS ADVANCED 28G	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	TRUE COMFORT SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
TGT LANCET MICRO THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	TRUE COMFORT TWIST TOP LANCETS	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	TRUEPLUS LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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TRUEPLUS LANCETS 28G	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
TRUEPLUS LANCETS 30G	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
TRUEPLUS LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ULTRA-THIN II LANCETS	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	UNILET COMFORTOUCH LANCET	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	UNILET EXCELITE	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	UNILET EXCELITE II	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	UNILET G.P. LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS	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
ULTILET SAFETY LANCETS 23G	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 THIN LANCETS 31G	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

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UNILET MICRO-THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 2 SUPER	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET SUPERLITE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET SUPER-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNILET ULTRA-THIN 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 1	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 GENTLE	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK CZT COMFORT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NEONATAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK CZT NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	UNISTIK NORMAL	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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UNISTIK PRO SAFETY LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCET 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 SUPER THIN	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 LANC 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 LANC 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 LANC 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFE LANCET MINI 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFE LANCET MINI 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFE LANCET MINI 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS THIN 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFE LANCET MINI 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS ULTRA 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

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VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS LANCETS SUPER THIN	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 THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	WALGREENS ULTRA THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
VIVAGUARD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	Parenteral Therapy Supplies		
VIVAGUARD LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE ID INSULIN SAFETY SYR	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	BD AUTOSHIELD	2	Available through Mail Order; QL(6.67 EA daily)
WALGREENS ADV TRAVEL LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD AUTOSHIELD DUO	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
WALGREENS LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD DISP NEEDLES	2	RX/OTC
WALGREENS LANCETS MICRO THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
			BD PEN NEEDLE MICRO U/F	2	Available through Mail Order; QL(6.67 EA daily)
			BD PEN NEEDLE MINI U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC

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BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
BD PEN NEEDLE NANO U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE ORIGINAL U/F	2	Available through Mail Order; QL(6.67 EA daily)	GLOBAL EASY GLIDE INSULIN SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE SHORT U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL PEN NEEDLES	6	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	POLY HUB NEEDLE	2	RX/OTC
BD VEO INSULIN SYRINGE U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC	TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	AJOVY SOAJ	2	PA
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC	AJOVY SOSY	2	PA
			EMGALITY (300 MG DOSE) SOSY	2	PA
			EMGALITY SOAJ	2	PA
			EMGALITY SOSY	2	PA
			UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
			Migraine Combinations		
			(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
			<i>ergotamine w/ caffeine TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
Migraine Products		
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily); PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
ERGOMAR SUBL	4	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>sumatriptan succinate SOAJ</i>	1	PA
<i>sumatriptan succinate SOCT</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ML daily); PA
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)
<i>zolmitriptan SOLN</i>	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
Fluoride		
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
FLORIVA	3	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
Phosphate		

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(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
EFFER-K	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	4	PA
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
Zinc		
GALZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>penicillamine</i>)	4	PA
DEPEN TITRATABS TABS (<i>penicillamine</i>)	4	
<i>penicillamine CAPS</i>	4	PA
<i>penicillamine TABS</i>	4	
SYPRINE (<i>trientine hcl</i>)	4	PA
<i>trientine hcl 250 MG</i>	4	PA
<i>trientine hcl 500 MG</i>	4	PA
Immunomodulators		
<i>lenalidomide 10 MG, 15 MG, 20 MG, 25 MG</i>	4	QL(1 EA daily); AC; PA
<i>lenalidomide 5 MG</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
<i>lenalidomide 2.5 MG, 5 MG</i>	4	QL(1 EA daily); SP; AC; PA
THALOMID 50 MG, 100 MG	4	SP; AC; PA
Immunosuppressive Agents		

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(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	ST
<i>azathioprine TABS 50 MG</i>	1	
<i>azathioprine TABS 75 MG, 100 MG</i>	2	
<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>	4	
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	2	
<i>mycophenolate mofetil TABS</i>	1	
<i>mycophenolate sodium</i>	2	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN PO 100 MG/ML	3	
<i>sirolimus SOLN</i>	2	
<i>sirolimus TABS</i>	2	
<i>tacrolimus CAPS</i>	2	
THYMOGLOBULIN	3	administered under the medical benefit; PA
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	4	
Potassium Removing Agents		

Drug Name	Drug Tier	Requirements/ Limits
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 EA daily); PA
<i>sodium polystyrene sulfonate POWD</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat)</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cevimeline hcl</i>	1	QL(3 EA daily)	(Pediatric Multivitamins W/FI)	1	AL(Up to 6 yrs old); RX/OTC
MUCOTROL WAFR	3		MULTIVITAMIN/FLUORIDE CHEW		
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)	(Pediatric Multivitamins W/FI)	1	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)	MULTIVITAMIN/FLUORIDE SOLN		
MULTIVITAMINS			(Pediatric Vitamins ACD W/ Fluoride)	1	AL(Up to 6 yrs old); RX/OTC
Ped Multi Vitamins w/FI & FE			MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML		
(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 Vitamins ACD W/ Fluoride) TRI-VITE/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-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	FLORAFOL PEDIATRIC CHEW	2	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-8 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	FLORAFOL PEDIATRIC SOLN	2	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-8 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	FLOTREX CHEW 0.25 MG, 0.5 MG	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	MULTIVITAMIN/FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
			MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			<i>pediatric multivitamins w/fi CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
			POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			POLY-VI-FLOR SUSP	3	
			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

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SOLUVITA ACD WITH FLUORIDE SOLN	3	AL(Up to 6 yrs old); RX/OTC	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL MEDLEY	3	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC	C-NATE DHA CAPS	3	
VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC	COMPLETENATE CHEW	2	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			CONCEPT DHA	2	
FLORIVA	3		CONCEPT OB	2	
Prenatal Vitamins			FOLIVANE-OB	2	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		M-NATAL PLUS TABS	2	RX/OTC
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	NEONATAL 19	3	
ATABEX EC TBEC	2		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
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		NEONATAL PLUS TABS	2	RX/OTC
CITRANATAL ASSURE	3		NESTABS	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NESTABS DHA	2	
CITRANATAL DHA	2		NESTABS ONE	3	
			NIVA-PLUS TABS	2	RX/OTC
			OB COMPLETE ONE	3	
			OB COMPLETE PETITE	3	
			OB COMPLETE PREMIER	3	
			OB COMPLETE/DHA	3	
			OBSTETRIX ONE (WITH DOCUSATE)	3	

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ONE VITE WOMENS PLUS TABS	2	RX/OTC	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	
PNV-DHA+DOCUSATE	3		SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
PNV-OMEGA	3		SE-NATAL 19 CHEW	2	
PRENA 1 TRUE	2		SE-NATAL 19 TABS	3	RX/OTC
PRENA1	3		THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENA1 PEARL	3		THRIVITE RX TABS	2	RX/OTC
PRENAISSANCE	3		TRICARE TABS	2	RX/OTC
PRENAISSANCE PLUS CAPS	3		TRINATAL RX 1 TABS	2	
PRENATAL 19 CHEW	2		TRISTART DHA	3	
PRENATAL 19 TABS	3	RX/OTC	VINATE DHA RF	3	
PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC	VINATE ONE TABS	2	
PRENATAL PLUS TABS	2	RX/OTC	VIRT-NATE DHA CAPS	3	
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	VITAFOL GUMMIES	3	
PRENATAL-U CAPS	2		VITAFOL-NANO	3	
PRENATE	2		VITAFOL-ONE CAPS	3	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		VITAMEDMD ONE RX/QUATREFOLIC	2	
PRENATE ENHANCE	2		VITAMEDMD REDICHEW RX	3	
PRENATE PIXIE	3		VITAPEARL	3	
PRENATE RESTORE	3		VITATHELY WITH GINGER TABS	2	RX/OTC
PRENATRIX TABS	2	RX/OTC	VITATRUE	2	
PRENATRYL TABS	2	RX/OTC	VIVA DHA CAPS	3	
RELNATE DHA CAPS	3		WESCAP-C DHA	2	
SELECT-OB+DHA MISC	3		WESNATE DHA CAPS	3	
			WESTAB PLUS TABS	2	RX/OTC
			WESTGEL DHA	3	
MUSCULOSKELETAL THERAPY AGENTS -					

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Drug Name	Drug Tier	Requirements/ Limits
Drugs to Treat Spasms		
Central Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)
<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily); PA
<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
<i>baclofen TABS 5 MG</i>	1	
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 250 MG</i>	1	QL(4 EA daily)
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
<i>metaxalone 800 MG</i>	1	QL(4 EA daily)
<i>metaxalone 400 MG</i>	1	
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)
<i>tizanidine hcl TABS 2 MG</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	QL(0.77 GM daily)
Nasal Antiallergy		

Drug Name	Drug Tier	Requirements/ Limits
(Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	
Nasal Steroids		
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	QL(1.2 ML daily)	(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC	<i>betaxolol hcl (ophth) SOLN</i>	1	
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC	BETIMOL 0.25 %	2	
<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ML daily)	BETOPTIC-S SUSP	2	
XHANCE EXHU	3	QL(1.07 ML daily); ST	<i>brimonidine tartrate-timolol maleate</i>	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			<i>carteolol hcl (ophth)</i>	1	
ALS Agents			DORZOLAMIDE HCL-TIMOLOL MAL	2	
RADICAVA ORS STARTER KIT SUSP	4	PA	<i>dorzolamide hcl-timolol maleate</i>	1	
RADICAVA ORS SUSP	4	PA	<i>levobunolol hcl 0.5 %</i>	1	
RELYVRIO	4	PA	<i>timolol</i>	1	
<i>riluzole TABS</i>	1		<i>timolol maleate (ophth) SOLG</i>	1	
Spinal Muscular Atrophy Agents (SMA)			<i>timolol maleate (ophth) SOLN</i>	2	
EVRYSDI	4	PA	<i>timolol maleate (ophth) SOLN</i>	1	
NUTRIENTS			Cycloplegic Mydriatics		
Lipids			(Homatropine Hbr) HOMATROPAIRE	1	
DOJOLVI	4	PA	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			<i>atropine sulfate (ophthalmic) OINT</i>	1	
Beta-blockers - Ophthalmic			<i>atropine sulfate (ophthalmic) SOLN</i>	1	
			ATROPINE SULFATE SOLN 1 %	2	
			CYCLOGYL	2	
			CYCLOMYDRIL	3	
			<i>cyclopentolate hcl 1 %</i>	1	
			ISOPTO ATROPINE SOLN	2	
			<i>phenylephrine hcl (mydriatic) SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tropicamide SOLN</i>	1		<i>neomycin-bacitracin zn-polymyxin</i>	1	
Miotics			<i>neomycin-polymyxin-gramicidin</i>	1	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)	<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail; 5 per fill mail)
Ophthalmic Adrenergic Agents			<i>polymyxin b-trimethoprim</i>	1	
<i>apraclonidine hcl</i>	2		POVIDONE-IODINE	3	
<i>brimonidine tartrate</i>	1		<i>sulfacetamide sodium (ophth) OINT</i>	1	
IOPIDINE	3		<i>sulfacetamide sodium (ophth) SOLN</i>	1	
Ophthalmic Anti-infectives			<i>tobramycin (ophth) SOLN</i>	1	
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1		TOBREX OINT	2	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		<i>trifluridine</i>	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)	ZIRGAN GEL	3	
<i>bacitracin (ophthalmic)</i>	2		Ophthalmic Immunomodulators		
<i>bacitracin-polymyxin b (ophth)</i>	1		<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)
BESIVANCE	3		Ophthalmic Local Anesthetics		
BETADINE OPHTHALMIC PREP	3		(Tetracaine Hcl (Ophth)) ALTACAINE	1	
CILOXAN OINT	2		AKTEN	3	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1		<i>proparacaine hcl</i>	1	
ERYTHROMYCIN	2		<i>tetracaine hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1		Ophthalmic Steroids		
<i>gatifloxacin (ophth)</i>	1		(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)
<i>gentamicin sulfate (ophth) SOLN</i>	1		(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)	<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail; 4 per fill mail)
<i>levofloxacin (ophth) 1.5 %</i>	2		<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1		<i>difluprednate</i>	2	
NATACYN	2		FLAREX	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluorometholone (ophth) SUSP</i>	1		(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAIN ALLERGY, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ML daily); RX/OTC
FML FORTE SUSP	2				
LOTEMAX OINT	3				
<i>loteprednol etabonate GEL</i>	2				
<i>loteprednol etabonate SUSP</i>	2				
MAXIDEX SUSP OP	2				
<i>neomycin-polymy-dexameth OINT</i>	1				
<i>neomycin-polymy-dexameth SUSP</i>	1		(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
<i>neomycin-polymyxin-hc (ophth)</i>	1				
PRED MILD	2				
<i>prednisolone acetate (ophth)</i>	1				
PREDNISOLONE SODIUM PHOSPHATE	3				
PREDNISOLONE-MOXIFLOXACIN SOLN	3		ACUVAIL	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	1		ALOCRIAL	3	
TOBRADEX ST SUSP	3		ALOMIDE	2	
TOBRADEX OINT	3		<i>azelastine hcl (ophth)</i>	1	
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)	<i>bepotastine besilate</i>	1	QL(0.34 ML daily); ST
ZYLET	3	QL(5 ML per fill retail)	<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
Ophthalmic Surgical Aids			<i>bromfenac sodium (ophth) 0.09 %</i>	1	
GELFILM	3		<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
Ophthalmics - Misc.			<i>cromolyn sodium (ophth)</i>	1	
			CYSTARAN	4	
			<i>diclofenac sodium (ophth)</i>	1	
			<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ML daily)
			DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)
			<i>epinastine hcl (ophth)</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
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	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		

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Drug Name	Drug Tier	Requirements/ Limits
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	4	PA
BICILLIN L-A SUSY	4	PA
PENICILLIN G POT IN DEXTROSE	4	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	4	PA
<i>penicillin g sodium</i>	4	PA
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & 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	
<i>ampicillin & sulbactam sodium IJ 2 GM-1 GM</i>	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
BICILLIN C-R	4	PA
BICILLIN C-R 900/300	4	PA
<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	4	PA
UNASYN IJ 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	4	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium IV 2 GM, 10 GM</i>	4	PA
<i>oxacillin sodium IV 10 GM</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>megestrol acetate (appetite)</i>	2	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 EA daily)
<i>progesterone OIL</i>	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	2	QL(224 EA per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	4	ST; PA
XYREM SOLN	4	ST; PA
Antidementia Agents		
<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)
<i>donepezil hydrochloride TBP</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)
<i>galantamine hydrobromide SOLN</i>	2	

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<i>galantamine hydrobromide TABS</i>	1		AUSTEDO TABS 9 MG	4	QL(2 EA daily); PA
<i>memantine hcl CP24</i>	1	PA	AUSTEDO TABS 12 MG	4	QL(4 EA daily); PA
<i>memantine hcl-donepezil hcl CP24</i>	1	PA	AUSTEDO TABS 6 MG	4	ST; QL(2 EA daily); PA
<i>memantine hcl SOLN</i>	1		INGREZZA CAPS 40 MG, 80 MG	4	QL(1 EA daily); PA
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)	INGREZZA CAPS 60 MG	4	QL(1 EA daily); PA
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)	INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA
<i>memantine hcl TABS</i>	1		INGREZZA CPSP	4	QL(1 EA daily); SP; PA
NAMZARIC C4PK	3	PA	<i>tetrabenazine</i>	2	SP; PA
<i>rivastigmine</i>	1		Multiple Sclerosis Agents		
<i>rivastigmine tartrate CAPS</i>	1		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	2	QL(1 ML daily)
Combination Psychotherapeutics			(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	2	QL(12 ML per 28 day(s) retail)
<i>chlordiazepoxide-amitriptyline</i>	1		AVONEX PEN AJKT	4	PA
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG</i>	2		AVONEX PREFILLED PSKT	4	PA
<i>olanzapine-fluoxetine hcl 25 MG-6 MG</i>	4		BETASERON KIT	4	PA
<i>perphenazine-amitriptyline</i>	1		<i>dalfampridine</i>	2	SP; PA
SYMBYAX 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	4		<i>dimethyl fumarate CDPK</i>	2	QL(60 EA per 365 day(s) retail)
Fibromyalgia Agents			<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily)
SAVELLA TITRATION PACK MISC	4	QL(2 EA daily); PA	<i> fingolimod hcl</i>	2	QL(1 EA daily)
SAVELLA TABS	4	QL(2 EA daily); PA	<i>glatiramer acetate SOSY 40 MG/ML</i>	2	QL(12 ML per 28 day(s) retail)
Movement Disorder Drug Therapy			<i>glatiramer acetate SOSY 20 MG/ML</i>	2	QL(1 ML daily)
AUSTEDO XR PATIENT TITRATION TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	MAYZENT STARTER PACK TBPK 0.25 MG	4	QL(12 EA per 5 day(s) retail); SP; PA
AUSTEDO XR TB24	4	QL(1 EA daily); SP; PA			

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MAYZENT STARTER PACK TBPK 0.25 MG	4	SP; PA	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV
MAYZENT TABS 0.25 MG	4	QL(4 EA daily); SP; PA			
MAYZENT TABS 2 MG	4	QL(1 EA daily); SP; PA			
MAYZENT TABS 1 MG	4	SP; PA			
PLEGRIDY STARTER PACK SOAJ	4	PA			
PLEGRIDY STARTER PACK SOSY SC	4	PA			
PLEGRIDY SOAJ	4	PA			
PLEGRIDY SOSY IM	4	PA			
PLEGRIDY SOSY SC	4	PA			
REBIF REBIDOSE TITRATION PACK SOAJ	4	PA			
REBIF REBIDOSE SOAJ	4	PA			
REBIF TITRATION PACK SOSY	4	PA			
REBIF SOSY	4	PA			
<i>teriflunomide</i>	2	QL(1 EA daily)	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG	5	PV
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	2				
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	4	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	1				
<i>pimozide</i>	1				
Smoking Deterrents					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV
			(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	5	PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR	5	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR	5	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 21 MG/24HR	5	PV	APO-VARENICLINE TABS 1 MG	5	QL(2 EA daily); PV
			APO-VARENICLINE TABS 0.5 MG	5	QL(1 EA daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	PV
			NICODERM CQ PT24 TD (<i>nicotine</i>)	5	PV
			NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	PV
			NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	PV
			NICORETTE GUM (<i>nicotine polacrilex</i>)	5	PV
			NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	PV
			<i>nicotine polacrilex GUM</i>	5	PV
			<i>nicotine polacrilex LOZG</i>	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
NICOTINE KIT	5	PV
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
NICOTROL NS SOLN	5	PV
NICOTROL INHA	5	PV
<i>varenicline tartrate TABS 0.5 MG</i>	5	QL(1 EA daily); PV
<i>varenicline tartrate TABS 1 MG</i>	5	QL(2 EA daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	4	PA
KALYDECO TABS	4	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ORKAMBI PACK 94 MG-75 MG	4	PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PULMOZYME	2	QL(5 ML daily); PA
SYMDEKO	4	PA
TRIKAFTA TBPB	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 EA daily); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA THPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 EA daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 EA daily); PA
<i>pirfenidone CAPS</i>	2	QL(3 EA daily); SP; PA
<i>pirfenidone TABS</i>	2	QL(3 EA daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST
<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2	
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS 75 MG</i>	1	ST

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG</i>	1		ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	2	
<i>doxycycline hyclate CAPS</i>	1		ARMOUR THYROID TABS	2	
<i>doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG</i>	1		CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2	
<i>minocycline hcl CAPS</i>	1		CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)
<i>minocycline hcl TABS 75 MG</i>	1	PA	<i>levothyroxine sodium CAPS</i>	2	
<i>minocycline hcl TABS 50 MG, 100 MG</i>	1		<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
<i>tetracycline hcl CAPS</i>	1		<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>liothyronine sodium TABS 5 MCG</i>	1	
Antithyroid Agents			<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 EA daily)
<i>methimazole TABS</i>	1		NIVA THYROID TABS	2	
<i>propylthiouracil</i>	1	QL(3 EA daily)	NP THYROID TABS	2	
Thyroid Hormones			SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	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		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
ADTHYZA TABS 130 MG	3		ULCER DRUGS - Drugs to Treat Bowel, Intestine		

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and Stomach Conditions					
Antispasmodics					
(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1		(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG	1	RX/OTC
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1				
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1				
BELLADONNA ALKALOIDS-OPIUM	3				
<i>chlordiazepoxide hcl-clidinium bromide</i>	1				
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN PO</i>	1				
<i>dicyclomine hcl TABS</i>	1				
GLYCATE TABS	3				
<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1				
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1				
GLYCOPYRROLATE TABS	3				
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1				
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1				
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1				
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1				
<i>methscopolamine bromide</i>	1				
H-2 Antagonists			<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)
			<i>cimetidine TABS 300 MG, 800 MG</i>	1	
			<i>famotidine SUSR</i>	1	
			<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)
			<i>famotidine TABS 20 MG</i>	1	RX/OTC
			<i>nizatidine CAPS</i>	1	
			Misc. Anti-Ulcer		
			<i>sucralfate SUSP</i>	1	
			<i>sucralfate TABS</i>	1	QL(4 EA daily)
			Proton Pump Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	<i>lansoprazole CPDR</i>	1	QL(1 EA daily); RX/OTC
			<i>lansoprazole TBDD 30 MG</i>	2	QL(1 EA daily); AL(Up to 12 yrs old)
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 EA daily); RX/OTC	<i>lansoprazole TBDD 15 MG</i>	2	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
			<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)
			<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)
			<i>omeprazole CPDR 10 MG</i>	1	
			<i>pantoprazole sodium PACK</i>	2	QL(1 EA daily)
			<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	PRILOSEC PACK	3	PA
			RABEPRAZOLE SODIUM CPSP	3	PA
			<i>rabeprazole sodium TBEC</i>	1	QL(1 EA daily); PA
			Ulcer Drugs - Prostaglandins		
			<i>misoprostol</i>	1	
			Ulcer Therapy Combinations		
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
			URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
			Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)	<i>darifenacin hydrobromide</i>	2	
			<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
			<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
			<i>oxybutynin chloride TB24</i>	1	
			<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
<i>tropium chloride CP24</i>	1	
<i>tropium chloride TABS</i>	1	QL(2 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
ABRYSVO	5	PV
AFLURIA QUADRIVALENT SUSY 0.5 ML	5	PV
AREXVY	5	AL(At least 50 yrs old); PV
COVID VACCINES	5	
FLUAD QUADRIVALENT	5	PV
FLUARIX QUADRIVALENT SUSY	5	PV
FLUBLOK SOSY	5	PV
FLUCELVAX SUSP	5	PV
FLULAVAL QUADRIVALENT SUSY	5	PV
FLUMIST QUADRIVALENT	5	PV
FLUZONE HIGH-DOSE QUADRIVALENT	5	PV
FLUZONE HIGH-DOSE SUSY	5	PV
FLUZONE QUADRIVALENT SUSY	5	PV
HEPLISAV-B SOSY	5	Medical Benefit; PV
MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV
MRESVIA	5	AL(At least 60 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
NOVAVAX COVID-19 VACCINE SUSY	5	PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	PV
SHUR-SEAL CONTRACEPTIVE GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
FEMRING	3	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PREMARIN	2	QL(2 GM daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	4	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol CAPS</i>	1	
<i>phytonadione TABS 5 MG</i>	2	

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AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

INDEX

(Abiraterone Acetate) ABIRTEGA 250 MG	29	BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	7	LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	67
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	47			(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, THE MAGIC BULLET SUPP	67
(Alprazolam) ALPRAZOLAM XR TB24	10			(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	12
(Amiodarone Hcl) PACERONE TABS	11			(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	6
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC 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, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, 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 ST, 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 TBEC 81 MG	6	(Azathioprine) AZASAN TABS 75 MG, 100 MG	93	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	6
		(Azelastrine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY ..	97	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN- CAFF) TABS 40 MG-50 MG-325 MG 6	
		(Bacitracin-Polymyxin B (Ophth)) POLYCIN	99	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	6
		(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	99	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	8
		(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC		(Calcipotriene) CALCITRENE OINT 50	
				(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	60
				(Carbamazepine) EPITOL TABS ..	14
				(Carisoprodol) VANADOM TABS 350 MG	97
				(Chenodiol) CHENODAL	59

(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD93	RECLIPSEN 30 MCG-0.15 MG ... 41	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER .38
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG97	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA41	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG38
(Cholestyramine Light) PREVALITE PACK23	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET41	(Diltiazem Hcl) DILT-XR CP2438
(Cholestyramine Light) PREVALITE POWD23	(Desonide) DESRX GEL51	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG38
(Ciclopirox) CICLODAN SOLN49	(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK ...46	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG107
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB47	(Dexchlorpheniramine Maleate) RYCLORA SOLN22	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 107
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM47	(Dextroamphetamine Sulfate) PROCENTRA SOLN1	(Doxycycline Hyclate) LYMEPAK TABS 100 MG107
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ..47	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG1	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG41
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %51	(Diazepam) DIAZEPAM INTENSOL CONC10	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG41
(Clobetasol Propionate Emulsion) TOVET51	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX49	(Drospirenone-Ethinyl Estradiol- Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG41
(Clobetasol Propionate) CLODAN SHAM51		(Ergotamine W/ Caffeine) MIGERGOT SUPP90
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG93		(Erythromycin (Acne Aid)) ERY PADS47
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 93		(Erythromycin Base) ERY-TAB TBEC67
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ... 41		(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG67
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA,	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG38	

(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG 58	ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG109	FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG 64
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 58	(Fluocinolone Acetonide (Otic)) FLAC101	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG 65
(Estradiol Vaginal) YUVAFEM TABS . 111	(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP 97	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML 103
(Estradiol) DOTTI, LYLLANA PTTW . 59		(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML 103
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) ... 41		(Glipizide) GLIPIZIDE XL TB24 20
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG 41		(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML 46
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG 41		(Guaifenesin-Codeine) GUAIFENESIN AC SYRP 46
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE 45	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 12	(Homatropine Hbr) HOMATROPAIRE 98
(Everolimus) TORPENZ TABS 30	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 65	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 46
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID- PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA		(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 10
		(Hydrocortisone (Topical)) ALA SCALP LOTN 2 % 51
		(Hydrocortisone (Topical)) ALA- CORT CREA 2.5 % 51
		(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 % 52
		(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG 109
		(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG 109
		(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG 109
		(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG 5

(Icatibant Acetate) SAJAZIR SOSY 64	EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG42	INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG42
(Indomethacin) INDOCIN SUPP5		
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC49	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG41	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE42
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN55		(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAX, MINZOYA42
(Ketoconazole (Topical)) KETODAN FOAM49		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG108
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC60	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG42	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG108
(Lactulose) CONSTULOSE SOLN 10 GM/15ML66		
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 14	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG45	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG108
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT14		
(Lamotrigine) SUBVENITE TABS . 14		(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %54
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .110	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)42	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS21
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .110	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS42	(Lorazepam) LORAZEPAM INTENSOL CONC10
(Levetiracetam) ROWEEPRA TABS 500 MG14		(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW21
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA,	(Methadone Hcl) METHADONE HCL INTENSOL CONC7

(Methadone Hcl) METHADOSE TBSO7	QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 4 MG104	105
(Methylergonovine Maleate) METHERGINE TABS101	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM105	
(Methyltestosterone) METHITEST TABS9	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG .104	
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .111	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR106	
(Miglustat) YARGESA64	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR106	
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP .97	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR 106	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN99	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 105	
(Niacin (Antihyperlipidemic)) NIACOR TABS24	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 105	
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG 2 MG105	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 106	
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR 106	
	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 21 MG/24HR 106	
	(Nicotine) CVS NICOTINE, EQ	

NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR105	MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG 42	NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 43
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR 106	(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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1.5 MG-30 MCG-75 MG 43	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 43
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR 106	(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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS ... 42	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG .43
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY45	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 43	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 43
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 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,	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS43	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG 43
	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28),	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG 43
		(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL ... 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 TABS 1 MG-20 MCG44	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG 44	ENDOCET TABS 325 MG-2.5 MG . 8
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG44	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 49	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 8
(Norethindrone Acetate) GALLIFREY TABS102	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %100	(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 94
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 58	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 100	(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 94
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG110	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 94
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR110	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN 94
(Norgestimate-Ethinyl Estradiol (Triphasic)) 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	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 8	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML 94
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 44	(Oxycodone W/ Acetaminophen)	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN 94
		(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT66
		(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G

SOLR 236 GM 66	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 92	SUPP 12.5 MG, 25 MG 22
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 66	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ 92	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG 22
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT .. 102	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 10 MEQ 92	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 47
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 98	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR 8 MEQ 92	(Salicylic Acid) KERALYT SHAM 6 % 54
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG 16	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK 61	(Sapropterin Dihydrochloride) JAVYGTOR PACK 57
(Phenytoin) PHENYTOIN INFATABS CHEW 16	(Potassium Citrate-Citric Acid) CYTRA-K SOLN 61	(Sapropterin Dihydrochloride) JAVYGTOR TABS 57
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD 66	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 92	(Silver Sulfadiazine) SSD 51
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL 92	(Pramoxine-HC-Chloroxylenol) CORTIC-ND 101	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 47
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .. 92	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F .99	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 47
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 92	(Prednisolone) MILLIPRED TABS .46	(Sodium Citrate & Citric Acid) CYTRA-2 61
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ 92	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 95	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG 91
	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW .95	(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML 93
	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT 95	(Sotalol Hcl) SORINE TABS 38
	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG 95	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % 47
	(Prochlorperazine) COMPRO 35	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM 47
	(Promethazine Hcl) PROMETHEGAN	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % 47
		(Sulfamethoxazole-Trimethoprim)

SULFATRIM PEDIATRIC SUSP .. 26	abacavir sulfate SOLN35	17G70
(Tadalafil (Pulmonary Hypertension))	abacavir sulfate TABS 35	ACTI-LANCE UNIVERSAL 23G .. 70
ALYQ TABS40	abacavir sulfate-lamivudine 35	ACTIMMUNE 100 MCG/0.5ML33
(Testosterone Cypionate) DEPO-	abiraterone acetate29	ACUVAIL100
TESTOSTERONE SOLN IM9	ABRYSVO111	acyclovir CAPS 37
(Tetracaine Hcl (Ophth)) ALTACAINE	acamprosate calcium 102	acyclovir SUSP 37
.....99	acarbose18	acyclovir TABS PO 400 MG 37
(Theophylline) ELIXOPHYLLIN ELIX .	ACCU-CHEK FASTCLIX LANCETS .	acyclovir TABS PO 800 MG 37
13	70	acyclovir topical CREA 51
(Timolol Maleate (Ophth)) TIMOLOL	ACCU-CHEK SAFE-T PRO	acyclovir topical OINT 51
MALEATE OCUDOSE SOLN 0.5 %	LANCETS 70	ADALIMUMAB-ADAZ SOAJ 40
98	ACCU-CHEK SOFTCLIX LANCETS	MG/0.4ML 3
(Tiopronin) VENXXIVA TBEC61	70	ADALIMUMAB-ADAZ SOAJ 80
(Tretinoin) AVITA CREA 0.025 % . 48	acebutolol hcl CAPS37	MG/0.8ML 3
(Tretinoin) AVITA GEL 0.025 % ... 48	acetaminophen w/ codeine SOLN .. 8	ADALIMUMAB-ADAZ SOSY 40
(Triamcinolone Acetonide (Mouth))	acetaminophen w/ codeine TABS 15	MG/0.4ML 3
KOURZEQ, ORALONE 93	MG-300 MG, 30 MG-300 MG8	ADALIMUMAB-ADAZ SOSY3
(Triamcinolone Acetonide (Nasal))	acetaminophen w/ codeine TABS 60	adapalene CREA 48
ALLERGY SPRAY 24 HOUR, CVS	MG-300 MG8	adapalene GEL 0.1 % 48
NASAL ALLERGY SPRAY, EQ	acetazolamide CP1256	adapalene GEL 0.3 % 48
NASAL ALLERGY, GNP 24 HOUR	acetazolamide TABS 125 MG56	adapalene-benzoyl peroxide GEL .48
NASAL ALLERGY, GOODSENSE	acetazolamide TABS 250 MG56	adefovir dipivoxil 37
NASAL ALLERGY SPRAY, NASAL	acetic acid (otic)101	ADEMPAS 40
ALLERGY 24 HOUR, RA NASAL	acetylcysteine SOLN47	ADIPEX-P CAPS (phentermine hcl) 1
ALLERGY AERO98	acitretin 10 MG50	ADIPEX-P TABS (phentermine hcl) .1
(Triamcinolone Acetonide (Topical))	acitretin 17.5 MG50	ADTHYZA TABS 130 MG 108
TRIDERM CREA 0.1 %, 0.5 % 52	acitretin 25 MG50	ADTHYZA TABS 15 MG, 16.25 MG,
(Urea) CEROVEL LOTN 40 %54	ACTIDOM DMX LIQD47	30 MG, 32.5 MG, 60 MG, 65 MG, 90
(Vigabatrin) VIGADRONE TABS .. 16	ACTI-LANCE 28G70	MG, 97.5 MG, 120 MG 108
(Vigabatrin) VIGADRONE,	ACTI-LANCE LITE LANCETS 28G	ADVANCED MOBILE LANCET ...70
VIGPODER PACK 16	70	ADVATE62
(Warfarin Sodium) JANTOVEN TABS	ACTI-LANCE SPECIAL LANCETS	ADVOCATE LANCETS 70
.....13		
(Zolmitriptan) ZOMIG TABS 91		
1ST TIER UNILET COMFORTOUCH		
.....70		

ADVOCATE LANCETS 30G70	ALECENSA30	alvimopan60
ADVOCATE SAFETY LANCETS .70	alendronate sodium SOLN57	amantadine hcl CAPS33
ADVOCATE SAFETY LANCETS 26G70	alendronate sodium TABS 35 MG .57	amantadine hcl TABS33
ADYNOVATE62	alendronate sodium TABS 5 MG, 10 MG57	ambrisentan 10 MG39
AFINITOR DISPERZ TBSO (everolimus)30	alendronate sodium TABS 70 MG .57	ambrisentan 5 MG39
AFINITOR TABS (everolimus)30	ALFERON N33	amcinonide LOTN52
AFLURIA QUADRIVALENT SUSY 0.5 ML111	alfuzosin hcl61	amiloride & hydrochlorothiazide ...56
AFREZZA POWD19	ALINIA SUSR26	amiloride hcl TABS56
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT62	aliskiren fumarate25	aminocaproic acid SOLN PO 0.25 GM/ML65
AGAMATRIX ULTRA-THIN LANCETS71	allopurinol 100 MG62	aminocaproic acid TABS65
AGAMREE46	allopurinol 300 MG61	amiodarone hcl TABS11
AIMSCO LUBRICATED MISC68	almotriptan malate91	amitriptyline hcl TABS18
AIMSCO TWIST LANCETS 32G ..71	ALOCRIIL100	amlodipine besylate TABS 2.5 MG 38
AIMSCO TWIST LANCETS 33G ..71	alogliptin benzoate19	amlodipine besylate TABS 5 MG, 10 MG38
AJOVY SOAJ90	ALOMIDE100	amlodipine besylate-atorvastatin calcium39
AJOVY SOSY90	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...59	amlodipine besylate-benazepril hcl 10 MG-2.5 MG24
AKTEN99	alosetron hcl60	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 24
AKYNZEO21	ALPHANATE SOLR62	amlodipine besylate-valsartan 10 MG-160 MG24
albendazole10	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT62	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG25
albuterol sulfate AERS12	ALPRAZOLAM INTENSOL CONC 10	amlodipine-valsartan- hydrochlorothiazide25
albuterol sulfate NEBU12	alprazolam TABS10	amoxapine18
ALBUTEROL SULFATE NEBU12	alprazolam TB2410	amoxicillin & pot clavulanate CHEW . 102
albuterol sulfate SYRP12	alprazolam TBDP10	
albuterol sulfate TABS12	ALPROLIX62	
alclometasone dipropionate CREA 52	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT62	
alclometasone dipropionate OINT .52	ALUNBRIG TABS30	
	ALUNBRIG TBPk30	

amoxicillin & pot clavulanate SUSR 102	APEXICON E CREA52	ARMOUR THYROID TABS 108
amoxicillin & pot clavulanate TABS 102	APO-VARENICLINE TABS 0.5 MG 106	ARNUITY ELLIPTA12
amoxicillin & pot clavulanate TB12 102	APO-VARENICLINE TABS 1 MG 106	AROMASIN (exemestane)29
amoxicillin CAPS 101	apraclonidine hcl 99	asenapine maleate34
amoxicillin CHEW 125 MG, 250 MG . 101	aprepitant CAPS 40 MG22	aspirin CHEW 7
amoxicillin SUSR 101	aprepitant CAPS 80 MG, 125 MG .22	aspirin TBEC 81 MG 7
amoxicillin TABS101	aprepitant CAPS22	aspirin-dipyridamole64
amoxicillin-clarithromycin w/ lansoprazole THPK110	aprepitant MISC22	ASSURE COMFORT LANCETS 28G71
amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG1	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)35	ASSURE HAEMOLANCE PLUS HIGH71
amphetamine-dextroamphetamine TABS 5 MG, 10 MG, 12.5 MG, 20 MG, 30 MG1	APTOM 14	ASSURE HAEMOLANCE PLUS LOW71
amphetamine-dextroamphetamine TABS 7.5 MG, 15 MG1	APTIVUS CAPS35	ASSURE HAEMOLANCE PLUS MICRO71
ampicillin & sulbactam sodium IJ 2 GM-1 GM 102	AQUALANCE LANCETS 30G 71	ASSURE HAEMOLANCE PLUS NORMAL71
ampicillin CAPS 500 MG 101	ARCALYST4	ASSURE HAEMOLANCE PLUS PED71
ampicillin sodium IJ 1 GM, 125 MG 101	AREXVY 111	ASSURE ID INSULIN SAFETY SYR 89
anagrelide hcl 64	ARIKAYCE2	ASSURE LANCE LANCETS71
ANALPRAM-HC LOTN EX9	ARIMIDEX (anastrozole)29	ASSURE LANCE LANCETS 21G .71
anastrozole29	aripiprazole SOLN PO35	ASSURE LANCE PLUS SAFETY 25G71
ANCOBON (flucytosine)22	aripiprazole TABS 15 MG35	ASSURE LANCE PLUS SAFETY 30G71
ANDEXXA 200 MG21	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG35	ASSURE LANCE SAFETY LANCET 28G71
ANGELIQ58	aripiprazole TABS 20 MG35	ASTAGRAF XL CP2493
ANNOVERA45	aripiprazole TBDP35	ATABEX EC TBEC 95
ANZEMET TABS 50 MG21	ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)13	atazanavir sulfate CAPS35
	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)13	atenolol & chlorthalidone25
	armodafinil 150 MG, 200 MG, 250 MG2	
	armodafinil 50 MG2	

atenolol TABS	37	azelaic acid GEL	54	BD MICROTAINER LANCETS	71
atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	2	azelastine hcl (ophth)	100	BD PEN NEEDLE MICRO U/F	89
atomoxetine hcl 60 MG, 80 MG, 100 MG	2	azelastine hcl 0.1 %, 137 MCG/SPRAY	97	BD PEN NEEDLE MINI U/F	89
atorvastatin calcium TABS	23	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	97	BD PEN NEEDLE NANO 2ND GEN . 90	
atovaquone	26	azelastine hcl-fluticasone propionate SUSP	97	BD PEN NEEDLE NANO U/F	90
atovaquone-proguanil hcl	26	azithromycin PACK	67	BD PEN NEEDLE ORIGINAL U/F	90
atropine sulfate (ophthalmic) OINT	98	azithromycin SUSR	67	BD PEN NEEDLE SHORT U/F ...	90
atropine sulfate (ophthalmic) SOLN 98		azithromycin TABS 250 MG	67	BD SAFETYGLIDE INSULIN SYRINGE	90
ATROPINE SULFATE SOLN 1 % .	98	azithromycin TABS 500 MG	67	BD VEO INSULIN SYRINGE U/F	90
ATROVENT HFA	11	azithromycin TABS 600 MG	67	BELLADONNA ALKALOIDS-OPIMUM	109
AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	102	bacitracin (ophthalmic)	99	BELSOMRA	66
AURANOFIN 3 MG	4	bacitracin-polymyxin b (ophth)	99	benazepril & hydrochlorothiazide .	25
AURORA LANCET SUPER THIN 30G	71	bacitracin-poly-neomycin-hc	99	benazepril hcl	24
AURORA LANCET THIN 23G	71	baclofen TABS 10 MG	97	BENEFIX KIT	62
AUSTEDO TABS 12 MG	103	baclofen TABS 15 MG	97	BENLYSTA SOAJ	93
AUSTEDO TABS 6 MG	103	baclofen TABS 20 MG	97	BENLYSTA SOSY	93
AUSTEDO TABS 9 MG	103	baclofen TABS 5 MG	97	BENSAL HP OINT	54
AUSTEDO XR PATIENT TITRATION TEPK	103	BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	44	BENZNIDAZOLE	10
AUSTEDO XR TB24	103	BALFAXAR	62	benzonatate	46
AVONEX PEN AJKT	103	balsalazide disodium CAPS	59	benzoyl peroxide-erythromycin GEL . 48	
AVONEX PREFILLED PSKT	103	BALVERSA	30	benzphetamine hcl 25 MG	1
AYVAKIT	29	BD AUTOSHIELD	89	benzphetamine hcl 50 MG	1
AZASITE	99	BD AUTOSHIELD DUO	89	benztropine mesylate SOLN	33
azathioprine TABS 50 MG	93	BD DISP NEEDLES	89	benztropine mesylate TABS	33
azathioprine TABS 75 MG, 100 MG 93		BD ECLIPSE LUER-LOK NEEDLE 89		bepotastine besilate	100
		BD LANCET ULTRAFINE 30G ...	71	BESIVANCE	99
		BD LANCET ULTRAFINE 33G ...	71	BESREMI	33

BETADINE OPHTHALMIC PREP	99	BICILLIN C-R 900/300	102	bromocriptine mesylate TABS 2.5 MG	33
betaine	57	BICILLIN L-A SUSY	102	BRUKINSA	30
betamethasone dipropionate (topical) CREA	52	BIKTARVY	35	budesonide (inhalation) SUSP 0.25 MG/2ML	12
betamethasone dipropionate (topical) LOTN	52	bimatoprost SOLN	101	budesonide (inhalation) SUSP 0.5 MG/2ML	12
betamethasone dipropionate (topical) OINT	52	bisacodyl SUPP	67	budesonide (inhalation) SUSP 1 MG/2ML	12
betamethasone dipropionate augmented CREA	52	bisacodyl TBEC	67	budesonide (intrarectal)	9
betamethasone dipropionate augmented GEL 0.05 %	52	bisoprolol & hydrochlorothiazide	25	budesonide TB24	46
betamethasone dipropionate augmented LOTN	52	bisoprolol fumarate	38	budesonide-formoterol fumarate dihydrate	12
betamethasone dipropionate augmented OINT	52	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	30	bumetanide TABS 0.5 MG, 1 MG	56
betamethasone valerate CREA	52	bortezomib SOLR IJ	30	bumetanide TABS 2 MG	56
betamethasone valerate FOAM	52	bosentan TABS	40	buprenorphine hcl SUBL 2 MG	9
betamethasone valerate LOTN	52	BOSULIF CAPS	30	buprenorphine hcl SUBL 8 MG	9
betamethasone valerate OINT	52	BOSULIF TABS	30	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	9
BETASERON KIT	103	BRAFTOVI 75 MG	30	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	9
betaxolol hcl (ophth) SOLN	98	BREZTRI AEROSPHERE	12	buprenorphine hcl-naloxone hcl dihydrate SUBL	9
betaxolol hcl	38	BRILINTA	64	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	9
bethanechol chloride	111	brimonidine tartrate (topical)	54	bupropion hcl (smoking deterrent)	106
BETHKIS NEBU (tobramycin)	2	brimonidine tartrate	99	bupropion hcl TABS	17
BETIMOL 0.25 %	98	brimonidine tartrate-timolol maleate	98	bupropion hcl TB12	17
BETOPTIC-S SUSP	98	brinzolamide	100	bupropion hcl TB24 150 MG, 300 MG	17
bexarotene (topical)	49	BRIVIACT SOLN PO 10 MG/ML	14	bupropion hcl TB24 450 MG	17
bexarotene	33	BRIVIACT TABS 10 MG	14		
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	44	BRIVIACT TABS 100 MG	14		
bicalutamide	29	BRIVIACT TABS 25 MG, 50 MG, 75 MG	14		
BICILLIN C-R	102	bromfenac sodium (ophth) 0.07 %, 0.075 %	100		
		bromfenac sodium (ophth) 0.09 %	100		
		bromocriptine mesylate CAPS	33		

buspirone hcl	10	CALCIPOTRIENE FOAM	50	carbamazepine TB12 100 MG	15
butalbital-acetaminophen CAPS 50 MG-300 MG	6	calcipotriene OINT	50	carbamazepine TB12 200 MG	15
butalbital-acetaminophen TABS 50 MG-300 MG	6	calcipotriene SOLN	50	carbamazepine TB12 400 MG	15
butalbital-acetaminophen TABS 50 MG-325 MG	6	calcipotriene-betamethasone dipropionate OINT	52	CARBATROL CP12 (carbamazepine)	15
butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6	calcipotriene-betamethasone dipropionate SUSP	52	carbidopa	33
butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6	calcitonin (salmon) IJ	57	carbidopa-levodopa TABS	33
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	8	calcitonin (salmon) NA	57	carbidopa-levodopa TBCR 100 MG- 25 MG	33
butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	8	calcitriol (topical)	50	carbidopa-levodopa TBCR 200 MG- 50 MG	33
butalbital-aspirin-caffeine CAPS	6	calcitriol CAPS 0.25 MCG	57	carbidopa-levodopa TBCR 200 MG- 50 MG	33
butalbital-aspirin-caffeine w/cod	8	calcitriol CAPS 0.5 MCG	57	carbidopa-levodopa TBCR 200 MG- 50 MG	33
butorphanol tartrate NA 10 MG/ML .	9	calcitriol SOLN PO	57	carbidopa-levodopa TBCR 200 MG- 50 MG	33
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	35	calcium acetate (phosphate binder) CAPS	60	carbidopa-levodopa TBCR 200 MG- 50 MG	33
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	35	calcium acetate (phosphate binder) TABS	60	carbidopa-levodopa TBCR 200 MG- 50 MG	33
cabergoline	58	CALQUENCE	30	carbidopa-levodopa TBCR 200 MG- 50 MG	33
CABOMETYX TABS 20 MG, 60 MG .	30	candesartan cilexetil 32 MG	24	carbidopa-levodopa TBCR 200 MG- 50 MG	33
CABOMETYX TABS 40 MG	30	candesartan cilexetil 4 MG, 8 MG, 16 MG	24	carbidopa-levodopa TBCR 200 MG- 50 MG	33
caffeine citrate SOLN PO	1	candesartan cilexetil- hydrochlorothiazide	25	carbidopa-levodopa TBCR 200 MG- 50 MG	33
CALCIFOL	91	capecitabine	27	carbidopa-levodopa TBCR 200 MG- 50 MG	33
calcipotriene CREA	50	CAPRELSA	30	carbidopa-levodopa TBCR 200 MG- 50 MG	33
calcipotriene FOAM	50	captopril & hydrochlorothiazide ...	25	carbidopa-levodopa TBCR 200 MG- 50 MG	33
		captopril	24	carbidopa-levodopa TBCR 200 MG- 50 MG	33
		CARAC CREA	50	carbidopa-levodopa TBCR 200 MG- 50 MG	33
		carbamazepine CHEW 100 MG ...	14	carbidopa-levodopa TBCR 200 MG- 50 MG	33
		carbamazepine CP12	15	carbidopa-levodopa TBCR 200 MG- 50 MG	33
		carbamazepine SUSP	15	carbidopa-levodopa TBCR 200 MG- 50 MG	33
		carbamazepine TABS	15	carbidopa-levodopa TBCR 200 MG- 50 MG	33
				carbinoxamine maleate SOLN	22
				carbinoxamine maleate TABS 4 MG .	22
				CARBINOXAMINE MALEATE TABS .	22
				CARDURA XL	61
				CAREONE LANCET SUPER THIN 30G	72
				CAREONE LANCET THIN 23G ...	72
				CAREPOINT POLY HUB NEEDLE 90	
				CARESENS LANCETS	72
				CARESENS LANCETS 30G	72
				CARETOUCH SAFETY LANCETS 72	
				CARETOUCH SAFETY LANCETS 26G	72
				CARETOUCH TWIST LANCETS 28G	72
				CARETOUCH TWIST LANCETS 30G	72

CARETOUCH TWIST LANCETS 33G	72	cefprozil TABS	40	choline fenofibrate 45 MG	23
CARETOUCH TWIST MC LANCETS 30G	72	cefuroxime axetil TABS	40	CHOSEN LANCETS 30G	72
carisoprodol TABS	97	celecoxib 400 MG	5	CHOSEN SAFETY LANCETS 28G 72	
carteolol hcl (ophth)	98	celecoxib 50 MG, 100 MG, 200 MG	5	ciclopirox GEL	49
carvedilol 3.125 MG	37	CELONTIN (methsuximide)	17	ciclopirox olamine CREA	49
carvedilol 6.25 MG, 12.5 MG, 25 MG 37		cephalexin CAPS	40	ciclopirox olamine SUSP	49
carvedilol phosphate	37	cephalexin SUSR	40	ciclopirox SHAM	49
CAYA DPRH	68	CEPROTIN	64	ciclopirox SOLN	49
CAYSTON	26	CERDELGA	64	cilostazol	64
cefaclor CAPS	40	CEREZYME 400 UNIT	64	CILOXAN OINT	99
CEFACLOR ER TB12	40	CERVIDIL INST	101	CIMDUO	35
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	40	CETACAINE AERO	54	cimetidine TABS 300 MG, 800 MG 109	
cefadroxil CAPS	40	cevimeline hcl	94	cimetidine TABS 400 MG	109
cefadroxil SUSR	40	CHEMET	21	cinacalcet hcl	57
cefadroxil TABS	40	chlordiazepoxide hcl CAPS	10	CIPRO HC	101
cefazolin sodium SOLR IV 1 GM ..	40	chlordiazepoxide hcl-clidinium bromide	109	CIPRO SUSR	59
cefdinir CAPS	41	chlordiazepoxide-amitriptyline ...	103	ciprofloxacin hcl (ophth) SOLN	99
cefdinir SUSR	41	chlorhexidine gluconate (mouth-throat)	93	ciprofloxacin hcl (otic)	101
cefixime CAPS	41	chloroquine phosphate TABS	26	ciprofloxacin hcl TABS	59
cefixime SUSR	41	chlorpromazine hcl TABS	35	ciprofloxacin-dexamethasone	101
CEFOTAN IJ (cefotetan disodium) 40		chlorthalidone 25 MG, 50 MG	56	CITALOPRAM HYDROBROMIDE CAPS	17
cefotetan disodium IJ 1 GM, 2 GM 40		chlorzoxazone TABS 250 MG	97	citalopram hydrobromide SOLN ...	17
cefoxitin sodium IV 1 GM, 2 GM ...	40	chlorzoxazone TABS 375 MG, 500 MG, 750 MG	97	citalopram hydrobromide TABS ...	17
CEFOXITIN SODIUM-DEXTROSE 40		cholestyramine light PACK	23	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	95
cefpodoxime proxetil SUSR	41	cholestyramine light POWD	23	CITRANATAL ASSURE	95
cefpodoxime proxetil TABS	41	cholestyramine PACK	23		
cefprozil SUSR	40	cholestyramine POWD	23		
		choline fenofibrate 135 MG	23		

CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 95	clindamycin phosphate (topical) SOLN48	clonidine hcl (adhd) TB122
CITRANATAL DHA95	clindamycin phosphate (topical) SWAB48	clonidine hcl TABS24
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG95	clindamycin phosphate vaginal CREA111	clopidogrel bisulfate64
CITRANATAL MEDLEY95	clindamycin phosphate-benzoyl peroxide (refrigerate)48	clorazepate dipotassium TABS10
clarithromycin SUSR67	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %48	clotrimazole93
clarithromycin TABS67	clindamycin phosphate-tretinoin ..48	clotrimazole w/ betamethasone CREA49
clarithromycin TB2467	CLINDESSE111	clotrimazole w/ betamethasone LOTN49
CLEANLET LANCETS 28G72	clobazam SUSP14	clozapine TABS34
clemastine fumarate TABS 2.68 MG . 22	clobazam TABS 10 MG14	clozapine TBDP34
CLEOCIN SUPP111	clobazam TABS 20 MG14	C-NATE DHA CAPS95
CLEVER CHEK LANCETS72	clobetasol propionate CREA 0.05 % . 52	COAGUCHEK LANCETS72
CLEVER CHOICE COMFORT EZ 72	clobetasol propionate emollient base 0.05 %52	COARTEM26
CLEVER CHOICE LANCETS 21G 72	clobetasol propionate emulsion ..52	codeine sulfate TABS7
CLEVER CHOICE LANCETS 23G 72	clobetasol propionate FOAM52	CODITUSSIN AC LIQD47
CLEVER CHOICE LANCETS 28G 72	clobetasol propionate GEL 0.05 % 52	colchicine CAPS62
CLIMARA PRO58	clobetasol propionate LIQD52	colchicine TABS62
clindamycin hcl26	clobetasol propionate LOTN52	colchicine w/ probenecid61
clindamycin palmitate hydrochloride . 26	clobetasol propionate OINT 0.05 % 52	colesevelam hcl PACK23
clindamycin phosphate (topical) FOAM48	clobetasol propionate SHAM52	colesevelam hcl TABS23
clindamycin phosphate (topical) GEL 48	clobetasol propionate SOLN 0.05 % . 52	colestipol hcl GRAN23
clindamycin phosphate (topical) LOTN48	clocortolone pivalate52	colestipol hcl PACK23
	clomipramine hcl18	colestipol hcl TABS23
	clonazepam TABS14	COMBIPATCH PTTW58
	clonazepam TBDP14	COMBIVENT RESPIMAT AERS ..13
		COMETRIQ (100 MG DAILY DOSE) KIT30
		COMETRIQ (140 MG DAILY DOSE) KIT30
		COMETRIQ (60 MG DAILY DOSE) KIT30

COMFORT ASSURED LANCETS 28G	72	COSENTYX SENSOREADY PEN SOAJ	50	cyclophosphamide CAPS	27
COMFORT ASSURED LANCETS 33G	73	COSENTYX SOSY 150 MG/ML ...	50	CYCLOPHOSPHAMIDE TABS	27
COMFORT EZ INSULIN SYRINGE . 90		COSENTYX SOSY 75 MG/0.5ML .	50	cycloserine	27
COMFORT LANCETS	73	COSENTYX UNOREADY SOAJ ..	50	cyclosporine (ophth) EMUL	99
COMFORT TOUCH LANCETS 31G . 73		COTELLIC	30	cyclosporine CAPS	93
COMFORT TOUCH PLUS LANCETS 28G	73	COVID VACCINES	111	cyclosporine modified (for microemulsion) CAPS	93
COMFORT TOUCH PLUS LANCETS 30G	73	COVID-19 AT HOME TEST KITS .	55	cyclosporine modified (for microemulsion) SOLN	93
COMFORT TOUCH PLUS LANCETS 30G	73	COVID-19 FLU A&B 3-IN-1 TEST .	55	CYKLOKAPRON SOLN (tranexamic acid)	65
COMFORT TOUCH TWIST LANCET 30G	73	CREON CPEP	56	cyproheptadine hcl SYRP	23
COMPLERA	35	CRESEMBA CAPS 186 MG	22	cyproheptadine hcl TABS	23
COMPLETENATE CHEW	95	CRINONE GEL 8 %	112	CYSTADANE (betaine)	57
CONCEPT DHA	95	cromolyn sodium (ophth)	100	CYSTAGON CAPS	61
CONCEPT OB	95	cromolyn sodium NEBU	11	CYSTARAN	100
CONDOMS	68	CTEXLI 250 MG	59	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	108
CONTRACE	1	CUPRIMINE CAPS (penicillamine) 92		CYTOMEL TABS 5 MCG (liothyronine sodium)	108
CONZIP CP24 (tramadol hcl)	7	CVS LANCETS 21G	73	CYTRA-3 SYRP	61
COPIKTRA	30	CVS LANCETS MICRO THIN 33G 73		dabigatran etexilate mesylate CAPS 110 MG	14
CORDRAN TAPE	52	CVS LANCETS ORIGINAL	73	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	14
CORIFACT	62	CVS LANCETS THIN 26G	73	dalfampridine	103
CORLANOR SOLN	40	CVS LANCETS ULTRA THIN 30G 73		danazol CAPS	9
CORTANE-B	52	CVS LANCETS ULTRA-THIN 30G 73		dantrolene sodium CAPS	97
CORTIFOAM EX 10 %	9	CVS ULTRA THIN LANCETS	73	dapagliflozin propanediol	20
CORTISPORIN-TC	101	cyclobenzaprine hcl TABS 5 MG, 10 MG	97	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	18
COSENTYX (300 MG DOSE) SOSY . 50		CYCLOGYL	98	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	18
COSENTYX SENSOREADY (300 MG) SOAJ	50	CYCLOMYDRIL	98		
		cyclopentolate hcl 1 %	98		

dapsone (topical) 5 %	48	desloratadine TABS	22	dexmethylphenidate hcl CP24	2
dapsone (topical) 7.5 %	48	desloratadine TBDP 2.5 MG	22	dexmethylphenidate hcl TABS	2
dapsone 100 MG	26	desloratadine TBDP 5 MG	22	dextroamphetamine sulfate CP24	1
dapsone 25 MG	26	DESMOPRESSIN ACETATE SOLN NA	58	dextroamphetamine sulfate SOLN	1
DARAPRIM (pyrimethamine)	26	desmopressin acetate spray	58	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
darifenacin hydrobromide	110	desmopressin acetate spray refrigerated 0.01 %	58	DHIVY TABS	33
darunavir TABS	35	desmopressin acetate TABS 0.1 MG 58		DIACOMIT CAPS 250 MG	15
dasatinib	30	desmopressin acetate TABS 0.2 MG 58		DIACOMIT CAPS 500 MG	15
DAURISMO	28	desmopressin acetate TABS 0.2 MG 58		DIACOMIT PACK 250 MG	15
deferasirox PACK	21	desogestrel-ethinyl estradiol (biphasic)	44	DIACOMIT PACK 500 MG	15
deferasirox TABS	21	desonide CREA	52	DIATHRIVE LANCET ULTRA THIN 30	73
deferasirox TBSO	21	desonide GEL	52	DIATHRIVE LANCETS	73
deferiprone TABS 500 MG	21	desonide LOTN	52	diazepam (anticonvulsant) GEL	14
deflazacort SUSP	46	desonide OINT	52	diazepam CONC	10
deflazacort TABS	46	desoximetasone CREA	52	diazepam SOLN PO 5 MG/5ML	10
DELSTRIGO	35	desoximetasone GEL	52	diazepam TABS 10 MG	10
demeclocycline hcl TABS	107	desoximetasone LIQD	52	diazepam TABS 2 MG, 5 MG	10
DEMSEER (metyrosine)	24	desoximetasone OINT 0.05 %	52	diazoxide	19
DEPAKOTE ER TB24 (divalproex sodium)	17	desoximetasone OINT 0.25 %	52	dichlorphenamide	56
DEPAKOTE SPRINKLES CSDR (divalproex sodium)	17	desvenlafaxine succinate	18	diclofenac potassium TABS 50 MG	5
DEPAKOTE TBEC (divalproex sodium)	17	dexamethasone ELIX	46	diclofenac sodium (actinic keratoses) EX	50
DEPEN TITRATABS TABS (penicillamine)	92	DEXAMETHASONE INTENSOL CONC	46	diclofenac sodium (ophth)	100
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	45	dexamethasone sodium phosphate (ophth)	99	diclofenac sodium (topical) GEL EX 49	
DESCOVY 200 MG-25 MG	35	dexamethasone SOLN	46	diclofenac sodium (topical) SOLN EX 1.5 %	49
desipramine hcl TABS	18	dexamethasone TABS	46	diclofenac sodium (topical) SOLN EX 2 %	49
		dexamethasone TBPK	46	diclofenac sodium TB24	5

diclofenac sodium TBEC	5 38	doxepin hcl CONC	18
diclofenac w/ misoprostol TBEC	5	doxercalciferol CAPS	57
dicloxacillin sodium	102	doxycycline (monohydrate) CAPS 150 MG	107
dicyclomine hcl CAPS	109	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	107
dicyclomine hcl SOLN PO	109	doxycycline (monohydrate) SUSR 107	
dicyclomine hcl TABS	109	doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG	108
diethylpropion hcl TABS	1	doxycycline (monohydrate) TABS 75 MG	107
diethylpropion hcl TB24	1	doxycycline (rosacea)	54
DIFFERIN LOTN	48	doxycycline hyclate CAPS	108
DIFICID TABS	68	doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG	108
diflorasone diacetate CREA	52	doxylamine-pyridoxine TBEC	22
diflorasone diacetate OINT	52	dronabinol CAPS 10 MG	22
diflunisal TABS	7	dronabinol CAPS 2.5 MG, 5 MG ..	22
difluprednate	99	DROPLET INSULIN SYRINGE ...	90
digoxin SOLN PO 0.05 MG/ML	39	DROPLET LANCETS ULTRA THIN 30G	73
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	39	DROPLET PERSONAL LANCETS 30G	73
dihydroergotamine mesylate SOLN IJ 1 MG/ML	91	DROPSAFE ACTI-LANCE 23G ...	73
dihydroergotamine mesylate SOLN NA 4 MG/ML	91	DROPSAFE SAFETY SYRINGE/NEEDLE	90
DILANTIN (phenytoin sodium extended)	16	drospirenone-ethinyl estradiol	44
DILANTIN	16	drospirenone-ethinyl estradiol- levomefolate calcium	44
DILANTIN INFATABS CHEW (phenytoin)	16	DROXIA CAPS	64
DILANTIN SUSP (phenytoin)	17	droxidopa	112
DILANTIN-125 SUSP (phenytoin) .	16	DRUG MART LANCETS THIN 26G .	73
diltiazem hcl coated beads CP24 ..	38		
diltiazem hcl CP12	38		
diltiazem hcl CP24	38		
diltiazem hcl extended release beads.			

DRUG MART ON-THE-GO LANCET 30G73	NEEDLE90	disoproxil fumarate36
DRUG MART UNILET LANCETS 28G74	EASY TOUCH LANCETS 21G74	EFFER-K92
DRUG MART UNILET LANCETS 30G74	EASY TOUCH LANCETS 23G74	ELESTRIN GEL59
DRUG MART UNILET LANCETS 33G74	EASY TOUCH LANCETS 26G74	eletriptan hydrobromide91
DRYSOL SOLN54	EASY TOUCH LANCETS 28G74	ELIGARD KIT SC 7.5 MG, 45 MG .29
DUAVEE59	EASY TOUCH LANCETS 28G/TWIST74	ELIQUIS DVT/PE STARTER PACK TBPK13
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG18	EASY TOUCH LANCETS 30G74	ELIQUIS TABS13
DUOPA SUSP33	EASY TOUCH LANCETS 30G/TWIST74	ELLA45
DUPIXENT SOAJ 200 MG/1.14ML 53	EASY TOUCH LANCETS 32G74	ELMIRON CAPS61
DUPIXENT SOAJ 300 MG/2ML ...53	EASY TOUCH LANCETS 32G/TWIST74	ELOCTATE62
DUPIXENT SOSY 100 MG/0.67ML 54	EASY TOUCH LANCETS 33G/TWIST74	EMBECTA INSULIN SYRINGE U/F . 90
DUPIXENT SOSY 200 MG/1.14ML 54	EASY TOUCH SAFETY LANCETS 21G74	EMBRACE LANCETS ULTRA THIN 30G74
DUPIXENT SOSY 300 MG/2ML ...54	EASY TOUCH SAFETY LANCETS 23G74	EMBRACE PRESSURE ACTIVATED 21G75
DUREX EXTRA SENSITIVE THIN DEVI68	EASY TOUCH SAFETY LANCETS 26G74	EMBRACE PRESSURE ACTIVATED 28G75
DUREX EXTRA SENSITIVE THIN MISC68	EASY TOUCH SAFETY LANCETS 28G74	EMCYT29
DUREX TROPICAL MISC68	econazole nitrate CREA49	EMEND SUSR22
dutasteride61	EDARBI 40 MG24	EMFLAZA SUSP (deflazacort)46
dutasteride-tamsulosin hcl61	EDARBI 80 MG24	EMFLAZA TABS (deflazacort)46
EASY COMFORT LANCETS74	EDARBYCLOR25	EMGALITY (300 MG DOSE) SOSY 90
EASY COMFORT LANCETS TWIST TOP74	EDURANT35	EMGALITY SOAJ90
EASY TOUCH FLIPLOCK NEEDLES90	efavirenz CAPS36	EMGALITY SOSY90
EASY TOUCH HYPODERMIC	efavirenz TABS36	EMSAM17
	efavirenz-emtricitabine-tenofovir disoproxil fumarate36	emtricitabine CAPS36
	efavirenz-lamivudine-tenofovir	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG36
		emtricitabine-tenofovir disoproxil

fumarate 200 MG-300 MG	36	75	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	59	
EMTRIVA SOLN	36	EQL THIN LANCETS 26G	75	estradiol GEL	59
enalapril maleate & hydrochlorothiazide	25	EQUETRO	34	estradiol PTTW	59
enalapril maleate TABS	24	ergocalciferol CAPS	112	estradiol PTWK	59
ENBREL MINI SOCT	5	ergoloid mesylates TABS	104	estradiol TABS	59
ENBREL SOLN	5	ERGOMAR SUBL	91	estradiol vaginal CREA	111
ENBREL SOSY 25 MG/0.5ML	6	ergotamine w/ caffeine TABS	90	estradiol vaginal TABS	111
ENBREL SOSY 50 MG/ML	6	ERIVEDGE	28	estradiol valerate	59
ENBREL SURECLICK SOAJ	5	ERLEADA 240 MG	29	ESTRING RING	111
ENCARE SUPP 100 MG	111	ERLEADA 60 MG	29	eszopiclone	65
ENDOMETRIN INST	112	erlotinib hcl	28	ethacrynic acid	56
enoxaparin sodium SOLN IJ 300 MG/3ML	13	ERTACZO	49	ethambutol hcl TABS	27
enoxaparin sodium SOSY	13	ertapenem sodium IJ	26	ethosuximide CAPS	17
entacapone	33	erythromycin (acne aid) GEL	48	ethosuximide SOLN	17
entecavir TABS	37	erythromycin (acne aid) SOLN	48	ethynodiol diacet & eth estrad	44
ENTEREG (alvimopan)	60	erythromycin (ophth)	99	etodolac CAPS	5
ENTRESTO TABS	39	ERYTHROMYCIN	99	etodolac TABS	5
EPCLUSA PACK	37	erythromycin base CPEP	67	etodolac TB24	5
EPCLUSA TABS 100 MG-400 MG	37	erythromycin base TABS	67	etonogestrel-ethinyl estradiol	45
EPCLUSA TABS 50 MG-200 MG	37	erythromycin base TBEC	68	etoposide CAPS	33
EPIDIOLEX	15	erythromycin ethylsuccinate SUSR 68		etravirine	36
EPIFOAM FOAM	53	erythromycin ethylsuccinate TABS	68	EUCRISA	54
epinastine hcl (ophth)	100	escitalopram oxalate SOLN	17	EULEXIN	29
epinephrine (anaphylaxis) SOAJ	112	escitalopram oxalate TABS 10 MG, 20 MG	17	EVAMIST SOLN	59
eplerenone	25	escitalopram oxalate TABS 5 MG	17	everolimus (immunosuppressant)	93
EQL COLOR LANCETS 21G	75	ESPEROCT	62	everolimus TABS	30
EQL COLOR LANCETS MICRO 33G	75	estazolam	65	everolimus TBSO	30
EQL SUPER THIN LANCETS 30G		estradiol & norethindrone acetate TABS	59	EVISTA (raloxifene hcl)	57
				EVOTAZ	36

EVRYSDI	98	FASENRA PEN SOAJ	11	100 MCG/HR	7
EXELDERM SOLN	49	FASENRA SOSY 10 MG/0.5ML ...	11	fentanyl PT72 37.5 MCG/HR, 62.5	
exemestane	29	FASENRA SOSY 30 MG/ML	11	MCG/HR, 87.5 MCG/HR	7
EXJADE TBSO (deferasirox)	21	FC2 FEMALE CONDOM	68	ferric citrate	60
EXODERM	49	febuxostat 40 MG	62	FERRIPROX SOLN	21
E-Z JECT LANCET MICRO-THIN		febuxostat 80 MG	62	FERRIPROX TABS 500 MG	
33G	75	FEIBA	62	(deferiprone)	21
E-Z JECT LANCET SUPER THIN		felbamate SUSP	16	fesoterodine fumarate	110
30G	75	felbamate TABS	16	FETZIMA CP24 20 MG	18
E-Z JECT LANCETS	75	FELBATOL SUSP (felbamate)	16	FETZIMA CP24 40 MG, 80 MG, 120	
E-Z JECT LANCETS 21G	75	felodipine 10 MG	38	MG	18
E-Z JECT LANCETS THIN 26G ..	75	felodipine 2.5 MG, 5 MG	38	FETZIMA TITRATION C4PK	18
ezetimibe	23	FEMCAP DEVI	68	FIBRICOR (fenofibric acid)	23
ezetimibe-simvastatin	23	FEMLYV TBDP	44	FIFTY50 SAFETY SEAL LANCETS .	
EZ-LETS LANCETS 21G	75	FEMRING	112	75	
EZ-LETS LANCETS 26G	75	fenofibrate CAPS	23	FIFTY50 UNILET LANCETS 33G .	75
EZ-LETS LANCETS 28G	75	fenofibrate micronized 130 MG, 200		FINACEA FOAM	54
EZ-LETS LANCETS 30G	75	MG	23	finasteride	61
FABHALTA	64	fenofibrate micronized 43 MG, 67		FINE 30	75
FABIOR FOAM	48	MG, 134 MG	23	FINGERSTIX LANCETS	75
famciclovir	37	fenofibrate TABS 145 MG, 160 MG		finbolimod hcl	103
famotidine SUSR	109	23		FIRAZYR SOSY (icatibant acetate)	
famotidine TABS 20 MG	109	fenofibrate TABS 48 MG	23	64	
famotidine TABS 40 MG	109	fenofibrate TABS 54 MG	23	FIRDAPSE	27
FANAPT	34	fenoprofen calcium TABS	5	FLAREX	99
FANAPT TITRATION PACK	34	FENSOLVI (6 MONTH) SC	57	flavoxate hcl	111
FANTASY LUBRICATED MISC ...	68	fentanyl citrate LPOP 1600 MCG ...	7	flecainide acetate	11
FANTASY		fentanyl citrate LPOP 200 MCG, 400		FLORAFOL PEDIATRIC CHEW ...	94
LUBRICATED/SPERMICIDE MISC		MCG, 600 MCG, 800 MCG, 1200		FLORAFOL PEDIATRIC SOLN ...	94
68		MCG	7	FLORIVA	91
FARXIGA	20	fentanyl PT72 12 MCG/HR, 25		FLORIVA	95
		MCG/HR, 50 MCG/HR, 75 MCG/HR,		FLORIVA PLUS SOLN	94

FLOTREX CHEW 0.25 MG, 0.5 MG . 94	fluoxetine hcl (pmdd) TABS 104	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT13
FLOWFLEX PLUS COVID-19/FLU A/B55	fluoxetine hcl CAPS 10 MG, 20 MG 17	fluticasone-salmeterol AERO 13
FLUAD QUADRIVALENT111	fluoxetine hcl CAPS 40 MG17	fluvastatin sodium CAPS 23
FLUARIX QUADRIVALENT SUSY 111	fluoxetine hcl CPDR17	fluvastatin sodium TB24 23
FLUBLOK SOSY 111	fluoxetine hcl SOLN17	fluvoxamine maleate CP24 100 MG 18
FLUCELVAX SUSP 111	fluoxetine hcl TABS 10 MG17	fluvoxamine maleate CP24 150 MG 18
fluconazole SUSR 22	fluoxetine hcl TABS 20 MG, 60 MG 17	fluvoxamine maleate TABS 100 MG . 18
fluconazole TABS22	fluphenazine hcl CONC35	fluvoxamine maleate TABS 25 MG, 50 MG18
flucytosine22	fluphenazine hcl ELIX35	FLUZONE HIGH-DOSE QUADRIVALENT 111
fludarabine phosphate SOLR27	fluphenazine hcl TABS35	FLUZONE HIGH-DOSE SUSY ...111
fludrocortisone acetate TABS46	flurazepam hcl 15 MG 65	FLUZONE QUADRIVALENT SUSY 111
FLULAVAL QUADRIVALENT SUSY . 111	flurazepam hcl 30 MG 65	FML FORTE SUSP100
FLUMIST QUADRIVALENT 111	flurbiprofen sodium101	folic acid TABS 1 MG65
fluocinolone acetonide (otic)101	flurbiprofen TABS 5	folic acid TABS 400 MCG, 800 MCG . 65
fluocinolone acetonide CREA53	fluticasone furoate-vilanterol13	FOLIVANE-F 65
fluocinolone acetonide OIL 53	fluticasone propionate (inhalation) AEPB 100 MCG/ACT12	FOLIVANE-OB 95
fluocinolone acetonide OINT 53	fluticasone propionate (inhalation) AEPB 250 MCG/ACT 12	fondaparinux sodium 2.5 MG/0.5ML . 13
fluocinolone acetonide SOLN53	fluticasone propionate (inhalation) AEPB 50 MCG/ACT12	fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML14
fluocinonide CREA53	fluticasone propionate (nasal) SUSP . 98	FORA LANCETS75
fluocinonide emulsified base53	fluticasone propionate CREA 0.05 % 53	formaldehyde SOLN 10 %35
fluocinonide GEL53	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT12	formoterol fumarate NEBU13
fluocinonide OINT53	fluticasone propionate hfa 44 MCG/ACT12	fosamprenavir calcium TABS36
fluocinonide SOLN53	fluticasone propionate LOTN 53	
fluorometholone (ophth) SUSP ...100	fluticasone propionate OINT53	
fluorouracil (topical) CREA 0.5 % ..50		
fluorouracil (topical) CREA 5 %50		
fluorouracil (topical) SOLN50		

fosfomycin tromethamine	26	FYCOMPA TABS 6 MG	14	GILTUSS SINUS & CONGESTION TABS	47
fosinopril sodium & hydrochlorothiazide	25	FYCOMPA TABS 8 MG, 10 MG, 12 MG	14	glatiramer acetate SOSY 20 MG/ML . 103	
fosinopril sodium	24	gabapentin CAPS	15	glatiramer acetate SOSY 40 MG/ML . 103	
FOSRENOL PACK	60	gabapentin SOLN	15	GLEOSTINE 10 MG, 40 MG, 100 MG	27
FRAGMIN SOLN 95000 UNIT/3.8ML 14		gabapentin TABS 600 MG, 800 MG 15		glimepiride 1 MG, 2 MG, 4 MG	20
FRAGMIN SOSY 2500 UNIT/0.2ML 14		GALAFOLD	57	glipizide TABS	20
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..	14	galantamine hydrobromide CP24 102		glipizide TB24	20
FREDS PHARMACY UNILET LANC 28G	76	galantamine hydrobromide SOLN 102		glipizide-metformin hcl	18
FREDS PHARMACY UNILET LANC 30G	76	galantamine hydrobromide TABS 103		GLOBAL EASY GLIDE INSULIN SYR	90
FREESTYLE INSULINX TEST STRP	55	GALZIN	92	GLOBAL INJECT EASE LANCETS 28G	76
FREESTYLE LANCETS	76	gatifloxacin (ophth)	99	GLOBAL INJECT EASE LANCETS 30G	76
FREESTYLE LITE TEST STRP ...	55	GATTEX	61	GLUCAGON EMERGENCY	19
FREESTYLE PRECISION NEO TEST STRP	55	gefitinib	28	GLUCOCOM LANCETS 28G	76
FREESTYLE TEST STRP	55	GELFILM	100	GLUCOCOM LANCETS 30G	76
FREESTYLE UNISTICK II LANCETS	76	gemfibrozil TABS	23	GLUCOCOM LANCETS 33G	76
frovatriptan succinate	91	GENERESS FE (norethindrone & ethinyl estradiol-fe)	44	glutamine (sickle cell)	64
furosemide SOLN PO 8 MG/ML, 10 MG/ML	56	gentamicin sulfate (ophth) SOLN ..	99	glyburide micronized 1.5 MG, 3 MG, 6 MG	20
furosemide TABS	56	gentamicin sulfate (topical) CREA .	48	glyburide TABS	20
FUZEON SOLR	36	gentamicin sulfate (topical) OINT ..	48	glyburide-metformin	18
FYCOMPA SUSP	14	GENTEEL BUTTERFLY TOUCH LANCET	76	GLYCATE TABS	109
FYCOMPA TABS 2 MG	14	GENTLE-LET GP LANCETS	76	glycopyrrolate SOLN PO 1 MG/5ML . 109	
FYCOMPA TABS 4 MG	14	GENTLE-LET LANCETS	76	glycopyrrolate TABS 1 MG, 2 MG 109	
		GENVOYA	36	GLYCOPYRROLATE TABS	109
		GILOTRIF	28		
		GILPHEX TR TABS 10 MG-388 MG . 47			
		GILTUSS COUGH & COLD TABS	47		

GLYXAMBI	18	HAEMOLANCE LOW FLOW LANCETS	77	HUMALOG KWIKPEN SOPN 100 UNIT/ML	19
GNP LANCETS 21G	76	HAEMOLANCE PLUS	77	HUMALOG KWIKPEN SOPN 200 UNIT/ML	19
GNP LANCETS THIN 26G	76	HAEMOLANCE PLUS HIGH FLOW .	77	HUMALOG MIX 50/50 KWIKPEN SUPN	19
GNP STERILE LANCETS 28G ...	76	HAEMOLANCE PLUS LOW FLOW .	77	HUMALOG MIX 50/50 SUSP	19
GNP STERILE LANCETS 30G ...	76	HAEMOLANCE PLUS MAX FLOW	77	HUMALOG MIX 75/25 KWIKPEN SUPN	19
GNP STERILE LANCETS 33G ...	76	HAEMOLANCE PLUS PEDIATRIC FLOW	77	HUMALOG MIX 75/25 SUSP	19
GOJJI STERILE LANCETS	76	halobetasol propionate CREA	53	HUMALOG SOCT	19
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	66	halobetasol propionate OINT	53	HUMALOG SOLN IJ	20
GONITRO PACK	10	haloperidol lactate CONC	34	HUMATE-P SOLR	62
GOODSENSE COLOR LANCETS 33G	76	haloperidol TABS	34	HUMATIN	2
GOODSENSE LANCETS 26G UNIV	76	HEALTHY ACCENTS UNILET LANCETS	77	HUMATROPE CART IJ	57
GOODSENSE LANCETS 30G	77	H-E-B INCONTROL LANCETS 28G .	77	HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4
GOODSENSE LANCETS 30G UNIV	77	H-E-B INCONTROL LANCETS 30G .	77	HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4
GOODSENSE LANCETS 33G	77	H-E-B INCONTROL LANCETS 33G .	77	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4
GOODSENSE LANCETS 33G UNIV	77	H-E-B INCONTROL PEN NEEDLES	90	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4
granisetron hcl TABS	21	HEMANGEOL SOLN PO	38	HUMIRA (2 SYRINGE) PSKT	4
griseofulvin microsize SUSP	22	HEMLIBRA	62	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4
griseofulvin microsize TABS	22	HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	62	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4
griseofulvin ultramicrosize	22	heparin sodium (porcine) SOLN IJ 10000 UNIT/ML	14	HUMIRA-PED<40KG CROHNS STARTER PSKT	4
guaifenesin-codeine SOLN	47	HEPLISAV-B SOSY	111	HUMIRA-PED>=40KG CROHNS START PSKT	4
guanfacine hcl (adhd)	2	HUMALOG JUNIOR KWIKPEN SOPN	19	HUMIRA-PED>=40KG UC STARTER AJKT	4
guanfacine hcl	24				
GYNAZOLE-1	111				
HADLIMA PUSHTOUCH SOAJ	3				
HADLIMA SOSY	3				
HAEGARDA SOLR SC	64				
HAEMOLANCE	77				

HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	8	hydroxyurea	33
HUMIRA-PSORIASIS/UEVIT STARTER AJKT	4	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG	8	hydroxyzine hcl SYRP	10
HUMULIN 70/30 KWIKPEN SUPN	20	hydrocodone-ibuprofen 5 MG-200 MG	9	hydroxyzine hcl TABS	10
HUMULIN 70/30 SUSP	20	hydrocortisone (intrarectal)	9	hydroxyzine pamoate CAPS	10
HUMULIN N KWIKPEN SUPN	20	hydrocortisone (rectal) EX 2.5 % ..	10	hyoscyamine sulfate SUBL 0.125 MG	109
HUMULIN N SUSP	20	hydrocortisone (topical) CREA 2.5 % 53		hyoscyamine sulfate TABS 0.125 MG	109
HUMULIN R SOLN IJ	20	hydrocortisone (topical) LOTN 2 %, 2.5 %	53	hyoscyamine sulfate TB12 0.375 MG 109	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	20	hydrocortisone (topical) OINT 2.5 % . 53		hyoscyamine sulfate TDBP 0.125 MG	109
HUMULIN R U-500 KWIKPEN SOPN SC	20	hydrocortisone (topical) SOLN 2.5 % 53		HYPERSAL NEBU	47
HYCAMPIN CAPS	33	hydrocortisone butyrate CREA	53	HYSINGLA ER T24A	7
HYCAMPIN SOLR (topotecan hcl)	33	hydrocortisone butyrate hydrophilic lipo base	53	HY-VEE LANCETS	77
hydralazine hcl TABS	25	hydrocortisone butyrate LOTN	53	HY-VEE THIN LANCETS	77
hydrochlorothiazide CAPS	56	hydrocortisone butyrate OINT	53	ibandronate sodium TABS	57
hydrochlorothiazide TABS	56	hydrocortisone butyrate SOLN	53	IBRANCE CAPS	30
hydrocodone bitartrate T24A	7	hydrocortisone TABS	46	IBRANCE TABS	31
hydrocodone bitartrate-homatropine methylobromide SOLN	46	hydrocortisone valerate CREA	53	ibuprofen TABS 400 MG, 600 MG, 800 MG	5
hydrocodone bitartrate-homatropine methylobromide TABS	46	hydrocortisone valerate OINT	53	icatibant acetate SOSY	64
hydrocodone polistirex- chlorpheniramine polistirex SUER	47	hydrocortisone w/acetic acid	101	ICLUSIG	31
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	8	hydromorphone hcl LIQD	7	icosapent ethyl	23
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	8	hydromorphone hcl TABS	7	IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	62
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	8	hydromorphone hcl TB24 32 MG ...	7	IDELVION 3500 UNIT	62
hydrocodone-acetaminophen TABS		hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	7	IDHIFA	31
		hydroxychloroquine sulfate 200 MG 26		ILEVRO	101
				imatinib mesylate TABS 100 MG ..	31
				imatinib mesylate TABS 400 MG ..	31
				IMBRUVICA CAPS 140 MG	31

IMBRUVICA CAPS 70 MG 31	INSULIN LISPRO PROT & LISPRO SUPN 20	ISTODAX SOLR (romidepsin) 31
IMBRUVICA SUSP 31	INTEGRA F 65	itraconazole CAPS 22
IMBRUVICA TABS 31	INTELENCE 25 MG 36	itraconazole SOLN 22
imipenem-cilastatin IV 26	INVANZ IJ (ertapenem sodium) ... 26	ivabradine hcl TABS 40
imipramine hcl TABS 10 MG, 25 MG . 18	iodoquinol-hydrocortisone in aloe vehicle 49	ivermectin (pediculicide) 55
imipramine hcl TABS 50 MG 18	IOPIDINE 99	ivermectin (rosacea) 54
imipramine pamoate 18	ipratropium bromide (nasal) 97	ivermectin 10
imiquimod 5 % 54	ipratropium bromide SOLN 0.02 % 11	IXINITY SOLR 63
IN TOUCH STERILE LANCETS 30G 77	ipratropium-albuterol SOLN 13	JADENU SPRINKLE PACK (deferiasirox) 21
INBRIJA CAPS 33	irbesartan 24	JADENU TABS (deferiasirox) 21
INCRELEX 57	irbesartan-hydrochlorothiazide ... 25	JAKAFI 31
INCRUSE ELLIPTA 11	IRON FOLATE-F 65	JANUMET TABS 19
indapamide TABS 1.25 MG, 2.5 MG . 56	ISENTRESS CHEW 36	JANUMET XR TB24 1000 MG-100 MG 18
INDERAL XL 38	ISENTRESS HD TABS 36	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG 18
indomethacin CAPS 25 MG, 50 MG 5	ISENTRESS PACK 36	JANUVIA 19
indomethacin CPR 5	ISENTRESS TABS 36	JARDIANCE 20
indomethacin SUPP 5	isoniazid SYRP 27	JIVI 4000 UNIT 63
indomethacin SUSP 5	isoniazid TABS 27	JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT 63
INFLECTRA SOLR 60	ISOPTO ATROPINE SOLN 98	JUBLIA 49
INGREZZA CAPS 40 MG, 80 MG 103	isosorbide dinitrate TABS 10 MG, 20 MG, 30 MG 10	JULUCA 36
INGREZZA CAPS 60 MG 103	isosorbide dinitrate TABS 5 MG, 40 MG 10	JUXTAPID 10 MG, 20 MG, 30 MG 24
INGREZZA CPPK 103	isosorbide dinitrate-hydralazine hcl 39	JUXTAPID 5 MG 24
INGREZZA CPSP 103	isosorbide mononitrate TABS 10	JYNARQUE TBP 58
INLYTA 27	ISOSORBIDE MONONITRATE TABS 10	KALETRA SOLN 36
INNOPRAN XL 38	isosorbide mononitrate TB24 10	KALYDECO PACK 107
INQOVI 30	isradipine CAPS 38	KALYDECO TABS 107
INREBIC 31		KAMELEON LUBRICATED MISC .68

KCENTRA	63	68	KROGER LANCETS THIN 26G ..	78	
KEPPRA SOLN PO 100 MG/ML (levetiracetam)	15	KIMONO SPECIAL DEVI	68	KROGER LANCETS ULTRATHIN 30G	78
KEPPRA TABS 1000 MG (levetiracetam)	15	KINNEY LANCETS	77	KUVAN PACK (sapropterin dihydrochloride)	57
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	15	KINNEY THIN LANCETS	77	KUVAN TABS (sapropterin dihydrochloride)	57
KEPPRA XR TB24 (levetiracetam)	15	KISQALI (200 MG DOSE)	31	K-Y ME & YOU EXTRA LUBRICATED DEVI	68
ketoconazole (topical) CREA	49	KISQALI (400 MG DOSE)	31	K-Y ME & YOU INTENSE DEVI ...	69
ketoconazole (topical) FOAM	49	KISQALI (600 MG DOSE)	31	labetalol hcl TABS 100 MG, 200 MG, 300 MG	37
ketoconazole (topical) SHAM 2 %	49	KISQALI FEMARA (200 MG DOSE) . 30		lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	15
ketoconazole	22	KISQALI FEMARA (400 MG DOSE) . 30		lacosamide TABS	15
KETONE TEST STRP	55	KISQALI FEMARA (600 MG DOSE) . 30		lactulose (encephalopathy)	60
ketoprofen CP24	5	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	2	lactulose SOLN	66
ketorolac tromethamine (ophth) .	101	KLARITY-A	99	LAGEVRIO	37
ketorolac tromethamine TABS	5	KLOXXADO LIQD	21	LAMICTAL CHEW (lamotrigine) ...	15
KETOSTIX STRP	55	KOATE SOLR	63	LAMICTAL TABS (lamotrigine)	15
KEVEYIS (dichlorphenamide)	56	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	63	LAMICTAL XR KIT	15
KEVZARA SOAJ	4	KOSELUGO	31	lamivudine (hbv) TABS	37
KEVZARA SOSY	4	KOVALTRY	63	lamivudine SOLN	36
KIMONO COLORS DEVI	68	K-PHOS NO 2	61	lamivudine TABS	36
KIMONO MAXX-LARGE FLARE MISC	68	KRINTAFEL	26	lamivudine-zidovudine	36
KIMONO MICRO THIN MISC	68	KROGER HEALTHPRO LANCET 26G	78	lamotrigine CHEW	15
KIMONO MICRO THIN PLUS MISC . 68		KROGER LANCETS	78	lamotrigine KIT 25 MG	15
KIMONO MISC	68	KROGER LANCETS 21G	78	lamotrigine KIT	15
KIMONO PLUS MISC	68	KROGER LANCETS MICRO THIN 33G	78	lamotrigine TABS	15
KIMONO PS MISC	68	KROGER LANCETS SUPER THIN 78		lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	15
KIMONO PS PLUS MISC	68	KROGER LANCETS THIN	78	lamotrigine TB24 250 MG	15
KIMONO SENSATION MISC	68				
KIMONO SENSATION PLUS MISC					

lamotrigine TB24 300 MG15	leflunomide 20 MG5	SOLN PO 1 GM/10ML58
lamotrigine TBDP15	lenalidomide 10 MG, 15 MG, 20 MG, 25 MG92	levocarnitine (metabolic modifiers) TABS58
LAMPIT26	lenalidomide 2.5 MG, 5 MG92	levofloxacin (ophth) 1.5 %99
LANCETS78	lenalidomide 5 MG92	levofloxacin SOLN PO59
LANCETS 28G THIN78	LENVIMA (10 MG DAILY DOSE) .28	levofloxacin TABS59
LANCETS 30G78	LENVIMA (12 MG DAILY DOSE) .28	levonorgestrel & eth estradiol TABS 44
LANCETS 33G78	LENVIMA (14 MG DAILY DOSE) .28	levonorgestrel (emergency oc) 1.5 MG45
LANCETS MICRO THIN 33G78	LENVIMA (18 MG DAILY DOSE) .28	levonorgestrel-eth estradiol (triphasic)44
LANCETS SUPER THIN78	LENVIMA (20 MG DAILY DOSE) .28	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG44
LANCETS SUPER THIN 28G78	LENVIMA (24 MG DAILY DOSE) .28	levonorgestrel-ethinyl estradiol (continuous)44
LANCETS THIN78	LENVIMA (4 MG DAILY DOSE) ..28	levonorgestrel-ethinyl estradiol-iron 44
LANCETS ULTRA THIN78	LENVIMA (8 MG DAILY DOSE) ..28	levorphanol tartrate TABS 2 MG7
LANCETS ULTRA THIN 30G78	LETAIRIS 10 MG (ambrisentan) ..40	levorphanol tartrate TABS 3 MG7
LANOXIN TABS 125 MCG, 250 MCG (digoxin)39	LETAIRIS 5 MG (ambrisentan)40	levothyroxine sodium CAPS108
lansoprazole CPDR110	letrozole29	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG108
lansoprazole TBDD 15 MG110	leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG33	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG108
lansoprazole TBDD 30 MG110	leucovorin calcium TABS33	LIBERTY MEDICAL LANCETS ...78
lanthanum carbonate CHEW 1000 MG61	LEUKERAN27	lidocaine hcl (mouth-throat)93
lanthanum carbonate CHEW 500 MG60	leuprolide acetate KIT IJ 1 MG/0.2ML29	lidocaine hcl SOLN54
lanthanum carbonate CHEW 750 MG61	levalbuterol hcl13	lidocaine PTCH 5 %54
LANTUS SOLN20	levalbuterol tartrate13	lidocaine-prilocaine CREA54
LANTUS SOLOSTAR SOPN20	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML15	LIFESCAN UNISTIK 278
lapatinib ditosylate31	levetiracetam TABS 1000 MG15	
LASTACFT101	levetiracetam TABS 250 MG, 500 MG, 750 MG15	
latanoprost SOLN101	levetiracetam TB2415	
LATANOPROST SOLN101	levobunolol hcl 0.5 %98	
leflunomide 10 MG5	levocarnitine (metabolic modifiers)	

LIFESCAN UNISTIK II LANCETS .79	LIVE BETTER LANCET SUPER THIN79	LUMAKRAS 320 MG31
linezolid SUSR26	LIVE BETTER LANCET ULTRA THIN79	LUMIGAN SOLN 0.01 %101
linezolid TABS26	LO LOESTRIN FE TABS44	LUPRON DEPOT (1-MONTH) KIT IM29
LINZESS60	LOCOID LIPOCREAM53	LUPRON DEPOT-PED (1-MONTH) 7.5 MG57
liothyronine sodium TABS 25 MCG, 50 MCG108	lofexidine hcl102	lurasidone hcl34
liothyronine sodium TABS 5 MCG 108	LOKELMA93	LYNPARZA TABS31
liraglutide19	LOMAIRA TABS1	LYSODREN29
lisdexamphetamine dimesylate CAPS 1	LONGS LANCETS STANDARD ..79	mafenide acetate PACK51
lisdexamphetamine dimesylate CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG1	LONGS LANCETS THIN79	malathion55
lisdexamphetamine dimesylate CHEW 60 MG1	LONGS LANCETS ULTRA THIN .79	maraviroc TABS36
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG25	LONSURF30	MARPLAN17
lisinopril & hydrochlorothiazide 25 MG-20 MG25	loperamide hcl CAPS21	MATULANE33
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG24	lopinavir-ritonavir SOLN36	MAVYRET TABS37
lisinopril TABS 40 MG24	lopinavir-ritonavir TABS36	MAXIDEX SUSP OP100
LITE TOUCH LANCETS79	lorazepam CONC10	MAXX MISC69
LITETOUCH LANCETS79	lorazepam TABS10	MAXX PLUS MISC69
lithium34	LORBRENA31	MAYZENT STARTER PACK TBPK 0.25 MG103
lithium carbonate CAPS 150 MG, 600 MG34	losartan potassium & hydrochlorothiazide25	MAYZENT STARTER PACK TBPK 0.25 MG104
lithium carbonate CAPS 300 MG ..34	losartan potassium24	MAYZENT TABS 0.25 MG104
lithium carbonate TABS34	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))44	MAYZENT TABS 1 MG104
lithium carbonate TBCR34	LOTEMAX OINT100	MAYZENT TABS 2 MG104
LITHOBID TBCR (lithium carbonate) .34	loteprednol etabonate GEL100	meclizine hcl CHEW21
LITHOSTAT61	loteprednol etabonate SUSP100	meclofenamate sodium CAPS5
	lovastatin TABS23	MEDICHOICE SAFETY LANCET .79
	loxapine succinate35	MEDICHOICE SAFETY LANCET EXTRA79
	lubiprostone59	MEDICHOICE SAFETY LANCET NORM79
	LUMAKRAS 120 MG, 240 MG31	

MEDLANCE EXTRA 21G	79	MEKTOVI	31	metaxalone 400 MG	97
MEDLANCE LITE 25G	79	meloxicam TABS 15 MG	5	metaxalone 800 MG	97
MEDLANCE PLUS EXTRA 21G ..	79	meloxicam TABS 7.5 MG	5	metformin hcl SOLN	19
MEDLANCE PLUS LANCETS	79	melphalan	27	metformin hcl TABS 500 MG, 850 MG, 1000 MG	19
MEDLANCE PLUS LITE 25G	79	memantine hcl CP24	103	metformin hcl TB24 500 MG, 750 MG	19
MEDLANCE PLUS SPECIAL 0.8MM	79	memantine hcl SOLN	103	methadone hcl CONC	7
MEDLANCE PLUS SUPERLITE 30G	79	memantine hcl TABS 10 MG	103	methadone hcl SOLN PO	7
MEDLANCE PLUS UNIVERSAL 21G	79	memantine hcl TABS 5 MG	103	methadone hcl TABS	7
MEDLANCE UNIVERSAL 21G ...	79	memantine hcl TABS	103	methadone hcl TBSO	7
MEDROL TABS	46	memantine hcl-donepezil hcl CP24 103		methamphetamine hcl	1
medroxyprogesterone acetate 10 MG	102	MENEST 0.3 MG, 0.625 MG, 1.25 MG	59	methazolamide TABS	56
medroxyprogesterone acetate 2.5 MG, 5 MG	102	MENEST 2.5 MG	59	methenamine hippurate	26
mefenamic acid CAPS	5	MENOSTAR PTWK	59	methenamine mandelate	26
mefloquine hcl	27	meperidine hcl SOLN PO 50 MG/5ML	7	methimazole TABS	108
megestrol acetate (appetite)	102	meperidine hcl TABS 50 MG	7	methocarbamol TABS 500 MG, 750 MG	97
megestrol acetate SUSP	29	mercaptopurine SUSP 2000 MG/100ML	27	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	27
megestrol acetate TABS	29	mercaptopurine TABS	27	methotrexate sodium SOLR	27
MEIJER LANCETS	80	meropenem 500 MG	26	methotrexate sodium TABS 2.5 MG 27	
MEIJER LANCETS THIN	80	mesalamine CP24	60	methoxsalen rapid	50
MEIJER LANCETS UNIVERSAL 21G	80	mesalamine CPCR	60	methscopolamine bromide	109
MEIJER LANCETS UNIVERSAL 30G	80	mesalamine CPDR	60	methsuximide	17
MEIJER LANCETS UNIVERSAL 33G	80	mesalamine ENEM	60	methyl dopa TABS	24
MEIJER SUPER THIN LANCETS	80	mesalamine SUPP	60	methylergonovine maleate TABS	101
MEKINIST SOLR	31	mesalamine TBEC 1.2 GM	60	methylphenidate hcl CHEW	2
MEKINIST TABS	31	mesalamine TBEC 800 MG	60	methylphenidate hcl CP24 60 MG ..	2
		mesna TABS	33	methylphenidate hcl CP24	2
		MESNEX TABS	33		

methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG	2	metronidazole (topical) GEL 1 % ..	55	MM TWIST LANCETS	80
methylphenidate hcl CPCR 20 MG, 30 MG	2	metronidazole (topical) LOTN	55	M-NATAL PLUS TABS	95
methylphenidate hcl SOLN	2	metronidazole CAPS	25	MOBILE LANCETS 30G	80
methylphenidate hcl TABS 20 MG ..	2	metronidazole TABS 250 MG, 500 MG	25	modafinil	2
methylphenidate hcl TABS 5 MG, 10 MG	2	metronidazole vaginal	111	MODERNA COVID-19 VAC 6M-11Y SUSY	111
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	metirosine	24	moexipril hcl	24
methylphenidate hcl TB24 36 MG ..	2	mexiletine hcl	11	molindone hcl	35
methylphenidate hcl TBCR 10 MG, 20 MG	2	MG217 PSORIASIS MULTI- SYMPTOM OINT	54	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	36
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	MIACALCIN IJ (calcitonin (salmon)) 57		mometasone furoate (nasal) SUSP 98	
methylphenidate hcl TBCR 54 MG ..	2	MICROLET LANCETS	80	mometasone furoate CREA	53
methylphenidate PTCH	2	midazolam hcl SYRP	65	mometasone furoate OINT	53
methylprednisolone TABS	46	midodrine hcl	112	mometasone furoate SOLN	53
methylprednisolone TBPK	46	MIFEPREX (mifepristone)	58	MONOLET LANCETS	80
methyltestosterone CAPS	9	mifepristone	58	MONOLET OPD LANCETS	80
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	59	miglitol	18	MONOLETTOR SAFETY LANCETS 80	
metoclopramide hcl TABS	59	miglustat	64	montelukast sodium CHEW	12
metoclopramide hcl TBDP	59	MILLIPRED TABS	46	montelukast sodium PACK	12
metolazone	56	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	45	montelukast sodium TABS	12
METOPIRONE	55	minocycline hcl CAPS	108	morphine sulfate beads	7
metoprolol & hydrochlorothiazide TABs	25	minocycline hcl TABS 50 MG, 100 MG	108	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	7
metoprolol succinate TB24	38	minocycline hcl TABS 75 MG	108	morphine sulfate SOLN PO 10 MG/5ML	8
metoprolol tartrate TABS	38	minoxidil 2.5 MG, 10 MG	25	morphine sulfate SOLN PO 20 MG/5ML, 20 MG/ML, 100 MG/5ML ..	7
metronidazole (topical) CREA	55	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	45	morphine sulfate SUPP	8
metronidazole (topical) GEL 0.75 % 55		mirtazapine TABS	17	morphine sulfate TABS	8
		mirtazapine TBDP	17	morphine sulfate TBCR	8
		misoprostol	110		

MOVANTIK	60	naftifine hcl CREA	49	neomycin-polymyxin-gramicidin ..	99
moxifloxacin hcl (ophth) SOLN OP	99	naftifine hcl GEL 2 %	49	neomycin-polymyxin-hc (ophth) .	100
moxifloxacin hcl TABS	59	NALOCET TABS	9	neomycin-polymyxin-hc (otic) SOLN .	101
MPD SAFETY LANCET 21G	80	naloxone hcl LIQD	21	neomycin-polymyxin-hc (otic) SUSP .	101
MPD SAFETY LANCET 23G	80	naloxone hcl SOSY 2 MG/2ML	21	NEONATAL 19	95
MPD SAFETY LANCET 28G	80	naltrexone hcl	21	NEONATAL COMPLETE TABS	120
MPD SAFETY LANCET 30G	80	NAMZARIC C4PK	103	MG-10 MG-9.2 MG-1000 MCG-10	
MRESVIA	111	naproxen sodium TABS 275 MG, 550	5	MCG-12 MCG-3 MG-5 MG-20 MG-	
MUCOTROL WAFR	94	MG	5	27 MG-200 MG-1.84 MG-25 MG-2	
MULPLETA	65	naproxen SUSP	5	MG-1200 MCG-2 MG-0.2 MG	95
MULTIVITAMIN + FLUORIDE CHEW	94	naproxen TABS	5	NEONATAL PLUS TABS	95
.....	94	naratriptan hcl	91	NEOSTIGMINE METHYLSULFATE	
MULTIVITAMIN/FLUORIDE CHEW	94	NATACHEW CHEW 120 MG-10 MG-		RFID SOSY (neostigmine	
MULTIVITAMIN/FLUORIDE SOLN	94	20 UNIT-1 MG-400 UNIT-12 MCG-3		methysulfate)	27
.....	94	MG-20 MG-2 MG-2700 UNIT-28 MG	95	NEOSTIGMINE METHYLSULFATE	
MULTI-VIT-FLOR CHEW	94	NATACYN	99	SOSY 3 MG/3ML	27
mupirocin OINT	48	NATAZIA	45	neostigmine methysulfate SOSY .	27
MYALEPT	58	nateglinide	20	NEOTUSS PLUS LIQD	47
mycophenolate mofetil CAPS	93	NAYZILAM	14	NERLYNX	31
mycophenolate mofetil SUSR	93	nebivolol hcl	38	NESTABS	95
mycophenolate mofetil TABS	93	NEBUSAL NEBU	47	NESTABS DHA	95
mycophenolate sodium	93	NEEVO DHA 85 MG-25 MG-15 MG-		NESTABS ONE	95
MYGLUCOHEALTH LANCETS 30G	80	5 MCG-1.4 MG-18 MG-27 MG-110		NEUPRO	33
MYLERAN TABS	27	MG-1.4 MG-60 MG-220 MCG-60		NEURONTIN CAPS (gabapentin) .	15
MYSOLINE (primidone)	15	MCG-1 MG-1.13 MG	95	NEURONTIN SOLN (gabapentin) .	15
MYTESI	20	nefazodone hcl	18	NEURONTIN TABS (gabapentin) .	15
nabumetone 500 MG	5	neomycin sulfate TABS	2	NEVANAC	101
nabumetone 750 MG	5	neomycin-bacitracin zn-polymyxin	99	nevirapine SUSP	36
nadolol TABS 20 MG, 40 MG, 80 MG	38	neomycin-polymy-dexameth OINT	100	nevirapine TABS	36
.....	38	neomycin-polymy-dexameth SUSP		nevirapine TB24	36

NEXAVAR (sorafenib tosylate) ...	31	nitisinone CAPS 10 MG	58	norethindrone acetate-ethinyl estradiol-fe	45
NEXTSTELLIS	45	nitisinone CAPS 2 MG, 5 MG, 20 MG	58	norgestimate-ethinyl estradiol (triphasic)	45
niacin (antihyperlipidemic) TABS ..	24	NITRO-BID OINT	10	norgestimate-ethinyl estradiol	45
niacin (antihyperlipidemic) TBCR ..	24	NITRO-DUR PT24	10	NORITATE CREA	55
nicardipine hcl CAPS	38	nitrofurantoin	26	NORPACE CR CP12	11
NICODERM CQ PT24 TD (nicotine) . 106		nitrofurantoin macrocrystal	26	NORTHERA (droxidopa)	112
NICORETTE GUM (nicotine polacrilex)	106	nitrofurantoin monohyd macro	26	nortriptyline hcl CAPS	18
NICORETTE LOZG (nicotine polacrilex)	106	nitroglycerin (intra-anal)	10	nortriptyline hcl SOLN	18
NICORETTE MINI LOZG (nicotine polacrilex)	106	nitroglycerin PT24	10	NORVIR PACK	36
NICORETTE STARTER KIT GUM (nicotine polacrilex)	106	nitroglycerin SOLN TL 0.4 MG/SPRAY	10	NOVA SAFETY LANCETS 23G ..	80
NICOTINE KIT	107	nitroglycerin SUBL	10	NOVA SAFETY LANCETS 28G ..	80
nicotine polacrilex GUM	106	NITYR TABS	58	NOVA SUREFLEX LANCETS	80
nicotine polacrilex LOZG	106	NIVA THYROID TABS	108	NOVAVAX COVID-19 VACCINE SUSY	111
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	107	NIVA-PLUS TABS	95	NOVOEIGHT	63
NICOTROL INHA	107	nizatidine CAPS	109	NOVOSEVEN RT	63
NICOTROL NS SOLN	107	NORDITROPIN FLEXPPO SOPN .	57	NP THYROID TABS	108
nifedipine CAPS	38	norelgestromin-ethinyl estradiol ..	45	NUBEQA	29
nifedipine TB24 30 MG, 60 MG	38	norethin acet & estrad-fe CAPS ...	45	NUCALA SOAJ	11
nifedipine TB24	38	norethin acet & estrad-fe CHEW ...	45	NUCALA SOLR	11
NILANDRON (nilutamide)	29	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	45	NUCALA SOSY 100 MG/ML	11
nilutamide	29	norethindrone & ethinyl estradiol-fe 45		NUCALA SOSY 40 MG/0.4ML	11
nimodipine CAPS	38	norethindrone (contraceptive)	46	NUCORT LOTN	53
nimodipine SOLN	38	norethindrone acet & eth estra TABS 45		NUEDEXTA	104
NINLARO	31	norethindrone acetate TABS	102	NUPLAZID CAPS	34
nisoldipine	38	norethindrone acetate-ethinyl estradiol	59	NUPLAZID TABS 10 MG	34
nitazoxanide TABS	26			NUVARING (etonogestrel-ethinyl estradiol)	45
				NUWIQ KIT 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	63

NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	63	ofloxacin 300 MG	59	21	
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT	63	ofloxacin 400 MG	59		ondansetron TBDP 4 MG, 8 MG ... 21
nystatin (mouth-throat)	93	olanzapine TABS 15 MG, 20 MG ..	35		ONE VITE WOMENS PLUS TABS 96
nystatin (topical) CREA	49	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	35		ONETOUCH CLUB LANCETS FINE PT
nystatin (topical) OINT	49	olanzapine TBDP	35		ONETOUCH DELICA LANCETS 33G
nystatin (topical) POWD EX	49	olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG	103		ONETOUCH DELICA PLUS LANCET30G
nystatin TABS	22	olanzapine-fluoxetine hcl 25 MG-6 MG	103		ONETOUCH DELICA PLUS LANCET33G
nystatin-triamcinolone CREA	49	olmesartan medoxomil 40 MG	24		ONETOUCH DELICA SAFETY LANCING
nystatin-triamcinolone OINT	49	olmesartan medoxomil 5 MG, 20 MG 24			ONETOUCH FINEPOINT LANCETS
NYVEPRIA	65	olmesartan medoxomil-amlodipine- hydrochlorothiazide	25		ONETOUCH ULTRA BLUE TEST STRP
OB COMPLETE ONE	95	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 25			ONETOUCH ULTRA STRP
OB COMPLETE PETITE	95	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	25		ONETOUCH ULTRA TEST STRP .55
OB COMPLETE PREMIER	95	olopatadine hcl (nasal)	97		ONETOUCH ULTRASOFT 2 LANCETS
OB COMPLETE/DHA	95	olopatadine hcl 0.1 %	101		ONETOUCH ULTRASOFT LANCETS
OBIZUR	63	olopatadine hcl 0.2 %	101		ONETOUCH VERIO STRP
OBSTETRIX ONE (WITH DOCUSATE)	95	omega-3-acid ethyl esters	23		ONUREG TABS
OALIVA 10 MG	59	omeprazole CPDR 10 MG	110		OPILL
OALIVA 5 MG	59	omeprazole CPDR 20 MG, 40 MG 110			OPSUMIT
octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML	58	omeprazole magnesium CPDR ..	110		OPTIONS GYNOL II CONTRACEPTIVE GEL
octreotide acetate SOLN 500 MCG/ML	58	OMNIFLEX DIAPHRAGM	69		ORACIT
octreotide acetate SOSY	58	ondansetron hcl SOLN PO 4 MG/5ML	21		ORAL CITRATE
ODEFSEY	36	ondansetron hcl TABS 4 MG, 8 MG			ORAVIG
ODOMZO	28				ORENITRAM MONTH 1 TEPK
OFEV	107				
ofloxacin (ophth)	99				
ofloxacin (otic)	101				

ORENITRAM MONTH 2 TEPK39	oxcarbazepine TABS 600 MG15	97300 UNIT-37000 UNIT, 15200
ORENITRAM MONTH 3 TEPK39	oxcarbazepine TB24 150 MG, 300	UNIT-8800 UNIT-2600 UNIT, 24600
ORENITRAM TBCR39	MG15	UNIT-14200 UNIT-4200 UNIT, 61500
ORFADIN SUSP58	oxcarbazepine TB24 600 MG15	UNIT-35500 UNIT-10500 UNIT,
ORIAHNN59	oxiconazole nitrate CREA49	83900 UNIT-54700 UNIT-21000
ORKAMBI PACK 125 MG-100 MG,	OXISTAT LOTN49	UNIT, 98400 UNIT-56800 UNIT-
188 MG-150 MG107	oxybutynin chloride TABS 5 MG .110	16800 UNIT56
ORKAMBI PACK 94 MG-75 MG .107	oxybutynin chloride TB24110	PANRETIN50
ORKAMBI TABS107	oxycodone hcl CAPS8	pantoprazole sodium PACK110
orlistat1	oxycodone hcl CONC 100 MG/5ML 8	pantoprazole sodium TBEC110
orphenadrine citrate TB1297	oxycodone hcl SOLN8	paricalcitol CAPS58
oseltamivir phosphate CAPS37	oxycodone hcl TABS 30 MG8	paromomycin sulfate2
oseltamivir phosphate SUSR37	oxycodone hcl TABS 5 MG, 10 MG,	paroxetine hcl SUSP18
OSMOPREP66	15 MG, 20 MG8	paroxetine hcl TABS18
OSPHENA57	oxycodone w/ acetaminophen TABS	paroxetine hcl TB2418
OTEZLA TABS5	325 MG-10 MG, 325 MG-7.5 MG ...9	PAXLOVID (150/100)37
OTEZLA TBPK5	oxycodone w/ acetaminophen TABS	PAXLOVID (300/100)37
OTREXUP SOAJ 10 MG/0.4ML3	325 MG-2.5 MG9	pazopanib hcl32
OTREXUP SOAJ 12.5 MG/0.4ML, 15	oxycodone w/ acetaminophen TABS	PC LANCETS SUPER THIN 30G .81
MG/0.4ML, 17.5 MG/0.4ML, 20	325 MG-5 MG9	pediatric multivitamins w/fl CHEW .94
MG/0.4ML, 22.5 MG/0.4ML, 25	OXYCODONE-ACETAMINOPHEN	peg 3350-kcl-nacl-na sulfate-na
MG/0.4ML3	TABS9	ascorbate-ascorbic acid66
oxacillin sodium IV 10 GM102	oxymorphone hcl TABS 10 MG8	peg 3350-kcl-sod bicarb-sod
oxaprozin TABS5	oxymorphone hcl TABS 5 MG8	chloride-sod sulfate SOLR 236 GM
OXAYDO TABS 5 MG8	oxymorphone hcl TB128	66
OXAYDO TABS 7.5 MG8	OZEMPIC (0.25 OR 0.5 MG/DOSE)	peg 3350-potassium chloride-sod
oxazepam CAPS 10 MG, 15 MG ..10	SOPN19	bicarbonate-sod chloride66
oxazepam CAPS 30 MG10	OZEMPIC (1 MG/DOSE) SOPN 4	PEGASYS SOLN37
oxcarbazepine SUSP15	MG/3ML19	PEG-PREP66
oxcarbazepine TABS 150 MG15	OZEMPIC (2 MG/DOSE) SOPN ...19	penicillamine CAPS92
oxcarbazepine TABS 300 MG15	paliperidone34	penicillamine TABS92
	PALYNZIQ58	PENICILLIN G POT IN DEXTROSE .
	PANCREAZE CPEP 149900 UNIT-	102
		penicillin g potassium 5000000 UNIT,

20000000 UNIT	102	phenytoin sodium extended 100 MG, (emergency oc))	45
penicillin g sodium	102	200 MG, 300 MG	17
penicillin v potassium SOLR	102	phenytoin SUSP	17
penicillin v potassium TABS	102	PHEXXI	111
pentamidine isethionate IN	26	phytonadione TABS 5 MG	112
PENTASA CPCR 250 MG	60	PIFELTRO	36
PENTASA CPCR 500 MG	60	pilocarpine hcl (oral) 5 MG	94
pentazocine w/ naloxone hcl	9	pilocarpine hcl (oral) 7.5 MG	94
pentoxifylline	64	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 99	
PERFECT LANCETS 28G	81	pimecrolimus	54
PERFECT LANCETS 30G	81	pimozide	104
PERFECT POINT SAFETY LANCETS	81	pindolol TABS	38
perindopril erbumine	24	pioglitazone hcl 15 MG	20
permethrin CREA	55	pioglitazone hcl 30 MG, 45 MG ...	20
perphenazine TABS	35	pioglitazone hcl-glimepiride	19
perphenazine-amitriptyline	103	pioglitazone hcl-metformin hcl TABS . 19	
PERSERIS PRSY	34	PIP LANCETS 28G	81
PHARMACIST CHOICE LANCETS . 81		PIP LANCETS 30G	81
PHARMACY COUNTER LANCETS . 81		piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM	102
phenelzine sulfate	17	PIQRAY (200 MG DAILY DOSE) . 32	
phenobarbital ELIX	65	PIQRAY (250 MG DAILY DOSE) . 32	
phenobarbital TABS	65	PIQRAY (300 MG DAILY DOSE) . 32	
phenoxybenzamine hcl	24	pirfenidone CAPS	107
phentermine hcl CAPS	1	pirfenidone TABS	107
phentermine hcl TABS	1	piroxicam CAPS 10 MG	5
phenylephrine hcl (mydriatic) SOLN 98		piroxicam CAPS 20 MG	5
phenytoin CHEW	17	pitavastatin calcium	23
		PLAN B ONE-STEP (levonorgestrel	
		PLEGRIDY SOAJ	104
		PLEGRIDY SOSY IM	104
		PLEGRIDY SOSY SC	104
		PLEGRIDY STARTER PACK SOAJ . 104	
		PLEGRIDY STARTER PACK SOSY SC	104
		PNV-DHA+DOCUSATE	96
		PNV-OMEGA	96
		PODOCON-25 SOLN	54
		podofilox GEL	54
		podofilox SOLN	54
		POLY HUB NEEDLE	90
		polyethylene glycol 3350 POWD ..	66
		polymyxin b-trimethoprim	99
		POLY-VI-FLOR CHEW	94
		POLY-VI-FLOR SUSP	94
		POLY-VI-FLOR/IRON CHEW	94
		POLY-VI-FLOR/IRON SUSP	94
		POMALYST	29
		posaconazole SUSP	22
		posaconazole TBEC	22
		pot & sod citrates w/citric ac SOLN 61	
		pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	92
		potassium chloride CPCR	92
		potassium chloride microencapsulated crystals er	92
		potassium chloride PACK PO 20 MEQ	92

POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride) 92	PRECISION XTRA BLOOD GLUCOSE STRP55	PREMPRO59
potassium chloride SOLN PO 10 %, 20 %, 10 %92	PRECISION XTRA KETONE55	PRENA 1 TRUE96
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ92	PRED MILD100	PRENA196
potassium citrate (alkalinizer) TBCR . 61	prednisolone acetate (ophth)100	PRENA1 PEARL96
potassium citrate-citric acid SOLN .61	PREDNISOLONE SODIUM PHOSPHATE100	PRENAISSANCE96
potassium iodide (expectorant) SOLN47	prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML 46	PRENAISSANCE PLUS CAPS96
POVIDONE-IODINE99	prednisolone sodium phosphate TBDP46	PRENATAL 19 CHEW96
PRALUENT SOAJ24	prednisolone SOLN46	PRENATAL 19 TABS96
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG34	prednisolone TABS46	PRENATAL PLUS TABS96
pramipexole dihydrochloride TABS 1 MG34	PREDNISOLONE-MOXIFLOXACIN SOLN100	PRENATAL PLUS VITAMIN/MINERAL TABS96
pramipexole dihydrochloride TABS 1.5 MG34	PREDNISONE INTENSOL CONC 46	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 MG96
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG34	prednisone SOLN46	PRENATAL-U CAPS96
pramipexole dihydrochloride TB24 3 MG34	prednisone TABS46	PRENATE96
PRAMOSONE LOTN53	prednisone TBPK46	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..96
PRAMOSONE OINT53	PREFERRED PLUS LANCETS COLORED81	PRENATE ENHANCE96
PRAMOTIC101	PREFERRED PLUS LANCETS THIN81	PRENATE PIXIE96
prasugrel hcl64	pregabalin CAPS 225 MG, 300 MG 15	PRENATE RESTORE96
pravastatin sodium23	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...15	PRENATRIX TABS96
praziquantel10	pregabalin SOLN15	PRENATRYL TABS96
prazosin hcl CAPS24	PREMARIN112	PREPIDIL GEL101
PRECISION THINS GP LANCETS 81	PREMARIN TABS59	PREZCOBIX36
	PREMIUM SCAR54	PREZISTA SUSP36
	PREMPHASE59	PREZISTA TABS 75 MG, 150 MG 36
		PRIFTIN27
		PRIOSEC PACK110

primaquine phosphate TABS27	MG23	PX LANCETS ULTRA THIN 28G .82
PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)26	promethazine hcl TABS 12.5 MG .23	pyrazinamide27
primidone 50 MG, 250 MG16	promethazine hcl TABS 25 MG ...23	pyridostigmine bromide SOLN PO .27
PRO COMFORT LANCETS 30G .81	promethazine hcl TABS 50 MG ...23	pyridostigmine bromide TABS 60 MG27
PRO COMFORT LANCETS 31G .82	promethazine w/codeine SOLN ...47	pyridostigmine bromide TBCR27
PRO COMFORT SAFETY LANCETS 30G82	promethazine w/codeine SYRP ...47	pyrimethamine27
PROAIR RESPICLICK AEPB13	promethazine-dm SYRP47	QBRELIS SOLN24
probenecid62	propafenone hcl CP1211	QC LANCETS SUPER THIN 30G 82
prochlorperazine35	propafenone hcl TABS 150 MG ...11	QC LANCETS ULTRA THIN82
prochlorperazine maleate TABS ...35	propafenone hcl TABS 225 MG, 300 MG11	QC UNILET LANCETS 28G82
PROCTOFOAM HC FOAM EX9	proparacaine hcl99	QC UNILET LANCETS MICRO THIN82
PROCYSBI CPDR61	propranolol hcl CP2438	QINLOCK32
PROCYSBI PACK61	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML38	QSYMIA1
PRODIGY LANCETS 28G82	propranolol hcl TABS38	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))45
PRODIGY SAFETY LANCETS 26G . 82	propylthiouracil108	quazepam65
PRODIGY TWIST TOP LANCETS 28G82	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML47	quetiapine fumarate TABS 200 MG 35
PROFILNINE63	protriptyline hcl18	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG35
progesterone CAPS102	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 47	quetiapine fumarate TABS 300 MG, 400 MG35
progesterone OIL102	PSS SELECT GP LANCETS82	quetiapine fumarate TB2435
PROGRAF PACK93	PSS SELECT SAFETY LANCETS 82	QUFLORA FE PEDIATRIC LIQD .94
PROLATE TABS9	PULMICORT FLEXHALER AEPB .12	QUFLORA GUMMIES CHEW94
PROLIA SOSY57	PULMOZYME107	QUFLORA PEDIATRIC CHEW94
PROMACTA PACK 12.5 MG65	PURE COMFORT LANCETS 30G 82	QUFLORA PEDIATRIC SOLN94
PROMACTA PACK 25 MG65	PX LANCETS MICROTHIN 33G .82	QUILLICHEW ER CHER 20 MG, 40 MG2
PROMACTA TABS65	PX LANCETS ULTRA THIN82	QUILLICHEW ER CHER 30 MG2
promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML23		
promethazine hcl SUPP 12.5 MG, 25		

QUILLIVANT XR SRER2	MG/0.6ML3	RELYVRIO98
quinapril hcl24	READYLANCE SAFETY LANCETS .82	RENFLEXIS60
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG25	REALITY LANCETS83	repaglinide20
quinapril-hydrochlorothiazide 25 MG-20 MG25	REALITY LATEX CONDOMS MISC .69	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML65
quinidine gluconate TBCR11	REALITY LATEX/ULTRA TEXTURED DEVI69	RETACRIT 20000 UNIT/ML65
quinine sulfate CAPS 324 MG27	REALITY LATEX/ULTRA THIN DEVI 69	RETEVMO CAPS32
QVAR REDIHALER 40 MCG/ACT .12	REALITY TRIGGER LANCETS ...83	REXALL LANCETS ULTRA THIN 30G83
QVAR REDIHALER 80 MCG/ACT .12	REBIF REBIDOSE SOAJ104	REXULTI35
RA E-ZJECT LANCETS 28G82	REBIF REBIDOSE TITRATION PACK SOAJ104	REYATAZ PACK36
RA E-ZJECT LANCETS THIN 26G 82	REBIF SOSY104	RHOFADE55
RA E-ZJECT LANCETS THIN 28G 82	REBIF TITRATION PACK SOSY .104	ribavirin (hepatitis c) CAPS37
RA E-ZJECT LANCETS ULTRA THIN82	REBINYN63	ribavirin37
RABEPRAZOLE SODIUM CPSP 110	RECOMBINATE SOLR63	RIDAURA4
rabeprazole sodium TBEC110	REGRANEX55	rifabutin27
RADICAVA ORS STARTER KIT SUSP98	RELENZA DISKHALER37	rifampin CAPS27
RADICAVA ORS SUSP98	RELION INSULIN SYRINGE90	RIGHTEST GL300 LANCETS83
raloxifene hcl57	RELION LANCET DEVICES 30G .83	riluzole TABS98
ramelteon66	RELION LANCETS83	rimantadine hydrochloride TABS ..37
ramipril CAPS24	RELION LANCETS MICRO-THIN 33G83	RINVOQ LQ SOLN3
ranolazine TB12 1000 MG10	RELION LANCETS THIN 26G83	RINVOQ TB243
ranolazine TB12 500 MG10	RELION LANCETS ULTRA-THIN 30G83	risedronate sodium TABS 150 MG 57
rasagiline mesylate34	RELION ULTRA THIN LANCETS 30G83	risedronate sodium TABS 5 MG, 30 MG, 35 MG57
RASUVO SOAJ 20 MG/0.4ML3	RELION ULTRA THIN PLUS LANCETS83	risperidone SOLN34
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30	RELNATE DHA CAPS96	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG34
		risperidone TABS 3 MG34
		risperidone TBDP34
		ritonavir TABS36

rivaroxaban TABS 2.5 MG13	SAFETY LANCETS 21G83	SB LANCETS THIN84
rivastigmine103	SAFETY LANCETS 23G83	SB LANCETS ULTRA THIN84
rivastigmine tartrate CAPS103	SAFETY LANCETS 28G83	scopolamine21
RIXUBIS SOLR63	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...45	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))45
rizatriptan benzoate TABS91	SALICYLIC ACID OINT54	SECUADO35
rizatriptan benzoate TBDP91	salicylic acid SHAM 6 %54	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 MG96
roflumilast12	SALIMEZ CREA54	SELECT-OB CHEW 60 MG-2.5 MG- 1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT- 29 MG-1700 UNIT96
romidepsin SOLR32	salsalate7	SELECT-OB+DHA MISC96
ropinirole hydrochloride TABS34	SALYCIM CREA54	selegiline hcl CAPS34
ropinirole hydrochloride TB24 12 MG 34	SANCUSO PTCH21	selegiline hcl TABS34
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG34	SANDIMMUNE SOLN PO 100 MG/ML93	selenium sulfide LOTN 2.5 %51
rosuvastatin calcium TABS23	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (octreotide acetate) .58	SELZENTRY SOLN36
ROZLYTREK CAPS32	SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate)58	SE-NATAL 19 CHEW96
RUBRACA32	SANTYL OINT54	SE-NATAL 19 TABS96
rufinamide SUSP16	sapropterin dihydrochloride PACK .58	SEREVENT DISKUS13
rufinamide TABS 200 MG16	sapropterin dihydrochloride TABS .58	SEROSTIM SC 4 MG, 5 MG, 6 MG 57
rufinamide TABS 400 MG16	SAPS HEALTH PLUS LANCETS .83	SERTRALINE HCL CAPS18
RUKOBIA36	SAPS HEALTH TWIST TOP LANCETS83	sertraline hcl CONC18
RYBELSUS TABS19	SAPS TWIST TOP LANCETS84	sertraline hcl TABS18
RYDAPT32	SAPSCARE TWIST TOP LANCETS 84	sevelamer carbonate PACK 0.8 GM . 61
RYTARY CPR34	SAVELLA TABS103	sevelamer carbonate PACK 2.4 GM . 61
RYVENT TABS22	SAVELLA TITRATION PACK MISC 103	sevelamer carbonate TABS61
SABRIL PACK (vigabatrin)16	saxagliptin hcl19	sevelamer hcl 400 MG61
SABRIL TABS (vigabatrin)16	saxagliptin-metformin hcl19	
SAFE-T-LANCE83	SAXENDA1	
SAFE-T-LANCE PLUS83		
SAFETY LANCET 30G/PRESSURE ACT83		
SAFETY LANCETS83		

sevelamer hcl 800 MG61	33G84	SOLUS V2 LANCETS 28G84
SFROWASA ENEM60	SMART SENSE STANDARD LANCETS84	SOLUS V2 TWIST LANCETS 30G 84
SHOPKO ON-THE-GO LANCETS 30G84	SMART SENSE SUPER THIN LANCETS84	SOLUVITA ACD WITH FLUORIDE SOLN95
SHOPKO UNILET LANCETS 28G 84	SMART SENSE THIN LANCETS 26G84	SOLUVITA SOLN91
SHOPKO UNILET LANCETS 30G 84	SMARTTEST LANCETS 28G84	SOLUVITA WITH FLUORIDE SOLN . 95
SHUR-SEAL CONTRACEPTIVE GEL111	SOAANZ TABS 20 MG56	SOMAVERT57
SIGNIFOR58	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %47	sorafenib tosylate32
SIKLOS TABS 100 MG64	sodium citrate & citric acid61	SORILUX FOAM50
SIKLOS TABS 1000 MG64	sodium fluoride CHEW 0.25 MG, 0.5 MG91	sotalol hcl (afib/afl)38
sildenafil citrate (pulmonary hypertension) SUSR40	sodium fluoride CHEW 1 MG, 2.2 MG91	sotalol hcl TABS38
sildenafil citrate (pulmonary hypertension) TABS40	sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML91	SOTYLIZE SOLN PO38
sildenafil citrate39	sodium fluoride TABS 0.5 MG91	SPEEDY SWAB COVID-19/FLU HOME55
silodosin 4 MG61	sodium fluoride TABS 1 MG91	spinosad55
silodosin 8 MG61	SODIUM OXYBATE SOLN102	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT12
silver sulfadiazine51	sodium phenylbutyrate POWD58	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT12
simvastatin TABS23	sodium phenylbutyrate TABS58	spironolactone & hydrochlorothiazide56
SINGLE-LET84	sodium polystyrene sulfonate POWD 93	spironolactone TABS56
sirolimus SOLN93	SODIUM SULFACETAMIDE-BAKUCHIOL LIQD51	SPRAVATO (56 MG DOSE)17
sirolimus TABS93	sodium sulfate-potassium sulfate-magnesium sulfate66	SPRAVATO (84 MG DOSE)17
SIVEXTRO TABS26	solifenacin succinate TABS 10 MG 110	STELARA SOLN 45 MG/0.5ML ... 50
SKYRIZI PEN SOAJ50	solifenacin succinate TABS 5 MG 111	STELARA SOSY 45 MG/0.5ML ... 51
SKYRIZI SOCT60		STELARA SOSY 90 MG/ML51
SKYRIZI SOSY50		STERILANCE TL84
SLYND46		STIOLTO RESPIMAT13
SM LANCETS 33G84		STIVARGA32
SMART SENSE COLOR LANCETS	SOLTAMOX SOLN29	

STRENSIQ	58	sulfasalazine TABS	60	SYMDEKO	107
streptomycin sulfate SOLR	2	sulfasalazine TBEC	60	SYMTUZA	36
STRIBILD	36	sulindac TABS 150 MG	5	SYNAREL	57
STRIVERDI RESPIMAT	13	sulindac TABS 200 MG	5	SYNDROS SOLN	22
sucralfate SUSP	109	sumatriptan 20 MG/ACT	91	SYNJARDY TABS	19
sucralfate TABS	109	sumatriptan 5 MG/ACT	91	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	19
sulconazole nitrate CREA	49	sumatriptan succinate SOAJ	91	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	19
sulconazole nitrate SOLN	49	sumatriptan succinate SOCT	91	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	108
sulfacetamide sodium (acne)	48	sumatriptan succinate SOLN 6 MG/0.5ML	91	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	108
sulfacetamide sodium (ophth) OINT 99		sumatriptan succinate TABS	91	SYPRINE (trientine hcl)	92
sulfacetamide sodium (ophth) SOLN . 99		sunitinib malate 12.5 MG, 37.5 MG, 50 MG	32	TABLOID	27
sulfacetamide sodium LIQD	51	sunitinib malate 25 MG	32	TABRECTA	32
sulfacetamide sodium SHAM 10 % 51		SUPER THIN LANCETS	84	tacrolimus (topical) OINT 0.03 % ..	54
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	48	SUPRAX CHEW	41	tacrolimus (topical) OINT 0.1 % ...	54
sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %	48	SUPRAX SUSR 500 MG/5ML	41	tacrolimus CAPS	93
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	48	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)	66	tadalafil (pulmonary hypertension) TABS	40
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	48	SURE COMFORT LANCETS 18G 84		tadalafil 2.5 MG	39
sulfacetamide sod-prednisolone SOLN	100	SURE COMFORT LANCETS 21G 84		tadalafil 5 MG, 10 MG, 20 MG	39
SULFACETAMIDE-SULFUR IN UREA EMUL	48	SURE COMFORT LANCETS 23G 85		TAFINLAR CAPS	32
sulfadiazine TABS	107	SURE COMFORT LANCETS 28G 85		TAFINLAR TBSO	32
sulfamethoxazole-trimethoprim SUSP	26	SURE COMFORT LANCETS 30G 85		tafluprost	101
sulfamethoxazole-trimethoprim TABS	26	SURELITE LANCETS	85	TAGRISSO	28
SULFAMYLON CREA	51	SYMBYAX 25 MG-6 MG (olanzapine- fluoxetine hcl)	103	TALZENNA	32
				tamoxifen citrate TABS	29
				tamsulosin hcl	61

TARGRETIN (bexarotene (topical)) 50	temazepam 7.5 MG65	theophylline SOLN13
TARGRETIN (bexarotene)33	temozolomide CAPS27	theophylline TB12 300 MG 13
TASIGNA32	temsirolimus32	theophylline TB12 450 MG 13
TASMAR (tolcapone)33	tenofovir disoproxil fumarate TABS 36	theophylline TB2413
TAVALISSE 100 MG64	terazosin hcl 1 MG, 2 MG, 5 MG ..24	THERANATAL CORE NUTRITION TABS96
TAVALISSE 150 MG64	terazosin hcl 10 MG24	THINLETS GP LANCETS85
TAYTULLA CAPS (norethin acet & estradiol)45	terbinafine hcl TABS22	thioridazine hcl 10 MG, 25 MG, 100 MG 35
tazarotene CREA51	terbutaline sulfate TABS13	thioridazine hcl 50 MG35
TAZAROTENE FOAM48	terconazole vaginal CREA111	thiothixene35
tazarotene GEL51	terconazole vaginal SUPP111	THRIVITE RX TABS96
TAZVERIK32	teriflunomide104	THYMOGLOBULIN93
TECHLITE AST LANCETS85	teriparatide SOPN57	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 108
TECHLITE INSULIN SYRINGE ...90	TESTIM GEL TD (testosterone)9	tiagabine hcl16
TECHLITE LANCETS85	testosterone cypionate SOLN IM ...9	TIBSOVO32
TECHLITE LANCETS 26G85	testosterone enanthate SOLN IM ...9	ticagrelor 90 MG64
TECHLITE LANCETS 30G85	testosterone GEL TD 1 %9	timolol98
TEGRETOL SUSP (carbamazepine) . 16	testosterone GEL TD 10 MG/ACT ..9	timolol maleate (ophth) SOLG98
TEGRETOL TABS (carbamazepine) . 16	testosterone GEL TD9	timolol maleate (ophth) SOLN98
TEGRETOL-XR TB12 100 MG (carbamazepine)16	testosterone SOLN9	timolol maleate TABS 10 MG38
TEGSEDI107	tetrabenazine103	timolol maleate TABS 5 MG, 20 MG . 38
TEKTURN HCT 25 MG-150 MG .25	tetracaine hcl (ophth)99	tinidazole 250 MG26
telmisartan 20 MG, 40 MG24	tetracycline hcl CAPS108	tinidazole 500 MG26
telmisartan 80 MG24	TGT LANCET MICRO THIN 33G .85	tiopronin TABS61
telmisartan-amlodipine25	TGT LANCET THIN 26G85	tiopronin TBEC61
telmisartan-hydrochlorothiazide ...25	TGT LANCET ULTRA THIN 30G .85	tiotropium bromide monohydrate CAPS12
temazepam 15 MG65	THALITONE56	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG108
temazepam 22.5 MG, 30 MG65	THALOMID 50 MG, 100 MG92	
	THEO-24 CP2413	
	theophylline ELIX13	

TIVICAY TABS 50 MG36	topiramate CP24 200 MG16	tramadol-acetaminophen9
tizanidine hcl CAPS97	topiramate CP24 25 MG, 50 MG, 100 MG 16	trandolapril 24
tizanidine hcl TABS 2 MG97	topiramate CPSP 15 MG, 25 MG ..16	trandolapril-verapamil hcl 25
tizanidine hcl TABS 4 MG97	topiramate CS24 100 MG, 150 MG, 200 MG16	tranexamic acid SOLN 1000 MG/10ML 65
TOBI NEBU (tobramycin) 2	topiramate CS24 25 MG, 50 MG .. 16	tranexamic acid TABS 65
TOBI PODHALER CAPS 2	topiramate TABS 100 MG 16	tranylcypromine sulfate17
TOBRADEX OINT100	topiramate TABS 200 MG 16	TRAVEL LANCETS 85
TOBRADEX ST SUSP 100	topiramate TABS 25 MG16	TRAVEL LANCETS ADVANCED 28G85
tobramycin (ophth) SOLN99	topiramate TABS 50 MG16	travoprost SOLN101
tobramycin NEBU 2	topotecan hcl SOLR33	trazodone hcl TABS18
tobramycin-dexamethasone SUSP 100	toremifene citrate29	TRECTOR 27
TOBREX OINT99	TORISEL (temsirolimus) 32	TRELEGY ELLIPTA13
TODAY SPONGE MISC111	torsemide TABS 100 MG 56	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML 60
TODAYS HEALTH THIN LANCETS 28G85	torsemide TABS 5 MG, 10 MG, 20 MG 56	TREMFYA ONE-PRESS SOAJ 100 MG/ML 51
TODAYS HEALTH THIN LANCETS 30G85	TOUJEO MAX SOLOSTAR SOPN 20	TREMFYA PEN SOAJ 100 MG/ML 51
tolcapone33	TOUJEO SOLOSTAR SOPN20	TREMFYA PEN SOAJ SC 200 MG/2ML60
tolterodine tartrate CP24 111	TPOXX (TECOVIRIMAT CAP 200 MG)37	TREMFYA SOSY 100 MG/ML51
tolterodine tartrate TABS111	TPOXX CAPS37	TREMFYA SOSY SC 200 MG/2ML 60
TOPAMAX SPRINKLE CPSP (topiramate) 16	TRACLEER TABS (bosentan)40	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML 20
TOPAMAX TABS 100 MG (topiramate) 16	TRACLEER TBSO40	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML 20
TOPAMAX TABS 200 MG (topiramate) 16	tramadol hcl CP24 100 MG, 200 MG, 300 MG8	TRESIBA SOLN 20
TOPAMAX TABS 25 MG (topiramate) 16	tramadol hcl TABS 100 MG 8	tretinoin (chemotherapy)33
TOPAMAX TABS 50 MG (topiramate) 16	tramadol hcl TABS 50 MG 8	tretinoin CREA 0.025 %, 0.05 %, 0.1 %48
TOPCARE LANCETS MICRO-THIN 33G85	tramadol hcl TB24 100 MG 8	
	tramadol hcl TB24 200 MG 8	
	tramadol hcl TB248	

tretinoin GEL 0.01 %, 0.025 %, 0.05 %48	trihexyphenidyl hcl SOLN33	trosipium chloride TABS 111
tretinoin microsphere 0.04 %48	trihexyphenidyl hcl TABS 33	TRUE COMFORT SAFETY LANCETS 85
tretinoin microsphere 0.08 %48	TRIJARDY XR19	TRUE COMFORT TWIST TOP LANCETS 85
tretinoin microsphere 0.1 %48	TRIKAFTA TBPK107	TRUE COVER DEVI69
TRETEN 63	TRIKAFTA THPK107	TRUEPLUS LANCETS 26G 85
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG27	TRILEPTAL SUSP (oxcarbazepine) 16	TRUEPLUS LANCETS 28G 86
triamcinolone acetonide (mouth) ..93	TRILEPTAL TABS 150 MG (oxcarbazepine)16	TRUEPLUS LANCETS 30G 86
triamcinolone acetonide (nasal) AERO 98	TRILEPTAL TABS 300 MG (oxcarbazepine)16	TRUEPLUS LANCETS 33G 86
triamcinolone acetonide (topical) AERS53	TRILEPTAL TABS 600 MG (oxcarbazepine)16	TRUEPLUS SAFETY LANCETS 28G86
triamcinolone acetonide (topical) CREA53	trimethobenzamide hcl CAPS 21	TRULICITY19
triamcinolone acetonide (topical) LOTN53	trimethoprim TABS26	TRUSTEX COLOR CONDOMS + LUBE MISC69
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %53	trimipramine maleate CAPS 18	TRUSTEX LUB/RIBBED/STUDDED MISC69
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG56	TRINATAL RX 1 TABS 96	TRUSTEX LUB/SPERMICIDE EX ST MISC69
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG56	TRINTELLIX18	TRUSTEX LUB/SPERMICIDE XL MISC69
triamterene & hydrochlorothiazide TABS 50 MG-75 MG56	TRISTART DHA96	TRUSTEX LUBRICATED EX LARGE MISC69
triamterene CAPS56	TRIUMEQ PD TBSO36	TRUSTEX LUBRICATED EXTRA ST MISC69
triazolam 0.125 MG65	TRIUMEQ TABS36	TRUSTEX LUBRICATED MISC ...69
triazolam 0.25 MG 65	TROJAN ENZ MISC 69	TRUSTEX LUBRICATED/SPERMICIDE MISC 69
TRICARE TABS96	TROJAN MAGNUM MISC69	TRUSTEX NATURAL CONDOMS + LUBE MISC69
trientine hcl 250 MG92	TROJAN ULTRA THIN MISC69	TRUSTEX NON-LUBRICATED MISC69
trientine hcl 500 MG92	TROJAN-ENZ LUBRICATED MISC 69	TRUSTEX RIA LUB/SPERMICIDE MISC69
trifluoperazine hcl TABS35	TROJAN-ENZ/SPERMICIDAL MISC . 69	
trifluridine99	tropicamide SOLN 99	
	trosipium chloride CP24111	

TRUSTEX RIA LUBRICATED MISC . 70	ULTILET LANCETS86	UNISTIK 387
TRUSTEX RIA NON-LUBRICATED MISC70	ULTILET SAFETY LANCETS86	UNISTIK 3 COMFORT87
TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC70	ULTILET SAFETY LANCETS 23G 86	UNISTIK 3 EXTRA87
TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)36	ULTRA THIN LANCETS 31G86	UNISTIK 3 GENTLE87
TUKYSA28	ULTRA-CARE LANCETS 30G86	UNISTIK 3 NEONATAL87
TUSNEL TABS47	ULTRA-THIN II AUTO LANCET .. 86	UNISTIK 3 NORMAL87
TUSSLIN LIQD47	ULTRA-THIN II LANCETS86	UNISTIK CZT COMFORT87
TUSSLIN PEDIATRIC LIQD47	umeclidinium-vilanterol13	UNISTIK CZT NORMAL87
TWIRLA45	UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)102	UNISTIK NORMAL87
TWIST TOP LANCETS 30G86	UNILET COMFORTOUCH LANCET 86	UNISTIK PRO SAFETY LANCET .88
TYBLUME CHEW45	UNILET EXCELITE86	UNISTIK SAFETY LANCETS 28G 88
TYBOST36	UNILET EXCELITE II86	UNISTIK SAFETY LANCETS 30G 88
TYKERB (lapatinib ditosylate)32	UNILET G.P. LANCET86	UNISTIK TOUCH SAFETY LANC 21G88
TYMLOS57	UNILET G.P. SUPERLITE LANCET . 86	UNISTIK TOUCH SAFETY LANC 23G88
TYVASO DPI INSTITUTIONAL KIT POWD39	UNILET GP 28 ULTRA THIN86	UNISTIK TOUCH SAFETY LANC 28G88
TYVASO DPI MAINTENANCE KIT POWD39	UNILET LANCET86	UNISTIK TOUCH SAFETY LANC 30G88
TYVASO DPI TITRATION KIT POWD39	UNILET MICRO-THIN 33G87	UNIVERSAL 1 LANCETS THIN 26G88
TYVASO REFILL KIT SOLN IN ...39	UNILET SUPERLITE LANCET ... 87	UNIVERSAL 1 LANCETS THIN 33G88
TYVASO SOLN IN39	UNILET SUPER-THIN 30G87	UNIVERSAL 1 LANCETS ULTRA THIN88
TYVASO STARTER KIT SOLN IN .39	UNILET ULTRA-THIN 28G87	UPTRAVI TABS 200 MCG40
UBRELVY90	UNISTIK 187	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG40
UDENYCA ONBODY SOSY65	UNISTIK 287	UPTRAVI TITRATION TBPK40
UDENYCA SOAJ65	UNISTIK 2 COMFORT87	urea LOTN 40 %54
UDENYCA SOSY65	UNISTIK 2 EXTRA87	
ULTILET CLASSIC LANCETS86	UNISTIK 2 NEONATAL87	
	UNISTIK 2 NORMAL87	
	UNISTIK 2 SUPER87	

ursodiol CAPS	59	88	verapamil hcl CP24 180 MG	38
ursodiol TABS	59	VALUMARK LANCET SUPER THIN	verapamil hcl CP24 360 MG	38
USTEKINUMAB SOLN 45 MG/0.5ML		30G	verapamil hcl TABS	39
.....	51	VALUMARK LANCET ULTRA THIN	verapamil hcl TBCR 120 MG	39
USTEKINUMAB SOSY 45 MG/0.5ML		28G	verapamil hcl TBCR 180 MG, 240	
.....	51	vancomycin hcl CAPS	MG	39
USTEKINUMAB SOSY 90 MG/ML	51	VANDAZOLE	VEREGEN	48
valacyclovir hcl 1 GM	37	varenicline tartrate TABS 0.5 MG	VERIFINE SAFE LANCET MINI 21G	
valacyclovir hcl 500 MG	37	107		88
VALCHLOR	50	varenicline tartrate TABS 1 MG ..	VERIFINE SAFE LANCET MINI 23G	
valganciclovir hcl SOLR	37	107		88
valganciclovir hcl TABS	37	VARUBI (180 MG DOSE) TBPk ..	VERIFINE SAFE LANCET MINI 28G	
valproate sodium SOLN PO 250		22		88
MG/5ML, 500 MG/10ML	17	VASCEPA (icosapent ethyl)	VERIFINE SAFE LANCET MINI 30G	
valproic acid CAPS	17	23		88
valsartan TABS 160 MG	24	VCF VAGINAL CONTRACEPTIVE	VERIFINE UNIVERSAL LANCETS	
valsartan TABS 40 MG, 80 MG, 320		FILM	28G	88
MG	24	111	30G	89
valsartan-hydrochlorothiazide 12.5		VCF VAGINAL CONTRACEPTIVE	VERIFINE UNIVERSAL LANCETS	
MG-160 MG, 12.5 MG-320 MG, 12.5		FOAM	33G	89
MG-80 MG, 25 MG-320 MG	25	111	VERSACLOZ SUSP	35
valsartan-hydrochlorothiazide 25 MG-		VCF VAGINAL CONTRACEPTIVE	VERZENIO	32
160 MG	25	GEL	VIBERZI	60
VALTOCO 10 MG DOSE LIQD	14	111	VIDA MIA UNILET LANCETS 28G	
VALTOCO 15 MG DOSE LQPK 7.5		VECAMEYL	89	
MG/0.1ML	14	25	VIDA MIA UNILET LANCETS 30G	
VALTOCO 20 MG DOSE LQPK 10		VELCADE SOLR IJ (bortezomib) ..	89	
MG/0.1ML	14	32	vigabatrin PACK	16
VALTOCO 5 MG DOSE LIQD	14	VEMLIDY	vigabatrin TABS	16
VALUE PLUS LANCET STANDARD		37	VIIBRYD STARTER PACK KIT	18
21G	88	VENCLEXTA STARTING PACK	vilazodone hcl TABS 10 MG, 40 MG .	
VALUE PLUS LANCETS SUPER		TBPk	18	
THIN	88	28	verapamil hcl CP24 100 MG, 120	
VALUE PLUS LANCETS THIN 26G .		VENCLEXTA TABS 10 MG	MG, 200 MG, 240 MG, 300 MG ...	38
		28		
		VENCLEXTA TABS 100 MG		
		28		
		VENCLEXTA TABS 50 MG		
		28		
		venlafaxine hcl CP24		
		18		
		venlafaxine hcl TABS		
		18		
		venlafaxine hcl TB24 225 MG		
		18		
		venlafaxine hcl TB24 37.5 MG, 75		
		MG, 150 MG		
		18		
		VENTAVIS IN		
		39		
		verapamil hcl CP24 100 MG, 120		
		MG, 200 MG, 240 MG, 300 MG ...		
		38		

VINATE DHA RF96	voriconazole TABS22	WIDE-SEAL DIAPHRAGM 95 70
VINATE ONE TABS96	VOSEVI37	WILATE KIT63
VIRACEPT TABS36	VOTRIENT (pazopanib hcl)32	XADAGO34
VIREAD POWD36	VRAYLAR CAPS34	XALKORI CAPS 32
VIREAD TABS 150 MG, 200 MG, 250 MG36	VRAYLAR CPPK34	XALKORI CPSP 33
VIRT-NATE DHA CAPS96	VYNDAMAX40	XARELTO STARTER PACK TBPK 13
VISTOGARD21	VYNDAQEL 40	XARELTO SUSR13
VITAFOL GUMMIES96	VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG 1	XARELTO TABS 10 MG13
VITAFOL-NANO96	VYVANSE CHEW 60 MG1	XARELTO TABS 2.5 MG, 15 MG, 20 MG (rivaroxaban) 13
VITAFOL-ONE CAPS96	WALGREENS ADV TRAVEL LANCETS 89	XARELTO TABS 2.5 MG, 15 MG, 20 MG 13
VITAMEDMD ONE RX/QUATREFOLIC96	WALGREENS LANCETS89	XATMEP SOLN PO27
VITAMEDMD REDICHEW RX96	WALGREENS LANCETS MICRO THIN89	XELJANZ SOLN3
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML95	WALGREENS LANCETS SUPER THIN89	XELJANZ TABS3
VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML95	WALGREENS THIN LANCETS ...89	XELJANZ XR TB24 3
VITAPEARL96	WALGREENS ULTRA THIN LANCETS 89	XENICAL (orlistat)1
VITATHELY WITH GINGER TABS 96	warfarin sodium TABS13	XERAC AC54
VITATRUE96	WESCAP-C DHA96	XERMELO61
VITRAKVI CAPS32	WESNATE DHA CAPS96	XHANCE EXHU98
VITRAKVI SOLN32	WESTAB PLUS TABS96	XIFAXAN 200 MG 26
VIVA DHA CAPS96	WESTGEL DHA96	XIFAXAN 550 MG 26
VIVAGUARD LANCETS 89	WIDE-SEAL DIAPHRAGM 60 70	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG 19
VIVAGUARD LANCETS 30G89	WIDE-SEAL DIAPHRAGM 65 70	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG19
VIVAGUARD SAFETY LANCETS 28G89	WIDE-SEAL DIAPHRAGM 70 70	XOSPATA33
VIZIMPRO28	WIDE-SEAL DIAPHRAGM 75 70	XPOVIO (100 MG ONCE WEEKLY) 50 MG29
VONVENDI63	WIDE-SEAL DIAPHRAGM 80 70	XPOVIO (40 MG ONCE WEEKLY) 40 MG30
voriconazole SUSR22	WIDE-SEAL DIAPHRAGM 85 70	
	WIDE-SEAL DIAPHRAGM 90 70	

XPOVIO (40 MG TWICE WEEKLY) 40 MG	30	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	56	ZYFLO TABS	12
XPOVIO (60 MG ONCE WEEKLY) 60 MG	30			ZYKADIA TABS	33
XPOVIO (80 MG ONCE WEEKLY) 40 MG	30			ZYLET	100
XPOVIO (80 MG TWICE WEEKLY) . 30		ZEV RX TWIST TOP LANCETS 30G 89		ZYTIGA (abiraterone acetate)	29
XTANDI CAPS	29	zidovudine CAPS	36		
XTANDI TABS	29	zidovudine SYRP	36		
XURIDEN	58	zidovudine TABS	36		
XYNTHA	63	zileuton TB12	12		
XYNTHA SOLOFUSE	63	ziprasidone hcl 20 MG, 40 MG	34		
XYREM SOLN	102	ziprasidone hcl 60 MG, 80 MG	34		
YASMIN 28 (drospirenone-ethinyl estradiol)	45	ZIRGAN GEL	99		
YAZ (drospirenone-ethinyl estradiol) 45		ZITHROMAX PACK	67		
YONSA	29	ZOLINZA	33		
zafirlukast 10 MG	12	zolmitriptan SOLN	91		
zafirlukast 20 MG	12	zolmitriptan TABS	91		
zaleplon	65	zolmitriptan TBDP	91		
ZARONTIN CAPS (ethosuximide) .	17	zolpidem tartrate TABS	65		
ZARONTIN SOLN (ethosuximide) .	17	zolpidem tartrate TBCR	65		
ZARXIO	65	ZOMACTON SOLR SC 10 MG	57		
ZAVESCA (miglustat)	64	ZONEGRAN CAPS 100 MG (zonisamide)	16		
ZEJULA TABS	33	ZONEGRAN CAPS 25 MG (zonisamide)	16		
ZELAPAR TBDP	34	zonisamide CAPS 100 MG	16		
ZELBORAF	33	zonisamide CAPS 25 MG, 50 MG .	16		
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT,		ZORBTIVE SC	57		
		ZORTRESS (everolimus (immunosuppressant))	93		
		ZYDELIG	33		