

California

2 Tier Drug List

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 All previous versions are no longer in effect.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

California Large Group members

Go to

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

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

If you have questions about your pharmacy coverage, call Customer Service at **1-800-522-0088**

Hours of Operation

8:00am – 6:00pm Monday through Friday



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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.

Tier Descriptions

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

<i>Tier</i>	<i>Description</i>
1	Tier one consists of most generic drugs and low-cost preferred brand name drugs.
2	Tier two consists of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.

Are there any limits on my drug coverage?

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-Cancer	Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, after any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: • 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 approval. This means that you or your doctor must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
PV	Preventive Drug	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply. Grandfathered Groups will pay a copayment. Members in grandfathered plans will pay a copayment.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulins, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

Changes such as removing a drug or dosage form from the drug list may occur monthly. The types of changes may include the following:

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

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

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

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

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

- The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or physical or mental harm to the member in comparison to the requested prescription drug, based on the known clinical characteristics of the member and the known characteristics and history of the member's prescription drug regimen.

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

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

Are all contraceptives covered?

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

What blood glucose supplies covered?

Specific brands of blood glucose monitors, blood glucose testing strips, lancets, ketone testing strips, pen delivery systems for injecting insulin and insulin needles and syringes are covered on the drug list. A prescription from your doctor is required to obtain these from a pharmacy. Insulin pumps and all related necessary supplies, podiatric devices to prevent or treat diabetes-related complications and visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin are covered under the medical benefit.

Are preventive drugs covered?

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

What drugs are under my medical benefit?

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

Can I go to any pharmacy?

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

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

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

Prescription: Is an oral, written, or electronic order from a prescribing provider authorizing a

prescription drug to be provided to a specific individual.

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	7	QL(2 EA daily; 90 Day(s) limit ; 180 EA per fill retail)
ADDERALL TABS (<i>amphetamine-dextroamphetamine</i>)	7	
<i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily; 90 Day(s) limit ; 180 EA per fill retail)
<i>amphetamine-dextroamphetamine TABS</i>	1	
DEXEDRINE CP24 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	7	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	
<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 EA daily)
<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 EA daily)
Analeptics		
<i>caffeine citrate SOLN PO</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	7	Check plan documents for coverage; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>benzphetamine hcl 25 MG</i>	1	Check plan documents for coverage; PA
LOMAIRA TABS	2	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	1	Check plan documents for coverage; PA
QSYMIA	2	Check plan documents for coverage; QL(1 EA daily); PA
Anti-Obesity Agents		
CONTRACE	2	Check benefits for coverage; PA
<i>orlistat</i>	1	Check benefits for coverage; PA
XENICAL (<i>orlistat</i>)	7	Check benefits for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 EA daily)
INTUNIV (<i>guanfacine hcl (adhd)</i>)	7	QL(1 EA daily)
STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	7	
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	7	QL(2 EA daily)
Stimulants - Misc.		
APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	7	QL(1 EA daily)
<i>armodafinil 200 MG</i>	1	ST; PA
<i>armodafinil 50 MG, 150 MG, 250 MG</i>	1	ST; PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	7	QL(2 EA daily)
METADATE CD CPCR (<i>methylphenidate hcl</i>)	7	QL(1 EA daily)
METHYLIN SOLN 5 MG/5ML (<i>methylphenidate hcl</i>)	7	
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)
<i>methylphenidate hcl CPCR</i>	1	QL(1 EA daily)
<i>methylphenidate hcl SOLN 5 MG/5ML</i>	1	
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 90 Day(s) limit ; 180 EA per fill retail)
<i>methylphenidate hcl TB24 54 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl TB24 18 MG, 27 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 EA daily)
<i>methylphenidate hcl TBCR 20 MG</i>	1	QL(90 Day(s) limit)
<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily)
NUVIGIL 200 MG (<i>armodafinil</i>)	7	ST; PA
NUVIGIL 50 MG, 150 MG, 250 MG (<i>armodafinil</i>)	7	ST; PA
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	7	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	7	QL(3 EA daily)
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	7	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	2	PA
BETHKIS NEBU (<i>tobramycin</i>)	7	
HUMATIN	2	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>neomycin sulfate TABS</i>	1	
<i>paromomycin sulfate</i>	1	
TOBI PODHALER CAPS	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
TOBI NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>tobramycin NEBU</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>tobramycin NEBU</i>	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(12 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RINVOQ TB24	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	ADALIMUMAB-ADAZ SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
XELJANZ XR TB24	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; PA	HADLIMA PUSHTOUCH SOAJ	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
XELJANZ SOLN	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA	HADLIMA SOSY	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA
XELJANZ TABS	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 EA daily); SP; PA
Anti-TNF-alpha - Monoclonal Antibodies			HUMIRA (2 PEN) AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); 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	HUMIRA (2 PEN) AJKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	4	Check Plan Documents for coverage; QL(0.143 ML daily); PA	HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ML daily); PA	HUMIRA (2 SYRINGE) PSKT	4	Check plan documents for coverage; QL(0.143 EA daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 EA daily); PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
HUMIRA-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	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	Check plan documents for coverage; QL(2 EA per 365 day(s) retail); PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA-PED>=40KG CROHNS START PSKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA-PED>=40KG UC STARTER AJKT	4	Check plan documents for coverage; QL(4 EA per 365 day(s) retail); SP; PA	ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	Check plan documents for coverage; QL(0.143 EA daily); PA	CELEBREX 400 MG (<i>celecoxib</i>)	7	QL(2 EA daily); PA
HUMIRA-PSORIASIS/UEIT STARTER AJKT	4	Check plan documents for coverage; QL(3 EA per 365 day(s) retail); PA	CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 EA daily)
Gold Compounds			<i>celecoxib</i> 50 MG, 100 MG, 200 MG	1	QL(2 EA daily)
AURANOFIN 3 MG	2		<i>celecoxib</i> 400 MG	1	QL(2 EA daily); PA
RIDAURA	2		DAYPRO TABS (<i>oxaprozin</i>)	7	
Interleukin-6 Receptor Inhibitors			<i>diclofenac sodium TBEC</i>	1	
			<i>etodolac CAPS</i>	1	
			<i>etodolac TABS</i>	1	
			<i>etodolac TB24</i>	1	QL(2 EA daily)
			FELDENE CAPS 10 MG (<i>piroxicam</i>)	7	
			FELDENE CAPS 20 MG (<i>piroxicam</i>)	7	QL(1 EA daily)
			<i>fenoprofen calcium CAPS</i> 200 MG	1	

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Drug Name	Drug Tier	Requirements/ Limits
FENOPROFEN CALCIUM CAPS 200 MG	2	
FENOPRON CAPS	2	
FENORTHOL CAPS 200 MG	2	
<i>flurbiprofen TABS 50 MG</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
INDOCIN SUSP (<i>indomethacin</i>)	7	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPCR</i>	1	
<i>indomethacin SUSP</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail; 20 EA per 30 day(s) retail)
LODINE TABS (<i>etodolac</i>)	7	
<i>meclofenamate sodium CAPS</i>	1	
<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
<i>nabumetone 750 MG</i>	1	QL(3 EA daily)
<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
NAPROSYN SUSP (<i>naproxen</i>)	7	
NAPROSYN TABS 500 MG (<i>naproxen</i>)	7	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)
<i>piroxicam CAPS 10 MG</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
<i>sulindac TABS 200 MG</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
OTEZLA TABS	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; PA
OTEZLA TBP	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 EA per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA 10 MG (<i>leflunomide</i>)	7	QL(2 EA daily)
ARAVA 20 MG (<i>leflunomide</i>)	7	QL(1 EA daily)
<i>leflunomide 20 MG</i>	1	QL(1 EA daily)
<i>leflunomide 10 MG</i>	1	QL(2 EA daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); SP; PA
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ML daily); SP; PA	(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC 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	Grand Fathered Plans at Tier 2; PV
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA			
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions					
Analgesic Combinations					
(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				
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-aspirin-caffeine CAPS</i>	1				
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7				
Salicylates					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(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	Grand Fathered Plans at Tier 2; PV	DILAUDID LIQD (<i>hydromorphone hcl</i>)	7	
			DILAUDID TABS (<i>hydromorphone hcl</i>)	7	
			<i>fentanyl</i> PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR	1	Limit 15 per month; QL(0.5 EA daily)
			<i>hydromorphone hcl</i> LIQD	1	
			<i>hydromorphone hcl</i> TABS	1	
			<i>hydromorphone hcl</i> TB24 8 MG, 12 MG, 16 MG	1	QL(4 EA daily)
			<i>meperidine hcl</i> SOLN PO 50 MG/5ML	1	
			<i>meperidine hcl</i> TABS 50 MG	1	
			<i>methadone hcl</i> CONC	1	
			<i>methadone hcl</i> SOLN PO 5 MG/5ML	1	
			<i>methadone hcl</i> TABS	1	QL(12 EA daily)
<i>aspirin CHEW</i>	5	Grand Fathered Plans at Tier 2; PV	<i>methadone hcl</i> TBSO	1	
<i>aspirin TBEC 81 MG</i>	5	Grand Fathered Plans at Tier 2; PV	METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	7	
<i>salsalate</i>	1		METHADOSE CONC (<i>methadone hcl</i>)	7	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate beads</i>	1	QL(1 EA daily)
Opioid Agonists			<i>morphine sulfate</i> CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	1	QL(2 EA daily)
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1		<i>morphine sulfate</i> SOLN PO 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	1	
(Methadone Hcl) METHADOSE TBSO	1		<i>morphine sulfate</i> SUPP 20 MG, 30 MG	1	
<i>codeine sulfate</i> TABS 15 MG, 30 MG	1		<i>morphine sulfate</i> TABS	1	
CODEINE SULFATE TABS 60 MG	2		<i>morphine sulfate</i> TBCR	1	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MS CONTIN TBCR (<i>morphine sulfate</i>)	7	QL(3 EA daily)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
OXAYDO TABS 5 MG	2		<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 EA per fill retail)
<i>oxycodone hcl CAPS</i>	1		<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order
<i>oxycodone hcl CONC 100 MG/5ML</i>	1		<i>hydrocodone-ibuprofen 5 MG-200 MG, 7.5 MG-200 MG</i>	1	
<i>oxycodone hcl SOLN</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 EA daily)
<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 EA daily)	PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 EA daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1		Opioid Partial Agonists		
<i>oxymorphone hcl TB12</i>	1	QL(2 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 EA daily)	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 EA daily)
ROXICODONE TABS 15 MG (<i>oxycodone hcl</i>)	7		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 EA daily)
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 EA daily)	<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
<i>tramadol hcl TABS 100 MG</i>	1		<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
Opioid Combinations			SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 EA daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 EA daily)	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(3 EA daily)
<i>acetaminophen w/ codeine SOLN</i>	1		ANDROGENS-ANABOLIC - Drugs to Regulate		
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 EA daily)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1				
<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1				
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
Hormones		
Anabolic Steroids		
<i>oxandrolone 2.5 MG</i>	1	
<i>oxandrolone 10 MG</i>	1	QL(2 EA daily)
Androgens		
(Methyltestosterone) METHITEST TABS	1	
(Testosterone) TESTIM GEL TD 1 %	2	QL(10 GM daily)
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 GM daily)
<i>danazol CAPS</i>	1	
FORTESTA GEL TD (<i>testosterone</i>)	7	QL(3.5 GM daily)
<i>methyltestosterone CAPS</i>	1	
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %</i>	1	Limited to 300 gms per month; QL(10 GM daily)
<i>testosterone GEL TD 1 %</i>	1	Limit 300gms per month; QL(10 GM daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(3.5 GM daily)
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	QL(10 GM daily)
VOGELXO PUMP GEL TD (<i>testosterone</i>)	2	Limit 300gms per month; QL(10 GM daily)
VOGELXO GEL TD (<i>testosterone</i>)	2	QL(10 GM daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	7	QL(60 ML daily)

Drug Name	Drug Tier	Requirements/ Limits
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)
Rectal Combinations		
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	7	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	7	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE (<i>praziquantel</i>)	7	
<i>ivermectin</i>	1	QL(5 EA per fill retail); PA
<i>praziquantel</i>	1	
STROMEKTOL (<i>ivermectin</i>)	7	QL(5 EA per fill retail); PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)
<i>ranolazine TB12 1000 MG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nitrates			ATIVAN TABS (<i>lorazepam</i>)	7	
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7		<i>chlordiazepoxide hcl CAPS</i>	1	
<i>isosorbide dinitrate TABS</i>	1		<i>clorazepate dipotassium TABS</i>	1	
<i>isosorbide mononitrate TABS</i>	1		<i>diazepam CONC</i>	1	
ISOSORBIDE MONONITRATE TABS	2		<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>isosorbide mononitrate TB24</i>	1		<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
NITRO-BID OINT	2		<i>diazepam TABS 2 MG, 5 MG</i>	1	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 EA daily)	<i>lorazepam CONC</i>	1	
NITRO-DUR PT24	2	QL(1 EA daily)	<i>lorazepam TABS</i>	1	
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)	<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1		<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>nitroglycerin SUBL</i>	1		VALIUM TABS 10 MG (<i>diazepam</i>)	7	QL(4 EA daily)
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7		VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	7	
NITROSTAT SUBL (<i>nitroglycerin</i>)	7		XANAX TABS (<i>alprazolam</i>)	7	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antianxiety Agents - Misc.			Antiarrhythmics Type I-A		
<i>buspirone hcl</i>	1		<i>disopyramide phosphate CAPS</i>	1	
<i>hydroxyzine hcl SYRP</i>	1		NORPACE CR CP12	2	
<i>hydroxyzine hcl TABS</i>	1		NORPACE CAPS (<i>disopyramide phosphate</i>)	7	
<i>hydroxyzine pamoate CAPS</i>	1		<i>quinidine gluconate TBCR</i>	1	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7		Antiarrhythmics Type I-B		
Benzodiazepines			<i>mexiletine hcl</i>	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1		Antiarrhythmics Type I-C		
(Lorazepam) LORAZEPAM INTENSOL CONC	1		<i>flecainide acetate</i>	1	
<i>alprazolam TABS</i>	1		<i>propafenone hcl CP12</i>	1	

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<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	7	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	1	
TIKOSYN (<i>dofetilide</i>)	7	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	7	QL(1 EA daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 EA daily)
Leukotriene Modulators		
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 EA daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 EA daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 EA daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP (<i>roflumilast</i>)	7	QL(1 EA daily)
<i>roflumilast</i>	1	QL(1 EA daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 EA daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ML daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ML daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 GM daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 8 Inhalers per month; QL(0.27 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 EA daily)	BROVANA (<i>arformoterol tartrate</i>)	7	QL(4 ML daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ML daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ML daily)	<i>fluticasone furoate-vilanterol</i>	1	QL(2 EA daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ML daily)	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
QVAR REDHALER 80 MCG/ACT	2	QL(0.72 GM daily)	<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 GM daily)
Sympathomimetics			<i>formoterol fumarate NEBU</i>	1	QL(4 ML daily)
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>ipratropium-albuterol SOLN</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>levalbuterol hcl</i>	1	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 EA daily)	<i>levalbuterol tartrate</i>	1	QL(0.5 GM daily)
<i>albuterol sulfate AERS</i>	1		PERFOROMIST NEBU (<i>formoterol fumarate</i>)	7	QL(4 ML daily)
<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)	SEREVENT DISKUS	2	QL(2 EA daily)
<i>albuterol sulfate AERS</i>	1	QL(1.2 GM daily)	STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
<i>albuterol sulfate NEBU</i>	1		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
ALBUTEROL SULFATE NEBU	2		SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	7	
<i>albuterol sulfate SYRP</i>	1		<i>terbutaline sulfate TABS</i>	1	
<i>albuterol sulfate TABS</i>	1		TRELEGY ELLIPTA	2	QL(2 EA daily)
ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	7	QL(2 EA daily)	<i>umeclidinium-vilanterol</i>	1	QL(2 EA daily)
<i>arformoterol tartrate</i>	1	QL(4 ML daily)	Xanthines		
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)	<i>theophylline TB12 300 MG</i>	1	QL(2 EA daily)

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<i>theophylline TB12 450 MG</i>	1	QL(1 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	1	ST
<i>theophylline TB24</i>	1	QL(1 EA daily)	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	1	ST
ANTICOAGULANTS - Blood Thinners			(Lamotrigine) SUBVENITE TABS	1	
Coumarin Anticoagulants			(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)
(Warfarin Sodium) JANTOVEN TABS	1		(Oxcarbazepine) TRILEPTAL SUSP	1	QL(40 ML daily)
<i>warfarin sodium TABS</i>	1		BANZEL SUSP (<i>rufinamide</i>)	7	
Direct Factor Xa Inhibitors			BANZEL TABS 200 MG (<i>rufinamide</i>)	7	
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)	BANZEL TABS 400 MG (<i>rufinamide</i>)	7	QL(8 EA daily)
ELIQUIS TABS	2	QL(2 EA daily)	<i>carbamazepine CHEW 100 MG</i>	1	
<i>rivaroxaban TABS 2.5 MG</i>	1	QL(1 EA daily)	<i>carbamazepine CP12</i>	1	
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)	<i>carbamazepine SUSP</i>	1	
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)	<i>carbamazepine TABS</i>	1	
XARELTO TABS 10 MG	2	QL(2 EA daily)	<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 EA daily)	<i>carbamazepine TB12 100 MG</i>	1	
XARELTO TABS 2.5 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)	<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)
Thrombin Inhibitors			CARBATROL CP12 (<i>carbamazepine</i>)	7	
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)	<i>gabapentin CAPS</i>	1	
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)	<i>gabapentin SOLN</i>	1	
ANTICONVULSANTS - Drugs to Treat Seizures			<i>gabapentin TABS 600 MG, 800 MG</i>	1	
Anticonvulsants - Benzodiazepines					
<i>clonazepam TABS</i>	1				
<i>clonazepam TBDP</i>	1				
KLONOPIN TABS (<i>clonazepam</i>)	7				
Anticonvulsants - Misc.					
(Carbamazepine) EPITOL TABS	1				

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KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 EA daily)	NEURONTIN SOLN (<i>gabapentin</i>)	7	
KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	7		NEURONTIN TABS (<i>gabapentin</i>)	7	
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 EA daily)	<i>oxcarbazepine SUSP</i>	1	QL(40 ML daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 EA daily)	<i>oxcarbazepine TABS 150 MG</i>	1	
<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)	<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 EA daily)
<i>lacosamide TABS</i>	1	QL(2 EA daily)	<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 EA daily)
LAMICTAL ODT TBDP (<i>lamotrigine</i>)	7	PA	<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 EA daily)
LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	7	ST	<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)
LAMICTAL CHEW (<i>lamotrigine</i>)	7		<i>pregabalin SOLN</i>	1	QL(30 ML daily)
LAMICTAL TABS (<i>lamotrigine</i>)	7		<i>primidone 50 MG, 250 MG</i>	1	
<i>lamotrigine CHEW</i>	1		<i>rufinamide SUSP</i>	1	
<i>lamotrigine KIT 25 MG</i>	1	ST	<i>rufinamide TABS 400 MG</i>	1	QL(8 EA daily)
<i>lamotrigine TABS</i>	1		<i>rufinamide TABS 200 MG</i>	1	
<i>lamotrigine TBDP</i>	1	PA	TEGRETOL SUSP (<i>carbamazepine</i>)	7	
<i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>	1		TEGRETOL TABS (<i>carbamazepine</i>)	7	
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 EA daily)	TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	7	QL(8 EA daily)
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 EA daily)	TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	7	QL(4 EA daily)
<i>levetiracetam TB24</i>	1	QL(4 EA daily)	TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7	
LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	7	QL(2 EA daily)	TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7	
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	7	QL(3 EA daily)	TOPAMAX TABS 200 MG (<i>topiramate</i>)	7	QL(2 EA daily)
LYRICA SOLN (<i>pregabalin</i>)	7	QL(30 ML daily)	TOPAMAX TABS 50 MG (<i>topiramate</i>)	7	QL(8 EA daily)
MYSOLINE (<i>primidone</i>)	7		TOPAMAX TABS 25 MG (<i>topiramate</i>)	7	
NEURONTIN CAPS (<i>gabapentin</i>)	7				

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Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 EA daily)
<i>topiramate CPSP 15 MG, 25 MG</i>	1	
<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)
<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)
<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)
<i>topiramate TABS 25 MG</i>	1	
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	7	QL(8 EA daily)
TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	7	QL(4 EA daily)
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	7	
VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	7	QL(40 ML daily)
VIMPAT TABS (<i>lacosamide</i>)	7	QL(2 EA daily)
ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	7	
ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	7	QL(6 EA daily)
<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
Carbamates		
<i>felbamate SUSP</i>	1	
<i>felbamate TABS</i>	1	
FELBATOL SUSP (<i>felbamate</i>)	7	
FELBATOL TABS (<i>felbamate</i>)	7	
GABA Modulators		
(Vigabatrin) VIGADRONE, VIGPODER PACK	1	QL(6 EA daily)
(Vigabatrin) VIGADRONE TABS	1	
SABRIL PACK (<i>vigabatrin</i>)	7	QL(6 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
SABRIL TABS (<i>vigabatrin</i>)	7	
<i>vigabatrin PACK</i>	1	QL(6 EA daily)
<i>vigabatrin TABS</i>	1	
Hydantoins		
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN (<i>phenytoin sodium extended</i>)	7	
DILANTIN 30 MG	2	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	7	
DILANTIN-125 SUSP (<i>phenytoin</i>)	7	
DILANTIN SUSP (<i>phenytoin</i>)	7	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW</i>	1	
<i>phenytoin SUSP</i>	1	
Succinimides		
CELONTIN (<i>methsuximide</i>)	7	
<i>ethosuximide CAPS</i>	1	
<i>ethosuximide SOLN</i>	1	
<i>methsuximide</i>	1	
ZARONTIN CAPS (<i>ethosuximide</i>)	7	
ZARONTIN SOLN (<i>ethosuximide</i>)	7	
Valproic Acid		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	7	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7	

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DEPAKOTE TBEC (<i>divalproex sodium</i>)	7		SPRAVATO (84 MG DOSE)	2	PA
<i>divalproex sodium CSDR</i>	1		Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>divalproex sodium TB24</i>	1		CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 EA daily)
<i>divalproex sodium TBEC</i>	1		<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1		<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)
<i>valproic acid CAPS</i>	1		<i>escitalopram oxalate SOLN</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)
<i>mirtazapine TABS</i>	1		<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
<i>mirtazapine TBDP</i>	1		<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	7		<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	7		<i>fluoxetine hcl TABS 10 MG</i>	1	
Antidepressants - Misc.			<i>fluoxetine hcl TABS 20 MG</i>	1	QL(1 EA daily)
<i>bupropion hcl TABS</i>	1		<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 EA daily)
<i>bupropion hcl TB12</i>	1		<i>fluvoxamine maleate CP24 150 MG</i>	1	
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)	<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 EA daily)	LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)			LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 EA daily)
NARDIL (<i>phenelzine sulfate</i>)	7		<i>paroxetine hcl SUSP</i>	1	
PARNATE (<i>tranylcypromine sulfate</i>)	7		<i>paroxetine hcl TABS</i>	1	
<i>phenelzine sulfate</i>	1		<i>paroxetine hcl TB24</i>	1	
<i>tranylcypromine sulfate</i>	1				
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists					
SPRAVATO (56 MG DOSE)	2	PA			

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PAXIL CR TB24 (<i>paroxetine hcl</i>)	7		PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 EA daily)
PAXIL SUSP (<i>paroxetine hcl</i>)	7		<i>venlafaxine hcl</i> CP24 150 MG	1	QL(2 EA daily)
PAXIL TABS (<i>paroxetine hcl</i>)	7		<i>venlafaxine hcl</i> CP24 37.5 MG, 75 MG	1	QL(1 EA daily)
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7		<i>venlafaxine hcl</i> TABS	1	
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 EA daily)	<i>venlafaxine hcl</i> TB24 37.5 MG, 75 MG, 150 MG	1	QL(1 EA daily)
<i>sertraline hcl</i> CONC	1		<i>venlafaxine hcl</i> TB24 225 MG	1	
<i>sertraline hcl</i> TABS	1	QL(2 EA daily)	Tricyclic Agents		
ZOLOFT CONC (<i>sertraline hcl</i>)	7		<i>amitriptyline hcl</i> TABS	1	
ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 EA daily)	<i>amoxapine</i>	1	
Serotonin Modulators			ANAFRANIL (<i>clomipramine hcl</i>)	7	
<i>nefazodone hcl</i>	1		<i>clomipramine hcl</i>	1	
<i>trazodone hcl</i> TABS	1		<i>desipramine hcl</i> TABS	1	
TRINTELLIX	2	ST	<i>doxepin hcl</i> CAPS	1	
VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 EA daily)	<i>doxepin hcl</i> CONC	1	
VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7		<i>imipramine hcl</i> TABS 50 MG	1	QL(4 EA daily)
<i>vilazodone hcl</i> TABS 10 MG, 40 MG	1		<i>imipramine hcl</i> TABS 10 MG, 25 MG	1	
<i>vilazodone hcl</i> TABS 20 MG	1	QL(2 EA daily)	NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>nortriptyline hcl</i> CAPS	1	
CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 EA daily)	<i>nortriptyline hcl</i> SOLN	1	
<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)	PAMELOR CAPS (<i>nortriptyline hcl</i>)	7	
<i>duloxetine hcl</i> CPEP 20 MG, 30 MG, 60 MG	1	QL(2 EA daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 EA daily)	Alpha-Glucosidase Inhibitors		
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 EA daily)	<i>acarbose</i>	1	
			Antidiabetic Combinations		
			ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	7	

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<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 EA daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 EA daily)
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	7	
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET TABS	2	QL(2 EA daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	1	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
SYNJARDY TABS	2	QL(2 EA daily)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
Biguanides		
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1	
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
RIOMET SOLN (<i>metformin hcl</i>)	7	
Diabetic Other		
GLUCAGON EMERGENCY	2	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA	2	QL(1 EA daily)
<i>saxagliptin hcl</i>	1	QL(1 EA daily)
Incretin Mimetic Agents		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	4	Check plan documents for coverage. Not available through mail order; PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	4	Check plan documents for coverage. Not available through mail order; PA
OZEMPIC (2 MG/DOSE) SOPN	4	Check plan documents for coverage. Not available through mail order; PA
RYBELSUS TABS	2	Check plan documents for coverage. Not available through mail order; PA
TRULICITY	4	Check plan documents for coverage. Not available through mail order; PA
Insulin		
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ML daily)	HUMULIN R SOLN IJ	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)	INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 40mls per month; QL(1.5 ML daily)	LANTUS SOLN	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)	TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limit 27mls per month; QL(0.9 ML daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45ml 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 70/30 SUSP	2	Limit 4 vials per month; QL(1.34 ML daily)	ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	7	QL(1 EA daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	ACTOS 15 MG (<i>pioglitazone hcl</i>)	7	
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 EA daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(40 ML per fill retail; 40 ML per 30 day(s) retail)	Meglitinide Analogues		
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)	<i>nateglinide</i>	1	
			<i>repaglinide</i>	1	
			Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
			<i>dapagliflozin propanediol</i>	1	QL(1 EA daily)
			FARXIGA	2	QL(1 EA daily)
			JARDIANCE	2	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL (<i>glimepiride</i>)	7	
<i>glimepiride</i> 1 MG, 2 MG, 4 MG	1	
<i>glipizide</i> TABS	1	
<i>glipizide</i> TB24	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
<i>glyburide</i> micronized 1.5 MG, 3 MG, 6 MG	1	
<i>glyburide</i> TABS	1	
GLYNASE (<i>glyburide</i> micronized)	7	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine</i> LIQD	1	
<i>diphenoxylate w/ atropine</i> TABS	1	
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
<i>deferasirox</i> TABS	1	PA
JADENU TABS (<i>deferasirox</i>)	7	PA
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl</i> SOLN PO 4 MG/5ML	1	Limit 50mls per month; QL(1.67 ML daily; 50 ML per fill retail)
<i>ondansetron hcl</i> TABS 4 MG, 8 MG	1	QL(20 EA per fill retail)
<i>ondansetron</i> TBDP 4 MG, 8 MG	1	QL(20 EA per fill retail)
Antiemetics - Anticholinergic		
(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
ANTIVERT CHEW (<i>meclizine hcl</i>)	7	RX/OTC
<i>meclizine hcl</i> CHEW	1	RX/OTC
<i>trimethobenzamide hcl</i> CAPS	1	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>griseofulvin</i> microsize SUSP	1	
<i>griseofulvin</i> microsize TABS	1	
<i>griseofulvin</i> ultramicrosize	1	
<i>nystatin</i> TABS	1	
<i>terbinafine hcl</i> TABS	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (<i>fluconazole</i>)	7	
DIFLUCAN TABS 100 MG, 150 MG, 200 MG (<i>fluconazole</i>)	7	
<i>fluconazole</i> SUSR	1	

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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	
SPORANOX CAPS (<i>itraconazole</i>)	7	ST; PA
SPORANOX SOLN (<i>itraconazole</i>)	7	PA
TOLSURA CAPS	2	PA
VFEND SUSR (<i>voriconazole</i>)	7	
VFEND TABS (<i>voriconazole</i>)	7	QL(2 EA daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>clemastine fumarate SYRP</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1	
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl TABS 12.5 MG</i>	1	
Antihistamines - Piperidines		
<i>ciproheptadine hcl SYRP</i>	1	
<i>ciproheptadine hcl TABS</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 EA daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 EA daily)
<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE POWD	1	
<i>cholestyramine light POWD</i>	1	
<i>cholestyramine POWD</i>	1	
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7	
COLESTID GRAN (<i>colestipol hcl</i>)	7	
COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>colestipol hcl GRAN</i>	1	
<i>colestipol hcl TABS</i>	1	
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
QUESTRAN POWD (<i>cholestyramine</i>)	7	
Fibric Acid Derivatives		

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Drug Name	Drug Tier	Requirements/ Limits
<i>choline fenofibrate 45 MG</i>	1	
<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)
<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)
<i>fenofibrate TABS 48 MG</i>	1	
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 EA daily)
<i>gemfibrozil TABS</i>	1	
LOPID TABS (<i>gemfibrozil</i>)	7	
TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 EA daily)
TRICOR TABS 48 MG (<i>fenofibrate</i>)	7	
TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 EA daily)
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)
CRESTOR TABS (<i>rosuvastatin calcium</i>)	7	QL(1 EA daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	7	QL(1 EA daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	7	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>lovastatin TABS 10 MG, 20 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(1 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>lovastatin TABS 40 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(2 EA daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 EA daily)
<i>pravastatin sodium 40 MG</i>	1	QL(2 EA daily)
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>simvastatin TABS</i>	1	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	7	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA (<i>ezetimibe</i>)	7	
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		

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Drug Name	Drug Tier	Requirements/ Limits
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	7	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	7	QL(2 EA daily)
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 EA daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>trandolapril</i>	1	
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 EA daily)
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 EA daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7	
Agents for Pheochromocytoma		
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	7	Not available through mail
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	7	
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 EA daily)
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
COZAAR (<i>losartan potassium</i>)	7	
DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 EA daily)
DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 EA daily)
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<i>telmisartan 20 MG, 40 MG</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 EA daily)
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
Antiadrenergic Antihypertensives		
CARDURA (<i>doxazosin mesylate</i>)	7	
<i>clonidine hcl TABS</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa TABS</i>	1	
MINIPRESS CAPS (<i>prazosin hcl</i>)	7	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prazosin hcl CAPS</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)	DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	7	QL(1 EA daily)
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	7	
Antihypertensive Combinations			<i>enalapril maleate & hydrochlorothiazide</i>	1	
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	7		EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	7	QL(1 EA daily)
<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)	EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	7	
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	7	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)	HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	7	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	7		<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>atenolol & chlorthalidone</i>	1		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	7		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1		LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	7	
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7	QL(1 EA daily)			
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	7				
<i>bisoprolol & hydrochlorothiazide</i>	1				

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LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	7	QL(1 EA daily)
<i>metoprolol & hydrochlorothiazide TABS</i>	1	
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	7	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	7	ST
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7	
ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 EA daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	7	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
INSPRA (<i>eplerenone</i>)	7	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>metronidazole</i>)	7	
IMPAVIDO	2	
<i>metronidazole CAPS</i>	1	
<i>metronidazole TABS 250 MG, 500 MG</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	7	
<i>pentamidine isethionate IN</i>	1	
<i>trimethoprim TABS</i>	1	
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	

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Drug Name	Drug Tier	Requirements/ Limits
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
<i>atovaquone</i>	1	
LAMPIT	2	AC; PA
MEPRON (<i>atovaquone</i>)	7	
Glycopeptides		
VANCOCIN CAPS (<i>vancomycin hcl</i>)	7	QL(2 EA daily)
<i>vancomycin hcl CAPS</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 EA daily)
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	7	
<i>clindamycin hcl</i>	1	
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail); PA
<i>linezolid TABS</i>	1	QL(20 EA per 90 day(s) retail); PA
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ML per 90 day(s) retail); PA
ZYVOX TABS (<i>linezolid</i>)	7	QL(20 EA per 90 day(s) retail); PA

Drug Name	Drug Tier	Requirements/ Limits
Urinary Anti-infectives		
MACROBID (<i>nitrofurantoin monohyd macro</i>)	7	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	7	
<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 25 MG-62.5 MG</i>	1	
COARTEM	2	QL(0.8 EA daily)
MALARONE 25 MG-62.5 MG (<i>atovaquone-proguanil hcl</i>)	7	
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	1	
<i>chloroquine phosphate TABS 500 MG</i>	2	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail)
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	7	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	7	QL(2 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TABS (<i>pyridostigmine bromide</i>)	7	
MESTINON TBCR (<i>pyridostigmine bromide</i>)	7	
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	7	
MYCOBUTIN (<i>rifabutin</i>)	7	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melphalan</i>)	7	AC
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC; AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC

Drug Name	Drug Tier	Requirements/ Limits
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine 150 MG</i>	1	AC
<i>capecitabine 500 MG</i>	1	AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	2	AC; PA
TABLOID	2	AC
XATMEP SOLN PO	2	AC; PA
XELODA 500 MG (<i>capecitabine</i>)	7	AC
XELODA 150 MG (<i>capecitabine</i>)	7	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
LENVIMA (10 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (14 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (18 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
LENVIMA (20 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (4 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (8 MG DAILY DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
Antineoplastic - Anti-HER2 Agents		
TUKYSA	2	PA; AC; AC; PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	2	PA; AC; AC; PA
VENCLEXTA TABS 100 MG	2	PA; AC; QL(4 EA daily); AC; PA
VENCLEXTA TABS 10 MG	2	PA; AC; QL(2 EA daily); AC; PA
VENCLEXTA TABS 50 MG	2	PA; AC; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	1	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>gefitinib</i>	1	AC; AC
GILOTRIF	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
IRESSA (<i>gefitinib</i>)	7	AC; AC
TAGRISSE	2	SP; AC; PA
TARCEVA (<i>erlotinib hcl</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
VIZIMPRO	2	PA; AC; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	2	PA
ERIVEDGE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ODOMZO	2	AC
Antineoplastic - Hormonal and Related Agents		
(Abiraterone Acetate) ABIRTEGA 250 MG	1	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>abiraterone acetate</i>	1	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>anastrozole</i>	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV; AC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARIMIDEX (<i>anastrozole</i>)	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV; AC	SOLTAMOX SOLN	5	Grand Fathered Plans at Tier 2; PV
AROMASIN (<i>exemestane</i>)	5	Grand Fathered Plans at Tier 2; PV; AC	<i>tamoxifen citrate TABS</i>	5	Grand Fathered Plans at Tier 2; PV; AC
<i>bicalutamide</i>	1	QL(1 EA daily); AC	<i>toremifene citrate</i>	1	AC
CASODEX (<i>bicalutamide</i>)	7	QL(1 EA daily); AC	XTANDI CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
EMCYT	2	AC	XTANDI TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	2	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA	ZYTIGA (<i>abiraterone acetate</i>)	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
ERLEADA 60 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Antineoplastic - Immunomodulators		
EULEXIN	2	AC	POMALYST	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>exemestane</i>	5	Grand Fathered Plans at Tier 2; PV; AC	Antineoplastic - XPO1 Inhibitors		
FARESTON (<i>toremifene citrate</i>)	7	AC	XPOVIO (100 MG ONCE WEEKLY) 50 MG	2	AC; PA
FEMARA (<i>letrozole</i>)	7	AC	XPOVIO (40 MG ONCE WEEKLY) 40 MG	2	AC; PA
<i>letrozole</i>	1	AC	XPOVIO (40 MG TWICE WEEKLY) 40 MG	2	AC; PA
LYSODREN	2	AC	XPOVIO (60 MG ONCE WEEKLY) 60 MG	2	AC; PA
<i>megestrol acetate SUSP</i>	1	AC	XPOVIO (80 MG ONCE WEEKLY) 40 MG	2	AC; PA
<i>megestrol acetate TABS</i>	1	AC	XPOVIO (80 MG TWICE WEEKLY)	2	PA; AC; PA
NILANDRON (<i>nilutamide</i>)	7	AC			
<i>nilutamide</i>	1	AC			
NUBEQA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			

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Antineoplastic Combinations			BOSULIF CAPS	2	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
INQOVI	2	PA	BOSULIF TABS	2	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
KISQALI FEMARA (200 MG DOSE)	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA	BRAFTOVI 75 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
KISQALI FEMARA (400 MG DOSE)	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA	CABOMETYX TABS 20 MG, 60 MG	2	QL(1 EA daily); AC; PA
KISQALI FEMARA (600 MG DOSE)	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA	CABOMETYX TABS 40 MG	2	QL(2 EA daily); AC; PA
LONSURF	2	PA; AC; AC; PA	CALQUENCE	2	QL(2 EA daily); AC; PA
Antineoplastic Enzyme Inhibitors			CAPRELSA	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
(Everolimus) TORPENZ TABS	1	QL(1 EA daily); SP; AC; PA	COMETRIQ (100 MG DAILY DOSE) KIT	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
AFINITOR TABS (<i>everolimus</i>)	7	QL(1 EA daily); SP; AC; PA	COMETRIQ (140 MG DAILY DOSE) KIT	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ALECENSA	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	COMETRIQ (60 MG DAILY DOSE) KIT	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ALUNBRIG TABS	2	PA; AC; ; AC; PA	COTELLIC	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ALUNBRIG TBPB	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA			
BALVERSA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dasatinib</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	KISQALI (200 MG DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
<i>everolimus TABS</i>	1	QL(1 EA daily); SP; AC; PA	KISQALI (400 MG DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
IBRANCE CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	KISQALI (600 MG DOSE)	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
IBRANCE TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KOSELUGO	2	PA; AC; PA
ICLUSIG 15 MG, 45 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA	<i>lapatinib ditosylate</i>	1	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ICLUSIG 10 MG, 30 MG	2	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA	LORBRENA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IDHIFA	2	PA; AC; AC; PA	LUMAKRAS 320 MG	2	QL(3 EA daily); PA
<i>imatinib mesylate TABS 100 MG</i>	1	QL(3 EA daily); AC; PA	LUMAKRAS 120 MG, 240 MG	2	QL(2 EA daily); PA
<i>imatinib mesylate TABS 400 MG</i>	1	QL(2 EA daily); PA	LYNPARZA TABS	2	QL(4 EA daily); SP; AC; PA
IMBRUVICA CAPS 70 MG	2	QL(1 EA daily); SP; AC; PA	MEKINIST TABS	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
IMBRUVICA CAPS 140 MG	2	QL(3 EA daily); SP; AC; PA	MEKTOVI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IMBRUVICA SUSP	2	QL(8 ML daily); SP; AC; PA			
IMBRUVICA TABS	2	QL(1 EA daily); SP; AC; PA			
JAKAFI	2	PA; AC; QL(2 EA daily); AC; PA			

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Drug Name	Drug Tier	Requirements/ Limits
NERLYNX	2	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>pazopanib hcl</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY (200 MG DAILY DOSE)	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
PIQRAY (250 MG DAILY DOSE)	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
PIQRAY (300 MG DAILY DOSE)	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; PA
QINLOCK	2	PA; AC; AC; PA
RETEVMO CAPS	2	PA; AC; AC; PA
RUBRACA	2	PA; AC; AC; PA
RYDAPT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>sorafenib tosylate</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
SPRYCEL (<i>dasatinib</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
STIVARGA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>sunitinib malate 25 MG</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); AC; PA
SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TABRECTA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
TAFINLAR CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits
TALZENNA 0.25 MG, 1 MG	2	PA; AC; ; AC; PA
TASIGNA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAZVERIK	2	PA; AC; PA
TYKERB (<i>lapatinib ditosylate</i>)	7	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
VERZENIO	2	QL(2 EA daily); AC; PA
VITRAKVI CAPS	2	PA; AC; PA
VITRAKVI SOLN	2	PA; AC; PA
VOTRIENT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
VOTRIENT (<i>pazopanib hcl</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
XALKORI CAPS	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
XOSPATA	2	PA; AC; PA
ZEJULA CAPS	2	PA; AC; AC; PA
ZEJULA TABS	2	PA
ZELBORAF	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ZOLINZA	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
ZYDELIG	2	PA; AC; AC; PA
Antineoplastics Misc.		
<i>bexarotene</i>	1	SP; AC; PA
HYDREA (<i>hydroxyurea</i>)	7	AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC
<i>hydroxyurea</i>	1	AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC
MATULANE	2	AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC
TARGRETIN (<i>bexarotene</i>)	7	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	1	PA; AC; AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium TABS</i>	1	AC
Mitotic Inhibitors		
<i>etoposide CAPS</i>	1	AC; AC
Topoisomerase I Inhibitors		
HYCANTIN CAPS	2	PA; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	1	
<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2	
<i>carbidopa-levodopa TABS</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
DHIVY TABS	2	
DUOPA SUSP	2	PA
INBRIJA CAPS	2	PA
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	
PARLODEL TABS (<i>bromocriptine mesylate</i>)	7	
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	7	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	7	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<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)
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	7	
Antipsychotics - Misc.		
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 EA daily)
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7	
LATUDA (<i>lurasidone hcl</i>)	7	
<i>lurasidone hcl</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
Benzisoxazoles		

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Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL SOLN (<i>risperidone</i>)	7	
RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 EA daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7	
<i>risperidone</i> SOLN	1	
<i>risperidone</i> TABS 3 MG	1	QL(2 EA daily)
<i>risperidone</i> TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	1	
<i>risperidone</i> TBDP 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	
Butyrophenones		
<i>haloperidol</i> lactate CONC	1	
<i>haloperidol</i> TABS	1	
Dibenzapines		
<i>clozapine</i> TABS	1	
CLOZARIL TABS (<i>clozapine</i>)	7	
<i>loxapine succinate</i>	1	
<i>olanzapine</i> TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	1	
<i>olanzapine</i> TABS 15 MG, 20 MG	1	QL(1 EA daily)
<i>quetiapine fumarate</i> TABS 200 MG	1	QL(4 EA daily)
<i>quetiapine fumarate</i> TABS 300 MG, 400 MG	1	QL(2 EA daily)
<i>quetiapine fumarate</i> TABS 25 MG, 50 MG, 100 MG, 150 MG	1	
SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 EA daily)
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7	
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 EA daily)
Phenothiazines		
(Prochlorperazine) COMPRO	1	QL(2 EA daily)
<i>chlorpromazine hcl</i> TABS	1	
<i>fluphenazine hcl</i> ELIX	1	
<i>fluphenazine hcl</i> TABS	1	
<i>perphenazine</i> TABS	1	
<i>prochlorperazine</i>	1	QL(2 EA daily)
<i>prochlorperazine maleate</i> TABS	1	
<i>thioridazine hcl</i> 50 MG	1	QL(4 EA daily)
<i>thioridazine hcl</i> 10 MG, 25 MG, 100 MG	1	
<i>trifluoperazine hcl</i> TABS	1	
Quinolinone Derivatives		
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>)	7	
ABILIFY TABS 20 MG (<i>aripiprazole</i>)	7	QL(1 EA daily)
ABILIFY TABS 15 MG (<i>aripiprazole</i>)	7	QL(2 EA daily)
<i>aripiprazole</i> SOLN PO	1	
<i>aripiprazole</i> TABS 20 MG	1	QL(1 EA daily)
<i>aripiprazole</i> TABS 2 MG, 5 MG, 10 MG, 30 MG	1	
<i>aripiprazole</i> TABS 15 MG	1	QL(2 EA daily)
Thioxanthenes		
<i>thiothixene</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate-lamivudine</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)
<i>abacavir sulfate SOLN</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV
<i>abacavir sulfate TABS</i>	1		EMTRIVA CAPS (<i>emtricitabine</i>)	7	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	EMTRIVA SOLN	2	
APTIVUS CAPS	2		EPIVIR SOLN (<i>lamivudine</i>)	7	
<i>atazanavir sulfate CAPS</i>	1		EPIVIR TABS (<i>lamivudine</i>)	7	
BIKTARVY 200 MG-50 MG-25 MG	2		EPZICOM (<i>abacavir sulfate-lamivudine</i>)	7	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit	<i>etravirine</i>	1	
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	EVOTAZ	2	
CIMDUO	2		<i>fosamprenavir calcium TABS</i>	1	
COMBIVIR (<i>lamivudine-zidovudine</i>)	7		GENVOYA	2	
COMPLERA	2		INTELENCE 25 MG	2	
<i>darunavir TABS</i>	1		INTELENCE (<i>etravirine</i>)	7	
DELSTRIGO	2		ISENTRESS HD TABS	2	
DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV	ISENTRESS CHEW	2	
DOVATO	2		ISENTRESS PACK	2	
EDURANT	2		ISENTRESS TABS	2	
<i>efavirenz CAPS</i>	1		JULUCA	2	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)	KALETRA SOLN	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		KALETRA TABS (<i>lopinavir-ritonavir</i>)	7	
<i>efavirenz TABS</i>	1		<i>lamivudine SOLN</i>	1	
<i>emtricitabine CAPS</i>	1		<i>lamivudine TABS</i>	1	
			<i>lamivudine-zidovudine</i>	1	
			LEXIVA SUSP	2	
			LEXIVA TABS (<i>fosamprenavir calcium</i>)	7	
			<i>lopinavir-ritonavir SOLN</i>	1	
			<i>lopinavir-ritonavir TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>maraviroc TABS</i>	1		<i>tenofovir disoproxil fumarate TABS</i>	1	
<i>nevirapine SUSP</i>	1		TIVICAY TABS	2	
<i>nevirapine TABS</i>	1		TRIUMEQ PD TBSO	2	
<i>nevirapine TB24</i>	1		TRIUMEQ TABS	2	
NORVIR CAPS	2		TRIZIVIR	2	
NORVIR PACK	2		TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	Grand Fathered Plans at Tier 2; QL(1 EA daily); PV
NORVIR TABS (<i>ritonavir</i>)	7		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 EA daily)
ODEFSEY	2		TYBOST	2	
PIFELTRO	2		VIRACEPT TABS	2	
PREZCOBIX	2		VIREAD POWD	2	
PREZISTA SUSP	2		VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7	
PREZISTA TABS 75 MG, 150 MG	2		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
PREZISTA TABS (<i>darunavir</i>)	7		ZIAGEN SOLN (<i>abacavir sulfate</i>)	7	
RETROVIR CAPS (<i>zidovudine</i>)	7		ZIAGEN TABS (<i>abacavir sulfate</i>)	7	
RETROVIR SYRP (<i>zidovudine</i>)	7		<i>zidovudine CAPS</i>	1	
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	7		<i>zidovudine SYRP</i>	1	
REYATAZ PACK	2		<i>zidovudine TABS</i>	1	
<i>ritonavir TABS</i>	1		Antiviral Combinations		
RUKOBIA	2		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
SELZENTRY SOLN	2		PAXLOVID (150/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
SELZENTRY TABS 25 MG, 75 MG	2				
SELZENTRY TABS (<i>maraviroc</i>)	7				
<i>stavudine CAPS</i>	1				
STRIBILD	2				
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7				
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	7				
SYMTUZA	2				

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PAXLOVID (300/100)	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV	VALTREX 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 EA daily)
CMV Agents			Influenza Agents		
VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ML daily)	<i>oseltamivir phosphate CAPS</i>	1	QL(10 EA per fill retail)
VALCYTE TABS (<i>valganciclovir hcl</i>)	7		<i>oseltamivir phosphate SUSR</i>	1	QL(75 ML daily; 5 Day(s) limit)
<i>valganciclovir hcl SOLR</i>	1	QL(21 ML daily)	<i>rimantadine hydrochloride TABS</i>	1	QL(180 EA per fill retail; 180 EA per 10 day(s) retail)
<i>valganciclovir hcl TABS</i>	1		TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	7	QL(10 EA per fill retail)
Hepatitis Agents			TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	7	QL(75 ML daily; 5 Day(s) limit)
<i>adefovir dipivoxil</i>	1		Misc. Antivirals		
BARACLUDE TABS (<i>entecavir</i>)	7		LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
<i>entecavir TABS</i>	1		TPOXX (TECOVIRIMAT CAP 200 MG)	5	
EPCLUSA PACK	2	SP; PA	TPOXX CAPS	5	PV
EPCLUSA TABS	2	SP; PA	TPOXX SOLN	5	PV
EPCLUSA TABS	2	SP; PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
<i>ribavirin (hepatitis c) CAPS</i>	1	PA	Alpha-Beta Blockers		
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>carvedilol</i>	1	
Herpes Agents			<i>carvedilol phosphate</i>	1	
<i>acyclovir CAPS</i>	1		COREG (<i>carvedilol</i>)	7	
<i>acyclovir SUSP</i>	1		COREG CR (<i>carvedilol phosphate</i>)	7	
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)	<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	
<i>acyclovir TABS PO 400 MG</i>	1		Beta Blockers Cardio-Selective		
<i>famciclovir</i>	1		<i>acebutolol hcl CAPS</i>	1	
<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)	<i>atenolol TABS</i>	1	
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)			
VALTREX 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily)
BYSTOLIC (<i>nebivolol hcl</i>)	7	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	7	
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
TENORMIN TABS (<i>atenolol</i>)	7	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	7	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF (<i>sotalol hcl (afib/af)</i>)	7	
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	7	
CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	7	
INDERAL LA CP24 (<i>propranolol hcl</i>)	7	
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1	
<i>pindolol TABS</i>	1	
<i>propranolol hcl CP24</i>	1	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1	
<i>propranolol hcl TABS</i>	1	
<i>sotalol hcl (afib/af)</i>	1	
<i>sotalol hcl TABS</i>	1	
SOTYLIZE SOLN PO	2	
<i>timolol maleate TABS 5 MG</i>	1	QL(2 EA daily; 60 EA per fill retail)
<i>timolol maleate TABS 20 MG</i>	1	QL(60 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate TABS 10 MG</i>	1	QL(6 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
(Diltiazem Hcl) DILT-XR CP24	1	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 EA daily)
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7	
CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 EA daily)
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 EA daily)
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7	
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7	
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl extended release beads</i>	1	
<i>diltiazem hcl CP12</i>	1	
<i>diltiazem hcl CP24</i>	1	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl TB24</i>	1	
<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>felodipine 10 MG</i>	1	QL(1 EA daily)
<i>nifedipine CAPS</i>	1	
<i>nifedipine TB24</i>	1	QL(1 EA daily)
<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>nimodipine CAPS</i>	1	
<i>nimodipine SOLN</i>	1	
<i>nisoldipine</i>	1	
NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 EA daily)
NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 EA daily)
PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 EA daily)
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7	
TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	2	
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl TBCR 120 MG</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
VERELAN PM CP24 (<i>verapamil hcl</i>)	2	
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 EA daily)
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	
VERELAN CP24 180 MG (<i>verapamil hcl</i>)	7	QL(2 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>digoxin</i>)	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7	
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
CIALIS 2.5 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA
CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	7	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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	<i>bosentan TABS 62.5 MG</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<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>bosentan TABS 125 MG</i>	1	ST
<i>tadalafil 2.5 MG</i>	1	Check plan documents for coverage; QL(1 EA daily; 30 EA per fill retail; 90 per fill mail); PA	LETAIRIS (<i>ambrisentan</i>)	7	ST; QL(1 EA daily); PA
VIAGRA (<i>sildenafil citrate</i>)	7	Check plan documents for coverage; QL(8 EA per 30 day(s) retail); AL(At least 21 yrs old); PA	TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST
Prostaglandin Vasodilators			TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TYVASO DPI INSTITUTIONAL KIT POWD	2	QL(4 EA daily); PA	TRACLEER TBSO	2	ST; PA
TYVASO DPI MAINTENANCE KIT POWD	2	QL(4 EA daily); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI MAINTENANCE KIT POWD	2	QL(8 EA daily); PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA
TYVASO DPI TITRATION KIT POWD	2	QL(9 EA daily); PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA
TYVASO DPI TITRATION KIT POWD	2	QL(7 EA daily); PA	<i>tadalafil (pulmonary hypertension) TABS</i>	1	New commercial members to be referred to AcariaHealth; QL(2 EA daily); PA
VENTAVIS IN	2	PA	Transthyretin Stabilizers		
Pulmonary Hypertension - Endothelin Receptor Antagonists			VYNDAMAX	2	QL(1 EA daily); PA
<i>ambrisentan</i>	1	ST; QL(1 EA daily); PA	VYNDAQEL	2	QL(4 EA daily); PA
			CEPHALOSPORINS - Drugs to Treat Bacterial Infections		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 1st Generation			(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
<i>cefadroxil CAPS</i>	1				
<i>cefadroxil SUSR</i>	1				
<i>cefadroxil TABS</i>	1				
<i>cephalexin CAPS 250 MG, 500 MG</i>	1				
<i>cephalexin SUSR</i>	1		(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	Grand Fathered Plans at Tier 2; PV
Cephalosporins - 2nd Generation			(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	Grand Fathered Plans at Tier 2; PV
<i>cefaclor CAPS</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1				
<i>cefprozil SUSR</i>	1				
<i>cefprozil TABS</i>	1				
<i>cefuroxime axetil TABS</i>	1				
Cephalosporins - 3rd Generation			(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV
<i>cefdinir CAPS</i>	1		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	Grand Fathered Plans at Tier 2; PV
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28)	5	Grand Fathered Plans at Tier 2; PV
SUPRAX CAPS (<i>cefixime</i>)	7				
SUPRAX SUSR 200 MG/5ML (<i>cefixime</i>)	7		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; 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 20 MCG-0.1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSSE	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX, MINZOYA	5	Grand Fathered Plans at Tier 2; 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 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, 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	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	5	Grand Fathered Plans at Tier 2; 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	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
			(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	5	Grand Fathered Plans at Tier 2; PV

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(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	Grand Fathered Plans at Tier 2.; PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	Grand Fathered Plans at Tier 2.; PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	5	Grand Fathered Plans at Tier 2; PV	BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV	BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV
			<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>drospirenone-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>ethynodiol diacet & eth estrad</i>	5	Grand Fathered Plans at Tier 2; PV
			GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	Grand Fathered Plans at Tier 2; PV

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<i>levonorgestrel-eth estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norgestimate-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	Grand Fathered Plans at Tier 2; PV	QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV
LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; PV	SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	5	Grand Fathered Plans at Tier 2; PV
MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; PV	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	5	Grand Fathered Plans at Tier 2; PV
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	5	Grand Fathered Plans at Tier 2; PV	TYBLUME CHEW	5	Grand Fathered Plans at Tier 2; PV
NATAZIA	5	Grand Fathered Plans at Tier 2; PV	YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; PV	YAZ (<i>drospirenone-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>norethin acet & estrad-fe CAPS</i>	5	Grand Fathered Plans at Tier 2; PV	Combination Contraceptives - Transdermal		
<i>norethin acet & estrad-fe CHEW</i>	5	Grand Fathered Plans at Tier 2; PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	Grand Fathered Plans at Tier 2; PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norelgestromin-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
<i>norethindrone & ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; PV	TWIRLA	5	Grand Fathered Plans at Tier 2; PV
<i>norethindrone acet & eth estra TABS</i>	5	Grand Fathered Plans at Tier 2.; PV	Combination Contraceptives - Vaginal		
			(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits
ANNOVERA	5	Grand Fathered Plans at Tier 2; PV
<i>etonogestrel-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	5	Grand Fathered Plans at Tier 2; PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	Grand Fathered Plans at Tier 2; PV
ELLA	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	Grand Fathered Plans at Tier 2; PV
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	5	Grand Fathered Plans at Tier 2; PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	Grand Fathered Plans at Tier 2; PV

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone (contraceptive)</i>	5	Grand Fathered Plans at Tier 2; PV
OPILL	5	Grandfather Plans at Tier 2; PV
SLYND	5	Grand Fathered Plans at Tier 2; PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide CPEP</i>	1	QL(3 EA daily)
CORTEF TABS (<i>hydrocortisone</i>)	7	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>hydrocortisone TABS</i>	1	
MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	7	
MEDROL TABS	2	
MEDROL TBPB (<i>methylprednisolone</i>)	7	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPB</i>	1	
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	7	
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 15 MG/5ML</i>	1	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG</i>	1	
<i>prednisone TBPB</i>	1	

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Mineralocorticoids			(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>fludrocortisone acetate TABS</i>	1		<i>guaifenesin-codeine SOLN</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	Limit 10mls per day; QL(10 ML daily); AL(At least 6 yrs old)
Antitussives			<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ML daily)
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1		<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)
<i>benzonatate 100 MG, 200 MG</i>	1		<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)
HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7		<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)
HYCODAN TABS 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	7		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		Misc. Respiratory Inhalants		
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1		<i>sodium chloride (inhalant) NEBU 0.9 %</i>	1	
Cough/Cold/Allergy Combinations			Mucolytics		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1		<i>acetylcysteine SOLN</i>	1	
(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1		DERMATOLOGICALS - Drugs to Treat Skin Conditions		
(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	1	QL(30 ML daily)	Acne Products		
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1		(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 GM per fill retail); RX/OTC
			(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
			(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG	1	QL(5 EA daily; 150 Day(s) limit)

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(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(2 EA daily; 150 Day(s) limit)	BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	7	QL(2 GM daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG	1	QL(3 EA daily; 150 Day(s) limit)	<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG	1	QL(4 EA daily; 150 Day(s) limit)	CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	7	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	7	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		<i>clindamycin phosphate (topical) GEL</i>	1	
(Tretinoin) AVITA CREA 0.025 %	1		<i>clindamycin phosphate (topical) LOTN</i>	1	
(Tretinoin) AVITA GEL 0.025 %	1		<i>clindamycin phosphate (topical) SOLN</i>	1	
ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	7	QL(4 EA daily; 150 Day(s) limit)	<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
ABSORICA 20 MG (<i>isotretinoin</i>)	7	QL(5 EA daily; 150 Day(s) limit)	DIFFERIN CREA (<i>adapalene</i>)	7	QL(45 GM per fill retail)
ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	7	QL(2 EA daily; 150 Day(s) limit)	DIFFERIN GEL 0.1 % (<i>adapalene</i>)	7	QL(45 GM per fill retail); RX/OTC
ABSORICA 30 MG (<i>isotretinoin</i>)	7	QL(3 EA daily; 150 Day(s) limit)	DIFFERIN GEL 0.3 % (<i>adapalene</i>)	7	QL(45 GM per fill retail; 135 per fill mail)
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	7	Limit 45gms per month; QL(1.5 GM daily)
<i>adapalene CREA</i>	1	QL(45 GM per fill retail)	ERYGEL GEL (<i>erythromycin (acne aid)</i>)	7	
<i>adapalene GEL 0.1 %</i>	1	QL(45 GM per fill retail); RX/OTC	<i>erythromycin (acne aid) GEL</i>	1	
<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)	<i>erythromycin (acne aid) SOLN</i>	1	
			<i>isotretinoin 20 MG</i>	1	QL(5 EA daily; 150 Day(s) limit)
			<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 EA daily; 150 Day(s) limit)

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<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 EA daily; 150 Day(s) limit)
<i>isotretinoin 30 MG</i>	1	QL(3 EA daily; 150 Day(s) limit)
KLARON (<i>sulfacetamide sodium (acne)</i>)	7	
RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 GM daily)
RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 GM daily)
RETIN-A CREA (<i>tretinoin</i>)	7	
RETIN-A GEL (<i>tretinoin</i>)	7	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 GM per fill retail)
<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 50gms per month; QL(1.7 GM daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %</i>	1	
Antibiotics - Topical		
<i>gentamicin sulfate (topical) CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	1	
<i>mupirocin OINT</i>	1	
Antifungals - Topical		
(Clotrimazole (Topical)) ATHLETES FOOT, CVS CLOTRIMAZOLE SOLN	1	RX/OTC
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>ciclopirox olamine CREA</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox olamine SUSP</i>	1	
<i>ciclopirox GEL</i>	1	
<i>ciclopirox SHAM</i>	1	
<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 GM per fill retail; 45 GM per 30 day(s) retail)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(60 ML per fill retail; 60 ML per 30 day(s) retail)
<i>econazole nitrate CREA</i>	1	
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)
LOPROX SHAM (<i>ciclopirox</i>)	7	
LOPROX SUSP (<i>ciclopirox olamine</i>)	7	
<i>nystatin (topical) CREA</i>	1	
<i>nystatin (topical) OINT</i>	1	
<i>nystatin (topical) POWD EX</i>	1	
<i>nystatin-triamcinolone CREA</i>	1	Limit 30gms per month; QL(1 GM daily)
<i>nystatin-triamcinolone OINT</i>	1	Limit 30gms per month; QL(1 GM daily)
Anti-inflammatory Agents - Topical		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, 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	TARGRETIN (<i>bexarotene (topical)</i>)	7	
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	Antipsoriatics		
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)	(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	7	RX/OTC	<i>calcipotriene CREA</i>	1	QL(5 GM daily)
Antineoplastic or Premalignant Lesion Agents - Topical			<i>calcipotriene OINT</i>	1	QL(5 GM daily)
<i>bexarotene (topical)</i>	1		<i>calcipotriene SOLN</i>	1	
CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 GM daily)	<i>calcitriol (topical)</i>	1	Limited 100 gms per month; QL(3.4 GM daily)
EFUDEX CREA (<i>fluorouracil (topical)</i>)	7		COSENTYX (300 MG DOSE) SOSY	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1		COSENTYX SENSOREADY (300 MG) SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA
<i>fluorouracil (topical) SOLN</i>	1		COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA
			COSENTYX UNOREADY SOAJ	4	See plan documents for specific Coverage; QL(0.72 ML daily); PA
			COSENTYX SOSY 75 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.18 ML daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.036 ML daily); PA	TREMFYA ONE-PRESS SOAJ 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA
DOVONEX CREA (<i>calcipotriene</i>)	7	QL(5 GM daily)	TREMFYA PEN SOAJ 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA
<i>methoxsalen rapid</i>	1		TREMFYA SOSY 100 MG/ML	4	See plan documents for specific Coverage.; QL(0.018 ML daily); SP; PA
SKYRIZI PEN SOAJ	4	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); SP; PA	USTEKINUMAB SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage.; SP; PA
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); PA	USTEKINUMAB SOSY 90 MG/ML	4	See plan documents for specific Coverage; QL(0.018 ML daily); SP; PA
STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage.; SP; PA	USTEKINUMAB SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage.; QL(0.012 ML daily); SP; PA
STELARA SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage.; QL(0.012 ML daily); SP; PA	Antiseborrheic Products		
STELARA SOSY 90 MG/ML	4	See plan documents for specific Coverage; QL(0.018 ML daily); SP; PA	OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	7	
<i>tazarotene CREA</i>	1	QL(1 GM daily)	OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	7	
<i>tazarotene GEL</i>	1	QL(1 GM daily)	<i>selenium sulfide LOTN 2.5 %</i>	1	
TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 GM daily)	<i>sulfacetamide sodium LIQD</i>	1	
TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 GM daily)	Antivirals - Topical		
			<i>acyclovir topical OINT</i>	1	QL(1 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 GM daily)	<i>betamethasone dipropionate augmented OINT</i>	1	
Burn Products			<i>betamethasone valerate CREA</i>	1	
(Silver Sulfadiazine) SSD	1		<i>betamethasone valerate LOTN</i>	1	
SILVADENE (<i>silver sulfadiazine</i>)	7		<i>betamethasone valerate OINT</i>	1	
<i>silver sulfadiazine</i>	1		CAPEX SHAM	2	
Corticosteroids - Topical			<i>clobetasol propionate emollient base 0.05 %</i>	1	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
(Clobetasol Propionate) CLODAN SHAM	1		<i>clobetasol propionate GEL 0.05 %</i>	1	
(Hydrocortisone (Topical)) ALA-CORT CREA 2.5 %	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
(Triamcinolone Acetonide (Topical)) TRIDERMA CREA 0.1 %, 0.5 %	1		<i>clobetasol propionate SHAM</i>	1	
<i>alclometasone dipropionate CREA</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>alclometasone dipropionate OINT</i>	1		CLOBEX SHAM (<i>clobetasol propionate</i>)	7	
APEXICON E CREA	2		DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	7	
<i>betamethasone dipropionate (topical) CREA</i>	1		DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	7	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>desonide CREA</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>desonide LOTN</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>desonide OINT</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		DESOWEN CREA (<i>desonide</i>)	7	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>desoximetasone CREA</i>	1	
			<i>desoximetasone GEL</i>	1	
			<i>desoximetasone OINT 0.25 %</i>	1	
			<i>diflorasone diacetate CREA</i>	1	

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<i>diflorasone diacetate OINT</i>	1		<i>mometasone furoate CREA</i>	1	
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	7		<i>mometasone furoate OINT</i>	1	
<i>fluocinolone acetonide CREA</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinolone acetonide OIL</i>	1		SYNALAR CREA (<i>fluocinolone acetonide</i>)	7	
<i>fluocinolone acetonide OINT</i>	1		SYNALAR OINT (<i>fluocinolone acetonide</i>)	7	
<i>fluocinolone acetonide SOLN</i>	1		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7	
<i>fluocinonide emulsified base</i>	1		TOPICORT CREA (<i>desoximetasone</i>)	7	
<i>fluocinonide CREA 0.05 %</i>	1		TOPICORT GEL (<i>desoximetasone</i>)	7	
<i>fluocinonide GEL</i>	1		TOPICORT OINT 0.25 % (<i>desoximetasone</i>)	7	
<i>fluocinonide OINT</i>	1		<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>fluocinonide SOLN</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>fluticasone propionate CREA 0.05 %</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>fluticasone propionate OINT</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>halobetasol propionate CREA</i>	1		TRIDESILON CREA 0.05 % (<i>desonide</i>)	7	
<i>halobetasol propionate OINT</i>	1		Immunomodulating Agents - Topical		
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		<i>imiquimod 5 %</i>	1	
<i>hydrocortisone (topical) LOTN 2.5 %</i>	1		Immunosuppressive Agents - Topical		
<i>hydrocortisone (topical) OINT 2.5 %</i>	1		PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	7	QL(2 GM daily); AL(At least 2 yrs old)
<i>hydrocortisone butyrate CREA</i>	1		PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	7	QL(2 GM daily); AL(At least 15 yrs old)
<i>hydrocortisone butyrate OINT</i>	1		<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7				

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Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
CONDYLOX GEL (<i>podofilox</i>)	7	
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	
<i>salicylic acid SHAM 6 %</i>	1	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	QL(3 EA daily)
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine PTCH 5 %</i>	1	QL(3 EA daily)
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 EA daily)
Misc. Topical		
DRYSOL SOLN	2	
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
FINACEA GEL (<i>azelaic acid</i>)	7	
METROCREAM CREA (<i>metronidazole (topical)</i>)	7	
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7	
METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ML per fill retail)
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 GM per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) LOTN</i>	1	QL(60 ML per fill retail)
Scabicides & Pediculicides		
ELIMITE CREA (<i>permethrin</i>)	7	QL(60 GM per fill retail)
<i>permethrin CREA</i>	1	QL(60 GM per fill retail)
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
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
FREESTYLE LITE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month without prior authorization; QL(6.7 EA daily); RX/OTC
FREESTYLE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
KETONE TEST STRP	2	QL(50 EA per fill retail)
KETOSTIX STRP	2	QL(50 EA per fill retail)
ONETOUCH ULTRA BLUE 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
ONETOUCH ULTRA TEST STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
ONETOUCH VERIO STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month without authorization; QL(6.7 EA daily); RX/OTC
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
SPEEDY SWAB COVID-19/FLU HOME	5	PV
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	7	
<i>amiloride & hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(2 EA daily)
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	7	QL(1 EA daily)
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
Loop Diuretics		
<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	7	
<i>furosemide SOLN PO 10 MG/ML</i>	1	
<i>furosemide TABS</i>	1	
LASIX TABS (<i>furosemide</i>)	7	
SOAANZ TABS 20 MG (<i>torsemide</i>)	7	
<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)

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<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
Potassium Sparing Diuretics		
<i>ALDACTONE TABS (spironolactone)</i>	7	
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
<i>hydrochlorothiazide CAPS</i>	1	QL(1 EA daily)
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
<i>THALITONE</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>calcitonin (salmon) NA</i>	1	
<i>FOSAMAX TABS 70 MG (alendronate sodium)</i>	7	QL(0.15 EA daily)
<i>ibandronate sodium TABS</i>	1	QL(0.04 EA daily)
Fertility Regulators		
(Clomiphene Citrate) <i>CLOMID TABS</i>	1	Check plan documents for your specific coverage.; QL(15 EA per fill retail; 15 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>clomiphene citrate TABS</i>	1	Check plan documents for your specific coverage.; QL(15 EA per fill retail; 15 EA per 30 day(s) retail)
Growth Hormones		
<i>HUMATROPE CART IJ</i>	4	Please refer to your plan documents for specific coverage; PA
<i>NORDITROPIN FLEXPROMOPN</i>	4	Please refer to your plan documents for specific coverage; PA
Hormone Receptor Modulators		
<i>EVISTA (raloxifene hcl)</i>	5	Grand Fathered Plans at Tier 2; PV
<i>raloxifene hcl</i>	5	Grand Fathered Plans at Tier 2; PV
LHRH/GnRH Agonist Analog Pituitary Suppressants		
<i>SYNAREL</i>	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) <i>JAVYGTOR PACK</i>	1	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) <i>JAVYGTOR TABS</i>	1	Specialty Drug refer to Caremark SP RX
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
<i>calcitriol SOLN PO</i>	1	
<i>KUVAN PACK (sapropterin dihydrochloride)</i>	7	Specialty Drug refer to Caremark SP RX

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Drug Name	Drug Tier	Requirements/ Limits
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
<i>paricalcitol CAPS</i>	1	
ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	7	QL(4 EA daily)
ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	7	
ROCALTROL SOLN PO (<i>calcitriol</i>)	7	
<i>sapropterin dihydrochloride PACK</i>	1	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride TABS</i>	1	Specialty Drug refer to Caremark SP RX
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	7	
Posterior Pituitary Hormones		
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	7	QL(6 EA daily)
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	7	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
<i>desmopressin acetate TABS 0.1 MG</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>mifepristone</i>	5	Grand Fathered Plans at Tier 2; PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7	
CLIMARA PRO	2	QL(4 EA per 30 day(s) retail)
<i>estradiol & norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	2	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)
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	7	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ESTRACE TABS (<i>estradiol</i>)	7		<i>lubiprostone</i>	1	
<i>estradiol PTTW</i>	1	QL(0.29 EA daily)	Gastrointestinal Stimulants		
<i>estradiol PTWK</i>	1	QL(4 EA per fill retail; 4 EA per 30 day(s) retail)	<i>metoclopramide hcl TABS</i>	1	
<i>estradiol TABS</i>	1		REGLAN TABS (<i>metoclopramide hcl</i>)	7	
MENEST 2.5 MG	2	QL(3 EA daily)	Inflammatory Bowel Agents		
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)	APRISO CP24 (<i>mesalamine</i>)	7	QL(4 EA daily)
MINIVELLE PTTW (<i>estradiol</i>)	7	QL(0.29 EA daily)	ASACOL HD TBEC (<i>mesalamine</i>)	7	
PREMARIN TABS	2	QL(1 EA daily)	AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	7	QL(8 EA daily)
VIVELLE-DOT PTTW (<i>estradiol</i>)	7	QL(0.29 EA daily)	AZULFIDINE TABS (<i>sulfasalazine</i>)	7	QL(8 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			<i>balsalazide disodium CAPS</i>	1	QL(9 EA daily; 280 EA per fill retail)
Fluoroquinolones			CANASA SUPP (<i>mesalamine</i>)	7	QL(1 EA daily)
<i>ciprofloxacin hcl TABS</i>	1		COLAZAL CAPS (<i>balsalazide disodium</i>)	7	QL(9 EA daily; 280 EA per fill retail)
CIPRO SUSR	2		DELZICOL CPDR (<i>mesalamine</i>)	7	QL(6 EA daily)
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7		LIALDA TBEC (<i>mesalamine</i>)	7	QL(4 EA daily)
<i>levofloxacin SOLN PO</i>	1		<i>mesalamine CP24</i>	1	QL(4 EA daily)
<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)	<i>mesalamine CPDR</i>	1	QL(6 EA daily)
<i>moxifloxacin hcl TABS</i>	1		<i>mesalamine ENEM</i>	1	QL(60 ML daily)
<i>ofloxacin 300 MG</i>	1		<i>mesalamine SUPP</i>	1	QL(1 EA daily)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>mesalamine TBEC 800 MG</i>	1	
Gallstone Solubilizing Agents			<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 EA daily)
URSO 250 TABS (<i>ursodiol</i>)	7		SFROWASA ENEM	2	
URSO FORTE TABS (<i>ursodiol</i>)	7		SKYRIZI SOCT	4	Check Benefits for coverage; 1 package(s) per fill retail; PA
<i>ursodiol CAPS</i>	1		<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
<i>ursodiol TABS</i>	1		<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
Gastrointestinal Chloride Channel Activators					
AMITIZA (<i>lubiprostone</i>)	7				

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TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA	FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7	
TREMFYA PEN SOAJ SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA	FOSRENOL PACK	2	
TREMFYA SOSY SC 200 MG/2ML	4	See plan documents for specific Coverage; QL(0.0715 ML daily); SP; PA	<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 EA daily)
Intestinal Acidifiers			<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 EA daily)
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1		<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>lactulose (encephalopathy)</i>	1		RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 EA daily)
Irritable Bowel Syndrome (IBS) Agents			RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7	
LINZESS	2	QL(1 EA daily)	RENVELA TABS (<i>sevelamer carbonate</i>)	7	
Peripheral Opioid Receptor Antagonists			<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
MOVANTIK	2	QL(1 EA daily)	<i>sevelamer carbonate PACK 0.8 GM</i>	1	
Phosphate Binder Agents			<i>sevelamer carbonate TABS</i>	1	
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC	GENITOURINARY AGENTS - MISCELLANEOUS -		
<i>calcium acetate (phosphate binder) CAPS</i>	1		Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC	Acidifiers		
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 EA daily)	K-PHOS NO 2	2	
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 EA daily)	Alkalinizers		
			(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
			(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
			(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
			(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
			<i>potassium citrate (alkalinizer) TBCR</i>	1	

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<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
Cystinosis Agents		
CYSTAGON CAPS	2	
PROCYSBI CPDR	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 EA daily)
AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	7	
PROSCAR (<i>finasteride</i>)	7	QL(1 EA daily); AL(At least 40 yrs old)
<i>tamsulosin hcl</i>	1	QL(2 EA daily)
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 EA daily)
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>colchicine TABS</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
COLCRYS TABS (<i>colchicine</i>)	7	
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
ULORIC 80 MG (<i>febuxostat</i>)	7	QL(1 EA daily)
ULORIC 40 MG (<i>febuxostat</i>)	7	QL(2 EA daily)
ZYLOPRIM 300 MG (<i>allopurinol</i>)	7	QL(2 EA daily)
ZYLOPRIM 100 MG (<i>allopurinol</i>)	7	QL(3 EA daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Complement Inhibitors		
FABHALTA	2	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 EA daily)
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	7	
<i>anagrelide hcl</i>	1	
BRILINTA	2	QL(2 EA daily)
<i>cilostazol</i>	1	QL(2 EA daily)
<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)
<i>dipyridamole</i>	1	
EFFIENT (<i>prasugrel hcl</i>)	7	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	7	QL(2 EA daily)
<i>prasugrel hcl</i>	1	
<i>ticagrelor 90 MG</i>	1	QL(2 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		

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Drug Name	Drug Tier	Requirements/ Limits
DROXIA CAPS	2	
ENDARI (<i>glutamine (sickle cell)</i>)	7	SP; PA
<i>glutamine (sickle cell)</i>	1	SP; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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, 800 MCG	5	Grand Fathered Plans at Tier 2; PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	Grand Fathered Plans at Tier 2; PV
<i>folic acid TABS 1 MG</i>	1	RX/OTC
Hematopoietic Growth Factors		

Drug Name	Drug Tier	Requirements/ Limits
PROMACTA PACK 12.5 MG	2	QL(1 EA daily); PA
PROMACTA PACK 25 MG	2	QL(1 EA daily); PA
PROMACTA TABS	2	QL(1 EA daily); PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>tranexamic acid TABS</i>	1	QL(6 EA daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN TABS 5 MG (<i>zolpidem tartrate</i>)	7	QL(1 EA daily; 30 EA per fill retail; 30 EA per 30 day(s) retail)
AMBIEN TABS 10 MG (<i>zolpidem tartrate</i>)	7	QL(1 EA daily; 30 EA per fill retail)
<i>estazolam</i>	1	
<i>flurazepam hcl 30 MG</i>	1	QL(1 EA daily)
<i>flurazepam hcl 15 MG</i>	1	QL(2 EA daily)
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 EA daily)
RESTORIL 30 MG (<i>temazepam</i>)	7	QL(1 EA daily)
RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 EA daily)
RESTORIL 7.5 MG (<i>temazepam</i>)	7	
<i>temazepam 15 MG</i>	1	QL(2 EA daily)
<i>temazepam 7.5 MG</i>	1	
<i>temazepam 30 MG</i>	1	QL(1 EA daily)
<i>triazolam 0.125 MG</i>	1	

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<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	Grand Fathered Plans at Tier 2; PV
<i>zaleplon</i>	1	QL(1 EA daily)	PEG-PREP	5	Grand Fathered Plans at Tier 2; QL(1 EA per fill retail); PV
<i>zolpidem tartrate TABS 5 MG</i>	1	QL(1 EA daily; 30 EA per fill retail; 30 EA per 30 day(s) retail)	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	Grand Fathered Plans at Tier F
<i>zolpidem tartrate TABS 10 MG</i>	1	QL(1 EA daily; 30 EA per fill retail)	SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	Grand Fathered Plans at Tier F
Orexin Receptor Antagonists			Laxatives - Miscellaneous		
BELSOMRA	2	QL(1 EA daily); ST	(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
LAXATIVES - Bowel Treatment Drugs			(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)
Laxative Combinations			<i>lactulose SOLN</i>	1	
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	5	Grand Fathered Plans at Tier 2; PV	MIRALAX POWD (<i>polyethylene glycol 3350</i>)	7	Limit 528gms per month; QL(17.6 GM daily)
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV			
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	5	Grand Fathered Plans at Tier 2; PV			
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV			
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	Grand Fathered Plans at Tier 2; PV			
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	5	Grand Fathered Plans at Tier 2; QL(4000 ML per fill retail); PV			

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<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)	(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	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
Saline Laxatives					
OSMOPREP	5	Grand Fathered Plans at Tier 2; PV	<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
Stimulant Laxatives			<i>bisacodyl TBEC</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
(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	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX SUPP (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV

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DULCOLAX TBEC (<i>bisacodyl</i>)	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
MACROLIDES - Drugs to Treat Bacterial Infections			E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	7	
Azithromycin			ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
<i>azithromycin</i> PACK	1		ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	7	
<i>azithromycin</i> SUSR	1		<i>erythromycin base</i> CPEP	2	
<i>azithromycin</i> TABS 600 MG	1	QL(10 EA per fill retail)	<i>erythromycin base</i> TABS	1	
<i>azithromycin</i> TABS 250 MG	1	QL(6 EA per fill retail)	<i>erythromycin base</i> TBEC	1	
<i>azithromycin</i> TABS 500 MG	1	QL(3 EA daily)	<i>erythromycin ethylsuccinate</i> SUSR	1	
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	7	QL(3 EA daily)	<i>erythromycin ethylsuccinate</i> TABS	1	
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	7	QL(6 EA per fill retail)	MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX PACK	2		Contraceptives		
ZITHROMAX SUSR (<i>azithromycin</i>)	7		AIMSCO LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	7	QL(6 EA per fill retail)	CAYA DPRH	5	Grand Fathered Plans at Tier 2; QL(1 EA per 365 day(s) retail); PV
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	7	QL(3 EA daily)	CONDOMS	5	PV
Clarithromycin			DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>clarithromycin</i> SUSR	1		DUREX EXTRA SENSITIVE THIN MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>clarithromycin</i> TABS	1		DUREX TROPICAL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
<i>clarithromycin</i> TB24	1	QL(14 EA per fill retail)			
Erythromycins					
(Erythromycin Base) ERY-TAB TBEC	1				
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1				

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FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	KIMONO SENSATION MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FANTASY LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	KIMONO SPECIAL DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FC2 FEMALE CONDOM	5	Grand Fathered Plans at Tier 2; PV	KIMONO MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
FEMCAP DEVI	5	Grand Fathered Plans at Tier 2; PV	K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KAMELEON LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	K-Y ME & YOU INTENSE DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	MAXX PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MAXX-LARGE FLARE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	MAXX MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	OMNIFLEX DIAPHRAGM	5	Grand Fathered Plans at Tier 2; PV
KIMONO MICRO THIN 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)
KIMONO PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
KIMONO PS 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)
KIMONO SENSATION PLUS MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TROJAN MAGNUM 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 ULTRA THIN/SPERMICIDAL 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 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-ENZ LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TROJAN-ENZ/SPERMICIDAL 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)
TRUE COVER DEVI	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX RIA LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX RIA NON-LUBRICATED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/RIBBED/STUDED MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)
TRUSTEX LUB/SPERMICIDE EX ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 60	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUB/SPERMICIDE XL MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 65	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED EX LARGE MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 70	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED EXTRA ST MISC	5	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail)	WIDE-SEAL DIAPHRAGM 75	5	Grand Fathered Plans at Tier 2; PV
			WIDE-SEAL DIAPHRAGM 80	5	Grand Fathered Plans at Tier 2; PV
			WIDE-SEAL DIAPHRAGM 85	5	Grand Fathered Plans at Tier 2; PV

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WIDE-SEAL DIAPHRAGM 90	5	Grand Fathered Plans at Tier 2; PV	ADVANCED MOBILE LANCET	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL DIAPHRAGM 95	5	Grand Fathered Plans at Tier 2; PV	ADVOCATE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
Diabetic Supplies			ADVOCATE LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
1ST TIER UNILET COMFORTOUCH	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ADVOCATE SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AGAMATRIX ULTRA-THIN LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	AIMSCO TWIST LANCETS 32G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ACTI-LANCE 28G	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
ACTI-LANCE LITE LANCETS 28G	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
ACTI-LANCE SPECIAL LANCETS 17G	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
ACTI-LANCE UNIVERSAL 23G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC			

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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
ASSURE LANCE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	CAREONE LANCET SUPER THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS 21G	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
ASSURE LANCE PLUS SAFETY 25G	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
ASSURE LANCE PLUS SAFETY 30G	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
ASSURE LANCE SAFETY LANCET 28G	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

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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
CHOSEN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT ASSURED LANCETS 33G	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	COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH LANCETS 31G	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	COMFORT TOUCH PLUS LANCETS 28G	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	COMFORT TOUCH PLUS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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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
CVS LANCETS ULTRA THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETS 30G	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	DRUG MART UNILET LANCETS 33G	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	EASY COMFORT LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
DIATHRIVE LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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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
EASY TOUCH LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	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	EMBRACE PRESSURE ACTIVATED 28G	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	EQL COLOR LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EQL COLOR LANCETS MICRO 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	EQL SUPER THIN LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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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
E-Z JECT LANCETS THIN 26G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANC 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	FREDS PHARMACY UNILET LANC 30G	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	FREESTYLE LANCETS	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	FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC

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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
GLUCOCOM LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 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	GOODSENSE LANCETS 30G UNIV	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS 33G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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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
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	KROGER HEALTHPRO LANCET 26G	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	KROGER LANCETS	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	KROGER 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
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
LANCETS 30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	LIFESCAN UNISTIK II 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	LITE TOUCH LANCETS	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	LITETOUCH LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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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
MEDICHOICE SAFETY LANCET NORM	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE EXTRA 21G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MEDLANCE LITE 25G	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

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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
MONOLET OPD LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH CLUB LANCETS FINE PT	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA LANCETS 33G	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	ONETOUCH DELICA PLUS LANCET30G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC

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ONETOUCH DELICA PLUS LANCET33G	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 SAFETY LANCING	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 FINEPOINT LANCETS	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 ULTRA 2 KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	PHARMACY COUNTER LANCETS	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	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 ULTRASOFT 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 VERIO FLEX SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days 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 VERIO REFLECT KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days 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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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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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	Limit 200; QL(6.67 EA daily); RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	ASSURE ID INSULIN SAFETY SYR	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
WALGREENS ADV TRAVEL LANCETS	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 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 MICRO THIN	2	QL(6.67 EA daily; 200 EA per fill retail; 600 per fill mail); RX/OTC	BD DISP NEEDLES	2	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)

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BD PEN NEEDLE MINI U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO 2ND GEN	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	2	Limit 200; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE NANO U/F	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	2	Limit 200; QL(6.67 EA daily); RX/OTC
BD PEN NEEDLE ORIGINAL U/F	2	Available through Mail Order; QL(6.67 EA daily)	DROPSAFE SAFETY SYRINGE/NEEDLE	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	EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Limit 200; QL(6.67 EA daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC	EMBECTA INSULIN SYRINGE U/F	2	Limit 200; QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYRINGE 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 VEO INSULIN SYRINGE U/F	2	Limit 200; QL(6.67 EA daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	Limit 200; QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	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	POLY HUB NEEDLE	2	RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Limit 200; QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
			RELION INSULIN SYRINGE	2	Limit 200; QL(6.67 EA daily); RX/OTC
			TECHLITE INSULIN SYRINGE	2	Limit 200; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGE	2	Available through Mail Order; QL(6.67 EA daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	4	PA
AJOVY SOSY	4	PA
EMGALITY SOAJ	4	PA
EMGALITY SOSY	4	PA
UBRELVY	2	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
ERGOMAR SUBL	2	
Serotonin Agonists		
<i>almotriptan malate</i>	1	QL(0.2 EA daily)
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	QL(6 EA per fill retail; 6 EA per 30 day(s) retail)
IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 EA daily)
IMITREX TABS (<i>sumatriptan succinate</i>)	7	QL(2 EA daily)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 EA daily)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	QL(0.6 EA daily)

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SOLUVITA SOLN	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC	(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ	1	
Phosphate			(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 8 MEQ	1	
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 10 MEQ	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		(Potassium Chloride) Klor-Con Pack PO 20 MEQ	1	
K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7		K-TAB TBCR 10 MEQ (<i>potassium chloride</i>)	7	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7		<i>potassium chloride microencapsulated crystals er</i>	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1		<i>potassium chloride CPCR</i>	1	
Potassium			<i>potassium chloride PACK PO 20 MEQ</i>	1	
(Potassium Bicarbonate) EFFER-K, K-PRIME, Klor-Con/EF TBEF	1		<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ	1		<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ	1		MISCELLANEOUS THERAPEUTIC CLASSES		
			Chelating Agents		
			DEPEN TITRATABS TABS (<i>penicillamine</i>)	7	
			<i>penicillamine TABS</i>	1	
			<i>trientine hcl 500 MG</i>	1	PA
			Immunomodulators		
			<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 EA daily); SP; AC; PA
			Immunosuppressive Agents		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		ZORTRESS (<i>everolimus (immunosuppressant)</i>)	7	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		Potassium Removing Agents		
azathioprine TABS 50 MG	1		(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	7		sodium polystyrene sulfonate POWD	1	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	7		MOUTH/THROAT/DENTAL AGENTS		
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	7		Anesthetics Topical Oral		
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		Anti-infectives - Throat		
<i>cyclosporine CAPS</i>	1		<i>clotrimazole</i>	1	
<i>everolimus (immunosuppressant)</i>	1		NYSTATIN (<i>nystatin (mouth-throat)</i>)	7	
IMURAN TABS (<i>azathioprine</i>)	7		<i>nystatin (mouth-throat)</i>	1	
<i>mycophenolate mofetil CAPS</i>	1		Antiseptics - Mouth/Throat		
<i>mycophenolate mofetil SUSR</i>	1		(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>mycophenolate mofetil TABS</i>	1		<i>chlorhexidine gluconate (mouth-throat)</i>	1	
NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	7		PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	7	
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	7		Steroids - Mouth/Throat/Dental		
PROGRAF CAPS (<i>tacrolimus</i>)	7		(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
SANDIMMUNE CAPS (<i>cyclosporine</i>)	7		<i>triamcinolone acetonide (mouth)</i>	1	
SANDIMMUNE SOLN PO 100 MG/ML	2		Throat Products - Misc.		
tacrolimus CAPS	1		<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
			<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)

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SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(6 EA daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	7	QL(4 EA daily)	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMINS			(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
Ped Multi Vitamins w/FI & FE			FLORAFOL PEDIATRIC CHEW	2	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 MG/ML-0.6 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-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 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
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC	FLOTREX CHEW 0.25 MG, 0.5 MG	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	2	AL(Up to 5 yrs old)	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
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			<i>pediatric multivitamins w/fl CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
			POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
			QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA ACD WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
			VITAMINS ACD-FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC

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Prenatal Vitamins			PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		PRENATAL PLUS TABS	2	RX/OTC
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		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
ATABEX EC TBEC	2		PRENATAL-U CAPS	2	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		PRENATRIX TABS	2	RX/OTC
CITRANATAL ASSURE	2		PRENATRYL TABS	2	RX/OTC
CITRANATAL DHA	2		PROVIDA OB	2	
COMPLETENATE CHEW	2		SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2	
CONCEPT DHA	2		SE-NATAL 19 CHEW	2	
CONCEPT OB	2		THERANATAL CORE NUTRITION TABS	2	RX/OTC
FOLIVANE-OB	2		TRICARE TABS	2	RX/OTC
M-NATAL PLUS TABS	2	RX/OTC	VITATHELY WITH GINGER TABS	2	RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC	VITATRUE	2	
NEONATAL PLUS TABS	2	RX/OTC	WESCAP-C DHA	2	
NESTABS DHA	2		WESTAB PLUS TABS	2	RX/OTC
NIVA-PLUS TABS	2	RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
OBSTETRIX DHA MISC	2		Central Muscle Relaxants		
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2		(Carisoprodol) VANADOM TABS 350 MG	1	
ONE VITE WOMENS PLUS TABS	2	RX/OTC	<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily); PA
PRENA 1 TRUE	2		<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)
PRENATAL 19 CHEW	2		<i>baclofen TABS 5 MG</i>	1	
			<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
			<i>carisoprodol TABS 350 MG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1		(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	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC
<i>methocarbamol TABS 500 MG, 750 MG</i>	1				
<i>orphenadrine citrate TB12</i>	1				
SOMA TABS 350 MG (<i>carisoprodol</i>)	7				
<i>tizanidine hcl TABS 2 MG</i>	1				
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)			
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	7	QL(9 EA daily)			
Direct Muscle Relaxants					
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	7				
<i>dantrolene sodium CAPS</i>	1				
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus			(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
Nasal Antiallergy					
(Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC	(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ML daily)			
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ML daily); RX/OTC			
Nasal Anticholinergics					
<i>ipratropium bromide (nasal)</i>	1		FLONASE ALLERGY REL CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC
Nasal Steroids			FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC

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<i>fluticasone propionate (nasal) SUSP</i>	1	QL(32 ML per fill retail; 32 ML per 30 day(s) retail); RX/OTC	ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC	<i>levobunolol hcl 0.5 %</i>	1	
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ML daily)	<i>timolol</i>	1	
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	7	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	<i>timolol maleate (ophth) SOLG</i>	1	
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)	<i>timolol maleate (ophth) SOLN</i>	1	
XHANCE EXHU	2	QL(1.07 ML daily); ST	TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
Spinal Muscular Atrophy Agents (SMA)			Cycloplegic Mydriatics		
EVRYSDI	2	PA	(Homatropine Hbr) HOMATROPAIRE	1	
NUTRIENTS			(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
Lipids			<i>atropine sulfate (ophthalmic) OINT</i>	1	
DOJOLVI	2	PA	<i>atropine sulfate (ophthalmic) SOLN</i>	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			ATROPINE SULFATE SOLN 1 % (<i>atropine sulfate (ophthalmic)</i>)	7	
Beta-blockers - Ophthalmic			ATROPINE SULFATE SOLN 1 %	2	
<i>betaxolol hcl (ophth) SOLN</i>	1		CYCLOGYL	2	
BETIMOL (<i>timolol</i>)	7		CYCLOGYL	7	
BETIMOL 0.25 %	2		<i>cyclopentolate hcl</i>	1	
BETOPTIC-S SUSP	2		<i>cyclopentolate hcl 1 %</i>	1	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	7		ISOPTO ATROPINE SOLN	2	
DORZOLAMIDE HCL-TIMOLOL MAL	2		<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1		PHENYLEPHRINE HCL SOLN (<i>phenylephrine hcl (mydriatic)</i>)	7	
			Miotics		
			<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Adrenergic Agents			<i>sulfacetamide sodium (ophth) SOLN</i>	1	
ALPHAGAN P (<i>brimonidine tartrate</i>)	7		<i>tobramycin (ophth) SOLN</i>	1	
<i>brimonidine tartrate</i>	1		TOBREX OINT	2	
Ophthalmic Anti-infectives			<i>trifluridine</i>	1	
(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1		VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ML per fill retail)
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		ZYMAXID (<i>gatifloxacin (ophth)</i>)	7	
<i>bacitracin (ophthalmic)</i>	2		Ophthalmic Immunomodulators		
<i>bacitracin-polymyxin b (ophth)</i>	1		<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)
CILOXAN OINT	2		Ophthalmic Steroids		
CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	7		(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1		(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
ERYTHROMYCIN	2		<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail)
<i>erythromycin (ophth)</i>	1		<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1		FLAREX	2	
<i>gentamicin sulfate (ophth) SOLN</i>	1		<i>fluorometholone (ophth) SUSP</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	QL(3 ML per fill retail)	FML FORTE SUSP	2	
NATACYN	2		FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	7	
<i>neomycin-bacitracin zn-polymyxin</i>	1		MAXIDEX SUSP OP	2	
<i>neomycin-polymyxin-gramicidin</i>	1		MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	7	
OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ML per fill retail)	MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	7	
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail)	<i>neomycin-polymy-dexameth OINT</i>	1	
<i>polymyxin b-trimethoprim</i>	1		<i>neomycin-polymy-dexameth SUSP</i>	1	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7				
<i>sulfacetamide sodium (ophth) OINT</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	2	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	
TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	7	QL(5 ML per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)
Ophthalmics - Misc.		
(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 %	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
(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 without prior authorization; QL(0.34 ML daily); RX/OTC
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	7	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	7	
ALOCRIL	2	
ALOMIDE	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl (ophth)</i>	1	
AZOPT (<i>brinzolamide</i>)	7	Limit 10mls per month; QL(0.4 ML daily)
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	2	Limit 4 bottles per month; QL(2.15 ML daily)
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	
DORZOLAMIDE HCL	2	
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month without prior authorization; QL(0.34 ML daily); RX/OTC
PATADAY 0.1 % (<i>olopatadine hcl</i>)	7	Limit 10mls per month without prior authorization; QL(0.34 ML daily); RX/OTC
PATADAY 0.2 % (<i>olopatadine hcl</i>)	7	Limit 2.5mls per month; QL(0.084 ML daily); RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>latanoprost SOLN</i>	1	QL(0.0949 ML daily)
LATANOPROST SOLN	2	QL(0.0949 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.09 ML daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ML daily)

OTIC AGENTS - Drugs to Treat the Ear

Otic Agents - Miscellaneous

<i>acetic acid (otic)</i>	1	
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Otic Anti-infectives

CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
<i>ciprofloxacin hcl (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	

Otic Combinations

(Pramoxine-HC-Chloroxylonol) CORTIC-ND	1	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ML per fill retail)
<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	

OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding

Oxytocics

Drug Name	Drug Tier	Requirements/ Limits
(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	
AMOXICILLIN SUSR (<i>amoxicillin</i>)	7	
<i>amoxicillin TABS</i>	1	
<i>ampicillin CAPS 500 MG</i>	1	

Natural Penicillins

<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	

Penicillin Combinations

<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7	
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7	

Penicillinase-Resistant Penicillins

<i>dicloxacillin sodium</i>	1	
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Drug Name	Drug Tier	Requirements/ Limits
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
AYGESTIN TABS (<i>norethindrone acetate</i>)	7	
<i>medroxyprogesterone acetate</i> 10 MG	1	QL(1 EA daily)
<i>medroxyprogesterone acetate</i> 2.5 MG, 5 MG	1	
<i>norethindrone acetate</i> TABS	1	
<i>progesterone</i> CAPS	1	QL(1 EA daily)
PROMETRIUM CAPS (<i>progesterone</i>)	7	QL(1 EA daily)
PROVERA 5 MG (<i>medroxyprogesterone acetate</i>)	7	
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	7	QL(1 EA daily)
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>	1	QL(224 EA per 14 day(s) retail); PA
LUCEMYRA (<i>lofexidine hcl</i>)	7	QL(224 EA per 14 day(s) retail); PA
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (<i>donepezil hydrochloride</i>)	7	
ARICEPT TABS 23 MG (<i>donepezil hydrochloride</i>)	7	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>donepezil hydrochloride</i> TABS 5 MG, 10 MG	1	
<i>donepezil hydrochloride</i> TABS 23 MG	1	QL(1 EA daily)
<i>donepezil hydrochloride</i> TBDP	1	QL(1 EA daily)
EXELON (<i>rivastigmine</i>)	7	
<i>galantamine hydrobromide</i> CP24	1	QL(1 EA daily)
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> TABS	1	
<i>memantine hcl</i> SOLN	1	
<i>memantine hcl</i> TABS 5 MG	1	QL(4 EA daily)
<i>memantine hcl</i> TABS	1	
<i>memantine hcl</i> TABS 10 MG	1	QL(2 EA daily)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7	
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 EA daily)
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 EA daily)
RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	7	QL(1 EA daily)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i> CAPS	1	
Movement Disorder Drug Therapy		
AUSTEDO XR PATIENT TITRATION TEPK	2	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; PA
AUSTEDO XR TB24	2	QL(1 EA daily); PA
AUSTEDO TABS	2	QL(1 EA daily); PA

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INGREZZA CAPS	2	QL(1 EA daily); PA	Smoking Deterrents		
INGREZZA CPPK	2	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; 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 MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG	5	Grand Fathered Plans at Tier 2; PV
INGREZZA CPSP	2	QL(1 EA daily); PA			
Multiple Sclerosis Agents					
AMPYRA (<i>dalfampridine</i>)	7	PA			
AUBAGIO (<i>teriflunomide</i>)	7	QL(1 EA daily)			
<i>dalfampridine</i>	1	PA			
<i>dimethyl fumarate</i> CDPK	1	QL(60 EA per 365 day(s) retail); SP			
<i>dimethyl fumarate</i> CPDR	1	QL(2 EA daily); SP			
<i>fingolimod hcl</i>	1	QL(1 EA daily)			
GILENYA (<i>fingolimod hcl</i>)	7	QL(1 EA daily)			
MAYZENT STARTER PACK TBPK 0.25 MG	2	not available thru mail order; PA			
MAYZENT STARTER PACK TBPK 0.25 MG	2	not available thru mail order; QL(12 EA per 5 day(s) retail); PA			
MAYZENT TABS 2 MG	2	not available thru mail order; QL(1 EA daily); PA			
MAYZENT TABS 1 MG	2	not available thru mail order; PA			
MAYZENT TABS 0.25 MG	2	not available thru mail order; QL(4 EA daily); PA			
PLEGRIDY SOSY IM	4	PA			
TECFIDERA CDPK (<i>dimethyl fumarate</i>)	7	QL(60 EA per 365 day(s) retail); SP			
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	7	QL(2 EA daily); SP			
<i>teriflunomide</i>	1	QL(1 EA daily)			
				5	Grand Fathered Plans at Tier 2; PV

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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 4 MG	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV

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 Drug RX/OTC=Prescription & Over-the-Counter

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 21 MG/24HR	5	Grand Fathered Plans at Tier 2; 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, 21 MG/24HR	5	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; 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	Grand Fathered Plans at Tier 2; PV	APO-VARENICLINE TABS	5	Grand Fathered Plans at Tier 2; QL(2 EA daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	Grand Fathered Plans at Tier 2; PV
			NICODERM CQ PT24 TD (<i>nicotine</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nicotine polacrilex GUM</i>	5	Grand Fathered Plans at Tier 2; PV	<i>pirfenidone TABS</i>	1	QL(3 EA daily); PA
<i>nicotine polacrilex LOZG</i>	5	Grand Fathered Plans at Tier 2; PV	TETRACYCLINES - Drugs to Treat Bacterial Infections		
NICOTINE KIT	5	Grand Fathered Plans at Tier 2; PV	Tetracyclines		
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	Grand Fathered Plans at Tier 2; PV	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
NICOTROL NS SOLN	5	Grand Fathered Plans at Tier 2; PV	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
NICOTROL INHA	5	Grand Fathered Plans at Tier 2; PV	(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
<i>varenicline tartrate TABS</i>	5	Grand Fathered Plans at Tier 2; QL(2 EA daily); PV	<i>demeclocycline hcl TABS</i>	1	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
Cystic Fibrosis Agents			<i>doxycycline (monohydrate) CAPS 150 MG</i>	1	Use MONODOX generic
KALYDECO PACK	2	PA	<i>doxycycline (monohydrate) SUSR</i>	1	
KALYDECO TABS	2	PA	<i>doxycycline (monohydrate) TABS</i>	1	
PULMOZYME	2	QL(5 ML daily); PA	<i>doxycycline hyclate CAPS</i>	1	
SYMDEKO 150 MG-100 MG	2	PA	<i>doxycycline hyclate TABS 100 MG</i>	1	
SYMDEKO 75 MG-50 MG	2	PA	<i>minocycline hcl CAPS</i>	1	
TRIKAFTA TBPK 100 MG-50 MG	2	QL(3 EA daily); PA	<i>tetracycline hcl CAPS</i>	1	
TRIKAFTA TBPK 50 MG-25 MG	2	QL(3 EA daily); PA	VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	7	
Pulmonary Fibrosis Agents			VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	7	
ESBRIET CAPS (<i>pirfenidone</i>)	2	QL(3 EA daily); PA	THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
ESBRIET TABS (<i>pirfenidone</i>)	2	QL(3 EA daily); PA	Antithyroid Agents		
<i>pirfenidone CAPS</i>	1	QL(3 EA daily); PA	<i>methimazole TABS</i>	1	
			<i>propylthiouracil</i>	1	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Thyroid Hormones			<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 EA daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	<i>liothyronine sodium TABS 5 MCG</i>	1	
(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		NIVA THYROID TABS	2	
ADTHYZA TABS	2		NP THYROID TABS	2	
ARMOUR THYROID TABS	2		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
<i>levothyroxine sodium CAPS 125 MCG</i>	1	QL(1 EA daily)	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	1		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1		Antispasmodics		
			(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
			(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1	
			CUVPOSA SOLN PO (<i>glycopyrrolate</i>)	7	
			<i>dicyclomine hcl CAPS</i>	1	
			<i>dicyclomine hcl SOLN PO</i>	1	
			<i>dicyclomine hcl TABS</i>	1	
			<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1	
			<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate</i> <i>SUBL 0.125 MG</i>	1		<i>cimetidine hcl PO 300 MG/5ML</i>	1	
<i>hyoscyamine sulfate</i> <i>TABS 0.125 MG</i>	1		<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	7		<i>cimetidine TABS 300 MG, 800 MG</i>	1	
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	7		<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)
<i>methscopolamine bromide</i>	1		<i>famotidine TABS 20 MG</i>	1	QL(4 EA daily); RX/OTC
ROBINUL-FORTE TABS (<i>glycopyrrolate</i>)	7		<i>nizatidine CAPS</i>	1	
ROBINUL TABS (<i>glycopyrrolate</i>)	7		PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	7	QL(4 EA daily); RX/OTC
H-2 Antagonists			PEPCID TABS 20 MG (<i>famotidine</i>)	7	QL(4 EA daily); RX/OTC
(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	QL(4 EA daily); RX/OTC	PEPCID TABS 40 MG (<i>famotidine</i>)	7	QL(2 EA daily)
			Misc. Anti-Ulcer		
			CARAFATE SUSP (<i>sucralfate</i>)	7	
			CARAFATE TABS (<i>sucralfate</i>)	7	QL(4 EA daily)
			<i>sucralfate SUSP</i>	1	
			<i>sucralfate TABS</i>	1	QL(4 EA daily)
			Proton Pump Inhibitors		
			(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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(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)	PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	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)	Ulcer Drugs - Prostaglandins		
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	CYTOTEC (<i>misoprostol</i>)	7	
<i>lansoprazole CPDR</i>	1	QL(1 EA daily)	<i>misoprostol</i>	1	
<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)	Ulcer Therapy Combinations		
<i>omeprazole CPDR 10 MG</i>	1		<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)	URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 EA daily); RX/OTC	DETROL LA CP24 (<i>tolterodine tartrate</i>)	7	QL(1 EA daily)
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 EA daily)	DETROL TABS (<i>tolterodine tartrate</i>)	7	QL(2 EA daily)
			DITROPAN XL TB24 5 MG (<i>oxybutynin chloride</i>)	7	
			<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
			<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
			<i>oxybutynin chloride TB24</i>	1	
			<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
			<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
			TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 EA daily)
			<i>trospium chloride CP24</i>	1	
			<i>trospium chloride TABS</i>	1	QL(2 EA daily)
			Urinary Antispasmodics - Cholinergic Agonists		
			<i>bethanechol chloride</i>	1	
			Urinary Antispasmodics - Direct Muscle Relaxants		
			<i>flavoxate hcl</i>	1	
			VACCINES		
			Viral Vaccines		
			ABRYSVO	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT SUSP	5	PV
AREXVY	5	AL(At least 50 yrs old); PV
COVID VACCINES	5	
FLUBLOK QUADRIVALENT	5	PV
FLUBLOK SOSY	5	PV
FLUCELVAX QUADRIVALENT SUSY	5	PV
FLUCELVAX SUSP	5	PV
FLUMIST QUADRIVALENT	5	PV
FLUZONE HIGH-DOSE SUSY	5	PV
FLUZONE QUADRIVALENT SUSP	5	PV
MODERNA COVID-19 VAC 6M-11Y SUSY	5	PV
MRESVIA	5	AL(At least 60 yrs old); PV
NOVAVAX COVID-19 VACCINE SUSY	5	PV
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	Grand Fathered Plans at Tier 2; PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
SHUR-SEAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
TODAY SPONGE MISC	5	Grand Fathered Plans at Tier 2; PV
VCF VAGINAL CONTRACEPTIVE FILM	5	Grand Fathered Plans at Tier 2; PV
VCF VAGINAL CONTRACEPTIVE FOAM	5	Grand Fathered Plans at Tier 2; PV

Drug Name	Drug Tier	Requirements/ Limits
VCF VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV
Vaginal Anti-infectives		
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	7	
<i>clindamycin phosphate vaginal CREA</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	Grand Fathered Plans at Tier 2; PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	7	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 EA per fill retail; 1 per fill mail)
PREMARIN	2	QL(2 GM daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	7	
Vaginal Progestins		
CRINONE GEL 8 %	2	QL(168 GM per 180 day(s) retail); PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	4	QL(2 EA per fill retail; 4 EA per 30 day(s) retail); PA

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Drug Name	Drug Tier	Requirements/ Limits
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>ergocalciferol</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>ergocalciferol CAPS</i>	5	Grand Fathered Plans at Tier 2; PV
<i>phytonadione TABS 5 MG</i>	1	

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(Abiraterone Acetate) ABIRTEGA 250 MG	28	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	GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	64
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	48			(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	64
(Amiodarone Hcl) PACERONE TABS	11			(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	12
(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	(Azelastine Hcl) ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY .	94	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN- CAFF) TABS 40 MG-50 MG-325 MG 6	
		(Bacitracin-Polymyxin B (Ophth)) POLYCIN	96	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	6
		(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	96	(Calcipotriene) CALCITRENE OINT 51	
		(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		(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	60
				(Carbamazepine) EPITOL TABS ..	13
				(Carisoprodol) VANADOM TABS 350 MG	93
				(Chlorhexidine Gluconate (Mouth- Throat)) PERIOGARD	91
				(Cholestyramine Light) PREVALITE POWD	21
				(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ..	48
				(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	53
				(Clobetasol Propionate) CLODAN SHAM	53
(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT					

(Clomiphene Citrate) CLOMID TABS 57	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 EX51	Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG42
(Clotrimazole (Topical)) ATHLETES FOOT, CVS CLOTRIMAZOLE SOLN50		(Erythromycin Base) ERY-TAB TBEC65
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG91		(Erythromycin Ethylsuccinate) E.E.S. 400 TABS65
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 91	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG39	(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG65
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ...42	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER .39	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG58
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ...42	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG39	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS58
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA42	(Diltiazem Hcl) DILT-XR CP2439	(Estradiol Vaginal) YUVAFEM TABS . 107
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET42	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG39	(Estradiol) DOTTI, LYLLANA PTTW . 58
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG103	(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOIVIA 1/35 (28) ...42
(Diazepam) DIAZEPAM INTENSOL CONC10	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 103	(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOIVIA 1/35 (28) 35 MCG-1 MG42
(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,	(Doxycycline Hyclate) LYMEPAK TABS 100 MG103	(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/50, ZOIVIA 1/35 (28) 50 MCG-1 MG43
	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG42	(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE46
	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG42	(Everolimus) TORPENZ TABS30
	(Drospirenone-Ethinyl Estradiol-	(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 MG105	FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG62 (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 MCG62 (Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG62 (Glipizide) GLIPIZIDE XL TB24 ...20 (Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML48 (Guaifenesin-Codeine) GUAIFENESIN AC SYRP48 (Homatropine Hbr) HOMATROPAIRE95 (Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 48 (Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %9 (Hydrocortisone (Topical)) ALA- CORT CREA 2.5 %53 (Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG104 (Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG104 (Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG4 (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG49	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG48 (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG49 (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG49 (Lactulose (Encephalopathy)) ENULOSE, GENERLAC60 (Lactulose) CONSTULOSE SOLN 10 GM/15ML63 (Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 13 (Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT13 (Lamotrigine) SUBVENITE TABS . 13 (Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .105 (Levetiracetam) ROWEEPRA TABS 500 MG13 (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 MG43
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(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 MG 43	DOLISHALE43	NEO-POLYCIN96
(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 MG43	(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAX, MINZOYA 43	(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 100
(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 47	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG104	(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 100
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) 43	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 104	(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 4 MG 101
(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESS43	(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %55	(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 4 MG 101
(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG 43	(Lorazepam) LORAZEPAM INTENSOL CONC 10	(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
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST,	(Mecizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW20	
	(Methadone Hcl) METHADONE HCL INTENSOL CONC7	
	(Methadone Hcl) METHADOSE TBSO7	
	(Methylgonovine Maleate) METHERGINE TABS98	
	(Methyltestosterone) METHITEST TABS9	
	(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP . 94	
	(Neomycin-Bacitracin Zn-Polymyxin)	

POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE POLACRILEX LOZG . 100	NICOTINE STEP 1, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR, 21 MG/24HR101	SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 21 MG/24HR 102
(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 101	(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 102	(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 102
(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 101	(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 102	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 46
(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 GUM101	(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/24HR102	(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 44
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE,	(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	(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-1 MG .44	(Norethindrone Acetate) GALLIFREY TABS99
(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 ... 44	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 44	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 58
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 44	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG 44	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE45
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS44	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG 45	(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 45
(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 44	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORABE, NORLYROC, SHAROBEL ... 47	(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 . 45
(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 44	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG45	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 45
	(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 MCG45	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG 45
		(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 50
		(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 %97	(Ped Multivitamins W/Fl & Iron)	CLEARLAX, HM CLEARLAX, KLS
(Olopatadine Hcl) CVS	MULTI-VITAMIN/FLUORIDE/IRON	LAXACLEAR, MM CLEARLAX, QC
OLOPATADINE HCL, EQ	SOLN 35 MG/ML-0.4 MG/ML-0.5	NATURA-LAX, RA LAXATIVE, SB
OLOPATADINE HCL, EYE	MG/ML-400 UNIT/ML-1500	POLYETHYLENE GLYCOL 3350,
ALLERGY ITCH/REDNESS REL, FT	UNIT/ML-0.6 MG/ML-8 MG/ML-0.25	SM CLEARLAX, SMOOTH LAX,
EYE ALLERGY ITCH & REDNESS,	MG/ML-10 MG/ML-5 UNIT/ML92	TRUE LAXATIVE POWD63
GNP OLOPATADINE HCL, HM EYE	(Pediatric Multivitamins W/Fl)	(Pot & Sod Citrates W/Citric Ac)
ALLERGY ITCH/RED RELIEF 0.1 % .	MULTIVITAMIN/FLUORIDE CHEW	CYTRA-3 SYRP60
97	92	
(Omeprazole Magnesium) ACID	(Pediatric Multivitamins W/Fl)	(Pot Phosphate Monobasic W/ Sod
REDUCER, CVS OMEPRAZOLE	MULTIVITAMIN/FLUORIDE SOLN	Phosphate Dibasic & Monobasic)
MAGNESIUM, EQ OMEPRAZOLE	92	PHOSPHA 250 NEUTRAL,
MAGNESIUM, GNP OMEPRAZOLE,	(Pediatric Vitamins ACD W/ Fluoride)	PHOSPHO-TRIN 250 NEUTRAL,
KP OMEPRAZOLE MAGNESIUM,	MULTIVITAMIN SELECT/FLUORIDE	WES-PHOS 250 NEUTRAL90
QC OMEPRAZOLE MAGNESIUM	SOLN 0.25 MG/ML92	(Potassium Bicarbonate) EFFER-K,
CPDR 20 MG106		K-PRIME, KLOR-CON/EF TBEF ..90
(Omeprazole Magnesium) ACID	(Pediatric Vitamins ACD W/ Fluoride)	(Potassium Chloride
REDUCER, CVS OMEPRAZOLE	TRI-VITE/FLUORIDE SOLN92	Microencapsulated Crystals ER)
MAGNESIUM, EQ OMEPRAZOLE	(PEG 3350-Kcl-NaCl-Na Sulfate-Na	KLOR-CON M10, KLOR-CON M15,
MAGNESIUM, GNP OMEPRAZOLE,	Ascorbate-Ascorbic Acid) PEG-	KLOR-CON M20 10 MEQ90
KP OMEPRAZOLE MAGNESIUM,	3350/ELECTROLYTES/ASCORBAT	(Potassium Chloride
QC OMEPRAZOLE MAGNESIUM	63	Microencapsulated Crystals ER)
CPDR106	(PEG 3350-Kcl-Sod Bicarb-Sod	KLOR-CON M10, KLOR-CON M15,
(Oxcarbazepine) TRILEPTAL SUSP .	Chloride-Sod Sulfate) GAVILYTE-G	KLOR-CON M20 15 MEQ90
13	SOLR 236 GM63	(Potassium Chloride
(Oxycodone W/ Acetaminophen)	(PEG 3350-Potassium Chloride-Sod	Microencapsulated Crystals ER)
ENDOCET TABS 325 MG-5 MG ...8	Bicarbonate-Sod Chloride)	KLOR-CON M10, KLOR-CON M15,
(Ped Multivitamins W/Fl & Iron)	GAVILYTE-N WITH FLAVOR PACK	KLOR-CON M20 20 MEQ90
MULTI-VIT/IRON/FLUORIDE,	63	(Potassium Chloride) KLOR-CON
MULTIVITAMIN/FLUORIDE/IRON	(Phenylephrine Hcl (Mydriatic))	PACK PO 20 MEQ90
SOLN 35 MG/ML-0.4 MG/ML-0.5	ALTAFRIN SOLN 2.5 %95	(Potassium Chloride) KLOR-CON,
MG/ML-400 UNIT/ML-1500	(Phenytoin Sodium Extended)	KLOR-CON 10 TBCR 10 MEQ90
UNIT/ML-8 MG/ML-0.6 MG/ML-0.25	PHENYTEK 200 MG, 300 MG15	(Potassium Chloride) KLOR-CON,
MG/ML-5 UNIT/ML-10 MG/ML92	(Phenytoin) PHENYTOIN INFATABS	KLOR-CON 10 TBCR 8 MEQ90
(Ped Multivitamins W/Fl & Iron)	CHEW15	(Potassium Citrate-Citric Acid)
MULTI-VIT/IRON/FLUORIDE,	(Polyethylene Glycol 3350)	CYTRA K CRYSTALS PACK60
MULTIVITAMIN/FLUORIDE/IRON	CLEARLAX, CVS PURELAX, EQ	(Potassium Citrate-Citric Acid)
SOLN 35 MG/ML-0.4 MG/ML-0.5	CLEARLAX, EQL CLEARLAX, FT	CYTRA-K SOLN60
MG/ML-400 UNIT/ML-1500	CLEARLAX, GAVILAX,	(Potassium Phosphate Monobasic)
UNIT/ML-8 MG/ML-5 UNIT/ML-0.6	GENTLELAX, GLYCOLAX, GNP	PHOSPHO-TRIN K500 TABS90
MG/ML-0.25 MG/ML-10 MG/ML ...92	CLEARLAX, GOODSENSE	

(Pramoxine-HC-Chloroxylenol) CORTIC-ND	98	POLYSTYRENE SULF) SUSP CO 15 GM/60ML	91	abacavir sulfate SOLN	36
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	96	(Sotalol Hcl) SORINE TABS	39	abacavir sulfate TABS	36
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	93	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	49	abacavir sulfate-lamivudine	36
(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW	93	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	49	ABILIFY TABS 15 MG (aripiprazole) . 35	
(Prochlorperazine) COMPRO	35	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	25	ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)	35
(Promethazine & Phenylephrine) PROMETHAZINE VC SYRP	48	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	41	ABILIFY TABS 20 MG (aripiprazole) . 35	
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	21	(Testosterone) TESTIM GEL TD 1 % 9		abiraterone acetate	28
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	21	(Tretinoin) AVITA CREA 0.025 % .	49	ABRYSVO	106
(Promethazine-Phenylephrine- Codeine) PROMETHAZINE VC/CODEINE	48	(Tretinoin) AVITA GEL 0.025 % ...	49	ABSORICA 10 MG, 25 MG (isotretinoin)	49
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML	48	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	91	ABSORICA 20 MG (isotretinoin) ..	49
(Salicylic Acid) KERALYT SHAM 6 %	55	(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, FT 24 HOUR NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	94	ABSORICA 30 MG (isotretinoin) ..	49
(Sapropterin Dihydrochloride) JAVYGTOR PACK	57	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	53	ABSORICA 35 MG, 40 MG (isotretinoin)	49
(Sapropterin Dihydrochloride) JAVYGTOR TABS	57	(Vigabatrin) VIGADRONE TABS ..	15	acamprosate calcium	99
(Silver Sulfadiazine) SSD	53	(Vigabatrin) VIGADRONE, VIGPODER PACK	15	acarbose	17
(Sodium Citrate & Citric Acid) CYTRA-2	60	(Warfarin Sodium) JANTOVEN TABS	13	ACCU-CHEK FASTCLIX LANCETS . 68	
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	89	1ST TIER UNILET COMFORTOUCH	68	ACCU-CHEK SAFE-T PRO LANCETS	68
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	89			ACCU-CHEK SOFTCLIX LANCETS 68	
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM				ACCUPRIL (quinapril hcl)	23
				ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide)	24
				acebutolol hcl CAPS	38
				acetaminophen w/ codeine SOLN ..	8
				acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	8
				acetaminophen w/ codeine TABS 60	

MG-300 MG	8	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	3	AIMSCO TWIST LANCETS 32G ..	68
acetazolamide CP12	56	ADALIMUMAB-ADAZ SOSY	3	AIMSCO TWIST LANCETS 33G ..	68
acetazolamide TABS 125 MG	56	adapalene CREA	49	AJOVY SOAJ	89
acetazolamide TABS 250 MG	56	adapalene GEL 0.1 %	49	AJOVY SOSY	89
acetic acid (otic)	98	adapalene GEL 0.3 %	49	albuterol sulfate AERS	12
acetylcysteine SOLN	48	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	49	albuterol sulfate NEBU	12
ACTI-LANCE 28G	68	ADCIRCA TABS (tadalafil (pulmonary hypertension))	41	ALBUTEROL SULFATE NEBU	12
ACTI-LANCE LITE LANCETS 28G 68		ADDERALL TABS (amphetamine- dextroamphetamine)	1	albuterol sulfate SYRP	12
ACTI-LANCE SPECIAL LANCETS 17G	68	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1		alclometasone dipropionate CREA	53
ACTI-LANCE UNIVERSAL 23G ..	68	adefovir dipivoxil	38	alclometasone dipropionate OINT .	53
ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 58		ADIPEX-P CAPS (phentermine hcl) 1		ALDACTAZIDE (spironolactone & hydrochlorothiazide)	56
ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 17		ADTHYZA TABS	104	ALDACTONE TABS (spironolactone)	57
ACTOS 15 MG (pioglitazone hcl) ..	19	ADVAIR DISKUS AEPB (fluticasone- salmeterol)	12	ALECENSA	30
ACTOS 30 MG, 45 MG (pioglitazone hcl)	19	ADVANCED MOBILE LANCET ..	68	alendronate sodium TABS 35 MG, 70 MG	57
ACULAR (ketorolac tromethamine (ophth))	97	ADVOCATE LANCETS	68	alendronate sodium TABS 5 MG, 10 MG	57
ACULAR LS (ketorolac tromethamine (ophth))	97	ADVOCATE LANCETS 30G	68	alfuzosin hcl	61
acyclovir CAPS	38	ADVOCATE SAFETY LANCETS ..	68	ALKERAN (melphalan)	27
acyclovir SUSP	38	ADVOCATE SAFETY LANCETS 26G	68	allopurinol 100 MG	61
acyclovir TABS PO 400 MG	38	AFINITOR TABS (everolimus)	30	allopurinol 300 MG	61
acyclovir TABS PO 800 MG	38	AFLURIA QUADRIVALENT SUSP 107		almotriptan malate	89
acyclovir topical OINT	52	AGAMATRIX ULTRA-THIN LANCETS	68	ALOCRIL	97
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	3	AGRYLIN 0.5 MG (anagrelide hcl) 61		ALOMIDE	97
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	3	AIMSCO LUBRICATED MISC	65	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	58
				ALPHAGAN P (brimonidine tartrate) 96	
				alprazolam TABS	10

aspirin CHEW	7	ATIVAN TABS (lorazepam)	10	(irbesartan)	23
aspirin TBEC 81 MG	7	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	AVODART (dutasteride)	61
ASSURE COMFORT LANCETS 28G	68	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	AYGESTIN TABS (norethindrone acetate)	99
ASSURE HAEMOLANCE PLUS HIGH	69	atorvastatin calcium TABS	22	azathioprine TABS 50 MG	91
ASSURE HAEMOLANCE PLUS LOW	69	atovaquone	26	azelaic acid GEL	55
ASSURE HAEMOLANCE PLUS MICRO	69	atovaquone-proguanil hcl 25 MG- 62.5 MG	26	azelastine hcl (ophth)	97
ASSURE HAEMOLANCE PLUS NORMAL	69	atropine sulfate (ophthalmic) OINT	95	azelastine hcl 0.1 %, 137 MCG/SPRAY	94
ASSURE HAEMOLANCE PLUS PED	69	atropine sulfate (ophthalmic) SOLN	95	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	94
ASSURE ID INSULIN SAFETY SYR 87		ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	95	AZILECT (rasagiline mesylate) ...	34
ASSURE LANCE LANCETS	69	ATROPINE SULFATE SOLN 1 %	95	azithromycin PACK	65
ASSURE LANCE LANCETS 21G	69	ATROVENT HFA	11	azithromycin SUSR	65
ASSURE LANCE PLUS SAFETY 25G	69	AUBAGIO (teriflunomide)	100	azithromycin TABS 250 MG	65
ASSURE LANCE PLUS SAFETY 30G	69	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	98	azithromycin TABS 500 MG	65
ASSURE LANCE PLUS SAFETY 28G	69	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	98	azithromycin TABS 600 MG	65
ATABEX EC TBEC	93	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	98	AZOPT (brinzolamide)	97
ATACAND 32 MG (candesartan cilexetil)	23	AURANOFIN 3 MG	4	AZULFIDINE EN-TABS TBEC (sulfasalazine)	59
ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	23	AURORA LANCET SUPER THIN 30G	69	AZULFIDINE TABS (sulfasalazine) 59	
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	24	AURORA LANCET THIN 23G	69	bacitracin (ophthalmic)	96
atazanavir sulfate CAPS	36	AUSTEDO TABS	99	bacitracin-polymyxin b (ophth)	96
atenolol & chlorthalidone	24	AUSTEDO XR PATIENT TITRATION TEPK	99	bacitracin-poly-neomycin-hc	96
atenolol TABS	38	AUSTEDO XR TB24	99	baclofen TABS 10 MG	93
		AVALIDE (irbesartan- hydrochlorothiazide)	24	baclofen TABS 15 MG	93
		AVAPRO 150 MG, 300 MG		baclofen TABS 20 MG	93
				baclofen TABS 5 MG	93
				BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	26
				BACTRIM TABS (sulfamethoxazole-	

trimethoprim)26	BENICAR 40 MG (olmesartan medoxomil)23	BETAPACE AF (sotalol hcl (afib/af))39
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) 45	BENICAR 5 MG, 20 MG (olmesartan medoxomil)23	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) 39
balsalazide disodium CAPS 59	BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide) 24	betaxolol hcl (ophth) SOLN95
BALVERSA30	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide) 24	betaxolol hcl39
BANZEL SUSP (rufinamide)13	BENZAMYCIN GEL (benzoyl peroxide-erythromycin) 49	bethanechol chloride106
BANZEL TABS 200 MG (rufinamide) . 13	BENZNIDAZOLE 9	BETHKIS NEBU (tobramycin) 2
BANZEL TABS 400 MG (rufinamide) . 13	benzonatate 100 MG, 200 MG48	BETIMOL (timolol)95
BARACLUDE TABS (entecavir) ...38	benzoyl peroxide-erythromycin GEL . 49	BETIMOL 0.25 % 95
BD AUTOSHIELD87	benzphetamine hcl 25 MG 1	BETOPTIC-S SUSP 95
BD AUTOSHIELD DUO87	benztropine mesylate TABS33	bexarotene (topical)51
BD DISP NEEDLES87	betamethasone dipropionate (topical) CREA53	bexarotene 33
BD ECLIPSE LUER-LOK NEEDLE 87	betamethasone dipropionate (topical) LOTN53	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ... 45
BD LANCET ULTRAFINE 30G ... 69	betamethasone dipropionate (topical) OINT53	bicalutamide29
BD LANCET ULTRAFINE 33G ... 69	betamethasone dipropionate augmented CREA53	BIDIL (isosorbide dinitrate-hydralazine hcl) 40
BD MICROTAINER LANCETS ...69	betamethasone dipropionate augmented GEL 0.05 % 53	BIKTARVY 200 MG-50 MG-25 MG 36
BD PEN NEEDLE MICRO U/F ...87	betamethasone dipropionate augmented LOTN53	BILTRICIDE (praziquantel)9
BD PEN NEEDLE MINI U/F88	betamethasone dipropionate augmented OINT53	bimatoprost SOLN 97
BD PEN NEEDLE NANO 2ND GEN . 88	betamethasone valerate CREA ...53	bisacodyl SUPP64
BD PEN NEEDLE NANO U/F88	betamethasone valerate LOTN ...53	bisacodyl TBEC64
BD PEN NEEDLE ORIGINAL U/F 88	betamethasone valerate OINT53	bisoprolol & hydrochlorothiazide ..24
BD PEN NEEDLE SHORT U/F ... 88		bisoprolol fumarate39
BD SAFETYGLIDE INSULIN SYRINGE88		bosentan TABS 125 MG41
BD VEO INSULIN SYRINGE U/F .88		bosentan TABS 62.5 MG 41
BELSOMRA63		BOSULIF CAPS 30
benazepril & hydrochlorothiazide . 24		BOSULIF TABS30
benazepril hcl23		BRAFTOVI 75 MG30
		BREZTRI AEROSPHERE12

BRILINTA	61	bupropion hcl TB24 150 MG, 300 MG	16	calcium acetate (phosphate binder) CAPS	60
brimonidine tartrate	96	buspirone hcl	10	calcium acetate (phosphate binder) TABS	60
brinzolamide	97	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	6	CALQUENCE	30
bromfenac sodium (ophth) 0.09 %	97	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	6	CANASA SUPP (mesalamine)	59
bromocriptine mesylate CAPS	34	butalbital-aspirin-caffeine CAPS	6	candesartan cilexetil 32 MG	23
bromocriptine mesylate TABS 2.5 MG	34	BYSTOLIC (nebivolol hcl)	39	candesartan cilexetil 4 MG, 8 MG, 16 MG	23
BROVANA (arformoterol tartrate)	12	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	36	candesartan cilexetil-hydrochlorothiazide	24
budesonide (inhalation) SUSP 0.25 MG/2ML	11	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	36	capecitabine 150 MG	27
budesonide (inhalation) SUSP 0.5 MG/2ML	11	cabergoline	58	capecitabine 500 MG	27
budesonide (inhalation) SUSP 1 MG/2ML	11	CABOMETYX TABS 20 MG, 60 MG .	30	CAPEX SHAM	53
budesonide CPEP	47	CABOMETYX TABS 40 MG	30	CAPRELSA	30
budesonide-formoterol fumarate dihydrate	12	CAFERGOT TABS (ergotamine w/ caffeine)	89	captopril	23
bumetanide TABS 0.5 MG, 1 MG	56	caffeine citrate SOLN PO	1	CARAC CREA (fluorouracil (topical))	51
bumetanide TABS 2 MG	56	CALAN SR TBCR 120 MG (verapamil hcl)	39	CARAFATE SUSP (sucralfate) ...	105
BUMEX TABS 0.5 MG (bumetanide) .	56	CALAN SR TBCR 180 MG, 240 MG (verapamil hcl)	39	CARAFATE TABS (sucralfate) ...	105
buprenorphine hcl SUBL 2 MG	8	calcipotriene CREA	51	carbamazepine CHEW 100 MG ...	13
buprenorphine hcl SUBL 8 MG	8	calcipotriene OINT	51	carbamazepine CP12	13
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	8	calcipotriene SOLN	51	carbamazepine SUSP	13
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	8	calcitonin (salmon) NA	57	carbamazepine TABS	13
buprenorphine hcl-naloxone hcl dihydrate SUBL	8	calcitriol (topical)	51	carbamazepine TB12 100 MG	13
bupropion hcl (smoking deterrent) 102		calcitriol CAPS 0.25 MCG	57	carbamazepine TB12 200 MG	13
bupropion hcl TABS	16	calcitriol CAPS 0.5 MCG	57	carbamazepine TB12 400 MG	13
bupropion hcl TB12	16	calcitriol SOLN PO	57	CARBATROL CP12 (carbamazepine)	13
				carbidopa-levodopa TABS	34
				carbidopa-levodopa TBCR 100 MG-25 MG	34

carbidopa-levodopa TBCR 200 MG-50 MG	34	30G	70	CELLCEPT TABS (mycophenolate mofetil)	91
carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 75 MG-18.75 MG-200 MG	34	carisoprodol TABS 350 MG	93	CELONTIN (methsuximide)	15
carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG	34	carvedilol	38	cephalexin CAPS 250 MG, 500 MG 42	
carbinoxamine maleate SOLN	21	carvedilol phosphate	38	cephalexin SUSR	42
CARDIZEM CD CP24 (diltiazem hcl coated beads)	39	CASODEX (bicalutamide)	29	CETRAXAL (ciprofloxacin hcl (otic)) .	98
CARDIZEM LA TB24 (diltiazem hcl) 39		CAYA DPRH	65	chlordiazepoxide hcl CAPS	10
CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	39	cefaclor CAPS	42	chlorhexidine gluconate (mouth-throat)	91
CARDURA (doxazosin mesylate) .	23	cefaclor SUSR 125 MG/5ML, 375 MG/5ML	42	chloroquine phosphate TABS 250 MG	26
CAREONE LANCET SUPER THIN 30G	69	cefadroxil CAPS	42	chloroquine phosphate TABS 500 MG	26
CAREONE LANCET THIN 23G ...	69	cefadroxil SUSR	42	chlorpromazine hcl TABS	35
CAREPOINT POLY HUB NEEDLE 88		cefadroxil TABS	42	chlorthalidone 25 MG, 50 MG	57
CARESENS LANCETS	69	cefdinir CAPS	42	cholestyramine light POWD	21
CARESENS LANCETS 30G	69	cefdinir SUSR	42	cholestyramine POWD	21
CARETOUCH SAFETY LANCETS 69		cefixime CAPS	42	choline fenofibrate 135 MG	22
CARETOUCH SAFETY LANCETS 26G	70	cefixime SUSR	42	choline fenofibrate 45 MG	22
CARETOUCH TWIST LANCETS 28G	70	cefpodoxime proxetil SUSR	42	CHOSEN LANCETS 30G	70
CARETOUCH TWIST LANCETS 30G	70	cefpodoxime proxetil TABS	42	CHOSEN SAFETY LANCETS 28G 70	
CARETOUCH TWIST LANCETS 33G	70	cefprozil SUSR	42	CIALIS 2.5 MG (tadalafil)	40
CARETOUCH TWIST MC LANCETS		cefprozil TABS	42	CIALIS 5 MG, 10 MG, 20 MG (tadalafil)	40
		cefuroxime axetil TABS	42	ciclopirox GEL	50
		CELEBREX 400 MG (celecoxib) ...	4	ciclopirox olamine CREA	50
		CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	4	ciclopirox olamine SUSP	50
		celecoxib 400 MG	4	ciclopirox SHAM	50
		celecoxib 50 MG, 100 MG, 200 MG 4		cilostazol	61
		CELEXA TABS (citalopram hydrobromide)	16	CILOXAN OINT	96
		CELLCEPT CAPS (mycophenolate mofetil)	91		
		CELLCEPT SUSR (mycophenolate mofetil)	91		

CILOXAN SOLN (ciprofloxacin hcl (ophth))96	CLEOCIN CREA (clindamycin phosphate vaginal) 107	clobetasol propionate OINT 0.05 % 53
CIMDUO36	CLEOCIN-T LOTN (clindamycin phosphate (topical))49	clobetasol propionate SHAM 53
cimetidine hcl PO 300 MG/5ML .. 105	CLEVER CHEK LANCETS70	clobetasol propionate SOLN 0.05 % . 53
cimetidine TABS 300 MG, 800 MG 105	CLEVER CHOICE COMFORT EZ 70	CLOBEX SHAM (clobetasol propionate)53
cimetidine TABS 400 MG105	CLEVER CHOICE LANCETS 21G 70	clomiphene citrate TABS 57
CIPRO SUSR59	CLEVER CHOICE LANCETS 23G 70	clomipramine hcl 17
CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl) 59	CLEVER CHOICE LANCETS 28G 70	clonazepam TABS 13
CIPRODEX (ciprofloxacin-dexamethasone)98	CLIMARA PRO58	clonazepam TBDP13
ciprofloxacin hcl (ophth) SOLN 96	CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)58	clonidine hcl TABS23
ciprofloxacin hcl (otic) 98	CLINDAGEL GEL (clindamycin phosphate (topical))49	clopidogrel bisulfate61
ciprofloxacin hcl TABS59	clindamycin hcl26	clorazepate dipotassium TABS10
ciprofloxacin-dexamethasone98	clindamycin phosphate (topical) GEL 49	clotrimazole (topical) SOLN50
citalopram hydrobromide SOLN ... 16	clindamycin phosphate (topical) LOTN49	clotrimazole91
citalopram hydrobromide TABS ... 16	clindamycin phosphate (topical) SOLN49	clotrimazole w/ betamethasone CREA50
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 MG93	clindamycin phosphate vaginal CREA107	clotrimazole w/ betamethasone LOTN50
CITRANATAL ASSURE93	clindamycin phosphate-benzoyl peroxide (refrigerate)49	clozapine TABS35
CITRANATAL DHA93	clobetasol propionate CREA 0.05 % . 53	CLOZARIL TABS (clozapine)35
clarithromycin SUSR65	clobetasol propionate emollient base 0.05 %53	COAGUCHEK LANCETS70
clarithromycin TABS 65	clobetasol propionate GEL 0.05 % 53	COARTEM 26
clarithromycin TB2465		codeine sulfate TABS 15 MG, 30 MG 7
CLEANLET LANCETS 28G70		CODEINE SULFATE TABS 60 MG .7
clemastine fumarate SYRP21		COLAZAL CAPS (balsalazide disodium)59
clemastine fumarate TABS 2.68 MG . 21		colchicine TABS61
CLEOCIN (clindamycin hcl)26		colchicine w/ probenecid61
		COLCRYS TABS (colchicine)61

COLESTID FLAVORED GRAN (colestipol hcl)	21	CONDYLOX GEL (podofilox)	55	CUVPOSA SOLN PO (glycopyrrolate)	104
COLESTID GRAN (colestipol hcl) .	21	CONTRACE	1	CVS LANCETS 21G	71
COLESTID TABS (colestipol hcl) ..	21	COREG (carvedilol)	38	CVS LANCETS MICRO THIN 33G	71
colestipol hcl GRAN	21	COREG CR (carvedilol phosphate)	38	CVS LANCETS ORIGINAL	71
colestipol hcl TABS	21	CORGARD TABS 20 MG, 40 MG (nadolol)	39	CVS LANCETS THIN 26G	71
COMBIVIR (lamivudine-zidovudine) .	36	CORTEF TABS (hydrocortisone) ..	47	CVS LANCETS ULTRA THIN 30G	71
COMETRIQ (100 MG DAILY DOSE)		CORTENEMA (hydrocortisone		CVS LANCETS ULTRA-THIN 30G	71
KIT	30	(intrarectal))	9	CVS ULTRA THIN LANCETS	71
COMETRIQ (140 MG DAILY DOSE)		CORTIFOAM EX 10 %	9	cyclobenzaprine hcl TABS 5 MG, 10	
KIT	30	COSENTYX (300 MG DOSE) SOSY .	51	MG	94
COMETRIQ (60 MG DAILY DOSE)		COSENTYX SENSOREADY (300		CYCLOGYL (cyclopentolate hcl) ..	95
KIT	30	MG) SOAJ	51	CYCLOGYL	95
COMFORT ASSURED LANCETS		COSENTYX SENSOREADY PEN		cyclopentolate hcl 1 %	95
28G	70	SOAJ	51	cyclophosphamide CAPS	27
COMFORT ASSURED LANCETS		COSENTYX SOSY 150 MG/ML ...	52	CYCLOPHOSPHAMIDE TABS	27
33G	70	COSENTYX SOSY 75 MG/0.5ML .	51	cyclosporine (ophth) EMUL	96
COMFORT EZ INSULIN SYRINGE .		COSENTYX UNOREADY SOAJ ..	51	cyclosporine CAPS	91
88		COSOPT (dorzolamide hcl-timolol		cyclosporine modified (for	
COMFORT LANCETS	70	maleate)	95	microemulsion) CAPS	91
COMFORT TOUCH LANCETS 31G .		COTELLIC	30	cyclosporine modified (for	
70		COVID VACCINES	107	microemulsion) SOLN	91
COMFORT TOUCH PLUS LANCETS		COVID-19 AT HOME TEST KITS .	55	CYMBALTA CPEP (duloxetine hcl)	
28G	70	COVID-19 FLU A&B 3-IN-1 TEST	55	17	
COMFORT TOUCH PLUS LANCETS		COZAAR (losartan potassium) ...	23	cyproheptadine hcl SYRP	21
30G	70	CREON CPEP	56	cyproheptadine hcl TABS	21
COMFORT TOUCH TWIST LANCET		CRESTOR TABS (rosuvastatin		CYSTAGON CAPS	61
30G	71	calcium)	22	CYSTARAN	97
COMPLERA	36	CRINONE GEL 8 %	107	CYTOMEL TABS 25 MCG, 50 MCG	
COMPLETENATE CHEW	93	cromolyn sodium (ophth)	97	(liothyronine sodium)	104
CONCEPT DHA	93	cromolyn sodium NEBU	11		
CONCEPT OB	93				
CONDOMS	65				

CYTOMEL TABS 5 MCG (liothyronine sodium)	104	sodium)	15	DETROL LA CP24 (tolterodine tartrate)	106
CYTOTEC (misoprostol)	106	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	15	DETROL TABS (tolterodine tartrate) .	106
dabigatran etexilate mesylate CAPS 110 MG	13	DEPAKOTE TBEC (divalproex sodium)	16	dexamethasone ELIX	47
dabigatran etexilate mesylate CAPS 75 MG, 150 MG	13	DEPEN TITRATABS TABS (penicillamine)	90	DEXAMETHASONE INTENSOL CONC	47
dalfampridine	100	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	47	dexamethasone sodium phosphate (ophth)	96
DALIRESP (roflumilast)	11	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	53	dexamethasone SOLN	47
danazol CAPS	9	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	53	dexamethasone TABS	47
DANTRIUM CAPS 25 MG (dantrolene sodium)	94	DESCOVY 200 MG-25 MG	36	DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate)	1
dantrolene sodium CAPS	94	desipramine hcl TABS	17	dexmethylphenidate hcl TABS	2
dapagliflozin propanediol	19	desmopressin acetate spray	58	dextroamphetamine sulfate CP24 ...	1
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	18	desmopressin acetate spray refrigerated 0.01 %	58	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	18	desmopressin acetate TABS 0.1 MG 58		DHIVY TABS	34
dapsone 100 MG	26	desmopressin acetate TABS 0.2 MG 58		DIATHRIVE LANCET ULTRA THIN 30	71
dapsone 25 MG	26	desogestrel-ethinyl estradiol (biphasic)	45	DIATHRIVE LANCETS	71
darunavir TABS	36	desonide CREA	53	diazepam CONC	10
dasatinib	31	desonide LOTN	53	diazepam SOLN PO 5 MG/5ML ...	10
DAURISMO	28	desonide OINT	53	diazepam TABS 10 MG	10
DAYPRO TABS (oxaprozin)	4	DESOWEN CREA (desonide)	53	diazepam TABS 2 MG, 5 MG	10
DDAVP TABS 0.1 MG (desmopressin acetate)	58	desoximetasone CREA	53	DIBENZYLINE (phenoxybenzamine hcl)	23
DDAVP TABS 0.2 MG (desmopressin acetate)	58	desoximetasone GEL	53	diclofenac sodium (ophth)	97
deferasirox TABS	20	desoximetasone OINT 0.25 %	53	diclofenac sodium (topical) GEL EX	51
DELSTRIGO	36	desvenlafaxine succinate	17	diclofenac sodium (topical) SOLN EX 1.5 %	51
DELZICOL CPDR (mesalamine) ..	59			diclofenac sodium TBEC	4
demeclocycline hcl TABS	103				
DEPAKOTE ER TB24 (divalproex					

dicloxacillin sodium	98	diltiazem hcl TABS	40	dorzolamide hcl	97
dicyclomine hcl CAPS	104	diltiazem hcl TB24	40	DORZOLAMIDE HCL	97
dicyclomine hcl SOLN PO	104	dimethyl fumarate CDPK	100	DORZOLAMIDE HCL-TIMOLOL MAL	95
dicyclomine hcl TABS	104	dimethyl fumarate CPDR	100	dorzolamide hcl-timolol maleate ..	95
DIFFERIN CREA (adapalene)	49	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan- hydrochlorothiazide)	24	DOVATO	36
DIFFERIN GEL 0.1 % (adapalene) 49		DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide) ...	24	DOVONEX CREA (calcipotriene) ..	52
DIFFERIN GEL 0.3 % (adapalene) 49		DIOVAN TABS 160 MG (valsartan) 23		doxazosin mesylate	23
diflorasone diacetate CREA	53	DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan)	23	doxepin hcl CAPS	17
diflorasone diacetate OINT	54	diphenoxylate w/ atropine LIQD ...	20	doxepin hcl CONC	17
DIFLUCAN SUSR (fluconazole) ...	20	diphenoxylate w/ atropine TABS ...	20	doxycycline (monohydrate) CAPS 150 MG	103
DIFLUCAN TABS 100 MG, 150 MG, 200 MG (fluconazole)	20	DIPROLENE OINT (betamethasone dipropionate augmented)	54	doxycycline (monohydrate) CAPS 50 MG, 100 MG	103
digoxin SOLN PO 0.05 MG/ML	40	dipyridamole	61	doxycycline (monohydrate) SUSR 103	
digoxin TABS 62.5 MCG, 125 MCG, 250 MCG	40	disopyramide phosphate CAPS ...	10	doxycycline (monohydrate) TABS 103	
DILANTIN (phenytoin sodium extended)	15	disulfiram	99	doxycycline hyclate CAPS	103
DILANTIN 30 MG	15	DITROPAN XL TB24 5 MG (oxybutynin chloride)	106	doxycycline hyclate TABS 100 MG 103	
DILANTIN INFATABS CHEW (phenytoin)	15	divalproex sodium CSDR	16	DRISDOL CAPS (ergocalciferol) .	108
DILANTIN SUSP (phenytoin)	15	divalproex sodium TB24	16	DROPLET INSULIN SYRINGE ...	88
DILANTIN-125 SUSP (phenytoin) .	15	divalproex sodium TBEC	16	DROPLET LANCETS ULTRA THIN 30G	71
DILAUDID LIQD (hydromorphone hcl)	7	dofetilide	11	DROPLET PERSONAL LANCETS 30G	71
DILAUDID TABS (hydromorphone hcl)	7	DOJOLVI	95	DROPSAFE ACTI-LANCE 23G ...	71
diltiazem hcl coated beads CP24 ..	39	donepezil hydrochloride TABS 23 MG	99	DROPSAFE SAFETY SYRINGE/NEEDLE	88
diltiazem hcl CP12	40	donepezil hydrochloride TABS 5 MG, 10 MG	99	drospirenone-ethinyl estradiol	45
diltiazem hcl CP24	40	donepezil hydrochloride TBDP	99	drospirenone-ethinyl estradiol- levomefolate calcium	45
diltiazem hcl extended release beads	40				

DROXIA CAPS62	88	(venlafaxine hcl)17
DRUG MART LANCETS THIN 26G 71	EASY TOUCH HYPODERMIC NEEDLE88	EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)17
DRUG MART ON-THE-GO LANCET 30G71	EASY TOUCH LANCETS 21G72	EFFIENT (prasugrel hcl)61
DRUG MART UNILET LANCETS 28G71	EASY TOUCH LANCETS 23G72	EFUDEX CREA (fluorouracil (topical))51
DRUG MART UNILET LANCETS 30G71	EASY TOUCH LANCETS 26G72	ELIMITE CREA (permethrin)55
DRUG MART UNILET LANCETS 33G71	EASY TOUCH LANCETS 28G72	ELIQUIS DVT/PE STARTER PACK TBPK13
DRYSOL SOLN55	EASY TOUCH LANCETS 28G/TWIST72	ELIQUIS TABS13
DUETACT (pioglitazone hcl- glimepiride)18	EASY TOUCH LANCETS 30G/TWIST72	ELLA47
DULCOLAX PINK LAXATIVE TBEC (bisacodyl)64	EASY TOUCH LANCETS 32G72	EMBECTA INSULIN SYRINGE U/F . 88
DULCOLAX SUPP (bisacodyl)64	EASY TOUCH LANCETS 32G/TWIST72	EMBRACE LANCETS ULTRA THIN 30G72
DULCOLAX TBEC (bisacodyl)65	EASY TOUCH LANCETS 33G/TWIST72	EMBRACE PRESSURE ACTIVATED 21G72
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG17	EASY TOUCH SAFETY LANCETS 21G72	EMBRACE PRESSURE ACTIVATED 28G72
DUOPA SUSP34	EASY TOUCH SAFETY LANCETS 23G72	EMCYT29
DUREX EXTRA SENSITIVE THIN DEVI65	EASY TOUCH SAFETY LANCETS 26G72	EMGALITY SOAJ89
DUREX EXTRA SENSITIVE THIN MISC65	EASY TOUCH SAFETY LANCETS 28G72	EMGALITY SOSY89
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EASY TOUCH FLIPLOCK NEEDLES	EFFEXOR XR CP24 150 MG	enalapril maleate TABS23
		ENBREL MINI SOCT5

ENBREL SOLN	5	ERYGEL GEL (erythromycin (acne aid))	49	estradiol vaginal CREA	107
ENBREL SOSY 25 MG/0.5ML	6	ERYPED 200 SUSR (erythromycin ethylsuccinate)	65	estradiol vaginal TABS	107
ENBREL SOSY 50 MG/ML	6	ERYPED 400 SUSR (erythromycin ethylsuccinate)	65	ESTRING RING	107
ENBREL SURECLICK SOAJ	5	erythromycin (acne aid) GEL	49	ethambutol hcl TABS	27
ENCARE SUPP 100 MG	107	erythromycin (acne aid) SOLN	49	ethosuximide CAPS	15
ENDARI (glutamine (sickle cell)) ..	62	erythromycin (ophth)	96	ethosuximide SOLN	15
entecavir TABS	38	ERYTHROMYCIN	96	ethynodiol diacet & eth estrad	45
EPCLUSA PACK	38	erythromycin base CPEP	65	etodolac CAPS	4
EPCLUSA TABS	38	erythromycin base TABS	65	etodolac TABS	4
EPIDUO GEL (adapalene-benzoyl peroxide)	49	erythromycin base TBEC	65	etodolac TB24	4
epinastine hcl (ophth)	97	erythromycin ethylsuccinate SUSR	65	etonogestrel-ethinyl estradiol	47
epinephrine (anaphylaxis) SOAJ .	107	65		etoposide CAPS	33
EPIVIR SOLN (lamivudine)	36	erythromycin ethylsuccinate TABS	65	etravirine	36
EPIVIR TABS (lamivudine)	36	ESBRIET CAPS (pirfenidone)	103	EULEXIN	29
eplerenone	25	ESBRIET TABS (pirfenidone)	103	everolimus (immunosuppressant) .	91
EPZICOM (abacavir sulfate-lamivudine)	36	escitalopram oxalate SOLN	16	everolimus TABS	31
EQL COLOR LANCETS 21G	72	escitalopram oxalate TABS 10 MG,	20 MG	EVISTA (raloxifene hcl)	57
EQL COLOR LANCETS MICRO 33G	72	escitalopram oxalate TABS 5 MG .	16	EVOTAZ	36
EQL SUPER THIN LANCETS 30G	72	ESGIC TABS (butalbital-acetaminophen-cafeine)	6	EVRYSDI	95
EQL THIN LANCETS 26G	73	estazolam	62	EXELON (rivastigmine)	99
ergocalciferol CAPS	108	ESTRACE CREA (estradiol vaginal) .	107	exemestane	29
ERGOMAR SUBL	89	ESTRACE TABS (estradiol)	59	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...	24
ergotamine w/ caffeine TABS	89	estradiol & norethindrone acetate TABS	58	EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	24
ERIVEDGE	28	estradiol PTTW	59	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	24
ERLEADA 240 MG	29	estradiol PTWK	59	E-Z JECT LANCET MICRO-THIN 33G	73
ERLEADA 60 MG	29	estradiol TABS	59	E-Z JECT LANCET SUPER THIN 30G	73
erlotinib hcl	28				

E-Z JECT LANCETS	73	felodipine 2.5 MG, 5 MG	40	flecainide acetate	10
E-Z JECT LANCETS 21G	73	FEMARA (letrozole)	29	FLONASE ALLERGY REL	
E-Z JECT LANCETS THIN 26G ..	73	FEMCAP DEVI	66	CHILDRENS SUSP (fluticasone	
ezetimibe	22	fenofibrate micronized 130 MG, 200		propionate (nasal))	94
ezetimibe-simvastatin	21	MG	22	FLONASE ALLERGY RELIEF SUSP	
EZ-LETS LANCETS 21G	73	fenofibrate micronized 43 MG, 67		(fluticasone propionate (nasal)) ...	94
EZ-LETS LANCETS 26G	73	MG, 134 MG	22	FLORAFOL PEDIATRIC CHEW ...	92
EZ-LETS LANCETS 28G	73	fenofibrate TABS 145 MG, 160 MG		FLORAFOL PEDIATRIC SOLN ...	92
EZ-LETS LANCETS 30G	73	22		FLORIVA PLUS SOLN	92
FABHALTA	61	fenofibrate TABS 48 MG	22	FLOTREX CHEW 0.25 MG, 0.5 MG .	
famciclovir	38	fenofibrate TABS 54 MG	22	92	
famotidine TABS 20 MG	105	fenopropfen calcium CAPS 200 MG .	4	FLOWFLEX PLUS COVID-19/FLU	
famotidine TABS 40 MG	105	FENOPROFEN CALCIUM CAPS 200		A/B	55
FANTASY LUBRICATED MISC ...	66	MG	5	FLUBLOK QUADRIVALENT	107
FANTASY		FENOPRON CAPS	5	FLUBLOK SOSY	107
LUBRICATED/SPERMICIDE MISC		FENORTHO CAPS 200 MG	5	FLUCELVAX QUADRIVALENT	
66		fentanyl PT72 12 MCG/HR, 25		SUSY	107
FARESTON (toremifene citrate) ..	29	MCG/HR, 37.5 MCG/HR, 50		FLUCELVAX SUSP	107
FARXIGA	19	MCG/HR, 62.5 MCG/HR, 75		fluconazole SUSR	20
FC2 FEMALE CONDOM	66	MCG/HR, 87.5 MCG/HR, 100		fluconazole TABS	21
febuxostat 40 MG	61	MCG/HR	7	fludrocortisone acetate TABS	48
febuxostat 80 MG	61	fesoterodine fumarate	106	FLUMIST QUADRIVALENT	107
felbamate SUSP	15	FIFTY50 SAFETY SEAL LANCETS .		fluocinolone acetonide CREA	54
felbamate TABS	15	73		fluocinolone acetonide OIL	54
FELBATOL SUSP (felbamate)	15	FIFTY50 UNILET LANCETS 33G .	73	fluocinolone acetonide OINT	54
FELBATOL TABS (felbamate)	15	FINACEA GEL (azelaic acid)	55	fluocinolone acetonide SOLN	54
FELDENE CAPS 10 MG (piroxicam) .		finasteride	61	fluocinonide CREA 0.05 %	54
4		FINE 30	73	fluocinonide emulsified base	54
FELDENE CAPS 20 MG (piroxicam) .		FINGERSTIX LANCETS	73	fluocinonide GEL	54
4		finbolimod hcl	100	fluocinonide OINT	54
felodipine 10 MG	40	FLAGYL CAPS (metronidazole) ...	25	fluocinonide SOLN	54
		FLAREX	96	fluorometholone (ophth) SUSP	96
		flavoxate hcl	106		

fluorouracil (topical) CREA 5 %51	fluticasone-salmeterol AERO12	FOSRENOL CHEW 500 MG (lanthanum carbonate)60
fluorouracil (topical) SOLN51	fluvastatin sodium CAPS22	FOSRENOL CHEW 750 MG (lanthanum carbonate)60
fluoxetine hcl CAPS 10 MG, 20 MG 16	fluvastatin sodium TB2422	FOSRENOL PACK60
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fluphenazine hcl TABS35	FLUZONE QUADRIVALENT SUSP 107	FREESTYLE LITE TEST STRP ...55
flurazepam hcl 15 MG62	FML FORTE SUSP96	FREESTYLE PRECISION NEO SYSTEM KIT73
flurazepam hcl 30 MG62	FML LIQUIFILM SUSP (fluorometholone (ophth))96	FREESTYLE PRECISION NEO TEST STRP55
flurbiprofen sodium97	FOCALIN TABS (dexmethylphenidate hcl)2	FREESTYLE TEST STRP55
flurbiprofen TABS 50 MG5	folic acid TABS 1 MG62	FREESTYLE UNISTICK II LANCETS74
fluticasone furoate-vilanterol12	folic acid TABS 400 MCG, 800 MCG . 62	furosemide SOLN PO 10 MG/ML ..56
fluticasone propionate (inhalation) AEPB 100 MCG/ACT11	FOLIVANE-OB93	furosemide TABS56
fluticasone propionate (inhalation) AEPB 250 MCG/ACT11	FORA LANCETS73	gabapentin CAPS13
fluticasone propionate (inhalation) AEPB 50 MCG/ACT11	formoterol fumarate NEBU12	gabapentin SOLN13
fluticasone propionate (nasal) SUSP . 95	FORTESTA GEL TD (testosterone) .9	gabapentin TABS 600 MG, 800 MG 13
fluticasone propionate CREA 0.05 % 54	FOSAMAX TABS 70 MG (alendronate sodium)57	galantamine hydrobromide CP24 ..99
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT11	fosamprenavir calcium TABS36	galantamine hydrobromide SOLN .99
fluticasone propionate hfa 44 MCG/ACT11	fosinopril sodium & hydrochlorothiazide24	galantamine hydrobromide TABS .99
fluticasone propionate OINT54	fosinopril sodium23	gatifloxacin (ophth)96
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT12	FOSRENOL CHEW 1000 MG (lanthanum carbonate)60	gefitinib28
		gemfibrozil TABS22

GENERESS FE (norethindrone & ethinyl estradiol-fe)	45	glutamine (sickle cell)	62	guanfacine hcl (adhd)	1
gentamicin sulfate (ophth) SOLN ..	96	glyburide micronized 1.5 MG, 3 MG, 6 MG	20	guanfacine hcl	23
gentamicin sulfate (topical) CREA ..	50	glyburide TABS	20	HADLIMA PUSH TOUCH SOAJ	3
gentamicin sulfate (topical) OINT ..	50	glyburide-metformin	18	HADLIMA SOSY	3
GENTEEL BUTTERFLY TOUCH LANCET	74	glycopyrrolate SOLN PO 1 MG/5ML . 104		HAEMOLANCE	75
GENTLE-LET GP LANCETS	74	glycopyrrolate TABS 1 MG, 2 MG 104		HAEMOLANCE LOW FLOW LANCETS	75
GENTLE-LET LANCETS	74	GLYNASE (glyburide micronized) 20		HAEMOLANCE PLUS	75
GENVOYA	36	GLYXAMBI	18	HAEMOLANCE PLUS HIGH FLOW . 75	
GEODON 20 MG, 40 MG (ziprasidone hcl)	34	GNP LANCETS 21G	74	HAEMOLANCE PLUS LOW FLOW . 75	
GEODON 60 MG, 80 MG (ziprasidone hcl)	34	GNP LANCETS THIN 26G	74	HAEMOLANCE PLUS MAX FLOW 75	
GILENYA (fingolimod hcl)	100	GNP STERILE LANCETS 28G ...	74	HAEMOLANCE PLUS PEDIATRIC FLOW	75
GILOTRIF	28	GNP STERILE LANCETS 30G ...	74	HALCION 0.25 MG (triazolam)	62
GLEOSTINE 10 MG, 40 MG, 100 MG	27	GNP STERILE LANCETS 33G ...	74	halobetasol propionate CREA	54
glimepiride 1 MG, 2 MG, 4 MG	20	GOJJI STERILE LANCETS	74	halobetasol propionate OINT	54
glipizide TABS	20	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	63	haloperidol lactate CONC	35
glipizide TB24	20	GOODSENSE COLOR LANCETS 33G	74	haloperidol TABS	35
glipizide-metformin hcl	18	GOODSENSE LANCETS 26G UNIV	74	HEALTHY ACCENTS UNILET LANCETS	75
GLOBAL EASY GLIDE INSULIN SYR	88	GOODSENSE LANCETS 30G ...	74	H-E-B INCONTROL LANCETS 28G . 75	
GLOBAL INJECT EASE LANCETS 28G	74	GOODSENSE LANCETS 30G UNIV	74	H-E-B INCONTROL LANCETS 30G . 75	
GLOBAL INJECT EASE LANCETS 30G	74	GOODSENSE LANCETS 33G ...	74	H-E-B INCONTROL LANCETS 33G . 75	
GLUCAGON EMERGENCY	18	GOODSENSE LANCETS 33G UNIV	75	HUMALOG JUNIOR KWIKPEN SOPN	18
GLUCOCOM LANCETS 28G	74	griseofulvin microsize SUSP	20	HUMALOG KWIKPEN SOPN 100 UNIT/ML	19
GLUCOCOM LANCETS 30G	74	griseofulvin microsize TABS	20	HUMALOG KWIKPEN SOPN 200	
GLUCOCOM LANCETS 33G	74	griseofulvin ultramicrosize	20		
GLUCOTROL XL TB24 (glipizide) .20		guaifenesin-codeine SOLN	48		

UNIT/ML	19	HUMULIN 70/30 KWIKPEN SUPN	19	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	8
HUMALOG MIX 50/50 KWIKPEN SUPN	19	HUMULIN 70/30 SUSP	19	hydrocodone-ibuprofen 10 MG-200 MG	8
HUMALOG MIX 50/50 SUSP	19	HUMULIN N KWIKPEN SUPN	19	hydrocodone-ibuprofen 5 MG-200 MG, 7.5 MG-200 MG	8
HUMALOG MIX 75/25 KWIKPEN SUPN	19	HUMULIN N SUSP	19	hydrocortisone (intrarectal)	9
HUMALOG MIX 75/25 SUSP	19	HUMULIN R SOLN IJ	19	hydrocortisone (rectal) EX 2.5 % ...	9
HUMALOG SOCT	19	HUMULIN R U-500 (CONCENTRATED) SOLN SC	19	hydrocortisone (topical) CREA 2.5 % 54	
HUMALOG SOLN IJ	19	HUMULIN R U-500 KWIKPEN SOPN SC	19	hydrocortisone (topical) LOTN 2.5 % . 54	
HUMATIN	2	HYCAMTIN CAPS	33	hydrocortisone (topical) OINT 2.5 % . 54	
HUMATROPE CART IJ	57	HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	48	hydrocortisone butyrate CREA	54
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	3	HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	48	hydrocortisone butyrate OINT	54
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	3	hydralazine hcl TABS	25	hydrocortisone TABS	47
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	3	HYDREA (hydroxyurea)	33	hydromorphone hcl LIQD	7
HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML	3	hydrochlorothiazide CAPS	57	hydromorphone hcl TABS	7
HUMIRA (2 SYRINGE) PSKT	3	hydrochlorothiazide TABS 25 MG, 50 MG	57	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	7
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4	hydrocodone bitartrate-homatropine methylbromide SOLN	48	hydroxychloroquine sulfate 200 MG 26	
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	4	hydrocodone bitartrate-homatropine methylbromide TABS	48	hydroxyurea	33
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	hydrocodone polistirex- chlorpheniramine polistirex SUER .	48	hydroxyzine hcl SYRP	10
HUMIRA-PED>=40KG CROHNS START PSKT	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	8	hydroxyzine hcl TABS	10
HUMIRA-PED>=40KG UC STARTER AJKT	4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	8	hydroxyzine pamoate CAPS	10
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	8	hyoscyamine sulfate SUBL 0.125 MG	105
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4			hyoscyamine sulfate TABS 0.125 MG	105
				HY-VEE LANCETS	75
				HY-VEE THIN LANCETS	75

HYZAAR (losartan potassium & hydrochlorothiazide)	24	indapamide TABS 1.25 MG, 2.5 MG .	57	ISOPTO ATROPINE SOLN	95
ibandronate sodium TABS	57	INDERAL LA CP24 (propranolol hcl) .	39	ISORDIL TITRADOSE TABS (isosorbide dinitrate)	10
IBRANCE CAPS	31	INDOCIN SUSP (indomethacin)	5	isosorbide dinitrate TABS	10
IBRANCE TABS	31	indomethacin CAPS 25 MG, 50 MG	5	isosorbide dinitrate-hydralazine hcl	40
ibuprofen TABS 400 MG, 600 MG, 800 MG	5	indomethacin CPCR	5	isosorbide mononitrate TABS	10
ICLUSIG 10 MG, 30 MG	31	indomethacin SUSP	5	ISOSORBIDE MONONITRATE TABS	10
ICLUSIG 15 MG, 45 MG	31	INGREZZA CAPS	100	isosorbide mononitrate TB24	10
icosapent ethyl	21	INGREZZA CPPK	100	isotretinoin 10 MG, 25 MG	50
IDHIFA	31	INGREZZA CPSP	100	isotretinoin 20 MG	49
imatinib mesylate TABS 100 MG ..	31	INLYTA	27	isotretinoin 30 MG	50
imatinib mesylate TABS 400 MG ..	31	INQOVI	30	isotretinoin 35 MG, 40 MG	49
IMBRUVICA CAPS 140 MG	31	INSPIRA (eplerenone)	25	ISTALOL SOLN (timolol maleate (ophth))	95
IMBRUVICA CAPS 70 MG	31	INSULIN LISPRO PROT & LISPRO SUPN	19	itraconazole CAPS	21
IMBRUVICA SUSP	31	INTELENCE (etravirine)	36	itraconazole SOLN	21
IMBRUVICA TABS	31	INTELENCE 25 MG	36	ivermectin	9
imipramine hcl TABS 10 MG, 25 MG .	17	INTUNIV (guanfacine hcl (adhd)) ...	1	JADENU TABS (deferiasirox)	20
imipramine hcl TABS 50 MG	17	ipratropium bromide (nasal)	94	JAKAFI	31
imiquimod 5 %	54	ipratropium bromide SOLN 0.02 %	11	JALYN (dutasteride-tamsulosin hcl) .	61
IMITREX 20 MG/ACT (sumatriptan)	89	ipratropium-albuterol SOLN	12	JANUMET TABS	18
IMITREX 5 MG/ACT (sumatriptan)	89	irbesartan	23	JANUMET XR TB24 1000 MG-100 MG	18
IMITREX TABS (sumatriptan succinate)	89	irbesartan-hydrochlorothiazide ...	24	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	18
IMPAVIDO	25	IRESSA (gefitinib)	28	JANUVIA	18
IMURAN TABS (azathioprine)	91	ISENTRESS CHEW	36	JARDIANCE	19
IN TOUCH STERILE LANCETS 30G	75	ISENTRESS HD TABS	36	JULUCA	36
INBRIJA CAPS	34	ISENTRESS PACK	36	KALETRA SOLN	36
INCRUSE ELLIPTA	11	ISENTRESS TABS	36		
		isoniazid SYRP	27		
		isoniazid TABS	27		

KALETRA TABS (lopinavir-ritonavir) . 36	KIMONO SENSATION MISC66	KROGER LANCETS MICRO THIN 33G76
KALYDECO PACK 103	KIMONO SENSATION PLUS MISC 66	KROGER LANCETS SUPER THIN 76
KALYDECO TABS103	KIMONO SPECIAL DEVI66	KROGER LANCETS THIN76
KAMELEON LUBRICATED MISC .66	KINNEY LANCETS75	KROGER LANCETS THIN 26G ..76
KENALOG AERS (triamcinolone acetone (topical))54	KINNEY THIN LANCETS 75	KROGER LANCETS ULTRATHIN 30G76
KEPPRA SOLN PO 100 MG/ML (levetiracetam) 14	KISQALI (200 MG DOSE)31	K-TAB TBCR 10 MEQ (potassium chloride)90
KEPPRA TABS 1000 MG (levetiracetam) 14	KISQALI (400 MG DOSE)31	KUVAN PACK (sapropterin dihydrochloride)57
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)14	KISQALI (600 MG DOSE)31	KUVAN TABS (sapropterin dihydrochloride)58
KEPPRA XR TB24 (levetiracetam) 14	KISQALI FEMARA (200 MG DOSE) . 30	K-Y ME & YOU EXTRA LUBRICATED DEVI 66
ketoconazole (topical) CREA 50	KISQALI FEMARA (400 MG DOSE) . 30	K-Y ME & YOU INTENSE DEVI ...66
ketoconazole21	KISQALI FEMARA (600 MG DOSE) . 30	labetalol hcl TABS 100 MG, 200 MG, 300 MG 38
KETONE TEST STRP55	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...2	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML 14
ketorolac tromethamine (ophth) ...97	KLARON (sulfacetamide sodium (acne))50	lacosamide TABS14
ketorolac tromethamine TABS5	KLONOPIN TABS (clonazepam) .. 13	lactulose (encephalopathy) 60
KETOSTIX STRP55	KLOXXADO LIQD20	lactulose SOLN 63
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KEVZARA SOSY4	K-PHOS NO 260	LAMICTAL CHEW (lamotrigine) ... 14
KIMONO COLORS DEVI66	K-PHOS TABS (potassium phosphate monobasic)90	LAMICTAL ODT TBDP (lamotrigine) . 14
KIMONO MAXX-LARGE FLARE MISC66	K-PHOS-NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic) 90	LAMICTAL STARTER KIT 25 MG (lamotrigine)14
KIMONO MICRO THIN MISC66	KRINTAFEL26	LAMICTAL TABS (lamotrigine) 14
KIMONO MICRO THIN PLUS MISC . 66	KROGER HEALTHPRO LANCET 26G75	lamivudine SOLN 36
KIMONO MISC66	KROGER LANCETS75	lamivudine TABS36
KIMONO PLUS MISC66	KROGER LANCETS 21G75	lamivudine-zidovudine 36
KIMONO PS MISC66		
KIMONO PS PLUS MISC66		

lamotrigine CHEW	14	leflunomide 10 MG	5	levonorgestrel-eth estradiol (triphasic)	46
lamotrigine KIT 25 MG	14	leflunomide 20 MG	5	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG	46
lamotrigine TABS	14	lenalidomide	90	levonorgestrel-ethinyl estradiol (continuous)	46
lamotrigine TBDP	14	LENVIMA (10 MG DAILY DOSE) ..	27	levonorgestrel-ethinyl estradiol-iron 46	
LAMPIT	26	LENVIMA (12 MG DAILY DOSE) ..	27	levonorgestrel-ethinyl estradiol-iron 46	
LANCETS	76	LENVIMA (14 MG DAILY DOSE) ..	27	levonorgestrel-ethinyl estradiol-iron 46	
LANCETS 28G THIN	76	LENVIMA (18 MG DAILY DOSE) ..	28	levonorgestrel-ethinyl estradiol-iron 46	
LANCETS 30G	76	LENVIMA (20 MG DAILY DOSE) ..	28	levonorgestrel-ethinyl estradiol-iron 46	
LANCETS 33G	76	LENVIMA (24 MG DAILY DOSE) ..	28	levonorgestrel-ethinyl estradiol-iron 46	
LANCETS MICRO THIN 33G	76	LENVIMA (4 MG DAILY DOSE) ..	28	levonorgestrel-ethinyl estradiol-iron 46	
LANCETS SUPER THIN	76	LENVIMA (8 MG DAILY DOSE) ..	28	levonorgestrel-ethinyl estradiol-iron 46	
LANCETS SUPER THIN 28G	76	LESCOL XL TB24 (fluvastatin sodium)	22	levonorgestrel-ethinyl estradiol-iron 46	
LANCETS THIN	76	LETAIRIS (ambrisentan)	41	levonorgestrel-ethinyl estradiol-iron 46	
LANCETS ULTRA THIN	76	letrozole	29	levonorgestrel-ethinyl estradiol-iron 46	
LANCETS ULTRA THIN 30G	76	leucovorin calcium TABS	33	levonorgestrel-ethinyl estradiol-iron 46	
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (digoxin)	40	LEUKERAN	27	levonorgestrel-ethinyl estradiol-iron 46	
lansoprazole CPDR	106	levalbuterol hcl	12	levonorgestrel-ethinyl estradiol-iron 46	
lanthanum carbonate CHEW 1000 MG	60	levalbuterol tartrate	12	levonorgestrel-ethinyl estradiol-iron 46	
lanthanum carbonate CHEW 500 MG	60	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	14	levonorgestrel-ethinyl estradiol-iron 46	
lanthanum carbonate CHEW 750 MG	60	levetiracetam TABS 1000 MG	14	levonorgestrel-ethinyl estradiol-iron 46	
LANTUS SOLN	19	levetiracetam TABS 250 MG, 500 MG, 750 MG	14	levonorgestrel-ethinyl estradiol-iron 46	
LANTUS SOLOSTAR SOPN	19	levetiracetam TB24	14	levonorgestrel-ethinyl estradiol-iron 46	
lapatinib ditosylate	31	levobunolol hcl 0.5 %	95	levonorgestrel-ethinyl estradiol-iron 46	
LASIX TABS (furosemide)	56	levofloxacin SOLN PO	59	levonorgestrel-ethinyl estradiol-iron 46	
latanoprost SOLN	98	levofloxacin TABS	59	levonorgestrel-ethinyl estradiol-iron 46	
LATANOPROST SOLN	98	levonorgestrel & eth estradiol TABS 45		levonorgestrel-ethinyl estradiol-iron 46	
LATUDA (lurasidone hcl)	34	levonorgestrel (emergency oc) 1.5 MG	47	levonorgestrel-ethinyl estradiol-iron 46	

lidocaine PTCH 5 %55	LIVE BETTER LANCET SUPER THIN77	12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) 24
LIDODERM PTCH (lidocaine)55	LIVE BETTER LANCET ULTRA THIN77	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) . 25
LIFESCAN UNISTIK 276	LO LOESTRIN FE TABS46	lovastatin TABS 10 MG, 20 MG ... 22
LIFESCAN UNISTIK II LANCETS .76	LODINE TABS (etodolac)5	lovastatin TABS 40 MG22
linezolid SUSR26	lofexidine hcl99	LOVAZA (omega-3-acid ethyl esters)21
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LIPITOR TABS (atorvastatin calcium)22	LONGS LANCETS ULTRA THIN .77	LUMAKRAS 320 MG31
lisdexamfetamine dimesylate CAPS 1	LONSURF30	LUMIGAN SOLN 0.01 %98
lisdexamfetamine dimesylate CHEW . 1	LOPID TABS (gemfibrozil)22	lurasidone hcl34
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG24	lopinavir-ritonavir SOLN36	LYNPARZA TABS31
lisinopril & hydrochlorothiazide 25 MG-20 MG24	lopinavir-ritonavir TABS36	LYRICA CAPS 225 MG, 300 MG (pregabalin)14
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG23	LOPRESSOR TABS (metoprolol tartrate)39	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)14
lisinopril TABS 40 MG23	LOPROX SHAM (ciclopirox)50	LYRICA SOLN (pregabalin)14
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lithium carbonate TABS34	losartan potassium23	MATULANE33
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LITHOBID TBCR (lithium carbonate) . 34	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)23	
	LOTENSIN HCT 12.5 MG-10 MG,	

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MAXALT-MLT TBDP 10 MG (rizatriptan benzoate) 89	MEDLANCE PLUS UNIVERSAL 21G77	memantine hcl TABS 99
MAXIDEX SUSP OP96	MEDLANCE UNIVERSAL 21G ... 77	MENEST 0.3 MG, 0.625 MG, 1.25 MG 59
MAXITROL OINT (neomycin-polymy-dexameth)96	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)47	MENEST 2.5 MG 59
MAXITROL SUSP (neomycin-polymy-dexameth)96	MEDROL TABS47	meperidine hcl SOLN PO 50 MG/5ML 7
MAXX MISC66	MEDROL TBPK (methylprednisolone)47	meperidine hcl TABS 50 MG7
MAXX PLUS MISC66	medroxyprogesterone acetate 10 MG99	MEPRON (atovaquone)26
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MAYZENT TABS 2 MG100	MEIJER LANCETS THIN 77	mesalamine TBEC 1.2 GM 59
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meclofenamate sodium CAPS5	MEIJER LANCETS UNIVERSAL 30G78	MESTINON TABS (pyridostigmine bromide)27
MEDICHOICE SAFETY LANCET .77	MEIJER LANCETS UNIVERSAL 33G78	MESTINON TBCR (pyridostigmine bromide)27
MEDICHOICE SAFETY LANCET EXTRA77	MEIJER SUPER THIN LANCETS 78	METADATE CD CPR (methylphenidate hcl) 2
MEDICHOICE SAFETY LANCET NORM77	MEKINIST TABS31	metformin hcl SOLN 18
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MEDLANCE LITE 25G77	meloxicam TABS 15 MG5	metformin hcl TB24 500 MG, 750 MG18
MEDLANCE PLUS EXTRA 21G ..77	meloxicam TABS 7.5 MG5	methadone hcl CONC7
MEDLANCE PLUS LANCETS77	melphalan 27	methadone hcl SOLN PO 5 MG/5ML 7
MEDLANCE PLUS LITE 25G77	memantine hcl SOLN99	methadone hcl TABS7
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methazolamide TABS56	methyltestosterone CAPS9	MINIVELLE PTTW (estradiol)59
methenamine mandelate26	metoclopramide hcl TABS59	minocycline hcl CAPS103
methimazole TABS103	metolazone57	minoxidil 2.5 MG, 10 MG25
methocarbamol TABS 500 MG, 750 MG94	metoprolol & hydrochlorothiazide TABS25	MIRALAX POWD (polyethylene glycol 3350)63
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morphine sulfate SUPP 20 MG, 30 MG7	MYLERAN TABS27	neomycin sulfate TABS2
morphine sulfate TABS7	MYSOLINE (primidone)14	neomycin-bacitracin zn-polymyxin 96
morphine sulfate TBCR7	nabumetone 500 MG5	neomycin-polymy-dexameth OINT 96
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MPD SAFETY LANCET 21G78	NAMENDA TABS 10 MG (memantine hcl)99	neomycin-polymyxin-hc (otic) SOLN . 98
MPD SAFETY LANCET 23G78	NAMENDA TABS 5 MG (memantine hcl)99	neomycin-polymyxin-hc (otic) SUSP . 98
MPD SAFETY LANCET 28G78	NAMENDA TITRATION PAK TABS (memantine hcl)99	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 MG93
MPD SAFETY LANCET 30G78	NAPROSYN SUSP (naproxen)5	NEONATAL PLUS TABS93
MRESVIA107	NAPROSYN TABS 500 MG (naproxen)5	NEORAL CAPS (cyclosporine modified (for microemulsion))91
MS CONTIN TBCR (morphine sulfate)8	naproxen sodium TABS 275 MG, 550 MG5	NEORAL SOLN (cyclosporine modified (for microemulsion))91
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niacin (antihyperlipidemic) TBCR ..	22	nitrofurantoin monohyd macro	26	NORPACE CR CP12	10
NICODERM CQ PT24 TD (nicotine) .	102	nitroglycerin (intra-anal)	9	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	17
NICORETTE GUM (nicotine polacrilex)	102	nitroglycerin PT24	10	nortriptyline hcl CAPS	17
NICORETTE LOZG (nicotine polacrilex)	102	nitroglycerin SOLN TL 0.4 MG/SPRAY	10	nortriptyline hcl SOLN	17
NICORETTE MINI LOZG (nicotine polacrilex)	102	nitroglycerin SUBL	10	NORVASC TABS 2.5 MG (amlodipine besylate)	40
NICORETTE STARTER KIT GUM (nicotine polacrilex)	102	NITROLINGUAL SOLN TL (nitroglycerin)	10	NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	40
NICOTINE KIT	103	NITROSTAT SUBL (nitroglycerin) .	10	NORVIR CAPS	37
nicotine polacrilex GUM	103	NIVA THYROID TABS	104	NORVIR PACK	37
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nisoldipine	40	norethindrone acetate-ethinyl estradiol-fe	46	nystatin (topical) CREA	50
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nystatin (topical) POWD EX	50	omeprazole CPDR 20 MG, 40 MG	79
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OBTREX DHA MISC 120 MG-1 MG-		MG/5ML	20
3 MG-20 MG-40 MG-10 MCG-12		ondansetron hcl TABS 4 MG, 8 MG	
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		(sulfacetamide sodium)	52
		OVACE WASH LIQD (sulfacetamide	
		sodium)	52
		oxandrolone 10 MG	9
		oxandrolone 2.5 MG	9
		oxaprozin TABS	5
		OXAYDO TABS 5 MG	8
		oxazepam CAPS 10 MG, 15 MG ..	10
		oxazepam CAPS 30 MG	10
		oxcarbazepine SUSP	14
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		oxcarbazepine TABS 300 MG	14
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pantoprazole sodium TBEC 106	penicillin v potassium SOLR 98	phentermine hcl CAPS 1
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PARLODEL CAPS (bromocriptine mesylate) 34	pentamidine isethionate IN 25	PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic)) 95
PARLODEL TABS (bromocriptine mesylate) 34	pentoxifylline 61	phenytoin CHEW 15
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RINVOQ TB24	3	ropinirole hydrochloride TABS	34	SALAGEN 7.5 MG (pilocarpine hcl (oral))	92
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RISPERDAL SOLN (risperidone) ..	35	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG	34	salsalate	7
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risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	35	RUBRACA	32	sapropterin dihydrochloride TABS .	58
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ritonavir TABS	37	RYDAPT	32	saxagliptin-metformin hcl	18
rivaroxaban TABS 2.5 MG	13	RYTHMOL SR CP12 (propafenone hcl)	11	SB LANCETS THIN	82
rivastigmine	99	SABRIL PACK (vigabatrin)	15	SB LANCETS ULTRA THIN	82
rivastigmine tartrate CAPS	99	SABRIL TABS (vigabatrin)	15	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	46
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SPRYCEL (dasatinib)	32	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	50	83	
STALEVO 50 (carbidopa-levodopa-entacapone)	34	sulfacetamide sod-prednisolone SOLN	97	SURELITE LANCETS	83
stavudine CAPS	37	sulfamethoxazole-trimethoprim SUSP	26	SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)	32
STELARA SOLN 45 MG/0.5ML ...	52	sulfamethoxazole-trimethoprim TABS	26	SUTENT 25 MG (sunitinib malate)	32
STELARA SOSY 45 MG/0.5ML ...	52	sulfasalazine TABS	59	SYMBICORT (budesonide-formoterol fumarate dihydrate)	12
STELARA SOSY 90 MG/ML	52	sulfasalazine TBEC	59	SYMDEKO 150 MG-100 MG	103
STERILANCE TL	82	sulindac TABS 150 MG	5	SYMDEKO 75 MG-50 MG	103
STIOLTO RESPIMAT	12	sulindac TABS 200 MG	5	SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate)	37
STIVARGA	32	sumatriptan 20 MG/ACT	89	SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)	37
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	1	sumatriptan 5 MG/ACT	89	SYMTUZA	37
STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	1	sumatriptan succinate TABS	89	SYNALAR CREA (fluocinolone acetonide)	54
STRIBILD	37	sunitinib malate 12.5 MG, 37.5 MG, 50 MG	32	SYNALAR OINT (fluocinolone acetonide)	54
STRIVERDI RESPIMAT	12	sunitinib malate 25 MG	32	SYNALAR SOLN (fluocinolone acetonide)	54
STROMEKTOL (ivermectin)	9	SUPER THIN LANCETS	82	SYNAREL	57
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	SUPRAX CAPS (cefixime)	42	SYNJARDY TABS	18
SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	8	SUPRAX SUSR 200 MG/5ML (cefixime)	42	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	18
sucralfate SUSP	105	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	63	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	18
sucralfate TABS	105	SURE COMFORT LANCETS 18G 82		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	104
SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	40	SURE COMFORT LANCETS 21G 82		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	104
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sulfacetamide sodium (ophth) OINT 96		SURE COMFORT LANCETS 28G 83		TABRECTA	32
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timolol maleate (ophth) SOLN	95	TOPAMAX TABS 100 MG (topiramate)	15	TPOXX SOLN	38
timolol maleate TABS 10 MG	39	TOPAMAX TABS 200 MG (topiramate)	14	TRACLEER TABS 125 MG (bosentan)	41
timolol maleate TABS 20 MG	39	TOPAMAX TABS 25 MG (topiramate)	14	TRACLEER TABS 62.5 MG (bosentan)	41
timolol maleate TABS 5 MG	39	TOPAMAX TABS 50 MG (topiramate)	14	TRACLEER TBSO	41
TIMOPTIC SOLN (timolol maleate (ophth))	95	TOPAMAX TABS 50 MG (topiramate)	14	tramadol hcl TABS 100 MG	8
TIMOPTIC-XE SOLG (timolol maleate (ophth))	95	TOPCARE LANCETS MICRO-THIN 33G	83	tramadol hcl TABS 50 MG	8
tiotropium bromide monohydrate CAPS	11	TOPICORT CREA (desoximetasone)	54	trandolapril	23
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TIVICAY TABS	37	TOPICORT OINT 0.25 % (desoximetasone)	54	tranylcypromine sulfate	16
tizanidine hcl TABS 2 MG	94	topiramate CPSP 15 MG, 25 MG ..	15	TRAVATAN Z SOLN (travoprost) ..	98
tizanidine hcl TABS 4 MG	94	topiramate TABS 100 MG	15	TRAVEL LANCETS	83
TOBI NEBU (tobramycin)	2	topiramate TABS 200 MG	15	TRAVEL LANCETS ADVANCED 28G	83
TOBI PODHALER CAPS	2	topiramate TABS 25 MG	15	travoprost SOLN	98
TOBRADEX SUSP (tobramycin- dexamethasone)	97	topiramate TABS 50 MG	15	trazodone hcl TABS	17
tobramycin (ophth) SOLN	96	TOPROL XL TB24 (metoprolol succinate)	39	TRECTOR	27
tobramycin NEBU	2	toremifene citrate	29	TRELEGY ELLIPTA	12
tobramycin-dexamethasone SUSP 97	97	torsemide TABS 100 MG	56	TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML	60
TOBREX OINT	96	torsemide TABS 5 MG, 10 MG, 20 MG	57	TREMFYA ONE-PRESS SOAJ 100 MG/ML	52
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TODAYS HEALTH THIN LANCETS 28G	83	TOUJEO SOLOSTAR SOPN	19	TREMFYA PEN SOAJ SC 200 MG/2ML	60
TODAYS HEALTH THIN LANCETS 30G	83	TOVIAZ (fesoterodine fumarate) ..	106	TREMFYA SOSY 100 MG/ML	52
TOLSURA CAPS	21			TREMFYA SOSY SC 200 MG/2ML 60	60
tolterodine tartrate CP24	106				

TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	22	TROJAN ULTRA THIN/SPERMICIDAL MISC	67
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	22	TROJAN-ENZ LUBRICATED MISC	67
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tretinoin (chemotherapy)	33	trospium chloride CP24	106
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	50	trospium chloride TABS	106
tretinoin GEL 0.01 %, 0.025 %	50	TRUE COMFORT SAFETY LANCETS	83
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triamcinolone acetonide (nasal) AERO	95	TRUEPLUS LANCETS 26G	83
triamcinolone acetonide (topical) AERS	54	TRUEPLUS LANCETS 28G	84
triamcinolone acetonide (topical) CREA	54	TRUEPLUS LANCETS 30G	84
triamcinolone acetonide (topical) LOTN	54	TRUEPLUS LANCETS 33G	84
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	54	TRUEPLUS SAFETY LANCETS 28G	84
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	56	TRULICITY	18
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	56	TRUSTEX COLOR CONDOMS + LUBE MISC	67
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	56	TRUSTEX LUB/RIBBED/STUDDED MISC	67
triazolam 0.125 MG	62	TRUSTEX LUB/SPERMICIDE EX ST MISC	67
triazolam 0.25 MG	63	TRUSTEX LUB/SPERMICIDE XL MISC	67
TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	25	TRUSTEX LUBRICATED EX LARGE MISC	67
TRICARE TABS	93	TRUSTEX LUBRICATED EXTRA ST MISC	67
TRICOR TABS 145 MG (fenofibrate) .		TRUSTEX LUBRICATED MISC ...	67
TRICOR TABS 48 MG (fenofibrate)		TRUSTEX	
TRIDESILON CREA 0.05 % (desonide)	54		
trientine hcl 500 MG	90		
trifluoperazine hcl TABS	35		
trifluridine	96		
trihexyphenidyl hcl SOLN	33		
trihexyphenidyl hcl TABS	33		
TRIJARDY XR	18		
TRIKAFTA TBPK 100 MG-50 MG 103			
TRIKAFTA TBPK 50 MG-25 MG .	103		
TRILEPTAL TABS 150 MG (oxcarbazepine)	15		
TRILEPTAL TABS 300 MG (oxcarbazepine)	15		
TRILEPTAL TABS 600 MG (oxcarbazepine)	15		
TRILIPIX 135 MG (choline fenofibrate)	22		
TRILIPIX 45 MG (choline fenofibrate)	22		
trimethobenzamide hcl CAPS	20		
trimethoprim TABS	25		
TRINTELLIX	17		
TRIUMEQ PD TBSO	37		
TRIUMEQ TABS	37		
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TROJAN MAGNUM MISC	67		
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TRUSTEX NON-LUBRICATED MISC67	ULTILET LANCETS84	UNISTIK 3 EXTRA85
TRUSTEX RIA LUB/SPERMICIDE MISC67	ULTILET SAFETY LANCETS84	UNISTIK 3 GENTLE85
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TWIST TOP LANCETS 30G84	UNILET EXCELITE84	UNISTIK SAFETY LANCETS 30G 86
TYBLUME CHEW46	UNILET EXCELITE II84	UNISTIK TOUCH SAFETY LANC 21G86
TYBOST37	UNILET G.P. LANCET84	UNISTIK TOUCH SAFETY LANC 23G86
TYKERB (lapatinib ditosylate)33	UNILET G.P. SUPERLITE LANCET . 84	UNISTIK TOUCH SAFETY LANC 28G86
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UROXATRAL (alfuzosin hcl)	61	VALTREX 1 GM (valacyclovir hcl) .	38	venlafaxine hcl CP24 150 MG	17
URSO 250 TABS (ursodiol)	59	VALTREX 500 MG (valacyclovir hcl) .	38	venlafaxine hcl CP24 37.5 MG, 75	
URSO FORTE TABS (ursodiol) . . .	59			MG	17
ursodiol CAPS	59	VALUE PLUS LANCET STANDARD		venlafaxine hcl TABS	17
ursodiol TABS	59	21G	86	venlafaxine hcl TB24 225 MG	17
USTEKINUMAB SOLN 45 MG/0.5ML		VALUE PLUS LANCETS SUPER		venlafaxine hcl TB24 37.5 MG, 75	
.	52	THIN	86	MG, 150 MG	17
USTEKINUMAB SOSY 45 MG/0.5ML		VALUE PLUS LANCETS THIN 26G .	86	VENTAVIS IN	41
.	52			verapamil hcl CP24 100 MG, 120	
USTEKINUMAB SOSY 90 MG/ML	52	VALUMARK LANCET SUPER THIN		MG, 200 MG, 240 MG, 300 MG . . .	40
		30G	86	verapamil hcl CP24 180 MG	40
VAGIFEM TABS (estradiol vaginal)		VALUMARK LANCET ULTRA THIN		verapamil hcl CP24 360 MG	40
107		28G	86	VERAPAMIL HCL ER CP24	
valacyclovir hcl 1 GM	38	VANCOCIN CAPS (vancomycin hcl) .	26	(verapamil hcl)	40
valacyclovir hcl 500 MG	38	vancomycin hcl CAPS	26	verapamil hcl TABS	40
VALCYTE SOLR (valganciclovir hcl) .	38	VANDAZOLE	107	verapamil hcl TBCR 120 MG	40
VALCYTE TABS (valganciclovir hcl) .	38	varenicline tartrate TABS	103	verapamil hcl TBCR 180 MG, 240	
		VASCEPA (icosapent ethyl)	21	MG	40
valganciclovir hcl SOLR	38	VASERETIC 25 MG-10 MG (enalapril		VERELAN CP24 120 MG, 240 MG	
valganciclovir hcl TABS	38	maleate & hydrochlorothiazide) . . .	25	(verapamil hcl)	40
VALIUM TABS 10 MG (diazepam) 10		VASOTEC TABS (enalapril maleate) .	23	VERELAN CP24 180 MG (verapamil	
VALIUM TABS 2 MG, 5 MG				hcl)	40
(diazepam)	10	VCF VAGINAL CONTRACEPTIVE		VERELAN CP24 360 MG (verapamil	
valproate sodium SOLN PO 250		FILM	107	hcl)	40
MG/5ML, 500 MG/10ML	16	VCF VAGINAL CONTRACEPTIVE		VERELAN PM CP24 (verapamil hcl) .	40
valproic acid CAPS	16	FOAM	107		
valsartan TABS 160 MG	23	VCF VAGINAL CONTRACEPTIVE		VERIFINE SAFE LANCET MINI 21G	
valsartan TABS 40 MG, 80 MG, 320		GEL	107		86
MG	23	VENCLEXTA STARTING PACK		VERIFINE SAFE LANCET MINI 23G	
valsartan-hydrochlorothiazide 12.5		TBPK	28		86
MG-160 MG, 12.5 MG-320 MG, 12.5		VENCLEXTA TABS 10 MG	28	VERIFINE SAFE LANCET MINI 28G	
MG-80 MG, 25 MG-320 MG	25	VENCLEXTA TABS 100 MG	28		86
valsartan-hydrochlorothiazide 25 MG-		VENCLEXTA TABS 50 MG	28	VERIFINE SAFE LANCET MINI 30G	
160 MG	25				86

VERIFINE UNIVERSAL LANCETS 28G	86	VIREAD TABS (tenofovir disoproxil fumarate)	37	LANCETS	87
VERIFINE UNIVERSAL LANCETS 30G	87	VIREAD TABS 150 MG, 200 MG, 250 MG	37	WALGREENS LANCETS	87
VERIFINE UNIVERSAL LANCETS 33G	87	VISTARIL CAPS (hydroxyzine pamoate)	10	WALGREENS LANCETS MICRO THIN	87
VERZENIO	33	VITAMINS ACD-FLUORIDE SOLN 92		WALGREENS LANCETS SUPER THIN	87
VFEND SUSR (voriconazole)	21	VITATHELY WITH GINGER TABS 93		WALGREENS THIN LANCETS ...	87
VFEND TABS (voriconazole)	21	VITATRUE	93	WALGREENS ULTRA THIN LANCETS	87
VIAGRA (sildenafil citrate)	41	VITRAKVI CAPS	33	warfarin sodium TABS	13
VIBRAMYCIN CAPS (doxycycline hyclate)	103	VITRAKVI SOLN	33	WELLBUTRIN SR TB12 (bupropion hcl)	16
VIBRAMYCIN SUSR (doxycycline (monohydrate))	103	VIVAGUARD LANCETS	87	WELLBUTRIN XL TB24 (bupropion hcl)	16
VIDA MIA UNILET LANCETS 28G 87		VIVAGUARD LANCETS 30G	87	WESCAP-C DHA	93
VIDA MIA UNILET LANCETS 30G 87		VIVAGUARD SAFETY LANCETS 28G	87	WESTAB PLUS TABS	93
vigabatrin PACK	15	VIVELLE-DOT PTTW (estradiol) ..	59	WIDE-SEAL DIAPHRAGM 60	67
vigabatrin TABS	15	VIZIMPRO	28	WIDE-SEAL DIAPHRAGM 65	67
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	96	VOGELXO GEL TD (testosterone) .	9	WIDE-SEAL DIAPHRAGM 70	67
VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	17	VOGELXO PUMP GEL TD (testosterone)	9	WIDE-SEAL DIAPHRAGM 75	67
VIIBRYD TABS 20 MG (vilazodone hcl)	17	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...	51	WIDE-SEAL DIAPHRAGM 80	67
vilazodone hcl TABS 10 MG, 40 MG .	17	voriconazole SUSR	21	WIDE-SEAL DIAPHRAGM 85	67
vilazodone hcl TABS 20 MG	17	voriconazole TABS	21	WIDE-SEAL DIAPHRAGM 90	68
VIMPAT SOLN PO 10 MG/ML (lacosamide)	15	VOSEVI	38	WIDE-SEAL DIAPHRAGM 95	68
VIMPAT TABS (lacosamide)	15	VOTRIENT (pazopanib hcl)	33	XALATAN SOLN (latanoprost)	98
VIRACEPT TABS	37	VOTRIENT	33	XALKORI CAPS	33
VIREAD POWD	37	VYNDAMAX	41	XANAX TABS (alprazolam)	10
		VYNDALIN	41	XARELTO STARTER PACK TBPK 13	
		VYTORIN (ezetimibe-simvastatin) 21		XARELTO SUSR	13
		WALGREENS ADV TRAVEL		XARELTO TABS 10 MG	13
				XARELTO TABS 2.5 MG, 15 MG, 20	

MG (rivaroxaban)	13	zaleplon	63	zidovudine SYRP	37
XARELTO TABS 2.5 MG, 15 MG, 20 MG	13	ZANAFLEX TABS 4 MG (tizanidine hcl)	94	zidovudine TABS	37
XATMEP SOLN PO	27	ZARONTIN CAPS (ethosuximide) ..	15	ziprasidone hcl 20 MG, 40 MG	34
XELJANZ SOLN	3	ZARONTIN SOLN (ethosuximide) ..	15	ziprasidone hcl 60 MG, 80 MG	34
XELJANZ TABS	3	ZEJULA CAPS	33	ZITHROMAX PACK	65
XELJANZ XR TB24	3	ZEJULA TABS	33	ZITHROMAX SUSR (azithromycin) 65	
XELODA 150 MG (capecitabine) ..	27	ZELBORAF	33	ZITHROMAX TABS 250 MG (azithromycin)	65
XELODA 500 MG (capecitabine) ..	27	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	58	ZITHROMAX TABS 500 MG (azithromycin)	65
XENICAL (orlistat)	1	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	56	ZITHROMAX TRI-PAK TABS (azithromycin)	65
XHANCE EXHU	95	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	25	ZITHROMAX Z-PAK TABS (azithromycin)	65
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	18	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ..	25	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	22
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	18	ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)	23	ZOLINZA	33
XOSPATA	33	ZESTRIL TABS 40 MG (lisinopril) ..	23	ZOLOFT CONC (sertraline hcl)	17
XPOVIO (100 MG ONCE WEEKLY) 50 MG	29	ZETIA (ezetimibe)	22	ZOLOFT TABS (sertraline hcl)	17
XPOVIO (40 MG ONCE WEEKLY) 40 MG	29	ZEVRX TWIST TOP LANCETS 30G 87		zolpidem tartrate TABS 10 MG	63
XPOVIO (40 MG TWICE WEEKLY) 40 MG	29	ZIAC (bisoprolol & hydrochlorothiazide)	25	zolpidem tartrate TABS 5 MG	63
XPOVIO (60 MG ONCE WEEKLY) 60 MG	29	ZIAGEN SOLN (abacavir sulfate) ..	37	ZONEGRAN CAPS 100 MG (zonisamide)	15
XPOVIO (80 MG ONCE WEEKLY) 40 MG	29	ZIAGEN TABS (abacavir sulfate) ..	37	ZONEGRAN CAPS 25 MG (zonisamide)	15
XPOVIO (80 MG TWICE WEEKLY) . 29		zidovudine CAPS	37	zonisamide CAPS 100 MG	15
XTANDI CAPS	29			zonisamide CAPS 25 MG, 50 MG ..	15
XTANDI TABS	29			ZORTRESS (everolimus (immunosuppressant))	91
YASMIN 28 (drospirenone-ethinyl estradiol)	46			ZOVIRAX OINT (acyclovir topical) ..	53
YAZ (drospirenone-ethinyl estradiol) 46				ZYDELIG	33
				ZYLOPRIM 100 MG (allopurinol) ..	61

ZYLOPRIM 300 MG (allopurinol) ..	61
ZYMAXID (gatifloxacin (ophth)) ...	96
ZYPREXA TABS 15 MG, 20 MG (olanzapine)	35
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	35
ZYTIGA (abiraterone acetate)	29
ZYVOX SUSR (linezolid)	26
ZYVOX TABS (linezolid)	26