

# *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 All previous versions are no longer in effect.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 January 1, 2025**



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 Descriptions .....	iv
Nonpreferred Generic Drugs .....	v
Are there any limits on my drug coverage? .....	v
How often does the Drug List change? .....	vii
How can I get prior authorization or an exception to the rules for drug coverage? .....	vii
Step Therapy Exception. ....	viii
Are all contraceptives covered? .....	ix
What blood glucose supplies covered? .....	ix
Are preventive drugs covered?.....	ix
What drugs are under my medical benefit?.....	ix
Can I go to any pharmacy?.....	ix
Can I use a mail order pharmacy?.....	x
How can I save money on my prescription drugs? .....	x
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	Before Deductible Is Met	\$500	30 Days

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

**Tier Descriptions**

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

## Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.

Specialty or drugs over \$600 (net of rebates) are placed at Tier 4.

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

## Are there any limits on my drug coverage?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



## **Are all contraceptives covered?**

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

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

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

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

## **Are preventive drugs covered?**

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

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

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

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

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

Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our website at [Find a pharmacy](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

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

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

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

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

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

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

You can save time and money with these simple steps:

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

# Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

plan.

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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>	2	QL(1 ea daily)
<i>lisdexamfetamine dimesylate CHEW</i>	2	
<i>methamphetamine hcl</i>	1	PA
VYVANSE CAPS	3	QL(1 ea daily)
VYVANSE CHEW	3	
<b>Analeptics</b>		
<i>caffeine citrate SOLN OR</i>	1	
<b>Anorexiants Non-Amphetamine</b>		
ADIPEX-P CAPS ( <i>phentermine hcl</i> )	4	Check plan documents for coverage; PA
ADIPEX-P TABS ( <i>phentermine hcl</i> )	4	Check plan documents for coverage; PA
<i>benzphetamine hcl 50 MG</i>	2	PA
<i>diethylpropion hcl TABS</i>	4	Check plan documents for coverage; PA
<i>diethylpropion hcl TB24</i>	4	Check plan documents for coverage; PA
LOMAIRA TABS	4	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
<i>phentermine hcl TABS</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 ea daily); PA
<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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
 PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
 AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAXENDA	4	Check plan documents for coverage; QL(0.5 ml daily); PA	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
XENICAL ( <i>orlistat</i> )	4	Check plan documents for coverage; PA	<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)	<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) TB12</i>	1	QL(4 ea daily)	<i>methylphenidate PTCH</i>	1	QL(1 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)	<i>modafinil</i>	1	QL(1 ea daily); ST
Stimulants - Misc.			QUILLICHEW ER CHER 30 MG	3	QL(2 ea daily); PA
<i>armodafinil 50 MG</i>	1	ST; PA	QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 ea daily); PA
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	ST; PA	QUILLIVANT XR SRER	3	QL(12 ml daily); PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily)	<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)	Aminoglycosides		
<i>methylphenidate hcl CHEW</i>	1		ARIKAYCE	4	PA
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)	BETHKIS NEBU ( <i>tobramycin</i> )	4	PA
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)	HUMATIN	2	
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1		KITABIS PAK NEBU ( <i>tobramycin</i> )	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 ea daily)	<i>neomycin sulfate TABS</i>	1	
<i>methylphenidate hcl SOLN</i>	1		<i>streptomycin sulfate SOLR</i>	4	PA
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1		TOBI PODHALER CAPS	4	PA
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)	TOBI NEBU ( <i>tobramycin</i> )	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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
 PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
 AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin NEBU 300 MG/4ML</i>	4	PA	RASUVO SOAJ 20 MG/0.4ML	4	ST; PA
<i>tobramycin NEBU 300 MG/5ML</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>					
<b>Antirheumatic - Enzyme Inhibitors</b>			<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
RINVOQ TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA	ADALIMUMAB-ADAZ SOAJ	4	Check plan documents for coverage; QL(0.143 ml daily); PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	ADALIMUMAB-ADAZ SOSY	4	Check plan documents for coverage; QL(0.143 ml daily); PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA	HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA	HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
<b>Antirheumatic Antimetabolites</b>			HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 day(s) 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 PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); PA
OTREXUP SOAJ 10 MG/0.4ML	4	ST; 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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN AJKT SC 80 MG/0.8ML	4	Check Plan Documents for coverage; QL(0.072 ea daily); SP; PA	HUMIRA PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
HUMIRA PEN AJKT SC 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA
HUMIRA PEN AJKT SC 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	<b>Gold Compounds</b>		
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); SP; PA	RIDAURA	4	
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 day(s) retail); SP; PA	<b>Interleukin-1 Blockers</b>		
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	ARCALYST	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC	4	Check plan documents for coverage; QL(4 ea per 365 day(s) retail); SP; PA	<b>Interleukin-6 Receptor Inhibitors</b>		
HUMIRA PEN-PS/UV STARTER AJKT SC	4	Check plan documents for coverage; QL(0.143 ea daily); PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN-PS/UV STARTER AJKT SC	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); 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
			<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
			(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	1	
			(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
			(Indomethacin) INDOCIN SUPP	4	

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



Drug Name	Drug Tier	Requirements/Limits
(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	1	
<i>diclofenac sodium TB24 100 MG</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 400 MG, 500 MG, 600 MG</i>	1	QL(2 ea daily)
<i>fenoprofen calcium TABS</i>	6	
<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 CPR</i>	1	
<i>indomethacin SUPP</i>	4	
<i>indomethacin SUSP</i>	2	
<i>ketoprofen CP24</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail)
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	2	
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)
<i>piroxicam CAPS 10 MG</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
<i>sulindac TABS 200 MG</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS 30 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); SP; PA
OTEZLA TABS 20 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); SP; PA
OTEZLA TBPK	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(55 ea per 365 day(s) retail); SP; PA
OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA

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

Drug Name	Drug Tier	Requirements/Limits
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 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

**ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions**

Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2	
(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	

Drug Name	Drug Tier	Requirements/Limits
<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 CAPS 50 MG-300 MG</i>	2	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	2	
<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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
 PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
 AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, 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	(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, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	PV
			<i>aspirin CHEW</i>	5	PV
			<i>aspirin TBEC 81 MG</i>	5	PV
			<i>diflunisal TABS</i>	1	
			<i>salsalate</i>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>					
<b>Opioid Agonists</b>					
			(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1	
			(Methadone Hcl) METHADOSE TBSO	1	
			<i>codeine sulfate TABS</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONZIP CP24 ( <i>tramadol hcl</i> )	3		<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1	
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	ST; PA	<i>morphine sulfate SOLN OR 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
<i>fentanyl citrate LPOP 1600 MCG</i>	2	ST; QL(4 ea daily); PA	<i>morphine sulfate SUPP</i>	2	
<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>morphine sulfate TABS</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)	<i>morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG, 200 MG</i>	1	QL(3 ea daily)
<i>hydrocodone bitartrate T24A</i>	2	PA	OXAYDO TABS 7.5 MG	3	QL(4 ea daily)
<i>hydromorphone hcl LIQD</i>	1		OXAYDO TABS 5 MG	2	
<i>hydromorphone hcl TABS</i>	1		<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)	<i>oxycodone hcl SOLN</i>	1	
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>levorphanol tartrate TABS 3 MG</i>	4		<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
<i>levorphanol tartrate TABS 2 MG</i>	4	PA	<i>oxymorphone hcl TABS 5 MG</i>	2	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	2		<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 ea daily)
<i>meperidine hcl TABS 50 MG</i>	1		<i>oxymorphone hcl TB12</i>	2	QL(2 ea daily)
<i>methadone hcl CONC</i>	1		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>methadone hcl SOLN OR 5 MG/5ML, 10 MG/5ML</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
<i>methadone hcl TABS</i>	1	QL(12 ea daily)	<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)
<i>methadone hcl TBSO</i>	1		<i>tramadol hcl TB24 100 MG</i>	1	QL(3 ea daily)
<i>morphine sulfate beads</i>	2	QL(1 ea daily)	<i>tramadol hcl TB24</i>	1	
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)	<i>tramadol hcl TB24 200 MG</i>	1	QL(1 ea daily)
			Opioid Combinations		
			(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 2.5 MG	1		<i>hydrocodone- acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 10 MG, 325 MG-7.5 MG	1	QL(4 ea daily)	<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 5 MG	1	QL(6 ea daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	
<i>acetaminophen w/ codeine SOLN</i>	1		NALOCET TABS	3	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		OXYCODONE AND ACETAMINOPHEN TABS	3	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily)
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1		OXYCODONE/ACETAMIN OPHEN TABS	3	
<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		PROLATE TABS	3	
<i>hydrocodone- acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)	<i>tramadol-acetaminophen</i>	1	QL(8 ea daily)
<i>hydrocodone- acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 ea per 28 day(s) retail)
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1	
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
Androgens		
(Methyltestosterone) METHITEST TABS	4	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM 100 MG/ML, 200 MG/ML	1	QL(10 ml per fill retail)
<i>danazol CAPS</i>	1	
<i>methyltestosterone CAPS</i>	4	
TESTIM GEL TD ( <i>testosterone</i> )	3	QL(10 gm daily); PA
<i>testosterone cypionate SOLN IM 100 MG/ML, 200 MG/ML</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 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 GEL TD 10 MG/ACT</i>	1	QL(4 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>		

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate TABS 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide dinitrate TABS 5 MG, 40 MG</i>	2	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 ea daily)
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	2	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<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>	2	
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	2	
<b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
Antiasthmatic - Monoclonal Antibodies		

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

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
FASENRA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
NUCALA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
NUCALA SOLR	4	Must use Acaria Specialty (844) 538-4661; SP; PA
NUCALA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium NEBU</i>	1	
<b>Bronchodilators - Anticholinergics</b>		
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>	2	QL(1 ea daily)
<b>Leukotriene Modulators</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
<i>zafirlukast 20 MG</i>	1	QL(2 ea daily)
<i>zafirlukast 10 MG</i>	1	
<i>zileuton TB12</i>	1	ST
ZYFLO TABS	3	ST
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
<i>roflumilast</i>	1	QL(1 ea daily)
<b>Steroid Inhalants</b>		
ARNUITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ml daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ml daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail)

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)	<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)	<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)
<b>Sympathomimetics</b>					
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>formoterol fumarate NEBU</i>	2	QL(4 ml daily)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)	<i>ipratropium-albuterol SOLN</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)	<i>levalbuterol hcl</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)	<i>levalbuterol tartrate</i>	1	QL(0.6 gm daily)
<i>albuterol sulfate AERS</i>	1	QL(0.72 gm daily)	PROAIR RESPICLIK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1		SEREVENT DISKUS	2	QL(2 ea daily)
ALBUTEROL SULFATE NEBU	2		STIOLTO RESPIMAT	2	QL(0.14 gm daily)
<i>albuterol sulfate SYRP</i>	1		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>albuterol sulfate TABS</i>	1		<i>terbutaline sulfate TABS</i>	1	
ANORO ELLIPTA	2	QL(2 ea daily)	TRELEGY ELLIPTA	2	QL(2 ea daily)
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)	<b>Xanthines</b>		
<i>budesonide-formoterol fumarate dihydrate</i>	1		(Theophylline) ELIXOPHYLLIN ELIX	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)	THEO-24 CP24	2	
<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)	<i>theophylline ELIX</i>	1	
			<i>theophylline SOLN</i>	1	
			<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)
			<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)
			<i>theophylline TB24</i>	1	QL(1 ea daily)
			<b>ANTICOAGULANTS - Blood Thinners</b>		
			<b>Coumarin Anticoagulants</b>		

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

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOSY 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 ea daily)
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 ea daily)
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	4	QL(24 ml daily)
FYCOMPA TABS 6 MG	4	QL(2 ea daily); SL
FYCOMPA TABS 4 MG	4	QL(3 ea daily)
FYCOMPA TABS 2 MG	4	QL(6 ea daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 ea daily); SL
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	2	
<i>clobazam TABS 10 MG</i>	2	QL(1 ea daily)
<i>clobazam TABS 20 MG</i>	2	QL(2 ea daily)
<i>clonazepam TABS</i>	1	
<i>clonazepam TBDP</i>	1	
<i>diazepam (anticonvulsant) GEL</i>	2	Limit 4 per month; QL(0.14 ea daily)
NAYZILAM	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA	DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
Anticonvulsants - Misc.			DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
(Carbamazepine) EPITOL TABS	1		DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	2		DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	2		EPIDIOLEX	4	ST; PA
(Lamotrigine) SUBVENITE TABS	1		<i>gabapentin CAPS</i>	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)	<i>gabapentin SOLN</i>	1	
APTIOM	3	QL(2 ea daily); ST	<i>gabapentin TABS 600 MG, 800 MG</i>	1	
BRIVIACT SOLN OR 10 MG/ML	4		KEPPRA XR TB24 ( <i>levetiracetam</i> )	3	QL(4 ea daily)
BRIVIACT TABS 25 MG, 50 MG, 75 MG	4		KEPPRA SOLN OR 100 MG/ML ( <i>levetiracetam</i> )	3	
BRIVIACT TABS 10 MG	4	ST	KEPPRA TABS 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	3	QL(6 ea daily)
BRIVIACT TABS 100 MG	4	QL(2 ea daily)	KEPPRA TABS 1000 MG ( <i>levetiracetam</i> )	3	QL(3 ea daily)
<i>carbamazepine CHEW</i>	1		<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ml daily)
<i>carbamazepine CP12</i>	1		<i>lacosamide TABS</i>	1	QL(2 ea daily)
<i>carbamazepine SUSP</i>	1		LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <i>lamotrigine</i> )	3	
<i>carbamazepine TABS</i>	1		LAMICTAL XR KIT	3	PA
<i>carbamazepine TB12 100 MG</i>	1		LAMICTAL TABS ( <i>lamotrigine</i> )	3	
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)	<i>lamotrigine CHEW 5 MG, 25 MG</i>	1	
<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)	<i>lamotrigine KIT 25 MG</i>	2	
CARBATROL CP12 ( <i>carbamazepine</i> )	3		<i>lamotrigine KIT</i>	2	PA
			<i>lamotrigine TABS</i>	1	
			<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	QL(1 ea daily); PA
			<i>lamotrigine TB24 250 MG</i>	2	PA
			<i>lamotrigine TB24 300 MG</i>	2	QL(2 ea daily)
			<i>lamotrigine TBDP</i>	2	PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1		TEGRETOL-XR TB12 100 MG ( <i>carbamazepine</i> )	3	
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)	TOPAMAX SPRINKLE CPSP ( <i>topiramate</i> )	3	
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)	TOPAMAX TABS 200 MG ( <i>topiramate</i> )	3	QL(2 ea daily)
<i>levetiracetam TB24</i>	1	QL(4 ea daily)	TOPAMAX TABS 50 MG ( <i>topiramate</i> )	3	QL(8 ea daily)
MYSOLINE ( <i>primidone</i> )	3		TOPAMAX TABS 100 MG ( <i>topiramate</i> )	3	QL(4 ea daily)
NEURONTIN CAPS ( <i>gabapentin</i> )	3		TOPAMAX TABS 25 MG ( <i>topiramate</i> )	3	
NEURONTIN SOLN ( <i>gabapentin</i> )	3		<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA
NEURONTIN TABS ( <i>gabapentin</i> )	3		<i>topiramate CP24 200 MG</i>	2	QL(2 ea daily); PA
<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)	<i>topiramate CPSP</i>	1	
<i>oxcarbazepine TABS 150 MG</i>	1		<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 ea daily); PA
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)	<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 ea daily); PA
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)	<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)
<i>oxcarbazepine TB24 600 MG</i>	1	QL(4 ea daily); ST	<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)
<i>oxcarbazepine TB24 150 MG, 300 MG</i>	1	ST	<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	ST; QL(3 ea daily); PA	<i>topiramate TABS 25 MG</i>	1	
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	ST; QL(2 ea daily); PA	TRILEPTAL SUSP ( <i>oxcarbazepine</i> )	3	QL(40 ml daily)
<i>pregabalin SOLN</i>	2	QL(30 ml daily); PA	TRILEPTAL TABS 150 MG ( <i>oxcarbazepine</i> )	3	
<i>primidone 50 MG, 250 MG</i>	1		TRILEPTAL TABS 300 MG ( <i>oxcarbazepine</i> )	3	QL(8 ea daily)
<i>rufinamide SUSP</i>	2		TRILEPTAL TABS 600 MG ( <i>oxcarbazepine</i> )	3	QL(4 ea daily)
<i>rufinamide TABS 200 MG</i>	2		ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )	3	QL(6 ea daily)
<i>rufinamide TABS 400 MG</i>	2	QL(8 ea daily)	ZONEGRAN CAPS 25 MG ( <i>zonisamide</i> )	3	
TEGRETOL SUSP ( <i>carbamazepine</i> )	3		<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
TEGRETOL TABS ( <i>carbamazepine</i> )	3		<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)

Carbamates

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>felbamate SUSP</i>	1		<i>methsuximide</i>	1	
<i>felbamate TABS</i>	1		ZARONTIN CAPS ( <i>ethosuximide</i> )	3	
FELBATOL SUSP ( <i>felbamate</i> )	3		ZARONTIN SOLN ( <i>ethosuximide</i> )	3	
GABA Modulators			Valproic Acid		
(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 ea daily)	DEPAKOTE ER TB24 ( <i>divalproex sodium</i> )	3	
(Vigabatrin) VIGADRONE TABS	4		DEPAKOTE SPRINKLES CSDR 125 MG ( <i>divalproex sodium</i> )	3	
SABRIL PACK ( <i>vigabatrin</i> )	4	QL(6 ea daily)	DEPAKOTE TBEC ( <i>divalproex sodium</i> )	3	
SABRIL TABS ( <i>vigabatrin</i> )	4		<i>divalproex sodium CSDR</i>	1	
<i>tiagabine hcl</i>	2		<i>divalproex sodium TB24</i>	1	
<i>vigabatrin PACK</i>	4	QL(6 ea daily)	<i>divalproex sodium TBEC</i>	1	
<i>vigabatrin TABS</i>	4		<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	1	
Hydantoins			<i>valproic acid CAPS</i>	1	
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1		<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
(Phenytoin) PHENYTOIN INFATABS CHEW	1		Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN ( <i>phenytoin sodium extended</i> )	3		<i>mirtazapine TABS</i>	1	
DILANTIN	3		<i>mirtazapine TBDP</i>	1	
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	3		Antidepressants - Misc.		
DILANTIN-125 SUSP ( <i>phenytoin</i> )	3		<i>bupropion hcl TABS 75 MG, 100 MG</i>	1	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1		<i>bupropion hcl TB12</i>	1	
<i>phenytoin CHEW</i>	1		<i>bupropion hcl TB24 450 MG</i>	1	QL(1 ea daily); ST
<i>phenytoin SUSP</i>	1		<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)
Succinimides			FORFIVO XL TB24 ( <i>bupropion hcl</i> )	3	QL(1 ea daily); ST
CELONTIN ( <i>methsuximide</i> )	3		Monoamine Oxidase Inhibitors (MAOIs)		
<i>ethosuximide CAPS</i>	1		EMSAM	3	QL(1 ea daily)
<i>ethosuximide SOLN</i>	1		MARPLAN	3	
			<i>phenelzine sulfate</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate</i>	2		<i>sertraline hcl TABS</i>	1	QL(2 ea daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			SERTRALINE HYDROCHLORIDE CAPS	2	
SPRAVATO 56MG DOSE	4	PA	Serotonin Modulators		
SPRAVATO 84MG DOSE	4	PA	<i>nefazodone hcl</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>trazodone hcl TABS</i>	1	
CITALOPRAM HYDROBROMIDE CAPS	3		TRINTELLIX	3	ST
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ml daily)	VIIBRYD STARTER PACK KIT	3	PA
<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)	<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>escitalopram oxalate SOLN</i>	1		<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 ea daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)	<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		FETZIMA TITRATION PACK C4PK	3	ST
<i>fluoxetine hcl CPDR</i>	1		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)	FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
<i>fluoxetine hcl TABS 10 MG</i>	1		<i>venlafaxine hcl CP24</i>	1	QL(2 ea daily)
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 ea daily)	<i>venlafaxine hcl TABS</i>	1	
<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 ea daily)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)
<i>fluvoxamine maleate CP24 150 MG</i>	2		<i>venlafaxine hcl TB24 225 MG</i>	1	
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)	Tricyclic Agents		
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1		<i>amitriptyline hcl TABS</i>	1	
<i>paroxetine hcl SUSP</i>	1		<i>amoxapine</i>	1	
<i>paroxetine hcl TABS</i>	1		<i>clomipramine hcl</i>	2	
<i>paroxetine hcl TB24</i>	1		<i>desipramine hcl TABS</i>	1	
<i>sertraline hcl CONC</i>	1		<i>doxepin hcl CAPS</i>	1	
			<i>doxepin hcl CONC</i>	1	
			<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	2	
<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>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 ea daily)
<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>	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic; PV
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
Diabetic Other		
<i>diazoxide</i>	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	2	
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(2 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	2	Not available through mail order.; PA
RYBELSUS TABS	2	Not available through mail order; PA
TRULICITY SC	2	Not available through mail order; PA
VICTOZA ( <i>liraglutide</i> )	2	Not available through mail order; SP; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Insulin			Insulin Sensitizing Agents		
AFREZZA POWD	3	QL(3 ea daily)	HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
AFREZZA POWD	3		HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ml daily)
AFREZZA POWD	3	QL(6 ea daily)	HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	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)	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)	LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)	TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ml daily)
HUMALOG SOCT 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)	TRESIBA SOLN	2	QL(1.5 ml daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)	Meglitinide Analogues		
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	Sodium-Glucose Co-Transporter 2 (SGLT2)		
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)	<i>nateglinide</i>	1	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)	<i>repaglinide</i>	1	

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



Drug Name	Drug Tier	Requirements/Limits
<b>Inhibitors</b>		
<i>dapagliflozin propanediol</i>	1	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS 2.5 MG, 5 MG, 10 MG</i>	1	
<i>glipizide TB24</i>	1	
<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>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
MYTESI	3	QL(2 ea daily); PA
<b>Antiperistaltic Agents</b>		
(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 2 MG	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS 2 MG</i>	1	RX/OTC
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET	3	

Drug Name	Drug Tier	Requirements/Limits
<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> )	4	PA
FERRIPROX SOLN	4	PA
FERRIPROX TABS 500 MG ( <i>deferiprone</i> )	4	PA
JADENU SPRINKLE PACK ( <i>deferasirox</i> )	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JADENU TABS ( <i>deferasirox</i> )	4	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 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</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

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

Drug Name	Drug Tier	Requirements/Limits
<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 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 ea daily)
SANCUSO PTCH	4	QL(0.04 ea daily); PA
<b>Antiemetics - Anticholinergic</b>		
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO	3	QL(2 ea per 28 day(s) retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily)
<i>dronabinol CAPS 10 MG</i>	2	PA
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA
SYNDROS SOLN	4	PA
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonists</b>		
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant CAPS 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 MISC</i>	1	Limit 3 per month; QL(0.1 ea daily)
EMEND SUSR	3	QL(1 ea per 30 day(s) retail)
VARUBI TBP	3	QL(4 ea per fill retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>Antifungals</b>		
ANCOBON ( <i>flucytosine</i> )	4	
<i>flucytosine</i>	4	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 day(s) retail)
<b>Imidazole-Related Antifungals</b>		
CRESEMBA CAPS OR 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>	2	
<i>posaconazole TBEC</i>	2	
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate TABS 2.68 MG</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	4	PA	<b>Bile Acid Sequestrants</b>		
RYVENT TABS	3		(Cholestyramine Light) PREVALITE PACK	1	
<b>Antihistamines - Non-Sedating</b>			(Cholestyramine Light) PREVALITE POWD	1	
<i>desloratadine TABS</i>	1	ST; QL(1 ea daily); PA	<i>cholestyramine light PACK</i>	1	
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA	<i>cholestyramine light POWD</i>	1	
<i>desloratadine TBDP 5 MG</i>	1	PA	<i>cholestyramine PACK</i>	1	
<b>Antihistamines - Phenothiazines</b>			<i>cholestyramine POWD</i>	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)	<i>colesevelam hcl PACK</i>	2	QL(1 ea daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2		<i>colesevelam hcl TABS</i>	2	QL(7 ea daily)
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1		<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2		<i>colestipol hcl PACK</i>	2	
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>colestipol hcl TABS</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)	<b>Fibric Acid Derivatives</b>		
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)	<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
<b>Antihistamines - Piperidines</b>			<i>choline fenofibrate 45 MG</i>	1	
<i>cyproheptadine hcl SYRP</i>	1		<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
<i>cyproheptadine hcl TABS</i>	1		<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>			<i>fenofibrate CAPS</i>	1	
<b>Antihyperlipidemics - Combinations</b>			<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
<b>Antihyperlipidemics - Misc.</b>			<i>fenofibrate TABS 48 MG</i>	1	
<i>icosapent ethyl</i>	2	PA	FENOFIBRATE TABS	2	QL(1 ea daily)
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)	FIBRICOR ( <i>fenofibric acid</i> )	2	
VASCEPA ( <i>icosapent ethyl</i> )	2	PA	<i>gemfibrozil TABS</i>	1	
			LIPOFEN CAPS 50 MG ( <i>fenofibrate</i> )	3	
			<b>HMG CoA Reductase Inhibitors</b>		
			<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)
<i>lovastatin TABS</i>	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 TABS</i>	1	QL(1 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
JUXTAPID 5 MG	4	ST; PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
ACE Inhibitors		
<i>benazepril hcl 5 MG, 10 MG, 20 MG, 40 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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		
DEMSEER ( <i>metyrosine</i> )	4	
<i>metyrosine</i>	4	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 ea daily)
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
<i>telmisartan 20 MG, 40 MG</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 ea daily)
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)
Antiadrenergic Antihypertensives		

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<b>Antihypertensive Combinations</b>		
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	
<i>amlodipine besylate-valsartan 10 MG-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	
<i>captopril &amp; 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	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril &amp; hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>lisinopril &amp; hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hydrochlorothiazide TABS</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
TEKTURNA HCT 12.5 MG-150 MG, 12.5 MG-300 MG, 25 MG-300 MG	3	ST
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
<b>Antihypertensives - Misc.</b>		

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium IJ</i>	4	PA
<i>imipenem-cilastatin IV</i>	2	PA
INVANZ IJ ( <i>ertapenem sodium</i> )	4	PA
<i>meropenem 500 MG</i>	4	PA
PRIMAXIN IV IV 500 MG-500 MG ( <i>imipenem-cilastatin</i> )	4	PA
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 ea daily)
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
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 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 ea per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 ea per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal 25 MG, 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro 100 MG</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<b>(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> )	4	PA
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	6	
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail; 6 per fill mail)
<i>primaquine phosphate TABS</i>	1	
<i>pyrimethamine</i>	4	PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
MESTINON SOLN OR ( <i>pyridostigmine bromide</i> )	4	PA
<i>neostigmine methylsulfate SOSY</i>	4	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	4	PA
<i>pyridostigmine bromide SOLN OR</i>	4	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
Antimycobacterial Agents		
<i>cycloserine</i>	4	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	2	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	2	SP; AC
Antimetabolites		
<i>capecitabine</i>	2	SP; AC
<i>fludarabine phosphate SOLR</i>	4	PA
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium SOLR</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONUREG TABS	4	AC; PA	LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC			
TABLOID	4	AC			
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC	LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
XATMEP SOLN	4	AC; PA			
<b>Antineoplastic - Angiogenesis Inhibitors</b>					
INLYTA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA			
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	<b>Antineoplastic - Anti-HER2 Agents</b>		
LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	TUKYSA	4	AC; PA
LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<b>Antineoplastic - BCL-2 Inhibitors</b>		
			VENCLEXTA STARTING PACK TBPK	4	AC; PA
			VENCLEXTA TABS 100 MG	4	QL(4 ea daily); AC; PA
			VENCLEXTA TABS 50 MG	4	AC; PA
			VENCLEXTA TABS 10 MG	4	QL(2 ea daily); AC; PA
			<b>Antineoplastic - EGFR Inhibitors</b>		
			<i>erlotinib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
			<i>gefitinib</i>	2	SP; AC; PA
			GILOTRIF	4	Must use Accredo SP pharmacy; AC; PA
			TAGRISSE	4	SP; AC; PA
			VIZIMPRO	4	AC; PA

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



Drug Name	Drug Tier	Requirements/Limits
<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> )	5	QL(1 ea daily); PV; AC
AROMASIN ( <i>exemestane</i> )	5	PV
<i>bicalutamide</i>	1	QL(1 ea daily); AC
ELIGARD KIT SC 7.5 MG, 45 MG	3	PA
EMCYT	2	AC
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	5	PV
<i>flutamide</i>	1	AC
<i>letrozole</i>	1	AC
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (1-MONTH) KIT IM	3	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN	2	AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
NILANDRON ( <i>nilutamide</i> )	4	AC; PA
<i>nilutamide</i>	4	AC; PA
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SOLTAMOX SOLN	5	PV; AC
<i>tamoxifen citrate TABS</i>	5	PV; AC
<i>toremifene citrate</i>	2	AC
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	4	AC; PA
ZYTIGA ( <i>abiraterone acetate</i> )	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<b>Antineoplastic - Immunomodulators</b>		
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
<b>Antineoplastic - PDGFR-alpha Inhibitors</b>		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AYVAKIT	4	QL(1 ea daily); SP; PA	BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
AYVAKIT	4	QL(1 ea daily); SP; AC; PA	BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic - XPO1 Inhibitors			BRAFTOVI 75 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XPOVIO	4	AC; PA	BRUKINSA	4	AC; PA
XPOVIO 80 MG TWICE WEEKLY	4	PA	CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA
Antineoplastic Antibiotics			CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA
<i>mitoxantrone hcl 2 MG/ML</i>	2	PA	CALQUENCE	4	QL(2 ea daily); AC; PA
Antineoplastic Combinations			CALQUENCE	4	QL(2 ea daily); AC; PA
INQOVI	4	PA	CAPRELSA	4	AC; PA
KISQALI FEMARA 200 DOSE	4	AC; PA	COMETRIQ KIT	4	AC; PA
KISQALI FEMARA 400 DOSE	4	AC; PA	COPIKTRA	4	AC; PA
KISQALI FEMARA 600 DOSE	4	AC; PA	COTELLIC	4	AC; PA
LONSURF	4	AC; PA	<i>dasatinib 80 MG, 100 MG, 140 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic Enzyme Inhibitors			<i>dasatinib 20 MG, 50 MG, 70 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
(Everolimus) TORPENZ TABS	4	QL(1 ea daily); SP; AC; PA	<i>everolimus TABS</i>	4	QL(1 ea daily); SP; AC; PA
AFINITOR DISPERZ TBSO ( <i>everolimus</i> )	4	QL(1 ea daily); SP; AC; PA	<i>everolimus TBSO</i>	4	QL(1 ea daily); SP; AC; PA
AFINITOR TABS ( <i>everolimus</i> )	4	QL(1 ea daily); SP; AC; PA			
ALECENSA	4	AC; PA			
ALUNBRIG TABS	4	AC; PA			
ALUNBRIG TBPk	4	AC; PA			
BALVERSA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA			
<i>bortezomib SOLR IJ</i>	4	PA			
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IBRANCE TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	LYNPARZA TABS	4	QL(4 ea daily); SP; AC; PA
ICLUSIG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	MEKINIST SOLR	4	SP; AC; PA
IDHIFA	4	AC; PA	MEKINIST TABS	4	SP; AC; PA
<i>imatinib mesylate 100 MG</i>	4	QL(3 ea daily); SP; AC; PA	MEKTOVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate 400 MG</i>	4	QL(2 ea daily); SP; AC; PA	NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); SP; AC; PA	NEXAVAR ( <i>sorafenib tosylate</i> )	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); SP; AC; PA	NINLARO	4	Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA
IMBRUVICA SUSP	4	QL(8 ml daily); SP; AC; PA	<i>pazopanib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
IMBRUVICA TABS	4	QL(1 ea daily); AC; PA	PIQRAY 200MG DAILY DOSE	4	AC; PA
INREBIC	4	AC; PA	PIQRAY 250MG DAILY DOSE	4	AC; PA
ISTODAX SOLR ( <i>romidepsin</i> )	4	PA	PIQRAY 300MG DAILY DOSE	4	AC; PA
JAKAFI	4	QL(2 ea daily); AC; PA	QINLOCK	4	AC; PA
KISQALI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	RETEVMO CAPS	4	AC; PA
KOSELUGO	4	PA	<i>romidepsin SOLR</i>	4	PA
<i>lapatinib ditosylate</i>	4	AC; PA			

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

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS	4	AC; PA
RUBRACA	4	AC; PA
RYDAPT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>sorafenib tosylate</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
SPRYCEL 20 MG, 50 MG, 70 MG ( <i>dasatinib</i> )	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SPRYCEL 80 MG, 100 MG, 140 MG ( <i>dasatinib</i> )	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
STIVARGA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>sunitinib malate 25 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA
TABRECTA	4	AC; PA

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TAFINLAR TBSO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
TALZENNA	4	SP; AC; PA
TASIGNA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	PA
TIBSOVO	4	AC; PA
TORISEL ( <i>temsirolimus</i> )	4	PA
TURALIO 200 MG	4	AC; PA
TYKERB ( <i>lapatinib ditosylate</i> )	4	AC; PA
VELCADE SOLR IJ ( <i>bortezomib</i> )	4	PA
VERZENIO	4	QL(2 ea daily); AC; PA
VITRAKVI CAPS	4	AC; PA
VITRAKVI SOLN	4	AC; PA
VOTRIENT ( <i>pazopanib hcl</i> )	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XALKORI CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA

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

Drug Name	Drug Tier	Requirements/Limits
XALKORI CPSP	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XOSPATA	4	AC; PA
ZEJULA TABS	4	PA
ZELBORAF	4	AC; PA
ZOLINZA	4	AC; PA
ZYDELIG	3	AC; PA
ZYKADIA TABS	4	AC
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	PA
ALFERON N	4	PA
BESREMI	4	PA
<i>bexarotene</i>	4	SP; AC; PA
<i>hydroxyurea</i>	1	AC
INTRON A SOLR 10000000 UNIT	4	PA
MATULANE	4	AC; PA
TARGRETIN ( <i>bexarotene</i> )	4	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	4	PA
<i>leucovorin calcium TABS</i>	1	AC
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>	2	AC

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	AC; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	AC; PA
HYCANTIN SOLR ( <i>topotecan hcl</i> )	4	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	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	
TASMAR ( <i>tolcapone</i> )	4	
<i>tolcapone</i>	4	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>carbidopa-levodopa TABS</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<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>	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	4	
<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	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 ea daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	2	
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 ea daily)
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
RYTARY CPCR	4	QL(10 ea daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)
XADAGO	3	PA

Drug Name	Drug Tier	Requirements/Limits
ZELAPAR TBDP	3	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR ( <i>lithium carbonate</i> )	3	
Antipsychotics - Misc.		
EQUETRO	3	
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	4	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA
VRAYLAR CAPS	4	SP
VRAYLAR CPPK	4	SP
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
Benzisoxazoles		
FANAPT	4	QL(2 ea daily)
FANAPT TITRATION PACK	4	
<i>paliperidone</i>	1	
PERSERIS PRSY	4	administered under the medical benefit; PA
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>risperidone TBDP</i>	1		<i>prochlorperazine</i>	1	QL(2 ea daily)
Butyrophenones			<i>prochlorperazine maleate TABS</i>	1	
<i>haloperidol lactate CONC</i>	1		<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>haloperidol TABS</i>	1		<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
Dibenzapines			<i>trifluoperazine hcl TABS</i>	1	
<i>asenapine maleate</i>	2		Quinolinone Derivatives		
<i>clozapine TABS</i>	1		<i>aripiprazole SOLN OR</i>	1	
<i>clozapine TBDP 25 MG, 100 MG</i>	2		<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>clozapine TBDP 12.5 MG</i>	1		<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)
<i>loxapine succinate</i>	1		<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1		<i>aripiprazole TBDP</i>	1	PA
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)	REXULTI	3	
<i>olanzapine TBDP</i>	1		Thioxanthenes		
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)	<i>thiothixene</i>	1	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1		<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)	Antiseptics & Disinfectants		
<i>quetiapine fumarate TB24</i>	1		<i>formaldehyde SOLN 10 %</i>	1	
SAPHRIS 5 MG	3		<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
SECUADO	3	QL(1 ea daily)	Antiretrovirals		
VERSACLOZ SUSP	4	QL(18 ml daily)	<i>abacavir sulfate-lamivudine</i>	1	
Dihydroindolones			<i>abacavir sulfate SOLN</i>	1	
<i>molindone hcl</i>	1		<i>abacavir sulfate TABS</i>	1	
Phenothiazines			APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
(Prochlorperazine) COMPRO	1	QL(2 ea daily)	APTIVUS CAPS	2	
<i>chlorpromazine hcl TABS</i>	2		<i>atazanavir sulfate CAPS</i>	1	
<i>fluphenazine hcl CONC</i>	1		BIKTARVY	2	
<i>fluphenazine hcl ELIX</i>	1		CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
<i>fluphenazine hcl TABS</i>	1				
<i>perphenazine TABS</i>	1				

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	JULUCA	2	
CIMDUO	2		<i>lamivudine SOLN</i>	1	
COMPLERA	2		<i>lamivudine TABS</i>	1	
<i>darunavir TABS</i>	1		<i>lamivudine-zidovudine</i>	1	
DELSTRIGO	2		<i>lopinavir-ritonavir SOLN</i>	1	
DESCOVY 200 MG-25 MG	5	PV	<i>lopinavir-ritonavir TABS</i>	1	
DOVATO	2		<i>maraviroc TABS</i>	1	
EDURANT	2		<i>nevirapine SUSP</i>	1	
<i>efavirenz CAPS</i>	1		<i>nevirapine TABS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)	<i>nevirapine TB24</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		NORVIR PACK	2	
<i>efavirenz TABS</i>	1		ODEFSEY	2	
<i>emtricitabine CAPS</i>	1		PIFELTRO	2	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 ea daily); PV	PREZCOBIX	2	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)	PREZISTA SUSP	2	
EMTRIVA SOLN	2		PREZISTA TABS 75 MG, 150 MG	2	
<i>etravirine</i>	1		REYATAZ PACK	2	
EVOTAZ	2		<i>ritonavir TABS</i>	1	
<i>fosamprenavir calcium TABS</i>	1		RUKOBIA	4	
FUZEON SOLR	4	ST; PA	SELZENTRY SOLN	2	
GENVOYA	2		STRIBILD	2	
INTELENCE 25 MG	2		SYMTUZA	2	
ISENTRESS HD TABS	2		<i>tenofovir disoproxil fumarate TABS</i>	1	
ISENTRESS CHEW	2		TIVICAY TABS 50 MG	2	
ISENTRESS PACK	2		TRIUMEQ PD TBSO	2	
ISENTRESS TABS	2		TRIUMEQ TABS	2	
			TRUVADA 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	5	QL(1 ea daily); PV
			TYBOST	2	
			VIRACEPT TABS	2	
			VIREAD POWD	2	
			VIREAD TABS 150 MG, 200 MG, 250 MG	2	
			<i>zidovudine CAPS</i>	1	

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



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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 25 MG, 50 MG, 100 MG</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 10 MG</i>	1	QL(1 ea daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1		<i>felodipine 2.5 MG, 5 MG</i>	1	
<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 30 MG, 60 MG, 90 MG</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>	2	
SOTYLIZE SOLN OR	3		<i>nisoldipine</i>	2	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily)	<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)	<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)	<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA
<i>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)			
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>			<b>Prostaglandin Vasodilators</b>		
Cardiac Glycosides			ORENITRAM TITRATION KIT MONTH 1 TEPK	4	SP; PA
(Digoxin) DIGITEK TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1		ORENITRAM TITRATION KIT MONTH 2 TEPK	4	SP; PA
<i>digoxin SOLN OR 0.05 MG/ML</i>	1		ORENITRAM TITRATION KIT MONTH 3 TEPK	4	SP; PA
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1		ORENITRAM TBCR	4	SP; PA
LANOXIN TABS 125 MCG, 250 MCG ( <i>digoxin</i> )	3		TYVASO DPI INSTITUTIONALKIT POWD	4	QL(4 ea daily); PA
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>			TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 ea daily); PA
Cardiovascular Agents Misc. - Combinations			TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 ea daily); PA
<i>amlodipine besylate-atorvastatin calcium</i>	2		TYVASO DPI TITRATION KIT POWD	4	QL(7 ea daily); PA
ENTRESTO TABS	3	QL(2 ea daily); PA	TYVASO DPI TITRATION KIT POWD	4	QL(9 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1		TYVASO REFILL KIT SOLN IN	4	PA
Impotence Agents			TYVASO STARTER KIT SOLN IN	4	PA
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA	TYVASO SOLN IN	4	PA
<i>tadalafil 2.5 MG</i>	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA	VENTAVIS	4	PA
			<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
			<i>ambrisentan 10 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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	ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
<i>bosentan TABS 62.5 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	PA
<i>bosentan TABS 125 MG</i>	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; SP; PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 ea daily); PA
LETAIRIS 10 MG ( <i>ambrisentan</i> )	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA	<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
LETAIRIS 5 MG ( <i>ambrisentan</i> )	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily); PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
OPSUMIT	4	ST; PA	UPTRAVI TITRATION PACK TBPK	4	ST; PA
TRACLEER TBSO	4	ST; PA	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors			UPTRAVI TABS 200 MCG	4	ST; PA
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
			ADEMPAS	4	PA
			Sinus Node Inhibitors		
			CORLANOR SOLN	3	QL(15 ml daily); ST
			<i>ivabradine hcl TABS</i>	1	QL(2 ea daily); ST
			Transthyretin Stabilizers		
			VYNDAMAX	4	QL(1 ea daily); PA
			VYNDAQEL	4	QL(4 ea daily); PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>					
Cephalosporins - 1st Generation					
<i>cefadroxil CAPS</i>	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
<i>cefadroxil SUSR</i>	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
<i>cefadroxil TABS</i>	1		(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
<i>cefazolin sodium SOLR IV 1 GM</i>	4	PA	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV
<i>cephalexin CAPS</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
<i>cephalexin SUSR 125 MG/5ML, 250 MG/5ML</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
Cephalosporins - 2nd Generation					
CEFACTOR ER TB12	3		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
<i>cefaclor CAPS</i>	1		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG	5	PV
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1				
CEFOTAN IJ ( <i>cefotetan disodium</i> )	4	PA			
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	4	PA			
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	4	PA			
CEFOXITIN SODIUM	4	PA			
<i>cefprozil SUSR</i>	1				
<i>cefprozil TABS</i>	1				
<i>cefuroxime axetil TABS</i>	1				
Cephalosporins - 3rd Generation					
<i>cefdinir CAPS</i>	1				
<i>cefdinir SUSR</i>	1				
<i>cefixime CAPS</i>	1				
<i>cefixime SUSR</i>	1				
<i>cefpodoxime proxetil SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>					
Combination Contraceptives - Oral					

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOIVIA 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, SIMPESS	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, 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, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, 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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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 Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	5	PV
			(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	PV

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV	FEMLYV TBDP	5	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	GENERESS FE (norethindrone & ethinyl estradiol-fe)	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONOLINYAH, NYMYO, SPRINTEC 28, VYLIBRA	5	PV	levonorgestrel & eth estradiol TABS	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV	levonorgestrel-eth estradiol (triphasic)	5	PV
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	5	PV	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	5	PV
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	5	PV	levonorgestrel-ethinyl estradiol (continuous)	5	PV
desogestrel & ethinyl estradiol	5	PV	levonorgestrel-ethinyl estradiol-iron	5	PV
desogestrel-ethinyl estradiol (biphasic)	5	PV	LO LOESTRIN FE TABS	5	PV
drospirenone-ethinyl estradiol	5	PV	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	5	PV
drospirenone-ethinyl estradiol-levomefolate calcium	5	PV	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	5	PV
ethynodiol diacet & eth estrad	5	PV	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	5	PV
			NATAZIA	5	PV
			NEXTSTELLIS	5	PV
			norethin acet & estrad-fe CAPS	5	PV
			norethin acet & estrad-fe CHEW	5	PV
			norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	5	PV
			norethindrone & ethinyl estradiol-fe	5	PV
			norethindrone acet & eth estra TABS	5	PV
			norethindrone acetate-ethinyl estradiol-fe	5	PV
			norgestimate-ethinyl estradiol	5	PV

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



Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
QUARTETTE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	5	PV
SAFYRAL <i>(drospirenone-ethinyl estradiol-levomefolate calcium)</i>	5	PV
SEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	5	PV
TAYTULLA CAPS <i>(norethin acet &amp; estrad-fe)</i>	5	PV
TYBLUME CHEW	5	PV
YASMIN 28 <i>(drospirenone-ethinyl estradiol)</i>	5	PV
YAZ <i>(drospirenone-ethinyl estradiol)</i>	5	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>	5	PV
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/Limits
(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>	5	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
Glucocorticosteroids		
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPB	1	

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

Drug Name	Drug Tier	Requirements/Limits
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	4	SP; PA
<i>budesonide TB24</i>	2	PA
<i>deflazacort SUSP</i>	4	SP; PA
<i>deflazacort TABS</i>	4	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBPk</i>	1	
EMFLAZA SUSP ( <i>deflazacort</i> )	4	SP; PA
EMFLAZA TABS ( <i>deflazacort</i> )	4	SP; PA
<i>hydrocortisone TABS</i>	1	
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPk 4 MG</i>	1	
<i>prednisolone sodium phosphate SOLN</i>	1	
<i>prednisolone sodium phosphate TBPk</i>	1	
<i>prednisolone SOLN</i>	1	
<i>prednisolone TABS</i>	1	
PREDNISON INTENSOL CONC	2	
<i>prednisone SOLN</i>	2	
<i>prednisone TABS</i>	1	
<i>prednisone TBPk</i>	1	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
Antitussives		

Drug Name	Drug Tier	Requirements/Limits
(Hydrocodone Bitartrate- Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate</i>	1	
<i>hydrocodone bitartrate- homatropine methylbromide SOLN</i>	1	
<i>hydrocodone bitartrate- homatropine methylbromide TABS</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Pseudoephed-Bromphen- DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
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	
NEOTUSS PLUS LIQD	3	
<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)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)	(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
<i>promethazine-phenylephrine-codeine</i>	1		(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		(Erythromycin (Acne Aid)) ERY PADS	1	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1		(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2	
TUSNEL TABS	3		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
TUSSLIN PEDIATRIC LIQD	3		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
TUSSLIN LIQD	3		(Tretinoin) AVITA CREA 0.025 %	1	
Expectorants			(Tretinoin) AVITA GEL 0.025 %	1	
<i>potassium iodide (expectorant) SOLN</i>	1		<i>adapalene-benzoyl peroxide GEL</i>	1	
Misc. Respiratory Inhalants			<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1		<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1		<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
HYPERSAL NEBU	2		AZELEX	3	
NEBUSAL NEBU	3		<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1		<i>clindamycin phosphate (topical) FOAM</i>	1	
Mucolytics			<i>clindamycin phosphate (topical) GEL</i>	1	
<i>acetylcysteine SOLN</i>	1		<i>clindamycin phosphate (topical) LOTN</i>	1	
<b>DERMATOLOGICALS - Drugs to Treat Skin</b>					
<b>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				

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)
<i>clindamycin phosphate (topical) SWAB</i>	1		<i>tretinoin microsphere 0.08 %</i>	2	QL(1.7 gm daily)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1		<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>clindamycin phosphate-tretinoin</i>	2		Agents for External Genital and Perianal Warts		
<i>dapsone (topical) 7.5 %</i>	1	QL(2 gm daily)	VEREGEN	3	QL(30 gm per fill retail)
<i>dapsone (topical) 5 %</i>	1	ST; PA	Antibiotics - Topical		
DIFFERIN LOTN	2		CENTANY OINT	2	
<i>erythromycin (acne aid) GEL</i>	1		<i>gentamicin sulfate (topical) CREA</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1		<i>gentamicin sulfate (topical) OINT</i>	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>mupirocin OINT</i>	1	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	2		Antifungals - Topical		
<i>sulfacetamide sodium (acne)</i>	1		(Ciclopirox) CICLODAN SOLN	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	2	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2		(Ketoconazole (Topical)) KETODAN FOAM	2	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 gm daily)	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA	<i>ciclopirox olamine CREA</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>ciclopirox olamine SUSP</i>	1	
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 gm daily)	<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)

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)	(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, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>econazole nitrate CREA</i>	1				
ERTACZO	4	QL(1 gm daily); PA			
EXELDERM SOLN	2				
EXODERM	3				
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	2				
JUBLIA	4	QL(0.27 ml daily)			
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)			
<i>ketoconazole (topical) FOAM</i>	2				
<i>ketoconazole (topical) SHAM 2 %</i>	1				
<i>naftifine hcl CREA</i>	2				
<i>naftifine hcl GEL 2 %</i>	2				
<i>nystatin (topical) CREA</i>	1				
<i>nystatin (topical) OINT</i>	1				
<i>nystatin (topical) POWD EX</i>	1				
<i>nystatin-triamcinolone CREA</i>	1				
<i>nystatin-triamcinolone OINT</i>	1				
<i>oxiconazole nitrate CREA</i>	2				
OXISTAT LOTN	3				
<i>sulconazole nitrate CREA</i>	2				
<i>sulconazole nitrate SOLN</i>	1				
Anti-inflammatory Agents - Topical			Antineoplastic or Premalignant Lesion Agents - Topical		
			<i>bexarotene (topical)</i>	2	PA
			CARAC CREA	4	QL(1 gm daily)
			<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA
			<i>fluorouracil (topical) CREA 5 %</i>	2	
			<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
			<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)
			PENNSAID SOLN EX	3	QL(4 gm daily); PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 gm daily)	COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
<i>fluorouracil (topical) SOLN</i>	1				
PANRETIN	3	PA			
VALCHLOR	4	ST; PA	COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA
Antipruritics - Topical					
<i>doxepin hcl (antipruritic)</i>	2	QL(3 gm daily)	<i>methoxsalen rapid</i>	2	
Antipsoriatics			SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 day(s) retail); PA
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)			
<i>acitretin 10 MG</i>	2	QL(1 ea daily)	SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 day(s) retail); PA
<i>acitretin 17.5 MG</i>	2				
<i>acitretin 25 MG</i>	2	QL(2 ea daily)	SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 day(s) retail); PA
<i>calcipotriene CREA</i>	2	QL(5 gm daily)			
<i>calcipotriene FOAM</i>	1	PA	SORILUX FOAM	3	PA
CALCIPOTRIENE FOAM	3	PA	STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
<i>calcipotriene OINT</i>	1	QL(5 gm daily)			
<i>calcipotriene SOLN</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
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 gm daily)			
COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA			
COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA			
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); SP; PA	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1	
<i>tazarotene CREA</i>	1		(Clobetasol Propionate Emulsion) TOVET	2	
<i>tazarotene GEL</i>	1		(Clobetasol Propionate) CLODAN SHAM	1	
TREMFYA SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA	(Desonide) DESRX GEL	1	
TREMFYA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA	(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 %	1	
Antiseborrheic Products			(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
<i>selenium sulfide LOTN 2.5 %</i>	1		<i>alclometasone dipropionate CREA</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		<i>alclometasone dipropionate OINT</i>	1	
<i>sulfacetamide sodium SHAM 10 %</i>	1		<i>amcinonide LOTN</i>	1	
Antivirals - Topical			APEXICON E CREA	3	
<i>acyclovir topical CREA</i>	1		<i>betamethasone dipropionate (topical) CREA</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 gm daily)	<i>betamethasone dipropionate (topical) LOTN</i>	1	
Burn Products			<i>betamethasone dipropionate (topical) OINT 0.05 %</i>	1	
(Silver Sulfadiazine) SSD	1		<i>betamethasone dipropionate augmented CREA</i>	1	
<i>mafenide acetate PACK</i>	1		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone dipropionate augmented LOTN</i>	1	
SULFAMYLON CREA	3		<i>betamethasone dipropionate augmented OINT</i>	1	
Corticosteroids - Topical					

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate CREA</i>	1		<i>desoximetasone CREA</i>	1	
<i>betamethasone valerate FOAM</i>	2		<i>desoximetasone GEL</i>	1	
<i>betamethasone valerate LOTN</i>	1		<i>desoximetasone LIQD</i>	1	ST
<i>betamethasone valerate OINT</i>	1		<i>desoximetasone OINT 0.25 %</i>	1	
<i>calcipotriene-betamethasone dipropionate OINT</i>	2	ST	<i>desoximetasone OINT 0.05 %</i>	2	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 gm daily); ST	<i>diflorasone diacetate CREA</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1		<i>diflorasone diacetate OINT</i>	1	
<i>clobetasol propionate emulsion</i>	2		EPIFOAM FOAM	3	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>fluocinolone acetonide CREA</i>	1	
<i>clobetasol propionate FOAM</i>	2		<i>fluocinolone acetonide OIL</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>fluocinolone acetonide OINT</i>	1	
<i>clobetasol propionate LIQD</i>	2		<i>fluocinolone acetonide SOLN</i>	1	
<i>clobetasol propionate LOTN</i>	1		<i>fluocinonide emulsified base</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>fluocinonide CREA</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>fluocinonide GEL</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinonide OINT</i>	1	
<i>clocortolone pivalate</i>	1		<i>fluocinonide SOLN</i>	1	
CORDRAN TAPE	3		<i>fluticasone propionate CREA 0.05 %</i>	1	
CORTANE-B	3		<i>fluticasone propionate LOTN</i>	1	
<i>desonide CREA</i>	1		<i>fluticasone propionate OINT</i>	1	
<i>desonide GEL</i>	1		<i>halobetasol propionate CREA</i>	1	
<i>desonide LOTN</i>	1		<i>halobetasol propionate OINT</i>	1	
<i>desonide OINT</i>	1		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
			<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1	

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



Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>hydrocortisone butyrate CREA</i>	1	
<i>hydrocortisone butyrate OINT</i>	1	
<i>hydrocortisone butyrate SOLN</i>	1	
<i>hydrocortisone valerate CREA</i>	1	
<i>hydrocortisone valerate OINT</i>	1	
LOCOID LIPOCREAM	3	
<i>mometasone furoate CREA</i>	1	
<i>mometasone furoate OINT</i>	1	
<i>mometasone furoate SOLN</i>	1	
NUCORT LOTN	3	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
<i>prednicarbate OINT</i>	1	
TEXACORT SOLN 2.5 %	3	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<b>Eczema Agents</b>		
DUPIXENT SOAJ SC 300 MG/2ML	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
<b>Emollient/Keratolytic Agents</b>		
<i>urea LOTN 40 %</i>	1	
<b>Enzymes - Topical</b>		
SANTYL OINT	3	
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod 5 %</i>	1	
<b>Immunosuppressive Agents - Topical</b>		
<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)
<b>Keratolytic/Antimitotic/Vesicant Agents</b>		
(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>	2	
<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	
<b>Local Anesthetics - Topical</b>		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	Limited to 3 patches per day; QL(3 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
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>	2	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 0.75 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	QL(2 ml daily)
NORITATE CREA	4	PA

Drug Name	Drug Tier	Requirements/Limits
ORACEA ( <i>doxycycline (rosacea)</i> )	3	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	2	
<i>ivermectin (pediculicide)</i>	2	
<i>malathion</i>	2	
<i>permethrin CREA</i>	1	QL(2 gm daily)
<i>spinosad</i>	2	AL(At least 4 yrs old)
Wound Care Products		
REGANEX	3	QL(0.5 gm daily)
<b>DIAGNOSTIC PRODUCTS</b>		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST KIT	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B HOME TEST	5	PV
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

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

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	6	
KETOSTIX STRP	6	
ONETOUGH ULTRA BLUE TESTSTRIP STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUGH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUGH 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>		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	

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	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
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> )	4	PA
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
<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)
Loop Diuretics		

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

Drug Name	Drug Tier	Requirements/Limits
<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	
SOAANZ TABS 20 MG	2	
<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>	2	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>- Drugs to Treat Bone Disease and Regulate Hormones</b>		
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	2	
<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 ea daily)
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>calcitonin (salmon) IJ 200 UNIT/ML</i>	4	PA
<i>calcitonin (salmon) NA 200 UNIT/ACT</i>	1	
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ 200 UNIT/ML ( <i>calcitonin (salmon)</i> )	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 ea daily); ST
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
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
ZORBIVE SC	4	PA
Hormone Receptor Modulators		
EVISTA ( <i>raloxifene hcl</i> )	5	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

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
<b>Metabolic Modifiers</b>		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
<i>betaine</i>	4	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN OR</i>	1	
<i>cinacalcet hcl</i>	2	PA
CYSTADANE ( <i>betaine</i> )	4	PA
<i>doxercalciferol CAPS</i>	2	
GALAFOLD	4	QL(0.5 ea daily); PA
KUVAN PACK ( <i>sapropterin dihydrochloride</i> )	4	Specialty Drug refer to Caremark SP RX
KUVAN TABS ( <i>sapropterin dihydrochloride</i> )	4	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	2	
MYALEPT	4	PA
<i>nitisinone CAPS 10 MG</i>	1	PA
<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA
NITYR TABS	4	PA
ORFADIN SUSP	4	PA

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ	4	PA
<i>paricalcitol CAPS</i>	1	
<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
<i>sodium phenylbutyrate POWD</i>	2	SP; PA
<i>sodium phenylbutyrate TABS</i>	2	SP; PA
STRENSIQ	4	PA
XURIDEN	4	
<b>Posterior Pituitary Hormones</b>		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.1 MG</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
<b>Progesterone Receptor Antagonists</b>		
MIFEPREX ( <i>mifepristone</i> )	5	PV
<i>mifepristone</i>	5	PV
<b>Prolactin Inhibitors</b>		
<i>cabergoline</i>	1	
<b>Somatostatic Agents</b>		
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML</i>	4	PA
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML</i>	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate SOLN 500 MCG/ML, 1000 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> )	4	PA
SIGNIFOR	4	PA
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE TBPk	4	PA
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol &amp; norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	4	PA
PREMPHASE	2	QL(1 ea daily)
PREMPRO	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Estrogens</b>		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 ea daily)
ELESTRIN GEL	3	QL(1.74 gm daily)
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
<i>estradiol GEL 0.06 %</i>	1	Limit 50gms per month; QL(1.67 gm daily)
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</i>	1	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 ea daily)
<i>estradiol TABS</i>	1	
EVAMIST SOLN	3	QL(0.27 ml daily)
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
MENEST 2.5 MG	2	QL(3 ea daily)
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)
PREMARIN TABS	2	QL(1 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 400 MG</i>	2	QL(28 ea per 90 day(s) retail; 28 ea per 90 days mail)
<i>ofloxacin 300 MG</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC. -</b>		
<b>Miscellaneous Gastrointestinal Drugs</b>		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
OCALIVA 10 MG	4	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	4	PA
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	1	
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 ea daily)
DIPENTUM	3	
INFLECTRA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>mesalamine CP24</i>	1	QL(4 ea daily)
<i>mesalamine CPCR</i>	1	QL(8 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine CPDR</i>	1	QL(6 ea daily)
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	2	QL(1 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 ea daily)
<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 package(s) per fill retail; 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>	4	
ENTEREG ( <i>alvimopan</i> )	4	
MOVANTIK	3	QL(1 ea daily)
Phosphate Binder Agents		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
AURYXIA	3	ST; PA	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
<i>calcium acetate (phosphate binder) CAPS</i>	1		(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC	(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
FOSRENOL PACK	3		ORACIT	3	
<i>lanthanum carbonate CHEW 500 MG</i>	2		ORAL CITRATE	3	
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 ea daily)	<i>pot &amp; sod citrates w/citric ac SOLN</i>	1	
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 ea daily)	<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>sevelamer carbonate PACK 0.8 GM</i>	1		<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)	<i>sodium citrate &amp; citric acid</i>	1	RX/OTC
<i>sevelamer carbonate TABS</i>	1		Cystinosis Agents		
<i>sevelamer hcl 800 MG</i>	1	QL(16 ea daily); PA	CYSTAGON CAPS	4	PA
<i>sevelamer hcl 400 MG</i>	1	PA	PROCYSBI CPDR	4	
Short Bowel Syndrome (SBS) Agents			PROCYSBI PACK	4	PA
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; PA	Interstitial Cystitis Agents		
Tryptophan Hydroxylase Inhibitors			ELMIRON CAPS	3	QL(3 ea daily); PA
XERMELO	4	ST; Not available through mail; PA	Prostatic Hypertrophy Agents		
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>			<i>alfuzosin hcl</i>	1	QL(1 ea daily)
Acidifiers			CARDURA XL	3	
K-PHOS NO 2	2		<i>dutasteride</i>	1	AL(At least 40 yrs old)
Alkalinizers			<i>dutasteride-tamsulosin hcl</i>	1	
			<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
			<i>silodosin 4 MG</i>	1	
			<i>silodosin 8 MG</i>	1	QL(1 ea daily)
			<i>tamsulosin hcl</i>	1	QL(2 ea daily)
			Urinary Stone Agents		

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



Drug Name	Drug Tier	Requirements/Limits
LITHOSTAT	3	
<i>tiopronin TABS</i>	2	
<i>tiopronin TBEC</i>	2	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>colchicine 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> )	3	
Uricosurics		
<i>probenecid</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
Antihemophilic Products		
ADVATE	4	PA
ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
AFSTYLA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; 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
HUMATE-P SOLR	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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IXINITY SOLR	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
JIVI	4	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
KCENTRA	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
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOVALTRY	4	PA	WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	XYNTHA	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	XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	<b>Bradykinin B2 Receptor Antagonists</b>		
OBIZUR	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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

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

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

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

Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
Hematopoietic Growth Factors		
MULPLETA	4	PA
NYVEPRIA	4	SP; PA
PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT 20000 UNIT/ML	4	PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/2ML, 40000 UNIT/ML	4	PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	PA
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
Hematopoietic Mixtures		
FOLIVANE-F	2	

Drug Name	Drug Tier	Requirements/Limits
INTEGRA F	2	
IRON FOLATE-F	2	
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	2	
<i>aminocaproic acid TABS</i>	2	
CYKLOKAPRON SOLN ( <i>tranexamic acid</i> )	4	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		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily)
<i>flurazepam hcl 15 MG</i>	2	QL(2 ea daily)
<i>flurazepam hcl 30 MG</i>	2	QL(1 ea daily)
<i>midazolam hcl SYRP</i>	1	
<i>quazepam</i>	2	
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 ea daily)
<i>temazepam 15 MG</i>	1	QL(2 ea daily)
<i>temazepam 7.5 MG</i>	1	
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.125 MG</i>	1	
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)
<i>zolpidem tartrate TBCR</i>	1	QL(1 ea daily)
Orexin Receptor Antagonists		

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

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 ea daily); ST
<b>LAXATIVES - Bowel Treatment Drugs</b>		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV
(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
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK	5	PV
GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	5	QL(4000 ml per fill retail); PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 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> )	5	PV

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl TBEC</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<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>	2	
			<i>clarithromycin TABS</i>	1	
			<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
Erythromycins					
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
			<i>erythromycin base CPEP</i>	2	
			<i>erythromycin base TABS</i>	1	
			<i>erythromycin base TBEC</i>	1	
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, 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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
Fidaxomicin			KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
DIFICID TABS	3		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<b>MEDICAL DEVICES AND SUPPLIES</b>			KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
Contraceptives			KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
CAYA DPRH	5	QL(1 ea per 365 day(s) retail); PV	KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
CONDOMS	5	PV	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE THIN 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)
DUREX TROPICAL 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)
FANTASY LUBRICATED/SPERMICIDE 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)
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)			

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
MAXX 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)
MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
OMNIFLEX DIAPHRAGM	5	PV	TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN MAGNUM MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN ULTRA THIN LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN-ENZ W/SPERMICIDAL MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUE COVER DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	ACTI-LANCE SPECIAL SAFETYLANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV	ADVANCED MOBILE LANCET 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV	ADVOCATE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV			
Diabetic Supplies					
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC			
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC			
ACCU-CHEK FASTCLIX 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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADVOCATE LANCETS 30G	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
ADVOCATE SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 26G	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
AGAMATRIX ULTRA-THIN LANCETS 33G	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
AIMSCO TWIST LANCETS 32G	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
AIMSCO 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
AQUALANCE LANCETS ULTRA THIN 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
ASSURE COMFORT LANCETS ULTRA THIN 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
ASSURE LANCE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARESENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS 21G	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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH SAFETY LANCETS/28G	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/30G	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 TWIST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CLEVER CHOICE COMFORT EZLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COAGUCHEK LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT ASSURED LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CHOSEN LANCETS 30G	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
CHOSEN SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CLEANLET LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH LANCETS ULTRA THIN 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CLEVER CHEK LANCETS ULTRATHIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
COMFORT TOUCH TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DIATHRIVE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DROPLET PERSONAL LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ORIGINAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETSSUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET LANCETSULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	DRUG MART UNILET MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
CVS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL SUPER THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 28G ULTRA-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
FINE 30	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FINGERSTIX LANCETS	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
FORA LANCETS	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
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	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
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	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
FREESTYLE LANCETS	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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GLUCOCOM LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	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

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER HEALTHPRO TWIST LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS MICRO THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HY-VEE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
IN TOUCH STERILE LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS ULTRATHIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KINNEY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KINNEY THIN LANCETS	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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANCETS 30G TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G/TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LITETOUCH LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G EXTRA FINE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G UNIVERSAL DESIGN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS STANDARD	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LIBERTY MEDICAL LANCETS 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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS UNIVERSAL LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS/LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/LITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LITE LANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEIJER LANCETS UNIVERSAL33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCETS 23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MICROLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MM TWIST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SUREFLEX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLET OPD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 21G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE	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	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	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	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRASOFT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PC LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	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	PHARMACY COUNTER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PERFECT POINT SAFETY LANCETS/28G	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 POINT SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PIP LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRECISION THINS GP LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS COLORED 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRO COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 33G/MICRO THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PSS SELECT GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PSS SELECT SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PX LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	READYLANCE SAFETY LANCETS/21G/2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
READYLANCE 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
READYLANCE 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
READYLANCE SAFETY LANCETS/28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	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
RELION 2-IN-1 LANCET DEVICES 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	REXALL LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	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
RELION 2-IN-1 LANCING DEVICE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE NORMAL FLOW21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS/PRESSURE ACTIVATED/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SINGLE-LET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SM MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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
SMARTEST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SURELITE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TECHLITE AST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
STERILANCE TL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TGT LANCET MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 18G	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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET EXCELITE II	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET GP 28 ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II AUTO LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS SUPER-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET EXCELITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 1	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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 GENTLE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 NEONATAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NEONATAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK CZT COMFORT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK CZT NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 SUPER	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3	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
UNISTIK 3 COMFORT	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
UNISTIK 3 EXTRA	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
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
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 THIN LANCETS	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	WALGREENS ULTRA THIN LANCETS	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	ZEV RX TWIST TOP LANCETS 30G	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	Parenteral Therapy Supplies		
VIVAGUARD SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
VIVAGUARD SAFETY LANCETS28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC
WALGREENS ADVANCED TRAVEL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD NEEDLE/30G X 1/2"	2	RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 day(s) retail); RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)
WALGREENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD 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 4MM	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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/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 day(s) retail); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	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
			DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/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
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 day(s) retail); RX/OTC
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	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
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	PA
AJOVY SOSY	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY	2	PA
UBRELVY	3	QL(10 ea per 30 day(s) retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ml daily); PA
ERGOMAR SUBL	4	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 ea daily)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)

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



Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>sumatriptan succinate SOAJ</i>	1	PA
<i>sumatriptan succinate SOCT</i>	1	PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ml daily); PA
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)
<i>zolmitriptan SOLN</i>	1	QL(6 ea per 30 day(s) retail; 18 ea per 90 days mail)
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Calcium</b>		
CALCIFOL	3	
MAGNEBIND 400	3	
<b>Fluoride</b>		
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
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 0.5 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)
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
<b>Phosphate</b>		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1	
<b>Potassium</b>		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1		<i>trientine hcl 500 MG</i>	4	PA
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1		<i>trientine hcl 250 MG</i>	4	PA
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1		Immunomodulators		
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1		<i>lenalidomide 2.5 MG, 5 MG</i>	4	QL(1 ea daily); SP; AC; PA
EFFER-K	3		<i>lenalidomide 10 MG, 15 MG, 20 MG, 25 MG</i>	4	QL(1 ea daily); AC; PA
<i>potassium chloride microencapsulated crystals er 10 MEQ, 15 MEQ, 20 MEQ</i>	1		<i>lenalidomide 5 MG</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
<i>potassium chloride CPCR</i>	1		THALOMID 50 MG, 100 MG	4	SP; AC; PA
<i>potassium chloride PACK OR 20 MEQ</i>	1		Immunosuppressive Agents		
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1		(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ( <i>potassium chloride</i> )	4	PA	(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
Zinc			ASTAGRAF XL CP24	3	ST
GALZIN	3		<i>azathioprine TABS 75 MG, 100 MG</i>	2	
WILZIN	3		<i>azathioprine TABS 50 MG</i>	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>			<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
Chelating Agents			<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
CUPRIMINE CAPS ( <i>penicillamine</i> )	4	PA	<i>cyclosporine CAPS</i>	1	
DEPEN TITRATABS TABS ( <i>penicillamine</i> )	4		<i>everolimus (immunosuppressant)</i>	4	
<i>penicillamine CAPS</i>	4	PA	<i>mycophenolate mofetil CAPS</i>	1	
<i>penicillamine TABS</i>	4		<i>mycophenolate mofetil SUSR</i>	2	
SYPRINE ( <i>trientine hcl</i> )	4	PA	<i>mycophenolate mofetil TABS</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium</i> <b>180 MG, 360 MG</b>	2	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN OR 100 MG/ML	3	
<i>sirolimus</i> SOLN	2	
<i>sirolimus</i> TABS	2	
<i>tacrolimus</i> CAPS	2	
THYMOGLOBULIN	3	administered under the medical benefit; PA
ZORTRESS ( <i>everolimus</i> (immunosuppressant))	4	
<b>Potassium Removing Agents</b>		
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP CO 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</i> (mouth-throat)	1	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole</i>	1	
<i>nystatin</i> (mouth-throat)	1	
ORAVIG	3	

Drug Name	Drug Tier	Requirements/Limits
<b>Antiseptics - Mouth/Throat</b>		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate</i> (mouth-throat)	1	
<b>Steroids - Mouth/Throat/Dental</b>		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide</i> (mouth)	1	
<b>Throat Products - Misc.</b>		
<i>cevimeline hcl</i>	1	QL(3 ea daily)
MUCOTROL WAFR	3	
<i>pilocarpine hcl</i> (oral) 5 MG	1	QL(6 ea daily)
<i>pilocarpine hcl</i> (oral) 7.5 MG	1	QL(4 ea daily)
<b>MULTIVITAMINS</b>		
<b>Ped Multi Vitamins w/FI &amp; FE</b>		
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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	FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC	<i>pediatric multivitamins w/fi CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR SUSP	3	
(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	QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA SOLN 35 MG/ML-0.5 MG/ML-8 MG/ML-0.4 MG/ML-0.6 MG/ML-10 MCG/ML-3.35 MG/ML-450 MCG/ML-2 MCG/ML-0.25 MG/ML, 35 MG/ML-0.5 MG/ML-8 MG/ML-0.4 MG/ML-0.6 MG/ML-10 MCG/ML-3.35 MG/ML-450 MCG/ML-2 MCG/ML-0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA SOLN 35 MG/ML-10 MCG/ML-450 MCG/ML-0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC
			VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.5 MG/ML-450 MCG/ML	2	AL(Up to 6 yrs old); RX/OTC
			VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.25 MG/ML-450 MCG/ML	3	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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits
Pediatric Multiple Vitamins & Minerals w/ Fluoride		
FLORIVA	3	
Prenatal Vitamins		
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
(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
ATABEX EC TBEC	2	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
CITRANATAL ASSURE	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
CITRANATAL DHA	2	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
CITRANATAL MEDLEY	3	
C-NATE DHA CAPS	3	
COMPLETENATE CHEW	2	
CONCEPT DHA	2	
CONCEPT OB	2	

Drug Name	Drug Tier	Requirements/Limits
FOLIVANE-OB	2	
M-NATAL PLUS TABS	2	RX/OTC
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	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
NEONATAL 19	3	
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC
NESTABS	3	
NESTABS DHA	2	
NESTABS ONE	3	
NIVA-PLUS TABS	2	RX/OTC
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	3	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	RX/OTC
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PRENA 1 TRUE	2	
PRENA1 CHEW	3	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENA1 PEARL	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	
PRENAISSANCE	3		SE-NATAL 19 CHEW	2	
PRENAISSANCE PLUS CAPS	3		SE-NATAL 19 TABS	3	RX/OTC
PRENATAL 19 CHEW	2		THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENATAL 19 TABS	3	RX/OTC	THRIVITE RX TABS	2	RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	RX/OTC	TRICARE TABS	2	RX/OTC
PRENATAL PLUS TABS	2	RX/OTC	TRINATAL RX 1 TABS	2	
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC	TRISTART DHA	3	
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC	VINATE DHA RF	3	
PRENATAL-U CAPS	2		VIRT-NATE DHA CAPS	3	
PRENATE	2		VITAFOL GUMMIES	3	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		VITAFOL-NANO	3	
PRENATE ENHANCE	2		VITAFOL-ONE CAPS	3	
PRENATE PIXIE	3		VITAMEDMD ONE RX/QUATREFOLIC	2	
PRENATE RESTORE	3		VITAMEDMD REDICHEW RX	3	
PRENATRIX TABS	2	RX/OTC	VITAPEARL	3	
PRENATRYL TABS	2	RX/OTC	VITATHELY/GINGER TABS	2	RX/OTC
RELNATE DHA CAPS	3		VITATRUE	2	
SELECT-OB+DHA MISC	3		VIVA DHA CAPS	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		WESCAP-C DHA	2	
			WESNATE DHA CAPS	3	
			WESTAB PLUS TABS	2	RX/OTC
			WESTGEL DHA	3	
			<b>MUSCULOSKELETAL THERAPY AGENTS -</b>		
			<b>Drugs to Treat Spasms</b>		
			Central Muscle Relaxants		
			(Carisoprodol) VANADOM TABS 350 MG	1	

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

Drug Name	Drug Tier	Requirements/Limits
(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
<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>chlorzoxazone TABS 250 MG</i>	1	QL(4 ea daily)
<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	4	administered under the medical benefit; PA
LIORESAL INTRATHECAL SOLN IT ( <i>baclofen</i> )	4	administered under the medical benefit; PA
<i>metaxalone 400 MG</i>	1	
<i>metaxalone 800 MG</i>	1	QL(4 ea daily)
<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	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Agent Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	QL(0.77 gm daily)
Nasal Antiallergy		
(AzelaStine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC
<i>azelastine hcl 0.1 %, 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		

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

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

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate</i>	1		(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN	1	
<i>levobunolol hcl 0.5 %</i>	1		(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
<i>timolol maleate (ophth) SOLG</i>	1		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN	1	
<i>timolol maleate (ophth) SOLN</i>	2		AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
Cycloplegic Mydriatics			<i>bacitracin (ophthalmic)</i>	2	
(Homatropine Hbr) HOMATROPAIRE	1		<i>bacitracin-polymyxin b (ophth)</i>	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1		BESIVANCE	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1		BETADINE OPHTHALMIC PREP	3	
<i>atropine sulfate (ophthalmic) SOLN</i>	1		CILOXAN OINT	2	
ATROPINE SULFATE SOLN 1 %	2		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
CYCLOGYL	2		ERYTHROMYCIN	2	
CYCLOMYDRIL	3		<i>erythromycin (ophth)</i>	1	
<i>cyclopentolate hcl</i>	1		<i>gatifloxacin (ophth)</i>	1	
ISOPTO ATROPINE SOLN	2		<i>gentamicin sulfate (ophth) SOLN</i>	1	
<i>phenylephrine hcl (mydriatic) SOLN</i>	1		KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>tropicamide SOLN</i>	1		<i>levofloxacin (ophth) 1.5 %</i>	2	
Miotics			<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)	NATACYN	2	
Ophthalmic Adrenergic Agents			<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>apraclonidine hcl</i>	2		<i>neomycin-polymyxin-gramicidin</i>	1	
<i>brimonidine tartrate</i>	1		<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail)
IOPIDINE	3		<i>polymyxin b-trimethoprim</i>	1	
Ophthalmic Anti-infectives			POVIDONE IODINE	3	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (ophth) OINT</i>	1		<i>neomycin-polymy-dexameth OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		<i>neomycin-polymy-dexameth SUSP</i>	1	
<i>tobramycin (ophth) SOLN</i>	1		<i>neomycin-polymyxin-hc (ophth)</i>	1	
TOBREX OINT	2		PRED MILD	2	
<i>trifluridine</i>	1		<i>prednisolone acetate (ophth)</i>	1	
ZIRGAN GEL	3		PREDNISOLONE PHOSPHATE/MOXIFLOXACIN SOLN	3	
Ophthalmic Immunomodulators			PREDNISOLONE SODIUM PHOSPHATE	3	
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
Ophthalmic Local Anesthetics			<i>sulfacetamide sod-prednisolone SOLN</i>	1	
(Tetracaine Hcl (Ophth)) ALTACAINE	1		TOBRADEX ST SUSP	3	
AKTEN	3		TOBRADEX OINT	3	
<i>proparacaine hcl</i>	1		<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
<i>tetracaine hcl (ophth)</i>	1		ZYLET	3	QL(5 ml per fill retail)
Ophthalmic Steroids			Ophthalmic Surgical Aids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail; 4 per fill mail)	GELFILM OP	3	
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1		Ophthalmics - Misc.		
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail; 4 per fill mail)			
<i>dexamethasone sodium phosphate (ophth)</i>	1				
<i>difluprednate</i>	2				
FLAREX	2				
<i>fluorometholone (ophth) SUSP</i>	1				
FML FORTE SUSP	2				
LOTEMAX OINT	3				
<i>loteprednol etabonate GEL</i>	2				
<i>loteprednol etabonate SUSP</i>	2				
MAXIDEX SUSP OP	2				

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

Drug Name	Drug Tier	Requirements/Limits
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ 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, EQ 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)
<i>bromfenac sodium (ophth)</i> 0.07 %, 0.075 %	2	
<i>bromfenac sodium (ophth)</i> 0.09 %	1	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	4	
<i>diclofenac sodium (ophth)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.09 ml daily)
LATANOPROST SOLN	2	QL(0.09 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>tafluprost</i>	1	QL(1 ea daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	2	QL(14 ea per fill retail)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (otic)</i>	1	
<b>Otic Combinations</b>		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
PRAMOTIC	3	
<b>Otic Steroids</b>		
(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>		
<b>Abortifacients/Agents for Cervical Ripening</b>		
CERVIDIL INST	3	
PREPIDIL GEL	3	
<b>Oxytocics</b>		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA
<i>ampicillin CAPS 500 MG</i>	1	
<b>Natural Penicillins</b>		
(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	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate CHEW</i>	1	
<i>amoxicillin &amp; pot clavulanate SUSR</i>	1	
<i>amoxicillin &amp; pot clavulanate TABS</i>	1	
<i>amoxicillin &amp; pot clavulanate TB12</i>	1	
<i>ampicillin &amp; sulbactam sodium IJ 2 GM-1 GM</i>	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	4	PA
<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)	4	PA
UNASYN BULK PACK IV (ampicillin & sulbactam sodium)	4	PA
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
nafcillin sodium IV 2 GM, 10 GM	4	PA
oxacillin sodium IV 10 GM	4	PA
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
medroxyprogesterone acetate 2.5 MG, 5 MG	1	
medroxyprogesterone acetate 10 MG	1	QL(1 ea daily)
megestrol acetate (appetite)	2	AC
norethindrone acetate TABS	1	
progesterone CAPS	1	QL(1 ea daily)
progesterone OIL	1	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
Agents for Chemical Dependency		
acamprosate calcium	1	
disulfiram	1	
lofexidine hcl	2	QL(224 ea per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	4	ST; PA

Drug Name	Drug Tier	Requirements/Limits
XYREM SOLN	4	ST; PA
Antidementia Agents		
donepezil hydrochloride TABS	1	QL(1 ea daily)
donepezil hydrochloride TBDP	1	QL(1 ea daily)
galantamine hydrobromide CP24	1	QL(1 ea daily)
galantamine hydrobromide SOLN	1	
galantamine hydrobromide TABS	1	
memantine hcl CP24	1	PA
memantine hcl SOLN	1	
memantine hcl TABS 5 MG	1	QL(4 ea daily)
memantine hcl TABS 10 MG	1	QL(2 ea daily)
memantine hcl TABS	1	
NAMZARIC C4PK	3	PA
NAMZARIC CP24 14 MG-10 MG, 28 MG-10 MG	3	PA
rivastigmine	1	
rivastigmine tartrate CAPS	1	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG	2	
olanzapine-fluoxetine hcl 25 MG-6 MG	4	
perphenazine-amitriptyline	1	
SYMBYAX 25 MG-6 MG (olanzapine-fluoxetine hcl)	4	
Fibromyalgia Agents		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK MISC	4	QL(2 ea daily); PA	AUBAGIO ( <i>teriflunomide</i> )	4	QL(1 ea daily); SP
SAVELLA TABS	4	QL(2 ea daily); PA	AVONEX PEN AJKT	4	PA
Movement Disorder Drug Therapy			AVONEX PSKT	4	PA
AUSTEDO PATIENT TITRATION KIT TBPk	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	BETASERON KIT	4	PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	<i>dalfampridine</i>	2	SP; PA
AUSTEDO XR TB24	4	QL(1 ea daily); SP; PA	<i>dimethyl fumarate CDPK</i>	4	QL(60 ea per 365 day(s) retail); SP
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA	<i>dimethyl fumarate CPDR</i>	4	QL(2 ea daily); SP
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA	<i> fingolimod hcl</i>	4	QL(1 ea daily); SP
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA	GILENYA 0.5 MG	4	QL(1 ea daily); SP
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 ea daily); PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ml daily)
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA	<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 day(s) retail)
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	KESIMPTA	4	QL(0.0143 ml daily); PA
INGREZZA CPSP	4	QL(1 ea daily); SP; PA	MAYZENT STARTER PACK TBPk	4	SP; PA
<i>tetrabenazine</i>	2	SP; PA	MAYZENT STARTER PACK TBPk	4	QL(12 ea per 5 day(s) retail); SP; PA
Multiple Sclerosis Agents			MAYZENT TABS 1 MG	4	SP; PA
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)	MAYZENT TABS 2 MG	4	QL(1 ea daily); SP; PA
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 day(s) retail)	MAYZENT TABS 0.25 MG	4	QL(4 ea daily); SP; PA
			PLEGRIDY STARTER PACK SOAJ SC	4	PA
			PLEGRIDY STARTER PACK SOSY SC	4	PA
			PLEGRIDY SOAJ SC	4	PA
			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
			REBIF SOSY	4	PA

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TECFIDERA STARTER PACK CDPK ( <i>dimethyl fumarate</i> )	4	QL(60 ea per 365 day(s) retail); SP	(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
TECFIDERA CPDR ( <i>dimethyl fumarate</i> )	4	QL(2 ea daily); SP			
<i>teriflunomide</i>	4	QL(1 ea daily); SP			
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	2				
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	4	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	1				
<i>pimozide</i>	1				
Smoking Deterrents					

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(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	(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

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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, FT NICOTINE, 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, FT NICOTINE, 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 Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, FT NICOTINE, 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/Specialty Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available  
PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy  
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, 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	5	PV	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		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, 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	5	PV	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		

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, 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	5	PV	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		

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, 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	5	PV	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, 21 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> )	5	PV
			NICORETTE MINI LOZG ( <i>nicotine polacrilex</i> )	5	PV
			NICORETTE STARTER KIT GUM ( <i>nicotine polacrilex</i> )	5	PV
			NICORETTE GUM ( <i>nicotine polacrilex</i> )	5	PV
			NICORETTE LOZG ( <i>nicotine polacrilex</i> )	5	PV
			<i>nicotine polacrilex GUM</i>	5	PV
			<i>nicotine polacrilex LOZG</i>	5	PV
			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

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	5	PV
<i>varenicline tartrate TABS 0.5 MG</i>	5	QL(1 ea daily); PV
<i>varenicline tartrate TABS 1 MG</i>	5	QL(2 ea daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
Cystic Fibrosis Agents		
KALYDECO PACK	4	PA
KALYDECO TABS	4	PA
ORKAMBI PACK 94 MG-75 MG	4	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO	4	PA
TRIKAFTA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); SP; PA
TRIKAFTA THPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone CAPS</i>	2	QL(3 ea daily); SP; PA
<i>pirfenidone TABS</i>	2	QL(3 ea daily); SP; PA
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
Sulfonamides		
<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 50 MG, 100 MG, 150 MG</i>	1	
<i>doxycycline (monohydrate) TABS 75 MG</i>	1	ST
<i>doxycycline hyclate CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl CP24</i>	3	ST	CYTOMEL TABS 5 MCG ( <i>liothyronine sodium</i> )	2	
<i>minocycline hcl TABS 50 MG, 100 MG</i>	1		CYTOMEL TABS 25 MCG, 50 MCG ( <i>liothyronine sodium</i> )	2	QL(2 ea daily)
<i>minocycline hcl TABS 75 MG</i>	1	PA	<i>levothyroxine sodium CAPS</i>	2	
<i>tetracycline hcl CAPS</i>	1		<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 ea daily)
XIMINO CP24	3	ST	<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>			<i>liothyronine sodium TABS 5 MCG</i>	1	
<b>Antithyroid Agents</b>			<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 ea daily)
<i>methimazole TABS</i>	1		NIVA THYROID TABS	2	
<i>propylthiouracil</i>	1	QL(3 ea daily)	NP THYROID 120 TABS	2	
<b>Thyroid Hormones</b>			NP THYROID 15 TABS	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		NP THYROID 30 TABS	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		NP THYROID 60 TABS	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	NP THYROID 90 TABS	2	
ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	2		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG ( <i>levothyroxine sodium</i> )	2	
ADTHYZA TABS 130 MG	3		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ( <i>levothyroxine sodium</i> )	2	QL(1 ea daily)
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
			TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG	3	

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



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG	3		(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, 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
<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				
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1				
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1				
BELLADONNA/OPIUM	3				
<i>chlordiazepoxide hcl-clidinium bromide</i>	1				
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN OR 10 MG/5ML</i>	1				
<i>dicyclomine hcl TABS</i>	1				
GLYCATE TABS	3				
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1				
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1				
GLYCOPYRROLATE TABS	3				
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1				
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1				
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1				
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1				
<i>methscopolamine bromide</i>	1				
<b>H-2 Antagonists</b>			<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 20 MG</i>	1	RX/OTC
			<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)
			<i>nizatidine CAPS</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Misc. Anti-Ulcer			(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)
<i>sucralfate SUSP</i>	1		<i>lansoprazole CPDR</i>	1	QL(1 ea daily); RX/OTC
<i>sucralfate TABS</i>	1	QL(4 ea daily)	<i>lansoprazole TBDD 30 MG</i>	2	QL(1 ea daily); AL(Up to 12 yrs old)
Proton Pump Inhibitors			<i>lansoprazole TBDD 15 MG</i>	2	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC	<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	2	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	<i>omeprazole CPDR 10 MG</i>	1	
(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>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)	<i>pantoprazole sodium PACK</i>	2	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>	1	QL(1 ea daily); PA
Ulcer Drugs - Prostaglandins					
			<i>misoprostol</i>	1	
Ulcer Therapy Combinations					
			<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
<b>URINARY ANTISPASMODICS - Drugs to Treat</b>					
<b>Miscellaneous Bladder Spasms</b>					
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)					

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>darifenacin hydrobromide</i>	2		FLUBLOK 2024-2025 SOSY	5	PV
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)	FLUCELVAX 2024-2025 SUSP	5	PV
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)	FLULAVAL QUADRIVALENT 2022-2023 SUSY	5	PV
<i>oxybutynin chloride TB24 5 MG, 10 MG, 15 MG</i>	1		FLULAVAL QUADRIVALENT 2023-2024 SUSY	5	PV
<i>solifenacin succinate TABS 5 MG</i>	1		FLUMIST QUADRIVALENT	5	PV
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily)	FLUZONE HIGH-DOSE PF 2022-2023	5	PV
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)	FLUZONE HIGH-DOSE PF 2023-2024	5	PV
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)	FLUZONE QUADRIVALENT 2022-2023 SUSY	5	PV
<i>tropium chloride CP24</i>	1		FLUZONE QUADRIVALENT 2023-2024 SUSY	5	PV
<i>tropium chloride TABS</i>	1	QL(2 ea daily)	HEPLISAV-B SOSY	5	Medical Benefit; PV
Urinary Antispasmodics - Cholinergic Agonists			MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	5	PV
<i>bethanechol chloride 5 MG, 10 MG, 25 MG, 50 MG</i>	1		NOVAVAX COVID-19 VACCINE/2024-25 SUSY	5	PV
Urinary Antispasmodics - Direct Muscle Relaxants			<b>VAGINAL AND RELATED PRODUCTS</b>		
<i>flavoxate hcl</i>	1		Spermicides		
<b>VACCINES</b>			ENCARE SUPP 100 MG	5	PV
Viral Vaccines			OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	5	PV
AFLURIA QUADRIVALENT 2022-2023 SUSY	5	PV	TODAY SPONGE MISC	5	PV
AFLURIA QUADRIVALENT 2023-2024 SUSY	5	PV	VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
COVID VACCINES	5		VCF VAGINAL CONTRACEPTIVEGEL GEL	5	PV
FLUAD QUADRIVALENT 2022-2023	5	PV			
FLUAD QUADRIVALENT 2023-2024	5	PV			
FLUARIX QUADRIVALENT 2022-2023 SUSY	5	PV			
FLUARIX QUADRIVALENT 2023-2024 SUSY	5	PV			

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

Drug Name	Drug Tier	Requirements/Limits
<b>Vaginal Anti-infectives</b>		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
<b>Vaginal Contraceptive - pH Modulators</b>		
PHEXXI	5	PV
<b>Vaginal Estrogens</b>		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 per fill mail)
FEMRING	3	QL(1 ea per 90 day(s) retail; 1 ea per 90 days mail)
PREMARIN	2	QL(2 gm daily)
<b>Vaginal Progestins</b>		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 ea per fill retail; 4 ea per 30 day(s) retail)
<b>Neurogenic Orthostatic Hypotension (NOH) - Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa</i>	4	PA
NORTHERA ( <i>droxidopa</i> )	4	PA
<b>Vasopressors</b>		
<i>midodrine hcl</i>	1	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
<i>ergocalciferol CAPS</i>	1	
<i>phytonadione TABS 5 MG</i>	2	

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

# INDEX

(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 % .....	47	LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW .....	7	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 .....	11	(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, 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 .....	7	(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 .....	13
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, 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 .....	7	(Azelastrone) AZASTRO TABS 75 MG, 100 MG .....	94	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG .....	6
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE .....	7	(Azelastrone) AZASTRO TABS 75 MG, 100 MG .....	94	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG .....	6
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE .....	7	(Azelastrone) AZASTRO TABS 75 MG, 100 MG .....	94	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG ..	6
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE .....	7	(Azelastrone) AZASTRO TABS 75 MG, 100 MG .....	94	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG .....	6
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE .....	7	(Azelastrone) AZASTRO TABS 75 MG, 100 MG .....	94	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE .....	8
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE .....	7	(Azelastrone) AZASTRO TABS 75 MG, 100 MG .....	94	(Calcipotriene) CALCITRENE OINT 50	
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE .....	7	(Azelastrone) AZASTRO TABS 75 MG, 100 MG .....	94	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS .....	60
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE .....	7	(Azelastrone) AZASTRO TABS 75 MG, 100 MG .....	94	(Carbamazepine) EPITOL TABS ..	15
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE .....	7	(Azelastrone) AZASTRO TABS 75 MG, 100 MG .....	94	(Carisoprodol) VANADOM TABS 350 MG .....	98
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE .....	7	(Azelastrone) AZASTRO TABS 75 MG, 100 MG .....	94	(Chlorhexidine Gluconate (Mouth-	

Throat)) PERIOGARD .....	95	MG .....	41	(Digoxin) DIGITEK TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG ....	39
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG .....	99	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA .....	41	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG .....	38
(Cholestyramine Light) PREVALITE PACK .....	23	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET .....	41	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	.38
(Cholestyramine Light) PREVALITE POWD .....	23	(Desonide) DESRX GEL .....	51	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	120 MG, 180 MG, 240 MG, 300 MG, 360 MG .....
(Ciclopirox) CICLODAN SOLN ....	48	(Dexamethasone) TAPERDEX 12- DAY, TAPERDEX 7-DAY TBPB ...	45	(Diltiazem Hcl Extended Release Beads) DILT-XR CP24 ....	38
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB .....	47	(Dexchlorpheniramine Maleate) RYCLORA SOLN .....	22	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG .....	38
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM .....	47	(Dextroamphetamine Sulfate) PROCENTRA SOLN .....	1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG .....	115
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ..	47	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG .....	1	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	115
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 % .....	51	(Diazepam) DIAZEPAM INTENSOL CONC .....	11	(Doxycycline Hyclate) LYMEPAK TABS 100 MG .....	115
(Clobetasol Propionate Emulsion) TOVET .....	51	(Dichlorphenamide) ORMALVI ...	55	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG .....	41
(Clobetasol Propionate) CLODAN SHAM .....	51	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG .....	4	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 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, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX .....	49	(Ergotamine W/ Caffeine) MIGERGOT SUPP .....	92
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 94				(Erythromycin (Acne Aid)) ERY PADS .....	47
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG- 0.15 MG .....	41				
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15					

(Erythromycin Base) ERY-TAB TBEC .....66	GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG .....117	FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG ..... 63
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG .....66		(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG ..... 63
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG ..... 58		(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG ..... 63
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS .....58		
(Estradiol Vaginal) YUVAFEM TABS . 120		
(Estradiol) DOTTI, LYLLANA PTTW . 58		
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG .....41	(Fluocinolone Acetonide (Otic)) FLAC .....104	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG ..... 64
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG .....42	(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 ..... 100	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG .....64
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE .....45		(Gentamicin Sulfate (Ophth)) GENTAK OINT ..... 101
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....33		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML ..... 106
(Everolimus) TORPENZ TABS .... 30		(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML ..... 106
(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,		(Glipizide) GLIPIZIDE XL TB24 ....21
	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....13	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML ..... 46
		(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP ..... 46
		(Homatropine Hbr) HOMATROPAIRE .....101
	(Folic Acid) CVS FOLIC ACID,	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN .

46	(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % ..... 10	REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .118	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 ..... 42
	(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 % ..... 51	(Lansoprazole) CVS	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA ..... 42
	(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG ..... 117	LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .118	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA ..... 42
	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG ..... 117	(Levetiracetam) ROWEEPRA TABS 500 MG ..... 15	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG ..... 117	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG ..... 4	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Icatibant Acetate) SAJAZIR SOSY 63	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Indomethacin) INDOCIN SUPP .... 4	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC ..... 48	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN ..... 54	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Ketoconazole (Topical)) KETODAN FOAM ..... 48	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC ..... 59	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Lactulose) CONSTULOSE SOLN 10 GM/15ML ..... 65	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT ..... 15	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Lamotrigine) SUBVENITE TABS . 15	(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	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42
	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID	(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	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE ..... 42



GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS 2 MG 21	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	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
(Lorazepam) LORAZEPAM INTENSOL CONC ..... 11		
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC .....7		
(Methadone Hcl) METHADOSE TBSO .....7		
(Methylergonovine Maleate) METHERGINE TABS .....104		
(Methyltestosterone) METHITEST TABS ..... 10		
(Metronidazole (Topical)) ROSADAN CREA .....54		
(Metronidazole (Topical)) ROSADAN GEL 0.75 % ..... 54		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .120		
(Miglustat) YARGESA .....63		
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP 100		
(Nabumetone) RELAFEN 500 MG ..5		
(Nabumetone) RELAFEN 750 MG ..5		
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....101		
(Niacin (Antihyperlipidemic)) NIACOR TABS .....24		
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE	(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 .....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, FT NICOTINE, 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 .....109
(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, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG .....109		

(Nicotine Polacrilex) CVS NICOTINE, TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE  
CVS NICOTINE GUM, CVS TRANSDERMAL SYSTEM STEP 2,  
NICOTINE POLACRILEX, CVS NICOTINE TRANSDERMAL  
NICOTINE POLACRILEX STARTER, SYSTEM STEP 2/CLEAR,  
EQ NICOTINE POLACRILEX, EQL NICOTINE TRANSDERMAL  
NICOTINE POLACRILEX REFILL, SYSTEM STEP 3, NICOTINE  
EQL NICOTINE POLACRILEX TRANSDERMAL SYSTSTEM STEP  
STARTER, FT NICOTINE, GNP 3/CLEAR, QC NICOTINE  
NICOTINE GUM, GNP NICOTINE TRANSDERMAL SYSTEM/STEP 1,  
POLACRILEX, GOODSENSE QC NICOTINE TRANSDERMAL  
NICOTINE GUM, GOODSENSE SYSTEM/STEP 2, RA NICOTINE,  
NICOTINE POLACRILEX GUM, HM RA NICOTINE TRANSDERMAL  
NICOTINE POLACRILEX, KLS SYSTEM, SM NICOTINE  
QUIT2, KLS QUIT4, PX STOP TRANSDERMAL SYSTEM/STEP  
SMOKING AID, RA NICOTINE, RA 1/CLEAR, SM NICOTINE  
NICOTINE GUM, SM NICOTINE, SM TRANSDERMAL SYSTEM/STEP  
NICOTINE POLACRILEX, THRIVE 2/CLEAR, SM NICOTINE  
GUM ..... 109 TRANSDERMAL SYSTEM/STEP  
(Nicotine) CVS NICOTINE 3/CLEAR PT24 TD 14 MG/24HR, 21  
TRANSDERMALSYSTEM, CVS MG/24HR ..... 110  
NICOTINE  
TRANSDERMALSYSTEM STEP 1, (Nicotine) CVS NICOTINE  
CVS NICOTINE TRANSDERMALSYSTEM, CVS  
TRANSDERMALSYSTEM STEP 2, NICOTINE  
CVS NICOTINE TRANSDERMALSYSTEM STEP 1,  
TRANSDERMALSYSTEM/STEP 3, CVS NICOTINE  
EQ NICOTINE, EQ NICOTINE STEP TRANSDERMALSYSTEM STEP 2,  
3, FT NICOTINE TRANSDERMAL CVS NICOTINE  
SYSTEM/STEP 1/CLEAR, FT TRANSDERMALSYSTEM/STEP 3,  
NICOTINE TRANSDERMAL EQ NICOTINE, EQ NICOTINE STEP  
SYSTEM/STEP 2/CLEAR, FT 3, FT NICOTINE TRANSDERMAL  
NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT  
SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMAL  
NICOTINE SYSTEM/STEP 2/CLEAR, FT  
TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMAL  
NICOTINE SYSTEM/STEP 3/CLEAR, GNP  
TRANSDERMALSYSTEM STEP 2, NICOTINE  
HABITROL, HM NICOTINE TRANSDERMALSYSTEM, GNP  
TRANSDERMAL SYSTEM STEP 1, NICOTINE  
HM NICOTINE TRANSDERMAL TRANSDERMALSYSTEM STEP 2,  
SYSTEM STEP 2, HM NICOTINE HABITROL, HM NICOTINE  
TRANSDERMAL SYSTEM STEP 3, TRANSDERMAL SYSTEM STEP 1,  
NICOTINE STEP 1, NICOTINE HM NICOTINE TRANSDERMAL  
STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE  
SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 3,

NICOTINE STEP 1, NICOTINE  
STEP 3, NICOTINE TRANSDERMAL  
SYSTEM STEP 1, NICOTINE  
TRANSDERMAL SYSTEM STEP  
1/CLEAR, NICOTINE  
TRANSDERMAL SYSTEM STEP 2,  
NICOTINE TRANSDERMAL  
SYSTEM STEP 2/CLEAR,  
NICOTINE TRANSDERMAL  
SYSTEM STEP 3, NICOTINE  
TRANSDERMAL SYSTSTEM STEP  
3/CLEAR, QC NICOTINE  
TRANSDERMAL SYSTEM/STEP 1,  
QC NICOTINE TRANSDERMAL  
SYSTEM/STEP 2, RA NICOTINE,  
RA NICOTINE TRANSDERMAL  
SYSTEM, SM NICOTINE  
TRANSDERMAL SYSTEM/STEP  
1/CLEAR, SM NICOTINE  
TRANSDERMAL SYSTEM/STEP  
2/CLEAR, SM NICOTINE  
TRANSDERMAL SYSTEM/STEP  
3/CLEAR PT24 TD 14 MG/24HR, 21  
MG/24HR ..... 110  
(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, FT NICOTINE TRANSDERMAL  
SYSTEM/STEP 1/CLEAR, FT  
NICOTINE TRANSDERMAL  
SYSTEM/STEP 2/CLEAR, FT  
NICOTINE TRANSDERMAL  
SYSTEM/STEP 3/CLEAR, 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

(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, FT NICOTINE TRANSDERMAL  
SYSTEM/STEP 1/CLEAR, FT  
NICOTINE TRANSDERMAL  
SYSTEM/STEP 2/CLEAR, FT  
NICOTINE TRANSDERMAL  
SYSTEM/STEP 3/CLEAR, 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,  
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 21 MG/24HR 113	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 7 MG/24HR, 21 MG/24HR ..... 114	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 TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..112
(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE	(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMAL SYSTEM, GNP	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY ..... 45  (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30,

MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG .....	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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	5 MCG ..... 58
(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 .....	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG .....	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE .....
42	43	43
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW .....	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG ....	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 .....
43	43	44
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS .....	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORABE, NORLYROC, SHAROBEL ....	(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 .
43	45	44
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 43	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG .....	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, SPRINTEC 28, VYLIBRA .....
43	43	44
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 43	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG .....	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG .....
43	43	44
(Norethindrone Acetate) GALLIFREY TABS .....	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI ....	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ...
105	58	48
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ 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 % ..	103
	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE	

ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % .....	103	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	5000000 UNIT, 20000000 UNIT ..	104
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG .....	118	(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 .....	96	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....	101
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....	118	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	96	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG .....	17
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR .....	118	(Pediatric Multivitamins W/Fl) MULTI-VITAMIN/FLUORIDE DROPS SOLN .	96	(Phenytoin) PHENYTOIN INFATABS CHEW .....	17
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG .....	9	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN	96	(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD .....	65
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG ..	9	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN	96	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP .....	60
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ...	9	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML .....	96	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL .....	93
(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	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN .....	96	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF ..	93
(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	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBATE .....	65	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ .....	94
(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	(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
(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	(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK .....	65	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ .....	93

(Potassium Chloride) Klor-Con 10, Klor-Con 8 TBCR 10 MEQ ..... 94	(Potassium Chloride) Klor-Con 10, Klor-Con 8 TBCR 8 MEQ ..... 94	(Potassium Chloride) Klor-Con Pack or 20 MEQ ..... 94	(Potassium Citrate-Citric Acid) Cytra K Crystals Pack ..... 60	(Potassium Citrate-Citric Acid) Cytra-K Soln ..... 60	(Potassium Phosphate Monobasic) Phospho-Trin K500 Tabs ..... 93	(Prednisolone Acetate (Ophth)) Prednisolone Acetate P-F 102	(Prednisolone) Millipred Tabs .46	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) Inatal GT Tabs ..... 97	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) Prenatal 19 Chew .97	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-Select ..... 97	(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 97	(Prochlorperazine) Compro ..... 35	(Promethazine Hcl) Promethegan Supp 12.5 MG, 25 MG ..... 23	(Promethazine Hcl) Promethegan Supp 50 MG ..... 23	(Pseudoephed-Bromphen-DM) Bromfed DM Syrp 10 MG/5ML-	30 MG/5ML-2 MG/5ML ..... 46	(Salicylic Acid) Keralyt Sham 6 % ..... 53	(Sapropterin Dihydrochloride) Javygtor Pack ..... 57	(Sapropterin Dihydrochloride) Javygtor Tabs ..... 57	(Silver Sulfadiazine) SSD ..... 51	(Sodium Chloride (Inhalant)) Nebusal, Pulmosal Nebu 3 % 47	(Sodium Chloride (Inhalant)) Nebusal, Pulmosal Nebu 7 % 47	(Sodium Citrate & Citric Acid) Cytra-2 ..... 60	(Sodium Fluoride) Nafrinse Chew 2.2 MG ..... 93	(Sodium Polystyrene Sulfonate) Kionex, Sps Susp Co 15 GM/60ML ..... 95	(Sotalol Hcl) Sorine Tabs ..... 38	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, Sulfamez Wash Emul 10 %-1 % ..... 47	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 Foam ..... 47	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP Cleansing Wash Emul 10 %-10 %-4 % ..... 47	(Sulfamethoxazole-Trimethoprim) Sulfatrim Pediatric Susp .. 26	(Tadalafil (Pulmonary Hypertension)) Alyq Tabs ..... 40	(Testosterone Cypionate) Depo-Testosterone Soln IM 100 MG/ML, 200 MG/ML ..... 10	(Tetracaine Hcl (Ophth)) Altacaine ..... 102	(Theophylline) Elixophyllin Elix . 13	(Timolol Maleate (Ophth)) Timolol Maleate In OcuDose Soln 0.5 % ..... 100	(Tretinoin) Avita Crea 0.025 % . 47	(Tretinoin) Avita Gel 0.025 % ... 47	(Triamcinolone Acetonide (Mouth)) Kourzeq, Oralone Dental Paste ..... 95	(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 ..... 100	(Triamcinolone Acetonide (Topical)) Triderm Crea 0.5 % ..... 51	(Vigabatrin) Vigadrone Tabs .. 17	(Vigabatrin) Vigadrone, Vigoder Pack ..... 17	(Warfarin Sodium) Jantoven Tabs ..... 14	(Zolmitriptan) Zomig Tabs ..... 92	1ST TIER UNILET COMFORTOUCH LANCETS 28G ..... 69	1ST TIER UNILET COMFORTOUCH LANCETS 30G ..... 69	abacavir sulfate SOLN ..... 35	abacavir sulfate TABS ..... 35
---	--	---	--	---	---	---	-----------------------------------	---	--	--	--	------------------------------------	---	--	--	-----------------------------	--	--	--	------------------------------------	--	--	---	---	--	------------------------------------	--	---	---	--	---	--	--	---------------------------------------	---	-------------------------------------	--------------------------------------	--	---	---	-----------------------------------	---	--	------------------------------------	--	--	--------------------------------	--------------------------------

abacavir sulfate-lamivudine .....	35	SAFETYLANCETS 17G .....	69	ADVOCATE SAFETY LANCETS ..	70
abiraterone acetate .....	29	ACTI-LANCE UNIVERSAL SAFETY		ADVOCATE SAFETY LANCETS	
acamprosate calcium .....	105	LANCETS 23G .....	69	26G .....	70
acarbose .....	19	ACTIMMUNE 100 MCG/0.5ML .....	33	ADYNOVATE .....	61
ACCU-CHEK FASTCLIX LANCETS ..		ACUVAIL .....	103	AFINITOR DISPERZ TBSO	
69		acyclovir CAPS .....	37	(everolimus) .....	30
ACCU-CHEK SAFE-T-PRO		acyclovir SUSP .....	37	AFINITOR TABS (everolimus) .....	30
LANCETS .....	69	acyclovir TABS OR 400 MG .....	37	AFLURIA QUADRIVALENT 2022-	
ACCU-CHEK SAFE-T-PRO		acyclovir TABS OR 800 MG .....	37	2023 SUSY .....	119
PLUSLANCETS .....	69	acyclovir topical CREA .....	51	AFLURIA QUADRIVALENT 2023-	
ACCU-CHEK SOFTCLIX LANCETS		acyclovir topical OINT .....	51	2024 SUSY .....	119
69		ADALIMUMAB-ADAZ SOAJ .....	3	AFREZZA POWD .....	20
acebutolol hcl CAPS .....	38	ADALIMUMAB-ADAZ SOSY .....	3	AFSTYLA .....	61
acetaminophen w/ codeine SOLN ..	9	adapalene CREA .....	47	AGAMATRIX ULTRA-THIN	
acetaminophen w/ codeine TABS 15		adapalene GEL 0.1 % .....	47	LANCETS 33G .....	70
MG-300 MG, 30 MG-300 MG .....	9	adapalene GEL 0.3 % .....	47	AGAMREE .....	46
acetaminophen w/ codeine TABS 60		adapalene-benzoyl peroxide GEL ..	47	AIMSCO LUBRICATED MISC .....	67
MG-300 MG .....	9	ADCIRCA TABS (tadalafil		AIMSCO TWIST LANCETS 32G ..	70
acetazolamide CP12 .....	55	(pulmonary hypertension)) .....	40	AIMSCO TWIST LANCETS 33G ..	70
acetazolamide TABS 125 MG .....	55	adefovir dipivoxil .....	37	AJOVY SOAJ .....	92
acetazolamide TABS 250 MG .....	55	ADEMPAS .....	40	AJOVY SOSY .....	92
acetic acid (otic) .....	103	ADIPEX-P CAPS (phentermine hcl) 1		AKTEN .....	102
acetylcysteine SOLN .....	47	ADIPEX-P TABS (phentermine hcl) .1		AKYNZEO .....	22
acitretin 10 MG .....	50	ADTHYZA TABS 130 MG .....	116	albendazole .....	10
acitretin 17.5 MG .....	50	ADTHYZA TABS 15 MG, 16.25 MG,		albuterol sulfate AERS .....	13
acitretin 25 MG .....	50	30 MG, 32.5 MG, 60 MG, 65 MG, 90		albuterol sulfate NEBU 0.083 %, 0.5	
ACTIDOM DMX LIQD .....	46	MG, 97.5 MG, 120 MG .....	116	%, 0.63 MG/3ML, 1.25 MG/3ML, 2.5	
ACTI-LANCE LANCETS 28G .....	69	ADVANCED MOBILE LANCET 30G		MG/0.5ML .....	13
ACTI-LANCE LITE SAFETY		69		ALBUTEROL SULFATE NEBU ....	13
LANCETS 28G .....	69	ADVATE .....	61	albuterol sulfate SYRP .....	13
ACTI-LANCE SPECIAL SAFETY		ADVOCATE LANCETS .....	69	albuterol sulfate TABS .....	13
LANCETS 17G .....	69	ADVOCATE LANCETS 30G .....	70	alclometasone dipropionate CREA	51
ACTI-LANCE SPECIAL					

alclometasone dipropionate OINT .51	ALUNBRIG TABS .....30	amoxicillin & pot clavulanate CHEW . 104
ALECENSA .....30	ALUNBRIG TBPK .....30	amoxicillin & pot clavulanate SUSR 104
alendronate sodium SOLN .....56	alvimopan .....59	amoxicillin & pot clavulanate TABS 104
alendronate sodium TABS 35 MG .56	amantadine hcl CAPS ..... 33	amoxicillin & pot clavulanate TB12 104
alendronate sodium TABS 5 MG, 10 MG ..... 56	amantadine hcl TABS .....33	amoxicillin CAPS ..... 104
alendronate sodium TABS 70 MG .56	ambrisentan 10 MG .....39	amoxicillin CHEW 125 MG, 250 MG . 104
ALFERON N .....33	ambrisentan 5 MG ..... 40	amoxicillin SUSR ..... 104
alfuzosin hcl .....60	amcinonide LOTN .....51	amoxicillin TABS .....104
ALINIA SUSR .....26	amiloride & hydrochlorothiazide ..55	amoxicillin-clarithromycin w/ lansoprazole THPK .....118
aliskiren fumarate .....26	amiloride hcl TABS .....56	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 ..... 1
allopurinol 100 MG .....61	aminocaproic acid SOLN OR 0.25 GM/ML ..... 64	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
allopurinol 300 MG .....61	aminocaproic acid TABS .....64	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
almotriptan malate .....92	amiodarone hcl TABS .....11	ampicillin & sulbactam sodium IJ 2 GM-1 GM ..... 104
ALOCRIL .....103	amitriptyline hcl TABS ..... 18	ampicillin CAPS 500 MG ..... 104
alogliptin benzoate ..... 19	amlodipine besylate TABS 2.5 MG 38	ampicillin sodium IJ 1 GM, 125 MG 104
ALOMIDE ..... 103	amlodipine besylate TABS 5 MG, 10 MG ..... 38	anagrelide hcl ..... 63
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 58	amlodipine besylate-atorvastatin calcium ..... 39	
alosetron hcl .....59	amlodipine besylate-benazepril hcl 10 MG-2.5 MG .....25	
ALPHANATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT .....61	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 25	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....61	amlodipine besylate-valsartan 10 MG-160 MG .....25	
ALPRAZOLAM INTENSOL CONC 11	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG .....25	
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG ..... 11	amlodipine-valsartan-hydrochlorothiazide .....25	
alprazolam TB24 ..... 11	amoxapine .....18	
alprazolam TBDP ..... 11		
ALPROLIX .....61		
ALTUVIIIO .....61		



ANALPRAM-HC LOTN EX .....	10	aripiprazole TBPB .....	35	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG .....	2
anastrozole .....	29	ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium) .....	14	atomoxetine hcl 60 MG, 80 MG, 100 MG .....	2
ANCOBON (flucytosine) .....	22	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium) .....	14	atorvastatin calcium TABS .....	23
ANDEXXA 200 MG .....	21			atovaquone .....	26
ANGELIQ .....	58	armodafinil 150 MG, 200 MG, 250 MG .....	2	atovaquone-proguanil hcl .....	27
ANNOVERA .....	45	armodafinil 50 MG .....	2	atropine sulfate (ophthalmic) OINT 101	
ANORO ELLIPTA .....	13	ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG .....	116	atropine sulfate (ophthalmic) SOLN 101	
ANZEMET TABS 50 MG .....	21	ARNUITY ELLIPTA .....	12	ATROPINE SULFATE SOLN 1 % 101	
APEXICON E CREA .....	51	AROMASIN (exemestane) .....	29	ATROVENT HFA .....	12
APO-VARENICLINE TABS 0.5 MG 114		asenapine maleate .....	35	AUBAGIO (teriflunomide) .....	106
APO-VARENICLINE TABS 1 MG 114		aspirin CHEW .....	7	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....	104
apraclonidine hcl .....	101	aspirin TBEC 81 MG .....	7	AURORA LANCET SUPER THIN30G .....	70
aprepitant CAPS 40 MG .....	22	aspirin-dipyridamole .....	63	AURORA LANCET THIN 23G ....	70
aprepitant CAPS 80 MG, 125 MG .	22	ASSURE COMFORT LANCETS ULTRA THIN 28G .....	70	AURYXIA .....	60
aprepitant CAPS .....	22	ASSURE LANCE LANCETS .....	70	AUSTEDO PATIENT TITRATION KIT TBPK .....	106
aprepitant MISC .....	22	ASSURE LANCE LANCETS 21G .	70	AUSTEDO TABS 12 MG .....	106
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER) .....	35	ASSURE LANCE PLUS SAFETYLANCETS 25G .....	70	AUSTEDO TABS 6 MG .....	106
APTIOM .....	15	ASSURE LANCE PLUS SAFETYLANCETS 30G .....	70	AUSTEDO TABS 9 MG .....	106
APTIVUS CAPS .....	35	ASSURE LANCE SAFETY LANCET 28G .....	70	AUSTEDO XR PATIENT TITRATION KIT TEPK .....	106
AQUALANCE LANCETS ULTRA THIN 30G .....	70	ASTAGRAF XL CP24 .....	94	AUSTEDO XR TB24 .....	106
ARCALYST .....	4	ATABEX EC TBEC .....	97	AVONEX PEN AJKT .....	106
ARIKAYCE .....	2	atazanavir sulfate CAPS .....	35	AVONEX PSKT .....	106
ARIMIDEX (anastrozole) .....	29	atenolol & chlorthalidone .....	25	AYVAKIT .....	30
aripiprazole SOLN OR .....	35	atenolol TABS 25 MG, 50 MG, 100 MG .....	38	AZASITE .....	101
aripiprazole TABS 15 MG .....	35				
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG .....	35				
aripiprazole TABS 20 MG .....	35				

azathioprine TABS 50 MG .....	94	BD MICROTAINER LANCETS ....	70	40 MG .....	24
azathioprine TABS 75 MG, 100 MG	94	BD NEEDLE/30G X 1/2" .....	90	BENEFIX KIT .....	61
azelaic acid GEL .....	54	BD PEN MINI MISC .....	90	BENLYSTA SOAJ .....	95
azelastine hcl (ophth) .....	103	BD PEN MISC .....	91	BENLYSTA SOSY .....	95
azelastine hcl 0.1 %, 137	MCG/SPRAY .....	BD PEN NEEDLE/MICRO/ULTRA-		BENSAL HP OINT .....	53
	99	FINE/32G X 6MM .....	90	BENZNIDAZOLE .....	10
azelastine hcl 0.15 %, 205.5	MCG/SPRAY .....	BD PEN NEEDLE/MINI/ULTRA-		benzonatate .....	46
	99	FINE/31G X 5MM .....	90	benzoyl peroxide-erythromycin GEL .	47
azelastine hcl-fluticasone propionate	SUSP .....	BD PEN NEEDLE/NANO 2ND		benzphetamine hcl 50 MG .....	1
	99	GEN/32G X 4MM .....	90	benztropine mesylate SOLN .....	33
AZELEX .....	47	BD PEN NEEDLE/NANO 2ND		benztropine mesylate TABS .....	33
azithromycin PACK .....	66	GEN/32G X 5/32" .....	91	bepotastine besilate .....	103
azithromycin SUSR .....	66	BD PEN NEEDLE/NANO/ULTRA-		BESIVANCE .....	101
azithromycin TABS 250 MG .....	66	FINE/32G X 4MM .....	91	BESREMI .....	33
azithromycin TABS 500 MG .....	66	BD PEN		BETADINE OPHTHALMIC PREP	101
azithromycin TABS 600 MG .....	66	NEEDLE/ORIGINAL/ULTRA-		betaine .....	57
bacitracin (ophthalmic) .....	101	FINE/29G X 12.7MM .....	91	betamethasone dipropionate (topical)	
bacitracin-polymyxin b (ophth) ...	101	BD PEN NEEDLE/SHORT/ULTRA-		CREA .....	51
bacitracin-poly-neomycin-hc .....	102	FINE/31G X 8MM .....	91	betamethasone dipropionate (topical)	
baclofen SOLN IT 40 MG/20ML, 500	MCG/ML, 40000 MCG/20ML .....	BD SAFETYGLIDE INSULIN		LOTN .....	51
	99	SYRINGE/0.5ML/31G X 15/64" ...	91	betamethasone dipropionate (topical)	
baclofen TABS 10 MG .....	99	BD SAFETYGLIDE INSULIN		OINT 0.05 % .....	51
baclofen TABS 20 MG .....	99	SYRINGE/1ML/31G X 15/64" .....	91	betamethasone dipropionate	
baclofen TABS 5 MG .....	99	BD VEO INSULIN SYRINGE ULTRA-		augmented CREA .....	51
BALCOLTRA (levonorgestrel-ethinyl	estradiol-iron) .....	FINE/0.5ML/31G X 6MM .....	91	betamethasone dipropionate	
	44	BD VEO INSULIN SYRINGE ULTRA-		augmented GEL 0.05 % .....	51
balsalazide disodium CAPS .....	59	FINE/U-100/1ML/31G X 15/64" ...	91	betamethasone dipropionate	
BALVERSA .....	30	BD VEO INSULIN SYRINGE ULTR-		augmented LOTN .....	51
BD AUTOSHIELD DUO 30G X 5MM	.....	FINE/U-100/0.5ML/31G X 15/64" .	91	betamethasone dipropionate	
	90	BELLADONNA/OPIUM .....	117	augmented OINT .....	51
BD ECLIPSE NEEDLE/LUER-		BELSOMRA .....	65	betamethasone valerate CREA ....	52
LOK/30G X 1/2" .....	90	benazepril & hydrochlorothiazide .	25		
		benazepril hcl 5 MG, 10 MG, 20 MG,			

betamethasone valerate FOAM ... 52	BOSULIF TABS .....30	bumetanide TABS 2 MG .....56
betamethasone valerate LOTN ....52	BRAFTOVI 75 MG ..... 30	buprenorphine hcl SUBL 2 MG ..... 9
betamethasone valerate OINT .....52	BREZTRI AEROSPHERE .....13	buprenorphine hcl SUBL 8 MG ..... 9
BETASERON KIT ..... 106	BRILINTA .....63	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....9
betaxolol hcl (ophth) SOLN .....100	brimonidine tartrate (topical) ..... 54	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ....9
betaxolol hcl .....38	brimonidine tartrate ..... 101	buprenorphine hcl-naloxone hcl dihydrate SUBL .....9
bethanechol chloride 5 MG, 10 MG, 25 MG, 50 MG ..... 119	brimonidine tartrate-timolol maleate . 100	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR . 10
BETHKIS NEBU (tobramycin) ..... 2	brinzolamide ..... 103	bupropion hcl (smoking deterrent) 114
BETIMOL .....100	BRIVIACT SOLN OR 10 MG/ML .. 15	bupropion hcl TABS 75 MG, 100 MG 17
BETOPTIC-S SUSP .....100	BRIVIACT TABS 10 MG .....15	bupropion hcl TB12 ..... 17
bexarotene (topical) .....49	BRIVIACT TABS 100 MG .....15	bupropion hcl TB24 150 MG, 300 MG .....17
bexarotene ..... 33	BRIVIACT TABS 25 MG, 50 MG, 75 MG ..... 15	bupropion hcl TB24 450 MG .....17
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ... 44	bromfenac sodium (ophth) 0.07 %, 0.075 % .....103	buspirone hcl ..... 11
bicalutamide .....29	bromfenac sodium (ophth) 0.09 % 103	butalbital-acetaminophen CAPS 50 MG-300 MG ..... 6
BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML ..... 104	bromocriptine mesylate CAPS ....33	butalbital-acetaminophen TABS 50 MG-300 MG ..... 6
BICILLIN L-A SUSY ..... 104	bromocriptine mesylate TABS 2.5 MG ..... 33	butalbital-acetaminophen TABS 50 MG-325 MG ..... 6
BIKTARVY .....35	BRUKINSA .....30	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG ..... 6
bimatoprost SOLN .....103	budesonide (inhalation) SUSP 0.25 MG/2ML .....12	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....6
bisacodyl SUPP .....66	budesonide (inhalation) SUSP 0.5 MG/2ML .....12	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....9
bisacodyl TBEC .....66	budesonide (inhalation) SUSP 1 MG/2ML .....12	
bisoprolol & hydrochlorothiazide ..25	budesonide (intra-rectal) .....10	
bisoprolol fumarate .....38	budesonide TB24 ..... 46	
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG ..... 30	budesonide-formoterol fumarate dihydrate .....13	
bortezomib SOLR IJ ..... 30	bumetanide TABS 0.5 MG, 1 MG .56	
bosentan TABS 125 MG .....40		
bosentan TABS 62.5 MG .....40		
BOSULIF CAPS .....30		

butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG .....	9	calcitriol CAPS 0.5 MCG .....	57	carbidopa-levodopa TBDP .....	34
butalbital-aspirin-caffeine CAPS .....	6	calcitriol SOLN OR .....	57	carbidopa-levodopa-entacapone ..	33
butalbital-aspirin-caffeine w/cod .....	9	calcium acetate (phosphate binder) CAPS .....	60	carbinoxamine maleate SOLN .....	22
butorphanol tartrate NA 10 MG/ML 10 .....	9	calcium acetate (phosphate binder) TABS .....	60	carbinoxamine maleate TABS 4 MG .	22
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER) .....	35	CALQUENCE .....	30	CARBINOXAMINE MALEATE TABS .	22
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER) .....	36	candesartan cilexetil 32 MG .....	24	CARDURA XL .....	60
cabergoline .....	57	candesartan cilexetil 4 MG, 8 MG, 16 MG .....	24	CAREONE LANCET SUPER THIN/30G .....	70
CABOMETYX TABS 20 MG, 60 MG . 30 .....	30	candesartan cilexetil- hydrochlorothiazide .....	25	CAREONE LANCET THIN .....	70
CABOMETYX TABS 40 MG .....	30	capecitabine .....	27	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2" .....	91
caffeine citrate SOLN OR .....	1	CAPRELSA .....	30	CARESENS LANCETS .....	70
CALCIFOL .....	93	captopril & hydrochlorothiazide ...	25	CARETOUCH SAFETY LANCETS/26G .....	70
calcipotriene CREA .....	50	captopril .....	24	CARETOUCH SAFETY LANCETS/28G .....	71
calcipotriene FOAM .....	50	CARAC CREA .....	49	CARETOUCH SAFETY LANCETS/30G .....	71
CALCIPOTRIENE FOAM .....	50	carbamazepine CHEW .....	15	CARETOUCH SAFETY LANCETS/28G .....	71
calcipotriene OINT .....	50	carbamazepine CP12 .....	15	CARETOUCH TWIST LANCETS 28G .....	71
calcipotriene SOLN .....	50	carbamazepine SUSP .....	15	CARETOUCH TWIST LANCETS 30G .....	71
calcipotriene-betamethasone dipropionate OINT .....	52	carbamazepine TABS .....	15	CARETOUCH TWIST LANCETS 33G .....	71
calcipotriene-betamethasone dipropionate SUSP .....	52	carbamazepine TB12 100 MG .....	15	CARETOUCH TWIST LANCETS MULTI COLOR/30G .....	71
calcitonin (salmon) IJ 200 UNIT/ML 56 .....	56	carbamazepine TB12 200 MG .....	15	carisoprodol TABS .....	99
calcitonin (salmon) NA 200 UNIT/ACT .....	56	carbamazepine TB12 400 MG .....	15	carteolol hcl (ophth) .....	100
calcitriol (topical) .....	50	CARBATROL CP12 (carbamazepine) .....	15	carvedilol 3.125 MG .....	37
calcitriol CAPS 0.25 MCG .....	57	carbidopa .....	33	carvedilol 6.25 MG, 12.5 MG, 25 MG	37
		carbidopa-levodopa TABS .....	33	carvedilol phosphate .....	37
		carbidopa-levodopa TBCR 100 MG- 25 MG .....	34		
		carbidopa-levodopa TBCR 200 MG- 50 MG .....	34		

CAYA DPRH .....	67	CERDELGA .....	63	ciclopirox SHAM .....	48
CAYSTON .....	26	CEREZYME 400 UNIT .....	63	ciclopirox SOLN .....	48
cefaclor CAPS .....	41	CERVIDIL INST .....	104	cilostazol .....	63
CEFACLOR ER TB12 .....	41	CETACAINE AERO .....	54	CILOXAN OINT .....	101
cefaclor SUSR 125 MG/5ML, 375 MG/5ML .....	41	cevimeline hcl .....	95	CIMDUO .....	36
cefadroxil CAPS .....	41	CHEMET .....	21	cimetidine TABS 300 MG, 800 MG 117	
cefadroxil SUSR .....	41	CHENODAL .....	59	cimetidine TABS 400 MG .....	117
cefadroxil TABS .....	41	chlordiazepoxide hcl CAPS .....	11	cinacalcet hcl .....	57
cefazolin sodium SOLR IV 1 GM ..	41	chlordiazepoxide hcl-clidinium bromide .....	117	CIPRO HC .....	104
cefdinir CAPS .....	41	chlordiazepoxide-amitriptyline ...	105	CIPRO SUSR .....	58
cefdinir SUSR .....	41	chlorhexidine gluconate (mouth- throat) .....	95	ciprofloxacin hcl (ophth) SOLN ...	101
cefixime CAPS .....	41	chloroquine phosphate TABS .....	27	ciprofloxacin hcl (otic) .....	103
cefixime SUSR .....	41	chlorpromazine hcl TABS .....	35	ciprofloxacin hcl TABS .....	58
CEFOTAN IJ (cefotetan disodium) 41		chlorthalidone 25 MG, 50 MG .....	56	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML .....	58
cefotetan disodium IJ 1 GM, 2 GM 41		chlorzoxazone TABS 250 MG .....	99	ciprofloxacin-dexamethasone ...	104
CEFOXITIN SODIUM .....	41	chlorzoxazone TABS 375 MG, 500 MG, 750 MG .....	99	CITALOPRAM HYDROBROMIDE CAPS .....	18
cefoxitin sodium IV 1 GM, 2 GM ...	41	cholestyramine light PACK .....	23	citalopram hydrobromide SOLN ...	18
cefpodoxime proxetil SUSR .....	41	cholestyramine light POWD .....	23	citalopram hydrobromide TABS ...	18
cefpodoxime proxetil TABS .....	41	cholestyramine PACK .....	23	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG- 20 MG-50 MG-25 MG-2 MG-159 MG- 90 MG-150 MCG-30 UNIT-0.75 MG- 300 MG .....	97
cefprozil SUSR .....	41	cholestyramine POWD .....	23	CITRANATAL ASSURE .....	97
cefprozil TABS .....	41	choline fenofibrate 135 MG .....	23	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 97	
cefuroxime axetil TABS .....	41	choline fenofibrate 45 MG .....	23	CITRANATAL DHA .....	97
celecoxib 400 MG .....	5	CHOSEN LANCETS 30G .....	71	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG .....	97
celecoxib 50 MG, 100 MG, 200 MG 5		CHOSEN SAFETY LANCETS 28G 71			
CELONTIN (methsuximide) .....	17				
CENTANY OINT .....	48				
cephalexin CAPS .....	41				
cephalexin SUSR 125 MG/5ML, 250 MG/5ML .....	41				
CEPROTIN .....	63				
		ciclopirox GEL .....	48		
		ciclopirox olamine CREA .....	48		
		ciclopirox olamine SUSP .....	48		

CITRANATAL MEDLEY .....	97	SOLN .....	48	clonidine hcl TABS .....	25
clarithromycin SUSR .....	66	clindamycin phosphate (topical) SWAB .....	48	clopidogrel bisulfate .....	63
clarithromycin TABS .....	66	clindamycin phosphate vaginal CREA .....	120	clorazepate dipotassium TABS ....	11
clarithromycin TB24 .....	66	clindamycin phosphate-benzoyl peroxide (refrigerate) .....	48	clotrimazole .....	95
CLEANLET LANCETS 28G .....	71	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % .....	48	clotrimazole w/ betamethasone CREA .....	48
clemastine fumarate TABS 2.68 MG . 22		clindamycin phosphate-tretinoin ..	48	clotrimazole w/ betamethasone LOTN .....	49
CLEOCIN SUPP .....	120	CLINDESSE .....	120	clozapine TABS .....	35
CLEVER CHEK LANCETS ULTRATHIN .....	71	clobazam SUSP .....	14	clozapine TBDP 12.5 MG .....	35
CLEVER CHEK LANCETS ULTRATHIN 30G .....	71	clobazam TABS 10 MG .....	14	clozapine TBDP 25 MG, 100 MG ..	35
CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.5ML/31G X 15/64" .....	91	clobazam TABS 20 MG .....	14	C-NATE DHA CAPS .....	97
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64" .....	91	clobetasol propionate CREA 0.05 % . 52		COAGUCHEK LANCETS .....	71
CLEVER CHOICE COMFORT EZLANCETS 21G .....	71	clobetasol propionate emollient base 0.05 % .....	52	COARTEM .....	27
CLEVER CHOICE COMFORT EZLANCETS 23G .....	71	clobetasol propionate emulsion ..	52	codeine sulfate TABS .....	7
CLEVER CHOICE COMFORT EZLANCETS 28G .....	71	clobetasol propionate FOAM .....	52	CODITUSSIN AC LIQD .....	46
CLIMARA PRO .....	58	clobetasol propionate GEL 0.05 %	52	colchicine CAPS .....	61
clindamycin hcl .....	26	clobetasol propionate LIQD .....	52	colchicine TABS .....	61
clindamycin palmitate hydrochloride . 26		clobetasol propionate LOTN .....	52	colchicine w/ probenecid .....	61
clindamycin phosphate (topical) FOAM .....	47	clobetasol propionate OINT 0.05 % 52		colesevelam hcl PACK .....	23
clindamycin phosphate (topical) GEL 47		clobetasol propionate SHAM .....	52	colesevelam hcl TABS .....	23
clindamycin phosphate (topical) LOTN .....	47	clobetasol propionate SOLN 0.05 % . 52		colestipol hcl GRAN .....	23
clindamycin phosphate (topical)		clocortolone pivalate .....	52	colestipol hcl PACK .....	23
		clomipramine hcl .....	18	colestipol hcl TABS .....	23
		clonazepam TABS .....	14	COMBIPATCH PTTW .....	58
		clonazepam TBDP .....	14	COMBIVENT RESPIMAT AERS ..	13
		clonidine hcl (adhd) TB12 .....	2	COMETRIQ KIT .....	30
				COMFORT ASSURED LANCETS MICRO THIN 33G .....	71
				COMFORT ASSURED LANCETS SUPER THIN 28G .....	71

COMFORT LANCETS .....	71	COVID-19 AT HOME TEST KITS .....	54	cyclosporine modified (for microemulsion) CAPS .....	94
COMFORT TOUCH LANCETS ULTRA THIN 31G .....	71	COVID-19 FLU A&B 3-IN-1 TEST KIT .....	54	cyclosporine modified (for microemulsion) SOLN .....	94
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G .....	71	CREON CPEP .....	55	CYKLOKAPRON SOLN (tranexamic acid) .....	64
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G .....	72	CRESEMBA CAPS OR 186 MG .....	22	cyproheptadine hcl SYRP .....	23
COMFORT TOUCH TWIST LANCETS 30G .....	72	CRINONE GEL 8 % .....	120	cyproheptadine hcl TABS .....	23
COMPLERA .....	36	cromolyn sodium (ophth) .....	103	CYSTADANE (betaine) .....	57
COMPLETENATE CHEW .....	97	cromolyn sodium NEBU .....	12	CYSTAGON CAPS .....	60
CONCEPT DHA .....	97	CUPRIMINE CAPS (penicillamine) 94		CYSTARAN .....	103
CONCEPT OB .....	97	CVS LANCETS 21G .....	72	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) .....	116
CONDOMS .....	67	CVS LANCETS MICRO THIN 33G 72		CYTOMEL TABS 5 MCG (liothyronine sodium) .....	116
CONTRACE .....	1	CVS LANCETS MICRO-THIN 33G 72		dabigatran etexilate mesylate CAPS 110 MG .....	14
CONZIP CP24 (tramadol hcl) .....	8	CVS LANCETS ORIGINAL .....	72	dabigatran etexilate mesylate CAPS 75 MG, 150 MG .....	14
COPIKTRA .....	30	CVS LANCETS THIN 26G .....	72	dalfampridine .....	106
CORDRAN TAPE .....	52	CVS LANCETS ULTRA THIN 30G 72		danazol CAPS .....	10
CORIFACT .....	61	CVS LANCETS ULTRA-THIN 30G 72		dantrolene sodium CAPS .....	99
CORLANOR SOLN .....	40	CVS ULTRA THIN LANCETS .....	72	dapagliflozin propanediol .....	21
CORTANE-B .....	52	cyclobenzaprine hcl TABS 5 MG, 10 MG .....	99	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....	19
CORTIFOAM EX 10 % .....	10	CYCLOGYL .....	101	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....	19
CORTISPORIN-TC .....	104	CYCLOMYDRIL .....	101	dapsone (topical) 5 % .....	48
COSENTYX SENSOREADY PEN SOAJ .....	50	cyclopentolate hcl .....	101	dapsone (topical) 7.5 % .....	48
COSENTYX SOSY 150 MG/ML ...	50	cyclophosphamide CAPS .....	27	dapsone 100 MG .....	26
COSENTYX SOSY 75 MG/0.5ML .	50	CYCLOPHOSPHAMIDE TABS ...	27	dapsone 25 MG .....	26
COSENTYX UNOREADY SOAJ ..	50	cycloserine .....	27	DARAPRIM (pyrimethamine) .....	27
COTELLIC .....	30	cyclosporine (ophth) EMUL .....	102	darifenacin hydrobromide .....	119
COVID VACCINES .....	119	cyclosporine CAPS .....	94		

darunavir TABS .....	36	desmopressin acetate spray .....	57	dextroamphetamine sulfate TABS 5 MG, 10 MG .....	1
dasatinib 20 MG, 50 MG, 70 MG ..	30	desmopressin acetate spray refrigerated .....	57	DHIVY TABS .....	34
dasatinib 80 MG, 100 MG, 140 MG 30		desmopressin acetate TABS 0.1 MG 57		DIACOMIT CAPS 250 MG .....	15
DAURISMO .....	29	desmopressin acetate TABS 0.2 MG 57		DIACOMIT CAPS 500 MG .....	15
deferasirox PACK .....	21	desogestrel & ethinyl estradiol ....	44	DIACOMIT PACK 250 MG .....	15
deferasirox TABS .....	21	desogestrel-ethinyl estradiol (biphasic) .....	44	DIACOMIT PACK 500 MG .....	15
deferasirox TBSO .....	21	desonide CREA .....	52	DIATHRIVE LANCETS .....	72
deferiprone TABS 500 MG .....	21	desonide GEL .....	52	DIATHRIVE LANCETS ULTRA THIN 30G .....	72
deflazacort SUSP .....	46	desonide LOTN .....	52	diazepam (anticonvulsant) GEL ...	14
deflazacort TABS .....	46	desonide OINT .....	52	diazepam CONC .....	11
DELSTRIGO .....	36	desoximetasone CREA .....	52	diazepam SOLN OR 5 MG/5ML ...	11
demeclocycline hcl TABS .....	115	desoximetasone GEL .....	52	diazepam TABS 10 MG .....	11
DEMSEER (metyrosine) .....	24	desoximetasone LIQD .....	52	diazepam TABS 2 MG, 5 MG .....	11
DEPAKOTE ER TB24 (divalproex sodium) .....	17	desoximetasone OINT 0.05 % ....	52	diazoxide .....	19
DEPAKOTE SPRINKLES CSDR 125 MG (divalproex sodium) .....	17	desoximetasone OINT 0.25 % ....	52	dichlorphenamide .....	55
DEPAKOTE TBEC (divalproex sodium) .....	17	desvenlafaxine succinate .....	18	diclofenac potassium TABS 50 MG .	5
DEPEN TITRATABS TABS (penicillamine) .....	94	dexamethasone ELIX .....	46	diclofenac sodium (actinic keratoses) EX .....	49
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR) .....	45	DEXAMETHASONE INTENSOL CONC .....	46	diclofenac sodium (ophth) .....	103
DESCOVY 200 MG-25 MG .....	36	dexamethasone sodium phosphate (ophth) .....	102	diclofenac sodium (topical) GEL EX 49	
desipramine hcl TABS .....	18	dexamethasone SOLN .....	46	diclofenac sodium (topical) SOLN EX 1.5 % .....	49
desloratadine TABS .....	23	dexamethasone TABS .....	46	diclofenac sodium (topical) SOLN EX 2 % .....	49
desloratadine TBDP 2.5 MG .....	23	dexamethasone TBPK .....	46	diclofenac sodium TB24 100 MG ...	5
desloratadine TBDP 5 MG .....	23	dexmethylphenidate hcl CP24 .....	2	diclofenac sodium TBEC .....	5
DESMOPRESSIN ACETATE SOLN NA .....	57	dexmethylphenidate hcl TABS .....	2	diclofenac w/ misoprostol TBEC ...	5
		dextroamphetamine sulfate CP24 ...	1	dicloxacillin sodium .....	105
		dextroamphetamine sulfate SOLN ..	1	dicyclomine hcl CAPS .....	117



dicyclomine hcl SOLN OR 10 MG/5ML .....	117	dimethyl fumarate CPDR .....	106	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG .....	115
dicyclomine hcl TABS .....	117	DIPENTUM .....	59	doxycycline (monohydrate) SUSR 115	
diethylpropion hcl TABS .....	1	diphenhydramine hcl SOLN 50 MG/ML .....	23	doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG .....	115
diethylpropion hcl TB24 .....	1	diphenoxylate w/ atropine LIQD ...	21	doxycycline (monohydrate) TABS 75 MG .....	115
DIFFERIN LOTN .....	48	diphenoxylate w/ atropine TABS ...	21	doxycycline (rosacea) .....	54
DIFICID TABS .....	67	dipyridamole .....	63	doxycycline hyclate CAPS 50 MG, 100 MG .....	115
diflorasone diacetate CREA .....	52	disopyramide phosphate CAPS ...	11	doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG .....	115
diflorasone diacetate OINT .....	52	disulfiram .....	105	doxylamine-pyridoxine TBEC .....	22
diflunisal TABS .....	7	DIURIL SUSP .....	56	dronabinol CAPS 10 MG .....	22
difluprednate .....	102	divalproex sodium CSDR .....	17	dronabinol CAPS 2.5 MG, 5 MG ...	22
digoxin SOLN OR 0.05 MG/ML ....	39	divalproex sodium TB24 .....	17	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64" .....	91
digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG .....	39	divalproex sodium TBEC .....	17	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64" .....	91
dihydroergotamine mesylate SOLN IJ 1 MG/ML .....	92	dofetilide .....	11	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....	91
dihydroergotamine mesylate SOLN NA 4 MG/ML .....	92	DOJOLVI .....	100	DROPLET LANCETS ULTRA THIN 30G .....	72
DILANTIN (phenytoin sodium extended) .....	17	DOMETUSS-DMX LIQD .....	46	DROPLET PERSONAL LANCETS30G .....	72
DILANTIN .....	17	donepezil hydrochloride TABS ...	105	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML .....	91
DILANTIN INFATABS CHEW (phenytoin) .....	17	donepezil hydrochloride TBDP ...	105	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML .....	91
DILANTIN-125 SUSP (phenytoin) .	17	dorzolamide hcl .....	103	drospirenone-ethinyl estradiol ....	44
diltiazem hcl coated beads CP24 ..	38	DORZOLAMIDE HCL .....	103	drospirenone-ethinyl estradiol- levomefolate calcium .....	44
diltiazem hcl CP12 .....	38	DORZOLAMIDE HCL/TIMOLOL MALEATE .....	100		
diltiazem hcl CP24 .....	38	dorzolamide hcl-timolol maleate .	101		
diltiazem hcl extended release beads .....	38	DOVATO .....	36		
diltiazem hcl TABS .....	38	doxazosin mesylate .....	25		
diltiazem hcl TB24 .....	38	doxepin hcl (antipruritic) .....	50		
dimethyl fumarate CDPK .....	106	doxepin hcl CAPS .....	18		
		doxepin hcl CONC .....	18		
		doxercalciferol CAPS .....	57		
		doxycycline (monohydrate) CAPS 150 MG .....	115		

DROXIA CAPS .....	63	30GX1/2" .....	92	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED .....	73
droxidopa .....	120	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" .....	92	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED .....	74
DRUG MART LANCETS THIN .....	72	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED .....	73	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....	74
DRUG MART ON-THE-GO LANCETS GENTLE 30G .....	72	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED .....	73	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....	74
DRUG MART UNILET LANCETSSUPER THIN 30G .....	72	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED .....	73	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED .....	74
DRUG MART UNILET LANCETSULTRA THIN 28G .....	72	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED .....	73	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....	74
DRUG MART UNILET MICRO THIN LANCETS 33G .....	72	EASY TOUCH LANCETS 28G/TWIST .....	73	ECONAZOLE NITRATE CREA .....	49
DRYSOL SOLN .....	54	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED .....	73	EDARBI 40 MG .....	24
DUAVEE .....	58	EASY TOUCH LANCETS 30G/PULL-TOP .....	73	EDARBI 80 MG .....	24
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	18	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED .....	73	EDARBYCLOR .....	25
DUOPA SUSP .....	34	EASY TOUCH LANCETS 30G/PULL-TOP .....	73	EDURANT .....	36
DUPIXENT SOAJ SC 300 MG/2ML 53		EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED .....	73	EFAVIRENZ CAPS .....	36
DUPIXENT SOSY .....	53	EASY TOUCH LANCETS 30G/PULL-TOP .....	73	EFAVIRENZ TABS .....	36
DUREX EXTRA SENSITIVE THIN DEVI .....	67	EASY TOUCH LANCETS 30G/TWIST .....	73	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE .....	36
DUREX EXTRA SENSITIVE THIN MISC .....	67	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED .....	73	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE .....	36
DUREX TROPICAL MISC .....	67	EASY TOUCH LANCETS 32G/PULL-TOP .....	73	EFFER-K .....	94
dutasteride .....	60	EASY TOUCH LANCETS 32G/TWIST .....	73	ELESTRIN GEL .....	58
dutasteride-tamsulosin hcl .....	60	EASY TOUCH LANCETS 33G/TWIST .....	73	ELIQUIS STARTER PACK TBPK ..	14
EASY COMFORT LANCETS .....	72	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED .....	73	ELIQUIS TABS .....	14
EASY COMFORT LANCETS 30G/PULL TOP .....	73	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED .....	73	ELLA .....	45
EASY COMFORT LANCETS 30G/THIN TOP .....	73	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....	74	ELMIRON CAPS .....	60
EASY COMFORT LANCETS TWIST TOP .....	73				
EASY TOUCH FLIPLOCK NEEDLES					

ELOCTATE .....	61	enoxaparin sodium SOSY .....	14	erythromycin (acne aid) SOLN .....	48
EMBRACE LANCETS ULTRA THIN 30G .....	74	entacapone .....	33	erythromycin (ophth) .....	101
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G .....	74	entecavir TABS .....	37	ERYTHROMYCIN .....	101
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G .....	74	ENTEREG (alvimopan) .....	59	erythromycin base CPEP .....	66
EMCYT .....	29	ENTRESTO TABS .....	39	erythromycin base TABS .....	66
EMEND SUSR .....	22	EPCLUSA PACK .....	37	erythromycin base TBEC .....	66
EMFLAZA SUSP (deflazacort) .....	46	EPCLUSA TABS 100 MG-400 MG	37	erythromycin ethylsuccinate SUSR	67
EMFLAZA TABS (deflazacort) .....	46	EPCLUSA TABS 50 MG-200 MG	37	escitalopram oxalate SOLN .....	18
EMGALITY SOAJ .....	92	EPIDIOLEX .....	15	escitalopram oxalate TABS 10 MG, 20 MG .....	18
EMGALITY SOSY .....	92	EPIFOAM FOAM .....	52	escitalopram oxalate TABS 5 MG	18
EMSAM .....	17	epinastine hcl (ophth) .....	103	estazolam .....	64
emtricitabine CAPS .....	36	epinephrine (anaphylaxis) SOAJ	120	estradiol & norethindrone acetate TABS .....	58
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG .....	36	eplerenone .....	26	estradiol GEL 0.06 % .....	58
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....	36	EQL COLOR LANCETS 21G .....	74	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM .....	58
EMTRIVA SOLN .....	36	EQL COLOR LANCETS MICRO THIN 33G .....	74	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM .....	58
enalapril maleate & hydrochlorothiazide .....	25	EQL SUPER THIN LANCETS 30G 74	74	estradiol PTTW .....	58
enalapril maleate TABS .....	24	EQL THIN LANCETS 26G .....	74	estradiol PTWK .....	58
ENBREL MINI SOCT .....	5	EQUETRO .....	34	estradiol TABS .....	58
ENBREL SOLN .....	6	ergocalciferol CAPS .....	120	estradiol vaginal CREA .....	120
ENBREL SOSY 25 MG/0.5ML .....	6	ergolid mesylates TABS .....	107	estradiol vaginal TABS .....	120
ENBREL SOSY 50 MG/ML .....	6	ERGOMAR SUBL .....	92	estradiol valerate .....	58
ENBREL SURECLICK SOAJ .....	6	ergotamine w/ caffeine TABS .....	92	ESTRING RING .....	120
ENCARE SUPP 100 MG .....	119	ERIVEDGE .....	29	eszopiclone .....	64
ENDOMETRIN INST .....	120	ERLEADA 240 MG .....	29	ethacrynic acid .....	56
enoxaparin sodium SOLN IJ 300 MG/3ML .....	14	ERLEADA 60 MG .....	29	ethambutol hcl TABS .....	27
		erlotinib hcl .....	28	ethosuximide CAPS .....	17
		ERTACZO .....	49	ethosuximide SOLN .....	17
		ertapenem sodium IJ .....	26	ethynodiol diacet & eth estrad	44
		erythromycin (acne aid) GEL .....	48		

etodolac CAPS .....	5	E-ZJECT LANCETS MICRO-THIN 33G .....	74	FEMCAP DEVI .....	67
etodolac TABS .....	5	EZ-LETS LANCETS 21G .....	74	FEMLYV TBDP .....	44
etodolac TB24 400 MG, 500 MG, 600 MG .....	5	EZ-LETS LANCETS 26G SUPER- SOFT .....	74	FEMRING .....	120
etonogestrel-ethinyl estradiol .....	45	EZ-LETS LANCETS 28G ULTRA- SOFT .....	74	fenofibrate CAPS .....	23
ETOPOPHOS .....	33	EZ-LETS LANCETS 30G .....	75	fenofibrate micronized 130 MG, 200 MG .....	23
etoposide CAPS .....	33	FABHALTA .....	63	fenofibrate micronized 43 MG, 67 MG, 134 MG .....	23
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....	33	FABIOR FOAM .....	48	fenofibrate TABS 145 MG, 160 MG 23	
etravirine .....	36	famciclovir .....	37	fenofibrate TABS 48 MG .....	23
EUCRISA .....	54	famotidine SUSR .....	117	fenofibrate TABS 54 MG .....	23
EULEXIN .....	29	famotidine TABS 20 MG .....	117	FENOFIBRATE TABS .....	23
EVAMIST SOLN .....	58	famotidine TABS 40 MG .....	117	fenoprofen calcium TABS .....	5
everolimus (immunosuppressant) .....	94	FANAPT .....	34	FENSOLVI SC .....	56
everolimus TABS .....	30	FANAPT TITRATION PACK .....	34	fenentanyl citrate LPOP 1600 MCG ...	8
everolimus TBSO .....	30	FANTASY LUBRICATED MISC ...	67	fenentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG .....	8
EVISTA (raloxifene hcl) .....	56	FANTASY LUBRICATED/SPERMICIDE MISC 67		fenentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....	8
EVOTAZ .....	36	FARXIGA .....	21	fenentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....	8
EVRYSDI .....	100	FASENRA PEN SOAJ .....	12	FERRIPROX SOLN .....	21
EXELDERM SOLN .....	49	FASENRA SOSY .....	12	FERRIPROX TABS 500 MG (deferiprone) .....	21
exemestane .....	29	FC2 FEMALE CONDOM .....	67	fesoterodine fumarate .....	119
EXJADE TBSO (deferasirox) .....	21	febuxostat 40 MG .....	61	FETZIMA CP24 20 MG .....	18
EXODERM .....	49	febuxostat 80 MG .....	61	FETZIMA CP24 40 MG, 80 MG, 120 MG .....	18
E-Z JECT LANCETS .....	74	FEIBA .....	61	FETZIMA TITRATION PACK C4PK 18	
E-Z JECT LANCETS 21G .....	74	felbamate SUSP .....	17	FIBRICOR (fenofibric acid) .....	23
E-Z JECT LANCETS COLOR .....	74	felbamate TABS .....	17		
E-Z JECT LANCETS SUPER THIN 30G .....	74	FELBATOL SUSP (felbamate) .....	17		
E-Z JECT LANCETS THIN 26G ..	74	felodipine 10 MG .....	38		
ezetimibe .....	24	felodipine 2.5 MG, 5 MG .....	38		
ezetimibe-simvastatin .....	23				

FIFTY50 SAFETY SEAL LANCETS 30G .....	75	fluconazole TABS .....	22	18	fluphenazine hcl CONC .....	35
FIFTY50 SAFETY SEAL LANCETS 32G .....	75	fluocytosine .....	22		fluphenazine hcl ELIX .....	35
FIFTY50 UNILET LANCETS 33G .....	75	fludarabine phosphate SOLR .....	27		fluphenazine hcl TABS .....	35
FINACEA FOAM .....	54	fludrocortisone acetate TABS .....	46		flurazepam hcl 15 MG .....	64
finasteride .....	60	FLULAVAL QUADRIVALENT 2022-2023 SUSY .....	119		flurazepam hcl 30 MG .....	64
FINE 30 .....	75	FLULAVAL QUADRIVALENT 2023-2024 SUSY .....	119		flurbiprofen sodium .....	103
FINGERSTIX LANCETS .....	75	FLUMIST QUADRIVALENT .....	119		flurbiprofen TABS .....	5
fingolimod hcl .....	106	fluocinolone acetonide (otic) .....	104		flutamide .....	29
FIRAZYR SOSY (icatibant acetate) 63 .....		fluocinolone acetonide CREA .....	52		fluticasone furoate-vilanterol .....	13
FIRDAPSE .....	27	fluocinolone acetonide OIL .....	52		fluticasone propionate (inhalation) AEPB 100 MCG/ACT .....	12
FLAREX .....	102	fluocinolone acetonide OINT .....	52		fluticasone propionate (inhalation) AEPB 250 MCG/ACT .....	12
flavoxate hcl .....	119	fluocinolone acetonide SOLN .....	52		fluticasone propionate (inhalation) AEPB 50 MCG/ACT .....	12
flecainide acetate .....	11	fluocinonide CREA .....	52		fluticasone propionate (nasal) SUSP . 100 .....	
FLORAFOL PEDIATRIC CHEW .....	96	fluocinonide emulsified base .....	52		fluticasone propionate CREA 0.05 % 52 .....	
FLORIVA .....	93	fluocinonide GEL .....	52		fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....	12
FLORIVA .....	97	fluocinonide OINT .....	52		fluticasone propionate hfa 44 MCG/ACT .....	12
FLORIVA PLUS SOLN .....	96	fluocinonide SOLN .....	52		fluticasone propionate LOTN .....	52
FLOWFLEX PLUS COVID-19/FLU A/B HOME TEST .....	54	fluorometholone (ophth) SUSP ...	102		fluticasone propionate OINT .....	52
FLUAD QUADRIVALENT 2022-2023 .....	119	fluorouracil (topical) CREA 0.5 % ..	50		fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....	13
FLUAD QUADRIVALENT 2023-2024 .....	119	fluorouracil (topical) CREA 5 % ...	49		fluticasone-salmeterol AERO .....	13
FLUARIX QUADRIVALENT 2022-2023 SUSY .....	119	fluorouracil (topical) SOLN .....	50		fluvastatin sodium CAPS .....	24
FLUARIX QUADRIVALENT 2023-2024 SUSY .....	119	fluoxetine hcl (pmd) TABS .....	107		fluvastatin sodium TB24 .....	24
FLUBLOK 2024-2025 SOSY .....	119	fluoxetine hcl CAPS 10 MG, 20 MG 18 .....				
FLUCELVAX 2024-2025 SUSP .....	119	fluoxetine hcl CAPS 40 MG .....	18			
fluconazole SUSR .....	22	fluoxetine hcl CPDR .....	18			
		fluoxetine hcl SOLN .....	18			
		fluoxetine hcl TABS 10 MG .....	18			
		fluoxetine hcl TABS 20 MG, 60 MG .....				

fluvoxamine maleate CP24 100 MG 18	hydrochlorothiazide ..... 25	FYCOMPA TABS 4 MG ..... 14
fluvoxamine maleate CP24 150 MG 18	fosinopril sodium ..... 24	FYCOMPA TABS 6 MG ..... 14
fluvoxamine maleate TABS 100 MG . 18	FOSRENOL PACK ..... 60	FYCOMPA TABS 8 MG, 10 MG, 12 MG ..... 14
fluvoxamine maleate TABS 25 MG, 50 MG ..... 18	FRAGMIN SOLN 95000 UNIT/3.8ML 14	gabapentin CAPS ..... 15
FLUZONE HIGH-DOSE PF 2022- 2023 ..... 119	FRAGMIN SOSY 2500 UNIT/0.2ML 14	gabapentin SOLN ..... 15
FLUZONE HIGH-DOSE PF 2023- 2024 ..... 119	FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML .14	gabapentin TABS 600 MG, 800 MG 15
FLUZONE QUADRIVALENT 2022- 2023 SUSY ..... 119	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G ..... 75	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ... 99
FLUZONE QUADRIVALENT 2023- 2024 SUSY ..... 119	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G ..... 75	GALAFOLD ..... 57
FML FORTE SUSP ..... 102	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP ..... 54	galantamine hydrobromide CP24 105
folic acid TABS 1 MG ..... 64	FREESTYLE LANCETS ..... 75	galantamine hydrobromide SOLN 105
folic acid TABS 400 MCG, 800 MCG . 64	FREESTYLE LITE TEST STRIPS STRP ..... 54	galantamine hydrobromide TABS 105
FOLIVANE-F ..... 64	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP ..... 54	GALZIN ..... 94
FOLIVANE-OB ..... 97	FREESTYLE TEST STRIPS STRP 55	gatifloxacin (ophth) ..... 101
fondaparinux sodium 2.5 MG/0.5ML . 14	FREESTYLE UNISTICK II LANCETS ..... 75	GATTEX ..... 60
fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML ..... 14	frovatriptan succinate ..... 92	gefitinib ..... 28
FORA LANCETS ..... 75	furosemide SOLN OR 10 MG/ML, 40 MG/5ML ..... 56	GELFILM OP ..... 102
FORFIVO XL TB24 (bupropion hcl) 17	furosemide TABS ..... 56	gemfibrozil TABS ..... 23
formaldehyde SOLN 10 % ..... 35	FUZEON SOLR ..... 36	GENERESS FE (norethindrone & ethinyl estradiol-fe) ..... 44
formoterol fumarate NEBU ..... 13	FYCOMPA SUSP ..... 14	gentamicin sulfate (ophth) SOLN .101
fosamprenavir calcium TABS ..... 36	FYCOMPA TABS 2 MG ..... 14	gentamicin sulfate (topical) CREA .48
fosfomycin tromethamine ..... 26		gentamicin sulfate (topical) OINT ..48
fosinopril sodium &		GENTEEL BUTTERFLY TOUCH LANCETS ..... 75
		GENTLE-LET GP LANCETS ..... 75
		GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..75
		GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT

75	GLUCOCOM LANCETS 33G .....76	granisetron hcl TABS ..... 21
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT .....75	glyburide micronized 1.5 MG, 3 MG, 6 MG ..... 21	griseofulvin microsize SUSP ..... 22
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT ..... 75	glyburide TABS ..... 21	griseofulvin microsize TABS ..... 22
GENVOYA .....36	glyburide-metformin ..... 19	griseofulvin ultramicrosize ..... 22
GILENYA 0.5 MG .....106	GLYCATE TABS .....117	guaifenesin-codeine SOLN ..... 46
GILOTRIF ..... 28	glycopyrrolate SOLN OR 1 MG/5ML . 117	guanfacine hcl (adhd) ..... 2
GILTUSS COUGH & COLD TABS 46	glycopyrrolate TABS 1 MG, 2 MG 117	guanfacine hcl .....25
GILTUSS SINUS & CONGESTION TABS .....46	GLYCOPYRROLATE TABS .....117	GYNAZOLE-1 .....120
glatiramer acetate SOSY 20 MG/ML . 106	GLYXAMBI ..... 19	HADLIMA PUSH TOUCH SOAJ ....3
glatiramer acetate SOSY 40 MG/ML . 106	GNP LANCETS 21G ..... 76	HADLIMA SOSY ..... 3
GLEOSTINE 10 MG, 40 MG, 100 MG .....27	GNP LANCETS THIN 26G .....76	HAEGARDA SOLR SC ..... 63
glimepiride 1 MG, 2 MG, 4 MG .... 21	GNP STERILE LANCETS 28G ... 76	HAEMOLANCE .....76
glipizide TABS 2.5 MG, 5 MG, 10 MG .....21	GNP STERILE LANCETS 30G ... 76	HAEMOLANCE LOW FLOW LANCETS ..... 76
glipizide TB24 .....21	GNP STERILE LANCETS 33G ... 76	HAEMOLANCE PLUS .....76
glipizide-metformin hcl ..... 19	GNP STERILE LANCETS 33G ... 76	HAEMOLANCE PLUS HIGH FLOW . 76
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...92	GOJJI STERILE LANCETS 30G ..76	HAEMOLANCE PLUS LOW FLOW . 76
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" .....92	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 65	HAEMOLANCE PLUS MAX FLOW 76
GLOBAL INJECT EASE LANCETS 28G .....75	GONITRO PACK .....10	HAEMOLANCE PLUS PEDIATRIC FLOW .....77
GLOBAL INJECT EASE LANCETS 30G .....75	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..76	halobetasol propionate CREA ..... 52
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR .....19	GOODSENSE LANCETS MICRO- THIN 33G .....76	halobetasol propionate OINT ..... 52
GLUCOCOM LANCETS 28G ..... 75	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL ..... 76	haloperidol lactate CONC ..... 35
GLUCOCOM LANCETS 30G .....76	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL ..... 76	haloperidol TABS ..... 35
	GOODSENSE LANCETS ULTRA- THIN 30G .....76	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G .....77
	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL ..... 76	H-E-B IN CONTROL PEN NEEDLE 31GX3/16" .....92
		H-E-B INCONTROL LANCETS MICRO THIN 33G .....77

H-E-B INCONTROL LANCETS SUPER THIN 30G .....77	HUMIRA PEN AJKT SC 40 MG/0.8ML ..... 4	hydrocodone polistirex- chlorpheniramine polistirex SUER .46
H-E-B INCONTROL LANCETS ULTRA THIN 28G .....77	HUMIRA PEN AJKT SC 80 MG/0.8ML ..... 4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... 9
HEMANGEOL SOLN OR .....38	HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML ..... 4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG ..... 9
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT .....61	HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML ..... 4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG ..... 9
heparin sodium (porcine) SOLN IJ 10000 UNIT/ML ..... 14	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC ..... 4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....9
HEPLISAV-B SOSY ..... 119	HUMIRA PEN-PS/UV STARTER AJKT SC .....4	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG .....9
HUMALOG JUNIOR KWIKPEN SOPN ..... 20	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML ..... 4	hydrocodone-ibuprofen 5 MG-200 MG .....9
HUMALOG KWIKPEN SOPN 100 UNIT/ML ..... 20	HUMIRA PSKT 40 MG/0.8ML ..... 4	hydrocortisone (intrarectal) .....10
HUMALOG KWIKPEN SOPN 200 UNIT/ML ..... 20	HUMULIN 70/30 KWIKPEN SUPN 20 HUMULIN 70/30 SUSP ..... 20	hydrocortisone (rectal) EX 2.5 % .. 10
HUMALOG MIX 50/50 KWIKPEN SUPN ..... 20	HUMULIN N KWIKPEN SUPN .... 20	hydrocortisone (topical) CREA 2.5 % 52
HUMALOG MIX 50/50 SUSP .....20	HUMULIN N SUSP ..... 20	hydrocortisone (topical) LOTN 2 %, 2.5 % .....52
HUMALOG MIX 75/25 KWIKPEN SUPN ..... 20	HUMULIN R SOLN IJ .....20	hydrocortisone (topical) OINT 2.5 % . 53
HUMALOG MIX 75/25 SUSP .....20	HUMULIN R U-500 (CONCENTRATED) SOLN SC .... 20	hydrocortisone butyrate CREA .... 53
HUMALOG SOCT 100 UNIT/ML .. 20	HUMULIN R U-500 KWIKPEN SOPN SC .....20	hydrocortisone butyrate hydrophilic lipo base .....53
HUMALOG SOLN IJ .....20	HYCAMTIN CAPS ..... 33	hydrocortisone butyrate OINT ..... 53
HUMATE-P SOLR .....61	HYCAMTIN SOLR (topotecan hcl) 33	hydrocortisone butyrate SOLN .... 53
HUMATIN .....2	hydralazine hcl TABS .....26	hydrocortisone TABS ..... 46
HUMATROPE CART IJ .....56	hydrochlorothiazide CAPS .....56	hydrocortisone valerate CREA .... 53
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML ..... 3	hydrochlorothiazide TABS .....56	hydrocortisone valerate OINT ..... 53
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..3	hydrocodone bitartrate T24A .....8	hydrocortisone w/acetic acid .....104
HUMIRA PEN AJKT SC 40 MG/0.4ML ..... 4	hydrocodone bitartrate-homatropine methylbromide SOLN ..... 46	hydromorphone hcl LIQD ..... 8
	hydrocodone bitartrate-homatropine methylbromide TABS ..... 46	



hydromorphone hcl TABS .....	8	IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT .....	62	INGREZZA CAPS 60 MG .....	106
hydromorphone hcl TB24 32 MG ...	8	IDELVION 3500 UNIT .....	61	INGREZZA CPPK .....	106
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	8	IDHIFA .....	31	INGREZZA CPSP .....	106
hydroxychloroquine sulfate 200 MG 27		ILEVRO .....	103	INLYTA .....	28
hydroxyurea .....	33	imatinib mesylate 100 MG .....	31	INNOPRAN XL .....	38
hydroxyzine hcl SYRP .....	11	imatinib mesylate 400 MG .....	31	INQOVI .....	30
hydroxyzine hcl TABS .....	11	IMBRUVICA CAPS 140 MG .....	31	INREBIC .....	31
hydroxyzine pamoate CAPS .....	11	IMBRUVICA CAPS 70 MG .....	31	INSULIN LISPRO PROTAMINE/INSULIN LISPRO	
hyoscyamine sulfate SUBL 0.125 MG .....	117	IMBRUVICA SUSP .....	31	KWIKPEN SUPN .....	20
hyoscyamine sulfate TABS 0.125 MG .....	117	IMBRUVICA TABS .....	31	INTEGRA F .....	64
hyoscyamine sulfate TB12 0.375 MG 117		imipenem-cilastatin IV .....	26	INTELENCE 25 MG .....	36
hyoscyamine sulfate TBDP 0.125 MG .....	117	imipramine hcl TABS 10 MG, 25 MG . 18		INTRON A SOLR 10000000 UNIT	33
HYPERSAL NEBU .....	47	imipramine hcl TABS 50 MG .....	19	INVANZ IJ (ertapenem sodium) ...	26
HYPODERMIC NEEDLE 30GX1/2" . 92		imipramine pamoate .....	19	iodoquinol-hydrocortisone in aloe vehicle .....	49
HYSINGLA ER T24A .....	8	imiqumod 5 % .....	53	IOPIDINE .....	101
HY-VEE LANCETS .....	77	IN TOUCH STERILE LANCETS30G 77		ipratropium bromide (nasal) .....	99
HY-VEE THIN LANCETS .....	77	INBRIJA CAPS .....	34	ipratropium bromide SOLN 0.02 %	12
ibandronate sodium TABS .....	56	INCRELEX .....	56	ipratropium-albuterol SOLN .....	13
IBRANCE CAPS .....	31	INCRUSE ELLIPTA .....	12	irbesartan .....	24
IBRANCE TABS .....	31	indapamide TABS 1.25 MG, 2.5 MG . 56		irbesartan-hydrochlorothiazide ...	25
ibuprofen TABS 400 MG, 600 MG, 800 MG .....	5	INDERAL XL .....	38	IRON FOLATE-F .....	64
icatibant acetate SOLN .....	63	indomethacin CAPS 25 MG, 50 MG	5	ISENTRESS CHEW .....	36
icatibant acetate SOSY .....	63	indomethacin CPCR .....	5	ISENTRESS HD TABS .....	36
ICLUSIG .....	31	indomethacin SUPP .....	5	ISENTRESS PACK .....	36
icosapent ethyl .....	23	indomethacin SUSP .....	5	ISENTRESS TABS .....	36
Index 29		INFLECTRA SOLR .....	59	isoniazid SYRP .....	27
		INGREZZA CAPS 40 MG, 80 MG 106		isoniazid TABS .....	27
				ISOPTO ATROPINE SOLN .....	101
				isosorbide dinitrate TABS 10 MG, 20	

MG, 30 MG .....	11	JYNARQUE TBPK .....	58	67
isosorbide dinitrate TABS 5 MG, 40 MG .....	11	KALYDECO PACK .....	115	KIMONO PLUS SPERMICIDE LUBRICATED MISC .....
isosorbide dinitrate-hydralazine hcl 39		KALYDECO TABS .....	115	67
isosorbide mononitrate TABS .....	11	KAMELEON LUBRICATED MISC .....	67	KIMONO PLUS SPERMICIDE/LUBRICATED MISC
isosorbide mononitrate TB24 .....	11	KCENTRA .....	62	67
isradipine CAPS .....	38	KEPPRA SOLN OR 100 MG/ML (levetiracetam) .....	15	KIMONO PS LUBRICATED MISC .....
ISTODAX SOLR (romidepsin) .....	31	KEPPRA TABS 1000 MG (levetiracetam) .....	15	67
itraconazole CAPS .....	22	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam) .....	15	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC
itraconazole SOLN .....	22	KEPPRA XR TB24 (levetiracetam) .....	15	67
ivabradine hcl TABS .....	40	KESIMPTA .....	106	KIMONO SENSATION LUBRICATED MISC .....
ivermectin (pediculicide) .....	54	ketoconazole (topical) CREA .....	49	67
ivermectin (rosacea) .....	54	ketoconazole (topical) FOAM .....	49	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC
ivermectin .....	10	ketoconazole (topical) SHAM 2 % .....	49	67
IXINITY SOLR .....	62	ketoconazole .....	22	KIMONO SPECIAL DEVI .....
JADENU SPRINKLE PACK (deferasirox) .....	21	KETONE STRP .....	55	67
JADENU TABS (deferasirox) .....	21	ketoprofen CP24 .....	5	KINNEY LANCETS .....
JAKAFI .....	31	ketorolac tromethamine (ophth) .....	103	77
JANUMET TABS .....	19	ketorolac tromethamine TABS .....	5	KINNEY THIN LANCETS .....
JANUMET XR TB24 1000 MG-100 MG .....	19	KETOSTIX STRP .....	55	77
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG .....	19	KEVEYIS (dichlorphenamide) .....	55	KISQALI .....
JANUVIA .....	19	KEVZARA SOAJ .....	4	31
JARDIANCE .....	21	KEVZARA SOSY .....	4	KISQALI FEMARA 200 DOSE .....
JIVI .....	62	KIMONO COLORS DEVI .....	67	30
JUBLIA .....	49	KIMONO LUBRICATED MISC .....	67	30
JULUCA .....	36	KIMONO MAXX/LARGE FLARE MISC .....	67	30
JUXTAPID 10 MG, 20 MG, 30 MG	24	KIMONO MICRO THIN MISC .....	67	KISQALI FEMARA 600 DOSE .....
JUXTAPID 5 MG .....	24	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC		30
				KITABIS PAK NEBU (tobramycin) .....
				2
				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 .....
				60
				KRINTAFEL .....
				27
				KROGER HEALTHPRO TWIST

LANCETS/26G .....	77	lamivudine-zidovudine .....	36	lanthanum carbonate CHEW 750 MG .....	60
KROGER LANCETS .....	77	lamotrigine CHEW 5 MG, 25 MG ..	15	LANTUS SOLN .....	20
KROGER LANCETS 21G .....	77	lamotrigine KIT 25 MG .....	15	LANTUS SOLOSTAR SOPN .....	20
KROGER LANCETS MICRO THIN33G .....	77	lamotrigine KIT .....	15	lapatinib ditosylate .....	31
KROGER LANCETS SUPER THIN 77		lamotrigine TABS .....	15	LASTACAPT .....	103
KROGER LANCETS THIN .....	77	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG .....	15	latanoprost SOLN .....	103
KROGER LANCETS THIN 26G ...	77	lamotrigine TB24 250 MG .....	15	LATANOPROST SOLN .....	103
KROGER LANCETS ULTRATHIN30G .....	77	lamotrigine TB24 300 MG .....	15	leflunomide 10 MG .....	5
KUVAN PACK (sapropterin dihydrochloride) .....	57	lamotrigine TBDP .....	15	leflunomide 20 MG .....	5
KUVAN TABS (sapropterin dihydrochloride) .....	57	LAMPIT .....	26	lenalidomide 10 MG, 15 MG, 20 MG, 25 MG .....	94
K-Y ME & YOU EXTRA LUBRICATED DEVI .....	67	LANCETS .....	77	lenalidomide 2.5 MG, 5 MG .....	94
K-Y ME & YOU INTENSE DEVI ...	68	LANCETS 30G .....	77	lenalidomide 5 MG .....	94
labetalol hcl TABS .....	37	LANCETS 30G TWIST TOP .....	78	LENVIMA 10 MG DAILY DOSE ..	28
lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML .....	15	LANCETS 30G/TWIST TOP .....	78	LENVIMA 12MG DAILY DOSE ...	28
lacosamide TABS .....	15	LANCETS 33G EXTRA FINE .....	78	LENVIMA 14 MG DAILY DOSE ..	28
lactulose (encephalopathy) .....	59	LANCETS 33G UNIVERSAL DESIGN .....	78	LENVIMA 18 MG DAILY DOSE ..	28
lactulose SOLN .....	65	LANCETS MICRO THIN 33G .....	78	LENVIMA 20 MG DAILY DOSE ..	28
LAGEVRIO .....	37	LANCETS SUPER THIN 28G .....	78	LENVIMA 24 MG DAILY DOSE ..	28
LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 15		LANCETS THIN .....	78	LENVIMA 4 MG DAILY DOSE ....	28
LAMICTAL TABS (lamotrigine) ....	15	LANCETS ULTRA THIN .....	78	LENVIMA 8 MG DAILY DOSE ....	28
LAMICTAL XR KIT .....	15	LANCETS ULTRA THIN 30G .....	78	LETAIRIS 10 MG (ambrisentan) ...	40
lamivudine (hbv) TABS .....	37	LANOXIN TABS 125 MCG, 250 MCG (digoxin) .....	39	LETAIRIS 5 MG (ambrisentan) ....	40
lamivudine SOLN .....	36	lansoprazole CPDR .....	118	letrozole .....	29
lamivudine TABS .....	36	lansoprazole TBDD 15 MG .....	118	leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG .....	33
		lansoprazole TBDD 30 MG .....	118	leucovorin calcium TABS .....	33
		lanthanum carbonate CHEW 1000 MG .....	60	LEUKERAN .....	27
		lanthanum carbonate CHEW 500 MG .....	60	leuprolide acetate KIT IJ 1 MG/0.2ML .....	29

levabuterol hcl	13	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	116	LITETOUCH LANCETS MICRO THIN 33G	78
levabuterol tartrate	13	LIBERTY MEDICAL LANCETS 30G	78	lithium	34
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	16	lidocaine hcl (mouth-throat)	95	lithium carbonate CAPS 150 MG, 600 MG	34
levetiracetam TABS 1000 MG	16	lidocaine hcl SOLN	54	lithium carbonate CAPS 300 MG	34
levetiracetam TABS 250 MG, 500 MG, 750 MG	16	lidocaine PTCH 5 %	54	lithium carbonate TABS	34
levetiracetam TB24	16	lidocaine-prilocaine CREA	54	lithium carbonate TBCR	34
levobunolol hcl 0.5 %	101	linezolid SUSR	26	LITHOBID TBCR (lithium carbonate)	34
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	57	linezolid TABS	26	LITHOSTAT	61
levocarnitine (metabolic modifiers) TABS	57	LINZESS	59	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	58	LIORESAL INTRATHECAL SOLN IT 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		lofedidine hcl	105
levonorgestrel (emergency oc) 1.5 MG	45	LIPOFEN CAPS 50 MG (fenofibrate)	23	LOKELMA	95
levonorgestrel-eth estradiol (triphasic)	44	lisdexamfetamine dimesylate CAPS 1		LOMAIRA TABS	1
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	44	lisdexamfetamine dimesylate CHEW 1		LONGS LANCETS STANDARD	78
levonorgestrel-ethinyl estradiol (continuous)	44	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	25	LONGS LANCETS THIN	78
levonorgestrel-ethinyl estradiol-iron 44		lisinopril & hydrochlorothiazide 25 MG-20 MG	25	LONGS LANCETS ULTRA THIN	78
levorphanol tartrate TABS 2 MG	8	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	24	LONSURF	30
levorphanol tartrate TABS 3 MG	8	lisinopril TABS 40 MG	24	loperamide hcl CAPS 2 MG	21
levothyroxine sodium CAPS	116	LITE TOUCH LANCETS	78	lopinavir-ritonavir SOLN	36
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	116			lopinavir-ritonavir TABS	36
				lorazepam CONC	11
				lorazepam TABS	11
				LORBRENA	31
				losartan potassium & hydrochlorothiazide	25

losartan potassium .....	24	MAYZENT TABS 2 MG .....	106	medroxyprogesterone acetate 10 MG .....	105
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)) .....	44	meclofenamate sodium CAPS .....	5	medroxyprogesterone acetate 2.5 MG, 5 MG .....	105
LOTEMAX OINT .....	102	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE .....	78	mefenamic acid CAPS .....	5
loteprednol etabonate GEL .....	102	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW .....	78	mefloquine hcl .....	27
loteprednol etabonate SUSP .....	102	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW .....	78	megestrol acetate (appetite) .....	105
lovastatin TABS .....	24	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW .....	79	megestrol acetate SUSP .....	29
loxapine succinate .....	35	MEDICHOICE SAFETY LANCETEXTRA .....	79	megestrol acetate TABS .....	29
lubiprostone .....	59	MEDICHOICE SAFETY LANCETNORMAL .....	79	MEIJER COLOR LANCETS UNIVERSAL 33G .....	79
LUMIGAN SOLN 0.01 % .....	103	MEDLANCE PLUS EXTRA LANCETS 21G .....	79	MEIJER LANCETS .....	79
LUPRON DEPOT (1-MONTH) KIT IM .....	29	MEDLANCE PLUS LANCETS .....	79	MEIJER LANCETS THIN .....	79
LUPRON DEPOT-PED (1-MONTH) 7.5 MG .....	57	MEDLANCE PLUS LANCETS LITE 25G .....	79	MEIJER LANCETS UNIVERSAL21G .....	79
lurasidone hcl .....	34	MEDLANCE PLUS LANCETS LITE 25G .....	79	MEIJER LANCETS UNIVERSAL30G .....	79
LYNPARZA TABS .....	31	MEDLANCE PLUS SPECIAL LANCETS 0.8MM .....	79	MEIJER LANCETS UNIVERSAL33G .....	80
LYSODREN .....	29	MEDLANCE PLUS SUPERLITE 30G .....	79	MEIJER SUPER THIN LANCETS .....	80
mafenide acetate PACK .....	51	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX .....	79	MEKINIST SOLR .....	31
MAGNEBIND 400 .....	93	MEDLANCE PLUS UNIVERSAL LANCETS 21G .....	79	MEKINIST TABS .....	31
malathion .....	54	MEDLANCE PLUS/LITE 25G .....	79	MEKTOVI .....	31
maraviroc TABS .....	36	MEDLANCE/EXTRA .....	79	meloxicam TABS 15 MG .....	5
MARPLAN .....	17	MEDLANCE/LITE .....	79	meloxicam TABS 7.5 MG .....	5
MATULANE .....	33	MEDLANCE/UNIVERSAL .....	79	melphalan .....	27
MAVYRET TABS .....	37	MEDROL TABS .....	46	memantine hcl CP24 .....	105
MAXIDEX SUSP OP .....	102			memantine hcl SOLN .....	105
MAXX LUBRICATED MISC .....	68			memantine hcl TABS 10 MG .....	105
MAXX PLUS SPERMICIDE LUBRICATED MISC .....	68			memantine hcl TABS 5 MG .....	105
MAYZENT STARTER PACK TBPk 106				memantine hcl TABS .....	105
MAYZENT TABS 0.25 MG .....	106			MENEST 0.3 MG, 0.625 MG, 1.25	
MAYZENT TABS 1 MG .....	106				

MG .....	58	methenamine hippurate .....	26	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG .....	2
MENEST 2.5 MG .....	58	methenamine mandelate 0.5 GM, 1 GM .....	26	methylphenidate hcl TBCR 54 MG ..	2
MENOSTAR PTWK .....	58	methimazole TABS .....	116	methylphenidate PTCH .....	2
meperidine hcl SOLN OR 50 MG/5ML .....	8	methocarbamol TABS 500 MG, 750 MG .....	99	methylprednisolone TABS .....	46
meperidine hcl TABS 50 MG .....	8	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML .....	27	methylprednisolone TBPK 4 MG ..	46
mercaptopurine TABS .....	27	methotrexate sodium SOLR .....	27	methyltestosterone CAPS .....	10
meropenem 500 MG .....	26	methotrexate sodium TABS 2.5 MG 27		metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML .....	59
mesalamine CP24 .....	59	methotrexate sodium TABS 2.5 MG 27		metoclopramide hcl TABS .....	59
mesalamine CPCR .....	59	methoxsalen rapid .....	50	metoclopramide hcl TBDP .....	59
mesalamine CPDR .....	59	methscopolamine bromide .....	117	metolazone .....	56
mesalamine ENEM .....	59	methsuximide .....	17	METOPIRONE .....	54
mesalamine SUPP .....	59	methylphenidate hcl CHEW .....	2	metoprolol & hydrochlorothiazide TABS .....	25
mesalamine TBEC 1.2 GM .....	59	methylphenidate hcl CP24 60 MG ..	2	metoprolol succinate TB24 .....	38
mesalamine TBEC 800 MG .....	59	methylphenidate hcl CP24 .....	2	metoprolol tartrate TABS .....	38
MESNEX TABS .....	33	methylphenidate hcl CP24 .....	2	metoprolol tartrate TABS .....	38
MESTINON SOLN OR (pyridostigmine bromide) .....	27	methylphenidate hcl CP24 .....	2	metoprolol tartrate TABS .....	38
metaxalone 400 MG .....	99	methylphenidate hcl CP24 .....	2	metronidazole (topical) CREA .....	54
metaxalone 800 MG .....	99	methylphenidate hcl CP24 .....	2	metronidazole (topical) GEL 0.75 % 54	
metformin hcl SOLN .....	19	methylphenidate hcl CP24 .....	2	metronidazole (topical) GEL 1 % ..	54
metformin hcl TABS 500 MG, 850 MG, 1000 MG .....	19	methylphenidate hcl CP24 .....	2	metronidazole (topical) LOTN .....	54
metformin hcl TB24 500 MG, 750 MG .....	19	methylphenidate hcl CP24 .....	2	metronidazole CAPS .....	26
methadone hcl CONC .....	8	methylphenidate hcl CP24 .....	2	metronidazole TABS .....	26
methadone hcl SOLN OR 5 MG/5ML, 10 MG/5ML .....	8	methylphenidate hcl CP24 .....	2	metronidazole TABS .....	26
methadone hcl TABS .....	8	methylphenidate hcl CP24 .....	2	metronidazole vaginal .....	120
methadone hcl TBSO .....	8	methylphenidate hcl CP24 .....	2	metyrosine .....	24
methamphetamine hcl .....	1	methylphenidate hcl CP24 .....	2	mexiletine hcl .....	11
methazolamide TABS .....	55	methylphenidate hcl CP24 .....	2	MG217 PSORIASIS MULTI- SYM TOM OINT .....	53
		methylphenidate hcl CP24 .....	2	MIACALCIN IJ 200 UNIT/ML (calcitonin (salmon)) .....	56
		methylphenidate hcl CP24 .....	2	MICROLET LANCETS .....	80

midazolam hcl SYRP .....	64	100	MPD SAFETY LANCETS 23G/1.8MM .....	80		
midodrine hcl .....	120	mometasone furoate CREA .....	53	MUCOTROL WAFR .....	95	
MIFEPREX (mifepristone) .....	57	mometasone furoate OINT .....	53	MULPLETA .....	64	
mifepristone .....	57	mometasone furoate SOLN .....	53	MULTIVITAMIN + FLUORIDE CHEW .....	96	
miglitol .....	19	MONOLET LANCETS .....	80	MULTIVITAMIN WITH FLUORIDE CHEW .....	96	
miglustat .....	63	MONOLET OPD LANCETS .....	80	MULTIVITAMIN WITH FLUORIDE SOLN .....	96	
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) .....	44	MONOLETTOR SAFETY LANCETS 80	montelukast sodium CHEW .....	12	MULTI-VIT-FLOR CHEW .....	96
minocycline hcl CAPS .....	115	montelukast sodium PACK .....	12	mupirocin OINT .....	48	
minocycline hcl CP24 .....	116	montelukast sodium TABS .....	12	MYALEPT .....	57	
minocycline hcl TABS 50 MG, 100 MG .....	116	morphine sulfate beads .....	8	mycophenolate mofetil CAPS .....	94	
minocycline hcl TABS 75 MG ....	116	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	8	mycophenolate mofetil SUSR .....	94	
minoxidil 2.5 MG, 10 MG .....	26	morphine sulfate SOLN OR 10 MG/5ML .....	8	mycophenolate mofetil TABS .....	94	
MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) .....	44	morphine sulfate SOLN OR 20 MG/5ML, 20 MG/ML, 100 MG/5ML .	8	mycophenolate sodium 180 MG, 360 MG .....	95	
mirtazapine TABS .....	17	morphine sulfate SUPP .....	8	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G .....	80	
mirtazapine TBDP .....	17	morphine sulfate TABS .....	8	MYLERAN TABS .....	27	
misoprostol .....	118	morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG, 200 MG .....	8	MYSOLINE (primidone) .....	16	
MITIGARE CAPS (colchicine) .....	61	MOVANTIK .....	59	MYTESI .....	21	
mitoxantrone hcl 2 MG/ML .....	30	moxifloxacin hcl (ophth) SOLN OP 101		nabumetone 500 MG .....	5	
MM TWIST LANCETS .....	80	moxifloxacin hcl TABS .....	59	nabumetone 750 MG .....	5	
M-NATAL PLUS TABS .....	97	MPD SAFETY LANCET 21G/1.8MM 80		nadolol TABS 20 MG, 40 MG, 80 MG .....	38	
modafinil .....	2	MPD SAFETY LANCET 28G/1.8MM 80		nafcillin sodium IV 2 GM, 10 GM .	105	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	119	MPD SAFETY LANCET 30G/1.8MM 80		naftifine hcl CREA .....	49	
moexipril hcl .....	24			naftifine hcl GEL 2 % .....	49	
molindone hcl .....	35			NALOCET TABS .....	9	
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG) .....	37			naloxone hcl LIQD .....	21	
mometasone furoate (nasal) SUSP						

naloxone hcl SOSY 2 MG/2ML . . . . .	21	neomycin-polymyxin-hc (otic) SOLN .	104	NICODERM CQ PT24 TD (nicotine) .	114
naltrexone hcl . . . . .	21	neomycin-polymyxin-hc (otic) SUSP .	104	NICORETTE GUM (nicotine polacrilex) . . . . .	114
NAMZARIC C4PK . . . . .	105	NEONATAL 19 . . . . .	97	NICORETTE LOZG (nicotine polacrilex) . . . . .	114
NAMZARIC CP24 14 MG-10 MG, 28 MG-10 MG . . . . .	105	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG . . . . .	97	NICORETTE MINI LOZG (nicotine polacrilex) . . . . .	114
naproxen sodium TABS 275 MG, 550 MG . . . . .	5	NEONATAL PLUS TABS . . . . .	97	NICORETTE STARTER KIT GUM (nicotine polacrilex) . . . . .	114
naproxen SUSP . . . . .	5	NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML . . . . .	27	nicotine MISC XX . . . . .	114
naproxen TABS . . . . .	5	neostigmine methylsulfate SOSY . . . . .	27	nicotine polacrilex GUM . . . . .	114
naratriptan hcl . . . . .	93	NEOTUSS PLUS LIQD . . . . .	46	nicotine polacrilex LOZG . . . . .	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	NERLYNX . . . . .	31	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR . . . . .	114
NATACYN . . . . .	101	NESTABS . . . . .	97	NICOTINE TRANSDERMAL SYSTEM KIT . . . . .	114
NATAZIA . . . . .	44	NESTABS DHA . . . . .	97	NICOTROL INHALER INHA . . . . .	114
nateglinide . . . . .	20	NESTABS ONE . . . . .	97	NICOTROL NS SOLN . . . . .	115
NAYZILAM . . . . .	14	NEUPRO . . . . .	34	nifedipine CAPS . . . . .	38
nebivolol hcl . . . . .	38	NEURONTIN CAPS (gabapentin) . . . . .	16	nifedipine TB24 30 MG, 60 MG, 90 MG . . . . .	38
NEBUSAL NEBU . . . . .	47	NEURONTIN SOLN (gabapentin) . . . . .	16	nifedipine TB24 30 MG, 60 MG . . . . .	38
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG . . . . .	97	NEURONTIN TABS (gabapentin) . . . . .	16	NILANDRON (nilutamide) . . . . .	29
nefazodone hcl . . . . .	18	NEVANAC . . . . .	103	nilutamide . . . . .	29
neomycin sulfate TABS . . . . .	2	nevirapine SUSP . . . . .	36	nimodipine CAPS . . . . .	38
neomycin-bacitracin zn-polymyxin . . . . .	101	nevirapine TABS . . . . .	36	NINLARO . . . . .	31
neomycin-polymy-dexameth OINT . . . . .	102	nevirapine TB24 . . . . .	36	nisoldipine . . . . .	38
neomycin-polymy-dexameth SUSP . . . . .	102	NEXAVAR (sorafenib tosylate) . . . . .	31	nitazoxanide TABS . . . . .	26
neomycin-polymyxin-gramicidin . . . . .	101	NEXTSTELLIS . . . . .	44	nitisinone CAPS 10 MG . . . . .	57
neomycin-polymyxin-hc (ophth) . . . . .	102	niacin (antihyperlipidemic) TABS . . . . .	24	nitisinone CAPS 2 MG, 5 MG, 20 MG . . . . .	57
		niacin (antihyperlipidemic) TBCR . . . . .	24	NITRO-BID OINT . . . . .	11
		nicardipine hcl CAPS . . . . .	38		



NITRO-DUR PT24 .....	11	(triphasic) .....	45	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT .....	62
nitrofurantoin .....	26	norgestimate-ethinyl estradiol .....	44	nystatin (mouth-throat) .....	95
nitrofurantoin macrocrystal 25 MG, 50 MG, 100 MG .....	26	NORITATE CREA .....	54	nystatin (topical) CREA .....	49
nitrofurantoin monohyd macro 100 MG .....	26	NORPACE CR CP12 .....	11	nystatin (topical) OINT .....	49
nitroglycerin (intra-anal) .....	10	NORTHERA (droxidopa) .....	120	nystatin (topical) POWD EX .....	49
nitroglycerin PT24 .....	11	nortriptyline hcl CAPS .....	19	nystatin TABS .....	22
nitroglycerin SOLN TL 0.4 MG/SPRAY .....	11	nortriptyline hcl SOLN .....	19	nystatin-triamcinolone CREA .....	49
nitroglycerin SUBL .....	11	NORVIR PACK .....	36	nystatin-triamcinolone OINT .....	49
NITYR TABS .....	57	NOVA SAFETY LANCETS 23G ..	80	NYVEPRIA .....	64
NIVA THYROID TABS .....	116	NOVA SAFETY LANCETS 28G ..	80	OB COMPLETE ONE .....	97
NIVA-PLUS TABS .....	97	NOVA SUREFLEX LANCETS ....	80	OB COMPLETE PETITE .....	97
nizatidine CAPS .....	117	NOVA VAX COVID-19 VACCINE/2024-25 SUSY .....	119	OB COMPLETE PREMIER .....	97
NORDITROPIN FLEXPPO SOPN .56		NOVOEIGHT .....	62	OB COMPLETE/DHA .....	97
norelgestromin-ethinyl estradiol ..	45	NOVOPEN ECHO DEVI .....	92	OBIZUR .....	62
norethin acet & estrad-fe CAPS ...	44	NOVOSEVEN RT .....	62	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	
norethin acet & estrad-fe CHEW ..	44	NP THYROID 120 TABS .....	116	OCALIVA 10 MG .....	59
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	44	NP THYROID 15 TABS .....	116	OCALIVA 5 MG .....	59
norethindrone & ethinyl estradiol-fe 44		NP THYROID 30 TABS .....	116	octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML .....	57
norethindrone (contraceptive) .....	45	NP THYROID 60 TABS .....	116	octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML .....	57
norethindrone acet & eth estra TABS 44		NP THYROID 90 TABS .....	116	octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML .....	58
norethindrone acetate TABS .....	105	NUBEQA .....	29	octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML .....	58
norethindrone acetate-ethinyl estradiol .....	58	NUCALA SOAJ .....	12	ODEFSEY .....	36
norethindrone acetate-ethinyl estradiol-fe .....	44	NUCALA SOLR .....	12	ODOMZO .....	29
norgestimate-ethinyl estradiol		NUCALA SOSY .....	12	OFEV .....	115
		NUCORT LOTN .....	53		
		NUEDEXTA .....	107		
		NUPLAZID CAPS .....	34		
		NUPLAZID TABS 10 MG .....	34		
		NUVARING (etonogestrel-ethinyl estradiol) .....	45		

ofloxacin (ophth) .....	101	MG/5ML .....	22	ORENITRAM TITRATION KIT MONTH 1 TEPK .....	39
ofloxacin (otic) .....	104	ondansetron hcl TABS 4 MG, 8 MG 22		ORENITRAM TITRATION KIT MONTH 2 TEPK .....	39
ofloxacin 300 MG .....	59	ondansetron TBDP 4 MG, 8 MG ..	22	ORENITRAM TITRATION KIT MONTH 3 TEPK .....	39
ofloxacin 400 MG .....	59	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	97	ORFADIN SUSP .....	57
olanzapine TABS 15 MG, 20 MG ..	35	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G .....	80	ORIAHNN .....	58
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG .....	35	ONETOUCH DELICA PLUS LANCETS FINE 30G .....	80	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG .....	115
olanzapine TBDP .....	35	ONETOUCH DELICA SAFETY LANCING DEVICE .....	80	ORKAMBI PACK 94 MG-75 MG .	115
olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG .....	105	ONETOUCH DELICA SAFETY LANCING DEVICE 30G .....	80	ORKAMBI TABS .....	115
olanzapine-fluoxetine hcl 25 MG-6 MG .....	105	ONETOUCH ULTRA BLUE TESTSTRIP STRP .....	55	orlistat .....	1
olmesartan medoxomil 40 MG .....	24	ONETOUCH ULTRA STRP .....	55	orphenadrine citrate TB12 .....	99
olmesartan medoxomil 5 MG, 20 MG 24		ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....	80	oseltamivir phosphate CAPS .....	37
olmesartan medoxomil-amlodipine- hydrochlorothiazide .....	25	ONETOUCH ULTRASOFT LANCETS .....	81	oseltamivir phosphate SUSR .....	37
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG .	25	ONETOUCH VERIO TEST STRIPS STRP .....	55	OSMOPREP .....	65
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG .....	25	ONUREG TABS .....	28	OSPHENA .....	56
olopatadine hcl (nasal) .....	99	OPILL .....	45	OTEZLA TABS 20 MG .....	5
olopatadine hcl 0.1 % .....	103	OPSUMIT .....	40	OTEZLA TABS 30 MG .....	5
olopatadine hcl 0.2 % .....	103	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 119		OTEZLA TBPK .....	5
omega-3-acid ethyl esters .....	23	ORACEA (doxycycline (rosacea))	54	OTREXUP SOAJ 10 MG/0.4ML ....	3
omeprazole CPDR 10 MG .....	118	ORACIT .....	60	OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML .....	3
omeprazole CPDR 20 MG, 40 MG 118		ORAL CITRATE .....	60	oxacillin sodium IV 10 GM .....	105
omeprazole magnesium CPDR ..	118	ORAVIG .....	95	oxaprozin TABS .....	5
OMNIFLEX DIAPHRAGM .....	68	ORENITRAM TBCR .....	39	OXAYDO TABS 5 MG .....	8
ondansetron hcl SOLN OR 4				OXAYDO TABS 7.5 MG .....	8
				oxazepam CAPS 10 MG, 15 MG ..	11
				oxazepam CAPS 30 MG .....	11

oxcarbazepine SUSP .....	16	PALYNZIQ .....	57	OSMOTIC DEXTROSE .....	104
oxcarbazepine TABS 150 MG .....	16	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT .....	55	PENICILLIN G PROCAINE .....	104
oxcarbazepine TABS 300 MG .....	16	PANRETIN .....	50	penicillin g sodium .....	104
oxcarbazepine TABS 600 MG .....	16	pantoprazole sodium PACK .....	118	penicillin v potassium SOLR .....	104
oxcarbazepine TB24 150 MG, 300 MG .....	16	pantoprazole sodium TBEC .....	118	penicillin v potassium TABS .....	104
oxcarbazepine TB24 600 MG .....	16	paricalcitol CAPS .....	57	PENNSAID SOLN EX .....	49
oxiconazole nitrate CREA .....	49	paroxetine hcl SUSP .....	18	pentamidine isethionate IN .....	26
OXISTAT LOTN .....	49	paroxetine hcl TABS .....	18	PENTASA CPCR 250 MG .....	59
oxybutynin chloride TABS 5 MG .	119	paroxetine hcl TB24 .....	18	pentazocine w/ naloxone hcl .....	10
oxybutynin chloride TB24 5 MG, 10 MG, 15 MG .....	119	PAXLOVID 100 MG-150 MG .....	37	pentoxifylline .....	63
OXYCODONE AND ACETAMINOPHEN TABS .....	9	pazopanib hcl .....	31	PERFECT LANCETS 30G .....	81
oxycodone hcl CAPS .....	8	PC LANCETS SUPER THIN 30G .	81	PERFECT POINT SAFETY LANCETS/28G .....	81
oxycodone hcl CONC 100 MG/5ML	8	pediatric multivitamins w/fl CHEW .	96	PERFECT POINT SAFETY LANCETS/30G .....	81
oxycodone hcl SOLN .....	8	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	65	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G .....	81
oxycodone hcl TABS 30 MG .....	8	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....	65	perindopril erbumine .....	24
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG .....	8	peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	65	permethrin CREA .....	54
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ...	9	PEGASYS SOLN .....	37	perphenazine TABS .....	35
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....	9	PEG-PREP .....	65	perphenazine-amitriptyline .....	105
oxycodone w/ acetaminophen TABS 325 MG-5 MG .....	9	penicillamine CAPS .....	94	PERSERIS PRSY .....	34
OXYCODONE/ACETAMINOPHEN TABS .....	9	penicillamine TABS .....	94	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN .	81
oxymorphone hcl TABS 10 MG .....	8	penicillin g potassium .....	104	PHARMACIST CHOICE ULTRA THIN LANCETS .....	81
oxymorphone hcl TABS 5 MG .....	8	PENICILLIN G POTASSIUM IN ISO-		PHARMACIST CHOICE ULTRA THIN LANCETS 28G .....	81
oxymorphone hcl TB12 .....	8			PHARMACIST CHOICE ULTRA THIN LANCETS 30G .....	81
OZEMPIC SOPN .....	19			PHARMACIST CHOICE ULTRA THIN LANCETS 31G .....	81
paliperidone .....	34			PHARMACIST CHOICE ULTRA	

THIN LANCETS 33G .....	81	piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM .....	104	POMALYST .....	29
PHARMACY COUNTER LANCETS 81 .....		PIQRAY 200MG DAILY DOSE ...	31	posaconazole SUSP .....	22
phenelzine sulfate .....	17	PIQRAY 250MG DAILY DOSE ...	31	posaconazole TBEC .....	22
phenobarbital ELIX .....	64	PIQRAY 300MG DAILY DOSE ...	31	pot & sod citrates w/citric ac SOLN 60	
phenobarbital TABS .....	64	pirfenidone CAPS .....	115	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	93
phenoxybenzamine hcl .....	24	pirfenidone TABS .....	115	potassium chloride CPCR .....	94
phentermine hcl CAPS .....	1	piroxicam CAPS 10 MG .....	5	potassium chloride microencapsulated crystals er 10 MEQ, 15 MEQ, 20 MEQ .....	94
phentermine hcl TABS .....	1	piroxicam CAPS 20 MG .....	5	potassium chloride PACK OR 20 MEQ .....	94
phenylephrine hcl (mydriatic) SOLN 101		pitavastatin calcium .....	24	POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride) 94	
phenytoin CHEW .....	17	PLAN B ONE-STEP (levonorgestrel (emergency oc)) .....	45	potassium chloride SOLN OR 10 %, 20 % .....	94
phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	17	PLEGRIDY SOAJ SC .....	106	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ .....	94
phenytoin SUSP .....	17	PLEGRIDY SOSY IM .....	106	potassium citrate (alkalinizer) TBCR . 60	
PHEXXI .....	120	PLEGRIDY SOSY SC .....	106	potassium citrate-citric acid SOLN .60	
phytonadione TABS 5 MG .....	120	PLEGRIDY STARTER PACK SOAJ SC .....	106	potassium iodide (expectorant) SOLN .....	47
PIFELTRO .....	36	PLEGRIDY STARTER PACK SOSY SC .....	106	POVIDONE IODINE .....	101
pilocarpine hcl (oral) 5 MG .....	95	PNV-DHA+DOCUSATE .....	97	PRALUENT SOAJ .....	24
pilocarpine hcl (oral) 7.5 MG .....	95	PNV-OMEGA .....	97	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG .....	34
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 101		PODOCON-25 SOLN .....	53	pramipexole dihydrochloride TABS 1 MG .....	34
pimecrolimus .....	53	podofilox GEL .....	53	pramipexole dihydrochloride TABS 1.5 MG .....	34
pimozide .....	107	podofilox SOLN .....	53	pramipexole dihydrochloride TB24	
pindolol TABS .....	38	POLY HUB NEEDLE/30G X 1/2" .	92		
pioglitazone hcl 15 MG .....	20	polyethylene glycol 3350 POWD ..	65		
pioglitazone hcl 30 MG, 45 MG ...	20	polymyxin b-trimethoprim .....	101		
pioglitazone hcl-glimepiride .....	19	POLY-VI-FLOR CHEW .....	96		
pioglitazone hcl-metformin hcl TABS . 19		POLY-VI-FLOR SUSP .....	96		
PIP LANCETS/28G .....	81	POLY-VI-FLOR/IRON CHEW .....	96		
PIP LANCETS/30G .....	81	POLY-VI-FLOR/IRON SUSP .....	96		

0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG .....	34	prednisone SOLN .....	46	PRENATAL VITAMINS PLUS LOW IRON TABS .....	98
pramipexole dihydrochloride TB24 3 MG .....	34	prednisone TABS .....	46	PRENATAL-U CAPS .....	98
PRAMOSONE LOTN .....	53	prednisone TBPK .....	46	PRENATE .....	98
PRAMOSONE OINT .....	53	PREFERRED PLUS LANCETS COLORED 21G .....	81	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
PRAMOTIC .....	104	PREFERRED PLUS LANCETS SUPER THIN 30G .....	81	PRENATE ENHANCE .....	98
prasugrel hcl .....	63	PREFERRED PLUS LANCETS THIN 26G .....	81	PRENATE PIXIE .....	98
pravastatin sodium .....	24	pregabalin CAPS 225 MG, 300 MG 16		PRENATE RESTORE .....	98
praziquantel .....	10	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	16	PRENATRIX TABS .....	98
prazosin hcl CAPS .....	25	pregabalin SOLN .....	16	PRENATRYL TABS .....	98
PRECISION THINS GP LANCET ..	81	PREMARIN .....	120	PREPIDIL GEL .....	104
PRECISION XTRA .....	55	PREMARIN TABS .....	58	PREZCOBIX .....	36
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	55	PREMIUM SCAR PATCH .....	54	PREZISTA SUSP .....	36
PRED MILD .....	102	PREMPHASE .....	58	PREZISTA TABS 75 MG, 150 MG	36
prednicarbate OINT .....	53	PREMPRO .....	58	PRIFTIN .....	27
prednisolone acetate (ophth) ....	102	PRENA 1 TRUE .....	97	PRILOSEC PACK .....	118
PREDNISOLONE PHOSPHATE/MOXIFLOXACIN SOLN .....	102	PRENA1 CHEW .....	97	primaquine phosphate TABS .....	27
PREDNISOLONE SODIUM PHOSPHATE .....	102	PRENA1 PEARL .....	98	PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin) .....	26
prednisolone sodium phosphate SOLN .....	46	PRENAISSANCE .....	98	primidone 50 MG, 250 MG .....	16
prednisolone sodium phosphate TBDP .....	46	PRENAISSANCE PLUS CAPS ....	98	PRO COMFORT LANCETS 30G ..	81
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN .....	102	PRENATAL 19 CHEW .....	98	PRO COMFORT LANCETS 31G ..	82
prednisolone SOLN .....	46	PRENATAL 19 TABS .....	98	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ...	82
prednisolone TABS .....	46	PRENATAL PLUS TABS .....	98	PROAIR RESPICLICK AEPB .....	13
PREDNISON INTENSOL CONC ..	46	PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	98	probenecid .....	61
		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 .....	98	prochlorperazine .....	35
				prochlorperazine maleate TABS ...	35

PROCTOFOAM HC FOAM EX .... 10	propafenone hcl TABS 150 MG ... 11	QC LANCETS SUPER THIN ..... 82
PROCYSBI CPDR ..... 60	propafenone hcl TABS 225 MG, 300 MG ..... 11	QC LANCETS ULTRA THIN ..... 82
PROCYSBI PACK ..... 60	propracetamol hcl ..... 102	QC UNILET LANCETS 28G/ULTRA THIN ..... 82
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS ..... 82	propranolol hcl CP24 ..... 38	QC UNILET LANCETS 33G/MICRO THIN ..... 82
PRODIGY SAFETY LANCETS ... 82	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML ..... 38	QINLOCK ..... 31
PRODIGY TWIST TOP LANCETS 82	propranolol hcl TABS ..... 38	QSYMIA ..... 1
PROFILNINE ..... 62	propylthiouracil ..... 116	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)) ..... 45
progesterone CAPS ..... 105	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML ..... 47	quazepam ..... 64
progesterone OIL ..... 105	protriptyline hcl ..... 19	quetiapine fumarate TABS 200 MG 35
PROGRAF PACK ..... 95	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 47	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG ..... 35
PROLATE TABS ..... 9	PSS SELECT GP LANCETS ..... 82	quetiapine fumarate TABS 300 MG, 400 MG ..... 35
PROLIA SOSY ..... 56	PSS SELECT SAFETY LANCETS 82	quetiapine fumarate TB24 ..... 35
PROMACTA PACK 12.5 MG ..... 64	PULMICORT FLEXHALER AEPB . 12	QUFLORA FE PEDIATRIC LIQD .. 96
PROMACTA PACK 25 MG ..... 64	PULMOZYME ..... 115	QUFLORA GUMMIES CHEW ..... 96
PROMACTA TABS ..... 64	PURE COMFORT LANCETS 30G 82	QUFLORA PEDIATRIC CHEW .... 96
promethazine & phenylephrine SYRP ..... 46	PURIXAN SUSP ..... 28	QUFLORA PEDIATRIC SOLN .... 96
promethazine hcl SOLN OR 6.25 MG/5ML ..... 23	PX LANCETS MICROTHIN 33G . 82	QUILLICHEW ER CHER 20 MG, 40 MG ..... 2
promethazine hcl SUPP 12.5 MG, 25 MG ..... 23	PX LANCETS ULTRA THIN ..... 82	QUILLICHEW ER CHER 30 MG .... 2
promethazine hcl TABS 12.5 MG .. 23	PX LANCETS ULTRA THIN 28G . 82	QUILLIVANT XR SRER ..... 2
promethazine hcl TABS 25 MG ... 23	pyrazinamide ..... 27	quinapril hcl ..... 24
promethazine hcl TABS 50 MG ... 23	pyridostigmine bromide SOLN OR 27	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG ..... 25
promethazine w/codeine SOLN ... 46	pyridostigmine bromide TABS 60 MG ..... 27	quinapril-hydrochlorothiazide 25 MG- 20 MG ..... 25
promethazine w/codeine SYRP ... 46	pyridostigmine bromide TBCR .... 27	quinidine gluconate TBCR ..... 11
promethazine-dm SYRP ..... 47	pyrimethamine ..... 27	quinine sulfate CAPS 324 MG ..... 27
promethazine-phenylephrine-codeine ..... 47	QBRELIS SOLN ..... 24	
propafenone hcl CP12 ..... 11		

QVAR REDIHALER 40 MCG/ACT .13	LANCETS/28G/1.8MM .....83	THIN33G ..... 83
QVAR REDIHALER 80 MCG/ACT .13	READYLANCE SAFETY LANCETS/30G/1.6MM .....83	RELION LANCETS THIN 26G ....83
RA E-ZJECT LANCETS 28G ..... 82	REALITY LANCETS .....83	RELION LANCETS ULTRA- THIN30G ..... 83
RA E-ZJECT LANCETS THIN 26G 82	REALITY LATEX CONDOMS/LUBRICATED MISC ..68	RELION ULTRA THIN LANCETS/30G .....83
RA E-ZJECT LANCETS THIN 28G 82	REALITY LATEX/ULTRA TEXTURED DEVI .....68	RELION ULTRA THIN LANCETS30G .....83
RA E-ZJECT LANCETS ULTRATHIN 30G .....82	REALITY LATEX/ULTRA THIN DEVI 68	RELION ULTRA THIN PLUS LANCETS 32G .....83
RABEPRAZOLE SODIUM DR SPRINKLE CPSP .....118	REALITY TRIGGER LANCETS ..83	RELION ULTRA THIN PLUS LANCETS 33G .....83
rabeprazole sodium TBEC ..... 118	REBIF REBIDOSE SOAJ ..... 106	RELNATE DHA CAPS .....98
RADICAVA ORS STARTER KIT SUSP ..... 100	REBIF REBIDOSE TITRATIONPACK SOAJ .....106	RELYVRIO .....100
RADICAVA ORS SUSP ..... 100	REBIF SOSY ..... 106	RENFLEXIS .....59
raloxifene hcl .....56	REBIF TITRATION PACK SOSY .106	repaglinide .....20
ramelteon .....65	REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT .....62	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/2ML, 40000 UNIT/ML .....64
ramipril CAPS .....24	RECOMBINATE SOLR .....62	RETACRIT 20000 UNIT/ML .....64
ranolazine TB12 1000 MG .....10	REGRANEX .....54	RETEVMO CAPS .....31
ranolazine TB12 500 MG .....10	RELENZA DISKHALER .....37	REXALL LANCETS ULTRA THIN 83
rasagiline mesylate .....34	RELION 2-IN-1 LANCET DEVICES 30G .....83	REXULTI .....35
RASUVO SOAJ 20 MG/0.4ML .....3	RELION 2-IN-1 LANCING DEVICE 25G .....83	REYATAZ PACK .....36
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML .....3	RELION 2-IN-1 LANCING DEVICE 30G .....83	RHOFADE .....54
READYLANCE SAFETY LANCETS/21G/2.2MM .....82	RELION INSULIN SYRINGE 0.5ML/31G X 15/64" .....92	ribavirin (hepatitis c) CAPS .....37
READYLANCE SAFETY LANCETS/23G/1.8MM .....83	RELION INSULIN SYRINGE 1ML/31GX15/64" .....92	ribavirin .....37
READYLANCE SAFETY LANCETS/26G/1.8MM .....83	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....92	RIDAURA .....4
READYLANCE SAFETY	RELION LANCETS MICRO-	rifabutin .....27
		rifampin CAPS .....27
		RIGHTEST GL300 LANCETS ....83
		riluzole TABS .....100

rimantadine hydrochloride TABS .. 37	RYDAPT .....32	SANCUSO PTCH .....22
RINVOQ TB24 ..... 3	RYTARY CPCR .....34	SANDIMMUNE SOLN OR 100 MG/ML ..... 95
risedronate sodium TABS 150 MG 56	RYVENT TABS ..... 23	SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate) ..... 58
risedronate sodium TABS 5 MG, 30 MG, 35 MG .....56	SABRIL PACK (vigabatrin) ..... 17	SANTYL OINT ..... 53
risperidone SOLN .....34	SABRIL TABS (vigabatrin) .....17	SAPHRIS 5 MG .....35
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG .....34	SAFE-T-LANCE LOW FLOW 25G 83	sapropterin dihydrochloride PACK .57
risperidone TABS 3 MG .....34	SAFE-T-LANCE NORMAL FLOW21G .....83	sapropterin dihydrochloride TABS .57
risperidone TBDP .....35	SAFE-T-LANCE PLUS	SAPS HEALTH CARE TWIST TOP LANCETS ..... 84
ritonavir TABS .....36	SAFETYLANCET HIGH FLOW ... 84	SAPS HEALTH PLUS TWIST TOP LANCETS 30G .....84
rivastigmine ..... 105	SAFE-T-LANCE PLUS	SAPS HEALTH TWIST TOP LANCETS 30G .....84
rivastigmine tartrate CAPS ..... 105	SAFETYLANCET LOW FLOW ... 84	SAPS HEALTH TWIST TOP LANCETS 30G .....84
RIXUBIS SOLR ..... 62	SAFE-T-LANCE PLUS	SAPSCARE TWIST TOP LANCETS 30G .....84
rizatriptan benzoate TABS .....93	SAFETYLANCET NORMAL FLOW 84	SAVELLA TABS .....106
rizatriptan benzoate TBDP .....93	SAFETY LANCET 30G/PRESSURE ACTIVATED .....84	SAVELLA TITRATION PACK MISC 106
roflumilast .....12	SAFETY LANCETS ..... 84	saxagliptin hcl ..... 19
romidepsin SOLR .....31	SAFETY LANCETS 21G ..... 84	saxagliptin-metformin hcl .....19
ropinirole hydrochloride TABS .....34	SAFETY LANCETS 23G ..... 84	SAXENDA ..... 2
ropinirole hydrochloride TB24 12 MG 34	SAFETY LANCETS 28G ..... 84	SB LANCETS THIN ..... 84
ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG .....34	SAFETY LANCETS/PRESSURE ACTIVATED/28G .....84	SB LANCETS ULTRA THIN ..... 84
rosuvastatin calcium TABS ..... 24	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ... 45	scopolamine .....22
ROZLYTREK CAPS ..... 32	salicylic acid in ammonium lactate vehicle .....53	SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) ..... 45
RUBRACA .....32	SALICYLIC ACID OINT .....53	SECUADO ..... 35
rufinamide SUSP .....16	salicylic acid SHAM 6 % ..... 53	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
rufinamide TABS 200 MG .....16	SALIMEZ CREA ..... 53	SELECT-OB CHEW 60 MG-2.5 MG-
rufinamide TABS 400 MG .....16	salsalate ..... 7	
RUKOBIA .....36	SALYCIM CREA .....53	
RYBELSUS TABS ..... 19		



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 1000 MG .....	63	sodium citrate & citric acid .....	60
SELECT-OB+DHA MISC .....	98	sildenafil citrate (pulmonary hypertension) SUSR .....	40	sodium fluoride CHEW 0.25 MG, 0.5 MG .....	93
selegiline hcl CAPS .....	34	sildenafil citrate (pulmonary hypertension) TABS .....	40	sodium fluoride CHEW 1 MG, 2.2 MG .....	93
selegiline hcl TABS .....	34	sildenafil citrate .....	39	sodium fluoride SOLN 0.5 MG/ML	.93
selenium sulfide LOTN 2.5 % .....	51	silodosin 4 MG .....	60	sodium fluoride TABS 0.5 MG .....	93
SELZENTRY SOLN .....	36	silodosin 8 MG .....	60	sodium fluoride TABS 1 MG .....	93
SE-NATAL 19 CHEW .....	98	silver sulfadiazine .....	51	SODIUM OXYBATE SOLN .....	105
SE-NATAL 19 TABS .....	98	simvastatin TABS .....	24	sodium phenylbutyrate POWD ....	57
SEREVENT DISKUS .....	13	SINGLE-LET .....	84	sodium phenylbutyrate TABS .....	57
SEROSTIM SC 4 MG, 5 MG, 6 MG 56		sirolimus SOLN .....	95	sodium polystyrene sulfonate POWD 95	
sertraline hcl CONC .....	18	sirolimus TABS .....	95	SODIUM SULFACETAMIDE/SULFUR	
sertraline hcl TABS .....	18	SIVEXTRO TABS .....	26	CLEANSER IN UREA EMUL .....	48
SERTRALINE HYDROCHLORIDE CAPS .....	18	SKYRIZI PEN SOAJ .....	50	sodium sulfate-potassium sulfate- magnesium sulfate .....	65
sevelamer carbonate PACK 0.8 GM . 60		SKYRIZI PSKT .....	50	solifenacin succinate TABS 10 MG 119	
sevelamer carbonate PACK 2.4 GM . 60		SKYRIZI SOCT .....	59	solifenacin succinate TABS 5 MG 119	
sevelamer carbonate TABS .....	60	SKYRIZI SOSY .....	50	SOLTAMOX SOLN .....	29
sevelamer hcl 400 MG .....	60	SLYND .....	45	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G .....	85
sevelamer hcl 800 MG .....	60	SM MICRO THIN LANCETS 33G	.84	SOLUS V2 TWIST LANCETS 30G 85	
SFROWASA ENEM .....	59	SMART SENSE COLOR LANCETS UNIVERSAL 33G .....	85	SOLUVITA SOLN 35 MG/ML-0.5 MG/ML-8 MG/ML-0.4 MG/ML-0.6 MG/ML-10 MCG/ML-3.35 MG/ML- 450 MCG/ML-2 MCG/ML-0.25 MG/ML, 35 MG/ML-0.5 MG/ML-8 MG/ML-0.4 MG/ML-0.6 MG/ML-10 MCG/ML-3.35 MG/ML-450 MCG/ML- 2 MCG/ML-0.5 MG/ML .....	96
SHOPKO ON-THE-GO COMFORTLANCETS 30G .....	84	SMART SENSE STANDARD LANCETS UNIVERSAL 21G .....	85	SOLUVITA SOLN 35 MG/ML-10	
SHOPKO UNILET LANCETS SUPER THIN 30G .....	84	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G .....	85		
SHOPKO UNILET LANCETS ULTRA THIN 28G .....	84	SMART SENSE THIN LANCETSUNIVERSAL 26G .....	85		
SIGNIFOR .....	58	SMARTTEST LANCETS 28G .....	85		
SIKLOS TABS 100 MG .....	63	SOANZ TABS 20 MG .....	56		
		sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 % .....	47		

MCG/ML-450 MCG/ML-0.25 MG/ML . 96	STRIVERDI RESPIMAT .....13	sumatriptan 20 MG/ACT .....93
SOLUVITA SOLN .....93	sucralfate SUSP .....118	sumatriptan 5 MG/ACT .....93
SOMAVERT .....56	sucralfate TABS .....118	sumatriptan succinate SOAJ .....93
sorafenib tosylate .....32	sulconazole nitrate CREA .....49	sumatriptan succinate SOCT .....93
SORILUX FOAM .....50	sulconazole nitrate SOLN .....49	sumatriptan succinate SOLN 6 MG/0.5ML .....93
sotalol hcl (afib/afI) .....38	sulfacetamide sodium (acne) .....48	sumatriptan succinate TABS .....93
sotalol hcl TABS .....38	sulfacetamide sodium (ophth) OINT 102	sunitinib malate 12.5 MG, 37.5 MG, 50 MG .....32
SOTYLIZE SOLN OR .....38	sulfacetamide sodium (ophth) SOLN . 102	sunitinib malate 25 MG .....32
spinosad .....54	sulfacetamide sodium LIQD .....51	SUPER THIN LANCETS .....85
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT .....12	sulfacetamide sodium SHAM 10 % 51	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate) .....65
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT .....12	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 % .....48	SURE COMFORT LANCETS 18G 85
spironolactone & hydrochlorothiazide .....55	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 % .....48	SURE COMFORT LANCETS 21G 85
spironolactone TABS .....56	sulfacetamide sodium w/ sulfur LOTN 10 %-5 % .....48	SURE COMFORT LANCETS 23G 85
SPRAVATO 56MG DOSE .....18	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 % .....48	SURE COMFORT LANCETS 28G 85
SPRAVATO 84MG DOSE .....18	sulfacetamide sod-prednisolone SOLN .....102	SURE COMFORT LANCETS 30G 85
SPRYCEL 20 MG, 50 MG, 70 MG (dasatinib) .....32	sulfadiazine TABS .....115	SURELITE LANCETS .....85
SPRYCEL 80 MG, 100 MG, 140 MG (dasatinib) .....32	sulfamethoxazole-trimethoprim SUSP .....26	SYMBYAX 25 MG-6 MG (olanzapine- fluoxetine hcl) .....105
STELARA SOLN 45 MG/0.5ML ...50	sulfamethoxazole-trimethoprim TABS .....26	SYMDEKO .....115
STELARA SOSY 45 MG/0.5ML ...51	SULFAMILYLON CREA .....51	SYMTUZA .....36
STELARA SOSY 90 MG/ML .....50	sulfasalazine TABS .....59	SYNAREL .....57
STERILANCE TL .....85	sulfasalazine TBEC .....59	SYNDROS SOLN .....22
STIOLTO RESPIMAT .....13	sulindac TABS 150 MG .....5	SYNJARDY TABS .....19
STIVARGA .....32	sulindac TABS 200 MG .....5	SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....19
STRENSIQ .....57		
streptomycin sulfate SOLR .....2		
STRIBILD .....36		

SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG .....	19	tazarotene CREA .....	51	tenofovir disoproxil fumarate TABS	36
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) .....	116	TAZAROTENE FOAM .....	48	terazosin hcl 1 MG, 2 MG, 5 MG ..	25
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) .....	116	tazarotene GEL .....	51	terazosin hcl 10 MG .....	25
SYPRINE (trientine hcl) .....	94	TAZVERIK .....	32	terbinafine hcl TABS .....	22
TABLOID .....	28	TECFIDERA CPDR (dimethyl fumarate) .....	107	terbutaline sulfate TABS .....	13
TABRECTA .....	32	TECFIDERA STARTER PACK CDPK (dimethyl fumarate) .....	107	terconazole vaginal CREA .....	120
tacrolimus (topical) OINT 0.03 % ..	53	TECHLITE AST LANCETS .....	85	terconazole vaginal SUPP .....	120
tacrolimus (topical) OINT 0.1 % ...	53	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" .....	92	teriflunomide .....	107
tacrolimus CAPS .....	95	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" .....	92	TESTIM GEL TD (testosterone) ...	10
tadalafil (pulmonary hypertension) TABS .....	40	TECHLITE LANCETS .....	85	testosterone cypionate SOLN IM 100 MG/ML, 200 MG/ML .....	10
tadalafil 2.5 MG .....	39	TECHLITE LANCETS 26G .....	85	testosterone enanthate SOLN IM ..	10
tadalafil 5 MG, 10 MG, 20 MG .....	39	TEGRETOL SUSP (carbamazepine) .	16	testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM .....	10
TAFINLAR CAPS .....	32	TEGRETOL TABS (carbamazepine) .	16	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM .....	10
TAFINLAR TBSO .....	32	TEGRETOL-XR TB12 100 MG (carbamazepine) .....	16	testosterone GEL TD 10 MG/ACT .	10
tafluprost .....	103	TEGSEDI .....	115	testosterone SOLN .....	10
TAGRISSO .....	28	TEKTURNA HCT 12.5 MG-150 MG, 12.5 MG-300 MG, 25 MG-300 MG	25	tetrabenazine .....	106
TALZENNA .....	32	telmisartan 20 MG, 40 MG .....	24	tetracaine hcl (ophth) .....	102
tamoxifen citrate TABS .....	29	telmisartan 80 MG .....	24	tetracycline hcl CAPS .....	116
tamsulosin hcl .....	60	telmisartan-amlodipine .....	25	TEXACORT SOLN 2.5 % .....	53
TARGRETIN (bexarotene) .....	33	telmisartan-hydrochlorothiazide ..	25	TGT LANCET MICRO THIN 33G ..	85
TASIGNA .....	32	temazepam 15 MG .....	64	TGT LANCET THIN 26G .....	85
TASMAR (tolcapone) .....	33	temazepam 22.5 MG, 30 MG .....	64	TGT LANCET ULTRA THIN 30G ..	86
TAVALISSE 100 MG .....	63	temazepam 7.5 MG .....	64	THALITONE .....	56
TAVALISSE 150 MG .....	63	temozolomide CAPS .....	27	THALOMID 50 MG, 100 MG .....	94
TAYTULLA CAPS (norethin acet & estrad-fe) .....	45	temsirolimus .....	32	THEO-24 CP24 .....	13

theophylline TB12 300 MG .....	13	tizanidine hcl TABS 2 MG .....	99	topiramate CP24 25 MG, 50 MG, 100 MG .....	16
theophylline TB12 450 MG .....	13	tizanidine hcl TABS 4 MG .....	99	topiramate CPSP .....	16
theophylline TB24 .....	13	TOBI NEBU (tobramycin) .....	2	topiramate CS24 100 MG, 150 MG, 200 MG .....	16
THERANATAL CORE NUTRITION TABS .....	98	TOBI PODHALER CAPS .....	2	topiramate CS24 25 MG, 50 MG ..	16
THINLETS GP LANCETS .....	86	TOBRADEX OINT .....	102	topiramate TABS 100 MG .....	16
thioridazine hcl 10 MG, 25 MG, 100 MG .....	35	TOBRADEX ST SUSP .....	102	topiramate TABS 200 MG .....	16
thioridazine hcl 50 MG .....	35	tobramycin (ophth) SOLN .....	102	topiramate TABS 25 MG .....	16
thiothixene .....	35	tobramycin NEBU 300 MG/4ML ....	3	topiramate TABS 50 MG .....	16
THRIVITE RX TABS .....	98	tobramycin NEBU 300 MG/5ML ....	3	topotecan hcl SOLR .....	33
THYMOGLOBULIN .....	95	tobramycin-dexamethasone SUSP 102		toremifene citrate .....	29
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	116	TOBREX OINT .....	102	TORISEL (temsirolimus) .....	32
tiagabine hcl .....	17	TODAY SPONGE MISC .....	119	torseamide TABS 100 MG .....	56
TIBSOVO .....	32	TODAYS HEALTH SUPER THINLANCETS 30G .....	86	torseamide TABS 5 MG, 10 MG, 20 MG .....	56
timolol maleate (ophth) SOLG ....	101	TODAYS HEALTH ULTRA THINLANCETS 28G .....	86	TOUJEO MAX SOLOSTAR SOPN 20	
timolol maleate (ophth) SOLN ....	101	tolcapone .....	33	TOUJEO SOLOSTAR SOPN .....	20
timolol maleate TABS 10 MG .....	38	tolterodine tartrate CP24 .....	119	TPOXX (TECOVIRIMAT CAP 200 MG) .....	37
timolol maleate TABS 5 MG, 20 MG . 38		tolterodine tartrate TABS .....	119	TPOXX CAPS .....	37
tinidazole .....	26	TOPAMAX SPRINKLE CPSP (topiramate) .....	16	TPOXX SOLN .....	37
tiopronin TABS .....	61	TOPAMAX TABS 100 MG (topiramate) .....	16	TRACLEER TBSO .....	40
tiopronin TBEC .....	61	TOPAMAX TABS 200 MG (topiramate) .....	16	tramadol hcl CP24 100 MG, 200 MG, 300 MG .....	8
tiotropium bromide monohydrate CAPS .....	12	TOPAMAX TABS 25 MG (topiramate) .....	16	tramadol hcl TABS 100 MG .....	8
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG .....	116	TOPAMAX TABS 50 MG (topiramate) .....	16	tramadol hcl TABS 50 MG .....	8
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG .....	117	TOPCARE LANCETS MICRO-THIN 33G .....	86	tramadol hcl TB24 100 MG .....	8
TIVICAY TABS 50 MG .....	36	topiramate CP24 200 MG .....	16	tramadol hcl TB24 200 MG .....	8
tizanidine hcl CAPS .....	99			tramadol hcl TB24 .....	8
				tramadol-acetaminophen .....	9

trandolapril .....	24	triamcinolone acetonide (nasal) AERO .....	100	TRILEPTAL TABS 300 MG (oxcarbazepine) .....	16
trandolapril-verapamil hcl .....	25	triamcinolone acetonide (topical) AERS .....	53	TRILEPTAL TABS 600 MG (oxcarbazepine) .....	16
tranexamic acid SOLN 1000 MG/10ML .....	64	triamcinolone acetonide (topical) CREA .....	53	trimethobenzamide hcl CAPS .....	22
tranexamic acid TABS .....	64	triamcinolone acetonide (topical) LOTN .....	53	trimethoprim TABS .....	26
tranylcypromine sulfate .....	18	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % .....	53	trimipramine maleate CAPS .....	19
TRAVEL LANCETS 30G .....	86	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	55	TRINATAL RX 1 TABS .....	98
TRAVEL LANCETS ADVANCED 28G .....	86	triamterene & hydrochlorothiazide TABs 25 MG-37.5 MG .....	55	TRINTELLIX .....	18
travoprost SOLN .....	103	triamterene & hydrochlorothiazide TABs 50 MG-75 MG .....	55	TRISTART DHA .....	98
trazodone hcl TABS .....	18	triamterene CAPS .....	56	TRIUMEQ PD TBSO .....	36
TRECTOR .....	27	triazolam 0.125 MG .....	64	TRIUMEQ TABS .....	36
TRELEGY ELLIPTA .....	13	triazolam 0.25 MG .....	64	TROJAN MAGNUM MISC .....	68
TREMFYA SOAJ 100 MG/ML .....	51	TRICARE TABS .....	98	TROJAN ULTRA THIN LUBRICATED MISC .....	68
TREMFYA SOSY 100 MG/ML .....	51	trientine hcl 250 MG .....	94	TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC .....	68
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML .....	20	trientine hcl 500 MG .....	94	TROJAN-ENZ LUBRICATED MISC 68	
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML .....	20	trifluoperazine hcl TABS .....	35	TROJAN-ENZ W/SPERMICIDAL MISC .....	68
TRESIBA SOLN .....	20	trifluridine .....	102	tropicamide SOLN .....	101
tretinoin (chemotherapy) .....	33	trihexyphenidyl hcl SOLN .....	33	tropium chloride CP24 .....	119
tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	48	trihexyphenidyl hcl TABS .....	33	tropium chloride TABS .....	119
tretinoin GEL 0.01 %, 0.025 %, 0.05 % .....	48	TRIJARDY XR .....	19	TRUE COMFORT SAFETY LANCETS/30G .....	86
tretinoin microsphere 0.04 % .....	48	TRIKAFTA TBPK .....	115	TRUE COMFORT TWIST TOP LANCETS 30G .....	86
tretinoin microsphere 0.08 % .....	48	TRIKAFTA THPK .....	115	TRUE COVER DEVI .....	68
tretinoin microsphere 0.1 % .....	48	TRILEPTAL SUSP (oxcarbazepine) 16			
TRETTEN .....	62	TRILEPTAL TABS 150 MG (oxcarbazepine) .....	16	TRUEPLUS LANCETS 26G .....	86
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	28			TRUEPLUS LANCETS 28G .....	86
triamcinolone acetonide (mouth) .....	95			TRUEPLUS LANCETS 28G SUPER	

THIN .....	86	69	UDENYCA SOAJ .....	64
TRUEPLUS LANCETS 30G .....	86	TRUSTEX/RIA LUBRICATED	UDENYCA SOSY .....	64
TRUEPLUS LANCETS 30G ULTRA		SPERMICIDE MISC .....	ULTILET CLASSIC LANCETS ....	86
THIN .....	86	TRUSTEX/RIA	ULTILET LANCETS .....	86
TRUEPLUS LANCETS 33G .....	86	LUBRICATED/SPERMICIDE MISC	ULTILET LANCETS 33G .....	87
TRUEPLUS LANCETS 33G MICRO		69	ULTILET SAFETY LANCETS 21G X	
THIN .....	86	TRUSTEX/RIA NON-LUBRICATED	2.2MM .....	87
TRUEPLUS SAFETY LANCETS 28G		MISC .....	ULTILET SAFETY LANCETS 23G	
.....	86	TRUVADA 200 MG-300 MG	87	
TRULICITY SC .....	19	(emtricitabine-tenofovir disoproxil	ULTRA THIN LANCETS 31G .....	87
TRUSTEX COLOR CONDOMS +		fumarate) .....	ULTRA-CARE LANCETS 30G ....	87
LUBE MISC .....	68	28	ULTRA-THIN II AUTO LANCET ..	87
TRUSTEX LUBRICATED		TUKYSA .....	ULTRA-THIN II LANCETS 28G ...	87
EXTRALARGE MISC .....	68	TURALIO 200 MG .....	ULTRA-THIN II LANCETS 30G ...	87
TRUSTEX LUBRICATED		32	UNASYN BULK PACK IV (ampicillin	
EXTRASTRENGTH MISC .....	68	TUSNEL TABS .....	& sulbactam sodium) .....	105
TRUSTEX LUBRICATED MISC ...	68	47	UNASYN IJ 2 GM-1 GM (ampicillin &	
TRUSTEX		TUSSLIN LIQD .....	sulbactam sodium) .....	105
LUBRICATED/RIBBED/STUDDED		47	UNILET COMFORTOUCH LANCET	
MISC .....	68	TUSSLIN PEDIATRIC LIQD .....	87	
TRUSTEX		47	UNILET EXCELITE .....	87
LUBRICATED/SPERMICIDE EXTRA		TWIRLA .....	UNILET EXCELITE II .....	87
LARGE MISC .....	68	45	UNILET G.P. LANCET .....	87
TRUSTEX		TWIST TOP LANCETS 30G .....	UNILET G.P. SUPERLITE LANCET .	
LUBRICATED/SPERMICIDE EXTRA		86	87	
STRENGTH MISC .....	68	TYBLUME CHEW .....	UNILET GP 28 ULTRA THIN .....	87
TRUSTEX		45	UNILET LANCET .....	87
LUBRICATED/SPERMICIDE EXTRA		TYBOST .....	UNILET LANCETS MICRO-THIN33G	
STRENGTH MISC .....	68	36	.....	87
TRUSTEX		TYKERB (lapatinib ditosylate) ....	UNILET LANCETS SUPER-	
LUBRICATED/SPERMICIDE MISC		32	THIN30G .....	87
68		TYMLOS .....	UNILET LANCETS ULTRA-THIN	
TRUSTEX NATURAL CONDOMS		56	28G .....	87
+LUBE/LUBRICATED MISC .....	68	TYVASO DPI INSTITUTIONALKIT		
TRUSTEX NON-LUBRICATED MISC		POWD .....		
.....	68	39		
TRUSTEX WITH NONOXYNOL-		TYVASO DPI MAINTENANCE KIT		
9/RIBBED/STUDDED MISC .....	68	POWD .....		
TRUSTEX/RIA LUBRICATED MISC .		39		
		TYVASO DPI TITRATION KIT		
		POWD .....		
		39		
		TYVASO REFILL KIT SOLN IN ...		
		39		
		TYVASO SOLN IN .....		
		39		
		TYVASO STARTER KIT SOLN IN		
		39		
		UBRELVY .....		
		92		
		UDENYCA ONBODY SOSY .....		
		64		

UNILET SUPERLITE LANCET ... 87	UNISTIK TOUCH SAFETY LANCETS 28G ..... 89	160 MG ..... 25
UNISTIK 1 ..... 87	UNISTIK TOUCH SAFETY LANCETS 30G ..... 89	VALTOCO 10 MG DOSE LIQD .... 14
UNISTIK 2 ..... 88	UNIVERSAL 1 LANCETS THIN26G . 89	VALTOCO 15 MG DOSE LQPK ... 14
UNISTIK 2 COMFORT ..... 88	UNIVERSAL 1 LANCETS ULTRA THIN 30G ..... 89	VALTOCO 20 MG DOSE LQPK ... 14
UNISTIK 2 EXTRA ..... 88	UNIVERSAL 1 LANCETS/33G/MICRO-THIN ..... 89	VALTOCO 5 MG DOSE LIQD ..... 15
UNISTIK 2 NEONATAL ..... 88	UPTRAVI TABS 200 MCG ..... 40	VALUE PLUS LANCETS STANDARD 21G ..... 89
UNISTIK 2 NORMAL ..... 88	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG ..... 40	VALUE PLUS LANCETS SUPERTHIN 30G ..... 89
UNISTIK 2 SUPER ..... 88	UPTRAVI TITRATION PACK TBPK 40	VALUE PLUS LANCETS THIN 26G . 89
UNISTIK 3 ..... 88	urea LOTN 40 % ..... 53	VALUMARK LANCET SUPER THIN 30G ..... 89
UNISTIK 3 COMFORT ..... 88	ursodiol CAPS ..... 59	VALUMARK LANCET ULTRA THIN 28G ..... 89
UNISTIK 3 EXTRA ..... 88	ursodiol TABS ..... 59	vancomycin hcl CAPS ..... 26
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G ..... 88	valacyclovir hcl 1 GM, 1000 MG ... 37	VANDAZOLE ..... 120
UNISTIK 3 GENTLE ..... 88	valacyclovir hcl 500 MG ..... 37	varenicline tartrate TABS 0.5 MG 115
UNISTIK 3 NEONATAL ..... 88	VALCHLOR ..... 50	varenicline tartrate TABS 1 MG .. 115
UNISTIK 3 NORMAL ..... 88	valganciclovir hcl SOLR ..... 37	VARUBI TBPK ..... 22
UNISTIK CZT COMFORT ..... 88	valganciclovir hcl TABS ..... 37	VASCEPA (icosapent ethyl) ..... 23
UNISTIK CZT NORMAL ..... 88	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML ..... 17	VCF VAGINAL CONTRACEPTIVE FILM FILM ..... 119
UNISTIK NORMAL ..... 88	valproic acid CAPS ..... 17	VCF VAGINAL CONTRACEPTIVEGEL GEL ..... 119
UNISTIK PRO SAFETY LANCET 21G ..... 88	valsartan TABS 160 MG ..... 24	VECAMYL ..... 26
UNISTIK PRO SAFETY LANCET 25G ..... 88	valsartan TABS 40 MG, 80 MG, 320 MG ..... 24	VELCADE SOLR IJ (bortezomib) . 32
UNISTIK PRO SAFETY LANCET 28G ..... 88	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG ..... 25	VEMLIDY ..... 37
UNISTIK SAFETY LANCETS 28G 88	valsartan-hydrochlorothiazide 25 MG-	VENCLEXTA STARTING PACK TBPK ..... 28
UNISTIK SAFETY LANCETS 30G 89		VENCLEXTA TABS 10 MG ..... 28
UNISTIK TOUCH SAFETY LANCETS 21G ..... 89		VENCLEXTA TABS 100 MG ..... 28
UNISTIK TOUCH SAFETY LANCETS 23G ..... 89		VENCLEXTA TABS 50 MG ..... 28

venlafaxine hcl CP24 .....	18	VIDA MIA UNILET LANCETS SUPER THIN 30G .....	90	VITRAKVI SOLN .....	32
venlafaxine hcl TABS .....	18	VIDA MIA UNILET LANCETS ULTRA THIN 28G .....	90	VIVA DHA CAPS .....	98
venlafaxine hcl TB24 225 MG .....	18	vigabatrin PACK .....	17	VIVAGUARD LANCETS .....	90
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG .....	18	vigabatrin TABS .....	17	VIVAGUARD LANCETS 30G .....	90
VENTAVIS .....	39	VIIBRYD STARTER PACK KIT .....	18	VIVAGUARD SAFETY LANCETS/28G .....	90
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...	38	vilazodone hcl TABS 10 MG, 40 MG . 18		VIVAGUARD SAFETY LANCETS28G .....	90
verapamil hcl CP24 180 MG .....	38	vilazodone hcl TABS 20 MG .....	18	VIZIMPRO .....	28
verapamil hcl CP24 360 MG .....	39	VINATE DHA RF .....	98	VONVENDI .....	62
verapamil hcl TABS .....	39	VIRACEPT TABS .....	36	voriconazole SUSR .....	22
verapamil hcl TBCR 120 MG .....	39	VIREAD POWD .....	36	voriconazole TABS .....	22
verapamil hcl TBCR 180 MG, 240 MG .....	39	VIREAD TABS 150 MG, 200 MG, 250 MG .....	36	VOSEVI .....	37
VEREGEN .....	48	VIRT-NATE DHA CAPS .....	98	VOTRIENT (pazopanib hcl) .....	32
VERIFINE SAFETY LANCET MINI 21G X 2.4MM .....	89	VISTOGARD .....	21	VRAYLAR CAPS .....	34
VERIFINE SAFETY LANCET MINI 23G X 1.8MM .....	89	VITAFOL GUMMIES .....	98	VRAYLAR CPPK .....	34
VERIFINE SAFETY LANCET MINI 28G X 1.8MM .....	89	VITAFOL-NANO .....	98	VYNDAMAX .....	40
VERIFINE SAFETY LANCET MINI 30G X 1.8MM .....	89	VITAFOL-ONE CAPS .....	98	VYVANSE CAPS .....	1
VERIFINE UNIVERSAL LANCETS 28G .....	89	VITAMEDMD ONE RX/QUATREFOLIC .....	98	VYVANSE CHEW .....	1
VERIFINE UNIVERSAL LANCETS 30G .....	89	VITAMEDMD REDICHEW RX .....	98	WALGREENS ADVANCED TRAVELLANCETS 28G .....	90
VERIFINE UNIVERSAL LANCETS 33G .....	89	VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.25 MG/ML- 450 MCG/ML .....	96	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G .....	90
VERSACLOZ SUSP .....	35	VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.5 MG/ML- 450 MCG/ML .....	96	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G .....	90
VERZENIO .....	32	VITAPEARL .....	98	WALGREENS LANCETS .....	90
VIBERZI .....	59	VITATHELY/GINGER TABS .....	98	WALGREENS THIN LANCETS ...	90
VICTOZA (liraglutide) .....	19	VITATRUE .....	98	WALGREENS ULTRA THIN LANCETS .....	90
		VITRAKVI CAPS .....	32	warfarin sodium TABS .....	14



WESCAP-C DHA	98	XELJANZ TABS	3	ZARONTIN SOLN (ethosuximide)	17
WESNATE DHA CAPS	98	XELJANZ XR TB24	3	ZARXIO	64
WESTAB PLUS TABS	98	XENICAL (orlistat)	2	ZAVESCA (miglustat)	63
WESTGEL DHA	98	XERAC AC	54	ZEJULA TABS	33
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	69	XERMELO	60	ZELAPAR TBDP	34
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	69	XHANCE EXHU	100	ZELBORAF	33
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	69	XIFAXAN 200 MG	26	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	55
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	69	XIFAXAN 550 MG	26	ZEVRX TWIST TOP LANCETS 30G 90	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	69	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	19	zidovudine CAPS	36
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	69	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	19	zidovudine SYRP	37
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	69	XIMINO CP24	116	zidovudine TABS	37
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	69	XOSPATA	33	zileuton TB12	12
WILATE KIT	62	XPOVIO	30	ziprasidone hcl 20 MG, 40 MG	34
WILZIN	94	XPOVIO 80 MG TWICE WEEKLY 30		ziprasidone hcl 60 MG, 80 MG	34
XADAGO	34	XTANDI CAPS	29	ZIRGAN GEL	102
XALKORI CAPS	32	XTANDI TABS	29	ZOLINZA	33
XALKORI CPSP	33	XURIDEN	57	zolmitriptan SOLN	93
XARELTO STARTER PACK TBPK 14		XYNTHA	62	zolmitriptan TABS	93
XARELTO SUSR	14	XYNTHA SOLOFUSE	62	zolmitriptan TBDP	93
XARELTO TABS 10 MG	14	XYREM SOLN	105	zolpidem tartrate TABS	64
XARELTO TABS 2.5 MG, 15 MG, 20 MG	14	YASMIN 28 (drospirenone-ethinyl estradiol)	45	zolpidem tartrate TBCR	64
XATMEP SOLN	28	YAZ (drospirenone-ethinyl estradiol) 45		ZOMACTON SOLR SC 10 MG	56
XELJANZ SOLN	3	YONSA	29	ZONEGRAN CAPS 100 MG (zonisamide)	16
		zafirlukast 10 MG	12		
		zafirlukast 20 MG	12		
		zaleplon	64		
		ZARONTIN CAPS (ethosuximide)	17		

ZONEGRAN CAPS 25 MG (zonisamide) .....	16
zonisamide CAPS 100 MG .....	16
zonisamide CAPS 25 MG, 50 MG .	16
ZORBTIVE SC .....	56
ZORTRESS (everolimus (immunosuppressant)) .....	95
ZYDELIG .....	33
ZYFLO TABS .....	12
ZYKADIA TABS .....	33
ZYLET .....	102
ZYTIGA (abiraterone acetate) ....	29