

# *California*

## **Essential Drug List**

### **For Small Business Group**

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 All previous versions are no longer in effect.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

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

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

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

*Hours of Operation*

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

**Updated May 1, 2024**



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

# Table of Contents

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

# *Welcome to Health Net*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Example:

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

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

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

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

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

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

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

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

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

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

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



## Tier Description Table

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

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

## Are there any limits on my drug coverage?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

You can save time and money with these simple steps:

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

# Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

plan.

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

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

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

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

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

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

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



Drug Name	Drug Tier	Requirements/Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG</i>	1	QL(90 ea per fill retail)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)
<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate PTCH</i>	1	QL(1 ea daily)
<i>modafinil</i>	2	QL(1 ea daily); ST
QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
ARIKAYCE	4	PA
BETHKIS NEBU ( <i>tobramycin</i> )	7	PA
HUMATIN	2	
<i>neomycin sulfate TABS</i>	1	
<i>streptomycin sulfate SOLR</i>	4	PA
TOBI PODHALER CAPS	4	PA
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	4	PA
<i>tobramycin NEBU</i>	4	PA
<i>tobramycin NEBU</i>	2	PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV	CONZIP CP24 ( <i>tramadol hcl</i> )	7	
<i>aspirin CHEW</i>	5	PV	<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	ST; PA
<i>aspirin TBEC 81 MG</i>	5	PV	<i>fentanyl citrate LPOP 1600 MCG</i>	2	ST; QL(4 ea daily); PA
<i>diflunisal TABS</i>	1		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 ea daily)
<i>salsalate</i>	1		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 ea daily)
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>			<i>hydromorphone hcl LIQD</i>	1	
<b>Opioid Agonists</b>			<i>hydromorphone hcl TABS</i>	1	
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1		<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)
(Methadone Hcl) METHADOSE TBSO	1		<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)
<i>codeine sulfate TABS</i>	1		<i>levorphanol tartrate TABS</i>	1	ST; PA
			<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	
			<i>meperidine hcl TABS 50 MG</i>	1	
			<i>methadone hcl CONC</i>	1	
			<i>methadone hcl SOLN OR</i>	1	
			<i>methadone hcl TABS</i>	1	QL(12 ea daily)
			<i>methadone hcl TBSO</i>	1	
			<i>morphine sulfate beads</i>	1	QL(1 ea daily)
			<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)
			<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
			<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 5 MG	1	QL(6 ea daily)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 2.5 MG	1	
<i>acetaminophen w/ codeine SOLN</i>	1	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	
<i>butalbital-aspirin-caffeine w/cod</i>	1	
<i>hydrocodone- acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML- 7.5 MG/15ML</i>	1	
<i>hydrocodone- acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
<i>hydrocodone- acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
<i>hydrocodone- acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1	

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



Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order
LORTAB ELIX	3	
NALOCET TABS	3	
OXYCODONE AND ACETAMINOPHEN TABS	3	
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN TABS	3	
PROLATE TABS	3	
<i>tramadol-acetaminophen</i>	1	QL(8 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)
<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 ea per 28 days retail)

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (intrarectal)</i>	1	ST; PA	<i>isosorbide mononitrate TABS</i>	1	
CORTIFOAM EX 10 %	2		<i>isosorbide mononitrate TB24</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)	NITRO-BID OINT	2	
Rectal Combinations			NITRO-DUR PT24	2	QL(1 ea daily)
ANALPRAM-HC LOTN EX	3		<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
PROCTOFOAM HC FOAM EX	2		<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
Rectal Steroids			<i>nitroglycerin SUBL</i>	1	
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1		<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
<i>hydrocortisone (rectal) EX 2.5 %</i>	1		Antianxiety Agents - Misc.		
Vasodilating Agents			<i>bupirone hcl</i>	1	
<i>nitroglycerin (intra-anal)</i>	1		<i>hydroxyzine hcl SYRP</i>	1	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>			<i>hydroxyzine hcl TABS</i>	1	
Anthelmintics			<i>hydroxyzine pamoate CAPS</i>	1	
<i>albendazole</i>	1		Benzodiazepines		
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)	(Alprazolam) ALPRAZOLAM XR TB24	1	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA	(Diazepam) DIAZEPAM INTENSOL CONC	1	
<i>praziquantel</i>	1		(Lorazepam) LORAZEPAM INTENSOL CONC	1	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>			ALPRAZOLAM INTENSOL CONC	3	
Antianginals-Other			<i>alprazolam TABS</i>	1	
<i>ranolazine TB12 1000 MG</i>	1		<i>alprazolam TB24</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 ea daily)	<i>alprazolam TBDP</i>	2	
Nitrates			<i>chlordiazepoxide hcl CAPS</i>	1	
GONITRO PACK	3	PA	<i>clorazepate dipotassium TABS</i>	1	
<i>isosorbide dinitrate TABS</i>	1		<i>diazepam CONC</i>	1	
			<i>diazepam SOLN OR 5 MG/5ML</i>	1	
			<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	QL(0.6 gm daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
SEREVENT DISKUS	2	QL(2 ea daily)
STIOLTO RESPIMAT	2	QL(0.14 gm daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>terbutaline sulfate TABS</i>	1	
TRELEGY ELLIPTA	2	QL(2 ea daily)
<b>Xanthines</b>		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
<i>theophylline ELIX</i>	1	
<i>theophylline SOLN</i>	1	
<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)
<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)
<i>theophylline TB24</i>	1	QL(1 ea daily)
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium TABS</i>	1	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)
XARELTO SUSR	2	QL(900 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 10 MG	2	QL(2 ea daily)
<b>Heparins And Heparinoid-Like Agents</b>		
ARIXTRA 2.5 MG/0.5ML ( <i>fondaparinux sodium</i> )	7	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML ( <i>fondaparinux sodium</i> )	7	PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ml daily); PA
<i>enoxaparin sodium SOSY</i>	2	QL(4 ml per 7 days retail)
<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	4	PA
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA
FRAGMIN SOSY 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>AMPA Glutamate Receptor Antagonists</b>		
FYCOMPA SUSP	3	QL(24 ml daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); SL
FYCOMPA TABS 4 MG	3	QL(3 ea daily)
FYCOMPA TABS 2 MG	3	QL(6 ea daily)

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
CRESEMBA CAPS 186 MG	3	Not available through mail order
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	1	
<i>posaconazole TBEC</i>	1	
TOLSURA CAPS	4	PA
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	4	PA
RYVENT TABS	3	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC
<i>desloratadine TABS</i>	1	ST; QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA
<i>desloratadine TBDP 5 MG</i>	1	PA
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
PHENERGAN SOLN IJ ( <i>promethazine hcl</i> )	7	PA
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	4	PA
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2	
<i>promethazine hcl TABS 12.5 MG</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	1	
<i>cyproheptadine hcl TABS</i>	1	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol</b>		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)

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

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

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

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

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

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

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril &amp; hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		Antihypertensives - Misc.		
<i>lisinopril &amp; hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)	VECAMYL	3	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1		Direct Renin Inhibitors		
<i>metoprolol &amp; hydrochlorothiazide TABS</i>	1		<i>aliskiren fumarate</i>	1	
<i>metoprolol &amp; hydrochlorothiazide TABS 50 MG-100 MG</i>	6		Selective Aldosterone Receptor Antagonists (SARAs)		
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST	<i>eplerenone</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)	Vasodilators		
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1		<i>hydralazine hcl TABS</i>	1	
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		<i>minoxidil 2.5 MG, 10 MG</i>	1	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)	<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
TEKTURNA HCT	3	ST	Anti-infective Agents - Misc.		
<i>telmisartan-amlodipine</i>	1		<i>metronidazole CAPS</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1		<i>metronidazole TABS</i>	1	
<i>trandolapril-verapamil hcl</i>	1		<i>pentamidine isethionate IN</i>	1	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)	<i>tinidazole 250 MG</i>	1	ST; PA
<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>tinidazole 500 MG</i>	1	ST
			<i>trimethoprim TABS</i>	1	
			XIFAXAN 550 MG	3	QL(2 ea daily); PA
			XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
			Anti-infective Misc. - Combinations		
			(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
			<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
			<i>sulfamethoxazole-trimethoprim TABS</i>	1	
			Antiprotozoal Agents		
			ALINIA SUSR	3	
			<i>atovaquone</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 ea daily)
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
DARAPRIM ( <i>pyrimethamine</i> )	7	PA
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail; 6 per fill mail)
<i>mefloquine hcl</i>	6	
<i>primaquine phosphate TABS</i>	1	
<i>pyrimethamine</i>	4	PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA
SOVUNA 200 MG	2	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
MESTINON SOLN OR ( <i>pyridostigmine bromide</i> )	7	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
<i>melphalan hcl</i>	4	PA
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine 150 MG</i>	1	AC
<i>capecitabine 500 MG</i>	1	AC
<i>fludarabine phosphate SOLR</i>	4	PA
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	4	PA
<i>methotrexate sodium SOLR</i>	4	PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	4	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AROMASIN ( <i>exemestane</i> )	7	PV	XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>bicalutamide</i>	1	QL(1 ea daily); AC			
ELIGARD SC	3	PA			
EMCYT	2	AC	XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA			
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	YONSA	4	AC; PA
EULEXIN	2	AC	ZYTIGA ( <i>abiraterone acetate</i> )	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>exemestane</i>	5	PV	Antineoplastic - Immunomodulators		
<i>flutamide</i>	1	AC	POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>letrozole</i>	1	AC	Antineoplastic - PDGFR-alpha Inhibitors		
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA	AYVAKIT	4	QL(1 ea daily); SP; AC; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis	AYVAKIT	4	QL(1 ea daily); SP; PA
LYSODREN	2	AC	Antineoplastic - XPO1 Inhibitors		
<i>megestrol acetate SUSP</i>	1	AC	XPOVIO	4	AC; PA
<i>megestrol acetate TABS</i>	1	AC	XPOVIO 80 MG TWICE WEEKLY	4	PA
<i>nilutamide</i>	1	AC	Antineoplastic Antibiotics		
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>mitoxantrone hcl 2 MG/ML</i>	2	PA
SOLTAMOX SOLN	5	PV; AC	Antineoplastic Combinations		
<i>tamoxifen citrate TABS</i>	5	PV; AC	INQOVI	4	PA
<i>toremifene citrate</i>	1	AC	KISQALI FEMARA 200 DOSE	4	AC; PA
			KISQALI FEMARA 400 DOSE	4	AC; PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IDHIFA	4	AC; PA	NEXAVAR ( <i>sorafenib tosylate</i> )	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA			
<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA	NINLARO	4	Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA
IMBRUVICA CAPS	4	AC; PA			
IMBRUVICA TABS	4	QL(1 ea daily); AC; PA	<i>pazopanib hcl</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
INREBIC	4	AC; PA			
ISTODAX SOLR ( <i>romidepsin</i> )	7	PA	PIQRAY 200MG DAILY DOSE	4	AC; PA
JAKAFI	4	QL(2 ea daily); AC; PA	PIQRAY 250MG DAILY DOSE	4	AC; PA
KISQALI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	PIQRAY 300MG DAILY DOSE	4	AC; PA
			KOSELUGO	4	PA
<i>lapatinib ditosylate</i>	4	AC; PA	QINLOCK	4	AC; PA
LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RETEVMO	4	AC; PA
			LYNPARZA TABS	4	QL(4 ea daily); SP; AC; PA
MEKINIST TABS	4	AC; PA	<i>romidepsin SOLR</i>	4	PA
MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ROZLYTREK CAPS	4	AC; PA
			NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
			RUBRACA	4	AC; PA
			RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
			<i>sorafenib tosylate</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
			SPRYCEL 80 MG, 100 MG, 140 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL SOLN IN	4	PA	TRACLEER TBSO	4	ST; PA
TYVASO STARTER SOLN IN	4	PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO SOLN IN	4	PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
VENTAVIS	4	PA	ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )	7	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Pulmonary Hypertension - Endothelin Receptor Antagonists			REVATIO SUSR ( <i>sildenafil citrate (pulmonary hypertension)</i> )	7	PA
<i>ambrisentan 5 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily); PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	4	PA
<i>ambrisentan 10 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 ea daily); PA
<i>bosentan TABS 125 MG</i>	4	ST; MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
<i>bosentan TABS 62.5 MG</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
LETAIRIS 5 MG ( <i>ambrisentan</i> )	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily); PA	UPTRAVI TITRATION PACK TBPK	4	ST; PA
LETAIRIS 10 MG ( <i>ambrisentan</i> )	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
OPSUMIT	4	ST; PA	UPTRAVI TABS 200 MCG	4	ST; PA
			Pulmonary Hypertension - Sol Guanylate Cyclase		

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



Drug Name	Drug Tier	Requirements/Limits
<b>Stimulator</b>		
ADEMPAS	4	PA
<b>Sinus Node Inhibitors</b>		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS	3	QL(2 ea daily); ST
<b>Transthyretin Stabilizers</b>		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cefazolin sodium SOLR IV 1 GM</i>	4	PA
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
<b>Cephalosporins - 2nd Generation</b>		
CEFACTOR ER TB12	3	
<i>cefactor CAPS</i>	1	
<i>cefactor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
CEFOTAN IJ ( <i>cefotetan disodium</i> )	7	PA
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	4	PA
<i>cefroxitin sodium IV 1 GM, 2 GM</i>	4	PA
CEFOXITIN SODIUM	4	PA
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
<b>Cephalosporins - 3rd Generation</b>		

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
LOSEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	7	PV
MINASTRIN 24 FE CHEW ( <i>norethin acet &amp; estrad-fe</i> )	7	PV
MIRCETTE ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )	7	PV
NATAZIA	5	PV
NEXTSTELLIS	5	PV
<i>norethin acet &amp; estrad-fe CAPS</i>	5	PV
<i>norethin acet &amp; estrad-fe CHEW</i>	5	PV
<i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV
<i>norethindrone &amp; ethinyl estradiol-fe</i>	5	PV
<i>norethindrone acet &amp; eth estra</i>	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV
<i>norgestimate-ethinyl estradiol</i>	5	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
QUARTETTE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	7	PV
SAFYRAL ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	7	PV
SEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	7	PV
TAYTULLA CAPS ( <i>norethin acet &amp; estrad-fe</i> )	7	PV
TYBLUME CHEW	5	PV
YASMIN 28 ( <i>drospirenone-ethinyl estradiol</i> )	7	PV

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate SOLN</i>	1	
<i>prednisolone sodium phosphate TBP</i>	1	
<i>prednisolone SOLN</i>	1	
<i>prednisolone TABS</i>	1	
PREDNISONE INTENSOL CONC	2	
<i>prednisone SOLN</i>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPK</i>	1	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate TABS</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
<b>Cough/Cold/Allergy Combinations</b>		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	

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

Drug Name	Drug Tier	Requirements/Limits
ACTIDOM DMX LIQD	3	
CODITUSSIN AC LIQD	3	
DOMETUSS-DMX LIQD	3	
GILTUSS COUGH & COLD TABS	3	
GILTUSS SINUS & CONGESTION TABS	3	
<i>guaifenesin-codeine SOLN</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	
<i>promethazine &amp; phenylephrine SYRP</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)
<i>promethazine-phenylephrine-codeine</i>	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
TUSNEL TABS	3	
TUSSLIN PEDIATRIC LIQD	3	
TUSSLIN LIQD	3	
Expectorants		
<i>potassium iodide (expectorant) SOLN</i>	1	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	

Drug Name	Drug Tier	Requirements/Limits
HYPERSAL NEBU	3	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)

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

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

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



Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 gm daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 gm per fill retail)
Antibiotics - Topical		
ALTABAX	3	
CENTANY OINT	2	
<i>gentamicin sulfate (topical) CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	1	
<i>mupirocin OINT</i>	1	
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>ciclopirox olamine CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1	
<i>ciclopirox GEL</i>	1	
<i>ciclopirox SHAM</i>	1	
<i>ciclopirox SOLN</i>	1	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 gm daily)

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)
<i>econazole nitrate CREA</i>	1	
ERTACZO	4	QL(1 gm daily); PA
EXELDERM CREA ( <i>sulconazole nitrate</i> )	7	
EXELDERM SOLN	2	
EXODERM	3	
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
<i>ketoconazole (topical) FOAM</i>	2	
<i>ketoconazole (topical) SHAM 2 %</i>	1	
<i>naftifine hcl CREA</i>	1	
<i>naftifine hcl GEL 2 %</i>	1	
<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	
<i>nystatin-triamcinolone OINT</i>	1	
<i>oxiconazole nitrate CREA</i>	1	
OXISTAT LOTN	3	
<i>sulconazole nitrate CREA</i>	1	
<i>sulconazole nitrate SOLN</i>	1	
Anti-inflammatory Agents - Topical		

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA	<i>tazarotene GEL</i>	1	
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA	TAZORAC CREA	2	
<i>methoxsalen rapid</i>	1		TREMFYA SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	TREMFYA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA	<b>Antiseborrheic Products</b>		
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	<i>selenium sulfide LOTN 2.5 %</i>	1	
SORILUX FOAM	3	PA	SODIUM SULFACETAMIDE WASH LIQD	3	
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	<i>sulfacetamide sodium LIQD</i>	1	
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); SP; PA	<i>sulfacetamide sodium SHAM 10 %</i>	1	
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); SP; PA	<b>Antivirals - Topical</b>		
<i>tazarotene CREA</i>	1		<i>acyclovir topical OINT</i>	1	QL(1 gm daily)
			<b>Burn Products</b>		
			(Silver Sulfadiazine) SSD	1	
			<i>mafenide acetate PACK</i>	1	
			<i>silver sulfadiazine</i>	1	
			SULFAMYLON CREA	3	
			<b>Corticosteroids - Topical</b>		
			(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1	
			(Clobetasol Propionate Emulsion) TOVET	1	

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desonide OINT</i>	1		<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>desoximetasone CREA</i>	1		<i>hydrocortisone butyrate CREA</i>	1	
<i>desoximetasone GEL</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<i>desoximetasone LIQD</i>	1	ST	<i>hydrocortisone butyrate SOLN</i>	1	
<i>desoximetasone OINT</i>	1		<i>hydrocortisone valerate CREA</i>	1	
<i>diflorasone diacetate CREA</i>	1		<i>hydrocortisone valerate OINT</i>	1	
<i>diflorasone diacetate OINT</i>	1		LOCOID LIPOCREAM	3	
EPIFOAM FOAM	3		<i>mometasone furoate CREA</i>	1	
<i>fluocinolone acetonide CREA</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinolone acetonide OIL</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinolone acetonide OINT</i>	1		NUCORT LOTN	3	
<i>fluocinolone acetonide SOLN</i>	1		PRAMOSONE LOTN	3	
<i>fluocinonide emulsified base</i>	1		PRAMOSONE OINT	3	
<i>fluocinonide CREA</i>	1		<i>prednicarbate OINT</i>	1	
<i>fluocinonide GEL</i>	1		TEXACORT SOLN 2.5 %	3	
<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>flurandrenolide CREA</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>fluticasone propionate CREA 0.05 %</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>fluticasone propionate LOTN</i>	1		<b>Eczema Agents</b>		
<i>fluticasone propionate OINT</i>	1		DUPIXENT SOPN 300 MG/2ML	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
<i>halobetasol propionate CREA</i>	1				
<i>halobetasol propionate OINT</i>	1				
<i>hydrocortisone (topical) CREA 2.5 %</i>	1				
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1				
<i>hydrocortisone (topical) OINT 2.5 %</i>	1				

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

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
Emollient/Keratolytic Agents		
(Urea) CERVEL LOTN 40 %	1	
<i>urea LOTN 40 %</i>	1	
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1	QL(2 gm daily)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	1	
<i>podofilox SOLN</i>	1	
<i>salicylic acid in ammonium lactate vehicle</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		

Drug Name	Drug Tier	Requirements/Limits
(Lidocaine) LIDOCAN, TRIDACAINE PTCH 5 %	1	Limited to 3 patches per day; QL(3 ea daily)
CETACAINE AERO	3	
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 ea daily)
PREMIUM SCAR PATCH	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limit 45gms per month; QL(1.5 gm daily)
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	1	ST; PA
<i>doxycycline (rosacea)</i>	1	ST; QL(1 ea daily); PA
FINACEA FOAM	3	
<i>ivermectin (rosacea)</i>	1	QL(1.5 gm daily); PA
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole (topical) LOTN</i>	1	QL(2 ml daily)
NORITATE CREA	4	PA
ORACEA ( <i>doxycycline (rosacea)</i> )	7	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
<b>Scabicides &amp; Pediculicides</b>		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	1	RX/OTC
<i>ivermectin (pediculicide)</i>	1	RX/OTC
<i>malathion</i>	1	
<i>permethrin CREA</i>	1	QL(2 gm daily)
<b>Wound Care Products</b>		
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
<b>Diagnostic Drugs</b>		
METOPIRONE	3	
<b>Diagnostic Tests</b>		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	6	
KETOSTIX STRP	6	
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA	2	QL(0.36 ea daily)
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	

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

Drug Name	Drug Tier	Requirements/Limits
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**

(Dichlorphenamide) ORMALVI	4	PA
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>dichlorphenamide</i>	4	PA
KEVEYIS ( <i>dichlorphenamide</i> )	7	PA
<i>methazolamide TABS</i>	1	

**Diuretic Combinations**

ALDACTAZIDE	2	
<i>amiloride &amp; hydrochlorothiazide</i>	1	
<i>spironolactone &amp; hydrochlorothiazide</i>	1	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene &amp; hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
<i>triamterene &amp; hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Loop Diuretics</b>		
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>ethacrynic acid</i>	1	ST
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	
<i>furosemide TABS</i>	1	
<i>torseamide TABS 100 MG</i>	1	QL(2 ea daily)
<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	

**Potassium Sparing Diuretics**

<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	1	

**Thiazides and Thiazide-Like Diuretics**

<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	

**ENDOCRINE AND METABOLIC AGENTS - MISC.**

**- Drugs to Treat Bone Disease and Regulate Hormones**

**Bone Density Regulators**

<i>alendronate sodium SOLN</i>	1	
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 ea daily)
<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 ea daily)

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



Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>calcitonin (salmon) NA</i>	1	
<i>calcitonin (salmon) IJ</i>	4	PA
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ ( <i>calcitonin (salmon)</i> )	7	PA
NATPARA	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 ea daily); ST
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
TYMLOS	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	PA
NORDITROPIN FLEXPRO SOPN	4	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
ZOMACTON SOLR SC 10 MG	4	PA
ZORBTIVE SC	4	PA
Hormone Receptor Modulators		
EVISTA ( <i>raloxifene hcl</i> )	7	PV
OSPHENA	3	QL(1 ea daily)
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	3	PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
<i>betaine</i>	4	PA
BUPHENYL POWD ( <i>sodium phenylbutyrate</i> )	7	PA
BUPHENYL TABS ( <i>sodium phenylbutyrate</i> )	7	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN OR</i>	1	
<i>cinacalcet hcl</i>	1	PA
CYSTADANE ( <i>betaine</i> )	7	PA
<i>doxercalciferol CAPS</i>	2	
GALAFOLD	4	QL(0.5 ea daily); PA
KUVAN PACK ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX
KUVAN TABS ( <i>sapropterin dihydrochloride</i> )	7	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	1	
MYALEPT	4	PA
<i>nitisinone CAPS 10 MG</i>	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA
NITYR TABS	4	PA
ORFADIN CAPS 10 MG ( <i>nitisinone</i> )	7	PA
ORFADIN SUSP	4	PA
PALYNZIQ	4	PA
<i>paricalcitol CAPS</i>	1	
RAVICTI	4	
<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
<i>sodium phenylbutyrate POWD</i>	4	PA
<i>sodium phenylbutyrate TABS</i>	4	PA
STRENSIQ	4	PA
XURIDEN	4	
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1	
STIMATE SOLN NA	3	
Progesterone Receptor Antagonists		
MIFEPREX ( <i>mifepristone</i> )	7	PV
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML</i>	4	PA
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML</i>	4	PA
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML</i>	4	PA
<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	4	PA
SANDOSTATIN SOLN 500 MCG/ML ( <i>octreotide acetate</i> )	7	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPB	4	PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH PTTW	3	
DUAVEE	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol &amp; norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	4	PA
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
<b>Estrogens</b>		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW	2	QL(0.29 ea daily)
ELESTRIN GEL	3	
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</i>	1	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 ea daily)
<i>estradiol TABS</i>	1	
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	
MENEST	2	
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
PREMARIN TABS 0.9 MG	2	
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Fluoroquinolones</b>		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG</i>	1	
<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 days retail; 28 ea per 90 days mail)
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Farnesoid X Receptor (FXR) Agonists</b>		
OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
OCALIVA 10 MG	4	QL(1 ea daily); PA
<b>Gallstone Solubilizing Agents</b>		
CHENODAL	4	PA
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
<b>Gastrointestinal Chloride Channel Activators</b>		
<i>lubiprostone</i>	1	
<b>Gastrointestinal Stimulants</b>		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	1	
<b>Inflammatory Bowel Agents</b>		
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 ea daily)
DIPENTUM	3	

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

Drug Name	Drug Tier	Requirements/Limits
INFLECTRA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>mesalamine CP24</i>	1	QL(4 ea daily)
<i>mesalamine CPCR</i>	1	QL(8 ea daily); PA
<i>mesalamine CPDR</i>	1	QL(6 ea daily)
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	1	QL(1 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)
<i>mesalamine TBEC 800 MG</i>	1	
PENTASA CPCR 250 MG	3	PA
RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 rtl pack lmt per fill; PA
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
LINZESS	2	QL(1 ea daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK	3	QL(1 ea daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
AURYXIA	3	ST; PA
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
PHOSLYRA SOLN	3	
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 800 MG</i>	1	QL(16 ea daily); PA
<i>sevelamer hcl 400 MG</i>	1	ST; PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS -</b>		
<b>Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<b>Acidifiers</b>		
K-PHOS NO 2	2	
<b>Alkalinizers</b>		
(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
ORACIT	3	
ORAL CITRATE	3	
<i>pot &amp; sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate &amp; citric acid</i>	1	RX/OTC
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	
PROCYSBI PACK	4	PA
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	3	QL(3 ea daily); PA
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
<i>silodosin 8 MG</i>	1	QL(1 ea daily)

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	IDELVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALTUVIIIO	4	PA	IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	JIVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COAGADEX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	KOVALTRY	4	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOSEVEN RT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
			NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel hcl</i>	1	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
CEREZYME 400 UNIT	4	PA
<i>miglustat</i>	4	ST; PA
ZAVESCA ( <i>miglustat</i> )	7	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	4	ST; AC; PA
SIKLOS TABS 1000 MG	4	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
<i>folic acid TABS 1 MG</i>	1	RX/OTC
Hematopoietic Growth Factors		
MULPLETA	4	PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT	4	PA
RETACRIT 20000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
ZIEXTENZO	4	PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
IRON FOLATE-F	2	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
Hemostatics - Systemic		

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



Drug Name	Drug Tier	Requirements/Limits
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	
<i>aminocaproic acid TABS</i>	1	
CYKLOKAPRON SOLN ( <i>tranexamic acid</i> )	7	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	4	PA
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
DORAL ( <i>quazepam</i> )	7	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily)
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)
<i>midazolam hcl SYRP</i>	1	
<i>temazepam 7.5 MG</i>	1	
<i>temazepam 15 MG</i>	1	QL(2 ea daily)
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.125 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 ea daily); ST
<b>LAXATIVES - Bowel Treatment Drugs</b>		

Drug Name	Drug Tier	Requirements/Limits
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	7	QL(4000 ml per fill retail); PV
NULYTELY ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	7	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
PEG-PREP	5	QL(1 ea per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	7	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS LANCETS COLORED 21G	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
PREFERRED PLUS LANCETS SUPER THIN 30G	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
PREFERRED PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PX LANCETS MICROTHIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PX LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 33G/MICRO THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PSS SELECT GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION 2-IN-1 LANCET DEVICES 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	RELION 2-IN-1 LANCING DEVICE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RA E-ZJECT LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION 2-IN-1 LANCING DEVICE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCANCE SAFETY LANCETS/21G/2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCANCE SAFETY LANCETS/23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCANCE SAFETY LANCETS/26G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS ULTRA-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCANCE SAFETY LANCETS/28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCANCE SAFETY LANCETS/30G/1.6MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
REALITY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	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	RELION ULTRA THIN PLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REXALL LANCETS ULTRA THIN	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
RIGHTEST GL300 LANCETS	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
SAFE-T-LANCE LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFETY LANCETS/PRESSURE ACTIVATED/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE NORMAL FLOW21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAPS HEALTH CARE TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAPS HEALTH TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAPSCARE TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCET 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SB LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SB LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SHOPKO ON-THE-GO COMFORTLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNILET LANCETS SUPER THIN 30G	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 ULTRA THIN 28G	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 MICRO THIN 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 UNIVERSAL 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
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SMART SENSE THIN LANCETS UNIVERSAL 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SMARTTEST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SURELITE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TECHLITE AST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TECHLITE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TRAVEL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
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/30G	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 30G	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
TGT LANCET ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TRUEPLUS LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
THINLETS GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TRUEPLUS LANCETS 28G SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TODAYS HEALTH SUPER THINLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TRUEPLUS LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TODAYS HEALTH ULTRA THINLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TRUEPLUS LANCETS 30G ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TRUEPLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS LANCETS 33G MICRO THIN	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 SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTRA-THIN II LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ULTRA-THIN II LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET CLASSIC LANCETS	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
ULTILET LANCETS	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 LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET EXCELITE II	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET GP 28 ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNILET LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET LANCETS SUPER-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET LANCETS ULTRA-THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK TOUCH SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 GENTLE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS THIN26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK PRO SAFETY LANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK PRO SAFETY LANCET 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK PRO SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS STANDARD 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VALUMARK LANCET ULTRA THIN 28G	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
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VIVAGUARD LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VIVAGUARD SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS ADVANCED TRAVELLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 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 SUPER THIN 30G	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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEV RX TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
Parenteral Therapy Supplies			BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)
ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD PEN MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD NEEDLE/30G X 1/2"	2	RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC			
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	6	RX/OTC
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC	HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC	<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	Calcitonin Gene-Related Peptide (CGRP)		
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	Receptor Antag		
			AJOVY SOAJ	2	PA
			AJOVY SOSY	2	PA
			EMGALITY SOAJ	2	PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOSY	2	PA	<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
UBRELVY	3	QL(10 ea per 30 days retail); ST	<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
Migraine Combinations			<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1		<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>ergotamine w/ caffeine TABS</i>	1		<i>sumatriptan succinate SOAJ</i>	4	PA
Migraine Products			<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	4	ST; PA
D.H.E. 45 SOLN IJ ( <i>dihydroergotamine mesylate</i> )	7	PA	<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	4	PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ml daily); PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(0.27 ml daily); PA	<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)
ERGOMAR SUBL	2		<i>zolmitriptan SOLN</i>	1	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
Serotonin Agonists			<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)	<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)	ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)	<b>MINERALS &amp; ELECTROLYTES</b>		
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	7	PA	Calcium		
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML ( <i>sumatriptan succinate</i> )	7	ST; PA	CALCIFOL	3	
IMITREX STATDOSE SYSTEM SOAJ ( <i>sumatriptan succinate</i> )	7	PA	CALCIUM-FOLIC ACID PLUS D	3	
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)			

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

Drug Name	Drug Tier	Requirements/Limits
MAGNEBIND 400	3	
Fluoride		
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
FLORIVA	3	
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	

Drug Name	Drug Tier	Requirements/Limits
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
EFFER-K	3	
K-TAB TBCR 8 MEQ ( <i>potassium chloride</i> )	2	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK OR 20 MEQ</i>	1	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ( <i>potassium chloride</i> )	7	PA
<i>potassium chloride TBCR</i>	1	
Zinc		
GALZIN	3	
WILZIN	3	

#### MISCELLANEOUS THERAPEUTIC CLASSES

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

Drug Name	Drug Tier	Requirements/Limits
<b>Chelating Agents</b>		
CUPRIMINE CAPS ( <i>penicillamine</i> )	7	PA
<i>penicillamine</i> CAPS	4	PA
<i>penicillamine</i> TABS	1	
SYPRINE ( <i>trientine hcl</i> )	7	PA
<i>trientine hcl</i> 250 MG	4	PA
<i>trientine hcl</i> 500 MG	4	PA
<b>Immunomodulators</b>		
<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
THALOMID	3	Must use Exactus Specialty Rx 1-866-458-9246; AC
<b>Immunosuppressive Agents</b>		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	ST
<i>azathioprine</i> TABS	1	
<i>cyclosporine modified (for microemulsion)</i> CAPS	1	
<i>cyclosporine modified (for microemulsion)</i> SOLN	1	
<i>cyclosporine</i> CAPS	1	
<i>everolimus (immunosuppressant)</i>	1	
<i>mycophenolate mofetil</i> CAPS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i> SUSR	1	
<i>mycophenolate mofetil</i> TABS	1	
<i>mycophenolate sodium</i>	1	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN OR	3	
<i>sirolimus</i> SOLN	1	
<i>sirolimus</i> TABS	1	
<i>tacrolimus</i> CAPS	1	
THYMOGLOBULIN	3	administered under the medical benefit; PA
<b>Potassium Removing Agents</b>		
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate</i> POWD	1	
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat)</i>	1	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antiseptics - Mouth/Throat			(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
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1				
<i>chlorhexidine gluconate (mouth-throat)</i>	1				
Steroids - Mouth/Throat/Dental			POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1		POLY-VI-FLOR/IRON SUSP	3	RX/OTC
<i>triamcinolone acetonide (mouth)</i>	1		QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
Throat Products - Misc.			Ped MV w/ Fluoride		
<i>cevimeline hcl</i>	1	QL(3 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORID E CHEW	1	AL(Up to 6 yrs old); RX/OTC
MUCOTROL WAFR	3		(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORID E CHEW	1	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORID E SOLN	1	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORID E SOLN	1	AL(Up to 6 yrs old); RX/OTC
<b>MULTIVITAMINS</b>					
Ped Multi Vitamins w/FI & FE			(Pediatric Multivitamins W/FI) MULTI-VITAMIN/IRON/FLUORIDE, MULTIVITAMIN/FLUORID E/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORID E/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	(Pediatric Multivitamins W/FI) MULTI-VITAMIN/IRON/FLUORIDE, MULTIVITAMIN/FLUORID E SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORID E/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-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML- 0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG- 4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	1	
MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	ATABEX EC TBEC	2	
<i>pediatric multivitamins w/fl CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG- 400 UNIT-3.4 MG-20 MG- 50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
<i>pediatric vitamins acid w/ fluoride SOLN</i>	1	AL(Up to 6 yrs old)	CITRANATAL ASSURE	3	
POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
POLY-VI-FLOR SUSP	3		CITRANATAL BLOOM	3	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)	CITRANATAL BLOOM DHA	2	
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL DHA	2	
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ESSENCE	2	
TRI-VI-FLOR	3		CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
TRI-VI-FLORO	3		CITRANATAL MEDLEY	3	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			C-NATE DHA CAPS	3	
FLORIVA	3		COMPLETENATE CHEW	2	
Prenatal Vitamins					
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	1	RX/OTC			

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONCEPT DHA	2		OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	3	
CONCEPT OB	2		ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS	2	RX/OTC
DUET DHA 400 MISC	3		PNV-DHA+DOCUSATE	3	
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3		PNV-OMEGA	3	
FOLIVANE-OB	2		PRENA 1 TRUE	2	
M-NATAL PLUS TABS	2	RX/OTC	PRENA1 CHEW	3	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENA1 PEARL	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PRENAISSANCE	3	
NEONATAL 19	3		PRENAISSANCE PLUS CAPS	3	
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC	PRENATAL 19 CHEW	2	
NEONATAL PLUS TABS	2	RX/OTC	PRENATAL 19 TABS	3	RX/OTC
NESTABS	3		PRENATAL PLUS VITAMIN AND MINERAL TABS	2	RX/OTC
NESTABS DHA	2		PRENATAL PLUS TABS	2	RX/OTC
NESTABS ONE	3		PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
NIVA-PLUS TABS	2	RX/OTC	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
OB COMPLETE ONE	3		PRENATAL-U CAPS	2	
OB COMPLETE PETITE	3		PRENATE	3	
OB COMPLETE PREMIER	3		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3	
OB COMPLETE/DHA	3				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		TRICARE TABS	2	RX/OTC
PRENATE ENHANCE	3		TRINATAL RX 1 TABS	2	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		TRISTART DHA	3	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3		TRISTART ONE	3	
PRENATE PIXIE	3		VINATE DHA RF	3	
PRENATE RESTORE	3		VINATE ONE TABS	2	
PRENATRIX TABS	2	RX/OTC	VIRT-C DHA	2	
PRENATRYL TABS	2	RX/OTC	VIRT-NATE DHA CAPS	3	
PREPLUS TABS	2	RX/OTC	VIRT-PN DHA	3	
RELNATE DHA CAPS	3		VITAFOL GUMMIES	3	
SELECT-OB+DHA MISC	3		VITAFOL-NANO	3	
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3		VITAFOL-ONE CAPS	3	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2		VITAMEDMD ONE RX/QUATREFOLIC	3	
SE-NATAL 19 CHEW	2		VITAMEDMD REDICHEW RX	3	
SE-NATAL 19 TABS	3	RX/OTC	VITAPEARL	3	
THERANATAL CORE NUTRITION TABS	2	RX/OTC	VITATHELY/GINGER TABS	2	RX/OTC
THRIVITE RX TABS	2	RX/OTC	VITATRUE	2	
			VIVA DHA CAPS	3	
			VP-PNV-DHA CAPS	3	
			WESCAP-C DHA	2	
			WESNATE DHA CAPS	3	
			WESTAB PLUS TABS	2	RX/OTC
			WESTGEL DHA	3	
			ZATEAN-PN DHA	3	
			<b>MUSCULOSKELETAL THERAPY AGENTS -</b>		
			<b>Drugs to Treat Spasms</b>		
			<b>Central Muscle Relaxants</b>		
			(Carisoprodol) VANADOM TABS 350 MG	1	
			(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
			<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 40000 MCG/20ML</i>	4	administered under the medical benefit; PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
<i>baclofen TABS 5 MG</i>	1	
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	4	administered under the medical benefit; PA
LIORESAL INTRATHECAL SOLN IT ( <i>baclofen</i> )	7	administered under the medical benefit; PA
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	4	administered under the medical benefit; PA
<i>metaxalone 800 MG</i>	1	QL(4 ea daily)
<i>metaxalone 400 MG</i>	1	
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
<i>tizanidine hcl TABS 2 MG</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin &amp; codeine</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 gm daily)

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

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

Drug Name	Drug Tier	Requirements/Limits
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO	1	QL(1.2 ml daily)
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 gm daily); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ml daily)
XHANCE EXHU	3	QL(1.07 ml daily); ST
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	4	PA
RADICAVA ORS SUSP	4	PA
RELYVRIO	4	PA
<i>riluzole TABS</i>	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	4	PA
<b>NUTRIENTS</b>		
Lipids		

Drug Name	Drug Tier	Requirements/Limits
DOJOLVI	4	PA
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	1	
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1	
TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	2	
Cycloplegic Mydriatics		
(Homatropine Hbr) HOMATROPAIRE	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
<i>atropine sulfate (ophthalmic) OINT</i>	1	
<i>atropine sulfate (ophthalmic) SOLN</i>	1	
ATROPINE SULFATE SOLN 1 %	2	
CYCLOGYL	2	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ISOPTO ATROPINE SOLN	2	
<i>phenylephrine hcl (mydriatic) SOLN</i>	1	
<i>tropicamide SOLN</i>	1	
Miotics		
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate</i>	1	
IOPIDINE	3	
Ophthalmic Anti-infectives		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>levofloxacin (ophth) 1.5 %</i>	2	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail)
<i>polymyxin b-trimethoprim</i>	1	
POVIDONE IODINE	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBREX OINT	2	
<i>trifluridine</i>	1	
ZIRGAN GEL	3	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
AKTEN	3	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail; 4 per fill mail)

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

Drug Name	Drug Tier	Requirements/Limits
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail; 4 per fill mail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone (ophth) SUSP</i>	1	
FML FORTE SUSP	2	
FML OINT	2	
LOTEMAX OINT	3	
<i>loteprednol etabonate GEL</i>	1	
<i>loteprednol etabonate SUSP</i>	1	
MAXIDEX SUSP OP	2	
<i>neomycin-polymy-dexameth OINT</i>	1	
<i>neomycin-polymy-dexameth SUSP</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED MILD	2	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	3	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOX ACIN SOLN	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
ZYLET	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP	3	
Ophthalmics - Misc.		
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ml daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
ACUVAIL	3	
ALOCRIAL	3	
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	1	QL(0.34 ml daily); ST
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac sodium (ophth)</i>	1	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	4	
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ml daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ml daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
PAREMYD	3	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.09 ml daily)
LATANOPROST SOLN	2	QL(0.09 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>tafluprost</i>	1	QL(1 ea daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 ea per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone acetonide</i>	1	Limit 15mls per month; QL(0.5 ea daily)
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
OTOVEL ( <i>ciprofloxacin-fluocinolone acetonide</i> )	7	Limit 15mls per month; QL(0.5 ea daily)
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ml per fill retail)
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
Immune Serums		
BIVIGAM SOLN 5 GM/50ML	4	PA
BIVIGAM SOLN 10 %	4	PA
FLEBOGAMMA DIF SOLN	4	PA
FLEBOGAMMA DIF SOLN 5 GM/50ML	4	PA
GAMASTAN	4	PA
GAMMAGARD LIQUID 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
GAMMAGARD LIQUID 1 GM/10ML	4	Covered under Medical Benefit; PA
GAMMAKED 1 GM/10ML	4	Covered under Medical Benefit; PA
GAMMAPLEX SOLN 5 GM/50ML	4	PA
GAMMAPLEX SOLN	4	PA
GAMUNEX-C 1 GM/10ML	4	Covered under Medical Benefit; PA
GAMUNEX-C 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
OCTAGAM SOLN	4	PA
OCTAGAM SOLN 5 GM/50ML	4	PA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	PA
PRIVIGEN SOLN 5 GM/50ML	4	PA
Passive Immunizing Agents - Combinations		

Drug Name	Drug Tier	Requirements/Limits
HYQVIA 1600 UNIT/10ML-20 GM/200ML, 200 UNT/1.25ML-2.5 GM/25ML, 2400 UNIT/15ML-30 GM/300ML, 400 UNIT/2.5ML-5 GM/50ML	4	Some members may obtain their medications through their Medical Group; PA
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	4	PA
BICILLIN L-A SUSY	4	PA
<i>penicillin g potassium</i>	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	PA
PENICILLIN G PROCAINE	4	PA
<i>penicillin g sodium</i>	4	PA
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1	

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



Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin &amp; pot clavulanate TABS</i>	1	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1	
<i>ampicillin &amp; sulbactam sodium IJ 2 GM-1 GM</i>	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	4	PA
<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	4	PA
UNASYN IJ 2 GM-1 GM ( <i>ampicillin &amp; sulbactam sodium</i> )	7	PA
UNASYN BULK PACK IV ( <i>ampicillin &amp; sulbactam sodium</i> )	7	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
NAFCILLIN 1 GM/50ML-5 %	4	PA
<i>nafcillin sodium IV 2 GM, 10 GM</i>	4	PA
<i>oxacillin sodium IV 10 GM</i>	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)
<i>megestrol acetate (appetite)</i>	1	AC
<i>norethindrone acetate TABS</i>	1	
<i>progesterone CAPS</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone OIL</i>	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	4	ST; PA
XYREM SOLN	4	ST; PA
Antidementia Agents		
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	1	
<i>galantamine hydrobromide TABS</i>	1	
<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	1	PA
<i>memantine hcl CP24 7 MG</i>	1	ST; PA
<i>memantine hcl SOLN</i>	1	
<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)
<i>memantine hcl TABS</i>	1	
<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)
NAMZARIC C4PK	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate CAPS</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Combination Psychotherapeutics			AVONEX PEN AJKT	4	PA
<i>chlordiazepoxide-amitriptyline</i>	1		AVONEX PSKT	4	PA
<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG</i>	2		BETASERON KIT	4	PA
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG</i>	1		<i>dalfampridine</i>	1	PA
<i>perphenazine-amitriptyline</i>	1		<i>dimethyl fumarate CDPK</i>	2	QL(60 ea per 365 days retail)
Fibromyalgia Agents			<i>dimethyl fumarate CPDR</i>	2	QL(2 ea daily)
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA	<i>ingolimod hcl</i>	1	QL(1 ea daily)
SAVELLA TABS	3	QL(2 ea daily); PA	GILENYA 0.5 MG	2	QL(1 ea daily)
Movement Disorder Drug Therapy			<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 days retail)
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ml daily)
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA	KESIMPTA	4	QL(0.0143 ml daily); PA
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA	MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 ea daily); PA	MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA	MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA
INGREZZA CPPK	4	PA	MAYZENT TABS 1 MG	3	not available thru mail order; PA
<i>tetrabenazine</i>	4	Specialty drug-Health Net will refer to SP Pharmacy; PA	MAYZENT TABS 2 MG	3	QL(1 ea daily); PA
XENAZINE ( <i>tetrabenazine</i> )	7	Specialty drug-Health Net will refer to SP Pharmacy; PA	PLEGRIDY STARTER PACK SOPN	4	PA
Multiple Sclerosis Agents			PLEGRIDY STARTER PACK SOSY SC	4	PA
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)	PLEGRIDY SOPN	4	PA
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 days retail)	PLEGRIDY SOSY IM	4	PA
			PLEGRIDY SOSY SC	4	PA
			REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA
			REBIF REBIDOSE SOAJ	4	PA
			REBIF TITRATION PACK SOSY	4	PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REBIF SOSY	4	PA	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV
<i>teriflunomide</i>	1	QL(1 ea daily)			
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	1				
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	4	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	1				
<i>pimozide</i>	1				
Smoking Deterrents					
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV			

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR			(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	PV

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)
<i>esomeprazole magnesium PACK</i>	1	PA
FIRST-OMEPRAZOLE SUSP	3	
<i>lansoprazole CPDR</i>	1	QL(1 ea daily); RX/OTC
<i>lansoprazole TBDD 30 MG</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
<i>lansoprazole TBDD 15 MG</i>	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
NEXIUM PACK	3	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
<i>omeprazole CPDR 10 MG</i>	1	
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
<i>pantoprazole sodium PACK</i>	1	QL(1 ea daily)
<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
PRILOSEC PACK	3	PA
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>rabeprazole sodium TBEC</i>	2	ST; QL(1 ea daily); PA
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUAD QUADRIVALENT 2021-2022	5	PV	Spermicides		
FLUAD QUADRIVALENT 2022-2023	5	PV	ENCARE SUPP 100 MG	5	PV
FLUAD QUADRIVALENT 2023-2024	5	PV	OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	PV
FLUARIX QUADRIVALENT 2021-2022 SUSY	5	PV	TODAY SPONGE MISC	5	PV
FLUARIX QUADRIVALENT 2022-2023 SUSY	5	PV	VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
FLUARIX QUADRIVALENT 2023-2024 SUSY	5	PV	VCF VAGINAL CONTRACEPTIVE GEL	5	PV
FLULAVAL QUADRIVALENT 2021-2022 SUSY	5	PV	Vaginal Anti-infectives		
FLULAVAL QUADRIVALENT 2022-2023 SUSY	5	PV	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
FLULAVAL QUADRIVALENT 2023-2024 SUSY	5	PV	CLEOCIN SUPP	3	
FLUMIST QUADRIVALENT	5	PV	<i>clindamycin phosphate vaginal CREA</i>	1	
FLUZONE HIGH-DOSE PF 2021-2022	5	PV	CLINDESSE	3	
FLUZONE HIGH-DOSE PF 2022-2023	5	PV	GYNAZOLE-1	3	
FLUZONE HIGH-DOSE PF 2023-2024	5	PV	<i>metronidazole vaginal</i>	1	
FLUZONE QUADRIVALENT 2021-2022 SUSY	5	PV	<i>terconazole vaginal CREA</i>	1	
FLUZONE QUADRIVALENT 2022-2023 SUSY	5	PV	<i>terconazole vaginal CREA 0.8 %</i>	6	
FLUZONE QUADRIVALENT 2023-2024 SUSY	5	PV	<i>terconazole vaginal SUPP</i>	1	
HEPLISAV-B SOSY	5	Medical Benefit; PV	VANDAZOLE	2	
<b>VAGINAL AND RELATED PRODUCTS</b>			Vaginal Contraceptive - pH Modulators		
			PHEXXI	5	PV
			Vaginal Estrogens		
			(Estradiol Vaginal) YUVAFEM TABS	1	
			<i>estradiol vaginal CREA</i>	1	
			<i>estradiol vaginal TABS</i>	1	
			ESTRING RING	2	QL(1 per fill mail)
			FEMRING	3	QL(1 ea per 90 days retail; 1 ea per 90 days mail)

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

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

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



# INDEX

(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 % .....47	CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW .....7	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 .....66
(Alprazolam) ALPRAZOLAM XR TB24 .....10	(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG .....6	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP .....66
(Amiodarone Hcl) PACERONE TABS .....11	(Azathioprine) AZASAN TABS 75 MG, 100 MG .....94	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA .....12
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG .....6	(Azelastrine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY .....99	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG .....6
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG .....6	(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN .....101	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG .....6
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG .....6	(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC .....101	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG .6
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG .....6	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG .....6
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG .....6	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE .....8
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG .....6	(Calcipotriene) CALCITRENE OINT 50	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS .....60
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG .....6	(Carbamazepine) EPITOL TABS ..14	(Carisoprodol) VANADOM TABS 350 MG .....98

(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD .....	95	ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG ...	41	(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG .....	39
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG .....	98	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA .....	41	(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG .....	39
(Cholestyramine Light) PREVALITE PACK .....	23	(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN T .....	41	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG .....	38
(Cholestyramine Light) PREVALITE POWD .....	23	(Desonide) DESRX GEL .....	52	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER ..	38
(Ciclopirox) CICLODAN SOLN ....	49	(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBP ..	46	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG .....	38
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB .....	47	(Dexchlorpheniramine Maleate) RYCLORA SOLN .....	22	(Diltiazem Hcl) DILT-XR CP24 ....	38
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM .....	47	(Dextroamphetamine Sulfate) PROCENTRA SOLN .....	1	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG .....	38
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ..	47	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG .....	1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG .....	115
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % .....	51	(Diazepam) DIAZEPAM INTENSOL CONC .....	10	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG ..	115
(Clobetasol Propionate Emulsion) TOVET .....	51	(Dichlorphenamide) ORMALVI ....	56	(Doxycycline Hyclate) LYMEPAK TABS 100 MG .....	115
(Clobetasol Propionate) CLODAN SHAM .....	52	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG .....	4	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG .....	41
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG .....	94	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX .....	50	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG .....	42
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG ...	41	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG-0.451 MG .....	42	(Ergotamine W/ Caffeine)	
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE,					

MIGERGOT SUPP .....	92	STRENGTH, FAMOTIDINE	(Fluticasone-Salmeterol) WIXELA
(Erythromycin (Acne Aid)) ERY		MAXIMUM STRENGTH, FT ACID	INHUB AEPB 100 MCG/ACT-50
PADS .....	47	REDUCER MAXIMUM STRENGTH,	MCG/ACT, 250 MCG/ACT-50
(Erythromycin Base) ERY-TAB TBEC		GNP ACID REDUCER	MCG/ACT, 500 MCG/ACT-50
.....	67	MAXIMUMSTRENGTH,	MCG/ACT .....
(Erythromycin Stearate)		HEARTBURN RELIEF	12
ERYTHROCIN STEARATE TABS		MAXIMUMSTRENGTH, HM	(Folic Acid) CVS FOLIC ACID,
250 MG .....	67	FAMOTIDINE, KLS ACID	FOLATE, GNP FOLIC ACID, HM
(Estradiol & Norethindrone Acetate)		CONTROLLER MAXIMUM	FOLIC ACID, KP FOLIC ACID, PX
AMABELZ, MIMVEY TABS 1 MG-0.5		STRENGTH, MM ACID-PEP	FOLIC ACID, QC FOLIC ACID, RA
MG .....	58	MAXIMUM STRENGTH, MM	FOLIC ACID, SM FOLIC ACID,
(Estradiol & Norethindrone Acetate)		FAMOTIDINE, PX ACID REDUCER	TRUE FOLIC ACID, YL FOLIC ACID
AMABELZ, MIMVEY TABS .....	58	MAXIMUM STRENGTH, QC ACID	TABS 400 MCG, 800 MCG .....
(Estradiol Vaginal) YUVAFEM TABS .		CONTROLLER MAXIMUM	64
119		STRENGTH, QC FAMOTIDINE ACID	(Folic Acid) CVS FOLIC ACID,
(Estradiol) DOTTI, LYLLANA PTTW .		REDUCER, RA ACID REDUCER	FOLATE, GNP FOLIC ACID, HM
59		MAXIMUM STRENGTH, SB ACID	FOLIC ACID, KP FOLIC ACID, PX
(Ethinodiol Diacet & Eth Estrad)		CONTROLLER MAXIMUM	FOLIC ACID, QC FOLIC ACID, RA
KELNOR 1/35, KELNOR 1/50,		STRENGTH, SM ACID REDUCER	FOLIC ACID, SM FOLIC ACID,
ZOVIA 1/35 35 MCG-1 MG .....	42	MAXIMUM STRENGTH, ZANTAC	TRUE FOLIC ACID, YL FOLIC ACID
(Ethinodiol Diacet & Eth Estrad)		360 MAXIMUM STRENGTH TABS	TABS 400 MCG .....
KELNOR 1/35, KELNOR 1/50,		20 MG .....	64
ZOVIA 1/35 50 MCG-1 MG .....	42	(Fluocinolone Acetonide (Otic)) FLAC	(Folic Acid) CVS FOLIC ACID,
(Etonogestrel-Ethinyl Estradiol)		.....	FOLATE, GNP FOLIC ACID, HM
ELURYNG, ENILLORING,		.....	FOLIC ACID, KP FOLIC ACID, PX
HALOETTE .....	45	(Flurandrenolide) NOLIX CREA ...	FOLIC ACID, QC FOLIC ACID, RA
(Etoposide) TOPOSAR SOLN 1		52	FOLIC ACID, SM FOLIC ACID,
GM/50ML, 100 MG/5ML, 500		(Fluticasone Propionate (Nasal))	TRUE FOLIC ACID, YL FOLIC ACID
MG/25ML .....	33	ALLERGY NASAL SPRAY 24	TABS 800 MCG .....
(Famotidine) ACID CONTROL		HOUR, ALLERGY RELIEF,	64
MAXIMUM STRENGTH, ACID		CLARISPRAY, CVS FLUTICASONE	(Folic Acid) KP FOLIC ACID, TRUE
CONTROLLER MAXIMUM		PROPIONATE NASAL SPRAY, CVS	FOLIC ACID TABS 1 MG .....
STRENGTH, ACID REDUCER		FLUTICASONE PROPRIONATE	64
MAXIMUM STRENGTH, CVS ACID		NASAL SPRAY, EQ ALLERGY	(Gentamicin Sulfate (Ophth))
CONTROLLER MAXIMUM		RELIEF, EQL FLUTICASONE	GENTAK OINT .....
STRENGTH, EQ FAMOTIDINE		PROPIONATE, EQL FLUTICASONE	101
MAXIMUM STRENGTH, EQL		PROPIONATE CHILDRENS, FT	(Glatiramer Acetate) GLATOPA
HEARTBURN		ALLERGY RELIEF 24 HR, GNP	SOSY 20 MG/ML .....
PREVENTION/MAXIMUM		FLUTICASONE PROPIONATE,	106
		GOODSENSE 24-HOUR ALLERGY	(Glatiramer Acetate) GLATOPA
		NASAL SPRAY, HM ALLERGY	SOSY 40 MG/ML .....
		RELIEF NASAL SPRAY 24HR, KLS	106
		ALLER-FLO, QC ALLERGY RELIEF,	(Glipizide) GLIPIZIDE XL TB24 ....
		SM ALLERGY RELIEF NASAL	20
		SPRAY SUSP .....	(Guaifenesin-Codeine) G TUSSIN
		99	AC, MAXI-TUSS AC SOLN 10
			MG/5ML-100 MG/5ML .....
			46
			(Guaifenesin-Codeine)
			GUAIATUSSIN AC, GUAIFENESIN

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

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

POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 108

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

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

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE

TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR ..... 111

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

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

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



TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE	SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE	TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE
TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE	TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE	TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE
TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE	TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR ..... 110
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR ..... 109	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE
TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 111	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE	TRANSDERMALSYSTEM STEP 1, CVS NICOTINE
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE	TRANSDERMALSYSTEM STEP 1, CVS NICOTINE	TRANSDERMALSYSTEM STEP 2, CVS NICOTINE
TRANSDERMALSYSTEM STEP 1, CVS NICOTINE	TRANSDERMALSYSTEM STEP 2, CVS NICOTINE	TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE
TRANSDERMALSYSTEM STEP 2, CVS NICOTINE	TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE	TRANSDERMALSYSTEM, GNP NICOTINE
TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE	TRANSDERMALSYSTEM, GNP NICOTINE	TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE
TRANSDERMALSYSTEM, GNP NICOTINE	TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE
TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE
TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 1, NICOTINE
TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE
TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE	TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE
TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE	TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE	TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE
TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 3, NICOTINE	TRANSDERMAL SYSTEM/STEP 1,



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

1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG- 20 MCG ..... 44	CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG ..... 44	OMEPRAZOLE MAGNESIUM CPDR 117 (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG ..... 8
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG ..... 44	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % ..... 102	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG . 8  (Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ... 8
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI .... 58	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % .....102	(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML .... 95
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG ..... 58		(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ... 95
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE ..... 44		(Ped Multivitamins W/Fl & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML .... 95
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 ..... 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG .....117	
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-LO- ESTARYLLA, TRI-LO-MARZIA, TRI- LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO . 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....118	
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA ..... 44		(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 95  (Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 95
(Norgestrel & Ethinyl Estradiol)	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC	(Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 95

(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML ..... 96	PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL ..... 93	TABS ..... 96
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN ..... 96	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .. 93	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .96
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E ..... 65	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ ..... 93	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT ..... 96
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM- 22.74 GM-236 GM ..... 65	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ ..... 93	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT- 8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG-4000 UNIT- 200 MG-150 MCG-30 UNIT-29 MG 96
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..104	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ ..... 93	(Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA 96
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN ..... 100	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ ..... 93	(Prochlorperazine) COMPRO ..... 35
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG ..... 16	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ ..... 93	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG ..... 22
(Phenytoin) PHENYTOIN INFATABS CHEW ..... 16	(Potassium Chloride) KLOR-CON PACK OR 20 MEQ ..... 93	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG ..... 22
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD ..... 66	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK ..... 61	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML ..... 46
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP ..... 61	(Potassium Citrate-Citric Acid) CYTRA-K SOLN ..... 61	(Salicylic Acid) KERALYT SHAM 6 % ..... 54
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL,	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS ..... 93	(Sapropterin Dihydrochloride) JAVYGTOR PACK ..... 57
	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 102	(Sapropterin Dihydrochloride) JAVYGTOR TABS ..... 57
	(Prednisolone) MILLIPRED TABS .46	(Silver Sulfadiazine) SSD ..... 51
	(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABs ..... 96	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 47
	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 47
		(Sodium Citrate & Citric Acid)

CYTRA-2 .....	61	SPRAY, EQ NASAL ALLERGY	acetaminophen w/ codeine SOLN ..	8
(Sodium Fluoride) FLUORITAB		SPRAY, GNP 24 HOUR NASAL	acetaminophen w/ codeine TABS 15	
SOLN 0.125 MG/DROP .....	93	ALLERGY SPRAY, GOODSENSE	MG-300 MG, 30 MG-300 MG .....	8
(Sodium Fluoride) NAFRINSE CHEW		NASAL ALLERGY SPRAY, NASAL	acetaminophen w/ codeine TABS 60	
2.2 MG .....	93	ALLERGY 24 HOUR, NASAL	MG-300 MG .....	8
(Sodium Polystyrene Sulfonate) SPS		ALLERGY 24 HOUR MULTI-	acetazolamide CP12 .....	56
SUSP OR 15 GM/60ML .....	94	SYMPTOM, RA NASAL ALLERGY	acetazolamide TABS 125 MG .....	56
(Sotalol Hcl) SORINE TABS .....	38	SPRAY AERO .....	acetazolamide TABS 250 MG .....	56
(Sulfacetamide Sodium W/ Sulfur) BP		(Triamcinolone Acetonide (Topical))	acetic acid (otic) .....	103
10-1, SULFAMEZ WASH EMUL 10		TRIDERM CREA 0.5 % .....	acetylcysteine SOLN .....	47
%-1 % .....	48	(Urea) CERVEL LOTN 40 % .....	acitretin 10 MG .....	50
(Sulfacetamide Sodium W/ Sulfur)		(Vigabatrin) VIGADRONE TABS ..	acitretin 17.5 MG .....	50
SSS 10-5 FOAM .....	48	(Vigabatrin) VIGADRONE,	acitretin 25 MG .....	50
(Sulfacetamide Sodium-Sulfur In		VIGPODER PACK .....	ACTIDOM DMX LIQD .....	47
Urea Vehicle) BP CLEANSING		(Warfarin Sodium) JANTOVEN TABS	ACTI-LANCE LANCETS 28G .....	69
WASH EMUL 10 %-10 %-4 % .....	48	.....	ACTI-LANCE LITE SAFETY	
(Sulfamethoxazole-Trimethoprim)		1ST TIER UNILET COMFORTOUCH	LANCETS 28G .....	69
SULFATRIM PEDIATRIC SUSP ..	25	LANCETS 28G .....	ACTI-LANCE SPECIAL SAFETY	
(Tadalafil (Pulmonary Hypertension))		1ST TIER UNILET COMFORTOUCH	LANCETS 17G .....	69
ALYQ TABS .....	40	LANCETS 30G .....	ACTI-LANCE SPECIAL	
(Testosterone Cypionate) DEPO-		abacavir sulfate SOLN .....	SAFETYLANCETS 17G .....	70
TESTOSTERONE SOLN IM .....	9	abacavir sulfate TABS .....	ACTI-LANCE UNIVERSAL SAFETY	
(Tetracaine Hcl (Ophth)) ALTACAINE		abacavir sulfate-lamivudine .....	LANCETS 23G .....	70
.....	101	abiraterone acetate .....	ACTIMMUNE .....	32
(Theophylline) ELIXOPHYLLIN ELIX		acamprosate calcium .....	ACUVAIL .....	102
13		acarbose .....	acyclovir CAPS .....	37
(Timolol Maleate (Ophth)) TIMOLOL		ACCU-CHEK FASTCLIX LANCETS	acyclovir SUSP .....	37
MALEATE IN OCUDOSE SOLN 0.5		69	acyclovir TABS OR 400 MG .....	37
% .....	100	ACCU-CHEK SAFE-T-PRO	acyclovir TABS OR 800 MG .....	37
(Tretinoin) AVITA CREA 0.025 % ..	48	LANCETS .....	acyclovir topical OINT .....	51
(Tretinoin) AVITA GEL 0.025 % ...	48	ACCU-CHEK SAFE-T-PRO	ADALIMUMAB-ADAZ SOAJ .....	3
(Triamcinolone Acetonide (Mouth))		PLUSLANCETS .....	ADALIMUMAB-ADAZ SOSY .....	3
KOURZEQ, ORALONE DENTAL		ACCU-CHEK SOFTCLIX LANCETS		
PASTE .....	95	69		
(Triamcinolone Acetonide (Nasal))		acebutolol hcl CAPS .....		
ALLERGY NASAL SPRAY 24		38		
HOUR, CVS NASAL ALLERGY				

adapalene CREA .....	48	AFREZZA POWD .....	19	alfuzosin hcl .....	61
adapalene GEL 0.1 % .....	48	AFSTYLA .....	61	ALINIA SUSR .....	25
adapalene GEL 0.3 % .....	48	AGAMATRIX ULTRA-THIN LANCETS 33G .....	70	aliskiren fumarate .....	25
adapalene-benzoyl peroxide GEL 2.5 %-0.1 % .....	48	AGAMREE .....	46	ALKERAN (melphalan hcl) .....	27
ADCIRCA TABS (tadalafil (pulmonary hypertension)) .....	40	AIMSCO LUBRICATED MISC .....	67	allopurinol 100 MG .....	61
adefovir dipivoxil .....	37	AIMSCO TWIST LANCETS 32G ..	70	allopurinol 300 MG .....	61
ADEMPAS .....	41	AIMSCO TWIST LANCETS 33G ..	70	almotriptan malate .....	92
ADIPEX-P CAPS (phentermine hcl) 1		AJOVY SOAJ .....	91	ALOCRIL .....	102
ADIPEX-P TABS (phentermine hcl) .1		AJOVY SOSY .....	91	alogliptin benzoate .....	19
ADTHYZA TABS 130 MG .....	115	AKTEN .....	101	ALOMIDE .....	102
ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG .....	115	AKYNZEO .....	21	ALORA PTTW .....	59
ADVANCED MOBILE LANCET 30G 70		ALA-SCALP LOTN .....	52	alose tron hcl .....	60
ADVATE .....	61	al bendazole .....	10	ALPHANATE SOLR .....	61
ADVOCATE LANCETS .....	70	albuterol sulfate AERS .....	12	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....	62
ADVOCATE LANCETS 30G .....	70	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML .....	12	ALPRAZOLAM INTENSOL CONC 10	
ADVOCATE SAFETY LANCETS .70		ALBUTEROL SULFATE NEBU ....	12	alprazolam TABS .....	10
ADVOCATE SAFETY LANCETS 26G .....	70	albuterol sulfate SYRP .....	12	alprazolam TB24 .....	10
ADYNOVATE .....	61	albuterol sulfate TABS .....	12	alprazolam TBDP .....	10
AFINITOR DISPERZ TBSO (everolimus) .....	30	alclometasone dipropionate CREA	52	ALPROLIX .....	62
AFINITOR TABS (everolimus) ....	30	alclometasone dipropionate OINT	52	ALTABAX .....	49
AFLURIA QUADRIVALENT 2021- 2022 SUSY .....	118	ALDACTAZIDE .....	56	ALTUVIIIIO .....	62
AFLURIA QUADRIVALENT 2022- 2023 SUSY .....	118	ALECENSA .....	30	ALUNBRIG TABS .....	30
AFLURIA QUADRIVALENT 2023- 2024 SUSY .....	118	alendronate sodium SOLN .....	56	ALUNBRIG TBPK .....	30
		alendronate sodium TABS 35 MG	56	alvimopan .....	60
		alendronate sodium TABS 5 MG, 10 MG .....	57	amantadine hcl CAPS .....	33
		alendronate sodium TABS 70 MG	56	amantadine hcl TABS .....	33
		ALFERON N .....	32	ambrisentan 10 MG .....	40
				ambrisentan 5 MG .....	40
				amcinonide CREA .....	52

amcinonide LOTN .....	52	amoxicillin & pot clavulanate SUSR 104	anastrozole .....	28	
amcinonide OINT .....	52	amoxicillin & pot clavulanate TABS 105	ANDEXXA 200 MG .....	21	
amiloride & hydrochlorothiazide ...	56	amoxicillin & pot clavulanate TB12 105	ANGELIQ .....	58	
amiloride hcl TABS .....	56	amoxicillin CAPS .....	104	ANNOVERA .....	45
aminocaproic acid SOLN OR 0.25 GM/ML .....	65	amoxicillin CHEW 125 MG, 250 MG . 104	ANORO ELLIPTA .....	12	
aminocaproic acid TABS .....	65	amoxicillin SUSR .....	104	ANTARA 30 MG .....	23
amiodarone hcl TABS .....	11	amoxicillin TABS .....	104	ANZEMET TABS 50 MG .....	21
amitriptyline hcl TABS .....	18	amoxicillin-clarithromycin w/ lansoprazole THPK .....	118	APEXICON E CREA .....	52
amlodipine besylate TABS 2.5 MG 38		amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1	APO-VARENICLINE TABS 0.5 MG 114	
amlodipine besylate TABS 5 MG, 10 MG .....	38	amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG- 3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG ....	1	APO-VARENICLINE TABS 1 MG 114	
amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG .....	39	amphetamine-dextroamphetamine TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG- 3.75 MG-3.75 MG .....	1	apraclonidine hcl .....	101
amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG .....	39	ampicillin & sulbactam sodium IJ 2 GM-1 GM .....	105	aprepitant CAPS 40 MG .....	21
amlodipine besylate-benazepril hcl 10 MG-2.5 MG .....	24	ampicillin CAPS 500 MG .....	104	aprepitant CAPS 80 MG, 125 MG .21	
amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG- 5 MG, 40 MG-10 MG, 40 MG-5 MG 24		ampicillin sodium IJ 1 GM, 125 MG 104		aprepitant CAPS .....	21
amlodipine besylate-valsartan 10 MG-160 MG .....	24	anagrelide hcl .....	63	aprepitant MISC .....	21
amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG- 320 MG .....	24	ANALPRAM-HC LOTN EX .....	10	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER) .....	35
amlodipine-valsartan- hydrochlorothiazide .....	24			APTITUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER) .....	35
amoxapine .....	18			APTIVUS .....	14
amoxicillin & pot clavulanate CHEW . 104				APTIVUS CAPS .....	35

ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium) .....	13	ASSURE LANCE PLUS SAFETYLANCETS 25G .....	70	AUSTEDO TABS 9 MG .....	106
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium) .....	13	ASSURE LANCE PLUS SAFETYLANCETS 30G .....	71	AVONEX PEN AJKT .....	106
armodafinil 150 MG, 200 MG, 250 MG .....	2	ASSURE LANCE SAFETY LANCET 28G .....	71	AVONEX PSKT .....	106
armodafinil 50 MG .....	2	ASTAGRAF XL CP24 .....	94	AYVAKIT .....	29
ARMOUR THYROID TABS .....	115	ATABEX EC TBEC .....	96	AZASITE .....	101
ARNUITY ELLIPTA .....	12	atazanavir sulfate CAPS .....	35	azathioprine TABS .....	94
AROMASIN (exemestane) .....	29	atenolol & chlorthalidone .....	24	azelaic acid GEL .....	54
asenapine maleate .....	34	atenolol TABS .....	38	azelastine hcl (ophth) .....	102
aspirin CHEW .....	7	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG .....	2	azelastine hcl 0.1 %, 137 MCG/SPRAY .....	99
aspirin TBEC 81 MG .....	7	atomoxetine hcl 60 MG, 80 MG, 100 MG .....	2	azelastine hcl 0.15 %, 205.5 MCG/SPRAY .....	99
aspirin-dipyridamole .....	63	atorvastatin calcium TABS .....	23	azelastine hcl-fluticasone propionate SUSP .....	99
ASSURE COMFORT LANCETS ULTRA THIN 28G .....	70	atovaquone .....	25	AZELEX .....	48
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G .....	70	atovaquone-proguanil hcl .....	26	azithromycin PACK .....	67
ASSURE HAEMOLANCE PLUS LOW FLOW 25G .....	70	atropine sulfate (ophthalmic) OINT 100 .....		azithromycin SUSR .....	67
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G .....	70	atropine sulfate (ophthalmic) SOLN 100 .....		azithromycin TABS 250 MG .....	67
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G .....	70	ATROPINE SULFATE SOLN 1 % 100 .....		azithromycin TABS 500 MG .....	67
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE .....	70	ATROVENT HFA .....	11	azithromycin TABS 600 MG .....	67
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64" .....	90	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....	105	bacitracin (ophthalmic) .....	101
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64" .....	90	AURORA LANCET SUPER THIN30G .....	71	bacitracin-polymyxin b (ophth) ...	101
ASSURE LANCE LANCETS .....	70	AURORA LANCET THIN 23G ....	71	bacitracin-poly-neomycin-hc .....	102
ASSURE LANCE LANCETS 21G .70		AURYXIA .....	60	baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 40000 MCG/20ML .....	98
		AUSTEDO TABS 12 MG .....	106	baclofen TABS 10 MG .....	99
		AUSTEDO TABS 6 MG .....	106	baclofen TABS 20 MG .....	99
				baclofen TABS 5 MG .....	99
				BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) .....	44
				balsalazide disodium CAPS .....	59
				BALVERSA .....	30

BANZEL SUSP (rufinamide) . . . . .	14	FINE/U-100/1ML/31G X 15/64" . . . . .	90	betamethasone dipropionate augmented GEL 0.05 % . . . . .	52
BANZEL TABS 200 MG (rufinamide) . 14		BD VEO INSULIN SYRINGE ULTR- FINE/U-100/0.5ML/31G X 15/64" . . . . .	91	betamethasone dipropionate augmented LOTN . . . . .	52
BANZEL TABS 400 MG (rufinamide) . 14		BELLADONNA/OPIUM . . . . .	116	betamethasone dipropionate augmented OINT . . . . .	52
BD AUTOSHIELD DUO 30G X 5MM . . . . .	90	BELSOMRA . . . . .	65	betamethasone valerate CREA . . . . .	52
BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2" . . . . .	90	benazepril & hydrochlorothiazide . . . . .	24	betamethasone valerate FOAM . . . . .	52
BD MICROTAINER LANCETS . . . . .	71	benazepril hcl . . . . .	24	betamethasone valerate LOTN . . . . .	52
BD NEEDLE/30G X 1/2" . . . . .	90	BENEFIX KIT . . . . .	62	betamethasone valerate OINT . . . . .	52
BD PEN MINI MISC . . . . .	90	BENLYSTA SOAJ . . . . .	94	BETASERON KIT . . . . .	106
BD PEN MISC . . . . .	90	BENLYSTA SOSY . . . . .	94	betaxolol hcl (ophth) SOLN . . . . .	100
BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM . . . . .	90	BENSAL HP OINT . . . . .	54	betaxolol hcl . . . . .	38
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM . . . . .	90	BENZNIDAZOLE . . . . .	10	bethanechol chloride . . . . .	118
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" . . . . .	90	benzonatate . . . . .	46	BETHKIS NEBU (tobramycin) . . . . .	2
BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM . . . . .	90	benzoyl peroxide-erythromycin GEL . 48		BETIMOL . . . . .	100
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM . . . . .	90	benzphetamine hcl 50 MG . . . . .	1	BETOPTIC-S SUSP . . . . .	100
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM . . . . .	90	benztropine mesylate SOLN . . . . .	33	bexarotene (topical) . . . . .	50
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" . . . . .	90	benztropine mesylate TABS . . . . .	33	bexarotene . . . . .	32
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" . . . . .	90	bepotastine besilate . . . . .	102	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) . . . . .	44
BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM . . . . .	90	BESIVANCE . . . . .	101	bicalutamide . . . . .	29
BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM . . . . .	90	BESREMI . . . . .	32	BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML . . . . .	105
BD VEO INSULIN SYRINGE ULTRA-		BETADINE OPHTHALMIC PREP 101		BICILLIN L-A SUSY . . . . .	104
		betaine . . . . .	57	BIKTARVY 200 MG-50 MG-25 MG 35	
		betamethasone dipropionate (topical) CREA . . . . .	52	bimatoprost SOLN . . . . .	103
		betamethasone dipropionate (topical) LOTN . . . . .	52	bisacodyl SUPP . . . . .	67
		betamethasone dipropionate (topical) OINT . . . . .	52	bisacodyl TBEC . . . . .	67
		betamethasone dipropionate augmented CREA . . . . .	52	bisoprolol & hydrochlorothiazide . . . . .	24



bisoprolol fumarate .....	38	budesonide CPEP .....	46	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG .....	6
BIVIGAM SOLN 10 % .....	104	budesonide TB24 .....	46	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....	6
BIVIGAM SOLN 5 GM/50ML .....	104	budesonide-formoterol fumarate dihydrate .....	12	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....	8
BLEPHAMIDE S.O.P. OINT .....	102	bumetanide TABS 0.5 MG, 1 MG ..	56	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....	8
BLEPHAMIDE SUSP .....	102	bumetanide TABS 2 MG .....	56	butalbital-aspirin-caffeine CAPS ....	6
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG .....	30	BUPHENYL POWD (sodium phenylbutyrate) .....	57	butalbital-aspirin-caffeine w/cod ....	8
bortezomib SOLR IJ .....	30	BUPHENYL TABS (sodium phenylbutyrate) .....	57	butorphanol tartrate NA 10 MG/ML ..	9
bosentan TABS 125 MG .....	40	buprenorphine hcl SUBL 2 MG .....	9	CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER) .....	35
bosentan TABS 62.5 MG .....	40	buprenorphine hcl SUBL 8 MG .....	9	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER) .....	35
BOSULIF CAPS .....	30	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....	9	cabergoline .....	58
BOSULIF TABS .....	30	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG .....	9	CABOMETYX TABS 20 MG, 60 MG ..	30
BRAFTOVI 75 MG .....	30	buprenorphine hcl-naloxone hcl dihydrate SUBL .....	9	CABOMETYX TABS 40 MG .....	30
BREZTRI AEROSPHERE .....	12	bupropion hcl (smoking deterrent) 114		caffeine citrate SOLN OR .....	1
BRILINTA .....	63	bupropion hcl TABS .....	17	CALCIFOL .....	92
brimonidine tartrate (topical) .....	54	bupropion hcl TB12 .....	17	calcipotriene CREA .....	50
brimonidine tartrate .....	101	bupropion hcl TB24 150 MG, 300 MG .....	17	calcipotriene FOAM .....	50
brimonidine tartrate-timolol maleate . 100		bupropion hcl TB24 450 MG .....	17	CALCIPOTRIENE FOAM .....	50
brinzolamide .....	102	buspirone hcl .....	10	calcipotriene OINT .....	50
bromfenac sodium (ophth) .....	103	busulfan SOLN .....	27	calcipotriene SOLN .....	50
bromocriptine mesylate CAPS .....	33	BUSULFEX SOLN (busulfan) .....	27	calcipotriene-betamethasone dipropionate OINT .....	52
bromocriptine mesylate TABS 2.5 MG .....	33	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG .....	6	calcipotriene-betamethasone dipropionate SUSP .....	52
BRUKINSA .....	30				
budesonide (inhalation) SUSP 0.25 MG/2ML .....	12				
budesonide (inhalation) SUSP 0.5 MG/2ML .....	12				
budesonide (inhalation) SUSP 1 MG/2ML .....	12				
budesonide (intrarectal) .....	10				

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

cefepodoxime proxetil TABS	41	cholestyramine PACK	23	300 MG	96
cefprozil SUSR	41	cholestyramine POWD	23	CITRANATAL ASSURE	96
cefprozil TABS	41	choline fenofibrate 135 MG	23	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	96
cefuroxime axetil TABS	41	choline fenofibrate 45 MG	23	CITRANATAL BLOOM	96
celecoxib 400 MG	4	ciclopirox GEL	49	CITRANATAL BLOOM DHA	96
celecoxib 50 MG, 100 MG, 200 MG	4	ciclopirox olamine CREA	49	CITRANATAL DHA	96
CELONTIN (methsuximide)	16	ciclopirox olamine SUSP	49	CITRANATAL ESSENCE	96
CENTANY OINT	49	ciclopirox SHAM	49	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	96
cephalexin CAPS	41	ciclopirox SOLN	49	CITRANATAL MEDLEY	96
cephalexin SUSR	41	cilostazol	63	clarithromycin SUSR	67
CEPROTIN	63	CILOXAN OINT	101	clarithromycin TABS	67
CERDELGA	64	CIMDUO	35	clarithromycin TB24	67
CEREZYME 400 UNIT	64	cimetidine TABS 300 MG, 800 MG 117		CLEANLET LANCETS 28G	71
CERVIDIL INST	103	cimetidine TABS 400 MG	117	clemastine fumarate TABS 2.68 MG . 22	
CETACAINE AERO	54	cinacalcet hcl	57	CLEOCIN SUPP	119
cevimeline hcl	95	CIPRO HC	103	CLEVER CHEK LANCETS ULTRATHIN	71
CHEMET	20	CIPRO SUSR	59	CLEVER CHEK LANCETS ULTRATHIN 30G	71
CHENODAL	59	ciprofloxacin hcl (ophth) SOLN	101	CLEVER CHOICE COMFORT EZLANCETS 21G	71
chlordiazepoxide hcl CAPS	10	ciprofloxacin hcl (otic)	103	CLEVER CHOICE COMFORT EZLANCETS 23G	71
chlordiazepoxide hcl-clidinium bromide	116	ciprofloxacin hcl TABS	59	CLEVER CHOICE COMFORT EZLANCETS 28G	72
chlordiazepoxide-amitriptyline	106	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	59	CLIMARA PRO	58
chlorhexidine gluconate (mouth- throat)	95	ciprofloxacin-dexamethasone	103	clindamycin hcl	26
chloroquine phosphate TABS	26	ciprofloxacin-fluocinolone acetonide . 103		clindamycin palmitate hydrochloride . 26	
chlorpromazine hcl TABS	35	citalopram hydrobromide SOLN	17		
chlorthalidone 25 MG, 50 MG	56	citalopram hydrobromide TABS	17		
chlorzoxazone TABS 375 MG, 500 MG, 750 MG	99	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-			
cholestyramine light PACK	23				
cholestyramine light POWD	23				



COSENTYX SENSOREADY PEN SOAJ .....	50	cyclopentolate hcl .....	100	DAURISMO .....	28
COSENTYX SOSY 150 MG/ML ...	50	cyclophosphamide CAPS .....	27	deferasirox PACK .....	20
COSENTYX SOSY 150 MG/ML ...	51	CYCLOPHOSPHAMIDE TABS ...	27	deferasirox TABS .....	20
COSENTYX SOSY 75 MG/0.5ML .	51	cycloserine .....	27	deferasirox TBSO .....	20
COSENTYX UNOREADY SOAJ ..	50	cyclosporine (ophth) EMUL .....	101	deferiprone TABS 500 MG .....	20
COTELLIC .....	30	cyclosporine CAPS .....	94	DELSTRIGO .....	35
COVID VACCINES .....	118	cyclosporine modified (for microemulsion) CAPS .....	94	demeclocycline hcl TABS .....	115
COVID-19 AT HOME TEST KITS .	55	cyclosporine modified (for microemulsion) SOLN .....	94	DEPAKOTE ER TB24 (divalproex sodium) .....	17
CREON CPEP .....	55	CYKLOKAPRON SOLN (tranexamic acid) .....	65	DEPAKOTE SPRINKLES CSDR (divalproex sodium) .....	17
CRESEMBA CAPS 186 MG .....	22	cyproheptadine hcl SYRP .....	22	DEPAKOTE TBEC (divalproex sodium) .....	17
CRINONE GEL 8 % .....	120	cyproheptadine hcl TABS .....	22	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR) .....	46
cromolyn sodium (ophth) .....	103	CYSTADANE (betaine) .....	57	DESCOVY 200 MG-25 MG .....	36
cromolyn sodium NEBU .....	11	CYSTAGON CAPS .....	61	desipramine hcl TABS .....	18
CUPRIMINE CAPS (penicillamine) 94		CYSTARAN .....	103	desloratadine TABS .....	22
CVS LANCETS 21G .....	72	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) .....	115	desloratadine TBDP 2.5 MG .....	22
CVS LANCETS MICRO THIN 33G 72		CYTOMEL TABS 5 MCG (liothyronine sodium) .....	115	desloratadine TBDP 5 MG .....	22
CVS LANCETS MICRO-THIN 33G 72		D.H.E. 45 SOLN IJ (dihydroergotamine mesylate) .....	92	DESMOPRESSIN ACETATE SOLN NA .....	58
CVS LANCETS ORIGINAL .....	72	dalfampridine .....	106	desmopressin acetate spray .....	58
CVS LANCETS THIN 26G .....	72	danazol CAPS .....	9	desmopressin acetate spray refrigerated .....	58
CVS LANCETS ULTRA THIN 30G 72		dantrolene sodium CAPS .....	99	desmopressin acetate TABS 0.1 MG 58	
CVS LANCETS ULTRA-THIN 30G 72		dapsone (topical) 5 % .....	48	desmopressin acetate TABS 0.2 MG 58	
CVS ULTRA THIN LANCETS .....	72	dapsone 100 MG .....	26	desogestrel & ethinyl estradiol .....	44
cyclobenzaprine hcl TABS 5 MG, 10 MG .....	99	dapsone 25 MG .....	26	desogestrel-ethinyl estradiol (biphasic) .....	44
CYCLOGYL .....	100	DARAPRIM (pyrimethamine) .....	26		
CYCLOMYDRIL .....	100	darifenacin hydrobromide .....	118		
		darunavir TABS .....	35		

desonide CREA .....	52	diazepam (anticonvulsant) GEL ...	14	difluprednate .....	102
desonide GEL .....	52	diazepam CONC .....	10	digoxin SOLN OR 0.05 MG/ML ....	39
desonide LOTN .....	52	diazepam SOLN OR 5 MG/5ML ...	10	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....	39
desonide OINT .....	53	diazepam TABS 10 MG .....	10	dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	92
desoximetasone CREA .....	53	diazepam TABS 2 MG, 5 MG .....	11	dihydroergotamine mesylate SOLN NA 4 MG/ML .....	92
desoximetasone GEL .....	53	diazoxide .....	19	DILANTIN (phenytoin sodium extended) .....	16
desoximetasone LIQD .....	53	dichlorphenamide .....	56	DILANTIN 30 MG .....	16
desoximetasone OINT .....	53	diclofenac potassium TABS 50 MG .	4	DILANTIN INFATABS CHEW (phenytoin) .....	16
desvenlafaxine succinate .....	18	diclofenac sodium (actinic keratoses) EX .....	50	DILANTIN-125 SUSP (phenytoin) .	16
dexamethasone ELIX .....	46	diclofenac sodium (ophth) .....	103	diltiazem hcl coated beads CP24 ..	38
DEXAMETHASONE INTENSOL CONC .....	46	diclofenac sodium (topical) GEL EX 50		diltiazem hcl CP12 .....	38
dexamethasone sodium phosphate (ophth) .....	102	diclofenac sodium (topical) SOLN EX 1.5 % .....	50	diltiazem hcl CP24 .....	38
dexamethasone SOLN .....	46	diclofenac sodium (topical) SOLN EX 2 % .....	50	diltiazem hcl extended release beads .....	38
dexamethasone TABS .....	46	diclofenac sodium TB24 .....	4	diltiazem hcl TABS .....	38
dexamethasone TBPK .....	46	diclofenac sodium TBEC .....	4	diltiazem hcl TB24 .....	38
dexmethylphenidate hcl CP24 .....	2	diclofenac w/ misoprostol TBEC ....	4	dimethyl fumarate CDPK .....	106
dexmethylphenidate hcl TABS .....	2	dicloxacillin sodium .....	105	dimethyl fumarate CPDR .....	106
dextroamphetamine sulfate CP24 ...	1	dicyclomine hcl CAPS .....	116	DIPENTUM .....	59
dextroamphetamine sulfate SOLN ..	1	dicyclomine hcl SOLN OR .....	116	diphenhydramine hcl SOLN 50 MG/ML .....	22
dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1	dicyclomine hcl TABS .....	116	diphenoxylate w/ atropine LIQD ...	20
DHIVY TABS .....	33	diethylpropion hcl TABS .....	1	diphenoxylate w/ atropine TABS ...	20
DIACOMIT CAPS 250 MG .....	14	diethylpropion hcl TB24 .....	1	dipyridamole .....	63
DIACOMIT CAPS 500 MG .....	14	DIFFERIN LOTN .....	48	disopyramide phosphate CAPS ...	11
DIACOMIT PACK 250 MG .....	14	DIFICID TABS .....	67	disulfiram .....	105
DIACOMIT PACK 500 MG .....	14	diflorasone diacetate CREA .....	53	DIURIL SUSP .....	56
DIATHRIVE LANCETS .....	72	diflorasone diacetate OINT .....	53		
DIATHRIVE LANCETS ULTRA THIN 30G .....	72	diflunisal TABS .....	7		

divalproex sodium CSDR .....	17	doxycycline (rosacea) .....	54	DRUG MART UNILET	
divalproex sodium TB24 .....	17	doxycycline hyclate CAPS .....	115	LANCETSULTRA THIN 28G .....	73
divalproex sodium TBEC .....	17	doxycycline hyclate TABS 20 MG, 100 MG .....	115	DRUG MART UNILET MICRO THIN	
dofetilide .....	11	doxylamine-pyridoxine TBEC .....	21	LANCETS 33G .....	73
DOJOLVI .....	100	dronabinol CAPS 10 MG .....	21	DRYSOL SOLN .....	54
DOMETUSS-DMX LIQD .....	47	dronabinol CAPS 2.5 MG .....	21	DUAVEE .....	58
donepezil hydrochloride TABS ...	105	dronabinol CAPS 5 MG .....	21	DUET DHA 400 MISC .....	97
donepezil hydrochloride TDBP ...	105	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64" .....	91	DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT- 12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG- 2800 UNIT-25 MG-210 MCG-65 MCG-267 MG .....	97
DORAL (quazepam) .....	65	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64" .....	91	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	18
dorzolamide hcl .....	103	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....	91	DUOPA SUSP .....	33
DORZOLAMIDE HCL .....	103	DROPLET LANCETS ULTRA THIN 30G .....	72	DUPIXENT SOPN 300 MG/2ML ...	53
DORZOLAMIDE HCL/TIMOLOL MALEATE .....	100	DROPLET PERSONAL LANCETS30G .....	72	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML .....	54
dorzolamide hcl-timolol maleate .	100	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML .....	91	DUREX EXTRA SENSITIVE THIN DEVI .....	67
DOVATO .....	36	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML .....	91	dutasteride .....	61
doxazosin mesylate .....	24	drospirenone-ethinyl estradiol ....	44	dutasteride-tamsulosin hcl .....	61
doxepin hcl (antipruritic) .....	50	drospirenone-ethinyl estradiol- levomefolate calcium .....	44	EASY COMFORT LANCETS .....	73
doxepin hcl CAPS .....	18	DROXIA CAPS .....	64	EASY COMFORT LANCETS 30G/PULL TOP .....	73
doxepin hcl CONC .....	18	droxidopa .....	120	EASY COMFORT LANCETS 30G/THIN TOP .....	73
doxercalciferol CAPS .....	57	DRUG MART LANCETS THIN ...	73	EASY COMFORT LANCETS TWIST TOP .....	73
doxycycline (monohydrate) CAPS 150 MG .....	115	DRUG MART ON-THE-GO LANCETS GENTLE 30G .....	73	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" .....	91
doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG .....	115	DRUG MART UNILET LANCETSSUPER THIN 30G .....	73	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" .....	91
doxycycline (monohydrate) SUSR 115				EASY TOUCH LANCETS	
doxycycline (monohydrate) TABS 150 MG .....	115				
doxycycline (monohydrate) TABS 50 MG, 100 MG .....	115				
doxycycline (monohydrate) TABS 75 MG .....	115				

EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	73	ACTIVATED	74	SAFETY LANCET/21G	74
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	74	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	74
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	74	EMCYT	29
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS28G/PULL-TOP	73	EMEND SUSR	21
EASY TOUCH SAFETY LANCETS28G/PULL-TOP	73	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	74	EMGALITY SOAJ	91
EASY TOUCH SAFETY LANCETS30G/BUTTON-ACTIVATED	73	econazole nitrate CREA	49	EMGALITY SOSY	92
EASY TOUCH SAFETY LANCETS30G/PRESSURE ACTIVATED	73	EDARBI 40 MG	24	EMSAM	17
EASY TOUCH SAFETY LANCETS30G/PULL-TOP	73	EDARBI 80 MG	24	emtricitabine CAPS	36
EASY TOUCH SAFETY LANCETS30G/TWIST	73	EDARBYCLOR	24	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	36
EASY TOUCH SAFETY LANCETS32G/PRESSURE ACTIVATED	74	EDURANT	36	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	36
EASY TOUCH SAFETY LANCETS32G/PULL-TOP	74	efavirenz CAPS	36	EMTRIVA SOLN	36
EASY TOUCH SAFETY LANCETS32G/TWIST	74	efavirenz TABS	36	enalapril maleate & hydrochlorothiazide	24
EASY TOUCH SAFETY LANCETS33G/TWIST	74	efavirenz-emtricitabine-tenofovir disoproxil fumarate	36	enalapril maleate TABS	24
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	74	efavirenz-lamivudine-tenofovir disoproxil fumarate	36	ENBREL MINI SOCT	5
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	74	EFFER-K	93	ENBREL SOLN	5
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	74	ELESTRIN GEL	59	ENBREL SOLR	5
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	74	eletriptan hydrobromide	92	ENBREL SOSY 25 MG/0.5ML	5
EASY TOUCH SAFETY LANCETS28G/PULL-TOP	73	ELIGARD SC	29	ENBREL SOSY 50 MG/ML	5
EASY TOUCH SAFETY LANCETS28G/TWIST	73	ELIQUIS STARTER PACK TBPK	13	ENBREL SURECLICK SOAJ	5
EASY TOUCH SAFETY LANCETS30G/BUTTON-ACTIVATED	73	ELIQUIS TABS	13	ENCARE SUPP 100 MG	119
EASY TOUCH SAFETY LANCETS30G/PRESSURE ACTIVATED	73	ELLA	45	ENDOMETRIN INST	120
EASY TOUCH SAFETY LANCETS30G/PULL-TOP	73	ELMIRON CAPS	61	enoxaparin sodium SOLN IJ 300 MG/3ML	13
EASY TOUCH SAFETY LANCETS30G/TWIST	73	ELOCTATE	62	enoxaparin sodium SOSY	13
EASY TOUCH SAFETY LANCETS32G/PRESSURE ACTIVATED	74	EMBRACE LANCETS ULTRA THIN 30G	74	entacapone	33
EASY TOUCH SAFETY LANCETS32G/PULL-TOP	74	EMBRACE PRESSURE ACTIVATED		entecavir TABS	37
EASY TOUCH SAFETY LANCETS32G/TWIST	74			ENTRESTO	39



EPCLUSA PACK .....	37	erythromycin (ophth) .....	101	ethosuximide SOLN .....	17
EPCLUSA TABS 100 MG-400 MG	37	ERYTHROMYCIN .....	101	ethynodiol diacet & eth estrad	44
EPCLUSA TABS 50 MG-200 MG	37	erythromycin base CPEP .....	67	etodolac CAPS .....	4
EPIDIOLEX .....	14	erythromycin base TABS .....	67	etodolac TABS .....	4
EPIFOAM FOAM .....	53	erythromycin base TBEC .....	67	etodolac TB24 .....	4
epinastine hcl (ophth) .....	103	erythromycin ethylsuccinate SUSR	67	etonogestrel-ethinyl estradiol	45
epinephrine (anaphylaxis) SOAJ	120	67		ETOPOPHOS .....	33
EPINEPHRINE SOAJ 0.3 MG/0.3ML	120	ESBRIET CAPS (pirfenidone) ....	114	etoposide CAPS .....	33
120		ESBRIET TABS (pirfenidone) ....	114	etoposide SOLN 1 GM/50ML, 100	
EPIPEN 2-PAK SOAJ (epinephrine		escitalopram oxalate SOLN .....	17	MG/5ML, 500 MG/25ML .....	33
(anaphylaxis)) .....	120	escitalopram oxalate TABS 10 MG,		etravirine .....	36
eplerenone .....	25	20 MG .....	17	EUCRISA .....	54
EQL COLOR LANCETS 21G .....	74	escitalopram oxalate TABS 5 MG	17	EULEXIN .....	29
EQL COLOR LANCETS MICRO		esomeprazole magnesium PACK	118	EVAMIST SOLN .....	59
THIN 33G .....	74	estazolam .....	65	everolimus (immunosuppressant)	94
EQL SUPER THIN LANCETS 30G		estradiol & norethindrone acetate		everolimus TABS .....	30
74		TABS .....	59	everolimus TBSO .....	30
EQL THIN LANCETS 26G .....	74	estradiol GEL 0.25 MG/0.25GM, 0.5		EVISTA (raloxifene hcl) .....	57
EQUETRO .....	34	MG/0.5GM, 0.75 MG/0.75GM, 1		EVOTAZ .....	36
ergocalciferol CAPS .....	120	MG/GM .....	59	EVRYSDI .....	100
ergoloid mesylates TABS .....	107	estradiol PTTW .....	59	EXELDERM CREA (sulconazole	
ERGOMAR SUBL .....	92	estradiol PTWK .....	59	nitrate) .....	49
ergotamine w/ caffeine TABS .....	92	estradiol TABS .....	59	EXELDERM SOLN .....	49
ERIVEDGE .....	28	estradiol vaginal CREA .....	119	exemestane .....	29
ERLEADA 240 MG .....	29	estradiol vaginal TABS .....	119	EXJADE TBSO (deferasirox) .....	20
ERLEADA 60 MG .....	29	estradiol valerate .....	59	EXODERM .....	49
erlotinib hcl .....	28	ESTRING RING .....	119	E-Z JECT LANCETS .....	74
ERTACZO .....	49	ESTROGEL GEL .....	59	E-Z JECT LANCETS 21G .....	74
ertapenem sodium IJ .....	26	eszopiclone .....	65	E-Z JECT LANCETS COLOR .....	74
erythromycin (acne aid) GEL .....	48	ethacrynic acid .....	56	E-Z JECT LANCETS SUPER THIN	
erythromycin (acne aid) SOLN .....	48	ethambutol hcl TABS .....	27	30G .....	75
		ethosuximide CAPS .....	16		

E-Z JECT LANCETS THIN 26G .. 75	felbamate TABS .....16	MG ..... 18
ezetimibe .....23	FELBATOL SUSP (felbamate) .....16	FETZIMA TITRATION PACK C4PK 18
ezetimibe-simvastatin .....22	felodipine 10 MG .....38	FIBRICOR (fenofibric acid) ..... 23
E-ZJECT LANCETS MICRO-THIN 33G .....75	felodipine 2.5 MG, 5 MG .....38	FIFTY50 SAFETY SEAL LANCETS 30G .....75
EZ-LETS LANCETS 21G ..... 75	FEMCAP DEVI .....67	FIFTY50 SAFETY SEAL LANCETS 32G .....75
EZ-LETS LANCETS 26G SUPER- SOFT .....75	FEMRING .....119	FIFTY50 UNILET LANCETS 33G .75
EZ-LETS LANCETS 28G ULTRA- SOFT .....75	fenofibrate CAPS ..... 23	FINACEA FOAM .....54
EZ-LETS LANCETS 30G ..... 75	fenofibrate micronized 130 MG, 200 MG ..... 23	finasteride ..... 61
FABHALTA .....63	fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG .....23	FINE 30 .....75
FABIOR FOAM .....48	fenofibrate TABS 145 MG, 160 MG 23	FINGERSTIX LANCETS .....75
famciclovir .....37	fenofibrate TABS 48 MG .....23	ingolimod hcl ..... 106
famotidine SUSR ..... 117	fenofibrate TABS 54 MG .....23	FIRAZYR SOSY (icatibant acetate) 63
famotidine TABS 20 MG .....117	FENOFIBRATE TABS ..... 23	FIRDAPSE ..... 26
famotidine TABS 40 MG .....117	fenoprofen calcium TABS .....4	FIRST-OMEPRAZOLE SUSP ....118
FANAPT .....34	FENSOLVI SC .....57	FLAREX .....102
FANAPT TITRATION PACK .....34	fentanyl citrate LPOP 1600 MCG ...7	flavoxate hcl .....118
FANTASY LUBRICATED MISC ...67	fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG .....7	FLEBOGAMMA DIF SOLN 5 GM/50ML ..... 104
FANTASY LUBRICATED/SPERMICIDE MISC 67	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....7	FLEBOGAMMA DIF SOLN .....104
FARXIGA .....20	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....7	flecainide acetate .....11
FARYDAK 10 MG .....30	FERRIPROX SOLN .....20	FLORIVA .....93
FARYDAK 15 MG, 20 MG .....30	FERRIPROX TABS 500 MG (deferiprone) ..... 20	FLORIVA .....96
FASENRA PEN SOAJ .....11	fesoterodine fumarate .....118	FLORIVA PLUS SOLN .....96
FC2 FEMALE CONDOM .....67	FETZIMA CP24 20 MG .....18	FLUAD QUADRIVALENT 2021-2022 .....119
febuxostat 40 MG .....61	FETZIMA CP24 40 MG, 80 MG, 120	FLUAD QUADRIVALENT 2022-2023 .....119
febuxostat 80 MG .....61		FLUAD QUADRIVALENT 2023-2024 .....119
FEIBA .....62		
felbamate SUSP ..... 16		

FLUARIX QUADRIVALENT 2021-2022 SUSY .....	119	fluoxetine hcl CAPS 10 MG, 20 MG 17	fluticasone propionate OINT .....	53	
FLUARIX QUADRIVALENT 2022-2023 SUSY .....	119	fluoxetine hcl CAPS 40 MG .....	17	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	12
FLUARIX QUADRIVALENT 2023-2024 SUSY .....	119	fluoxetine hcl CPDR .....	17	fluticasone-salmeterol AERO .....	12
fluconazole SUSR .....	22	fluoxetine hcl SOLN .....	17	fluvastatin sodium CAPS .....	23
fluconazole TABS .....	22	fluoxetine hcl TABS 10 MG .....	17	fluvastatin sodium TB24 .....	23
flucytosine .....	21	fluoxetine hcl TABS 20 MG, 60 MG 17	fluvoxamine maleate CP24 100 MG 17		
fludarabine phosphate SOLR .....	27	fluphenazine hcl CONC .....	35	fluvoxamine maleate CP24 150 MG 17	
fludrocortisone acetate TABS .....	46	fluphenazine hcl ELIX .....	35	fluvoxamine maleate TABS 100 MG . 17	
FLULAVAL QUADRIVALENT 2021-2022 SUSY .....	119	fluphenazine hcl TABS .....	35	fluvoxamine maleate TABS 25 MG, 50 MG .....	17
FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	119	flurandrenolide CREA .....	53	FLUZONE HIGH-DOSE PF 2021-2022 .....	119
FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	119	flurazepam hcl 15 MG .....	65	FLUZONE HIGH-DOSE PF 2022-2023 .....	119
FLUMIST QUADRIVALENT .....	119	flurazepam hcl 30 MG .....	65	FLUZONE HIGH-DOSE PF 2023-2024 .....	119
fluocinolone acetonide (otic) .....	103	flurbiprofen sodium .....	103	FLUZONE QUADRIVALENT 2021-2022 SUSY .....	119
fluocinolone acetonide CREA .....	53	flurbiprofen TABS .....	5	FLUZONE QUADRIVALENT 2022-2023 SUSY .....	119
fluocinolone acetonide OIL .....	53	flutamide .....	29	FLUZONE QUADRIVALENT 2023-2024 SUSY .....	119
fluocinolone acetonide OINT .....	53	fluticasone furoate-vilanterol .....	12	FML FORTE SUSP .....	102
fluocinolone acetonide SOLN .....	53	fluticasone propionate (inhalation) AEPB 100 MCG/ACT .....	12	FML OINT .....	102
fluocinonide CREA .....	53	fluticasone propionate (inhalation) AEPB 250 MCG/ACT .....	12	folic acid TABS 1 MG .....	64
fluocinonide emulsified base .....	53	fluticasone propionate (inhalation) AEPB 50 MCG/ACT .....	12	folic acid TABS 400 MCG, 800 MCG . 64	
fluocinonide GEL .....	53	fluticasone propionate (nasal) SUSP . 100		FOLIVANE-F .....	64
fluocinonide OINT .....	53	fluticasone propionate CREA 0.05 % 53		FOLIVANE-OB .....	97
fluocinonide SOLN .....	53	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....	12		
fluorometholone (ophth) SUSP ...	102	fluticasone propionate hfa 44 MCG/ACT .....	12		
fluorouracil (topical) CREA 5 % ...	50	fluticasone propionate LOTN .....	53		
fluorouracil (topical) SOLN .....	50				
fluoxetine hcl (pmdd) TABS .....	107				

fondaparinux sodium 2.5 MG/0.5ML . 13	STRP .....55	104
fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML .....13	FREESTYLE TEST STRIPS STRP 55	GAMMAKED 1 GM/10ML ..... 104
FORA LANCETS .....75	FREESTYLE UNISTICK II LANCETS .....75	GAMMAPLEX SOLN 5 GM/50ML 104
FORFIVO XL TB24 (bupropion hcl) 17	frovatriptan succinate ..... 92	GAMMAPLEX SOLN ..... 104
formaldehyde SOLN 10 % .....35	furosemide SOLN OR 10 MG/ML, 40 MG/5ML .....56	GAMUNEX-C 1 GM/10ML .....104
formoterol fumarate NEBU .....12	furosemide TABS ..... 56	GAMUNEX-C 2.5 GM/25ML .....104
fosamprenavir calcium TABS .....36	FUZEON SOLR .....36	gatifloxacin (ophth) .....101
fosfomycin tromethamine ..... 26	FYCOMPA SUSP .....13	GATTEX .....60
fosinopril sodium & hydrochlorothiazide .....24	FYCOMPA TABS 2 MG .....13	gefitinib ..... 28
fosinopril sodium .....24	FYCOMPA TABS 4 MG .....13	GELFILM OP .....102
FOSRENOL PACK .....60	FYCOMPA TABS 6 MG .....14	gemfibrozil TABS ..... 23
FRAGMIN SOLN 95000 UNIT/3.8ML 13	FYCOMPA TABS 8 MG, 10 MG, 12 MG ..... 13	GENERESS FE (norethindrone & ethinyl estradiol-fe) .....44
FRAGMIN SOSY 2500 UNIT/0.2ML 13	gabapentin CAPS .....14	gentamicin sulfate (ophth) SOLN .101
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..13	gabapentin SOLN .....14	gentamicin sulfate (topical) CREA .49
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G .....75	gabapentin TABS 600 MG, 800 MG 14	gentamicin sulfate (topical) OINT ..49
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G .....75	GABITRIL (tiagabine hcl) .....16	GENTEEL BUTTERFLY TOUCH LANCETS ..... 75
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP .....55	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...99	GENTLE-LET GP LANCETS .....75
FREESTYLE LANCETS .....75	GALAFOLD .....57	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..75
FREESTYLE LITE TEST STRIPS STRP .....55	galantamine hydrobromide CP24 105	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 76
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS	galantamine hydrobromide SOLN 105	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT .....76
	galantamine hydrobromide TABS 105	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT ..... 76
	GALZIN .....93	GENVOYA ..... 36
	GAMASTAN .....104	GILENYA 0.5 MG .....106
	GAMMAGARD LIQUID 1 GM/10ML 104	GILOTRIF ..... 28
	GAMMAGARD LIQUID 2.5 GM/25ML	GILTUSS COUGH & COLD TABS 47

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

HEPLISAV-B SOSY .....	119	HUMIRA PSKT 40 MG/0.8ML .....	4	MG, 5 MG-200 MG, 7.5 MG-200 MG	
HUMALOG JUNIOR KWIKPEN		HUMIRA PSKT .....	4	8	
SOPN .....	19	HUMULIN 70/30 KWIKPEN SUPN	19	hydrocodone-ibuprofen 10 MG-200	
HUMALOG KWIKPEN SOPN 100		HUMULIN 70/30 SUSP .....	19	MG .....	9
UNIT/ML .....	19	HUMULIN N KWIKPEN SUPN ....	19	hydrocortisone (intrarectal) .....	10
HUMALOG KWIKPEN SOPN 200		HUMULIN N SUSP .....	19	hydrocortisone (rectal) EX 2.5 % ..	10
UNIT/ML .....	19	HUMULIN R SOLN IJ .....	19	hydrocortisone (topical) CREA 2.5 %	
HUMALOG MIX 50/50 KWIKPEN		HUMULIN R U-500		53	
SUPN .....	19	(CONCENTRATED) SOLN SC ....	19	hydrocortisone (topical) LOTN 2 %,	
HUMALOG MIX 50/50 SUSP .....	19	HUMULIN R U-500 KWIKPEN SOPN		2.5 % .....	53
HUMALOG MIX 75/25 KWIKPEN		SC .....	19	hydrocortisone (topical) OINT 2.5 % .	
SUPN .....	19	HYCAMTIN CAPS .....	33	53	
HUMALOG MIX 75/25 SUSP .....	19	HYCAMTIN SOLR (topotecan hcl)	33	hydrocortisone butyrate hydrophilic	
HUMALOG SOCT .....	19	hydralazine hcl TABS .....	25	lipo base .....	53
HUMALOG SOLN IJ .....	19	hydrochlorothiazide CAPS .....	56	hydrocortisone butyrate OINT .....	53
HUMATE-P SOLR .....	62	hydrochlorothiazide TABS .....	56	hydrocortisone butyrate SOLN ....	53
HUMATIN .....	2	hydrocodone bitartrate-homatropine		hydrocortisone TABS .....	46
HUMATROPE CART IJ .....	57	methylbromide SOLN .....	46	hydrocortisone valerate CREA ....	53
HUMIRA PEDIATRIC CROHNS		hydrocodone bitartrate-homatropine		hydrocortisone valerate OINT .....	53
DISEASE STARTER PACK PSKT 80		methylbromide TABS .....	46	hydrocortisone w/acetic acid .....	103
MG/0.8ML .....	3	hydrocodone polistirex-		hydromorphone hcl LIQD .....	7
HUMIRA PEDIATRIC CROHNS		chlorpheniramine polistirex SUER	.47	hydromorphone hcl TABS .....	7
DISEASE STARTER PACK PSKT .	3	hydrocodone-acetaminophen SOLN		hydromorphone hcl TB24 32 MG ...	7
HUMIRA PEN PNKT 40 MG/0.4ML	.4	108 MG/5ML-2.5 MG/5ML, 217		hydrocodone-acetaminophen TABS	
HUMIRA PEN PNKT 40 MG/0.8ML	.3	MG/10ML-5 MG/10ML, 325		300 MG-10 MG, 300 MG-5 MG .....	8
HUMIRA PEN PNKT 80 MG/0.8ML	.4	MG/15ML-7.5 MG/15ML .....	8	hydrocodone-acetaminophen TABS	
HUMIRA PEN-CD/UC/HS STARTER		hydrocodone-acetaminophen TABS		300 MG-7.5 MG .....	8
PNKT 40 MG/0.8ML .....	3	300 MG-10 MG, 300 MG-5 MG .....	8	hydroxyurea .....	32
HUMIRA PEN-CD/UC/HS STARTER		hydrocodone-acetaminophen TABS		hydroxyzine hcl SYRP .....	10
PNKT 80 MG/0.8ML .....	3	325 MG-10 MG, 325 MG-5 MG, 325		hydroxyzine hcl TABS .....	10
HUMIRA PEN-PEDIATRIC UC		MG-7.5 MG .....	8	hydroxyzine pamoate CAPS .....	10
STARTER PACK PNKT .....	3	hydrocodone-ibuprofen 10 MG-200		hyoscyamine sulfate SUBL 0.125 MG	
HUMIRA PEN-PS/UV STARTER		PNKT .....	4		
PNKT .....	4				

116	imatinib mesylate 400 MG	31	INGREZZA CPPK	106
hyoscyamine sulfate TABS 0.125 MG	IMBRUVICA CAPS	31	INLYTA	27
.....116	IMBRUVICA TABS	31	INNOPRAN XL	38
hyoscyamine sulfate TB12 0.375 MG	imipenem-cilastatin IV	26	INQOVI	29
116	imipramine hcl TABS 10 MG, 25 MG	18	INREBIC	31
hyoscyamine sulfate TBDP 0.125 MG	18		INSULIN LISPRO	
.....116	imipramine hcl TABS 50 MG	18	PROTAMINE/INSULIN LISPRO	
HYPERSAL NEBU	imipramine pamoate	18	KWIKPEN SUPN	19
.....47	imiquimod 5 %	54	INTEGRA F	64
HYPODERMIC NEEDLE 30GX1/2"	IMITREX STATDOSE REFILL SOCT		INTELENCE 25 MG	36
91	4 MG/0.5ML (sumatriptan succinate)	92	INTRON A SOLR	32
HYQVIA 1600 UNIT/10ML-20	92		INVANZ IJ (ertapenem sodium)	26
GM/200ML, 200 UNT/1.25ML-2.5	IMITREX STATDOSE REFILL SOCT		iodoquinol-hydrocortisone in aloe	
GM/25ML, 2400 UNIT/15ML-30	6 MG/0.5ML (sumatriptan succinate)	92	vehicle	49
GM/300ML, 400 UNIT/2.5ML-5	92		IOPIDINE	101
GM/50ML	92		ipratropium bromide (nasal)	99
.....104	IMITREX STATDOSE REFILL SOCT		ipratropium bromide SOLN 0.02 %	11
HY-VEE LANCETS	6 MG/0.5ML (sumatriptan succinate)	92	ipratropium-albuterol SOLN	12
.....77	92		irbesartan	24
HY-VEE THIN LANCETS	IMITREX STATDOSE SYSTEM		irbesartan-hydrochlorothiazide	24
.....77	SOAJ (sumatriptan succinate)	92	IRESSA (gefitinib)	28
ibandronate sodium TABS	92		IRON FOLATE-F	64
.....57	IN TOUCH STERILE LANCETS30G		ISENTRESS CHEW	36
IBRANCE CAPS	77		ISENTRESS HD TABS	36
.....30	INBRIJA CAPS	33	ISENTRESS PACK	36
IBRANCE TABS	INCRELEX	57	ISENTRESS TABS	36
.....30	INCRUSE ELLIPTA	11	isoniazid SYRP	27
ibuprofen TABS 400 MG, 600 MG,	indapamide TABS 1.25 MG, 2.5 MG	56	isoniazid TABS	27
800 MG	56		ISOPTO ATROPINE SOLN	101
.....5	INDERAL XL	38	isosorbide dinitrate TABS	10
icatibant acetate SOLN	indomethacin CAPS 25 MG, 50 MG	5	isosorbide dinitrate-hydralazine hcl	
.....63	5			
icatibant acetate SOSY	indomethacin CPCR	5		
.....63	5			
ICLUSIG 10 MG, 30 MG	indomethacin SUPP	5		
.....30	5			
ICLUSIG 15 MG, 45 MG	indomethacin SUSP	5		
.....30	5			
icosapent ethyl	INFLECTRA SOLR	60		
.....22	60			
IDELVION 250 UNIT, 500 UNIT,	INGREZZA CAPS 40 MG, 80 MG	106		
1000 UNIT, 2000 UNIT	106			
.....62	106			
IDELVION 3500 UNIT	INGREZZA CAPS 60 MG	106		
.....62	106			
IDHIFA				
.....31				
ILEVRO				
.....103				
imatinib mesylate 100 MG				
.....31				

39	JYNARQUE TBPK .....	58	68
isosorbide mononitrate TABS .....	10	KALYDECO PACK .....	114
isosorbide mononitrate TB24 .....	10	KALYDECO TABS .....	114
isotretinoin 10 MG, 25 MG .....	48	KAMELEON LUBRICATED MISC .....	67
isotretinoin 20 MG .....	48	KCENTRA .....	62
isotretinoin 30 MG .....	48	KEPPRA SOLN OR 100 MG/ML (levetiracetam) .....	14
isotretinoin 35 MG, 40 MG .....	48	KEPPRA TABS 1000 MG (levetiracetam) .....	15
isoxsuprine hcl .....	39	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam) .....	14
isradipine CAPS .....	38	KEPPRA XR TB24 (levetiracetam)	14
ISTODAX SOLR (romidepsin) .....	31	KESIMPTA .....	106
itraconazole CAPS .....	22	ketoconazole (topical) CREA .....	49
itraconazole SOLN .....	22	ketoconazole (topical) FOAM .....	49
ivermectin (pediculicide) .....	55	ketoconazole (topical) SHAM 2 % .....	49
ivermectin (rosacea) .....	54	ketoconazole .....	22
ivermectin .....	10	KETONE STRP .....	55
IXINITY SOLR .....	62	ketoprofen CP24 .....	5
JADENU SPRINKLE PACK (deferasirox) .....	21	ketorolac tromethamine (ophth) .....	103
JADENU TABS (deferasirox) .....	21	ketorolac tromethamine TABS .....	5
JAKAFI .....	31	KETOSTIX STRP .....	55
JANUMET TABS .....	18	KEVEYIS (dichlorphenamide) .....	56
JANUMET XR TB24 1000 MG-100 MG .....	18	KEVZARA SOAJ .....	4
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG .....	18	KEVZARA SOSY .....	4
JANUVIA .....	19	KIMONO COLORS DEVI .....	67
JARDIANCE .....	20	KIMONO LUBRICATED MISC .....	67
JIVI .....	62	KIMONO MAXX/LARGE FLARE MISC .....	67
JULUCA .....	36	KIMONO MICRO THIN MISC .....	68
JUXTAPID 10 MG, 20 MG, 30 MG	23	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	
JUXTAPID 5 MG .....	23		
		KIMONO PLUS SPERMICIDE LUBRICATED MISC .....	68
		KIMONO PLUS SPERMICIDE/LUBRICATED MISC	68
		KIMONO PS LUBRICATED MISC .....	68
		KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	68
		KIMONO SENSATION LUBRICATED MISC .....	68
		KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	68
		KIMONO SPECIAL DEVI .....	68
		KINNEY LANCETS .....	77
		KINNEY THIN LANCETS .....	77
		KISQALI .....	31
		KISQALI FEMARA 200 DOSE .....	29
		KISQALI FEMARA 400 DOSE .....	29
		KISQALI FEMARA 600 DOSE .....	30
		KLARITY-A .....	101
		KLOXXADO LIQD .....	21
		KOATE SOLR .....	62
		KOATE-DVI SOLR 500 UNIT, 1000 UNIT .....	62
		KOSELUGO .....	31
		KOVALTRY .....	62
		K-PHOS NO 2 .....	61
		KRINTAFEL .....	26
		KROGER HEALTHPRO TWIST LANCETS/26G .....	77



KROGER LANCETS .....	77	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine) ....	15	LANOXIN TABS 125 MCG, 250 MCG (digoxin) .....	39
KROGER LANCETS 21G .....	77	LAMICTAL XR TB24 250 MG (lamotrigine) .....	15	lansoprazole CPDR .....	118
KROGER LANCETS MICRO THIN33G .....	77	LAMICTAL XR TB24 300 MG (lamotrigine) .....	15	lansoprazole TBDD 15 MG .....	118
KROGER LANCETS SUPER THIN 78		lamivudine (hbv) TABS .....	37	lansoprazole TBDD 30 MG .....	118
KROGER LANCETS THIN .....	78	lamivudine SOLN .....	36	lanthanum carbonate CHEW 1000 MG .....	60
KROGER LANCETS THIN 26G ...	78	lamivudine TABS .....	36	lanthanum carbonate CHEW 500 MG .....	60
KROGER LANCETS ULTRATHIN30G .....	78	lamivudine-zidovudine .....	36	lanthanum carbonate CHEW 750 MG .....	60
K-TAB TBCR 8 MEQ (potassium chloride) .....	93	lamotrigine CHEW .....	15	LANTUS SOLN .....	20
KUVAN PACK (sapropterin dihydrochloride) .....	57	lamotrigine KIT 25 MG .....	15	LANTUS SOLOSTAR SOPN .....	20
KUVAN TABS (sapropterin dihydrochloride) .....	57	lamotrigine KIT .....	15	lapatinib ditosylate .....	31
K-Y ME & YOU EXTRA LUBRICATED DEVI .....	68	lamotrigine TABS .....	15	LASTACAFT .....	103
K-Y ME & YOU INTENSE DEVI ...	68	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG .....	15	latanoprost SOLN .....	103
labetalol hcl TABS .....	37	lamotrigine TB24 250 MG .....	15	LATANOPROST SOLN .....	103
lacosamide SOLN OR 10 MG/ML .	15	lamotrigine TB24 300 MG .....	15	leflunomide 10 MG .....	5
lacosamide TABS .....	15	lamotrigine TBDP .....	15	leflunomide 20 MG .....	5
lactulose (encephalopathy) .....	60	LAMPIT .....	26	lenalidomide .....	94
lactulose SOLN .....	66	LANCETS .....	78	LENVIMA 10 MG DAILY DOSE ..	27
LAGEVRIO .....	37	LANCETS 30G .....	78	LENVIMA 12MG DAILY DOSE ...	28
LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 15		LANCETS 30G TWIST TOP .....	78	LENVIMA 14 MG DAILY DOSE ..	28
LAMICTAL ODT KIT .....	15	LANCETS 30G/TWIST TOP .....	78	LENVIMA 18 MG DAILY DOSE ..	28
LAMICTAL ODT TBDP (lamotrigine) . 15		LANCETS 30G/EXTRA FINE .....	78	LENVIMA 20 MG DAILY DOSE ..	28
LAMICTAL TABS (lamotrigine) ....	15	LANCETS 33G UNIVERSAL DESIGN .....	78	LENVIMA 24 MG DAILY DOSE ...	28
LAMICTAL XR KIT .....	15	LANCETS MICRO THIN 33G .....	78	LENVIMA 4 MG DAILY DOSE ....	28
		LANCETS SUPER THIN 28G .....	78	LENVIMA 8 MG DAILY DOSE ....	28
		LANCETS THIN .....	78	LETAIRIS 10 MG (ambrisentan) ...	40
		LANCETS ULTRA THIN .....	78	LETAIRIS 5 MG (ambrisentan) ....	40
		LANCETS ULTRA THIN 30G .....	78	letrozole .....	29

leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG .....	33	levonorgestrel-ethinyl estradiol (continuous) .....	44	1	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG .....	25
leucovorin calcium TABS .....	33	levonorgestrel-ethinyl estradiol-iron 44			lisinopril & hydrochlorothiazide 25 MG-20 MG .....	25
LEUKERAN .....	27	levorphanol tartrate TABS .....	7			
leuprolide acetate KIT IJ 1 MG/0.2ML .....	29	levothyroxine sodium CAPS .....	115		lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG .....	24
levalbuterol hcl .....	13	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG .....	116		lisinopril TABS 40 MG .....	24
levalbuterol tartrate .....	13	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....	116		LITE TOUCH LANCETS .....	78
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML .....	15	LEXIVA SUSP .....	36		LITETOUCH LANCETS MICRO THIN 33G .....	78
levetiracetam TABS 1000 MG .....	15	LIBERTY MEDICAL LANCETS 30G. 78			lithium .....	34
levetiracetam TABS 250 MG, 500 MG, 750 MG .....	15	lidocaine hcl (mouth-throat) .....	94		lithium carbonate CAPS 150 MG, 600 MG .....	34
levetiracetam TB24 .....	15	lidocaine hcl SOLN .....	54		lithium carbonate CAPS 300 MG ..	34
levobunolol hcl 0.5 % .....	100	lidocaine PTCH 5 % .....	54		lithium carbonate TABS .....	34
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML .....	57	lidocaine-prilocaine CREA .....	54		lithium carbonate TBCR .....	34
levocarnitine (metabolic modifiers) TABS .....	57	linezolid SUSR .....	26		LITHOBID TBCR (lithium carbonate) . 34	
levocetirizine dihydrochloride SOLN 22		linezolid TABS .....	26		LITHOSTAT .....	61
levocetirizine dihydrochloride TABS 22		LINZESS .....	60		LIVE BETTER LANCET SUPERTHIN 30G .....	78
levofloxacin (ophth) 1.5 % .....	101	LIORESAL INTRATHECAL SOLN IT (baclofen) .....	99		LIVE BETTER LANCET ULTRATHIN 28G .....	78
levofloxacin SOLN OR .....	59	LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML .....	99		LO LOESTRIN FE TABS .....	44
levofloxacin TABS .....	59	liothyronine sodium TABS 25 MCG, 50 MCG .....	116		LOCOID LIPOCREAM .....	53
levonorgestrel & eth estradiol TABS 44		liothyronine sodium TABS 5 MCG 116			LOKELMA .....	94
levonorgestrel (emergency oc) 1.5 MG .....	45	LIPOFEN CAPS (fenofibrate) .....	23		LOMAIRA TABS .....	1
levonorgestrel-eth estradiol (triphasic) .....	44	lisdexamphetamine dimesylate CAPS 1			LONGS LANCETS STANDARD ..	79
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG .....	44	lisdexamphetamine dimesylate CHEW .			LONGS LANCETS THIN .....	79
					LONGS LANCETS ULTRA THIN .	79
					LONSURF .....	30
					loperamide hcl CAPS .....	20

lopinavir-ritonavir SOLN .....	36	mafenide acetate PACK .....	51	25G .....	79
lopinavir-ritonavir TABS .....	36	MAGNEBIND 400 .....	93	MEDLANCE PLUS LITE LANCETS 25G .....	79
lorazepam CONC .....	11	malathion .....	55	MEDLANCE PLUS SPECIAL LANCETS 0.8MM .....	79
lorazepam TABS .....	11	maraviroc TABS .....	36	MEDLANCE PLUS SUPERLITE 30G .....	79
LORBRENA .....	31	MARPLAN .....	17	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX .....	79
LORTAB ELIX .....	9	MATULANE .....	33	MEDLANCE PLUS UNIVERSAL LANCETS 21G .....	79
losartan potassium & hydrochlorothiazide .....	25	MAVYRET TABS .....	37	MEDLANCE PLUS/LITE 25G .....	79
losartan potassium .....	24	MAXIDEX SUSP OP .....	102	MEDLANCE/EXTRA .....	79
LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) .....	45	MAXX LUBRICATED MISC .....	68	MEDLANCE/LITE .....	79
LOTEMAX OINT .....	102	MAXX PLUS SPERMICIDE LUBRICATED MISC .....	68	MEDLANCE/UNIVERSAL .....	80
loteprednol etabonate GEL .....	102	MAYZENT STARTER PACK TBPK 106		MEDROL TABS .....	46
loteprednol etabonate SUSP .....	102	MAYZENT TABS 0.25 MG .....	106	medroxyprogesterone acetate 10 MG .....	105
lovastatin TABS .....	23	MAYZENT TABS 1 MG .....	106	medroxyprogesterone acetate 2.5 MG, 5 MG .....	105
loxapine succinate .....	34	MAYZENT TABS 2 MG .....	106	mefenamic acid CAPS .....	5
lubiprostone .....	59	meclofenamate sodium CAPS .....	5	mefloquine hcl .....	26
LUCEMYRA .....	105	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE .....	79	megestrol acetate (appetite) .....	105
LUMIGAN SOLN 0.01 % .....	103	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW .....	79	megestrol acetate SUSP .....	29
LUPRON DEPOT (1-MONTH) KIT IM .....	29	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW .....	79	megestrol acetate TABS .....	29
LUPRON DEPOT-PED (1-MONTH) 7.5 MG .....	57	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW .....	79	MEIJER COLOR LANCETS UNIVERSAL 33G .....	80
lurasidone hcl .....	34	MEDICHOICE SAFETY LANCETEXTRA .....	79	MEIJER LANCETS .....	80
LYNPARZA TABS .....	31	MEDICHOICE SAFETY LANCETNORMAL .....	79	MEIJER LANCETS THIN .....	80
LYRICA CAPS 225 MG, 300 MG (pregabalin) .....	15	MEDLANCE PLUS EXTRA LANCETS 21G .....	79	MEIJER LANCETS UNIVERSAL21G .....	80
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin) .....	15	MEDLANCE PLUS LANCETS .....	79	MEIJER LANCETS UNIVERSAL30G .....	80
LYRICA SOLN (pregabalin) .....	15	MEDLANCE PLUS LANCETS LITE			
LYSODREN .....	29				

MEIJER LANCETS UNIVERSAL33G .....	80	MESTINON SOLN OR (pyridostigmine bromide) .....	26	methylphenidate hcl CHEW .....	2
MEIJER SUPER THIN LANCETS	80	metaxalone 400 MG .....	99	methylphenidate hcl CP24 60 MG ..	2
MEKINIST TABS .....	31	metaxalone 800 MG .....	99	methylphenidate hcl CP24 .....	2
MEKTOVI .....	31	metformin hcl SOLN .....	18	methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG .....	2
meloxicam TABS 15 MG .....	5	metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	19	methylphenidate hcl CPCR 20 MG, 30 MG .....	2
meloxicam TABS 7.5 MG .....	5	metformin hcl TB24 500 MG, 750 MG .....	19	methylphenidate hcl SOLN .....	2
melphalan .....	27	methadone hcl CONC .....	7	methylphenidate hcl TABS 20 MG ..	2
melphalan hcl .....	27	methadone hcl SOLN OR .....	7	methylphenidate hcl TABS 5 MG, 10 MG .....	2
memantine hcl CP24 14 MG, 21 MG, 28 MG .....	105	methadone hcl TABS .....	7	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG .....	2
memantine hcl CP24 7 MG .....	105	methadone hcl TBSO .....	7	methylphenidate hcl TB24 36 MG ..	2
memantine hcl SOLN .....	105	methamphetamine hcl .....	1	methylphenidate hcl TBCR 10 MG, 20 MG .....	2
memantine hcl TABS 10 MG .....	105	methazolamide TABS .....	56	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....	2
memantine hcl TABS 5 MG .....	105	methenamine hippurate .....	26	methylphenidate hcl TBCR 54 MG ..	2
memantine hcl TABS .....	105	methenamine mandelate 0.5 GM, 1 GM .....	26	methylphenidate PTCH .....	2
MENEST .....	59	methimazole TABS .....	115	methylprednisolone TABS .....	46
MENOSTAR PTWK .....	59	METHITEST TABS .....	9	methylprednisolone TBPK .....	46
meperidine hcl SOLN OR 50 MG/5ML .....	7	methocarbamol TABS 500 MG, 750 MG .....	99	methyltestosterone CAPS .....	9
meperidine hcl TABS 50 MG .....	7	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	27	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	59
mercaptopurine TABS .....	27	methotrexate sodium SOLR .....	27	metoclopramide hcl TABS .....	59
meropenem 500 MG .....	26	methotrexate sodium TABS 2.5 MG 27		metoclopramide hcl TBDP .....	59
mesalamine CP24 .....	60	methotrexate sodium TABS 2.5 MG 27		metolazone .....	56
mesalamine CPCR .....	60	methoxsalen rapid .....	51	METOPIRON .....	55
mesalamine CPDR .....	60	methscopolamine bromide .....	116	metoprolol & hydrochlorothiazide TABS 50 MG-100 MG .....	25
mesalamine ENEM .....	60	methsuximide .....	17	metoprolol & hydrochlorothiazide TABS .....	25
mesalamine SUPP .....	60	methyl dopa TABS .....	24		
mesalamine TBEC 1.2 GM .....	60	methylergonovine maleate TABS	103		
mesalamine TBEC 800 MG .....	60				
MESNEX TABS .....	33				

metoprolol succinate TB24 .....	38	estradiol (biphasic)) .....	45	morphine sulfate SOLN OR 10 MG/5ML .....	7
metoprolol tartrate TABS .....	38	mirtazapine TABS .....	17	morphine sulfate SUPP 10 MG, 20 MG, 30 MG .....	8
metronidazole (topical) CREA .....	54	mirtazapine TBDP .....	17	morphine sulfate TABS .....	8
metronidazole (topical) GEL 0.75 % 54		misoprostol .....	118	morphine sulfate TBCR .....	8
metronidazole (topical) GEL 1 % ..	54	MITIGARE CAPS (colchicine) .....	61	MOVANTIK .....	60
metronidazole (topical) LOTN .....	55	mitoxantrone hcl 2 MG/ML .....	29	moxifloxacin hcl (ophth) SOLN OP 101	
metronidazole CAPS .....	25	MM TWIST LANCETS .....	80	moxifloxacin hcl TABS .....	59
metronidazole TABS .....	25	M-NATAL PLUS TABS .....	97	MPD SAFETY LANCET 21G/1.8MM 80	
metronidazole vaginal .....	119	modafinil .....	2	MPD SAFETY LANCET 28G/1.8MM 80	
metyrosine .....	24	moexipril hcl .....	24	MPD SAFETY LANCET 30G/1.8MM 80	
mexiletine hcl .....	11	molindone hcl .....	35	MPD SAFETY LANCETS	
MG217 PSORIASIS MULTI- SYM TOM OINT .....	54	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG) .....	37	23G/1.8MM .....	80
MIACALCIN IJ (calcitonin (salmon)) 57		mometasone furoate (nasal) SUSP 100		MUCOTROL WAFR .....	95
MICROLET LANCETS .....	80	mometasone furoate CREA .....	53	MULPLETA .....	64
midazolam hcl SYRP .....	65	mometasone furoate OINT .....	53	MULTIVITAMIN + FLUORIDE CHEW .....	96
midodrine hcl .....	120	mometasone furoate SOLN .....	53	MULTIVITAMIN WITH FLUORIDE CHEW .....	96
MIFEPREX (mifepristone) .....	58	MONOLET LANCETS .....	80	MULTI-VIT-FLOR CHEW .....	96
mifepristone .....	58	MONOLET OPD LANCETS .....	80	mupirocin OINT .....	49
miglitol .....	18	MONOLETTOR SAFETY LANCETS 80		MYALEPT .....	57
miglustat .....	64	montelukast sodium CHEW .....	11	mycophenolate mofetil CAPS .....	94
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) .....	45	montelukast sodium PACK .....	11	mycophenolate mofetil SUSR .....	94
minocycline hcl CAPS .....	115	montelukast sodium TABS .....	11	mycophenolate mofetil TABS .....	94
minocycline hcl CP24 .....	115	morphine sulfate beads .....	7	mycophenolate sodium .....	94
minocycline hcl TABS 50 MG, 100 MG .....	115	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	7	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G .....	80
minocycline hcl TABS 75 MG ....	115	morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML .....	7		
minoxidil 2.5 MG, 10 MG .....	25				
MIRCETTE (desogestrel-ethinyl					

MYLERAN TABS .....	27	NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG .....	97	NEURONTIN CAPS (gabapentin) .	15
MYSOLINE (primidone) .....	15	nefazodone hcl .....	18	NEURONTIN SOLN (gabapentin) .	15
MYTESI .....	20	neomycin sulfate TABS .....	2	NEURONTIN TABS (gabapentin) .	15
nabumetone 500 MG .....	5	neomycin-bacitracin zn-polymyxin 101		NEVANAC .....	103
nabumetone 750 MG .....	5	neomycin-polymy-dexameth OINT 102		nevirapine SUSP .....	36
nadolol TABS 20 MG, 40 MG, 80 MG .....	38	neomycin-polymy-dexameth SUSP 102		nevirapine TABS .....	36
NAFCILLIN 1 GM/50ML-5 % .....	105	neomycin-polymyxin-gramicidin .	101	nevirapine TB24 .....	36
nafticillin sodium IV 2 GM, 10 GM .	105	neomycin-polymyxin-hc (ophth) .	102	NEXAVAR (sorafenib tosylate) ...	31
naftifine hcl CREA .....	49	neomycin-polymyxin-hc (otic) SOLN .	103	NEXIUM PACK .....	118
naftifine hcl GEL 2 % .....	49	neomycin-polymyxin-hc (otic) SUSP .	103	NEXTSTELLIS .....	45
NALOCET TABS .....	9	NEONATAL 19 .....	97	niacin (antihyperlipidemic) TBCR ..	23
naloxone hcl LIQD .....	21	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG .....	97	nicardipine hcl CAPS .....	38
naloxone hcl SOSY .....	21	NEONATAL PLUS TABS .....	97	NICODERM CQ PT24 TD (nicotine) .	114
naltrexone hcl .....	21	NEOSTIGMINE METHYLSULFATE SOSY (neostigmine methylsulfate) 27		NICORETTE GUM (nicotine polacrilex) .....	114
NAMZARIC C4PK .....	105	NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML .....	27	NICORETTE LOZG (nicotine polacrilex) .....	114
naproxen sodium TABS 275 MG, 550 MG .....	5	NERLYNX .....	31	NICORETTE MINI LOZG (nicotine polacrilex) .....	114
naproxen SUSP .....	5	NESTABS .....	97	NICORETTE STARTER KIT GUM (nicotine polacrilex) .....	114
naproxen TABS .....	5	NESTABS DHA .....	97	nicotine MISC XX .....	114
naratriptan hcl .....	92	NESTABS ONE .....	97	nicotine polacrilex GUM .....	114
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 97		NEUPRO .....	33	nicotine polacrilex LOZG .....	114
NATACYN .....	101			nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	114
NATAZIA .....	45			NICOTINE TRANSDERMAL SYSTEM KIT .....	114
nateglinide .....	20			NICOTROL INHALER INHA .....	114
NATPARA .....	57			NICOTROL NS SOLN .....	114
NAYZILAM .....	14			nifedipine CAPS .....	38
nebivolol hcl .....	38				
NEBUSAL NEBU .....	47				

nifedipine TB24 30 MG, 60 MG	38	MCG-75 MG	45	NUBEQA	29
nifedipine TB24	38	norethindrone & ethinyl estradiol-fe	45	NUCALA SOAJ	11
nilutamide	29	norethindrone (contraceptive)	46	NUCALA SOLR	11
nimodipine CAPS	38	norethindrone acet & eth estra	45	NUCALA SOSY 100 MG/ML	11
NINLARO	31	norethindrone acetate TABS	105	NUCORT LOTN	53
nisoldipine	38	norethindrone acetate-ethinyl estradiol	59	NUEDEXTA	107
nitazoxanide TABS	26	norethindrone acetate-ethinyl estradiol-fe	45	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	65
nitisinone CAPS 10 MG	57	norgestimate-ethinyl estradiol (triphasic)	45	NUPLAZID CAPS	34
nitisinone CAPS 2 MG, 5 MG, 20 MG	58	norgestimate-ethinyl estradiol	45	NUPLAZID TABS 10 MG	34
NITRO-BID OINT	10	NORITATE CREA	55	NUVARING (etonogestrel-ethinyl estradiol)	45
NITRO-DUR PT24	10	NORPACE CR CP12	11	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	62
nitrofurantoin	26	NORTHERA (droxidopa)	120	nystatin (mouth-throat)	94
nitrofurantoin macrocrystal	26	nortriptyline hcl CAPS	18	nystatin (topical) CREA	49
nitrofurantoin monohyd macro	26	nortriptyline hcl SOLN	18	nystatin (topical) OINT	49
nitroglycerin (intra-anal)	10	NORVIR PACK	36	nystatin (topical) POWD EX	49
nitroglycerin PT24	10	NORVIR SOLN	36	nystatin TABS	21
nitroglycerin SOLN TL 0.4 MG/SPRAY	10	NOVA SAFETY LANCETS 23G	80	nystatin-triamcinolone CREA	49
nitroglycerin SUBL	10	NOVA SAFETY LANCETS 28G	80	nystatin-triamcinolone OINT	49
NITYR TABS	58	NOVA SUREFLEX LANCETS	81	OB COMPLETE ONE	97
NIVA THYROID TABS	116	NOVOEIGHT	62	OB COMPLETE PETITE	97
NIVA-PLUS TABS	97	NOVOPEN ECHO DEVI	91	OB COMPLETE PREMIER	97
nizatidine CAPS	117	NOVOSEVEN RT	62	OB COMPLETE/DHA	97
nizatidine SOLN	117	NP THYROID 120 TABS	116	OBIZUR	63
NORDITROPIN FLEXPPO SOPN	57	NP THYROID 15 TABS	116	OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	97
norelgestromin-ethinyl estradiol	45	NP THYROID 30 TABS	116	OCALIVA 10 MG	59
norethin acet & estrad-fe CAPS	45	NP THYROID 60 TABS	116		
norethin acet & estrad-fe CHEW	45	NP THYROID 90 TABS	116		
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30					

OICALIVA 5 MG .....	59	hydrochlorothiazide 12.5 MG-20 MG .	25	ONETOUCH ULTRASOFT	
OCTAGAM SOLN 5 GM/50ML ...	104			LANCETS .....	81
OCTAGAM SOLN .....	104	olmesartan medoxomil-		ONETOUCH VERIO TEST STRIPS	
octreotide acetate SOLN 50		hydrochlorothiazide 12.5 MG-40 MG,		STRP .....	55
MCG/ML, 100 MCG/ML, 200		25 MG-40 MG .....	25	ONUREG TABS .....	27
MCG/ML .....	58	olopatadine hcl (nasal) .....	99	OPILL .....	46
octreotide acetate SOLN 50		olopatadine hcl 0.1 % .....	103	OPSUMIT .....	40
MCG/ML, 100 MCG/ML .....	58	olopatadine hcl 0.2 % .....	103	OPTIONS GYNOL II	
octreotide acetate SOLN 500		omega-3-acid ethyl esters .....	22	VAGINALCONTRACEPTIVE GEL	
MCG/ML, 1000 MCG/ML .....	58	OMEPRAZOLE + SYRSPEND		119	
octreotide acetate SOSY 50		SFALKA SUSP .....	118	ORACEA (doxycycline (rosacea))	55
MCG/ML, 100 MCG/ML .....	58	omeprazole CPDR 10 MG .....	118	ORACIT .....	61
ODEFSEY .....	36	omeprazole CPDR 20 MG, 40 MG		ORAL CITRATE .....	61
ODOMZO .....	28	118		ORAVIG .....	94
OFEV .....	114	omeprazole magnesium CPDR ..	118	ORENITRAM TBCR .....	39
ofloxacin (ophth) .....	101	OMNIFLEX DIAPHRAGM .....	68	ORFADIN CAPS 10 MG (nitisinone) .	58
ofloxacin (otic) .....	103	ondansetron hcl SOLN OR 4		ORFADIN SUSP .....	58
ofloxacin 300 MG .....	59	MG/5ML .....	21	ORIAHNN .....	59
ofloxacin 400 MG .....	59	ondansetron hcl TABS 4 MG, 8 MG		ORKAMBI PACK 125 MG-100 MG,	
olanzapine TABS 15 MG, 20 MG ..	35	21		188 MG-150 MG .....	114
olanzapine TABS 2.5 MG, 5 MG, 7.5		ondansetron TBDP .....	21	ORKAMBI PACK 94 MG-75 MG .	114
MG, 10 MG .....	35	ONE VITE WOMENS		ORKAMBI TABS .....	114
olanzapine TBDP .....	35	PRENATALVITAMIN PLUS TABS		97	
olanzapine-fluoxetine hcl 25 MG-12		ONETOUCH DELICA PLUS		orlistat .....	1
MG, 25 MG-6 MG, 50 MG-12 MG		LANCETS EXTRA FINE 33G .....	81	orphenadrine citrate TB12 .....	99
106		ONETOUCH DELICA PLUS		oseltamivir phosphate CAPS .....	37
olanzapine-fluoxetine hcl 25 MG-3		LANCETS FINE 30G .....	81	oseltamivir phosphate SUSR .....	37
MG, 50 MG-6 MG .....	106	ONETOUCH DELICA SAFETY		OSMOPREP .....	66
olmesartan medoxomil 40 MG .....	24	LANCING DEVICE .....	81	OSPHENA .....	57
olmesartan medoxomil 5 MG, 20 MG		ONETOUCH DELICA SAFETY		OTEZLA TABS .....	5
24		LANCING DEVICE 30G .....	81	OTEZLA TBPK .....	5
olmesartan medoxomil-amlodipine-		ONETOUCH ULTRA STRP .....	55	OTOVEL (ciprofloxacin-fluocinolone	
hydrochlorothiazide .....	25	ONETOUCH ULTRASOFT 2			
olmesartan medoxomil-		LANCETS FINE 30G .....	81		



acetonide) .....	103	15 MG, 20 MG .....	8	PC LANCETS SUPER THIN 30G .....	81
OTREXUP SOAJ 10 MG/0.4ML .....	3	oxycodone w/ acetaminophen TABS		pediatric multivitamins w/fl CHEW .....	96
OTREXUP SOAJ 12.5 MG/0.4ML, 15		325 MG-10 MG, 325 MG-7.5 MG .....	9	pediatric vitamins acid w/ fluoride	
MG/0.4ML, 17.5 MG/0.4ML, 20		oxycodone w/ acetaminophen TABS		SOLN .....	96
MG/0.4ML, 22.5 MG/0.4ML, 25		325 MG-2.5 MG .....	9	peg 3350-kcl-nacl-na sulfate-na	
MG/0.4ML .....	3	oxycodone w/ acetaminophen TABS		ascorbate-ascorbic acid .....	65
oxacillin sodium IV 10 GM .....	105	325 MG-5 MG .....	9	peg 3350-kcl-sod bicarb-sod	
oxandrolone 10 MG .....	9	OXYCODONE/ACETAMINOPHEN		chloride-sod sulfate SOLR 6.74 GM-	
oxandrolone 2.5 MG .....	9	TABS .....	9	2.97 GM-5.86 GM-22.74 GM-236 GM	
oxaprozin TABS .....	5	oxymorphone hcl TABS 10 MG .....	8	.....	65
OXAYDO TABS 5 MG .....	8	oxymorphone hcl TABS 5 MG .....	8	peg 3350-potassium chloride-sod	
OXAYDO TABS 7.5 MG .....	8	oxymorphone hcl TB12 .....	8	bicarbonate-sod chloride .....	65
oxazepam CAPS 10 MG, 15 MG ..	11	OZEMPIC SOPN .....	19	PEGASYS SOLN .....	37
oxazepam CAPS 30 MG .....	11	paliperidone .....	34	PEG-PREP .....	65
oxcarbazepine SUSP .....	15	PALYNZIQ .....	58	penicillamine CAPS .....	94
oxcarbazepine TABS 150 MG .....	15	PANCREAZE CPEP 149900 UNIT-		penicillamine TABS .....	94
oxcarbazepine TABS 300 MG .....	15	97300 UNIT-37000 UNIT, 15200		penicillin g potassium .....	104
oxcarbazepine TABS 600 MG .....	15	UNIT-8800 UNIT-2600 UNIT, 24600		PENICILLIN G POTASSIUM IN ISO-	
oxiconazole nitrate CREA .....	49	UNIT-14200 UNIT-4200 UNIT, 61500		OSMOTIC DEXTROSE .....	104
OXISTAT LOTN .....	49	UNIT-35500 UNIT-10500 UNIT,		PENICILLIN G PROCAINE .....	104
OXTELLAR XR TB24 150 MG, 300		83900 UNIT-54700 UNIT-21000		penicillin g sodium .....	104
MG .....	15	UNIT, 98400 UNIT-56800 UNIT-		penicillin v potassium SOLR .....	104
OXTELLAR XR TB24 600 MG .....	15	16800 UNIT .....	55	penicillin v potassium TABS .....	104
oxybutynin chloride TABS 5 MG .	118	PANRETIN .....	50	PENNSAID SOLN EX .....	50
oxybutynin chloride TB24 .....	118	pantoprazole sodium PACK .....	118	pentamidine isethionate IN .....	25
OXYCODONE AND		pantoprazole sodium TBEC .....	118	PENTASA CPCR 250 MG .....	60
ACETAMINOPHEN TABS .....	9	PAREMYD .....	103	pentazocine w/ naloxone hcl .....	9
oxycodone hcl CAPS .....	8	paricalcitol CAPS .....	58	pentoxifylline .....	63
oxycodone hcl CONC 100 MG/5ML	8	paroxetine hcl SUSP .....	17	PERFECT LANCETS 30G .....	81
oxycodone hcl SOLN .....	8	paroxetine hcl TABS .....	17	PERFECT PRESSURE ACTIVATED	
oxycodone hcl TABS 30 MG .....	8	paroxetine hcl TB24 .....	17	SAFETY LANCETS 28G .....	81
oxycodone hcl TABS 5 MG, 10 MG,		PASER PACK .....	27	perindopril erbumine .....	24
		PAXLOVID 100 MG-150 MG .....	37	permethrin CREA .....	55
		pazopanib hcl .....	31		

perphenazine TABS .....	35	phytonadione TABS 5 MG .....	120	PLEGRIDY STARTER PACK SOPN .	106	
perphenazine-amitriptyline .....	106	PIFELTRO .....	36	PLEGRIDY STARTER PACK SOSY	SC .....	106
PERSERIS PRSY .....	34	pilocarpine hcl (oral) 5 MG .....	95	PNV-DHA+DOCUSATE .....	97	
PHARMACIST CHOICE		pilocarpine hcl (oral) 7.5 MG .....	95	PNV-OMEGA .....	97	
SELECTLANCETS/ULTRA THIN .	81	pilocarpine hcl SOLN 1 %, 2 %, 4 % .	101	PODOCON-25 SOLN .....	54	
PHARMACIST CHOICE ULTRA		pimecrolimus .....	54	podofilox GEL .....	54	
THIN LANCETS .....	81	pimozide .....	107	podofilox SOLN .....	54	
PHARMACIST CHOICE ULTRA		pindolol TABS .....	38	POLY HUB NEEDLE/30G X 1/2" .	91	
THIN LANCETS 28G .....	81	pioglitazone hcl 15 MG .....	20	polyethylene glycol 3350 POWD ..	66	
PHARMACIST CHOICE ULTRA		pioglitazone hcl 30 MG, 45 MG ...	20	polymyxin b-trimethoprim .....	101	
THIN LANCETS 30G .....	81	pioglitazone hcl-glimepiride .....	18	POLY-VI-FLOR CHEW .....	96	
PHARMACIST CHOICE ULTRA		pioglitazone hcl-metformin hcl TABS .	18	POLY-VI-FLOR SUSP .....	96	
THIN LANCETS 31G .....	81	PIP LANCETS/28G .....	81	POLY-VI-FLOR/IRON CHEW .....	95	
PHARMACIST CHOICE ULTRA		PIP LANCETS/30G .....	81	POLY-VI-FLOR/IRON SUSP .....	95	
THIN LANCETS 33G .....	81	piperacillin sodium-tazobactam		POMALYST .....	29	
PHARMACY COUNTER LANCETS .	81	sodium 2 GM-0.25 GM, 3 GM-0.375		posaconazole SUSP .....	22	
phenelzine sulfate .....	17	GM .....	105	posaconazole TBEC .....	22	
PHENERGAN SOLN IJ		PIQRAY 200MG DAILY DOSE ...	31	pot & sod citrates w/citric ac SOLN	61	
(promethazine hcl) .....	22	PIQRAY 250MG DAILY DOSE ...	31	pot phosphate monobasic w/ sod		
phenobarbital ELIX .....	65	PIQRAY 300MG DAILY DOSE ...	31	phosphate dibasic & monobasic ..	93	
phenobarbital TABS .....	65	pirfenidone CAPS .....	114	POTABA CAPS .....	120	
phenoxybenzamine hcl .....	24	pirfenidone TABS .....	114	potassium chloride CPCR .....	93	
phentermine hcl CAPS .....	1	piroxicam CAPS 10 MG .....	5	potassium chloride		
phentermine hcl TABS .....	1	piroxicam CAPS 20 MG .....	5	microencapsulated crystals er ....	93	
phenylephrine hcl (mydriatic) SOLN	101	pitavastatin calcium .....	23	potassium chloride PACK OR 20		
phenytoin CHEW .....	16	PLAN B ONE-STEP (levonorgestrel		MEQ .....	93	
phenytoin sodium extended 100 MG,		(emergency oc)) .....	45	POTASSIUM CHLORIDE SOLN IV		
200 MG, 300 MG .....	16	PLEGRIDY SOPN .....	106	20 MEQ/100ML (potassium chloride)		
phenytoin SUSP .....	16	PLEGRIDY SOSY IM .....	106	93		
PHEXXI .....	119	PLEGRIDY SOSY SC .....	106	potassium chloride SOLN OR 10 %,		
PHOSLYRA SOLN .....	60					

20 % .....	93	PRED MILD .....	102	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG .....	59
potassium chloride TBCR .....	93	PRED-G S.O.P. OINT .....	102	PREMARIN TABS 0.9 MG .....	59
potassium citrate (alkalinizer) TBCR . 61		PRED-G SUSP .....	102	PREMIUM CONDOMS LUBRICATED MISC .....	68
potassium citrate-citric acid SOLN .61		prednicarbate OINT .....	53	PREMIUM SCAR PATCH .....	54
potassium iodide (expectorant) SOLN .....	47	prednisolone acetate (ophth) ....	102	PREMPHASE .....	59
POVIDONE IODINE .....	101	PREDNISOLONE SODIUM PHOSPHATE .....	102	PREMPRO .....	59
PRALUENT SOAJ .....	23	prednisolone sodium phosphate SOLN .....	46	PRENA 1 TRUE .....	97
pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG .....	33	prednisolone sodium phosphate TBDP .....	46	PRENA1 CHEW .....	97
pramipexole dihydrochloride TABS 1 MG .....	33	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN .....	102	PRENA1 PEARL .....	97
pramipexole dihydrochloride TABS 1.5 MG .....	34	prednisolone SOLN .....	46	PRENAISSANCE .....	97
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG .....	34	prednisolone TABS .....	46	PRENAISSANCE PLUS CAPS ....	97
pramipexole dihydrochloride TB24 3 MG .....	34	PREDNISON INTENSOL CONC	46	PRENATAL 19 CHEW .....	97
pramipexole dihydrochloride TB24 3.75 MG .....	34	prednisone SOLN .....	46	PRENATAL 19 TABS .....	97
PRAMOSONE LOTN .....	53	prednisone TABS .....	46	PRENATAL PLUS TABS .....	97
PRAMOSONE OINT .....	53	prednisone TBPK .....	46	PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	97
PRAMOTIC .....	103	PREFERRED PLUS LANCETS COLORED 21G .....	82	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG- 1200 MCG-27 MG-200 MG-1.84 MG- 25 MG-2 MG-10 MG .....	97
prasugrel hcl .....	64	PREFERRED PLUS LANCETS SUPER THIN 30G .....	82	PRENATAL VITAMINS PLUS LOW IRON TABS .....	97
pravastatin sodium .....	23	PREFERRED PLUS LANCETS THIN 26G .....	82	PRENATAL-U CAPS .....	97
praziquantel .....	10	PREFEST .....	59	PRENATE .....	97
prazosin hcl CAPS .....	24	pregabalin CAPS 225 MG, 300 MG 15		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG .....	97
PRECISION THINS GP LANCET .81		pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	15	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..	98
PRECISION XTRA .....	55	pregabalin SOLN .....	15		
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	55	PREMARIN .....	120		

PRENATE ENHANCE .....	98	probenecid .....	61	promethazine w/codeine SYRP ...	47
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG- 18 MG .....	98	prochlorperazine .....	35	promethazine-dm SYRP .....	47
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG- 80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG ..	98	prochlorperazine maleate TABS ...	35	promethazine-phenylephrine-codeine .....	47
PRENATE PIXIE .....	98	PROCTOFOAM HC FOAM EX ....	10	propafenone hcl CP12 .....	11
PRENATE RESTORE .....	98	PROCYSBI CPDR .....	61	propafenone hcl TABS 150 MG ...	11
PRENATRIX TABS .....	98	PROCYSBI PACK .....	61	propafenone hcl TABS 225 MG, 300 MG .....	11
PRENATRYL TABS .....	98	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS .....	82	proparacaine hcl .....	101
PREPIDIL GEL .....	103	PRODIGY SAFETY LANCETS ...	82	propranolol hcl CP24 .....	38
PREPLUS TABS .....	98	PRODIGY TWIST TOP LANCETS 82		propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	38
PREZCOBIX .....	36	PROFILNINE .....	63	propranolol hcl TABS .....	38
PREZISTA SUSP .....	36	progesterone CAPS .....	105	propylthiouracil .....	115
PREZISTA TABS 75 MG, 150 MG	36	progesterone OIL .....	105	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML .....	47
PRIFTIN .....	27	PROGRAF PACK .....	94	protriptyline hcl .....	18
PRILOSEC PACK .....	118	PROLATE TABS .....	9	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 47	
primaquine phosphate TABS .....	26	PROLIA SOSY .....	57	PSS SELECT GP LANCETS .....	82
PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin) .....	26	PROMACTA PACK 12.5 MG .....	64	PSS SELECT SAFETY LANCETS 82	
primidone 50 MG, 250 MG .....	15	PROMACTA PACK 25 MG .....	64	PULMICORT FLEXHALER AEPB .	12
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML .....	104	PROMACTA TABS .....	64	PULMOZYME .....	114
PRIVIGEN SOLN 5 GM/50ML ....	104	promethazine & phenylephrine SYRP .....	47	PURE COMFORT LANCETS 30G 82	
PRO COMFORT LANCETS 30G .	82	promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML .....	22	PURIXAN SUSP .....	27
PRO COMFORT LANCETS 31G .	82	promethazine hcl SOLN OR 6.25 MG/5ML .....	22	PX LANCETS MICROTHIN 33G .	82
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ....	82	promethazine hcl SUPP 12.5 MG, 25 MG .....	22	PX LANCETS ULTRA THIN .....	82
PROAIR RESPICLICK AEPB .....	13	promethazine hcl TABS 12.5 MG ..	22	PX LANCETS ULTRA THIN 28G .	82
		promethazine hcl TABS 25 MG ...	22	pyrazinamide .....	27
		promethazine hcl TABS 50 MG ...	22	pyridostigmine bromide SOLN OR	27
		promethazine w/codeine SOLN ...	47		

pyridostigmine bromide TABS 60 MG	20 MG	25	READYLANCE SAFETY
.....			LANCETS/23G/1.8MM
pyridostigmine bromide TBCR	.....	11	READYLANCE SAFETY
pyrimethamine	.....	26	LANCETS/26G/1.8MM
QBRELIS SOLN	.....	24	READYLANCE SAFETY
QC LANCETS SUPER THIN	.....	82	LANCETS/28G/1.8MM
QC LANCETS ULTRA THIN	.....	82	READYLANCE SAFETY
QC UNILET LANCETS 28G/ULTRA	THIN	82	LANCETS/30G/1.6MM
QC UNILET LANCETS 33G/MICRO	THIN	82	REALITY LANCETS
QINLOCK	.....	31	REALITY LATEX
QSYMIA	.....	1	CONDOMS/LUBRICATED MISC
QUARTETTE (levonorgestrel-ethinyl	estradiol (91-day))	45	REALITY LATEX/ULTRA
quetiapine fumarate TABS 200 MG	35		TEXTURED DEVI
quetiapine fumarate TABS 25 MG, 50	MG, 100 MG, 150 MG	35	REALITY LATEX/ULTRA THIN DEVI
quetiapine fumarate TABS 300 MG,	400 MG	35	68
quetiapine fumarate TB24 150 MG,	200 MG, 300 MG, 400 MG	35	REALITY TRIGGER LANCETS
quetiapine fumarate TB24 50 MG		35	REBIF REBIDOSE SOAJ
QUFLORA FE PEDIATRIC LIQD		95	REBIF REBIDOSE TITRATIONPACK
QUFLORA GUMMIES CHEW		96	SOAJ
QUFLORA PEDIATRIC CHEW		96	REBIF SOSY
QUFLORA PEDIATRIC SOLN		96	REBIF TITRATION PACK SOSY
QUILLIVANT XR SRER		2	REBINYN 500 UNIT, 1000 UNIT,
quinapril hcl		24	2000 UNIT
quinapril-hydrochlorothiazide 12.5	MG-10 MG, 12.5 MG-20 MG	25	RECOMBINATE SOLR
quinapril-hydrochlorothiazide 25 MG-			REGRANEX
			RELENZA DISKHALER
			RELION 2-IN-1 LANCET DEVICES
			30G
			RELION 2-IN-1 LANCING DEVICE
			25G
			RELION 2-IN-1 LANCING DEVICE
			30G
			RELION INSULIN SYRINGE
			0.5ML/31G X 15/64"
			91

RELION INSULIN SYRINGE 1ML/31GX15/64" .....	91	rifabutin .....	27	rufinamide SUSP .....	15
RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....	91	rifampin CAPS .....	27	rufinamide TABS 200 MG .....	15
RELION LANCETS MICRO- THIN33G .....	83	RIGHTEST GL300 LANCETS ....	84	rufinamide TABS 400 MG .....	15
RELION LANCETS THIN 26G ....	83	riluzole TABS .....	100	RUKOBIA .....	36
RELION LANCETS ULTRA- THIN30G .....	83	rimantadine hydrochloride TABS ..	37	RYBELSUS TABS 3 MG .....	19
RELION ULTRA THIN LANCETS/30G .....	83	RINVOQ .....	2	RYBELSUS TABS 7 MG, 14 MG ..	19
RELION ULTRA THIN LANCETS30G .....	83	risedronate sodium TABS 150 MG	57	RYDAPT .....	31
RELION ULTRA THIN PLUS LANCETS 32G .....	83	risedronate sodium TABS 5 MG, 30 MG, 35 MG .....	57	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG .....	34
RELION ULTRA THIN PLUS LANCETS 33G .....	83	risperidone SOLN .....	34	RYTARY CPCR 95 MG-23.75 MG	34
RELNATE DHA CAPS .....	98	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG .....	34	RYVENT TABS .....	22
RELYVRIO .....	100	risperidone TABS 3 MG .....	34	SABRIL PACK (vigabatrin) .....	16
RENFLEXIS .....	60	risperidone TBDP .....	34	SABRIL TABS (vigabatrin) .....	16
repaglinide .....	20	ritonavir TABS .....	36	SAFE-T-LANCE LOW FLOW 25G 84	
RETACRIT .....	64	rivastigmine .....	105	SAFE-T-LANCE NORMAL FLOW21G .....	84
RETACRIT 20000 UNIT/ML .....	64	rivastigmine tartrate CAPS .....	105	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW ....	84
RETEVMO .....	31	RIXUBIS SOLR .....	63	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW ....	84
REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) .....	40	rizatriptan benzoate TABS .....	92	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 84	
REXALL LANCETS ULTRA THIN	84	rizatriptan benzoate TBDP .....	92	SAFETY LANCET 30G/PRESSURE ACTIVATED .....	84
REXULTI .....	35	roflumilast .....	11	SAFETY LANCETS .....	84
REYATAZ PACK .....	36	romidepsin SOLR .....	31	SAFETY LANCETS 21G .....	84
RHOFADE .....	55	ropinirole hydrochloride TABS ....	34	SAFETY LANCETS 23G .....	84
ribavirin (hepatitis c) CAPS .....	37	ropinirole hydrochloride TB24 12 MG 34		SAFETY LANCETS 28G .....	84
ribavirin .....	37	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG .....	34	SAFETY LANCETS/PRESSURE ACTIVATED/28G .....	84
RIDAURA .....	4	ropinirole hydrochloride TB24 8 MG 34			
		rosuvastatin calcium TABS .....	23		
		ROZLYTREK CAPS .....	31		
		RUBRACA .....	31		

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

SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G .....85	SOLUS V2 TWIST LANCETS 30G 85	STRIVERDI RESPIMAT .....13
SMART SENSE THIN LANCETSUNIVERSAL 26G ..... 85	SOMAVERT .....57	SUBLOCADE SOSY .....9
SMARTEST LANCETS 28G .....85	sorafenib tosylate .....31	sucralfate SUSP .....117
sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 % .....47	SORILUX FOAM .....51	sucralfate TABS ..... 117
sodium citrate & citric acid ..... 61	sotalol hcl (afib/afI) ..... 38	sulconazole nitrate CREA ..... 49
sodium fluoride CHEW 0.25 MG, 0.5 MG .....93	sotalol hcl TABS ..... 38	sulconazole nitrate SOLN ..... 49
sodium fluoride CHEW 1 MG, 2.2 MG .....93	SOTYLIZE SOLN OR .....38	sulfacetamide sodium (acne) ..... 48
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML .....93	SOVUNA 200 MG .....26	sulfacetamide sodium (ophth) OINT 101
sodium fluoride TABS 0.5 MG .....93	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT ..... 11	sulfacetamide sodium (ophth) SOLN . 101
sodium fluoride TABS 1 MG .....93	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT .....11	sulfacetamide sodium LIQD ..... 51
SODIUM OXYBATE SOLN .....105	spironolactone & hydrochlorothiazide .....56	sulfacetamide sodium SHAM 10 % 51
sodium phenylbutyrate POWD ....58	spironolactone TABS ..... 56	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 % ..... 48
sodium phenylbutyrate TABS .....58	SPRAVATO 56MG DOSE ..... 17	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 % .....48
sodium polystyrene sulfonate POWD 94	SPRAVATO 84MG DOSE ..... 17	sulfacetamide sodium w/ sulfur LOTN 10 %-5 % ..... 48
SODIUM SULFACETAMIDE WASH LIQD .....51	SPRYCEL 20 MG, 50 MG, 70 MG .32	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 % ..... 48
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL .....48	SPRYCEL 80 MG, 100 MG, 140 MG . 31	sulfacetamide sod-prednisolone SOLN ..... 102
sodium sulfate-potassium sulfate- magnesium sulfate .....65	stavudine CAPS .....36	sulfadiazine TABS .....115
solifenacin succinate TABS 10 MG 118	STELARA SOLN 45 MG/0.5ML ... 51	sulfamethoxazole-trimethoprim SUSP .....25
solifenacin succinate TABS 5 MG 118	STELARA SOSY 45 MG/0.5ML ... 51	sulfamethoxazole-trimethoprim TABS .....25
SOLTAMOX SOLN ..... 29	STELARA SOSY 90 MG/ML .....51	SULFAMYLON CREA ..... 51
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G .....85	STERILANCE TL .....85	sulfasalazine TABS .....60
	STIMATE SOLN NA ..... 58	sulfasalazine TBEC .....60
	STIOLTO RESPIMAT .....13	sulindac TABS 150 MG ..... 5
	STIVARGA .....32	
	STRENSIQ .....58	
	streptomycin sulfate SOLR .....2	
	STRIBILD .....36	



sulindac TABS 200 MG ..... 5	SYNAREL ..... 57	TASIGNA ..... 32
sumatriptan 20 MG/ACT ..... 92	SYNDROS SOLN ..... 21	TAVALISSE 100 MG ..... 63
sumatriptan 5 MG/ACT ..... 92	SYNJARDY TABS ..... 18	TAVALISSE 150 MG ..... 63
sumatriptan succinate SOAJ ..... 92	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG ..... 18	TAYTULLA CAPS (norethin acet & estradiol) ..... 45
sumatriptan succinate SOCT 4 MG/0.5ML ..... 92	SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG ..... 18	tazarotene CREA ..... 51
sumatriptan succinate SOCT 6 MG/0.5ML ..... 92	SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) ..... 116	TAZAROTENE FOAM ..... 48
sumatriptan succinate SOLN 6 MG/0.5ML ..... 92	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) ..... 116	TAZORAC CREA ..... 51
sumatriptan succinate TABS ..... 92	SYPRINE (trientine hcl) ..... 94	TAZVERIK ..... 32
sunitinib malate 12.5 MG, 37.5 MG, 50 MG ..... 32	TABLOID ..... 27	TECHLITE AST LANCETS ..... 85
sunitinib malate 25 MG ..... 32	TABRECTA ..... 32	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 15/64" ..... 91
SUPER THIN LANCETS ..... 85	tacrolimus (topical) OINT 0.03 % .. 54	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64" ..... 91
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate) ..... 65	tacrolimus (topical) OINT 0.1 % ... 54	TECHLITE LANCETS ..... 86
SURE COMFORT LANCETS 18G 85	tacrolimus CAPS ..... 94	TECHLITE LANCETS 26G ..... 86
SURE COMFORT LANCETS 21G 85	tadalafil (pulmonary hypertension) TABS ..... 40	TECHLITE LANCETS 30G ..... 86
SURE COMFORT LANCETS 23G 85	tadalafil 2.5 MG ..... 39	TEGRETOL SUSP (carbamazepine) . 15
SURE COMFORT LANCETS 28G 85	tadalafil 5 MG, 10 MG, 20 MG .... 39	TEGRETOL TABS (carbamazepine) . 15
SURE COMFORT LANCETS 30G 85	TAFINLAR CAPS ..... 32	TEGRETOL-XR TB12 100 MG (carbamazepine) ..... 15
SURELITE LANCETS ..... 85	tafluprost ..... 103	TEGSEDI ..... 114
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate) ..... 32	TAGRISSE ..... 28	TEKTURNA HCT ..... 25
SUTENT 25 MG (sunitinib malate) 32	TALZENNA 0.25 MG, 1 MG ..... 32	telmisartan 20 MG, 40 MG ..... 24
SYMDEKO ..... 114	tamoxifen citrate TABS ..... 29	telmisartan 80 MG ..... 24
SYMTUZA ..... 36	tamsulosin hcl ..... 61	telmisartan-amlodipine ..... 25
	TARGRETIN (bexarotene (topical)) 50	telmisartan-hydrochlorothiazide ... 25
	TARGRETIN (bexarotene) ..... 33	temazepam 15 MG ..... 65
		temazepam 22.5 MG, 30 MG ..... 65

temazepam 7.5 MG .....	65	THALOMID .....	94	CAPS .....	11
temozolomide CAPS .....	27	THEO-24 CP24 .....	13	TIROSINT CAPS 37.5 MCG, 44	
temsirolimus .....	32	theophylline ELIX .....	13	MCG, 62.5 MCG .....	116
tenofovir disoproxil fumarate TABS		theophylline SOLN .....	13	TIVICAY TABS .....	36
36		theophylline TB12 300 MG .....	13	tizanidine hcl CAPS .....	99
terazosin hcl 1 MG, 2 MG, 5 MG ..	24	theophylline TB12 450 MG .....	13	tizanidine hcl TABS 2 MG .....	99
terazosin hcl 10 MG .....	24	theophylline TB24 .....	13	tizanidine hcl TABS 4 MG .....	99
terbinafine hcl TABS .....	21	THERANATAL CORE NUTRITION		TOBI PODHALER CAPS .....	2
terbutaline sulfate TABS .....	13	TABS .....	98	TOBRADEX OINT .....	102
terconazole vaginal CREA 0.8 %	.119	THINLETS GP LANCETS .....	86	TOBRADEX ST SUSP .....	102
terconazole vaginal CREA .....	119	thioridazine hcl 10 MG, 25 MG, 100		tobramycin (ophth) SOLN .....	101
terconazole vaginal SUPP .....	119	MG .....	35	tobramycin NEBU .....	2
teriflunomide .....	107	thioridazine hcl 50 MG .....	35	tobramycin sulfate SOLN IJ 10	
TESTIM GEL TD (testosterone) ....	9	thiothixene .....	35	MG/ML, 80 MG/2ML .....	2
testosterone cypionate SOLN IM ...	9	THRIVITE RX TABS .....	98	tobramycin-dexamethasone SUSP	
testosterone enanthate SOLN IM ...	9	THYMOGLOBULIN .....	94	102	
testosterone GEL TD 1 %, 1.62 %, 20.25		THYROID TABS 15 MG, 30 MG, 60		TOBREX OINT .....	101
MG/1.25GM, 25 MG/2.5GM, 40.5		MG, 90 MG, 120 MG .....	116	TODAY SPONGE MISC .....	119
MG/2.5GM, 50 MG/5GM .....	9	tiagabine hcl .....	16	TODAYS HEALTH SUPER	
testosterone GEL TD 1 %, 25		TIBSOVO .....	32	THINLANCETS 30G .....	86
MG/2.5GM, 50 MG/5GM .....	9	timolol maleate (ophth) SOLG ....	100	TODAYS HEALTH ULTRA	
testosterone GEL TD 10 MG/ACT ..	9	timolol maleate (ophth) SOLN ....	100	THINLANCETS 28G .....	86
testosterone SOLN .....	9	timolol maleate TABS 10 MG .....	38	tolcapone .....	33
tetrabenazine .....	106	timolol maleate TABS 5 MG, 20 MG .		TOLSURA CAPS .....	22
tetracaine hcl (ophth) .....	101	38		tolterodine tartrate CP24 .....	118
tetracycline hcl CAPS .....	115	TIMOPTIC-XE SOLG (timolol		tolterodine tartrate TABS .....	118
TEXACORT SOLN 2.5 % .....	53	maleate (ophth)) .....	100	TOPAMAX SPRINKLE CPSP	
TGT LANCET MICRO THIN 33G .	86	tinidazole 250 MG .....	25	(topiramate) .....	16
TGT LANCET THIN 26G .....	86	tinidazole 500 MG .....	25	TOPAMAX TABS 100 MG	
TGT LANCET ULTRA THIN 30G .	86	tiopronin TABS .....	61	(topiramate) .....	16
THALITONE .....	56	tiopronin TBEC .....	61	TOPAMAX TABS 200 MG	
		tiotropium bromide monohydrate		(topiramate) .....	16
				TOPAMAX TABS 25 MG	

(topiramate) .....	16	tramadol hcl TABS 100 MG .....	8	tretinoin microsphere 0.1 % .....	49
TOPAMAX TABS 50 MG (topiramate) .....	16	tramadol hcl TABS 50 MG .....	8	TRETTEN .....	63
TOPCARE LANCETS MICRO-THIN 33G .....	86	tramadol hcl TB24 100 MG .....	8	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	27
topiramate CP24 200 MG .....	16	tramadol hcl TB24 200 MG .....	8	triamcinolone acetone (mouth) ..	95
topiramate CP24 25 MG .....	16	tramadol hcl TB24 .....	8	triamcinolone acetone (nasal)	
topiramate CP24 50 MG, 100 MG ..	16	tramadol-acetaminophen .....	9	AERO .....	100
topiramate CPSP .....	16	trandolapril .....	24	triamcinolone acetone (topical)	
topiramate CS24 100 MG, 150 MG, 200 MG .....	16	trandolapril-verapamil hcl .....	25	AERS .....	53
topiramate CS24 25 MG, 50 MG ..	16	tranexamic acid SOLN 1000 MG/10ML .....	65	triamcinolone acetone (topical)	
topiramate TABS 100 MG .....	16	tranexamic acid TABS .....	65	CREA .....	53
topiramate TABS 200 MG .....	16	tranylcyromine sulfate .....	17	triamcinolone acetone (topical)	
topiramate TABS 25 MG .....	16	TRAVEL LANCETS 30G .....	86	LOTN .....	53
topiramate TABS 50 MG .....	16	TRAVEL LANCETS ADVANCED 28G .....	86	triamcinolone acetone (topical)	
topotecan hcl SOLR .....	33	travoprost SOLN .....	103	OINT 0.025 %, 0.1 %, 0.5 % .....	53
toremifene citrate .....	29	trazodone hcl TABS .....	18	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	56
TORISEL (temsirolimus) .....	32	TRECATOR .....	27	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG .....	56
toremide TABS 100 MG .....	56	TRELEGY ELLIPTA .....	13	triamterene CAPS .....	56
toremide TABS 5 MG, 10 MG, 20 MG .....	56	TREMFYA SOPN .....	51	triazolam 0.125 MG .....	65
TOUJEO MAX SOLOSTAR SOPN 20		TREMFYA SOSY .....	51	triazolam 0.25 MG .....	65
TOUJEO SOLOSTAR SOPN .....	20	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML .....	20	TRICARE TABS .....	98
TPOXX (TECOVIRIMAT CAP 200 MG) .....	37	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML .....	20	trientine hcl 250 MG .....	94
TPOXX CAPS .....	37	TRESIBA SOLN .....	20	trientine hcl 500 MG .....	94
TPOXX SOLN .....	37	tretinoin (chemotherapy) .....	33	trifluoperazine hcl TABS .....	35
TRACLEER TBSO .....	40	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	49	trifluridine .....	101
tramadol hcl CP24 100 MG, 200 MG, 300 MG .....	8	tretinoin GEL 0.01 %, 0.025 %, 0.05 % .....	49	trihexyphenidyl hcl SOLN .....	33
		tretinoin microsphere 0.04 % .....	49	trihexyphenidyl hcl TABS .....	33
				TRIJARDY XR .....	18
				TRIKAFTA TBPK 100 MG-50 MG	

114	THIN .....	86	69
TRIKAFTA TBPK 50 MG-25 MG .	TRUEPLUS LANCETS 30G .....	86	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC .....
TRILEPTAL SUSP (oxcarbazepine)	TRUEPLUS LANCETS 30G ULTRA THIN .....	86	69
16	TRUEPLUS LANCETS 33G .....	86	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 69
TRILEPTAL TABS 150 MG (oxcarbazepine) .....	TRUEPLUS LANCETS 33G MICRO THIN .....	87	TRUSTEX/RIA NON-LUBRICATED MISC .....
16	TRUEPLUS SAFETY LANCETS 28G .....	87	69
TRILEPTAL TABS 300 MG (oxcarbazepine) .....	TRULICITY .....	19	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) .....
16	TRUSTEX COLOR CONDOMS + LUBE MISC .....	68	36
TRILEPTAL TABS 600 MG (oxcarbazepine) .....	TRUSTEX LUBRICATED EXTRALARGE MISC .....	68	TUKYSA .....
21	TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....	68	28
trimethobenzamide hcl CAPS .....	TRUSTEX LUBRICATED MISC ..	69	TURALIO 200 MG .....
25	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC .....	68	32
trimethoprim TABS .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	TUSNEL TABS .....
18	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....	68	47
TRINATAL RX 1 TABS .....	TRUSTEX LUBRICATED/SPERMICIDE MISC ..	69	TUSSLIN LIQD .....
98	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRINTELLIX .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
18	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRISTART DHA .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
98	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRISTART ONE .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
98	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRIUMEQ PD TBSO .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
36	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRIUMEQ TABS .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
36	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRI-VI-FLOR .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
96	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRI-VI-FLORO .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
96	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRIZIVIR .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
36	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
tropicamide SOLN .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
101	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
tropium chloride CP24 .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
118	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
tropium chloride TABS .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
118	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRUE COMFORT SAFETY LANCETS/30G .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
86	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRUE COMFORT TWIST TOP LANCETS 30G .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
86	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRUEPLUS LANCETS 26G .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
86	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRUEPLUS LANCETS 28G .....	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
86	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC .....	68	47
TRUEPLUS LANCETS 28G SUPER	TRUSTEX/RIA LUBRICATED MISC .		UDENYCA SOSY .....

ULTILET CLASSIC LANCETS	87	UNISTIK PRO SAFETY LANCET		VALCHLOR	50
ULTILET LANCETS	87	21G	88	valganciclovir hcl SOLR	37
ULTILET LANCETS 33G	87	UNISTIK PRO SAFETY LANCET		valganciclovir hcl TABS	37
ULTILET SAFETY LANCETS 21G X		25G	88	valproate sodium SOLN OR 250	
2.2MM	87	UNISTIK PRO SAFETY LANCET		MG/5ML	17
ULTILET SAFETY LANCETS 23G		28G	88	valproic acid CAPS	17
87		UNISTIK SAFETY LANCETS 28G		valsartan TABS 160 MG	24
ULTRA THIN LANCETS 31G	87	88		valsartan TABS 40 MG, 80 MG, 320	
ULTRA-CARE LANCETS 30G	87	UNISTIK SAFETY LANCETS 30G		MG	24
ULTRA-THIN II AUTO LANCET	87	88		valsartan-hydrochlorothiazide 12.5	
ULTRA-THIN II LANCETS 28G	87	UNISTIK TOUCH SAFETY		MG-160 MG, 12.5 MG-320 MG, 12.5	
ULTRA-THIN II LANCETS 30G	87	LANCETS 21G	88	MG-80 MG, 25 MG-320 MG	25
UNASYN BULK PACK IV (ampicillin		UNISTIK TOUCH SAFETY		valsartan-hydrochlorothiazide 25 MG-	
& sulbactam sodium)	105	LANCETS 23G	88	160 MG	25
UNASYN IJ 2 GM-1 GM (ampicillin &		UNISTIK TOUCH SAFETY		VALTOCO 10 MG DOSE LIQD	14
sulbactam sodium)	105	LANCETS 28G	88	VALTOCO 15 MG DOSE LQPK	14
UNILET COMFORTOUCH LANCET		UNISTIK TOUCH SAFETY		VALTOCO 20 MG DOSE LQPK	14
87		LANCETS 30G	88	VALTOCO 5 MG DOSE LIQD	14
UNILET EXCELITE	87	UNIVERSAL 1 LANCETS THIN26G		VALUE PLUS LANCETS	
UNILET EXCELITE II	87	88		STANDARD 21G	88
UNILET G.P. LANCET	87	UNIVERSAL 1		VALUE PLUS LANCETS	
UNILET G.P. SUPERLITE LANCET		LANCETS/33G/MICRO-THIN	88	SUPERTHIN 30G	88
87		UPTRAVI TABS 200 MCG	40	VALUE PLUS LANCETS THIN 26G	
UNILET GP 28 ULTRA THIN	87	UPTRAVI TABS 400 MCG, 600		88	
UNILET LANCET	87	MCG, 800 MCG, 1000 MCG, 1200		VALUMARK LANCET SUPER THIN	
UNILET LANCETS MICRO-THIN33G		MCG, 1400 MCG, 1600 MCG	40	30G	89
88		UPTRAVI TITRATION PACK TBPK		VALUMARK LANCET ULTRA THIN	
UNILET LANCETS SUPER-		40		28G	89
THIN30G	88	urea LOTN 40 %	54	vancomycin hcl CAPS 125 MG	26
UNILET LANCETS ULTRA-THIN		ursodiol CAPS	59	vancomycin hcl CAPS 250 MG	26
28G	88	ursodiol TABS	59	vancomycin hcl SOLR OR 25 MG/ML	
UNILET SUPERLITE LANCET	88	valacyclovir hcl 1 GM, 1000 MG	37	26	
UNISTIK 3 GENTLE	88	valacyclovir hcl 500 MG	37	VANDAZOLE	119
				varenicline tartrate TABS 0.5 MG	114

varenicline tartrate TABS 1 MG .. 114	VERELAN PM CP24 (verapamil hcl) . 39	VIREAD TABS 150 MG, 200 MG, 250 MG ..... 36
VARUBI TBPK ..... 21	VERIFINE SAFETY LANCET MINI 21G X 2.4MM ..... 89	VIRT-C DHA ..... 98
VASCEPA (icosapent ethyl) ..... 23	VERIFINE SAFETY LANCET MINI 23G X 1.8MM ..... 89	VIRT-NATE DHA CAPS ..... 98
VCF VAGINAL CONTRACEPTIVE FILM FILM ..... 119	VERIFINE SAFETY LANCET MINI 28G X 1.8MM ..... 89	VIRT-PN DHA ..... 98
VCF VAGINAL CONTRACEPTIVEGEL GEL ..... 119	VERIFINE SAFETY LANCET MINI 30G X 1.8MM ..... 89	VISTOGARD ..... 21
VECAMYL ..... 25	VERIFINE UNIVERSAL LANCETS 28G ..... 89	VITAFOL GUMMIES ..... 98
VELCADE SOLR IJ (bortezomib) . 32	VERIFINE UNIVERSAL LANCETS 30G ..... 89	VITAFOL-NANO ..... 98
VEMLIDY ..... 37	VERIFINE UNIVERSAL LANCETS 33G ..... 89	VITAFOL-ONE CAPS ..... 98
VENCLEXTA STARTING PACK TBPK ..... 28	VERSACLOZ SUSP ..... 35	VITAMEDMD ONE RX/QUATREFOLIC ..... 98
VENCLEXTA TABS 10 MG ..... 28	VERZENIO ..... 32	VITAMEDMD REDICHEW RX .... 98
VENCLEXTA TABS 100 MG ..... 28	VIBERZI ..... 60	VITAPEARL ..... 98
VENCLEXTA TABS 50 MG ..... 28	VICTOZA ..... 19	VITATHELY/GINGER TABS ..... 98
venlafaxine hcl CP24 ..... 18	VIDA MIA UNILET LANCETS SUPER THIN 30G ..... 89	VITATRUE ..... 98
venlafaxine hcl TABS ..... 18	VIDA MIA UNILET LANCETS ULTRA THIN 28G ..... 89	VITRAKVI CAPS ..... 32
venlafaxine hcl TB24 225 MG ..... 18	vigabatrin PACK ..... 16	VITRAKVI SOLN ..... 32
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG ..... 18	vigabatrin TABS ..... 16	VIVA DHA CAPS ..... 98
VENTAVIS ..... 40	VIIBRYD STARTER PACK KIT .... 18	VIVAGUARD LANCETS ..... 89
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ... 39	vilazodone hcl TABS 10 MG, 40 MG . 18	VIVAGUARD LANCETS 30G ..... 89
verapamil hcl CP24 180 MG ..... 38	VINATE DHA RF ..... 98	VIVAGUARD SAFETY LANCETS/28G ..... 89
verapamil hcl CP24 360 MG ..... 38	VINATE ONE TABS ..... 98	VIZIMPRO ..... 28
verapamil hcl TABS ..... 39	VIRACEPT TABS ..... 36	VONVENDI ..... 63
verapamil hcl TBCR 120 MG ..... 39	VIREAD POWD ..... 36	voriconazole SUSR ..... 22
verapamil hcl TBCR 180 MG, 240 MG ..... 39		voriconazole TABS ..... 22
VEREGEN ..... 49		VOSEVI ..... 37
VERELAN CP24 360 MG (verapamil hcl) ..... 39		VOTRIENT (pazopanib hcl) ..... 32
		VOTRIENT ..... 32
		VP-PNV-DHA CAPS ..... 98
		VRAYLAR CAPS ..... 34

VRAYLAR CPPK .....	34	DIAPHRAGM KIT 90 .....	69	29	
VYNDAMAX .....	41	WIDE-SEAL SILICONE		XTANDI CAPS .....	29
VYNDAQEL .....	41	DIAPHRAGM KIT 95 .....	69	XTANDI TABS .....	29
VYVANSE CAPS .....	1	WILATE KIT .....	63	XURIDEN .....	58
WALGREENS ADVANCED		WILZIN .....	93	XYNTHA .....	63
TRAVELLANCETS 28G .....	89	XADAGO .....	34	XYNTHA SOLOFUSE .....	63
WALGREENS COMFORT		XALKORI CAPS .....	32	XYREM SOLN .....	105
ASSUREDLANCETS MICRO		XARELTO STARTER PACK TBPK		YASMIN 28 (drospirenone-ethinyl	
THIN/33G .....	89	13		estradiol) .....	45
WALGREENS COMFORT		XARELTO SUSR .....	13	YAZ (drospirenone-ethinyl estradiol)	
ASSUREDLANCETS SUPER		XARELTO TABS 10 MG .....	13	45	
THIN/28G .....	89	XARELTO TABS 2.5 MG, 15 MG, 20		YONSA .....	29
WALGREENS LANCETS .....	89	MG .....	13	zafirlukast 10 MG .....	11
WALGREENS THIN LANCETS .....	89	XATMEP SOLN .....	27	zafirlukast 20 MG .....	11
WALGREENS ULTRA THIN		XELJANZ SOLN .....	3	zaleplon .....	65
LANCETS .....	89	XELJANZ TABS .....	3	ZARONTIN CAPS (ethosuximide) .	17
warfarin sodium TABS .....	13	XELJANZ XR TB24 .....	3	ZARONTIN SOLN (ethosuximide) .	17
WESCAP-C DHA .....	98	XENAZINE (tetrabenazine) .....	106	ZARXIO .....	64
WESNATE DHA CAPS .....	98	XENICAL (orlistat) .....	2	ZATEAN-PN DHA .....	98
WESTAB PLUS TABS .....	98	XERAC AC .....	54	ZAVESCA (miglustat) .....	64
WESTGEL DHA .....	98	XERMELO .....	60	ZEJULA CAPS .....	32
WIDE-SEAL SILICONE		XHANCE EXHU .....	100	ZEJULA TABS .....	32
DIAPHRAGM KIT 60 .....	69	XIFAXAN 200 MG .....	25	ZELAPAR TBDP .....	34
WIDE-SEAL SILICONE		XIFAXAN 550 MG .....	25	ZELBORAF .....	32
DIAPHRAGM KIT 65 .....	69	XIGDUO XR 1000 MG-10 MG, 500		ZENPEP CPEP 105000 UNIT-79000	
WIDE-SEAL SILICONE		MG-10 MG .....	18	UNIT-25000 UNIT, 14000 UNIT-	
DIAPHRAGM KIT 75 .....	69	XIGDUO XR 1000 MG-2.5 MG, 1000		10000 UNIT-3000 UNIT, 168000	
WIDE-SEAL SILICONE		MG-5 MG, 500 MG-5 MG .....	18	UNIT-126000 UNIT-40000 UNIT,	
DIAPHRAGM KIT 80 .....	69	XIMINO CP24 .....	115	24000 UNIT-17000 UNIT-5000 UNIT,	
WIDE-SEAL SILICONE		XOSPATA .....	32	252600 UNIT-189600 UNIT-60000	
DIAPHRAGM KIT 85 .....	69	XPOVIO .....	29	UNIT, 42000 UNIT-32000 UNIT-	
WIDE-SEAL SILICONE		XPOVIO 80 MG TWICE WEEKLY		10000 UNIT, 63000 UNIT-47000	
				UNIT-15000 UNIT, 84000 UNIT-	
				63000 UNIT-20000 UNIT .....	56

ZEVRX TWIST TOP LANCETS 30G 90	
zidovudine CAPS .....	36
zidovudine SYRP .....	36
zidovudine TABS .....	37
ZIEXTENZO .....	64
zileuton TB12 .....	11
ziprasidone hcl 20 MG, 40 MG ....	34
ziprasidone hcl 60 MG, 80 MG ....	34
ZIRGAN GEL .....	101
ZOLINZA .....	32
zolmitriptan SOLN .....	92
zolmitriptan TABS .....	92
zolmitriptan TBDP .....	92
zolpidem tartrate TABS .....	65
zolpidem tartrate TBCR .....	65
ZOMACTON SOLR SC 10 MG ....	57
ZOMIG SOLN 2.5 MG .....	92
ZONEGRAN CAPS 100 MG (zonisamide) .....	16
ZONEGRAN CAPS 25 MG (zonisamide) .....	16
zonisamide CAPS 100 MG .....	16
zonisamide CAPS 25 MG, 50 MG .	16
ZORBTIVE SC .....	57
ZUPLENZ FILM 4 MG .....	21
ZYDELIG .....	32
ZYFLO TABS .....	11
ZYKADIA TABS .....	32
ZYLET .....	102
ZYTIGA (abiraterone acetate) ....	29