

# *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 All previous versions are no longer in effect.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*

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# Welcome to Health Net

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Example:

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

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

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

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

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

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

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

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

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

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

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

## **Tier Description Table**

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

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

## **Are there any limits on my drug coverage?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

You can save time and money with these simple steps:

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

# Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

plan.

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines					
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1		<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1		<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily)
<i>amphetamine-dextroamphetamine CP24</i> 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	QL(2 ea daily; 90 Day(s) limit)	<i>methamphetamine hcl</i>	2	PA
<i>amphetamine-dextroamphetamine</i> TABS 1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG	1	QL(90 ea per fill retail)	Analeptics		
<i>amphetamine-dextroamphetamine</i> 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		<i>caffeine citrate SOLN OR</i>	1	
<i>dextroamphetamine sulfate CP24</i>	1		Anorexiants Non-Amphetamine		
<i>dextroamphetamine sulfate SOLN</i>	1		<i>ADIPEX-P CAPS (phentermine hcl)</i>	7	Check plan documents for coverage; PA
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1		<i>ADIPEX-P TABS (phentermine hcl)</i>	7	Check plan documents for coverage; PA
			<i>benzphetamine hcl 50 MG</i>	4	PA
			<i>diethylpropion hcl TABS</i>	4	Check plan documents for coverage; PA
			<i>diethylpropion hcl TB24</i>	4	Check plan documents for coverage; PA
			<i>LOMAIRA TABS</i>	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
			<i>QSYMIA</i>	4	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents					
			<i>CONTRAVE</i>	4	Check plan documents for coverage; PA
			<i>orlistat</i>	4	Check plan documents for coverage; PA

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brand Drugs 4=High Cost Drugs 5=Preventive Drugs 7=Brand Reference Only, Generic is Available PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access SF=Split-Fill 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> )	7	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>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)	<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)			
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)	<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)			
<i>clonidine hcl (adhd) TB12</i>	1	QL(4 ea daily)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)			
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)	<i>methylphenidate PTCH</i>	1	QL(1 ea daily)			
Stimulants - Misc.								
<i>armodafinil 50 MG</i>	1	ST; PA	<i>modafinil</i>	2	QL(1 ea daily); ST			
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	ST; PA	QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA			
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily)	RELEXXII TBCR 18 MG, 27 MG, 36 MG	2	QL(1 ea daily)			
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)	RELEXXII TBCR 54 MG	2	QL(2 ea daily)			
<i>methylphenidate hcl CHEW</i>	1		AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections					
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)	Aminoglycosides					
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)	ARIKAYCE	4	PA			
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 ea daily)	BETHKIS NEBU ( <i>tobramycin</i> )	7	PA			
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1		HUMATIN	2				
<i>methylphenidate hcl SOLN</i>	1		<i>neomycin sulfate TABS</i>	1				
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1		<i>streptomycin sulfate SOLR</i>	4	PA			
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)	TOBI PODHALER CAPS	4	PA			
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>								
<i>tobramycin NEBU</i>								
<i>tobramycin NEBU</i>								
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions								
Antirheumatic - Enzyme Inhibitors								

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen CAPS 75 MG</i>	1		ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA
<i>ketoprofen CP24</i>	1		ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail)	ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
<i>meclofenamate sodium CAPS</i>	1		ENBREL SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA
<i>mefenamic acid CAPS</i>	1		ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)	ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)	Analgesic Combinations		
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1				
<i>naproxen SUSP</i>	1				
<i>naproxen TABS</i>	1				
<i>oxaprozin TABS</i>	1				
<i>piroxicam CAPS 10 MG</i>	1				
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)			
<i>sulindac TABS 200 MG</i>	1				
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)			
Phosphodiesterase 4 (PDE4) Inhibitors					
OTEZLA TABS	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); PA			
OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 days retail); PA			
Pyrimidine Synthesis Inhibitors					
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)			
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)			
Soluble Tumor Necrosis Factor Receptor Agents					

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate SUPP 10 MG, 20 MG, 30 MG</i>	1		(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	QL(4 ea daily)
<i>morphine sulfate TABS</i>	1		(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)	<i>acetaminophen w/ codeine SOLN</i>	1	
<i>OXAYDO TABS 7.5 MG</i>	3	QL(4 ea daily)	<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)
<i>OXAYDO TABS 5 MG</i>	2		<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	
<i>oxycodone hcl CAPS</i>	1		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	
<i>oxycodone hcl CONC 100 MG/5ML</i>	1		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA
<i>oxycodone hcl SOLN</i>	1		<i>butalbital-aspirin-caffeine w/cod</i>	1	
<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1		<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)
<i>oxymorphone hcl TABS 5 MG</i>	1		<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
<i>oxymorphone hcl TABS 10 MG</i>	1	QL(8 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1				
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)			
<i>tramadol hcl TABS 100 MG</i>	1				
<i>tramadol hcl TB24 200 MG</i>	1	QL(1 ea daily)			
<i>tramadol hcl TB24 100 MG</i>	1	QL(3 ea daily)			
<i>tramadol hcl TB24</i>	1				
Opioid Combinations					
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	1				
(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1				

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<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1		<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)
LORTAB ELIX	3		<i>pentazocine w/ naloxone hcl</i>	1	
NALOCET TABS	3		SUBLOCADE SOSY	4	Covered under the Medical Benefit; PA
OXYCODONE AND ACETAMINOPHEN TABS	3		<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1		Anabolic Steroids		
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)	<i>oxandrolone 10 MG</i>	2	QL(2 ea daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily)	<i>oxandrolone 2.5 MG</i>	2	
OXYCODONE/ACETAMINOPHEN TABS	3		Androgens		
PROLATE TABS	3		(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)
<i>tramadol-acetaminophen</i>	1	QL(8 ea daily)	<i>danazol CAPS</i>	1	
Opioid Partial Agonists			METHITEST TABS	2	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)	<i>methyltestosterone CAPS</i>	1	
<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)	TESTIM GEL TD ( <i>testosterone</i> )	7	QL(10 gm daily); PA
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1		<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml per fill retail)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)	<i>testosterone enanthate SOLN IM</i>	1	
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)	<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	QL(10 gm daily)
<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 ea per 28 days retail)	<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>			Intrarectal Steroids		

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<i>budesonide (intrarectal)</i>	1	ST; PA	NITRO-BID OINT	2	
CORTIFOAM EX 10 %	2		NITRO-DUR PT24	2	QL(1 ea daily)
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)	<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
Rectal Combinations			<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
ANALPRAM-HC LOTN EX	3		<i>nitroglycerin SUBL</i>	1	
PROCTOFOAM HC FOAM EX	2		ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Rectal Steroids			Antianxiety Agents - Misc.		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1		<i>buspirone hcl</i>	1	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1		<i>hydroxyzine hcl SYRP</i>	1	
ANTHELMINTICS - Drugs to Treat Worm			<i>hydroxyzine hcl TABS</i>	1	
Infections			<i>hydroxyzine pamoate CAPS</i>	1	
Anthelmintics			Benzodiazepines		
<i>albendazole</i>	1		(Alprazolam) ALPRAZOLAM XR TB24	1	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)	(Diazepam) DIAZEPAM INTENSOL CONC	1	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA	(Lorazepam) LORAZEPAM INTENSOL CONC	1	
<i>praziquantel</i>	1		ALPRAZOLAM INTENSOL CONC	3	
ANTIANGINAL AGENTS - Drugs to Treat Chest			<i>alprazolam TABS</i>	1	
Pain			<i>alprazolam TB24</i>	1	
Antiangulars-Other			<i>alprazolam TBDP</i>	2	
<i>ranolazine TB12 500 MG</i>	1	QL(4 ea daily)	<i>chlordiazepoxide hcl CAPS</i>	1	
<i>ranolazine TB12 1000 MG</i>	1		<i>clorazepate dipotassium TABS</i>	1	
Nitrates			<i>diazepam CONC</i>	1	
GONITRO PACK	3	PA	<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>isosorbide dinitrate TABS</i>	1		<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>isosorbide mononitrate TABS</i>	1		<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
<i>isosorbide mononitrate TB24</i>	1		<i>lorazepam CONC</i>	1	
			<i>lorazepam TABS</i>	1	
			<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)

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<i>oxazepam CAPS 10 MG, 15 MG</i>	1		NUCALA SOSY 100 MG/ML	4	PA
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			Anti-Inflammatory Agents		
Antiarrhythmics Type I-A			<i>cromolyn sodium NEBU</i>	1	
<i>disopyramide phosphate CAPS</i>	1		Bronchodilators - Anticholinergics		
NORPACE CR CP12	2		ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
<i>quinidine gluconate TBCR</i>	1		INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>quinidine sulfate TABS</i>	1		<i>ipratropium bromide SOLN 0.02 %</i>	1	
Antiarrhythmics Type I-B			SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>mexiletine hcl</i>	1		SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
Antiarrhythmics Type I-C			<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)
<i>flecainide acetate</i>	1		Leukotriene Modulators		
<i>propafenone hcl CP12</i>	1		<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)	<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)	<i>montelukast sodium TABS</i>	1	QL(1 ea daily)
Antiarrhythmics Type III			<i>zafirlukast 20 MG</i>	1	QL(2 ea daily)
(Amiodarone Hcl) PACERONE TABS	1		<i>zafirlukast 10 MG</i>	1	
<i>amiodarone hcl TABS</i>	1		<i>zileuton TB12</i>	1	ST
<i>dofetilide</i>	1		ZYFLO TABS	3	ST
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions			Selective Phosphodiesterase 4 (PDE4) Inhibitors		
Antiasthmatic - Monoclonal Antibodies			<i>roflumilast</i>	1	QL(1 ea daily)
FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Steroid Inhalants		
NUCALA SOAJ	4	PA	ARNUITY ELLIPTA	2	QL(1 ea daily)
NUCALA SOLR	4	Must use Acaria Specialty (844) 538-4661; SP; PA	<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ml daily)

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<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ml daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)	<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 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	
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)	<i>ALBUTEROL SULFATE NEBU</i>	2	
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)	<i>albuterol sulfate SYRP</i>	1	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)	<i>albuterol sulfate TABS</i>	1	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)	<i>ANORO ELLIPTA</i>	2	QL(2 ea daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail)	<i>BREZTRI AEROSPHERE</i>	2	QL(0.36 gm daily)
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)	<i>COMBIVENT RESPIMAT AERS</i>	3	Limit 1 inhaler per month; QL(0.2 gm daily)
<b>Sympathomimetics</b>			<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<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)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)	<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)
<i>albuterol sulfate AERS</i>	1	QL(0.72 gm daily)	<i>formoterol fumarate NEBU</i>	1	QL(4 ml daily)
			<i>ipratropium-albuterol SOLN</i>	1	
			<i>levalbuterol hcl</i>	1	
			<i>levalbuterol tartrate</i>	1	QL(0.6 gm daily)
			<i>PROAIR RESPICLICK AEPB</i>	3	Limit 2 inhalers per month; QL(0.07 ea daily)
			<i>SEREVENT DISKUS</i>	2	QL(2 ea daily)

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STIOLTO RESPIMAT	2	QL(0.14 gm daily)	ARIXTRA 2.5 MG/0.5ML ( <i>fondaparinux sodium</i> )	7	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)	<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ml daily); PA
<i>terbutaline sulfate TABS</i>	1		<i>enoxaparin sodium SOSY</i>	2	QL(4 ml per 7 days retail)
TRELEGY ELLIPTA	2	QL(2 ea daily)	<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
Xanthines			<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	4	PA
(Theophylline) ELIXOPHYLLIN ELIX	1		FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
THEO-24 CP24	2		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
<i>theophylline ELIX</i>	1		FRAGMIN SOSY 2500 UNIT/0.2ML	4	
<i>theophylline SOLN</i>	1		<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA
<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)			
<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)			
<i>theophylline TB24</i>	1	QL(1 ea daily)			
ANTICOAGULANTS - Blood Thinners					
Coumarin Anticoagulants					
(Warfarin Sodium) JANTOVEN TABS	1				
<i>warfarin sodium TABS</i>	1				
Direct Factor Xa Inhibitors					
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)	AMPA Glutamate Receptor Antagonists		
ELIQUIS TABS	2	QL(2 ea daily)	FYCOMPA SUSP	3	QL(24 ml daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)	FYCOMPA TABS 2 MG	3	QL(6 ea daily)
XARELTO SUSR	2	QL(900 ml per 30 days retail)	FYCOMPA TABS 4 MG	3	QL(3 ea daily)
XARELTO TABS	2	QL(1 ea daily)	FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); SL
Heparins And Heparinoid-Like Agents			FYCOMPA TABS 6 MG	3	QL(2 ea daily); SL
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML ( <i>fondaparinux sodium</i> )	7	PA	Anticonvulsants - Benzodiazepines		
			<i>clobazam SUSP</i>	1	
			<i>clobazam TABS 20 MG</i>	1	QL(2 ea daily)
			<i>clobazam TABS 10 MG</i>	1	QL(1 ea daily)
			<i>clonazepam TABS</i>	1	

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<i>clonazepam TBDP</i>	1		<i>carbamazepine CHEW</i>	1	
<i>diazepam (anticonvulsant) GEL</i>	1	QL(0.14 ea daily)	<i>carbamazepine CP12</i>	1	
NAYZILAM	4	QL(10 ea per 30 days retail); PA	<i>carbamazepine SUSP</i>	1	
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA	<i>carbamazepine TABS</i>	1	
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA	<i>carbamazepine TB12 100 MG</i>	1	
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA	<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)
VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA	<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)
Anticonvulsants - Misc.			<i>CARBATROL CP12 (carbamazepine)</i>	7	
(Carbamazepine) EPITOL TABS	1		<i>DIACOMIT CAPS 250 MG</i>	4	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	<i>DIACOMIT CAPS 500 MG</i>	4	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	<i>DIACOMIT PACK 500 MG</i>	4	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE TABS	1		<i>DIACOMIT PACK 250 MG</i>	4	QL(12 ea daily); PA
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)	<i>EPIDIOLEX</i>	4	ST; PA
APTIOM	3	QL(2 ea daily); ST	<i>gabapentin CAPS</i>	1	
BANZEL SUSP ( <i>rufinamide</i> )	7		<i>gabapentin SOLN</i>	1	
BANZEL TABS 400 MG ( <i>rufinamide</i> )	7	QL(8 ea daily)	<i>gabapentin TABS 600 MG, 800 MG</i>	1	
BANZEL TABS 200 MG ( <i>rufinamide</i> )	7		<i>KEPPRA XR TB24 (levetiracetam)</i>	7	QL(4 ea daily)
			<i>KEPPRA SOLN OR 100 MG/ML (levetiracetam)</i>	7	
			<i>KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)</i>	7	QL(6 ea daily)
			<i>KEPPRA TABS 1000 MG (levetiracetam)</i>	7	QL(3 ea daily)
			<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)
			<i>lacosamide TABS</i>	1	QL(2 ea daily)
			<i>LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine)</i>	7	
			<i>LAMICTAL ODT KIT</i>	3	ST; PA

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

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<i>topiramate CP24 50 MG, 100 MG</i>	1	PA	GABITRIL ( <i>tiagabine hcl</i> )	7	
<i>topiramate CP24 25 MG</i>	1	ST; PA	SABRIL PACK ( <i>vigabatrin</i> )	7	QL(6 ea daily)
<i>topiramate CP24 200 MG</i>	1	QL(2 ea daily); PA	SABRIL TABS ( <i>vigabatrin</i> )	7	
<i>topiramate CPSP</i>	1		<i>tiagabine hcl</i>	1	
<i>topiramate CS24 25 MG, 50 MG</i>	1	QL(2 ea daily); PA	<i>vigabatrin PACK</i>	4	QL(6 ea daily)
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	1	QL(1 ea daily); PA	<i>vigabatrin TABS</i>	4	
<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)	Hydantoins		
<i>topiramate TABS 25 MG</i>	1		(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)	DILANTIN 30 MG	3	
TRILEPTAL SUSP ( <i>oxcarbazepine</i> )	7	QL(40 ml daily)	DILANTIN ( <i>phenytoin sodium extended</i> )	7	
TRILEPTAL TABS 150 MG ( <i>oxcarbazepine</i> )	7		DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	7	
TRILEPTAL TABS 300 MG ( <i>oxcarbazepine</i> )	7	QL(8 ea daily)	DILANTIN-125 SUSP ( <i>phenytoin</i> )	7	
TRILEPTAL TABS 600 MG ( <i>oxcarbazepine</i> )	7	QL(4 ea daily)	<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )	7	QL(6 ea daily)	<i>phenytoin CHEW</i>	1	
ZONEGRAN CAPS 25 MG ( <i>zonisamide</i> )	7		<i>phenytoin SUSP</i>	1	
<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)	Succinimides		
<i>zonisamide CAPS 25 MG, 50 MG</i>	1		CELONTIN ( <i>methsuximide</i> )	7	
Carbamates			<i>ethosuximide CAPS</i>	1	
<i>felbamate SUSP</i>	1		<i>ethosuximide SOLN</i>	1	
<i>felbamate TABS</i>	1		<i>methsuximide</i>	1	
FELBATOL SUSP ( <i>felbamate</i> )	7		ZARONTIN CAPS ( <i>ethosuximide</i> )	7	
GABA Modulators			ZARONTIN SOLN ( <i>ethosuximide</i> )	7	
(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 ea daily)	Valproic Acid		
(Vigabatrin) VIGADRONE TABS	4		DEPAKOTE ER TB24 ( <i>divalproex sodium</i> )	7	

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

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<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)	<i>acarbose</i>	1			
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)					<i>miglitol</i>		
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)	Antidiabetic Combinations				
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)	<i>glipizide-metformin hcl</i>	1			
FETZIMA TITRATION PACK C4PK	3	ST	<i>glyburide-metformin</i>	1			
FETZIMA CP24 20 MG	3	QL(2 ea daily); ST	GLYXAMBI	2			
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)		
<i>venlafaxine hcl CP24</i>	1	QL(2 ea daily)	JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)		
<i>venlafaxine hcl TABS</i>	1		JANUMET TABS	2	QL(2 ea daily)		
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)	<i>pioglitazone hcl-glimepiride</i>	1			
<i>venlafaxine hcl TB24 225 MG</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1			
Tricyclic Agents			<i>saxagliptin-metformin hcl</i>	1	QL(1 ea daily)		
<i>amitriptyline hcl TABS</i>	1		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)		
<i>amoxapine</i>	1		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)		
<i>clomipramine hcl</i>	2		SYNJARDY TABS	2	QL(2 ea daily)		
<i>desipramine hcl TABS</i>	1		TRIJARDY XR	2			
<i>doxepin hcl CAPS</i>	1		XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)		
<i>doxepin hcl CONC</i>	1		XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)		
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)	Biguanides				
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		<i>metformin hcl SOLN</i>	1			
<i>imipramine pamoate</i>	1		<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>nortriptyline hcl CAPS</i>	1						
<i>nortriptyline hcl SOLN</i>	1						
<i>protriptyline hcl</i>	1						
<i>trimipramine maleate CAPS</i>	1						
ANTIDIABETICS - Drugs to Regulate Blood Sugar							
Alpha-Glucosidase Inhibitors							

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl TB24 500 MG, 750 MG</i>	1		HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
Diabetic Other			HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>diazoxide</i>	2		HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 days retail)	HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
<i>alogliptin benzoate</i>	1		HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
JANUVIA	2	QL(1 ea daily)	HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
<i>saxagliptin hcl</i>	1	QL(2 ea daily)	HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
Incretin Mimetic Agents			HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
OZEMPIC SOPN	2	Not available through mail order.; PA	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
RYBELSUS TABS 7 MG, 14 MG	2	PA	HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
RYBELSUS TABS 3 MG	2	Not available through mail order; PA	HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
TRULICITY	2	Not available through mail order; PA	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
VICTOZA	2	Not available through mail order; PA	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
Insulin			LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
AFREZZA POWD	3	QL(3 ea daily)	TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
AFREZZA POWD	3				
AFREZZA POWD	3	QL(6 ea daily)			
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)			
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)			
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)			
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)	Antiperistaltic Agents		
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	1	RX/OTC
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ml daily)	<i>diphenoxylate w/ atropine LIQD</i>	1	
TRESIBA SOLN	2	QL(1.5 ml daily)	<i>diphenoxylate w/ atropine TABS</i>	1	
Insulin Sensitizing Agents			<i>loperamide hcl CAPS</i>	1	RX/OTC
<i>pioglitazone hcl 15 MG</i>	1		ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)	Antidotes - Chelating Agents		
Meglitinide Analogues			CHEMET	3	
<i>nateglinide</i>	1		<i>deferasirox PACK</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>repaglinide</i>	1		<i>deferasirox TABS</i>	4	PA
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			<i>deferasirox TBSO</i>	4	PA
FARXIGA	2	QL(1 ea daily)	<i>deferiprone TABS 500 MG</i>	4	PA
JARDIANCE	2	QL(1 ea daily)	<i>EXJADE TBSO (deferasirox)</i>	7	PA
Sulfonylureas			<i>FERRIPROX SOLN</i>	4	PA
(Glipizide) GLIPIZIDE XL TB24	1		<i>FERRIPROX TABS 500 MG (deferiprone)</i>	7	PA
<i>glimepiride</i>	1		<i>JADENU SPRINKLE PACK (deferasirox)</i>	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>glipizide TABS</i>	1		<i>JADENU TABS (deferasirox)</i>	7	PA
<i>glipizide TB24</i>	1		Antidotes and Specific Antagonists		
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1		ANDEXXA 200 MG	4	PA
<i>glyburide TABS</i>	1		VISTOGARD	4	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea					
Antidiarrheal - Chloride Channel Antagonists					
MYTESI	3	QL(2 ea daily); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
Opioid Antagonists								
KLOXXADO LIQD	2		<i>dronabinol CAPS 2.5 MG</i>	2	ST; PA			
<i>naloxone hcl LIQD</i>	1	QL(4 ea per 30 days retail); RX/OTC	SYNDROS SOLN	4	PA			
<i>naloxone hcl SOSY</i>	1		Substance P/Neurokinin 1 (NK1) Receptor Antagonists					
<i>naltrexone hcl</i>	1		<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 ea daily)			
ANTIEMETICS - Drugs to Treat Nausea and Vomiting								
5-HT3 Receptor Antagonists								
ANZEMET TABS 50 MG	3	ST; Limit 2 per month; QL(0.07 ea daily); PA	<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 ea daily)			
<i>gransetron hcl TABS</i>	1	ST; Limit 2 tablets per day; QL(2 ea daily); PA	<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 ea daily)			
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ml daily)	<i>aprepitant MISC</i>	1	Limit 3 per month; QL(0.1 ea daily)			
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 ea daily)	EMEND SUSR	3	QL(1 ea per 30 days retail)			
<i>ondansetron TBDP</i>	1	Limit 20 per month; QL(0.67 ea daily)	VARUBI TBPK	3	QL(4 ea per fill retail)			
SANCUSO PTCH	4	QL(0.04 ea daily); PA	ANTIFUNGALS - Drugs to Treat Fungal Infections					
ZUPLENZ FILM 4 MG	3	Limit 20 per month; QL(0.67 ea daily)	Antifungals					
Antiemetics - Anticholinergic								
<i>scopolamine</i>	1		<i>flucytosine</i>	1				
<i>trimethobenzamide hcl CAPS</i>	1		<i>griseofulvin microsize SUSP</i>	1				
Antiemetics - Miscellaneous			<i>griseofulvin microsize TABS</i>	1				
AKYNZEO	3	QL(2 ea per 28 days retail)	<i>griseofulvin ultramicrosize</i>	1				
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily)	<i>nystatin TABS</i>	1				
<i>dronabinol CAPS 5 MG</i>	2	PA	<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 days retail)			
<i>dronabinol CAPS 10 MG</i>	2	PA	Imidazole-Related Antifungals					
CRESEMBA CAPS 186 MG	3	Not available through mail order	<i>fluconazole SUSR</i>	1				
			<i>fluconazole TABS</i>	1				
			<i>itraconazole CAPS</i>	1	ST; PA			
			<i>itraconazole SOLN</i>	1	PA			
			<i>ketoconazole</i>	1				
			<i>posaconazole SUSP</i>	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
<i>posaconazole TBEC</i>	1		(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2				
TOLSURA CAPS	4	PA	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)			
<i>voriconazole SUSR</i>	1		PHENERGAN SOLN <i>(promethazine hcl)</i>	7	PA			
<i>voriconazole TABS</i>	1	QL(2 ea daily)	<i>promethazine hcl SOLN 6.25 MG/5ML</i>	1				
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>								
Antihistamines - Alkylamines								
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1		<i>promethazine hcl SOLN 25 MG/ML, 50 MG/ML</i>	4	PA			
Antihistamines - Ethanolamines			<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2				
<i>carbinoxamine maleate SOLN</i>	1		<i>promethazine hcl SYRP</i>	1				
<i>carbinoxamine maleate TABS 4 MG</i>	1		<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)			
CARBINOXAMINE MALEATE TABS	3		<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)			
<i>clemastine fumarate TABS 2.68 MG</i>	1		<i>promethazine hcl TABS 12.5 MG</i>	1				
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	4	PA	Antihistamines - Piperidines					
RYVENT TABS	3		<i>cyproheptadine hcl SYRP</i>	1				
Antihistamines - Non-Sedating			<i>cyproheptadine hcl TABS</i>	1				
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC	<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>					
<i>desloratadine TABS</i>	1	ST; QL(1 ea daily); PA	Antihyperlipidemics - Combinations					
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA	<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)			
<i>desloratadine TBDP 5 MG</i>	1	PA	Antihyperlipidemics - Misc.					
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC	<i>icosapent ethyl</i>	2	PA			
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 ea daily); RX/OTC	<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)			
Antihistamines - Phenothiazines			<i>VASCEPA (icosapent ethyl)</i>	2	PA			
Bile Acid Sequestrants								
(Cholestyramine Light) PREVALITE PACK								
(Cholestyramine Light) PREVALITE POWD								

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>cholestyramine light PACK</i>	1		<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV	
<i>cholestyramine light POWD</i>	1		<i>pitavastatin calcium</i>	1	QL(1 ea daily); ST	
<i>cholestyramine PACK</i>	1		<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); PV	
<i>cholestyramine POWD</i>	1		<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)	
<i>colesevelam hcl PACK</i>	1	QL(1 ea daily)	<i>simvastatin TABS</i>	1	QL(1 ea daily)	
<i>colesevelam hcl TABS</i>	1	QL(7 ea daily)	Intestinal Cholesterol Absorption Inhibitors			
<i>colestipol hcl GRAN</i>	1		<i>ezetimibe</i>	1		
<i>colestipol hcl PACK</i>	2		Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			
<i>colestipol hcl TABS</i>	1		<i>JUXTAPID 5 MG</i>	4	ST; PA	
Fibric Acid Derivatives			<i>JUXTAPID 10 MG, 20 MG, 30 MG</i>	4	PA	
<i>ANTARA 30 MG</i>	3		Nicotinic Acid Derivatives			
<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)	(Niacin (Antihyperlipidemic)) NIACOR TABS	1		
<i>choline fenofibrate 45 MG</i>	1		<i>niacin (antihyperlipidemic) TBCR</i>	1		
<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			
<i>fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG</i>	1		<i>PRALUENT SOAJ</i>	4	PA	
<i>fenofibrate CAPS</i>	1		ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)	ACE Inhibitors			
<i>fenofibrate TABS 48 MG</i>	1		<i>benazepril hcl</i>	1		
<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)	<i>captopril</i>	1		
<i>FENOFIBRATE TABS</i>	2	QL(1 ea daily)	<i>enalapril maleate TABS</i>	1	QL(2 ea daily)	
<i>FIBRICOR (fenofibric acid)</i>	2		<i>fosinopril sodium</i>	1		
<i>gemfibrozil TABS</i>	1					
<i>LIPOFEN CAPS (fenofibrate)</i>	7					
HMG CoA Reductase Inhibitors						
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)				
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)				
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		<i>prazosin hcl CAPS</i>	1		
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)	<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		
<i>moexipril hcl</i>	1		<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)	
<i>perindopril erbumine</i>	1		Antihypertensive Combinations			
QBRELIS SOLN	3	QL(5 ml daily)	<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		
<i>quinapril hcl</i>	1		<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)	
<i>ramipril CAPS</i>	1	QL(2 ea daily)	<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)	
<i>trandolapril</i>	1		<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		
Agents for Pheochromocytoma			<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		
<i>metyrosine</i>	1		<i>atenolol &amp; chlorthalidone</i>	1		
<i>phenoxybenzamine hcl</i>	1	Not available through mail	<i>benazepril &amp; hydrochlorothiazide</i>	1		
Angiotensin II Receptor Antagonists			<i>bisoprolol &amp; hydrochlorothiazide</i>	1		
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1		
<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)	<i>EDARBYCLOR</i>	3	QL(1 ea daily)	
<i>EDARBI 40 MG</i>	3		<i>enalapril maleate &amp; hydrochlorothiazide</i>	1		
<i>EDARBI 80 MG</i>	3	QL(1 ea daily)	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1		
<i>irbesartan</i>	1		<i>irbesartan-hydrochlorothiazide</i>	1		
<i>losartan potassium</i>	1		<i>lisinopril &amp; hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)	<i>lisinopril &amp; hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1					
<i>telmisartan 80 MG</i>	1	QL(1 ea daily)				
<i>telmisartan 20 MG, 40 MG</i>	1					
<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)				
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1					
Antiadrenergic Antihypertensives						
<i>clonidine hcl TABS</i>	1					
<i>doxazosin mesylate</i>	1					
<i>guanfacine hcl</i>	1					
<i>methyldopa TABS</i>	1					

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<i>losartan potassium &amp; hydrochlorothiazide</i>	1		Vasodilators		
<i>metoprolol &amp; hydrochlorothiazide TABS</i>	1		<i>hydralazine hcl TABS</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST	<i>minoxidil 2.5 MG, 10 MG</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)	ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1		Anti-infective Agents - Misc.		
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)	<i>metronidazole CAPS</i>	1	
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		<i>metronidazole TABS</i>	1	
TEKTURNA HCT	3	ST	<i>pentamidine isethionate IN</i>	1	
<i>telmisartan-amlodipine</i>	1		<i>tinidazole 500 MG</i>	1	ST
<i>telmisartan-hydrochlorothiazide</i>	1		<i>tinidazole 250 MG</i>	1	ST; PA
<i>trandolapril-verapamil hcl</i>	1		<i>trimethoprim TABS</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		XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)	XIFAXAN 550 MG	3	QL(2 ea daily); PA
Antihypertensives - Misc.			Anti-infective Misc. - Combinations		
VECAMYL	3		(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
Direct Renin Inhibitors			<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>aliskiren fumarate</i>	1		<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Selective Aldosterone Receptor Antagonists (SARAs)			Antiprotozoal Agents		
<i>eplerenone</i>	1		ALINIA SUSR	3	
			<i>atovaquone</i>	2	
			LAMPIT	4	PA
			<i>nitazoxanide TABS</i>	1	
Carbapenems					
			<i>ertapenem sodium IJ</i>	4	PA
			<i>imipenem-cilastatin IV</i>	2	PA
			INVANZ IJ ( <i>ertapenem sodium</i> )	7	PA
			<i>meropenem 500 MG</i>	4	PA

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PRIMAXIN IV IV 500 MG-500 MG ( <i>imipenem-cilastatin</i> )	7	PA	Antimalarial Combinations				
Glycopeptides			<i>atovaquone-proguanil hcl</i>	1			
<i>vancomycin hcl CAPS 250 MG</i>	1		COARTEM	2	Limit 24 doses per month; QL(0.8 ea daily)		
<i>vancomycin hcl CAPS 125 MG</i>	1	PA	Antimalarials				
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	1	PA	<i>chloroquine phosphate TABS</i>	1			
Leprostatics			<i>DARAPRIM (pyrimethamine)</i>	7	PA		
<i>dapsone 25 MG</i>	1		<i>hydroxychloroquine sulfate 200 MG</i>	1			
<i>dapsone 100 MG</i>	1	QL(4 ea daily)	KRINTAFEL	2	QL(2 ea per 30 days retail)		
Lincosamides			<i>mefloquine hcl</i>	1	QL(6 ea per fill retail; 6 per fill mail)		
<i>clindamycin hcl</i>	1		<i>primaquine phosphate TABS</i>	1			
<i>clindamycin palmitate hydrochloride</i>	1		<i>pyrimethamine</i>	4	PA		
Monobactams			<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA		
CAYSTON	4	PA	ANTIMYASTHENIC/CHOLINERGIC AGENTS				
Oxazolidinones			Antimyasthenic/Cholinergic Agents				
<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail)	FIRDAPSE	4	ST; PA		
<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail)	MESTINON SOLN OR ( <i>pyridostigmine bromide</i> )	7	PA		
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)	<i>neostigmine methylsulfate SOSY</i>	4	PA		
Urinary Anti-infectives			<i>NEOSTIGMINE METHYLSULFATE SOSY (neostigmine methylsulfate)</i>	7	PA		
<i>fosfomycin tromethamine</i>	1		<i>NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML</i>	4	PA		
<i>methenamine hippurate</i>	1		<i>pyridostigmine bromide SOLN OR</i>	4	PA		
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1		<i>pyridostigmine bromide TABS 60 MG</i>	1			
<i>nitrofurantoin</i>	1						
<i>nitrofurantoin macrocrystal</i>	1						
<i>nitrofurantoin monohyd macro</i>	1						
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)							

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<i>pyridostigmine bromide TBCR</i>	1		<i>fludarabine phosphate SOLR</i>	4	PA		
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)							
Antimycobacterial Agents							
<i>cycloserine</i>	1		<i>mercaptopurine TABS</i>	1	AC		
<i>ethambutol hcl TABS</i>	1		<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	4	PA		
<i>isoniazid SYRP</i>	1		<i>methotrexate sodium SOLR</i>	4	PA		
<i>isoniazid TABS</i>	1		<i>methotrexate sodium TABS 2.5 MG</i>	1	AC		
PASER PACK	3		ONUREG TABS	4	AC; PA		
PRIFTIN	3		PURIXAN SUSP	3	AL(Up to 13 yrs old); AC		
<i>pyrazinamide</i>	1		TABLOID	2	AC		
<i>rifabutin</i>	1		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC		
<i>rifampin CAPS</i>	1		XATMEP SOLN	4	AC; PA		
TRECATOR	2		Antineoplastic - Angiogenesis Inhibitors				
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer							
Alkylating Agents							
<i>ALKERAN (melphalan hcl)</i>	7	PA	INLYTA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA		
<i>busulfan SOLN</i>	4	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		
BUSULFEX SOLN ( <i>busulfan</i> )	7	PA	LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA		
<i>cyclophosphamide CAPS</i>	1	AC	LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA		
CYCLOPHOSPHAMIDE TABS	2						
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC					
LEUKERAN	2	AC					
<i>melphalan</i>	1	AC					
<i>melphalan hcl</i>	4	PA					
MYLERAN TABS	2	AC					
<i>temozolomide CAPS</i>	1	AC					
Antimetabolites							
<i>capecitabine 500 MG</i>	1	AC					
<i>capecitabine 150 MG</i>	1	AC					

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LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	Antineoplastic - EGFR Inhibitors		
LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<i>erlotinib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<i>gefitinib</i>	4	AC
LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	GILOTRIF	4	Must use Accredo SP pharmacy; AC; PA
LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	IRESSA ( <i>gefitinib</i> )	7	AC
Antineoplastic - Anti-HER2 Agents			TAGRISSO	4	SP; AC; PA
TUKYSA	4	AC; PA	VIZIMPRO	4	AC; PA
Antineoplastic - BCL-2 Inhibitors			Antineoplastic - Hedgehog Pathway Inhibitors		
VENCLEXTA STARTING PACK TBPK	4	AC; PA	DAURISMO	4	PA
VENCLEXTA TABS 10 MG	4	QL(2 ea daily); AC; PA	ERIVEDGE	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; AC; PA
VENCLEXTA TABS 50 MG	4	AC; PA	ODOMZO	4	AC
VENCLEXTA TABS 100 MG	4	QL(4 ea daily); AC; PA	Antineoplastic - Hormonal and Related Agents		
			<i>abiraterone acetate</i>	4	Must use AcariaHealth SP pharmacy 1-844-538-4665; AC; PA
			<i>anastrozole</i>	5	QL(1 ea daily); PV; AC
			ARIMIDEX ( <i>anastrozole</i> )	7	QL(1 ea daily); PV; AC
			<i>AROMASIN (exemestane)</i>	7	PV
			<i>bicalutamide</i>	1	QL(1 ea daily); AC
			ELIGARD SC	3	PA
			EMCYT	2	AC
			ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA

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ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ZYTIGA ( <i>abiraterone acetate</i> )	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	
EULEXIN	2	AC	Antineoplastic - Immunomodulators			
<i>exemestane</i>	5	PV	POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	
<i>flutamide</i>	1	AC	Antineoplastic - PDGFR-alpha Inhibitors			
<i>letrozole</i>	1	AC	AYVAKIT	4	QL(1 ea daily); SP; PA	
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA	AYVAKIT	4	QL(1 ea daily); SP; AC; PA	
LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis	Antineoplastic - XPO1 Inhibitors			
LYSODREN	2	AC	XPOVIO	4	AC; PA	
<i>megestrol acetate SUSP</i>	1	AC	XPOVIO 80 MG TWICE WEEKLY	4	PA	
<i>megestrol acetate TABS</i>	1	AC	Antineoplastic Antibiotics			
<i>nilutamide</i>	1	AC	<i>mitoxantrone hcl 2 MG/ML</i>	2	PA	
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Antineoplastic Combinations			
SOLTAMOX SOLN	5	PV; AC	INQOVI	4	PA	
<i>tamoxifen citrate TABS</i>	5	PV; AC	KISQALI FEMARA 200 DOSE	4	AC; PA	
<i>toremifene citrate</i>	1	AC	KISQALI FEMARA 400 DOSE	4	AC; PA	
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI FEMARA 600 DOSE	4	AC; PA	
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	LONSURF	4	AC; PA	
YONSA	4	AC; PA	Antineoplastic Enzyme Inhibitors			
			AFINITOR DISPERZ TBSO ( <i>everolimus</i> )	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA	

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AFINITOR TABS <i>(everolimus)</i>	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA	COMETRIQ KIT	4	AC; PA
ALECENSA	4	AC; PA	COPIKTRA	4	AC; PA
ALUNBRIG TABS	4	AC; PA	COTELLIC	4	AC; PA
ALUNBRIG TBPK	4	AC; PA	<i>everolimus TABS</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
BALVERSA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>everolimus TBSO</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
<i>bortezomib SOLR IJ</i>	4	PA	FARYDAK 10 MG	4	AC; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA	FARYDAK 15 MG, 20 MG	4	Must use Caremark SP pharmacy; AC; PA
BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ICLUSIG 10 MG, 30 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
BRUKINSA	4	AC; PA	ICLUSIG 15 MG, 45 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA	IDHIFA	4	AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA	<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA			
CALQUENCE	4	QL(2 ea daily); AC; PA			
CAPRELSA	4	AC; PA			

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<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA	NINLARO	4	Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA
IMBRUVICA CAPS	4	AC; PA	<i>pazopanib hcl</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 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> )	7	PA	PIQRAY 300MG DAILY DOSE	4	AC; PA
JAKAFI	4	QL(2 ea daily); AC; PA	QINLOCK	4	AC; PA
KISQALI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	RETEVMO	4	AC; PA
KOSELUGO	4	PA	<i>romidepsin SOLR</i>	4	PA
<i>lapatinib ditosylate</i>	4	AC; PA	ROZLYTREK CAPS	4	AC; PA
LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RUBRACA	4	AC; PA
LYNPARZA TABS	4	QL(4 ea daily); SP; AC; PA	RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
MEKINIST TABS	4	AC; PA	<i>sorafenib tosylate</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	SPRYCEL 20 MG, 50 MG, 70 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	SPRYCEL 80 MG, 100 MG, 140 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NEXAVAR ( <i>sorafenib tosylate</i> )	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA			

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

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<i>tretinooin (chemotherapy)</i>	2	AC	<i>trihexyphenidyl hcl SOLN</i>	1			
Chemotherapy Rescue/Antidote/Protective Agents					<i>trihexyphenidyl hcl TABS</i>		
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	4	PA	Antiparkinson COMT Inhibitors				
<i>leucovorin calcium TABS</i>	1	AC	<i>entacapone</i>	1			
MESNEX TABS	3	AC	<i>tolcapone</i>	1			
Mitotic Inhibitors					Antiparkinson Dopaminergics		
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	2	PA	<i>amantadine hcl CAPS</i>	1			
ETOPOPHOS	3	PA	<i>amantadine hcl TABS</i>	1			
<i>etoposide CAPS</i>	1	AC	<i>bromocriptine mesylate CAPS</i>	1			
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	PA	<i>bromocriptine mesylate TABS 2.5 MG</i>	1			
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	AC; PA	<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	1			
Topoisomerase I Inhibitors					<i>carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 75 MG-18.75 MG-200 MG</i>		
HYCAMTIN CAPS	4	AC; PA	<i>carbidopa-levodopa TABS</i>	2			
HYCAMTIN SOLR ( <i>topotecan hcl</i> )	7	PA	<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)		
<i>topotecan hcl SOLR</i>	4	PA	<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1			
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease							
Antiparkinson Adjunctive Therapy					<i>carbidopa-levodopa TBDP</i>		
<i>carbidopa</i>	2		<i>DHIVY TABS</i>	1			
Antiparkinson Anticholinergics					<i>DUOPA SUSP</i>		
<i>benztropine mesylate SOLN</i>	4	administered under the medical benefit; PA	<i>INBRIJA CAPS</i>	3	PA		
<i>benztropine mesylate TABS</i>	1		<i>NEUPRO</i>	3			
<i>COGENTIN SOLN (benztropine mesylate)</i>	7	administered under the medical benefit; PA	<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)		

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

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<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1		<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)	<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1		
<i>olanzapine TBDP</i>	2		<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)	<i>aripiprazole TBDP</i>	1	PA	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)	REXULTI	3		
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1		Thioxanthenes			
<i>quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG</i>	1	PA	<i>thiothixene</i>	1		
<i>quetiapine fumarate TB24 50 MG</i>	1	ST; PA	ANTISEPTICS & DISINFECTANTS			
SAPHRIS 5 MG	3		Antiseptics & Disinfectants			
SECUADO	3	QL(1 ea daily)	<i>formaldehyde SOLN 10 %</i>	1		
VERSACLOZ SUSP	3	QL(18 ml daily)	ANTIVIRALS - Drugs to Treat Viral Infections			
Dihydroindolones			Antiretrovirals			
<i>molindone hcl</i>	1		<i>abacavir sulfate-lamivudine</i>	1		
Phenothiazines			<i>abacavir sulfate SOLN</i>	1		
(Prochlorperazine) COMPRO	1	QL(2 ea daily)	<i>abacavir sulfate TABS</i>	1		
<i>chlorpromazine hcl TABS</i>	2		<i>APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)</i>	5	Available through the Medical Benefit	
<i>fluphenazine hcl CONC</i>	1		<i>APTIVUS CAPS</i>	2		
<i>fluphenazine hcl ELIX</i>	1		<i>atazanavir sulfate CAPS</i>	1		
<i>fluphenazine hcl TABS</i>	1		<i>BIKTARVY 200 MG-50 MG-25 MG</i>	2		
<i>perphenazine TABS</i>	1		<i>CABENUVA (CABOTEGRAVIR 400 MG/2ML &amp; RILPIVIRINE 600 MG/2ML IM SUSP ER)</i>	5	Available through the Medical Benefit	
<i>prochlorperazine</i>	1	QL(2 ea daily)	<i>CABENUVA (CABOTEGRAVIR 600 MG/3ML &amp; RILPIVIRINE 900 MG/3ML IM SUSP ER)</i>	5	Available through the Medical Benefit	
<i>prochlorperazine maleate TABS</i>	1		<i>CIMDUO</i>	2		
<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)	<i>COMPLERA</i>	2		
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1		<i>darunavir TABS</i>	1		
<i>trifluoperazine hcl TABS</i>	1		<i>DELSTRIGO</i>	2		
Quinolinone Derivatives						
<i>aripiprazole SOLN OR</i>	1					

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

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<b><i>zidovudine TABS</i></b>	1		<b><i>acyclovir CAPS</i></b>	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)	<b><i>acyclovir TABS OR 800 MG</i></b>	1	QL(5 ea daily)			
PAXLOVID 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV	<b><i>acyclovir TABS OR 400 MG</i></b>	1				
CMV Agents								
<b><i>valganciclovir hcl SOLR</i></b>	1	Limit 630mls per month; QL(21 ml daily)	<b><i>famciclovir</i></b>	1				
<b><i>valganciclovir hcl TABS</i></b>	1		<b><i>valacyclovir hcl 1 GM, 1000 MG</i></b>	1	QL(4 ea daily)			
Hepatitis Agents								
<b><i>adefovir dipivoxil</i></b>	2		<b><i>valacyclovir hcl 500 MG</i></b>	1	QL(8 ea daily)			
<b><i>entecavir TABS</i></b>	2		Influenza Agents					
EPCLUSA PACK	2	SP; PA	<b><i>oseltamivir phosphate CAPS</i></b>	1	QL(10 ea per fill retail)			
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA	<b><i>oseltamivir phosphate SUSR</i></b>	1	QL(75 ml daily; 5 Day(s) limit)			
EPCLUSA TABS 50 MG-200 MG	2	SP; PA	<b><i>RELENZA DISKHALER</i></b>	3				
<b><i>lamivudine (hbv) TABS</i></b>	1		<b><i>rimantadine hydrochloride TABS</i></b>	1				
MAVYRET TABS	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	Misc. Antivirals					
PEGASYS SOLN	3	PA	<b><i>LAGEVRIO</i></b>	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV			
<b><i>ribavirin (hepatitis c) CAPS</i></b>	1	PA	<b><i>TPOXX (TECOVIRIMAT CAP 200 MG)</i></b>	5				
VEMLIDY	4	SP; ST	<b><i>TPOXX CAPS</i></b>	5	PV			
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<b><i>TPOXX SOLN</i></b>	5	PV			
Herpes Agents								
Respiratory Syncytial Virus (RSV) Agents								
<b><i>ribavirin</i></b>	1		<b><i>ribavirin</i></b>	1				
BETA BLOCKERS - Drugs to Treat High Blood Pressure								
Alpha-Beta Blockers								
<b><i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i></b>								
<b><i>carvedilol 3.125 MG</i></b>								
<b><i>carvedilol phosphate</i></b>								
<b><i>labetalol hcl TABS</i></b>								

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

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<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1		<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	1	
<i>verapamil hcl TABS</i>	1		ENTRESTO	3	QL(2 ea daily); PA
<i>verapamil hcl TBCR 120 MG</i>	1		<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)	Impotence Agents		
VERELAN PM CP24 <i>(verapamil hcl)</i>	7		<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
VERELAN CP24 360 MG <i>(verapamil hcl)</i>	2	QL(1 ea daily)	<i>tadalafil 2.5 MG</i>	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					
Cardiac Glycosides			<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1		Peripheral Vasodilators		
(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1		<i>isoxsuprine hcl</i>	1	
<i>digoxin SOLN OR 0.05 MG/ML</i>	1		Prostaglandin Vasodilators		
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1		ORENITRAM TBCR	4	PA
LANOXIN TABS 125 MCG, 250 MCG ( <i>digoxin</i> )	7		TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 ea daily); PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 ea daily); PA
Cardiovascular Agents Misc. - Combinations			TYVASO DPI TITRATION KIT POWD	4	QL(7 ea daily); PA
<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	1	PA	TYVASO DPI TITRATION KIT POWD	4	QL(9 ea daily); PA
			TYVASO REFILL SOLN IN	4	PA

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

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ADEMPAS	4	PA	<i>cefixime SUSR</i>	1		
Sinus Node Inhibitors			<i>cefpodoxime proxetil SUSR</i>	1		
CORLANOR SOLN	3	QL(15 ml daily); ST	<i>cefpodoxime proxetil TABS</i>	1		
CORLANOR TABS	3	QL(2 ea daily); ST	CONTRACEPTIVES - Drugs to Prevent Pregnancy			
Transthyretin Stabilizers			Combination Contraceptives - Oral			
VYNDAMAX	4	QL(1 ea daily); PA	(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV	
VYNDAQEL	4	QL(4 ea daily); PA	(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV	
Cephalosporins - 1st Generation			(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIANT	5	PV	
<i>cefadroxil CAPS</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV	
<i>cefadroxil SUSR</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV	
<i>cefadroxil TABS</i>	1					
<i>cefazolin sodium SOLR IV 1 GM</i>	4	PA				
<i>cephalexin CAPS</i>	1					
<i>cephalexin SUSR</i>	1					
Cephalosporins - 2nd Generation						
CEFACLOR ER TB12	3					
<i>cefaclor CAPS</i>	1					
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1					
<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					

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

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

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

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<i>levonorgestrel-ethynodiol-iron</i>	5	PV	YASMIN 28 <i>(drospirenone-ethynodiol)</i>	7	PV	
LO LOESTRIN FE TABS	5	PV	YAZ <i>(drospirenone-ethynodiol)</i>	7	PV	
LOSEASONIQUE <i>(levonorgestrel-ethynodiol (91-day))</i>	7	PV	Combination Contraceptives - Transdermal			
MINASTRIN 24 FE CHEW <i>(norethindronate &amp; estradiol)</i>	7	PV	(Norelgestromin-Ethyndrodiol) XULANE, ZAFEMY	5	PV	
MIRCETTE <i>(desogestrel-ethynodiol estradiol (biphasic))</i>	7	PV	<i>norelgestromin-ethynodiol</i>	5	PV	
NATAZIA	5	PV	TWIRLA	5	PV	
NEXTSTELLIS	5	PV	Combination Contraceptives - Vaginal			
<i>norethindronate &amp; estradiol-CAPS</i>	5	PV	(Etonogestrel-Ethyndrodiol) ELURYNG, ENILLORING, HALOETTE	5	PV	
<i>norethindronate &amp; estradiol-CHEW</i>	5	PV	ANNOVERA	5	PV	
<i>norethindronate &amp; estradiol-TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV	<i>etonogestrel-ethynodiol</i>	5	PV	
<i>norethindrone &amp; ethynodiol-estradiol-fe</i>	5	PV	NUVARING <i>(etonogestrel-ethynodiol)</i>	7	PV	
<i>norethindrone acetate &amp; ethynodiol-estradiol-fe</i>	5	PV	Emergency Contraceptives			
<i>norgestimate-ethynodiol estradiol</i>	5	PV	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV	
<i>norgestimate-ethynodiol estradiol (triphasic)</i>	5	PV	ELLA	5	PV	
QUARTETTE <i>(levonorgestrel-ethynodiol estradiol (91-day))</i>	7	PV	<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV	
SAFYRAL <i>(drospirenone-ethynodiol-levomefollate calcium)</i>	7	PV	PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i>	7	PV	
SEASONIQUE <i>(levonorgestrel-ethynodiol estradiol (91-day))</i>	7	PV	Progestin Contraceptives - Injectable			
TAYTULLA CAPS <i>(norethindronate &amp; estradiol-fe)</i>	7	PV				
TYBLUME CHEW	5	PV				

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DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit	<i>methylprednisolone TABS</i>	1	
Progestin Contraceptives - Oral			<i>methylprednisolone TBPK</i>	1	
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	PV	MILLIPRED TABS	2	
<i>norethindrone (contraceptive)</i>	5	PV	<i>prednisolone sodium phosphate SOLN</i>	1	
SLYND	5	PV	<i>prednisolone sodium phosphate TBDP</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>prednisolone SOLN</i>	1	
Glucocorticosteroids			<i>prednisolone TABS</i>	1	
(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	1		PREDNISONE INTENSOL CONC	2	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK	1		<i>prednisone SOLN</i>	1	
(Prednisolone) MILLIPRED TABS	1		<i>prednisone TABS</i>	1	
AGAMREE	4	SP; PA	<i>prednisone TBPK</i>	1	
<i>budesonide CPEP</i>	2	QL(3 ea daily)	Mineralocorticoids		
<i>budesonide TB24</i>	1	PA	<i>fludrocortisone acetate TABS</i>	1	
DEXAMETHASONE INTENSOL CONC	2		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>dexamethasone ELIX</i>	1		Antitussives		
<i>dexamethasone SOLN</i>	1		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>dexamethasone TABS</i>	1		<i>benzonataate</i>	1	
<i>dexamethasone TBPK</i>	1		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>hydrocortisone TABS</i>	1		<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
MEDROL TABS	2		Cough/Cold/Allergy Combinations		
			(Guaiifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN 10 MG/5ML-100 MG/5ML	1	
			(Guaiifenesin-Codeine) GUAIATUSSIN AC, GUAIFENESIN AC SYRP	1	

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(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD 10 MG/5ML-100 MG/5ML	1		<i>potassium iodide (expectorant) SOLN</i>	1	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		Misc. Respiratory Inhalants		
ACTIDOM DMX LIQD	3		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
CODITUSSIN AC LIQD	3		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
DOMETUSS-DMX LIQD	3		HYPERSAL NEBU	3	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	NEBUSAL NEBU	3	
GILTUSS COUGH & COLD TABS	3		<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1	
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC	Mucolytics		
<i>guaifenesin-codeine SOLN</i>	1		<i>acetylcysteine SOLN</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1		DERMATOLOGICALS - Drugs to Treat Skin Conditions		
<i>promethazine &amp; phenylephrine SYRP</i>	1	QL(30 ml daily)	Acne Products		
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)	(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)	(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	
<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		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
TUSNEL TABS	3		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
TUSSLIN PEDIATRIC LIQD	3				
TUSSLIN LIQD	3				
VIRTUSSIN DAC SOLN	2				
Expectorants					

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 gm daily)	<i>ciclopirox olamine SUSP</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA	<i>ciclopirox GEL</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>ciclopirox SHAM</i>	1	
<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)	<i>ciclopirox SOLN</i>	1	
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 gm daily)	<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 gm daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1		<i>econazole nitrate CREA</i>	1	
Agents for External Genital and Perianal Warts			ERTACZO	4	QL(1 gm daily); PA
VEREGEN	3	QL(30 gm per fill retail)	EXELDERM CREA ( <i>sulconazole nitrate</i> )	7	
Antibiotics - Topical			EXELDERM SOLN	2	
ALTABAX	3		EXODERM	3	
CENTANY OINT	2		<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
<i>gentamicin sulfate (topical) CREA</i>	1		<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
<i>gentamicin sulfate (topical) OINT</i>	1		<i>ketoconazole (topical) FOAM</i>	2	
<i>mupirocin OINT</i>	1		<i>ketoconazole (topical) SHAM 2 %</i>	1	
Antifungals - Topical			<i>naftifine hcl CREA</i>	1	
(Ciclopirox) CICLODAN SOLN	1		<i>naftifine hcl GEL 2 %</i>	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1		<i>nystatin (topical) CREA</i>	1	
(Ketoconazole (Topical)) KETODAN FOAM	2		<i>nystatin (topical) OINT</i>	1	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		<i>nystatin (topical) POWD EX</i>	1	
<i>ciclopirox olamine CREA</i>	1		<i>nystatin-triamcinolone CREA</i>	1	
Anti-inflammatory Agents - Topical					

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

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

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

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<i>desoximetasone OINT</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<i>diflorasone diacetate CREA</i>	1		<i>hydrocortisone butyrate SOLN</i>	1	
<i>diflorasone diacetate OINT</i>	1		<i>hydrocortisone valerate CREA</i>	1	
EPIFOAM FOAM	3		<i>hydrocortisone valerate OINT</i>	1	
<i>fluocinolone acetonide CREA</i>	1		LOCOID LIPOCREAM	3	
<i>fluocinolone acetonide OIL</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinolone acetonide OINT</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinolone acetonide SOLN</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinonide emulsified base</i>	1		NUCORT LOTN	3	
<i>fluocinonide CREA</i>	1		PRAMOSONE LOTN	3	
<i>fluocinonide GEL</i>	1		PRAMOSONE OINT	3	
<i>fluocinonide OINT</i>	1		<i>prednicarbate OINT</i>	1	
<i>fluocinonide SOLN</i>	1		TEXACORT SOLN 2.5 %	3	
<i>flurandrenolide CREA</i>	1		<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>fluticasone propionate CREA 0.05 %</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>fluticasone propionate LOTN</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>fluticasone propionate OINT</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>halobetasol propionate CREA</i>	1		Eczema Agents		
<i>halobetasol propionate OINT</i>	1		DUPIXENT SOPN 300 MG/2ML	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1		Emollient/Keratolytic Agents		
<i>hydrocortisone (topical) OINT 2.5 %</i>	1				
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1				
<i>hydrocortisone butyrate CREA</i>	1				

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(Urea) CEROVEL LOTN 40 %	1		<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 ea daily)			
<i>urea LOTN 40 %</i>	1		PREMIUM SCAR PATCH	3				
Enzymes - Topical								
SANTYL OINT	3		Misc. Topical					
Immunomodulating Agents - Topical								
<i>imiquimod 5 %</i>	1		DRYSOL SOLN	2				
Immunosuppressive Agents - Topical			XERAC AC	3				
<i>pimecrolimus</i>	1	QL(2 gm daily)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical					
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)	EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA			
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)	Rosacea Agents					
Keratolytic/Antimitotic Agents								
(Salicylic Acid) KERALYT SHAM 6 %	1		(Metronidazole (Topical)) ROSADAN CREA	1				
BENSAL HP OINT	3	RX/OTC	(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limit 45gms per month; QL(1.5 gm daily)			
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC	<i>azelaic acid GEL</i>	1				
PODOCON-25 SOLN	3		<i>brimonidine tartrate (topical)</i>	1	ST; PA			
<i>podofilox GEL</i>	1		<i>doxycycline (rosacea)</i>	1	ST; QL(1 ea daily); PA			
<i>podofilox SOLN</i>	1		FINACEA FOAM	3				
<i>salicylic acid in ammonium lactate vehicle</i>	1		<i>ivermectin (rosacea)</i>	1	QL(1.5 gm daily); PA			
SALICYLIC ACID OINT	3	RX/OTC	<i>metronidazole (topical) CREA</i>	1				
<i>salicylic acid SHAM 6 %</i>	1		<i>metronidazole (topical) GEL 1 %</i>	1				
SALIMEZ CREA	3		<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)			
SALYCIM CREA	3		<i>metronidazole (topical) LOTN</i>	1	QL(2 ml daily)			
Local Anesthetics - Topical			NORITATE CREA	4	PA			
(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %	1	Limited to 3 patches per day; QL(3 ea daily)	ORACEA ( <i>doxycycline (rosacea)</i> )	7	ST; QL(1 ea daily); PA			
CETACAINE AERO	3		RHOFADE	3	ST; PA			
<i>lidocaine hcl SOLN</i>	1							
<i>lidocaine-prilocaine CREA</i>	1							

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Scabicides & Pediculicides								
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	1	RX/OTC	ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC			
<i>ivermectin (pediculicide)</i>	1	RX/OTC	ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC			
<i>malathion</i>	1		PRECISION XTRA	2	QL(0.36 ea daily)			
<i>permethrin CREA</i>	1	QL(2 gm daily)	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC			
Wound Care Products								
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes					
DIAGNOSTIC PRODUCTS								
Diagnostic Drugs								
METOPIRONE	3		Digestive Enzymes					
Diagnostic Tests			CREON CPEP	2				
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month	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				
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC	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				
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC	DIURETICS - Drugs to Treat Heart, Circulation					
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC						
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC						
KETONE STRP	2							
KETOSTIX STRP	2							

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Conditions and Blood Pressure					
Carbonic Anhydrase Inhibitors					
<i>acetazolamide CP12</i>	1	QL(2 ea daily)	<i>spironolactone TABS</i>	1	
<i>acetazolamide TABS 125 MG</i>	1		<i>triamterene CAPS</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)	Thiazides and Thiazide-Like Diuretics		
<i>dichlorphenamide</i>	4	PA	<i>chlorthalidone 25 MG, 50 MG</i>	1	
KEVEYIS (dichlorphenamide)	7	PA	DIURIL SUSP	3	
<i>methazolamide TABS</i>	1		<i>hydrochlorothiazide CAPS</i>	1	
Diuretic Combinations			<i>hydrochlorothiazide TABS</i>	1	
<i>ALDACTAZIDE</i>	2		<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>amiloride &amp; hydrochlorothiazide</i>	1		<i>metolazone</i>	1	
<i>spironolactone &amp; hydrochlorothiazide</i>	1		THALITONE	2	
<i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		ENDOCRINE AND METABOLIC AGENTS - MISC.		
<i>triamterene &amp; hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)	- Drugs to Treat Bone Disease and Regulate Hormones		
<i>triamterene &amp; hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)	Bone Density Regulators		
Loop Diuretics			<i>alendronate sodium SOLN</i>	1	
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1		<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 ea daily)
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)	<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 ea daily)
<i>ethacrynic acid</i>	1	ST	<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1		<i>calcitonin (salmon) NA</i>	1	
<i>furosemide TABS</i>	1		<i>calcitonin (salmon) IJ</i>	4	PA
<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1		<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
<i>torsemide TABS 100 MG</i>	1	QL(2 ea daily)	<i>MIACALCIN IJ (calcitonin (salmon))</i>	7	PA
Potassium Sparing Diuretics			NATPARA	4	PA
<i>amiloride hcl TABS</i>	1		PROLIA SOSY	4	PA
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1		<i>risedronate sodium TABS 150 MG</i>	1	ST
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 ea daily); ST			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TYMLOS	4	PA	BUPHENYL POWD <i>(sodium phenylbutyrate)</i>	7	PA
Growth Hormone Receptor Antagonists			BUPHENYL TABS <i>(sodium phenylbutyrate)</i>	7	PA
SOMAVERT	4	PA	<i>calcitriol CAPS 0.25 MCG</i>	1	
Growth Hormones			<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
HUMATROPE CART IJ	4	PA	<i>calcitriol SOLN OR</i>	1	
NORDITROPIN FLEXPRO SOPN	4	PA	<i>cinacalcet hcl</i>	1	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA	CYSTADANE <i>(betaine)</i>	7	PA
ZOMACTON SOLR SC 10 MG	4	PA	<i>doxercalciferol CAPS</i>	2	
ZORBTIVE SC	4	PA	GALAFOLD	4	QL(0.5 ea daily); PA
Hormone Receptor Modulators			KUVAN PACK <i>(sapropterin dihydrochloride)</i>	7	Specialty Drug refer to Caremark SP RX
EVISTA <i>(raloxifene hcl)</i>	7	PV	KUVAN TABS <i>(sapropterin dihydrochloride)</i>	7	Specialty Drug refer to Caremark SP RX
OSPHENA	3	QL(1 ea daily)	<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	
<i>raloxifene hcl</i>	5	PV	<i>levocarnitine (metabolic modifiers) TABS</i>	1	
Insulin-Like Growth Factors (Somatomedins)			MYALEPT	4	PA
INCRELEX	4	PA	<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			<i>nitisinone CAPS 10 MG</i>	4	PA
FENSOLVI SC	3	PA	NITYR TABS	4	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis	ORFADIN CAPS 10 MG <i>(nitisinone)</i>	7	PA
SYNAREL	2		ORFADIN SUSP	4	PA
Metabolic Modifiers			PALYNZIQ	4	PA
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX	<i>paricalcitol CAPS</i>	1	
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX	RAVICTI	4	
<i>betaine</i>	4	PA	<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX	<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	4	PA
<i>sodium phenylbutyrate POWD</i>	4	PA	SANDOSTATIN SOLN 500 MCG/ML ( <i>octreotide acetate</i> )	7	PA
<i>sodium phenylbutyrate TABS</i>	4	PA	SIGNIFOR	4	PA
STRENSIQ	4	PA	Vasopressin Receptor Antagonists		
XURIDEN	4		JYNARQUE TBPK	4	PA
Posterior Pituitary Hormones			ESTROGENS - Hormone Replacement/Modifying Drugs		
<i>desmopressin acetate spray</i>	1		Estrogen Combinations		
<i>desmopressin acetate spray refrigerated</i>	1		(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
DESMOPRESSIN ACETATE SOLN NA	3		(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
<i>desmopressin acetate TABS 0.1 MG</i>	1		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
STIMATE SOLN NA	3		ANGELIQ	3	
Progesterone Receptor Antagonists			CLIMARA PRO	2	
MIFEPREX <i>(mifepristone)</i>	7	PV	COMBIPATCH PTTW	3	
<i>mifepristone</i>	5	PV	DUAVEE	3	
Prolactin Inhibitors			<i>estradiol &amp; norethindrone acetate TABS</i>	1	
<i>cabergoline</i>	1		<i>norethindrone acetate-ethinyl estradiol</i>	1	
Somatostatic Agents			ORIAHNN	4	PA
<i>octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML</i>	4	PA	PREFEST	3	
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML</i>	4	PA	PREMPHASE	2	
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML</i>	4	PA	PREMPRO	2	
			Estrogens		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)	<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 days retail; 28 ea per 90 days mail)	
ALORA PTTW	2	QL(0.29 ea daily)	<b>GASTROINTESTINAL AGENTS - MISC. -</b>			
ELESTRIN GEL	3		Miscellaneous Gastrointestinal Drugs			
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)	Farnesoid X Receptor (FXR) Agonists			
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM</i>	1		OCALIVA 10 MG	4	QL(1 ea daily); PA	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)	OCALIVA 5 MG	4	ST; QL(1 ea daily); PA	
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 ea daily)	Gallstone Solubilizing Agents			
<i>estradiol TABS</i>	1		CHENODAL	4	PA	
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)	<i>ursodiol CAPS</i>	2		
EVAMIST SOLN	3		<i>ursodiol TABS</i>	1		
MENEST	2		Gastrointestinal Chloride Channel Activators			
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)	<i>lubiprostone</i>	1		
PREMARIN TABS 0.9 MG	2		Gastrointestinal Stimulants			
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)	<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1		
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>						
Fluoroquinolones						
<i>ciprofloxacin hcl TABS</i>	1		<i>metoclopramide hcl TABS</i>	1		
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1		<i>metoclopramide hcl TBDP</i>	1		
CIPRO SUSR	2		Inflammatory Bowel Agents			
<i>levofloxacin SOLN OR</i>	1		<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 ea daily)	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)	DIPENTUM	3		
<i>moxifloxacin hcl TABS</i>	1		INFLECTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	
<i>ofloxacin 300 MG</i>	1		<i>mesalamine CP24</i>	1	QL(4 ea daily)	
			<i>mesalamine CPCR</i>	1	QL(8 ea daily); PA	
			<i>mesalamine CPDR</i>	1	QL(6 ea daily)	
			<i>mesalamine ENEM</i>	1	QL(60 ml daily)	
			<i>mesalamine SUPP</i>	1	QL(1 ea daily)	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)	<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
<i>mesalamine TBEC 800 MG</i>	1		FOSRENOL PACK	3	
PENTASA CPCR 250 MG	3	PA	<i>lanthanum carbonate CHEW 500 MG</i>	1	
RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA	<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
SFROWASA ENEM	2		<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 rtl pack lmt per fill; PA	PHOSLYRA SOLN	3	
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)	<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)	<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)
Intestinal Acidifiers			<i>sevelamer carbonate TABS</i>	1	
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1		<i>sevelamer hcl 800 MG</i>	1	QL(16 ea daily); PA
<i>lactulose (encephalopathy)</i>	1		<i>sevelamer hcl 400 MG</i>	1	ST; PA
Short Bowel Syndrome (SBS) Agents					
GATTEX			GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors					
XERMELO			XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System					
Acidifiers					
K-PHOS NO 2			K-PHOS NO 2	2	
Alkalinizers					
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP			(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1		Gout Agent Combinations		
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC	<i>colchicine w/ probenecid</i>	1	
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC	Gout Agents		
ORACIT	3		<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>pot &amp; sod citrates w/citric ac SOLN</i>	1		<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>potassium citrate (alkalinizer) TBCR</i>	1		<i>colchicine CAPS</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC	<i>colchicine TABS</i>	1	
<i>sodium citrate &amp; citric acid</i>	1	RX/OTC	<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
Cystinosis Agents			<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
CYSTAGON CAPS	4	PA	MITIGARE CAPS ( <i>colchicine</i> )	7	
PROCYSBI CPDR	4		Uricosurics		
PROCYSBI PACK	4	PA	<i>probenecid</i>	1	
Interstitial Cystitis Agents			HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
ELMIRON CAPS	3	QL(3 ea daily); PA	Antihemophilic Products		
Prostatic Hypertrophy Agents			ADVATE	4	PA
<i>alfuzosin hcl</i>	1	QL(1 ea daily)	ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CARDURA XL	3		AFSTYLA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>dutasteride</i>	1	AL(At least 40 yrs old)	ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>dutasteride-tamsulosin hcl</i>	1		ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)	ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>silodosin 8 MG</i>	1	QL(1 ea daily)			
<i>silodosin 4 MG</i>	1				
<i>tamsulosin hcl</i>	1	QL(2 ea daily)			
Urinary Stone Agents					
LITHOSTAT	3				
THIOLA EC TBEC	3				
<i>tiopronin TABS</i>	1				
GOUT AGENTS - Drugs to Treat Gout					

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ALTUVIPIO	4	PA	IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	JIVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COAGADEX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	KOVALTRY	4	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOSEVEN RT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
IDELVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 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
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	administered under the medical benefit; PA	FIRAZYR SOSY ( <i>icatibant acetate</i> )	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>icatibant acetate SOLN</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>icatibant acetate SOSY</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRETEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Complement Inhibitors		
VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	FABHALTA	4	PA
WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HAEGARDA SOLR SC	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Hemataologic - Tyrosine Kinase Inhibitors		
XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TAVALISSE 150 MG	4	PA
Bradykinin B2 Receptor Antagonists			TAVALISSE 100 MG	4	ST; PA
(Icatibant Acetate) SAJAZIR SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 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>	1	
			BRILINTA	2	QL(2 ea daily)
			<i>cilostazol</i>	1	QL(2 ea daily)
			<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
			<i>dipyridamole</i>	1	
			<i>prasugrel hcl</i>	1	
			HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
			Agents for Gaucher Disease		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Miglustat) YARGESA	4	ST; PA	<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
CERDELGA	4	PA	<i>folic acid TABS 1 MG</i>	1	RX/OTC
CEREZYME 400 UNIT	4	PA	Hematopoietic Growth Factors		
<i>miglustat</i>	4	ST; PA	MULPLETA	4	PA
ZAVESCA ( <i>miglustat</i> )	7	ST; PA	PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
Agents for Sickle Cell Disease			PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
DROXIA CAPS	2		PROMACTA TABS	4	QL(1 ea daily); PA
SIKLOS TABS 1000 MG	4	AC; PA	RETACRIT	4	PA
SIKLOS TABS 100 MG	4	ST, AC; PA	RETACRIT 20000 UNIT/ML	4	PA
Folic Acid/Folates			RETACRIT	4	PA
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV	UDENYCA SOSY	4	PA
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV	ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV	ZIEXTENZO	4	PA
			Hematopoietic Mixtures		
			FOLIVANE-F	2	
			INTEGRA F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders					
Hemostatics - Systemic					
			<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	
			<i>aminocaproic acid TABS</i>	1	
			CYKLOKAPRON SOLN ( <i>tranexamic acid</i> )	7	PA
			<i>tranexamic acid SOLN 1000 MG/10ML</i>	4	PA
			<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS					

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Barbiturate Hypnotics					
<i>phenobarbital ELIX</i>	1		GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	7	QL(4000 ml per fill retail); PV
<i>phenobarbital TABS</i>	1		NULYTELY ( <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> )	7	PV
Non-Barbiturate Hypnotics					
DORAL ( <i>quazepam</i> )	7		<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<i>estazolam</i>	1		<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>eszopiclone</i>	1	QL(1 ea daily)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)	PEG-PREP	5	QL(1 ea per fill retail); PV
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
<i>midazolam hcl SYRP</i>	1		SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	7	PV
<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 ea daily)	Laxatives - Miscellaneous		
<i>temazepam 15 MG</i>	1	QL(2 ea daily)	(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
<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					
BELSOMRA	2	QL(1 ea daily); ST			
Selective Melatonin Receptor Agonists					
<i>ramelteon</i>	1	QL(1 ea daily); ST			
LAXATIVES - Bowel Treatment Drugs					
Laxative Combinations					
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A 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			

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

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<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>erythromycin ethylsuccinate SUSR</i>	1	
<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	Fidaxomicin		
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>					
Azithromycin					
<i>azithromycin PACK</i>	1		AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>azithromycin SUSR</i>	1		CAYA DPRH	5	QL(1 ea per 365 days retail); PV
<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)	CONDOMS	5	PV
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)	DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)	FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
Clarithromycin					
<i>clarithromycin SUSR</i>	1		FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>clarithromycin TABS</i>	1		FC2 FEMALE CONDOM	5	PV
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)	FEMCAP DEVI	5	PV
Erythromycins			KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
(Erythromycin Base) ERY-TAB TBEC	1		KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1		KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>erythromycin base CPEP</i>	1		KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>erythromycin base TABS</i>	1				
<i>erythromycin base TBEC</i>	1				

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

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

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

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

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

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

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

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E-Z JECT LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FINE 30	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
E-Z JECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FINGERSTIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
E-ZJECT LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FORA LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 26G SUPER-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 28G ULTRA-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREESTYLE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EZ-LETS LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTEL 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

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

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

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

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

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

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

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 LA=Limited Access   SF=Split-Fill   SP=Specialty Drug   RX/OTC=Prescription & Over-the-Counter

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

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RA E-ZJECT LANCETS ULTRATHIN 30G	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/21G/2.2MM	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/23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/26G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	REXALL LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
REALITY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RIGHTEST GL300 LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE NORMAL FLOW21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE PLUS SAFETYLANCE HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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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
SAPS HEALTH PLUS TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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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	TECHLITE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 18G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TGT LANCET MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TGT LANCET THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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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

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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 3 GENTLE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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UNISTIK PRO SAFETY LANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK PRO SAFETY LANCET 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK PRO SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS STANDARD 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
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

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VERIFINE SAFETY LANCET MINI 30G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS COMFORT ASSUREDLANCTS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	Parenteral Therapy Supplies		
VIVAGUARD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
VIVAGUARD SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
WALGREENS ADVANCED TRAVELLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
WALGREENS COMFORT ASSUREDLANCTS MICRO THIN/33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC
			BD NEEDLE/30G X 1/2"	2	RX/OTC

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BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	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/ULTR A-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	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/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	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	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
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC	AJOVY SOAJ	2	PA
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC	AJOVY SOSY	2	PA
NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	EMGALITY SOAJ	2	PA
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC	EMGALITY SOSY	2	PA
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	UBRELVY	3	QL(10 ea per 30 days retail); ST
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP			(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine TABS</i>			<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products					
D.H.E. 45 SOLN IJ ( <i>dihydroergotamine mesylate</i> )			D.H.E. 45 SOLN IJ ( <i>dihydroergotamine mesylate</i> )	7	PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>			<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>			<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(0.27 ml daily); PA
ERGOMAR SUBL			ERGOMAR SUBL	2	

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Serotonin Agonists					
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ml daily); PA
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)	<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)	<i>zolmitriptan SOLN</i>	1	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML ( <i>sumatriptan succinate</i> )	7	ST; PA	<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML ( <i>sumatriptan succinate</i> )	7	PA	<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
IMITREX STATDOSE SYSTEM SOAJ ( <i>sumatriptan succinate</i> )	7	PA	<i>ZOMIG SOLN 2.5 MG</i>	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)	<b>MINERALS &amp; ELECTROLYTES</b>		
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)	Calcium		
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)	CALCIFOL	3	
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)	CALCIUM-FOLIC ACID PLUS D	3	
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)	MAGNEBIND 400	3	
<i>sumatriptan succinate SOAJ</i>	4	PA	Fluoride		
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	4	ST; PA	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	4	PA	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)

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sodium fluoride TABS 0.5 MG	5	AL(Up to 6 yrs old); PV	(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1			
Phosphate							
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		EFFER-K	3			
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		K-TAB TBCR 8 MEQ ( <i>potassium chloride</i> )	2			
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>	1		<i>potassium chloride microencapsulated crystals er</i>	1			
Potassium			<i>potassium chloride CPCR</i>	1			
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1		<i>potassium chloride PACK OR 20 MEQ</i>	1			
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1		<i>potassium chloride SOLN OR 10 %, 20 %</i>	1			
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1		POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML ( <i>potassium chloride</i> )	7	PA		
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1		<i>potassium chloride TBCR</i>	1			
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1		Zinc				
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1		GALZIN	3			
			WILZIN	3			
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>							
Chelating Agents							
			CUPRIMINE CAPS ( <i>penicillamine</i> )	7	PA		
			<i>penicillamine CAPS</i>	4	PA		
			<i>penicillamine TABS</i>	1			
			SYPRINE ( <i>trientine hcl</i> )	7	PA		
			<i>trientine hcl 500 MG</i>	4	PA		
			<i>trientine hcl 250 MG</i>	4	PA		
Immunomodulators							
			<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA		

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THALOMID	3	Must use Exactus Specialty Rx 1- 866-458-9246; AC	Potassium Removing Agents				
Immunosuppressive Agents			(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1			
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1		LOKELMA	3	QL(1 ea daily); PA		
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		<i>sodium polystyrene sulfonate POWD</i>	1			
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		Systemic Lupus Erythematosus Agents				
ASTAGRAF XL CP24	3	ST	BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538- 4661; PA		
<i>azathioprine TABS</i>	1		BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538- 4661; PA		
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		<b>MOUTH/THROAT/DENTAL AGENTS</b>				
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		Anesthetics Topical Oral				
<i>cyclosporine CAPS</i>	1		<i>lidocaine hcl (mouth- throat)</i>	1			
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	1		Anti-infectives - Throat				
<i>mycophenolate mofetil CAPS</i>	1		<i>clotrimazole</i>	1			
<i>mycophenolate mofetil SUSR</i>	1		<i>nystatin (mouth-throat)</i>	1			
<i>mycophenolate mofetil TABS</i>	1		ORAVIG	3			
<i>mycophenolate sodium</i>	1		Antiseptics - Mouth/Throat				
PROGRAF PACK	4	PA	(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1			
SANDIMMUNE SOLN OR	3		<i>chlorhexidine gluconate (mouth-throat)</i>	1			
<i>sirolimus SOLN</i>	1		Steroids - Mouth/Throat/Dental				
<i>sirolimus TABS</i>	1		(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1			
<i>tacrolimus CAPS</i>	1		<i>triamcinolone acetonide (mouth)</i>	1			
THYMOGLOBULIN	3	administered under the medical benefit; PA					

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Throat Products - Misc.					
<i>cevimeline hcl</i>	1	QL(3 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
MUCOTROL WAFR	3		(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMINS					
Ped Multi Vitamins w/FI & FE					
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRO SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRO 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	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
			MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
			MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC

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<i>pediatric multivitamins w/f CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	AL(Up to 6 yrs old)	CITRANATAL ASSURE	3	
POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
POLY-VI-FLOR SUSP	3		CITRANATAL BLOOM	3	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)	CITRANATAL BLOOM DHA	2	
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL DHA	2	
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ESSENCE	2	
TRI-VI-FLOR	3		CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
TRI-VI-FLORO	3		CITRANATAL MEDLEY	3	
Pediatric Multiple Vitamins & Minerals w/ Fluoride					
FLORIVA	3		C-NATE DHA CAPS	3	
Prenatal Vitamins					
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	1	RX/OTC	COMPLETENATE CHEW	2	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		CONCEPT DHA	2	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		CONCEPT OB	2	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		DUET DHA 400 MISC	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	1		FOLIVANE-OB	2	
ATABEX EC TBEC	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	

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NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PRENATAL 19 TABS	3	RX/OTC
NEONATAL 19	3		PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	RX/OTC
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC	PRENATAL PLUS TABS	2	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC	PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
NESTABS	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
NESTABS DHA	2		PRENATAL-U CAPS	2	
NESTABS ONE	3		PRENATE	3	
NIVA-PLUS TABS	2	RX/OTC	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3	
OB COMPLETE ONE	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	
OB COMPLETE PETITE	3		PRENATE ENHANCE	3	
OB COMPLETE PREMIER	3		PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
OB COMPLETE/DHA	3		PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3	
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		PRENATE PIXIE	3	
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	RX/OTC	PRENATE RESTORE	3	
PNV TABS 29-1 TABS	2	RX/OTC	PRENATRIX TABS	2	RX/OTC
PNV-DHA+DOCUSATE	3		PRENATRYL TABS	2	RX/OTC
PNV-OMEGA	3				
PRENA 1 TRUE	2				
PRENA1 CHEW	3				
PRENA1 PEARL	3				
PRENASSANCE	3				
PRENASSANCE PLUS CAPS	3				
PRENATAL 19 CHEW	2				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
PREPLUS TABS	2	RX/OTC	VITATRUE	2		
RELNATE DHA CAPS	3		VIVA DHA CAPS	3		
SELECT-OB+DHA MISC	3		VP-PNV-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		
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2		WESNATE DHA CAPS	3		
SE-NATAL 19 CHEW	2		WESTAB PLUS TABS	2	RX/OTC	
SE-NATAL 19 TABS	3	RX/OTC	WESTGEL DHA	3		
THERANATAL CORE NUTRITION TABS	2	RX/OTC	ZATEAN-PN DHA	3		
THRIVITE RX TABS	2	RX/OTC	ZATEAN-PN PLUS	3		
TRICARE TABS	2	RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			
TRINATAL RX 1 TABS	2		Central Muscle Relaxants			
TRISTART DHA	3		(Carisoprodol) VANADOM TABS 350 MG	1		
TRISTART ONE	3		(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1		
VINATE DHA RF	3		<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML</i>	4	administered under the medical benefit; PA	
VINATE ONE TABS	2		<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)	
VIRT-C DHA	2		<i>baclofen TABS 5 MG</i>	1		
VIRT-NATE DHA CAPS	3		<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)	
VIRT-PN DHA	3		<i>carisoprodol TABS</i>	1		
VIRT-PN PLUS	3		<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1		
VITAFOL GUMMIES	3		<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1		
VITAFOL-NANO	3		GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	4	administered under the medical benefit; PA	
VITAFOL-ONE CAPS	3		LORESAL INTRATHECAL SOLN IT ( <i>baclofen</i> )	7	administered under the medical benefit; PA	
VITAMEDMD ONE RX/QUATREFOLIC	3		LORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	4	administered under the medical benefit; PA	
VITAMEDMD REDICHEW RX	3		<i>metaxalone 400 MG</i>	1		
VITAPEARL	3					
VITATHELY/GINGER TABS	2	RX/OTC				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metaxalone 800 MG</i>	1	QL(4 ea daily)	(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>methocarbamol TABS 500 MG, 750 MG</i>	1				
<i>orphenadrine citrate TB12</i>	1				
<i>tizanidine hcl CAPS</i>	1				
<i>tizanidine hcl TABS 2 MG</i>	1				
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)			
Direct Muscle Relaxants					
<i>dantrolene sodium CAPS</i>	1				
Muscle Relaxant Combinations					
<i>carisoprodol w/ aspirin &amp; codeine</i>	1				
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus					
Nasal Agent Combinations					
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 gm daily)	(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)
Nasal Antiallergy					
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC			
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ml daily); RX/OTC			
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)			
<i>olopatadine hcl (nasal)</i>	1				
Nasal Anticholinergics					
<i>ipratropium bromide (nasal)</i>	1				
Nasal Steroids					
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 gm daily); RX/OTC			

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<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC	<i>dorzolamide hcl-timolol maleate</i>	1				
NASONEX 24HR SUSP	2	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC	<i>levobunolol hcl 0.5 %</i>	1				
<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ml daily)	<i>timolol maleate (ophth) SOLG</i>	1				
XHANCE EXHU	3	QL(1.07 ml daily); ST	<i>timolol maleate (ophth) SOLN</i>	1				
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles								
ALS Agents								
RADICAVA ORS STARTER KIT SUSP	4	PA	(Homatropine Hbr) HOMATROPAIRE	1				
RADICAVA ORS SUSP	4	PA	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1				
RELYVRCIO	4	PA	<i>atropine sulfate (ophthalmic) OINT</i>	1				
<i>riluzole TABS</i>	1		<i>atropine sulfate (ophthalmic) SOLN</i>	1				
Spinal Muscular Atrophy Agents (SMA)								
EVRYSDI	4	PA	ATROPINE SULFATE SOLN 1 %	2				
NUTRIENTS			CYCLOGYL	2				
Lipids			CYCLOMYDRIL	3				
DOJOLVI	4	PA	<i>cyclopentolate hcl</i>	1				
OPHTHALMIC AGENTS - Drugs to Treat the Eye			ISOPTO ATROPINE SOLN	2				
Beta-blockers - Ophthalmic			<i>phenylephrine hcl (mydriatic) SOLN</i>	1				
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	1		<i>tropicamide SOLN</i>	1				
<i>betaxolol hcl (ophth) SOLN</i>	1		Miotics					
BETIMOL	2		<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)			
BETOPTIC-S SUSP	2		Ophthalmic Adrenergic Agents					
<i>brimonidine tartrate-timolol maleate</i>	1		<i>apraclonidine hcl</i>	1				
<i>carteolol hcl (ophth)</i>	1		<i>brimonidine tartrate</i>	1				
DORZOLAMIDE HCL/TIMOLOL MALEATE	2		IOPIDINE	3				

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(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1		<i>sulfacetamide sodium (ophth) OINT</i>	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1		<i>sulfacetamide sodium (ophth) SOLN</i>	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1		<i>tobramycin (ophth) SOLN</i>	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)	TOBREX OINT	2	
<i>bacitracin (ophthalmic)</i>	2		<i>trifluridine</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1		ZIRGAN GEL	3	
BESIVANCE	3		Ophthalmic Immunomodulators		
BETADINE OPHTHALMIC PREP	3		<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
CILOXAN OINT	2		Ophthalmic Local Anesthetics		
<i>ciprofloxacin hcl (ophth) SOLN</i>	1		(Tetracaine Hcl (Ophth)) ALTACAIN	1	
ERYTHROMYCIN	2		AKTEN	3	
<i>erythromycin (ophth)</i>	1		<i>proparacaine hcl</i>	1	
<i>gatifloxacin (ophth)</i>	1		<i>tetracaine hcl (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1		Ophthalmic Steroids		
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)	(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail; 4 per fill mail)
<i>levofloxacin (ophth) 1.5 %</i>	2		(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1		ALREX SUSP	3	
NATACYN	2		<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail; 4 per fill mail)
<i>neomycin-bacitracin zn-polymyxin</i>	1		BLEPHAMIDE S.O.P. OINT	2	
<i>neomycin-polymyxin-gramicidin</i>	1		BLEPHAMIDE SUSP	2	
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail)	<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1		<i>difluprednate</i>	1	
POVIDONE IODINE	3		FLAREX	2	
			<i>fluorometholone (ophth) SUSP</i>	1	
			FML FORTE SUSP	2	
			FML OINT	2	

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LOTEMAX OINT	3		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP	1	QL(0.09 ml daily); RX/OTC
<i>loteprednol etabonate GEL</i>	1		OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC		
<i>loteprednol etabonate SUSP</i>	1		OLOPATADINE HYDROCHLORIDE, SM		
MAXIDEX SUSP OP	2		OLOPATADINE HCL 0.2 %		
<i>neomycin-polymy- dexameth OINT</i>	1		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
<i>neomycin-polymy- dexameth SUSP</i>	1		ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP		
<i>neomycin-polymyxin-hc (ophth)</i>	1		OLOPATADINE HYDROCHLORIDE, HM		
PRED MILD	2		EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %		
PRED-G S.O.P. OINT	3		ACUVAIL	3	
PRED-G SUSP	3		ALOCRIL	3	
<i>prednisolone acetate (ophth)</i>	1		ALOMIDE	2	
PREDNISOLONE SODIUM PHOSPHATE	3		<i>azelastine hcl (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOX ACIN SOLN	3		<i>bepotastine besilate</i>	1	QL(0.34 ml daily); ST
<i>sulfacetamide sod- prednisolone SOLN</i>	1		<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
TOBRADEX ST SUSP	3		<i>bromfenac sodium (ophth)</i>	1	
TOBRADEX OINT	3		<i>cromolyn sodium (ophth)</i>	1	
<i>tobramycin- dexamethasone SUSP</i>	1	QL(5 ml per fill retail)	CYSTARAN	4	
ZYLET	3	QL(5 ml per fill retail)	<i>diclofenac sodium (ophth)</i>	1	
Ophthalmic Surgical Aids			<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ml daily)
GELFILM OP	3		DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)
Ophthalmics - Misc.			<i>epinastine hcl (ophth)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium</i>	1		<i>ciprofloxacin-fluocinolone acetonide</i>	1	Limit 15mls per month; QL(0.5 ea daily)
ILEVRO	3		CORTISPORIN-TC	3	
<i>ketorolac tromethamine (ophth)</i>	1		<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
LASTACRAFT	3	ST	<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
NEVANAC	3		OTOVEL ( <i>ciprofloxacin-fluocinolone acetonide</i> )	7	Limit 15mls per month; QL(0.5 ea daily)
<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ml daily); RX/OTC	PRAMOTIC	3	
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC	Otic Steroids		
PAREMYD	3		(Fluocinolone Acetonide (Otic) FLAC	1	
Prostaglandins - Ophthalmic			<i>fluocinolone acetonide (otic)</i>	1	
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)	<i>hydrocortisone w/acetic acid</i>	2	QL(10 ml per fill retail)
<i>latanoprost SOLN</i>	1	QL(0.09 ml daily)	OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
LATANOPROST SOLN	2	QL(0.09 ml daily)	Abortifacients/Agents for Cervical Ripening		
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)	CERVIDIL INST	3	
<i>tafluprost</i>	1	QL(1 ea daily)	PREPIDIL GEL	3	
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)	Oxytocics		
OTIC AGENTS - Drugs to Treat the Ear			(Methylergonovine Maleate) METHERGINE TABS	1	
Otic Agents - Miscellaneous			<i>methylergonovine maleate TABS</i>	1	
<i>acetic acid (otic)</i>	1		PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Otic Anti-infectives			Immune Serums		
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 ea per fill retail)	BIVIGAM SOLN 10 %	4	PA
<i>ofloxacin (otic)</i>	1		BIVIGAM SOLN 5 GM/50ML	4	PA
Otic Combinations			FLEBOGAMMA DIF SOLN	4	PA
CIPRO HC	3				
<i>ciprofloxacin-dexamethasone</i>	1				

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FLEBOGAMMA DIF SOLN 5 GM/50ML	4	PA	<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
GAMASTAN	4	PA	<i>amoxicillin SUSR</i>	1	
GAMMAGARD LIQUID 1 GM/10ML	4	Covered under Medical Benefit; PA	<i>amoxicillin TABS</i>	1	
GAMMAGARD LIQUID 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA
GAMMAKED 1 GM/10ML	4	Covered under Medical Benefit; PA	<i>ampicillin CAPS 500 MG</i>	1	
GAMMAPLEX SOLN	4	PA	Natural Penicillins		
GAMMAPLEX SOLN 5 GM/50ML	4	PA	(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	4	PA
GAMUNEX-C 1 GM/10ML	4	Covered under Medical Benefit; PA	BICILLIN L-A SUSY	4	PA
GAMUNEX-C 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	<i>penicillin g potassium</i>	4	PA
OCTAGAM SOLN	4	PA	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	PA
OCTAGAM SOLN 5 GM/50ML	4	PA	PENICILLIN G PROCAINE	4	PA
PRIVIGEN SOLN 5 GM/50ML	4	PA	<i>penicillin g sodium</i>	4	PA
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	PA	<i>penicillin v potassium SOLR</i>	1	
Passive Immunizing Agents - Combinations			<i>penicillin v potassium TABS</i>	1	
HYQVIA 1600 UNIT/10ML-20 GM/200ML, 200 UNT/1.25ML-2.5 GM/25ML, 2400 UNIT/15ML-30 GM/300ML, 400 UNIT/2.5ML-5 GM/50ML	4	Some members may obtain their medications through their Medical Group; PA	Penicillin Combinations		
PENICILLINS - Drugs to Treat Bacterial Infections			<i>amoxicillin &amp; pot clavulanate CHEW</i>	1	
Aminopenicillins			<i>amoxicillin &amp; pot clavulanate SUSR</i>	1	
<i>amoxicillin CAPS</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

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<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	4	PA	Anti-Cataplectic Agents		
UNASYN IJ 2 GM-1 GM ( <i>ampicillin &amp; sulbactam sodium</i> )	7	PA	SODIUM OXYBATE SOLN	4	ST; PA
UNASYN BULK PACK IV ( <i>ampicillin &amp; sulbactam sodium</i> )	7	PA	XYREM SOLN	4	ST; PA
Penicillinase-Resistant Penicillins			Antidementia Agents		
<i>dicloxacillin sodium</i>	1		<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
NAFCILLIN 1 GM/50ML-5 %	4	PA	<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
<i>nafcillin sodium IV 2 GM, 10 GM</i>	4	PA	<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>oxacillin sodium IV 10 GM</i>	4	PA	<i>galantamine hydrobromide SOLN</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs			<i>galantamine hydrobromide TABS</i>	1	
Progestins			<i>memantine hcl CP24 7 MG</i>	1	ST; PA
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)	<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	1	PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1		<i>memantine hcl SOLN</i>	1	
<i>megestrol acetate (appetite)</i>	1	AC	<i>memantine hcl TABS</i>	1	
<i>norethindrone acetate TABS</i>	1		<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)
<i>progesterone CAPS</i>	1	QL(1 ea daily)	<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)
<i>progesterone OIL</i>	1	PA	NAMZARIC C4PK	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			<i>rivastigmine</i>	1	
Agents for Chemical Dependency			<i>rivastigmine tartrate CAPS</i>	1	
<i>acamprosate calcium</i>	1		Combination Psychotherapeutics		
<i>disulfiram</i>	1		<i>chlordiazepoxide-amitriptyline</i>	1	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA	<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG</i>	2	
			<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG</i>	1	
			<i>perphenazine-amitriptyline</i>	1	

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Fibromyalgia Agents								
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA	MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA			
SAVELLA TABS	3	QL(2 ea daily); PA	MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA			
Movement Disorder Drug Therapy								
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA	MAYZENT TABS 2 MG	3	QL(1 ea daily); PA			
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA	MAYZENT TABS 1 MG	3	not available thru mail order; PA			
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA	MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA			
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 ea daily); PA	PLEGRIDY STARTER PACK SOPN	4	PA			
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA	PLEGRIDY STARTER PACK SOSY SC	4	PA			
INGREZZA CPPK	4	PA	PLEGRIDY SOPN	4	PA			
<i>tetrabenazine</i>	4	Specialty drug- Health Net will refer to SP Pharmacy; PA	PLEGRIDY SOSY IM	4	PA			
XENAZINE ( <i>tetrabenazine</i> )	7	Specialty drug- Health Net will refer to SP Pharmacy; PA	PLEGRIDY SOSY SC	4	PA			
Multiple Sclerosis Agents								
(Glatiramer Acetate) GLATOPA SOSY	1	PA	REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA			
AVONEX PEN AJKT	4	PA	REBIF REBIDOSE SOAJ	4	PA			
AVONEX PSKT	4	PA	REBIF TITRATION PACK SOSY	4	PA			
BETASERON KIT	4	PA	REBIF SOSY	4	PA			
<i>dalfampridine</i>	1	PA	<i>teriflunomide</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); PA			
<i>dimethyl fumarate CDPK</i>	2	PA	Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>dimethyl fumarate CPDR</i>	2	PA	<i>fluoxetine hcl (pmdd)</i> TABS	1				
<i> fingolimod hcl</i>	1	QL(1 ea daily); PA	Pseudobulbar Affect (PBA) Agents					
GILENYA 0.5 MG	2	QL(1 ea daily); PA	NUEDEXTA	4	PA			
<i> glatiramer acetate SOSY</i>	1	PA	Psychotherapeutic and Neurological Agents - Misc.					
KESIMPTA	4	QL(0.0143 ml daily); PA	<i>ergoloid mesylates TABS</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
pimozide	1		(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	5	PV
Smoking Deterrents					
	5	PV			

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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 2 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, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	PV
			(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	PV

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR			Lung Conditions		
APO-VARENICLINE TABS 0.5 MG	5	QL(1 ea daily); PV	Cystic Fibrosis Agents		
APO-VARENICLINE TABS 1 MG	5	QL(2 ea daily); PV	KALYDECO PACK	4	PA
<i>bupropion hcl (smoking deterrent)</i>	5	PV	KALYDECO TABS	4	PA
NICODERM CQ PT24 TD ( <i>nicotine</i> )	7	PV	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
NICORETTE MINI LOZG ( <i>nicotine polacrilex</i> )	7	PV	ORKAMBI PACK 94 MG-75 MG	4	PA
NICORETTE STARTER KIT GUM ( <i>nicotine polacrilex</i> )	7	PV	ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NICORETTE GUM ( <i>nicotine polacrilex</i> )	7	PV	PULMOZYME	2	QL(5 ml daily); PA
NICORETTE LOZG ( <i>nicotine polacrilex</i> )	7	PV	SYMDEKO	4	PA
<i>nicotine polacrilex GUM</i>	5	PV	TRIKAFTA TBPK 50 MG-25 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); PA
<i>nicotine polacrilex LOZG</i>	5	PV	TRIKAFTA TBPK 100 MG-50 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4662; QL(3 ea daily); PA
NICOTINE TRANSDERMAL SYSTEM KIT	5	PV	Pulmonary Fibrosis Agents		
<i>nicotine MISC XX</i>	5	PV	ESBRIET CAPS ( <i>pirfenidone</i> )	7	QL(3 ea daily); SP; PA
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV	ESBRIET TABS ( <i>pirfenidone</i> )	7	QL(3 ea daily); SP; PA
NICOTROL INHALER INHA	5	PV	OFEV	4	QL(2 ea daily); PA
NICOTROL NS SOLN	5	PV	<i>pirfenidone CAPS</i>	4	QL(3 ea daily); SP; PA
<i>varenicline tartrate TABS 1 MG</i>	5	QL(2 ea daily); PV	<i>pirfenidone TABS</i>	4	QL(3 ea daily); SP; PA
<i>varenicline tartrate TABS 0.5 MG</i>	5	QL(1 ea daily); PV	SULFONAMIDES - Drugs to Treat Bacterial Infections		
Transthyretin Amyloidosis Agents			Sulfonamides		
TEGSEDI	4	PA			
RESPIRATORY AGENTS - MISC. - Drugs to Treat					

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<b>sulfadiazine TABS</b>	1		XIMINO CP24	3	ST
TETRACYCLINES - Drugs to Treat Bacterial Infections			THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Tetracyclines			Antithyroid Agents		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1		<i>methimazole TABS</i>	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2		<i>propylthiouracil</i>	1	QL(3 ea daily)
(Doxycycline Hyolate) LYMEPAK TABS 100 MG	1		Thyroid Hormones		
<i>demeclocycline hcl TABS</i>	1		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
<i>doxycycline (monohydrate) SUSR</i>	1		ADTHYZA TABS 130 MG	3	
<i>doxycycline (monohydrate) TABS 75 MG</i>	1	ST	ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	2	
<i>doxycycline (monohydrate) TABS 150 MG</i>	2	ST	ARMOUR THYROID TABS	2	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1		CYTOMEL TABS 25 MCG, 50 MCG ( <i>liothyronine sodium</i> )	2	QL(2 ea daily)
<i>doxycycline hyolate CAPS</i>	1		CYTOMEL TABS 5 MCG ( <i>liothyronine sodium</i> )	2	
<i>doxycycline hyolate TABS 20 MG, 100 MG</i>	1		<i>levothyroxine sodium CAPS</i>	1	
<i>minocycline hcl CAPS</i>	1				
<i>minocycline hcl CP24</i>	3	ST			
<i>minocycline hcl TABS 50 MG, 100 MG</i>	1				
<i>minocycline hcl TABS 75 MG</i>	1	PA			
<i>tetracycline hcl CAPS</i>	1				

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)	<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)	
<i>esomeprazole magnesium PACK</i>	1	PA	URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			
FIRST-OMEPRAZOLE SUSP	3		Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			
<i>lansoprazole CPDR</i>	1	QL(1 ea daily); RX/OTC	<i>darifenacin hydrobromide</i>	1		
<i>lansoprazole TBDD 30 MG</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)	<i>fesoterodine fumarate</i>	1	QL(1 ea daily)	
<i>lansoprazole TBDD 15 MG</i>	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)	
NEXIUM PACK	3	PA	<i>oxybutynin chloride TB24</i>	1		
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3		<i>solifenacina succinate TABS 5 MG</i>	1		
<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)	<i>solifenacina succinate TABS 10 MG</i>	1	QL(1 ea daily)	
<i>omeprazole CPDR 10 MG</i>	1		<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)	
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)	<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)	
<i>pantoprazole sodium PACK</i>	1	QL(1 ea daily)	<i>trospium chloride CP24</i>	1		
<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)	<i>trospium chloride TABS</i>	1	QL(2 ea daily)	
PRILOSEC PACK	3	PA	Urinary Antispasmodics - Cholinergic Agonists			
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA	<i>bethanechol chloride</i>	1		
<i>rabeprazole sodium TBEC</i>	2	ST; QL(1 ea daily); PA	Urinary Antispasmodics - Direct Muscle Relaxants			
Ulcer Drugs - Prostaglandins			<i>flavoxate hcl</i>	1		
<i>misoprostol</i>	1		VACCINES			
Ulcer Therapy Combinations			Viral Vaccines			
AFLURIA QUADRIVALENT 2021-2022 SUSY	5	PV	AFLURIA QUADRIVALENT 2022-2023 SUSY	5	PV	
AFLURIA QUADRIVALENT 2023-2024 SUSY	5	PV	COVID VACCINES	5		

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FLUAD QUADRIVALENT 2021-2022	5	PV	Spermicides		
FLUAD QUADRIVALENT 2022-2023	5	PV	ENCARE SUPP 100 MG	5	PV
FLUAD QUADRIVALENT 2023-2024	5	PV	OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	PV
FLUARIX QUADRIVALENT 2021-2022 SUSY	5	PV	TODAY SPONGE MISC	5	PV
FLUARIX QUADRIVALENT 2022-2023 SUSY	5	PV	VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
FLUARIX QUADRIVALENT 2023-2024 SUSY	5	PV	VCF VAGINAL CONTRACEPTIVE GEL	5	PV
FLULALVAL QUADRIVALENT 2021-2022 SUSY	5	PV	Vaginal Anti-infectives		
FLULALVAL QUADRIVALENT 2022-2023 SUSY	5	PV	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
FLULALVAL QUADRIVALENT 2023-2024 SUSY	5	PV	CLEOCIN SUPP	3	
FLUMIST QUADRIVALENT	5	PV	<i>clindamycin phosphate vaginal CREA</i>	1	
FLUZONE HIGH-DOSE PF 2021-2022	5	PV	CLINDESSE	3	
FLUZONE HIGH-DOSE PF 2022-2023	5	PV	GYNIAZOLE-1	3	
FLUZONE HIGH-DOSE PF 2023-2024	5	PV	<i>metronidazole vaginal</i>	1	
FLUZONE QUADRIVALENT 2021-2022 SUSY	5	PV	<i>terconazole vaginal CREA</i>	1	
FLUZONE QUADRIVALENT 2022-2023 SUSY	5	PV	<i>terconazole vaginal SUPP</i>	1	
FLUZONE QUADRIVALENT 2023-2024 SUSY	5	PV	VANDAZOLE	2	
HEPLISAV-B SOSY	5	Medical Benefit; PV	Vaginal Contraceptive - pH Modulators		
<b>VAGINAL AND RELATED PRODUCTS</b>					
PHEXXI					
Vaginal Estrogens					
(Estradiol Vaginal) YUVAFEM TABS					
<i>estradiol vaginal CREA</i>					
<i>estradiol vaginal TABS</i>					
ESTRING RING					
FEMRING					
PREMARIN					

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

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(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG .....	MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID	MCG/ACT, 500 MCG/ACT-50
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS .....	CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP	MCG/ACT .....
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(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG .....	MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM	FOLIC ACID, QC FOLIC ACID, RA
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE .....	STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG .....	FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID
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(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE	52 (Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE	FOLATE, GNP FOLIC ACID, HM
(Fluticasone Propionate (Nasal)) PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE	PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE	FOLIC ACID, KP FOLIC ACID, PX
(Fluticasone Propionate (Nasal)) PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE,	PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE,	FOLIC ACID, QC FOLIC ACID, RA
(Glipizide) GLIPIZIDE XL TB24 ... 20	GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF,	TRUE FOLIC ACID, YL FOLIC ACID
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN 10 MG/5ML-100 MG/5ML 46	ALLER-FLO, QC ALLERGY RELIEF,	TABS 800 MCG .....
(Guaifenesin-Codeine)	ALLER-FLO, QC ALLERGY RELIEF,	64 (Gentamicin Sulfate (Ophth)) GENTAK OINT .....
(Glatiramer Acetate) GLATOPA SOSY .....	101 (Glatiramer Acetate) GLATOPA SOSY .....	101 (Glipizide) GLIPIZIDE XL TB24 ...
(Guaiifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN 10 MG/5ML-100 MG/5ML 46	20 (Guaiifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN 10 MG/5ML-100 MG/5ML 46	64 (Guaifenesin-Codeine)

GUAIATUSSIN AC, GUAIFENESIN AC SYRP .....	46	(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG .....	48	FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .42
(Guaiifenesin-Codeine) VIRTUSSIN AC/ALC LIQD 10 MG/5ML-100 MG/5ML .....	47	(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	55	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42
(Homatropine Hbr) HOMATROPAIRE .....	100	(Ketoconazole (Topical)) KETODAN FOAM .....	49	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN .46		(Lactulose (Encephalopathy)) ENULOSE, GENERLAC .....	60	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % ....	10	(Lactulose) CONSTULOSE SOLN 10 GM/15ML .....	65	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42
(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 % .....	52	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT .....	14	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG .....	116	(Lamotrigine) SUBVENITE TABS .14		(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG .....	116	(Lansoprazole) CVS LANSOPRAZOLE, EQ		(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 .....
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG .....	116	LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE,		45
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG .....	4	GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS		GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS
(Icatibant Acetate) SAJAZIR SOSY 63		LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .117		LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .117
(Indomethacin) INDOCIN SUPP ....	4	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE		(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 .....
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC .....	49	LANSOPRAZOLE TBDD 15 MG .117		42
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG ..47		(Levetiracetam) ROWEEPRA TABS 500 MG .....	14	(Levonorgestrel-Eth Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESSE .....
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..47		(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS		42
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..48		ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS .....	22	(Levonorgestrel-Eth Estradiol (91-Day)) AMETHIA, ASHLYNA,
		(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA,		

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

POLACRILEX GUM, HM NICOTINE	NICOTINE	TRANSDERMALSYSTEM STEP 2,
POLACRILEX, KLS QUIT2, KLS	TRANSDERMALSYSTEM STEP 1,	CVS NICOTINE
QUIT4, PX STOP SMOKING AID,	CVS NICOTINE	TRANSDERMALSYSTEM/STEP 3,
RA NICOTINE, RA NICOTINE GUM,	TRANSDERMALSYSTEM STEP 2,	EQ NICOTINE, EQ NICOTINE STEP
SM NICOTINE, SM NICOTINE	CVS NICOTINE	3, GNP NICOTINE
POLACRILEX, THRIVE GUM 2 MG	TRANSDERMALSYSTEM/STEP 3,	TRANSDERMALSYSTEM, GNP
109	EQ NICOTINE, EQ NICOTINE STEP	NICOTINE
(Nicotine Polacrilex) CVS NICOTINE,	3, GNP NICOTINE	TRANSDERMALSYSTEM STEP 2,
CVS NICOTINE GUM, CVS	TRANSDERMALSYSTEM, GNP	HABITROL, HM NICOTINE
NICOTINE POLACRILEX, CVS	NICOTINE	TRANSDERMAL SYSTEM STEP 1,
NICOTINE POLACRILEX STARTER,	TRANSDERMALSYSTEM STEP 2,	HM NICOTINE TRANSDERMAL
EQ NICOTINE POLACRILEX, EQL	HABITROL, HM NICOTINE	SYSTEM STEP 2, HM NICOTINE
NICOTINE POLACRILEX REFILL,	TRANSDERMAL SYSTEM STEP 1,	TRANSDERMAL SYSTEM STEP 3,
EQL NICOTINE POLACRILEX	HM NICOTINE TRANSDERMAL	NICOTINE STEP 1, NICOTINE
STARTER, GNP NICOTINE GUM,	SYSTEM STEP 2, HM NICOTINE	STEP 3, NICOTINE TRANSDERMAL
GNP NICOTINE POLACRILEX,	TRANSDERMAL SYSTEM STEP 3,	SYSTEM STEP 1, NICOTINE
GOODSENSE NICOTINE GUM,	NICOTINE STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP
GOODSENSE NICOTINE	STEP 3, NICOTINE TRANSDERMAL	1/CLEAR, NICOTINE
POLACRILEX GUM, HM NICOTINE	SYSTEM STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 2,
POLACRILEX, KLS QUIT2, KLS	TRANSDERMAL SYSTEM STEP	NICOTINE TRANSDERMAL
QUIT4, PX STOP SMOKING AID,	1/CLEAR, NICOTINE	SYSTEM STEP 2/CLEAR,
RA NICOTINE, RA NICOTINE GUM,	NICOTINE TRANSDERMAL	NICOTINE TRANSDERMAL
SM NICOTINE, SM NICOTINE	SYSTEM STEP 2/CLEAR,	SYSTEM STEP 3, NICOTINE
POLACRILEX, THRIVE GUM 4 MG	NICOTINE TRANSDERMAL	TRANSDERMAL SYSTSTEM STEP
108	SYSTEM STEP 3, NICOTINE	3/CLEAR, QC NICOTINE
(Nicotine Polacrilex) CVS NICOTINE,	TRANSDERMAL SYSTSTEM STEP	TRANSDERMAL SYSTEM/STEP 1,
CVS NICOTINE GUM, CVS	3/CLEAR, QC NICOTINE	QC NICOTINE TRANSDERMAL
NICOTINE POLACRILEX, CVS	TRANSDERMAL SYSTEM/STEP 1,	SYSTEM/STEP 2, RA NICOTINE,
NICOTINE POLACRILEX STARTER,	QC NICOTINE TRANSDERMAL	RA NICOTINE TRANSDERMAL
EQ NICOTINE POLACRILEX, EQL	SYSTEM/STEP 2, RA NICOTINE,	SYSTEM, SM NICOTINE
NICOTINE POLACRILEX REFILL,	RA NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM/STEP
EQL NICOTINE POLACRILEX	SYSTEM, SM NICOTINE	1/CLEAR, SM NICOTINE
STARTER, GNP NICOTINE GUM,	TRANSDERMAL SYSTEM/STEP	TRANSDERMAL SYSTEM/STEP
GNP NICOTINE POLACRILEX,	1/CLEAR, SM NICOTINE	2/CLEAR, SM NICOTINE
GOODSENSE NICOTINE GUM,	TRANSDERMAL SYSTEM/STEP	TRANSDERMAL SYSTEM/STEP
GOODSENSE NICOTINE	2/CLEAR, SM NICOTINE	3/CLEAR PT24 TD 14 MG/24HR, 21
POLACRILEX GUM, HM NICOTINE	TRANSDERMAL SYSTEM/STEP	MG/24HR ..... 111
POLACRILEX, KLS QUIT2, KLS	3/CLEAR PT24 TD 14 MG/24HR, 21	(Nicotine) CVS NICOTINE
QUIT4, PX STOP SMOKING AID,	MG/24HR ..... 110	TRANSDERMALSYSTEM, CVS
RA NICOTINE, RA NICOTINE GUM,	(Nicotine) CVS NICOTINE	NICOTINE
SM NICOTINE, SM NICOTINE	TRANSDERMALSYSTEM, CVS	TRANSDERMALSYSTEM STEP 1,
POLACRILEX, THRIVE GUM .... 108	NICOTINE	CVS NICOTINE
(Nicotine) CVS NICOTINE	TRANSDERMALSYSTEM STEP 1,	TRANSDERMALSYSTEM STEP 2,
TRANSDERMALSYSTEM, CVS	CVS NICOTINE	CVS NICOTINE
	CVS NICOTINE	TRANSDERMALSYSTEM/STEP 3,

EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE	TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE	SYSTEM STEP 2, HM NICOTINE
TRANSDERMALSYSTEM, GNP NICOTINE	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE
TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE	TRANSDERMAL SYSTEM STEP 2, HM NICOTINE	STEP 3, NICOTINE TRANSDERMAL
TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	SYSTEM STEP 1, NICOTINE
SYSTEM STEP 2, HM NICOTINE	TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE	TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE
TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL
STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL
TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE	TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE	SYSTEM STEP 3, NICOTINE TRANSDERMAL
TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE
SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE	TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL
SYSTEM STEP 3, NICOTINE	TRANSDERMAL SYSTEM/STEP 3/CLEAR, QC NICOTINE	SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL
TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE	TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL	SYSTEM, SM NICOTINE
TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE
SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM/STEP 3/CLEAR, QC NICOTINE	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE
SYSTEM, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 109
TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE	(Nicotine) CVS NICOTINE
TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR 112	TRANSDERMALSYSTEM, CVS NICOTINE
TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR 111	(Nicotine) CVS NICOTINE	TRANSDERMALSYSTEM STEP 1, CVS NICOTINE
(Nicotine) CVS NICOTINE	TRANSDERMALSYSTEM, CVS NICOTINE	TRANSDERMALSYSTEM STEP 2, CVS NICOTINE
TRANSDERMALSYSTEM, CVS NICOTINE	TRANSDERMALSYSTEM STEP 1, CVS NICOTINE	TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP
TRANSDERMALSYSTEM STEP 1, CVS NICOTINE	TRANSDERMALSYSTEM/STEP 2, CVS NICOTINE	3, GNP NICOTINE
TRANSDERMALSYSTEM STEP 2, CVS NICOTINE	TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP	TRANSDERMALSYSTEM, GNP NICOTINE
TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP	HABITROL, HM NICOTINE	TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE
3, GNP NICOTINE	TRANSDERMALSYSTEM, GNP NICOTINE	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL
TRANSDERMALSYSTEM, GNP NICOTINE	TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE	SYSTEM STEP 2, HM NICOTINE
	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE
		STEP 3, NICOTINE TRANSDERMAL

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

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

(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG- 20 MCG ..... 44	VYLIBRA ..... 44	GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR ..... 117
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG ..... 44	CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG ..... 44	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG ..... 8
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG ..... 44	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 49	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .8
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI .... 58	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % ..... 102	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ...8
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG ..... 58	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % ..... 102	(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML .... 95
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE ..... 44	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 % ..... 102	(Ped Multivitamins W/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 ...95
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 ..... 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG ..... 117	(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML .... 95
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-LO- ESTARYLLA, TRI-LO-MARZIA, TRI- LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI- VYLIBRA LO ..... 44	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG ..... 118	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 95
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28,	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM,	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 95
		(Pediatric Multivitamins W/FI) MULTI- VITAMIN/FLUORIDE DROPS SOLN .

95	PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL .....	93	Carbonyl-Folic Acid) INATAL GT TABS .....	96
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML .....	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF ..	93	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .	96
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN .....	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ .....	93	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT .....	96
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E .....	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ .....	93	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT- 8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG-4000 UNIT- 200 MG-150 MCG-30 UNIT-29 MG	96
(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 .....	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ .....	93	96	(Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ .....	93	96	(Prochlorperazine) COMPRO .....
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ .....	93	35	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG .....
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG .....	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ .....	93	22	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG .....
(Phenytoin) PHENYTOIN INFATABS CHEW .....	(Potassium Chloride) KLOR-CON PACK OR 20 MEQ .....	93	22	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML .....
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD .....	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK .....	61	47	BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML .....
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP .....	(Potassium Citrate-Citric Acid) CYTRA-K SOLN .....	61	54	(Salicylic Acid) KERALYT SHAM 6 % .....
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic)	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS .....	93	54	(Sapropterin Dihydrochloride) JAVYGTOR PACK .....
	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 101	93	57	JAVYGTOR TABS .....
	(Prednisolone) MILLIPRED TABS .46	46	57	(Sapropterin Dihydrochloride) JAVYGTOR TABS .....
	(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS .....	96	51	(Silver Sulfadiazine) SSD .....
	(Prenatal Vit W/ Docusate-Iron	47	51	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %
		47	47	47
				(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %

(Sodium Citrate & Citric Acid) CYTRA-2 .....	61	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 .....	99	acetaminophen w/ codeine SOLN .. 8 acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG ..... 8
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP .....	92			acetaminophen w/ codeine TABS 60 MG-300 MG .....
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG .....	92			8 acetazolamide CP12 .....
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML .....	94			56 acetazolamide TABS 125 MG .....
(Sotalol Hcl) SORINE TABS .....	38	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % .....	52	56 acetazolamide TABS 250 MG .....
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % .....	48	(Urea) CEROVEL LOTN 40 % .....	54	56 acetic acid (otic) .....
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM .....	48	(Vigabatrin) VIGADRONE TABS ..	16	103 acetazolamide TABS 250 MG .....
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 % .....	48	(Vigabatrin) VIGADRONE, VIGPODER PACK .....	16	47 acitretin 10 MG .....
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	25	(Warfarin Sodium) JANTOVEN TABS .....	13	50 acitretin 17.5 MG .....
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS .....	40	1ST TIER UNILET COMFORTOUCH LANCETS 28G .....	69	50 ACTIDOM DMX LIQD .....
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM .....	9	1ST TIER UNILET COMFORTOUCH LANCETS 30G .....	69	47 ACTI-LANCE LANCETS 28G .....
(Tetracaine Hcl (Ophth)) ALTACAINE .....	101	abacavir sulfate SOLN .....	35	69 ACTI-LANCE LITE SAFETY LANCETS 28G .....
(Theophylline) ELIXOPHYLLIN ELIX . 13		abacavir sulfate TABS .....	35	69 ACTI-LANCE SPECIAL SAFETY LANCETS 17G .....
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 % .....	100	abacavir sulfate-lamivudine .....	35	70 ACTI-LANCE SPECIAL SAFETYLANCETS 17G .....
(Tretinoin) AVITA CREA 0.025 % ..	48	abiraterone acetate .....	28	70 ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G .....
(Tretinoin) AVITA GEL 0.025 % ..	48	acamprosate calcium .....	105	32 ACTIMMUNE .....
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE .....	94	acarbose .....	18	102 ACUVAIL .....
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24		ACCU-CHEK FASTCLIX LANCETS ..	69	37 acyclovir CAPS .....
		ACCU-CHEK SAFE-T-PRO LANCETS .....	69	37 acyclovir SUSP .....
		ACCU-CHEK SAFE-T-PRO PLUSLANCETS .....	69	37 acyclovir TABS OR 400 MG .....
		ACCU-CHEK SOFTCLIX LANCETS ..	69	37 acyclovir TABS OR 800 MG .....
		acebutolol hcl CAPS .....	38	51 acyclovir topical OINT .....
				3 ADALIMUMAB-ADAZ SOAJ .....
				3 ADALIMUMAB-ADAZ SOSY .....

adapalene CREA .....	48	AFREZZA POWD .....	19	alfuzosin hcl .....	61
adapalene GEL 0.1 % .....	48	AFSTYLA .....	61	ALINIA SUSR .....	25
adapalene GEL 0.3 % .....	48	AGAMATRIX ULTRA-THIN LANCETS 33G .....	70	aliskiren fumarate .....	25
adapalene-benzoyl peroxide GEL 2.5 %-0.1 % .....	48	AGAMREE .....	46	ALKERAN (melphalan hcl) .....	27
ADCIRCA TABS (tadalafil (pulmonary hypertension)) .....	40	AIMSCO LUBRICATED MISC .....	67	allopurinol 100 MG .....	61
adefovir dipivoxil .....	37	AIMSCO TWIST LANCETS 32G ..	70	allopurinol 300 MG .....	61
ADEMPAS .....	41	AIMSCO TWIST LANCETS 33G ..	70	almotriptan malate .....	92
ADIPEX-P CAPS (phentermine hcl) 1		AJOVY SOAJ .....	91	ALOCRIL .....	102
ADIPEX-P TABS (phentermine hcl) .1		AJOVY SOSY .....	91	alogliptin benzoate .....	19
ADTHYZA TABS 130 MG .....	115	AKTEN .....	101	ALOMIDE .....	102
ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG .....	115	AKYNZEO .....	21	ALORA PTTW .....	59
ADVANCED MOBILE LANCET 30G 70		ALA-SCALP LOTN .....	52	alosetron hcl .....	60
ADVATE .....	61	albendazole .....	10	ALPHANATE SOLR .....	61
ADVOCATE LANCETS .....	70	albuterol sulfate AERS .....	12	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....	61
ADVOCATE LANCETS 30G .....	70	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML .....	12	ALPRAZOLAM INTENSOL CONC 10	
ADVOCATE SAFETY LANCETS ..	70	ALBUTEROL SULFATE NEBU ..	12	alprazolam TABS .....	10
ADVOCATE SAFETY LANCETS 26G .....	70	albuterol sulfate SYRP .....	12	alprazolam TB24 .....	10
ADYNOVATE .....	61	albuterol sulfate TABS .....	12	alprazolam TBDP .....	10
AFINITOR DISPERZ TBSO (everolimus) .....	29	alclometasone dipropionate CREA 52		ALPROLIX .....	61
AFINITOR TABS (everolimus) .....	30	alclometasone dipropionate OINT .52		ALREX SUSP .....	101
AFLURIA QUADRIVALENT 2021- 2022 SUSY .....	118	ALDACTAZIDE .....	56	ALTABAX .....	49
AFLURIA QUADRIVALENT 2022- 2023 SUSY .....	118	ALECENSA .....	30	ALTUVIPIO .....	62
AFLURIA QUADRIVALENT 2023- 2024 SUSY .....	118	alendronate sodium SOLN .....	56	ALUNBRIG TABS .....	30
		alendronate sodium TABS 35 MG .56		ALUNBRIG TBPK .....	30
		alendronate sodium TABS 5 MG, 10 MG .....	56	alvimopan .....	60
		alendronate sodium TABS 70 MG .56		amantadine hcl CAPS .....	33
		ALFERON N .....	32	amantadine hcl TABS .....	33
				ambrisentan 10 MG .....	40
				ambrisentan 5 MG .....	40

amcinonide CREA .....	52	amoxicillin & pot clavulanate CHEW .	ANALPRAM-HC LOTN EX .....	10
amcinonide LOTN .....	52	104	anastrozole .....	28
amcinonide OINT .....	52	amoxicillin & pot clavulanate SUSR	ANDEXXA 200 MG .....	20
		104		
amiloride & hydrochlorothiazide ..	56	amoxicillin & pot clavulanate TABS	ANGELIQ .....	58
amiloride hcl TABS .....	56	104	ANNOVERA .....	45
aminocaproic acid SOLN OR 0.25		amoxicillin & pot clavulanate TB12	ANORO ELLIPTA .....	12
GM/ML .....	64	104	ANTARA 30 MG .....	23
aminocaproic acid TABS .....	64	amoxicillin CAPS .....	ANZEMET TABS 50 MG .....	21
amiodarone hcl TABS .....	11	104	APEXICON E CREA .....	52
amitriptyline hcl TABS .....	18	amoxicillin SUSR .....	APO-VARENICLINE TABS 0.5 MG	
amlodipine besylate TABS 2.5 MG	38	104	114	
amlodipine besylate TABS 5 MG, 10		amoxicillin TABS .....	APO-VARENICLINE TABS 1 MG	114
MG .....	38	104		
amlodipine besylate-atorvastatin		amoxicillin-clarithromycin w/	apraclonidine hcl .....	100
calcium 10 MG-10 MG, 2.5 MG-10		lansoprazole THPK .....		
MG, 2.5 MG-20 MG, 2.5 MG-40 MG,		118	aprepitant CAPS 40 MG .....	21
5 MG-10 MG, 5 MG-20 MG, 5 MG-40		amphetamine-dextroamphetamine	aprepitant CAPS 80 MG, 125 MG	.21
MG, 5 MG-80 MG .....	39	CP24 1.25 MG-1.25 MG-1.25 MG-	aprepitant CAPS .....	21
amphetamine-dextroamphetamine		1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5	aprepitant MISC .....	21
calcium 10 MG-20 MG, 10 MG-40		MG, 3.75 MG-3.75 MG-3.75 MG-3.75	APRETUDE (CABOTEGRAVIR 600	
MG, 10 MG-80 MG .....	39	MG, 5 MG-5 MG-5 MG-5 MG, 6.25	MG/3ML IM SUSP ER) .....	35
amphetamine-dextroamphetamine		MG-6.25 MG-6.25 MG-6.25 MG, 7.5		
TABS 1.25 MG-1.25 MG-1.25 MG-		MG-7.5 MG-7.5 MG-7.5 MG .....	APTIOM .....	14
1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5		1	APTIVUS CAPS .....	35
MG, 3.125 MG-3.125 MG-3.125 MG-		amphetamine-dextroamphetamine	AQUALANCE LANCETS ULTRA	
3.125 MG, 5 MG-5 MG-5 MG-5 MG,		TABS 1.875 MG-1.875 MG-1.875	THIN 30G .....	70
7.5 MG-7.5 MG-7.5 MG-7.5 MG .....	1	MG-1.875 MG, 3.75 MG-3.75 MG-	ARCALYST .....	4
amphetamine-dextroamphetamine		3.75 MG-3.75 MG .....	ARIKAYCE .....	2
TABS 1.875 MG-1.875 MG-1.875		1	ARIMIDEX (anastrozole) .....	28
MG-1.875 MG, 3.75 MG-3.75 MG-		ampicillin & sulbactam sodium IJ 2	ariPIPRAZOLE SOLN OR .....	35
3.75 MG-3.75 MG .....	1	GM-1 GM .....	ariPIPRAZOLE TABS 15 MG .....	35
ampicillin & sulbactam sodium IJ 2		104	ariPIPRAZOLE TABS 2 MG, 5 MG, 10	
GM-1 GM .....	104	ampicillin CAPS 500 MG .....	MG, 30 MG .....	35
ampicillin sodium IJ 1 GM, 125 MG		ampicillin sodium IJ 1 GM, 125 MG	ariPIPRAZOLE TABS 20 MG .....	35
anagrelide hcl .....	63			

aripirazole TBDP .....	35	ASSURE LANCE LANCETS 21G	.70	AUSTEDO TABS 6 MG .....	106
ARIIXTRA 2.5 MG/0.5ML (fondaparinux sodium) .....	13	ASSURE LANCE PLUS SAFETYLANCETS 25G .....	.70	AUSTEDO TABS 9 MG .....	106
ARIIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium) .....	13	ASSURE LANCE PLUS SAFETYLANCETS 30G .....	.71	AVONEX PEN AJKT .....	106
armodafinil 150 MG, 200 MG, 250 MG .....	2	ASSURE LANCE SAFETY LANCET 28G .....	.71	AVONEX PSKT .....	106
armodafinil 50 MG .....	2	ASTAGRAF XL CP24 .....	.94	AYVAKIT .....	29
ARMOUR THYROID TABS .....	115	ATABEX EC TBEC .....	.96	AZASITE .....	101
ARNUITY ELLIPTA .....	11	atazanavir sulfate CAPS .....	.35	azathioprine TABS .....	94
AROMASIN (exemestane) .....	28	atenolol & chlorthalidone .....	.24	azelaic acid GEL .....	54
asenapine maleate .....	.34	atenolol TABS .....	.38	azelastine hcl (ophth) .....	102
aspirin CHEW .....	7	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG .....	.2	azelastine hcl 0.1 %, 137 MCG/SPRAY .....	.99
aspirin TBEC 81 MG .....	7	atomoxetine hcl 60 MG, 80 MG, 100 MG .....	.2	azelastine hcl 0.15 %, 205.5 MCG/SPRAY .....	.99
aspirin-dipyridamole .....	.63	atorvastatin calcium TABS .....	.23	AZELEX .....	48
ASSURE COMFORT LANCETS ULTRA THIN 28G .....	70	atovaquone .....	.25	azithromycin PACK .....	67
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G .....	70	atovaquone-proguanil hcl .....	.26	azithromycin SUSR .....	67
ASSURE HAEMOLANCE PLUS LOW FLOW 25G .....	70	atropine sulfate (ophthalmic) OINT 100		azithromycin TABS 250 MG .....	67
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G .....	70	atropine sulfate (ophthalmic) SOLN 100		azithromycin TABS 500 MG .....	67
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G .....	70	ATROPINE SULFATE SOLN 1 % 100		azithromycin TABS 600 MG .....	67
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE .....	70	ATROVENT HFA .....	.11	bacitracin (ophthalmic) .....	101
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64" .....	.89	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML .....	.104	bacitracin-polymyxin b (ophth) ..	101
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64" .....	.89	AURORA LANCET SUPER THIN30G .....	.71	bacitracin-poly-neomycin-hc .....	101
ASSURE LANCE LANCETS .....	70	AURORA LANCET THIN 23G .....	.71	baclofen SOLN IT 40 MG/20ML, 500 MCG/ML .....	.98
		AURYXIA .....	.60	baclofen TABS 10 MG .....	.98
		AUSTEDO TABS 12 MG .....	.106	baclofen TABS 20 MG .....	.98
				baclofen TABS 5 MG .....	.98
				BALCOLTRA (levonorgestrel-ethinyl estradiol-iron) .....	.44
				balsalazide disodium CAPS .....	.59

BALVERSA .....	30	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64"	90	betamethasone dipropionate augmented GEL 0.05 % .....	52
BANZEL SUSP (rufinamide) .....	14	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 15/64"	90	betamethasone dipropionate augmented LOTN .....	52
BANZEL TABS 200 MG (rufinamide) . 14		BELLADONNA/OPIUM .....	116	betamethasone dipropionate augmented OINT .....	52
BANZEL TABS 400 MG (rufinamide) . 14		BELSOMRA .....	65	betamethasone valerate CREA ..	52
BD AUTOSHIELD DUO 30G X 5MM .....	89	benazepril & hydrochlorothiazide	24	betamethasone valerate FOAM ..	52
BD ECLIPSE NEEDLE/LUER- LOK/30G X 1/2" .....	89	benazepril hcl .....	23	betamethasone valerate LOTN ..	52
BD MICROAINER LANCETS .....	71	BENEFIX KIT .....	62	betamethasone valerate OINT ..	52
BD NEEDLE/30G X 1/2" .....	89	BENLYSTA SOAJ .....	94	BETASERON KIT .....	106
BD PEN MINI MISC .....	90	BENLYSTA SOSY .....	94	betaxolol hcl (ophth) SOLN .....	100
BD PEN MISC .....	90	BENSAL HP OINT .....	54	betaxolol hcl .....	38
BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM .....	90	BENZNIDAZOLE .....	10	bethanechol chloride .....	118
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM .....	90	benzonatate .....	46	BETHKIS NEBU (tobramycin) ..	2
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" .....	90	benzoyl peroxide-erythromycin GEL	48	BETIMOL .....	100
BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM .....	90	benzphetamine hcl 50 MG .....	1	BETOPTIC-S SUSP .....	100
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM .....	90	benztropine mesylate SOLN .....	33	bexarotene (topical) .....	50
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM .....	90	benztropine mesylate TABS .....	33	bexarotene .....	32
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..	90	bepotastine besilate .....	102	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ..	44
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" ..	90	BESIVANCE .....	101	bicalutamide .....	28
BD VEO INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 6MM .....	90	BESREMI .....	32	BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML .....	104
BD VEO INSULIN SYRINGE ULTRA- FINE/1ML/31G X 6MM .....	90	BETADINE OPHTHALMIC PREP 101		BICILLIN L-A SUSY .....	104
		betaine .....	57	BIKTARVY 200 MG-50 MG-25 MG 35	
		betamethasone dipropionate (topical) CREA .....	52	bimatoprost SOLN .....	103
		betamethasone dipropionate (topical) LOTN .....	52	bisacodyl SUPP .....	67
		betamethasone dipropionate (topical) OINT .....	52	bisacodyl TBEC .....	67
		betamethasone dipropionate augmented CREA .....	52	bisoprolol & hydrochlorothiazide ..	24

bisoprolol fumarate .....	38	budesonide CPEP .....	46	butalbital-acetaminophen-caffeine	
BIVIGAM SOLN 10 % .....	103	budesonide TB24 .....	46	CAPS 40 MG-50 MG-300 MG, 40	
BIVIGAM SOLN 5 GM/50ML .....	103	budesonide-formoterol fumarate		MG-50 MG-325 MG .....	
BLEPHAMIDE S.O.P. OINT .....	101	dihydrate .....	12	6	
BLEPHAMIDE SUSP .....	101	bumetanide TABS 0.5 MG, 1 MG ..	56	butalbital-acetaminophen-caffeine	
BORTEZOMIB SOLR IJ 1 MG, 2.5		bumetanide TABS 2 MG .....	56	TABS 40 MG-50 MG-325 MG .....	
MG .....	30	BUPHENYL POWD (sodium		6	
bortezomib SOLR IJ .....	30	phenylbutyrate) .....	57	butalbital-acetaminophen-caffeine w/	
bosentan TABS 125 MG .....	40	BUPHENYL TABS (sodium		codeine 30 MG-40 MG-50 MG-300	
bosentan TABS 62.5 MG .....	40	phenylbutyrate) .....	57	MG .....	
BOSULIF CAPS .....	30	buprenorphine hcl SUBL 2 MG ..	9	8	
BOSULIF TABS .....	30	buprenorphine hcl SUBL 8 MG ..	9	butalbital-acetaminophen-caffeine w/	
BRAFTOVI 75 MG .....	30	buprenorphine hcl-naloxone hcl		codeine 30 MG-40 MG-50 MG-325	
BREZTRI AEROSPHERE .....	12	dihydrate FILM SL 0.5 MG-2 MG, 1		MG .....	
BRILINTA .....	63	MG-4 MG, 2 MG-8 MG .....	9	8	
brimonidine tartrate (topical) .....	54	buprenorphine hcl-naloxone hcl		butalbital-aspirin-caffeine CAPS ..	
brimonidine tartrate .....	100	dihydrate FILM SL 3 MG-12 MG ..	9	6	
brimonidine tartrate-timolol maleate ..		buprenorphine hcl-naloxone hcl		butalbital-aspirin-caffeine w/cod ..	
100		dihydrate SUBL .....	9	8	
brinzolamide .....	102	buprenorphine PTWK 5 MCG/HR, 10		butorphanol tartrate NA 10 MG/ML ..	
bromfenac sodium (ophth) .....	102	MCG/HR, 15 MCG/HR, 20 MCG/HR ..		9	
bromocriptine mesylate CAPS .....	33	9	CABENUVA (CABOTEGRAVIR 400		
bromocriptine mesylate TABS 2.5		bupropion hcl (smoking deterrent)		MG/2ML & RILPIVIRINE 600	
MG .....	33	114	MG/2ML IM SUSP ER) .....	35	
BRUKINSA .....	30	bupropion hcl TABS .....	17	CABENUVA (CABOTEGRAVIR 600	
budesonide (inhalation) SUSP 0.25		bupropion hcl TB12 .....	17	MG/3ML & RILPIVIRINE 900	
MG/2ML .....	11	bupropion hcl TB24 150 MG, 300 MG		MG/3ML IM SUSP ER) .....	35
budesonide (inhalation) SUSP 0.5		.....	17	cabergoline .....	58
MG/2ML .....	12	bupropion hcl TB24 450 MG .....	17	CABOMETYX TABS 20 MG, 60 MG ..	
budesonide (inhalation) SUSP 1		buspirone hcl .....	10	30	
MG/2ML .....	12	busulfan SOLN .....	27	CABOMETYX TABS 40 MG .....	30
budesonide (intrarectal) .....	10	BUSULFEX SOLN (busulfan) .....	27	caffeine citrate SOLN OR .....	1
		butalbital-acetaminophen TABS 50		CALCIFOL .....	92
		MG-300 MG, 50 MG-325 MG .....	6	calcipotriene CREA .....	50
				calcipotriene FOAM .....	50
				CALCIPOTRIENE FOAM .....	50
				calcipotriene OINT .....	50
				calcipotriene SOLN .....	50
				calcipotriene-betamethasone	
				dipropionate OINT .....	52
				calcipotriene-betamethasone	
				dipropionate SUSP .....	52

calcitonin (salmon) IJ .....	56	14	28G .....	71
calcitonin (salmon) NA .....	56		CARETOUCH TWIST LANCETS	
calcitriol (topical) .....	50		30G .....	71
calcitriol CAPS 0.25 MCG .....	57		CARETOUCH TWIST LANCETS	
calcitriol CAPS 0.5 MCG .....	57		33G .....	71
calcitriol SOLN OR .....	57		CARETOUCH TWIST LANCETS	
calcium acetate (phosphate binder)			MULTI COLOR/30G .....	71
CAPS .....	60		carisoprodol TABS .....	98
calcium acetate (phosphate binder)			carisoprodol w/ aspirin & codeine ..	99
TABS .....	60		carteolol hcl (ophth) .....	100
CALCIUM-FOLIC ACID PLUS D ..	92		carvedilol 3.125 MG .....	37
CALQUENCE .....	30		carvedilol 6.25 MG, 12.5 MG, 25 MG	
candesartan cilexetil 32 MG .....	24		37	
candesartan cilexetil 4 MG, 8 MG, 16			carvedilol phosphate .....	37
MG .....	24		CAYA DPRH .....	67
candesartan cilexetil-			CAYSTON .....	26
hydrochlorothiazide .....	24		cefaclor CAPS .....	41
capecitabine 150 MG .....	27		CEFACLOR ER TB12 .....	41
capecitabine 500 MG .....	27	22	cefaclor SUSR 125 MG/5ML, 375	
CAPEX SHAM .....	52		MG/5ML .....	41
CAPRELSA .....	30		cefadroxil CAPS .....	41
captopril .....	23		cefadroxil SUSR .....	41
CARAC CREA (fluorouracil (topical))			cefadroxil TABS .....	41
50			cefazolin sodium SOLR IV 1 GM ..	41
carbamazepine CHEW .....	14		cefdinir CAPS .....	41
carbamazepine CP12 .....	14		cefdinir SUSR .....	41
carbamazepine SUSP .....	14		cefixime CAPS .....	41
carbamazepine TABS .....	14		cefixime SUSR .....	41
carbamazepine TB12 100 MG .....	14		cefotetan disodium IJ 1 GM, 2 GM	41
carbamazepine TB12 200 MG .....	14		CEFOXITIN SODIUM .....	41
carbamazepine TB12 400 MG .....	14		cefoxitin sodium IV 1 GM, 2 GM ..	41
CARBATROL CP12 (carbamazepine)			cefpodoxime proxetil SUSR .....	41

cefpodoxime proxetil TABS .....	41	cholestyramine PACK .....	23	300 MG .....	96
cefprozil SUSR .....	41	cholestyramine POWD .....	23	CITRANATAL ASSURE .....	96
cefprozil TABS .....	41	choline fenofibrate 135 MG .....	23	CITRANATAL B-CALM 120 MG-25	
cefuroxime axetil TABS .....	41	choline fenofibrate 45 MG .....	23	MG-1 MG-400 UNIT-120 MG-20 MG	
celecoxib 400 MG .....	4	ciclopirox GEL .....	49	96	
celecoxib 50 MG, 100 MG, 200 MG	4	ciclopirox olamine CREA .....	49	CITRANATAL BLOOM .....	96
CELONTIN (methsuximide) .....	16	ciclopirox olamine SUSP .....	49	CITRANATAL BLOOM DHA .....	96
CENTANY OINT .....	49	ciclopirox SHAM .....	49	CITRANATAL DHA .....	96
cephalexin CAPS .....	41	ciclopirox SOLN .....	49	CITRANATAL ESSENCE .....	96
cephalexin SUSR .....	41	cilostazol .....	63	CITRANATAL HARMONY 25 MG-1	
CEPROTIN .....	63	CILOXAN OINT .....	101	MG-400 UNIT-50 MG-104 MG-27	
CERDELGA .....	64	CIMDUO .....	35	MG-30 UNIT-260 MG .....	96
CEREZYME 400 UNIT .....	64	cimetidine TABS 300 MG, 800 MG		CITRANATAL MEDLEY .....	96
CERVIDIL INST .....	103	117		clarithromycin SUSR .....	67
CETACAINE AERO .....	54	cimetidine TABS 400 MG .....	117	clarithromycin TABS .....	67
cevimeline hcl .....	95	cinacalcet hcl .....	57	clarithromycin TB24 .....	67
CHEMET .....	20	CIPRO HC .....	103	CLEANLET LANCETS 28G .....	71
CHENODAL .....	59	CIPRO SUSR .....	59	clemastine fumarate TABS 2.68 MG	
chlordiazepoxide hcl CAPS .....	10	ciprofloxacin hcl (ophth) SOLN .....	101	22	
chlordiazepoxide hcl-clidinium		ciprofloxacin hcl (otic) .....	103	CLEOCIN SUPP .....	119
bromide .....	116	ciprofloxacin hcl TABS .....	59	CLEVER CHEK LANCETS	
chlordiazepoxide-amitriptyline .....	105	ciprofloxacin SUSR 5 GM/100ML,		ULTRATHIN .....	71
chlorhexidine gluconate (mouth-		500 MG/5ML .....	59	CLEVER CHEK LANCETS	
throat) .....	94	ciprofloxacin-dexamethasone .....	103	ULTRATHIN 30G .....	71
chloroquine phosphate TABS .....	26	ciprofloxacin-fluocinolone acetonide .....	103	CLEVER CHOICE COMFORT	
chlorpromazine hcl TABS .....	35	citalopram hydrobromide SOLN .....	17	EZLANCEETS 21G .....	71
chlorthalidone 25 MG, 50 MG .....	56	citalopram hydrobromide TABS .....	17	CLEVER CHOICE COMFORT	
chlorzoxazone TABS 375 MG, 500		CITRANATAL 90 DHA 120 MG-20		EZLANCEETS 23G .....	71
MG, 750 MG .....	98	MG-1 MG-3 MG-400 UNIT-3.4 MG-		CLEVER CHOICE COMFORT	
cholestyramine light PACK .....	23	20 MG-50 MG-25 MG-2 MG-159 MG-		EZLANCEETS 28G .....	72
cholestyramine light POWD .....	23	90 MG-150 MCG-30 UNIT-0.75 MG-		CLIMARA PRO .....	58
				clindamycin hcl .....	26
				clindamycin palmitate hydrochloride	
				26	

clindamycin phosphate (topical) FOAM .....	52	colestipol hcl GRAN .....	23
clindamycin phosphate (topical) GEL 48	52	colestipol hcl PACK .....	23
clindamycin phosphate (topical) LOTN .....	18	colestipol hcl TABS .....	23
clindamycin phosphate (topical) SOLN .....	13	COMBIPATCH PTTW .....	58
clindamycin phosphate (topical) SWAB .....	14	COMBIVENT RESPIMAT AERS ..	12
clindamycin phosphate vaginal CREA .....	2	COMETRIQ KIT .....	30
clindamycin phosphate-benzoyl peroxide (refrigerate) .....	63	COMFORT ASSURED LANCETS	
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 % .....	10	MICRO THIN 33G .....	72
clindamycin phosphate-tretinoin ..	94	COMFORT ASSURED LANCETS	
CLINDESSE .....	48	SUPER THIN 28G .....	72
clobazam SUSP .....	49	COMFORT LANCETS .....	72
clobazam TABS 10 MG .....	49	COMFORT TOUCH LANCETS	
clobazam TABS 20 MG .....	34	ULTRA THIN 31G .....	72
clobetasol propionate CREA 0.05 % . 52	49	COMFORT TOUCH PLUS SAFETY	
clobetasol propionate emollient base 0.05 % .....	34	LANCETS PRESSURE ACTIVATED	
clobetasol propionate emulsion .....	62	28G .....	72
clobetasol propionate FOAM .....	72	COMFORT TOUCH PLUS SAFETY	
clobetasol propionate GEL 0.05 % 52	26	LANCETS PRESSURE ACTIVATED	
clobetasol propionate LIQD .....	7	30G .....	72
clobetasol propionate LOTN .....	47	COMPLERA .....	35
clobetasol propionate OINT 0.05 % 52	33	COMPLETENATE CHEW .....	96
clobetasol propionate SHAM .....	61	CONCEPT DHA .....	96
clobetasol propionate SOLN 0.05 % .	61	CONCEPT OB .....	96
	61	CONDOMS .....	67
	61	CONTRAVE .....	1
	33	CONZIP CP24 (tramadol hcl) .....	7
	61	COPIKTRA .....	30
	23	CORDRAN TAPE .....	52
	23	CORIFACT .....	62
	23	CORLANOR SOLN .....	41
	23	CORLANOR TABS .....	41
	23	CORTANE-B .....	52

CORTIFOAM EX 10 % .....	10	CYCLOGYL .....	100	darifenacin hydrobromide .....	118
CORTISPORIN-TC .....	103	CYCLOMYDRIL .....	100	darunavir TABS .....	35
COSENTYX SENSOREADY PEN SOAJ .....	50	cyclopentolate hcl .....	100	DAURISMO .....	28
COSENTYX SOSY 150 MG/ML ...	50	cyclophosphamide CAPS .....	27	deferasirox PACK .....	20
COSENTYX SOSY 150 MG/ML ...	51	CYCLOPHOSPHAMIDE TABS ...	27	deferasirox TABS .....	20
COSENTYX SOSY 75 MG/0.5ML .	50	cycloserine .....	27	deferasirox TBSO .....	20
COSENTYX UNOREADY SOAJ ..	50	cyclosporine (ophth) EMUL .....	101	deferiprone TABS 500 MG .....	20
COTELLIC .....	30	cyclosporine CAPS .....	94	DELSTRIGO .....	35
COVID VACCINES .....	118	cyclosporine modified (for microemulsion) CAPS .....	94	demeclacycline hcl TABS .....	115
COVID-19 AT HOME TEST KITS .	55	cyclosporine modified (for microemulsion) SOLN .....	94	DEPAKOTE ER TB24 (divalproex sodium) .....	16
CREON CPEP .....	55	CYKLOKAPRON SOLN (tranexamic acid) .....	64	DEPAKOTE SPRINKLES CSDR (divalproex sodium) .....	17
CRESEMBA CAPS 186 MG .....	21	cyproheptadine hcl SYRP .....	22	DEPAKOTE TBEC (divalproex sodium) .....	17
CRINONE GEL 8 % .....	120	cyproheptadine hcl TABS .....	22	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR) .....	46
cromolyn sodium (ophth) .....	102	CYSTADANE (betaine) .....	57	DESCOVY 200 MG-25 MG .....	36
cromolyn sodium NEBU .....	11	CYSTAGON CAPS .....	61	desipramine hcl TABS .....	18
CUPRIMINE CAPS (penicillamine) 93		CYSTARAN .....	102	desloratadine TABS .....	22
CVS LANCETS 21G .....	72	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium) .....	115	desloratadine TBDP 2.5 MG .....	22
CVS LANCETS MICRO THIN 33G 72		CYTOMEL TABS 5 MCG (liothyronine sodium) .....	115	desloratadine TBDP 5 MG .....	22
CVS LANCETS MICRO-THIN 33G 72		D.H.E. 45 SOLN IJ (dihydroergotamine mesylate) .....	91	DESMOPRESSIN ACETATE SOLN NA .....	58
CVS LANCETS ORIGINAL .....	72	dalfampridine .....	106	desmopressin acetate spray .....	58
CVS LANCETS THIN 26G .....	72	danazol CAPS .....	9	desmopressin acetate spray refrigerated .....	58
CVS LANCETS ULTRA THIN 30G 72		dantrolene sodium CAPS .....	99	desmopressin acetate TABS 0.1 MG	
CVS LANCETS ULTRA-THIN 30G 72		dapsone (topical) 5 % .....	48	58	
CVS ULTRA THIN LANCETS .....	72	dapsone 100 MG .....	26	dapsone 25 MG .....	26
cyclobenzaprine hcl TABS 5 MG, 10 MG .....	98	dapsone 25 MG .....	26	desmopressin acetate TABS 0.2 MG	
		DARAPRIM (pyrimethamine) .....	26	58	

desogestrel & ethinyl estradiol	44	DIATHRIVE LANCETS	72	diflorasone diacetate OINT	53
desogestrel-ethinyl estradiol (biphasic)	44	DIATHRIVE LANCETS ULTRA THIN 30G	72	diflunisal TABS	7
desonide CREA	52	diazepam (anticonvulsant) GEL	14	difluprednate	101
desonide GEL	52	diazepam CONC	10	digoxin SOLN OR 0.05 MG/ML	39
desonide LOTN	52	diazepam SOLN OR 5 MG/5ML	10	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	39
desonide OINT	52	diazepam TABS 10 MG	10	dihydroergotamine mesylate SOLN IJ 1 MG/ML	91
desoximetasone CREA	52	diazepam TABS 2 MG, 5 MG	10	dihydroergotamine mesylate SOLN NA 4 MG/ML	91
desoximetasone GEL	52	diazoxide	19	DILANTIN (phenytoin sodium extended)	16
desoximetasone LIQD	52	dichlorphenamide	56	DILANTIN 30 MG	16
desoximetasone OINT	53	diclofenac potassium TABS 50 MG	.4	DILANTIN INFATABS CHEW (phenytoin)	16
desvenlafaxine succinate	18	diclofenac sodium (actinic keratoses) EX	50	DILANTIN-125 SUSP (phenytoin)	16
dexamethasone ELIX	46	diclofenac sodium (ophth)	102	diltiazem hcl coated beads CP24	38
DEXAMETHASONE INTENSOL CONC	46	diclofenac sodium (topical) GEL EX 50	50	diltiazem hcl CP12	38
dexamethasone sodium phosphate (ophth)	101	diclofenac sodium (topical) SOLN EX 1.5 %	50	diltiazem hcl CP24	38
dexamethasone SOLN	46	diclofenac sodium (topical) SOLN EX 2 %	50	diltiazem hcl extended release beads	38
dexamethasone TABS	46	diclofenac sodium TB24	4	.....	38
dexamethasone TBPK	46	diclofenac sodium TBEC	4	diltiazem hcl TABS	38
dexmethylphenidate hcl CP24	2	diclofenac w/ misoprostol TBEC	4	diltiazem hcl TB24	38
dexmethylphenidate hcl TABS	2	dicloxacillin sodium	105	dimethyl fumarate CDPK	106
dextroamphetamine sulfate CP24	1	dicyclomine hcl CAPS	116	dimethyl fumarate CPDR	106
dextroamphetamine sulfate SOLN	1	dicyclomine hcl SOLN OR	116	DIPENTUM	59
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl TABS	116	diphenhydramine hcl SOLN 50 MG/ML	22
DHIVY TABS	33	diethylpropion hcl TABS	1	diphenoxylate w/ atropine LIQD	20
DIACOMIT CAPS 250 MG	14	diethylpropion hcl TB24	1	diphenoxylate w/ atropine TABS	20
DIACOMIT CAPS 500 MG	14	DIFFERIN LOTN	48	dipyridamole	63
DIACOMIT PACK 250 MG	14	DIFCID TABS	67	disopyramide phosphate CAPS	11
DIACOMIT PACK 500 MG	14	diflorasone diacetate CREA	53		

disulfiram .....	105	doxycycline (monohydrate) TABS MG .....	75 115	DRUG MART UNILET LANCETSSUPER THIN 30G .....	73
DIURIL SUSP .....	56	doxycycline (rosacea) .....	54	DRUG MART UNILET LANCETSULTRA THIN 28G .....	73
divalproex sodium CSDR .....	17	doxycycline hyclate CAPS .....	115	DRUG MART UNILET MICRO THIN LANCETS 33G .....	73
divalproex sodium TB24 .....	17	doxycycline hyclate TABS 20 MG, 100 MG .....	115	DRYSOL SOLN .....	54
divalproex sodium TBEC .....	17	doxylamine-pyridoxine TBEC .....	21	DUAVEE .....	58
dofetilide .....	11	dronabinol CAPS 10 MG .....	21	DUET DHA 400 MISC .....	96
DOJOLVI .....	100	dronabinol CAPS 2.5 MG .....	21	DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT- 12 MCG-2 MG-55 MG-20 MG-215	
DOMETUSS-DMX LIQD .....	47	dronabinol CAPS 5 MG .....	21	MG-1.5 MG-25 MG-25 MG-1.8 MG- 2800 UNIT-25 MG-210 MCG-65	
donepezil hydrochloride TABS ...	105	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64" .....	90	MCG-267 MG .....	96
donepezil hydrochloride TBDP ...	105	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64" .....	90	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....	18
DORAL (quazepam) .....	65	DROPLET LANCETS ULTRA THIN 30G .....	72	DUOPA SUSP .....	33
dorzolamide hcl .....	102	DROPLET PERSONAL LANCETS30G .....	72	DUPIXENT SOPN 300 MG/2ML ..	53
DORZOLAMIDE HCL .....	102	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML .....	90	DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML .....	53
DORZOLAMIDE HCL/TIMOLOL MALEATE .....	100	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML .....	91	DUREX EXTRA SENSITIVE THIN DEVI .....	67
dorzolamide hcl-timolol maleate .	100	drospirenone-ethinyl estradiol ..	44	dutasteride .....	61
DOVATO .....	36	drospirenone-ethinyl estradiol- levomefolic acid .....	44	dutasteride-tamsulosin hcl .....	61
doxazosin mesylate .....	24	DROXIA CAPS .....	64	EASY COMFORT LANCETS .....	73
doxepin hcl (antipruritic) .....	50	droxidopa .....	120	EASY COMFORT LANCETS 30G/PULL TOP .....	73
doxepin hcl CAPS .....	18	DRUG MART LANCETS THIN .....	73	EASY COMFORT LANCETS 30G/THIN TOP .....	73
doxepin hcl CONC .....	18	DRUG MART ON-THE-GO LANCETS GENTLE 30G .....	73	EASY COMFORT LANCETS TWIST TOP .....	73
doxercalciferol CAPS .....	57	DRUG MART UNILET LANCETSSUPER THIN 30G .....	73	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" .....	91
doxycycline (monohydrate) CAPS 150 MG .....	115	DRUG MART UNILET MICRO THIN LANCETS 33G .....	73	EASY TOUCH HYPODERMIC .....	
doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG .....	115	DRYSOL SOLN .....	54		
doxycycline (monohydrate) SUSR 115					
doxycycline (monohydrate) TABS 150 MG .....	115				
doxycycline (monohydrate) TABS 50 MG, 100 MG .....	115				

NEEDLES 30GX1/2"	91	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	74	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	74
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	74	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	74
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	74	EMCYT	28
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	74	EMEND SUSR	21
EASY TOUCH LANCETS 26G/PULL- TOP	73	EASY TOUCH SAFETY LANCETS28G/PULL- TOP	74	EMGALITY SOAJ	91
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS28G/PULL- TOP	74	EMGALITY SOSY	91
EASY TOUCH LANCETS 28G/PULL- TOP	73	econazole nitrate CREA	49	EMSAM	17
EASY TOUCH LANCETS 28G/TWIST	73	EDARBI 40 MG	24	emtricitabine CAPS	36
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	73	EDARBI 80 MG	24	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	36
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	73	EDARBYCLOR	24	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	36
EASY TOUCH LANCETS 30G/PULL- TOP	73	EDURANT	36	EMTRIVA SOLN	36
EASY TOUCH LANCETS 30G/TWIST	73	efavirenz CAPS	36	enalapril maleate & hydrochlorothiazide	24
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	74	efavirenz TABS	36	enalapril maleate TABS	23
EASY TOUCH LANCETS 32G/PULL- TOP	74	efavirenz-emtricitabine-tenofovir disoproxil fumarate	36	ENBREL MINI SOCT	5
EASY TOUCH LANCETS 32G/TWIST	74	efavirenz-lamivudine-tenofovir disoproxil fumarate	36	ENBREL SOLN	5
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	74	EFFER-K	93	ENBREL SOLR	5
EASY TOUCH LANCETS 32G/PULL- TOP	74	ELESTRIN GEL	59	ENBREL SOSY 25 MG/0.5ML	5
EASY TOUCH LANCETS 32G/TWIST	74	eletriptan hydrobromide	92	ENBREL SOSY 50 MG/ML	5
EASY TOUCH LANCETS 33G/TWIST	74	ELIGARD SC	28	ENBREL SURECLICK SOAJ	5
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	74	ELIQUIS STARTER PACK TBPK	13	ENCARE SUPP 100 MG	119
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	74	ELIQUIS TABS	13	ENDOMETRIN INST	120
		ELLA	45	enoxaparin sodium SOLN IJ 300 MG/3ML	13
		ELMIRON CAPS	61	enoxaparin sodium SOSY	13
		ELOCTATE	62	entacapone	33
		EMBRACE LANCETS ULTRA THIN 30G	74	entecavir TABS	37

ENTRESTO .....	39	ERYTHROMYCIN .....	101	ethosuximide SOLN .....	16
EPCLUSA PACK .....	37	erythromycin base CPEP .....	67	ethynodiol diacet & eth estrad .....	44
EPCLUSA TABS 100 MG-400 MG	37	erythromycin base TABS .....	67	etodolac CAPS .....	4
EPCLUSA TABS 50 MG-200 MG .	37	erythromycin base TBEC .....	67	etodolac TABS .....	4
EPIDIOLEX .....	14	erythromycin ethylsuccinate SUSR		etodolac TB24 .....	4
EPIFOAM FOAM .....	53	67		etonogestrel-ethinyl estradiol .....	45
epinastine hcl (ophth) .....	102	ESBRIET CAPS (pirfenidone) ....	114	ETOPOPHOS .....	33
epinephrine (anaphylaxis) SOAJ .	120	ESBRIET TABS (pirfenidone) ....	114	etoposide CAPS .....	33
EPINEPHRINE SOAJ 0.3 MG/0.3ML		escitalopram oxalate SOLN .....	17	etoposide SOLN 1 GM/50ML, 100	
120		escitalopram oxalate TABS 10 MG,		MG/5ML, 500 MG/25ML .....	33
eplerenone .....	25	20 MG .....	17	etravirine .....	36
EQL COLOR LANCETS 21G .....	74	escitalopram oxalate TABS 5 MG .	17	EUCRISA .....	54
EQL COLOR LANCETS MICRO		esomeprazole magnesium PACK 118		EULEXIN .....	29
THIN 33G .....	74	estazolam .....	65	EVAMIST SOLN .....	59
EQL SUPER THIN LANCETS 30G		estradiol & norethindrone acetate		everolimus (immunosuppressant)	
74		TABS .....	58	0.25 MG, 0.5 MG, 0.75 MG .....	94
EQL THIN LANCETS 26G .....	74	estradiol GEL 0.25 MG/0.25GM, 0.5		everolimus TABS .....	30
EQUETRO .....	34	MG/0.5GM, 1 MG/GM .....	59	everolimus TBSO .....	30
ergocalciferol CAPS .....	120	estradiol PTTW .....	59	EVISTA (raloxifene hcl) .....	57
ergoloid mesylates TABS .....	106	estradiol PTWK .....	59	EVOTAZ .....	36
ERGOMAR SUBL .....	91	estradiol TABS .....	59	EVRYSDI .....	100
ergotamine w/ caffeine TABS .....	91	estradiol vaginal CREA .....	119	EXELDERM CREA (sulconazole	
ERIVEDGE .....	28	estradiol vaginal TABS .....	119	nitrate) .....	49
ERLEADA 240 MG .....	28	estradiol valerate .....	59	EXELDERM SOLN .....	49
ERLEADA 60 MG .....	29	ESTRING RING .....	119	exemestane .....	29
erlotinib hcl .....	28	ESTROGEL GEL .....	59	EXJADE TBSO (deferasirox) .....	20
ERTACZO .....	49	ESTROSTEP FE (norethindrone		EXODERM .....	49
ertapenem sodium IJ .....	25	acetate-ethinyl estradiol-fe) .....	44	E-Z JECT LANCETS .....	74
erythromycin (acne aid) GEL .....	48	eszopiclone .....	65	E-Z JECT LANCETS 21G .....	74
erythromycin (acne aid) SOLN .....	48	ethacrylic acid .....	56	E-Z JECT LANCETS COLOR .....	74
erythromycin (ophth) .....	101	ethambutol hcl TABS .....	27	E-Z JECT LANCETS SUPER THIN	
		ethosuximide CAPS .....	16		

30G .....	75	felbamate SUSP .....	16	MG .....	18
E-Z JECT LANCETS THIN 26G ..	75	felbamate TABS .....	16	FETZIMA TITRATION PACK C4PK	
ezetimibe .....	23	FELBATOL SUSP (felbamate) .....	16	18	
ezetimibe-simvastatin .....	22	felodipine 10 MG .....	38	FIBRICOR (fenofibric acid) .....	23
E-ZJECT LANCETS MICRO-THIN		felodipine 2.5 MG, 5 MG .....	38	FIFTY50 SAFETY SEAL LANCETS	
33G .....	75	FEMCAP DEVI .....	67	30G .....	75
EZ-LETS LANCETS 21G .....	75	FEMRING .....	119	FIFTY50 SAFETY SEAL LANCETS	
EZ-LETS LANCETS 26G SUPER-		fenofibrate CAPS .....	23	32G .....	75
SOFT .....	75	fenofibrate micronized 130 MG, 200		FIFTY50 UNILET LANCETS 33G	.75
EZ-LETS LANCETS 28G ULTRA-		MG .....	23	FINACEA FOAM .....	54
SOFT .....	75	fenofibrate micronized 30 MG, 43		finasteride .....	61
EZ-LETS LANCETS 30G .....	75	MG, 67 MG, 90 MG, 134 MG .....	23	FINE 30 .....	75
FABHALTA .....	63	fenofibrate TABS 145 MG, 160 MG		FINGERSTIX LANCETS .....	75
FABIOR FOAM .....	48	23		fingolimod hcl .....	106
famciclovir .....	37	fenofibrate TABS 48 MG .....	23	FIRAZYR SOSY (icatibant acetate)	
famotidine SUSR .....	117	fenofibrate TABS 54 MG .....	23	63	
famotidine TABS 20 MG .....	117	FENOFIBRATE TABS .....	23	FIRDAPSE .....	26
famotidine TABS 40 MG .....	117	FENSOLVI SC .....	57	FIRST-OMEPRAZOLE SUSP .....	118
FANAPT .....	34	fentanyl citrate LPOP 1600 MCG	...7	FLAREX .....	101
FANAPT TITRATION PACK .....	34	200 MCG, 400		flavoxate hcl .....	118
FANTASY LUBRICATED MISC ..	67	MCG, 600 MCG, 800 MCG, 1200		FLEBOGAMMA DIF SOLN 5	
		MCG .....	7	GM/50ML .....	104
FANTASY		fentanyl PT72 12 MCG/HR, 25		FLEBOGAMMA DIF SOLN .....	103
LUBRICATED/SPERMICIDE MISC		MCG/HR, 50 MCG/HR, 75 MCG/HR,		flecainide acetate .....	11
67		100 MCG/HR .....	7	FLORIVA .....	92
FARXIGA .....	20	fentanyl PT72 37.5 MCG/HR, 62.5		FLORIVA .....	96
FARYDAK 10 MG .....	30	MCG/HR, 87.5 MCG/HR .....	7	FLORIVA PLUS SOLN .....	95
FARYDAK 15 MG, 20 MG .....	30	FERRIPROX SOLN .....	20	FLUAD QUADRIVALENT 2021-2022	
FASENRA PEN SOAJ .....	11	FERRIPROX TABS 500 MG		.....119	
FC2 FEMALE CONDOM .....	67	(deferiprone) .....	20	FLUAD QUADRIVALENT 2022-2023	
febuxostat 40 MG .....	61	fesoterodine fumarate .....	118	.....119	
febuxostat 80 MG .....	61	FETZIMA CP24 20 MG .....	18	FLUAD QUADRIVALENT 2023-2024	
FEIBA .....	62	FETZIMA CP24 40 MG, 80 MG, 120		.....119	

FLUARIX QUADRIVALENT 2021-2022 SUSY .....	119	fluoxetine hcl CAPS 10 MG, 20 MG 17	fluticasone propionate OINT .....53
FLUARIX QUADRIVALENT 2022-2023 SUSY .....	119	fluoxetine hcl CAPS 40 MG .....17 fluoxetine hcl CPDR .....17	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....12
FLUARIX QUADRIVALENT 2023-2024 SUSY .....	119	fluoxetine hcl SOLN .....17 fluoxetine hcl TABS 10 MG .....17	fluticasone-salmeterol AERO .....12 fluvastatin sodium CAPS .....23
fluconazole SUSR .....	21	fluoxetine hcl TABS 20 MG, 60 MG 17	fluvastatin sodium TB24 .....23
fluconazole TABS .....	21	fluphenazine hcl CONC .....35	fluvoxamine maleate CP24 100 MG 17
flucytosine .....	21	fluphenazine hcl ELIX .....35	fluvoxamine maleate CP24 150 MG
fludarabine phosphate SOLR .....	27	fluphenazine hcl TABS .....35	fluvoxamine maleate TABS 100 MG . 17
fludrocortisone acetate TABS .....	46	flurandrenolide CREA .....53	fluvoxamine maleate TABS 25 MG, 50 MG .....17
FLULALVAL QUADRIVALENT 2021-2022 SUSY .....	119	flurazepam hcl 15 MG .....65	FLUZONE HIGH-DOSE PF 2021-2022 .....
FLULALVAL QUADRIVALENT 2022-2023 SUSY .....	119	flurazepam hcl 30 MG .....65	119
FLULALVAL QUADRIVALENT 2023-2024 SUSY .....	119	flurbiprofen sodium .....103	FLUZONE HIGH-DOSE PF 2022-2023 .....
FLUMIST QUADRIVALENT .....	119	flurbiprofen TABS .....4	119
fluocinolone acetonide (otic) .....	103	flutamide .....29	FLUZONE HIGH-DOSE PF 2023-2024 .....
fluocinolone acetonide CREA .....	53	fluticasone furoate-vilanterol .....12	119
fluocinolone acetonide OIL .....	53	fluticasone propionate (inhalation) AEPB 100 MCG/ACT .....12	FLUZONE QUADRIVALENT 2021-2022 SUSY .....
fluocinolone acetonide OINT .....	53	fluticasone propionate (inhalation) AEPB 250 MCG/ACT .....12	119
fluocinolone acetonide SOLN .....	53	fluticasone propionate (inhalation) AEPB 50 MCG/ACT .....12	FLUZONE QUADRIVALENT 2022-2023 SUSY .....
fluocinonide CREA .....	53	fluticasone propionate (nasal) SUSP . 99	119
fluocinonide emulsified base .....	53	fluticasone propionate CREA 0.05 % 53	FLUZONE QUADRIVALENT 2023-2024 SUSY .....
fluocinonide GEL .....	53	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT .....12	119
fluocinonide OINT .....	53	fluticasone propionate hfa 44	FML FORTE SUSP .....101
fluocinonide SOLN .....	53	MCG/ACT .....12	FML OINT .....101
fluorometholone (ophth) SUSP .....	101	fluticasone propionate LOTN .....53	folic acid TABS 1 MG .....64
fluorouracil (topical) CREA 5 % .....	50		folic acid TABS 400 MCG, 800 MCG . 64
fluorouracil (topical) SOLN .....	50		FOLIVANE-F .....64
fluoxetine hcl (pmdd) TABS .....	106		FOLIVANE-OB .....96

fondaparinux sodium 2.5 MG/0.5ML .	STRP .....	55	104
13	FREESTYLE TEST STRIPS STRP		GAMMAKED 1 GM/10ML .....
fondaparinux sodium 5 MG/0.4ML,	55		104
7.5 MG/0.6ML, 10 MG/0.8ML .....			GAMMAPLEX SOLN 5 GM/50ML
13	FREESTYLE UNISTICK II LANCETS		104
FORA LANCETS .....	75	75	GAMMAPLEX SOLN .....
FORFIVO XL TB24 (bupropion hcl)	frovatriptan succinate .....	92	104
17	furosemide SOLN OR 10 MG/ML, 40		GAMUNEX-C 1 GM/10ML .....
formaldehyde SOLN 10 % .....	MG/5ML .....	56	104
formoterol fumarate NEBU .....	12	56	GATTEX .....
fosamprenavir calcium TABS .....	36	FUZEON SOLR .....	60
fosfomycin tromethamine .....	26	FYCOMPA SUSP .....	gefitinib .....
fosinopril sodium &		13	28
hydrochlorothiazide .....	24	FYCOMPA TABS 2 MG .....	GELFILM OP .....
fosinopril sodium .....	23	FYCOMPA TABS 4 MG .....	102
FOSRENOL PACK .....	60	FYCOMPA TABS 6 MG .....	gemfibrozil TABS .....
FRAGMIN SOLN 95000 UNIT/3.8ML		13	23
13	FYCOMPA TABS 8 MG, 10 MG, 12		GENERESS FE (norethindrone &
FRAGMIN SOSY 2500 UNIT/0.2ML	MG .....	13	ethinyl estradiol-fe) .....
13	gabapentin CAPS .....	14	44
FRAGMIN SOSY 5000 UNIT/0.2ML,		gabapentin SOLN .....	gentamicin sulfate (ophth) SOLN .101
7500 UNIT/0.3ML, 10000 UNIT/ML,		14	gentamicin sulfate (topical) CREA .49
12500 UNIT/0.5ML, 15000		gabapentin TABS 600 MG, 800 MG	gentamicin sulfate (topical) OINT ..49
UNIT/0.6ML, 18000 UNT/0.72ML ..	13	14	GENTEEL BUTTERFLY TOUCH
FREDS PHARMACY UNILET		GABITRIL (tiagabine hcl) .....	LANCETS .....
LANCETS SUPER THIN 30G .....	75	16	75
FREDS PHARMACY UNILET		GABLOFEN SOLN IT 10000	GENTLE-LET GP LANCETS .....
LANCETS ULTRA THIN 28G .....	75	MCG/20ML, 40000 MCG/20ML ...98	75
FREESTYLE INSULINX		GALAFOLD .....	GENTLE-LET LANCETS GENERAL
BLOODGLUCOSE TEST STRIPS		57	PURPOSE STYLE/FINE POINT ..
STRP .....	55	galantamine hydrobromide CP24 105	GENTLE-LET LANCETS GENERAL
FREESTYLE LANCETS .....	75	galantamine hydrobromide SOLN	PURPOSE STYLE/MEDIUM POINT
FREESTYLE LITE TEST STRIPS		105	76
STRP .....	55	galantamine hydrobromide TABS 105	GENTLE-LET LANCETS SAFETY
FREESTYLE PRECISION NEO		GALZIN .....	STYLE/FINE POINT .....
BLOOD GLUCOSE TEST STRIPS		93	76
FREESTYLE UNISTICK II LANCETS		GAMASTAN .....	GENVOYA .....
		104	36
		GAMMAGARD LIQUID 1 GM/10ML	GILENYA 0.5 MG .....
		104	106
		GAMMAGARD LIQUID 2.5 GM/25ML	GILOTrif .....
			28
			GILPHEX TR TABS 10 MG-388 MG .

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

HEPLISAV-B SOSY .....	119	HUMULIN 70/30 KWIKPEN SUPN	19	MG .....	.8
HUMALOG JUNIOR KWIKPEN SOPN .....	19	HUMULIN 70/30 SUSP .....	19	hydrocortisone (intrarectal) .....	10
HUMALOG KWIKPEN SOPN 100 UNIT/ML .....	19	HUMULIN N KWIKPEN SUPN ....	19	hydrocortisone (rectal) EX 2.5 % ..	10
HUMALOG KWIKPEN SOPN 200 UNIT/ML .....	19	HUMULIN N SUSP .....	19	hydrocortisone (topical) CREA 2.5 %	53
HUMALOG MIX 50/50 KWIKPEN SUPN .....	19	HUMULIN R SOLN IJ .....	19	hydrocortisone (topical) LOTN 2 %,	
HUMALOG MIX 50/50 SUSP .....	19	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....	19	2.5 % .....	53
HUMALOG MIX 75/25 KWIKPEN SUPN .....	19	HUMULIN R U-500 KWIKPEN SOPN SC .....	19	hydrocortisone (topical) OINT 2.5 % .	
HUMALOG MIX 75/25 SUSP .....	19	HYCAMTIN CAPS .....	33	53	
HUMALOG SOCT .....	19	HYCAMTIN SOLR (topotecan hcl)	33	hydrocortisone butyrate CREA ....	53
HUMALOG SOLN IJ .....	19	hydralazine hcl TABS .....	25	hydrocortisone butyrate hydrophilic	
HUMATE-P SOLR .....	62	hydrochlorothiazide CAPS .....	56	lipo base .....	53
HUMATIN .....	2	hydrochlorothiazide TABS .....	56	hydrocortisone butyrate SOLN ....	53
HUMATROPE CART IJ .....	57	hydrocodone bitartrate-homatropine methylbromide SOLN .....	46	hydrocortisone TABS .....	46
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML .....	3	hydrocodone bitartrate-homatropine methylbromide TABS .....	46	hydrocortisone valerate CREA ....	53
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	3	hydrocodone polistirex- chlorpheniramine polistirex SUER	.47	hydrocortisone valerate OINT ....	53
HUMIRA PEN PNKT 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 .....	8	hydrocortisone w/acetic acid ....	103
HUMIRA PEN PNKT .....	4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG .....	8	hydromorphone hcl LIQD .....	7
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML .....	3	hydrocodone-acetaminophen TABS 300 MG-7.5 MG .....	8	hydromorphone hcl TABS .....	7
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML .....	3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....	8	hydromorphone hcl TB24 32 MG ...	7
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT .....	3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	9	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG .....	7
HUMIRA PEN-PS/UV STARTER PNKT .....	4	hydrocodone-ibuprofen 10 MG-200		hydroxychloroquine sulfate 200 MG	
HUMIRA PSKT .....	4	hydrocodone-ibuprofen 10 MG-200		26	
				hydroxyurea .....	32
				hydroxyzine hcl SYRP .....	10
				hydroxyzine hcl TABS .....	10
				hydroxyzine pamoate CAPS .....	10
				hyoscymine sulfate SUBL 0.125 MG	
				.....116	
				hyoscymine sulfate TABS 0.125 MG	
				.....116	

hyoscyamine sulfate TB12 0.375 MG 116	imipenem-cilastatin IV ..... 25	INQOVI ..... 29
hyoscyamine sulfate TBDP 0.125 MG .....116	imipramine hcl TABS 10 MG, 25 MG . 18	INREBIC ..... 31
HYPERSAL NEBU ..... 47	imipramine hcl TABS 50 MG .....18	INSULIN LISPRO
HYPODERMIC NEEDLE 30GX1/2" . 91	imipramine pamoate .....18	PROTAMINE/INSULIN LISPRO
HYQVIA 1600 UNIT/10ML-20 GM/200ML, 200 UNT/1.25ML-2.5	imiquimod 5 % .....54	KWIKPEN SUPN ..... 19
GM/25ML, 2400 UNIT/15ML-30	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (sumatriptan succinate) . 92	INTEGRA F ..... 64
GM/300ML, 400 UNIT/2.5ML-5	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (sumatriptan succinate) . 92	INTELENCE 25 MG ..... 36
GM/50ML ..... 104	IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate) ....92	INTRON A SOLR ..... 32
HY-VEE LANCETS .....77	IN TOUCH STERILE LANCETS30G 30 77	INVANZ IJ (ertapenem sodium) ... 25
HY-VEE THIN LANCETS .....77	INBRIJA CAPS .....33	iodoquinol-hydrocortisone in aloe vehicle ..... 49
ibandronate sodium TABS .....56	INCRELEX ..... 57	IOPIDINE ..... 100
IBRANCE CAPS ..... 30	INCRUSE ELLIPTA ..... 11	ipratropium bromide (nasal) .....99
IBRANCE TABS ..... 30	indapamide TABS 1.25 MG, 2.5 MG . 56	ipratropium bromide SOLN 0.02 % 11
ibuprofen TABS 400 MG, 600 MG, 800 MG .....4	INDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT ..... 62	ipratropium-albuterol SOLN .....12
icatibant acetate SOLN .....63	indomethacin CAPS 25 MG, 50 MG 4 icosapent ethyl ..... 22	irbesartan ..... 24
icatibant acetate SOSY .....63	indomethacin CPCR ..... 4	irbesartan-hydrochlorothiazide ... 24
ICLUSIG 10 MG, 30 MG .....30	indomethacin SUPP ..... 4	IRESSA (gefitinib) ..... 28
ICLUSIG 15 MG, 45 MG .....30	indomethacin SUSP ..... 4	ISENTRESS CHEW ..... 36
icosapent ethyl ..... 22	INFLECTRA ..... 59	ISENTRESS HD TABS ..... 36
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT ..... 62	INGREZZA CAPS 40 MG, 80 MG 103	ISENTRESS PACK ..... 36
IDELVION 3500 UNIT ..... 62	INGREZZA CAPS 60 MG .....106	ISENTRESS TABS ..... 36
IDHIFA .....30	INGREZZA CPPK ..... 106	isoniazid SYRP ..... 27
ILEVRO ..... 103	INLYTA ..... 27	isoniazid TABS ..... 27
imatinib mesylate 100 MG .....30	INNOPRAN XL ..... 38	ISOPTO ATROPINE SOLN ..... 100
imatinib mesylate 400 MG .....31	INNOSTAT 10 MG ..... 39	isosorbide dinitrate TABS .....10
IMBRUVICA CAPS ..... 31	INNOSTAT 25 MG ..... 39	isosorbide dinitrate-hydralazine hcl 39
IMBRUVICA TABS .....31	INQOVI ..... 29	isosorbide mononitrate TABS .....10
		isosorbide mononitrate TB24 .....10
		isotretinoin 10 MG, 25 MG .....48

isotretinoin 20 MG .....	48	KCENTRA .....	62	KIMONO PLUS SPERMICIDE/LUBRICATED MISC
isotretinoin 30 MG .....	48	KEPPRA SOLN OR 100 MG/ML (levetiracetam) .....	14	68
isotretinoin 35 MG, 40 MG .....	48	KEPPRA TABS 1000 MG (levetiracetam) .....	14	KIMONO PS LUBRICATED MISC .68
isoxsuprine hcl .....	39	KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam) .....	14	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC
isradipine CAPS .....	38	KIMONO SENSATION LUBRICATED MISC .....	68	68
ISTODAX SOLR (romidepsin) .....	31	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC		
itraconazole CAPS .....	21	KIMONO SPECIAL DEVI .....	68	
itraconazole SOLN .....	21	KESIMPTA .....	106	
ivermectin (pediculicide) .....	55	ketoconazole (topical) CREA .....	49	KINNEY LANCETS .....
ivermectin (rosacea) .....	54	ketoconazole (topical) FOAM .....	49	77
ivermectin .....	10	ketoconazole (topical) SHAM 2 % ..	49	KINNEY THIN LANCETS .....
IXINITY SOLR .....	62	ketoconazole .....	21	77
JADENU SPRINKLE PACK (deferasirox) .....	20	KETONE STRP .....	55	KISQALI .....
JADENU TABS (deferasirox) .....	20	ketoprofen CAPS 75 MG .....	5	31
JAKAFI .....	31	ketoprofen CP24 .....	5	KISQALI FEMARA 200 DOSE .....
JANUMET TABS .....	18	ketorolac tromethamine (ophth) ..	103	29
JANUMET XR TB24 1000 MG-100 MG .....	18	ketorolac tromethamine TABS .....	5	KISQALI FEMARA 400 DOSE .....
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG .....	18	KETOSTIX STRP .....	55	29
JANUVIA .....	19	KEVEYIS (dichlorphenamide) .....	56	KLARITY-A .....
JARDIANCE .....	20	KEVZARA SOAJ .....	4	101
JIVI .....	62	KEVZARA SOSY .....	4	KLOXXADO LIQD .....
JULUCA .....	36	KIMONO COLORS DEVI .....	67	21
JUXTAPID 10 MG, 20 MG, 30 MG	23	KIMONO LUBRICATED MISC .....	67	KOATE SOLR .....
JUXTAPID 5 MG .....	23	KIMONO MAXX/LARGE FLARE MISC .....	67	62
JYNARQUE TBPK .....	58	KIMONO MICRO THIN MISC .....	68	KOATE-DVI SOLR 500 UNIT, 1000 UNIT .....
KALYDECO PACK .....	114	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC		62
KALYDECO TABS .....	114	KROVALTRY .....	60	
KAMELEON LUBRICATED MISC ..	67	KRINTAFEL .....	26	
		KROGER HEALTHPRO TWIST LANCETS/26G .....	77	
		KROGER LANCETS .....	77	
		KROGER LANCETS 21G .....	77	
		KROGER LANCETS MICRO		

THIN33G .....	77	LAMICTAL XR TB24 300 MG (lamotrigine) .....	15	lansoprazole TBDD 15 MG .....	118
KROGER LANCETS SUPER THIN 78		lamivudine (hbv) TABS .....	37	lansoprazole TBDD 30 MG .....	118
KROGER LANCETS THIN .....	78	lamivudine SOLN .....	36	lanthanum carbonate CHEW 1000 MG .....	60
KROGER LANCETS THIN 26G ...	78	lamivudine TABS .....	36	lanthanum carbonate CHEW 500 MG .....	60
KROGER LANCETS ULTRATHIN30G .....	78	lamivudine-zidovudine .....	36	lanthanum carbonate CHEW 750 MG .....	60
K-TAB TBCR 8 MEQ (potassium chloride) .....	93	lamotrigine CHEW .....	15	LANTUS SOLN .....	19
KUVAN PACK (sapropterin dihydrochloride) .....	57	lamotrigine KIT 25 MG .....	15	LANTUS SOLOSTAR SOPN .....	19
KUVAN TABS (sapropterin dihydrochloride) .....	57	lamotrigine KIT .....	15	lapatinib ditosylate .....	31
K-Y ME & YOU EXTRA LUBRICATED DEVI .....	68	lamotrigine TABS .....	15	LASTACRAFT .....	103
K-Y ME & YOU INTENSE DEVI ...	68	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG .....	15	latanoprost SOLN .....	103
labetalol hcl TABS .....	37	lamotrigine TB24 250 MG .....	15	LATANOPROST SOLN .....	103
lacosamide SOLN OR 10 MG/ML .	14	lamotrigine TB24 300 MG .....	15	leflunomide 10 MG .....	5
lacosamide TABS .....	14	lamotrigine TBDP .....	15	leflunomide 20 MG .....	5
lactulose (encephalopathy) .....	60	LAMPIT .....	25	lenalidomide .....	93
lactulose SOLN .....	66	LANCETS .....	78	LENVIMA 10 MG DAILY DOSE ..	27
LAGEVRIO .....	37	LANCETS 30G .....	78	LENVIMA 12MG DAILY DOSE ..	27
LAMICTAL CHEWABLE DISPERISIBLE CHEW (lamotrigine) 14		LANCETS 30G TWIST TOP .....	78	LENVIMA 14 MG DAILY DOSE ..	27
LAMICTAL ODT KIT .....	14	LANCETS 30G/TWIST TOP .....	78	LENVIMA 18 MG DAILY DOSE ..	28
LAMICTAL ODT TBDP (lamotrigine) . 15		LANCETS 33G EXTRA FINE .....	78	LENVIMA 20 MG DAILY DOSE ..	28
LAMICTAL TABS (lamotrigine) ....	15	LANCETS 33G UNIVERSAL DESIGN .....	78	LENVIMA 24 MG DAILY DOSE ..	28
LAMICTAL XR KIT .....	15	LANCETS MICRO THIN 33G .....	78	LENVIMA 4 MG DAILY DOSE ..	28
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine) ....	15	LANCETS SUPER THIN 28G .....	78	LENVIMA 8 MG DAILY DOSE ..	28
LAMICTAL XR TB24 250 MG (lamotrigine) .....	15	LANCETS THIN .....	78	LETAIRIS 10 MG (ambrisentan) ..	40
LAMICTAL XR TB24 300 MG (lamotrigine) .....	15	LANCETS ULTRA THIN .....	78	LETAIRIS 5 MG (ambrisentan) ..	40
LANOXIN TABS 125 MCG, 250 MCG (digoxin) .....	39	LANCETS ULTRA THIN 30G .....	78	letrozole .....	29
leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG .....	33	LENOXIN TABS 125 MCG, 250 MCG (digoxin) .....	39	leucovorin calcium TABS .....	33

LEUKERAN .....	27	45	lisinopril & hydrochlorothiazide	25	
leuprolide acetate KIT IJ 1 MG/0.2ML .....	29	levorphanol tartrate TABS .....	7	MG-20 MG .....	24
levalbuterol hcl .....	12	levothyroxine sodium CAPS .....	115	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG .....	24
levalbuterol tartrate .....	12	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG .....	116	lisinopril TABS 40 MG .....	24
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML .....	15	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....	116	LITE TOUCH LANCETS .....	78
levetiracetam TABS 1000 MG .....	15	LEXIVA SUSP .....	36	LITETOUCH LANCETS MICRO THIN 33G .....	78
levetiracetam TABS 250 MG, 500 MG, 750 MG .....	15	LIBERTY MEDICAL LANCETS 30G .....	78	LITHIUM .....	34
levetiracetam TB24 .....	15	lidocaine hcl (mouth-throat) .....	94	lithium carbonate CAPS 150 MG, 600 MG .....	34
levobunolol hcl 0.5 % .....	100	lidocaine hcl SOLN .....	54	lithium carbonate CAPS 300 MG .....	34
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML .....	57	lidocaine PTCH 5 % .....	54	lithium carbonate TABS .....	34
levocarnitine (metabolic modifiers) TABS .....	57	lidocaine-prilocaine CREA .....	54	lithium carbonate TBCR .....	34
levocetirizine dihydrochloride SOLN 22		linezolid SUSR .....	26	LITHOBID TBCR (lithium carbonate) .....	34
levocetirizine dihydrochloride TABS 22		linezolid TABS .....	26	LITHOSTAT .....	61
levofloxacin (ophth) 1.5 % .....	101	LINZESS .....	60	LIVE BETTER LANCET SUPERTHIN 30G .....	78
levofloxacin SOLN OR .....	59	LIORESAL INTRATHECAL SOLN IT (baclofen) .....	98	LIVE BETTER LANCET ULTRATHIN 28G .....	78
levofloxacin TABS .....	59	LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML .....	98	LO LOESTRIN FE TABS .....	45
levonorgestrel & eth estradiol TABS 44		liothyronine sodium TABS 25 MCG, 50 MCG .....	116	LOCOID LIPOCREAM .....	53
levonorgestrel (emergency oc) 1.5 MG .....	45	liothyronine sodium TABS 5 MCG .....	116	LOKELMA .....	94
levonorgestrel-eth estradiol (triphasic) .....	44	LIPOFEN CAPS (fenofibrate) .....	23	LOMaira TABS .....	1
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG .....	44	lisdexamphetamine dimesylate CAPS 1 .....	29	LONGS LANCETS STANDARD .....	79
levonorgestrel-ethinyl estradiol (continuous) .....	44	lisdexamphetamine dimesylate CHEW .....	1	LONGS LANCETS THIN .....	79
levonorgestrel-ethinyl estradiol-iron		lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG .....	24	LONGS LANCETS ULTRA THIN .....	79
				LONSURF .....	29
				loperamide hcl CAPS .....	20
				lopinavir-ritonavir SOLN .....	36
				lopinavir-ritonavir TABS .....	36

lorazepam CONC .....	10	malathion .....	55	MEDLANCE PLUS SPECIAL LANCETS 0.8MM .....	79
lorazepam TABS .....	10	maraviroc TABS .....	36	MEDLANCE PLUS SUPERLITE 30G .....	79
LORBRENA .....	31	MARPLAN .....	17		
LORTAB ELIX .....	9	MATULANE .....	32	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX .....	79
losartan potassium & hydrochlorothiazide .....	25	MAVYRET TABS .....	37	MEDLANCE PLUS UNIVERSAL LANCETS 21G .....	79
losartan potassium .....	24	MAXIDEX SUSP OP .....	102	MEDLANCE PLUS/LITE 25G .....	79
LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day)) .....	45	MAXX LUBRICATED MISC .....	68	MEDLANCE/EXTRA .....	79
LOTEMAX OINT .....	102	MAXX PLUS SPERMICIDE LUBRICATED MISC .....	68	MEDLANCE/LITE .....	79
loteprednol etabonate GEL .....	102	MAYZENT STARTER PACK TBPK		MEDLANCE/UNIVERSAL .....	80
loteprednol etabonate SUSP .....	102	106		MEDROL TABS .....	46
lovastatin TABS .....	23	MAYZENT TABS 0.25 MG .....	106	medroxyprogesterone acetate 10 MG .....	105
loxapine succinate .....	34	MAYZENT TABS 1 MG .....	106		
lubiprostone .....	59	MAYZENT TABS 2 MG .....	106		
LUCEMYRA .....	105	meclofenamate sodium CAPS .....	5	medroxyprogesterone acetate 2.5 MG, 5 MG .....	105
LUMIGAN SOLN 0.01 % .....	103	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE .....	79	mefenamic acid CAPS .....	5
LUPRON DEPOT (1-MONTH) KIT IM .....	29	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW .....	79	mefloquine hcl .....	26
LUPRON DEPOT-PED (1-MONTH) 7.5 MG .....	57	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW .....	79	megestrol acetate (appetite) .....	105
lurasidone hcl .....	34	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW .....	79	megestrol acetate SUSP .....	29
LYNPARZA TABS .....	31	MEDICHOICE SAFETY LANCETEXTRA .....	79	megestrol acetate TABS .....	29
LYRICA CAPS 225 MG, 300 MG (pregabalin) .....	15	MEDICHOICE SAFETY LANCETNORMAL .....	79	MEIJER COLOR LANCETS UNIVERSAL 33G .....	80
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin) .....	15	MEDLANCE PLUS EXTRA LANCETS 21G .....	79	MEIJER LANCETS .....	80
LYRICA SOLN (pregabalin) .....	15	MEDLANCE PLUS LANCETS .....	79	MEIJER LANCETS THIN .....	80
LYSODREN .....	29	MEDLANCE PLUS LANCETS LITE 25G .....	79	MEIJER LANCETS UNIVERSAL21G .....	80
mafénide acetate PACK .....	51	25G .....	79	MEIJER LANCETS UNIVERSAL30G .....	80
MAGNEBIND 400 .....	92	MEDLANCE PLUS LITE LANCETS 25G .....	79	MEIJER LANCETS UNIVERSAL33G .....	80
				MEIJER SUPER THIN LANCETS	80

MEKINIST TABS .....	31	metaxalone 800 MG .....	99	methylphenidate hcl CP24 .....	2
MEKTOVI .....	31	metformin hcl SOLN .....	18	methylphenidate hcl CPCR 10 MG,	
meloxicam TABS 15 MG .....	5	metformin hcl TABS 500 MG, 850		40 MG, 50 MG, 60 MG .....	2
meloxicam TABS 7.5 MG .....	5	MG, 1000 MG .....	18	methylphenidate hcl CPCR 20 MG,	
melphalan .....	27	metformin hcl TB24 500 MG, 750 MG		30 MG .....	2
melphalan hcl .....	27	.....	19	methylphenidate hcl SOLN .....	2
memantine hcl CP24 14 MG, 21 MG,		methadone hcl CONC .....	7	methylphenidate hcl TABS 20 MG ..	2
28 MG .....	105	methadone hcl SOLN OR .....	7	methylphenidate hcl TABS 5 MG, 10	
memantine hcl CP24 7 MG .....	105	methadone hcl TABS .....	7	MG .....	2
memantine hcl SOLN .....	105	methadone hcl TBSO .....	7	methylphenidate hcl TB24 18 MG, 27	
memantine hcl TABS 10 MG .....	105	methamphetamine hcl .....	1	MG, 54 MG .....	2
memantine hcl TABS 5 MG .....	105	methazolamide TABS .....	56	methylphenidate hcl TB24 36 MG ..	2
memantine hcl TABS .....	105	methenamine hippurate .....	26	methylphenidate hcl TBCR 10 MG,	
MENEST .....	59	methenamine mandelate 0.5 GM, 1		20 MG .....	2
MENOSTAR PTWK .....	59	GM .....	26	methylphenidate hcl TBCR 18 MG,	
meperidine hcl SOLN OR 50		methimazole TABS .....	115	27 MG, 36 MG .....	2
MG/5ML .....	7	METHITEST TABS .....	9	methylphenidate hcl TBCR 54 MG ..	2
meperidine hcl TABS 50 MG .....	7	methocarbamol TABS 500 MG, 750		methylphenidate PTCH .....	2
mercaptopurine TABS .....	27	MG .....	99	methylprednisolone TABS .....	46
meropenem 500 MG .....	25	methotrexate sodium SOLN 1		methylprednisolone TBPK .....	46
mesalamine CP24 .....	59	GM/40ML, 50 MG/2ML, 250		methyltestosterone CAPS .....	9
mesalamine CPCR .....	59	MG/10ML, 1000 MG/40ML .....	27	metoclopramide hcl SOLN OR 5	
mesalamine CPDR .....	59	methotrexate sodium SOLR .....	27	MG/5ML, 10 MG/10ML .....	59
mesalamine ENEM .....	59	methotrexate sodium TABS 2.5 MG		metoclopramide hcl TABS .....	59
mesalamine SUPP .....	59	27		metoclopramide hcl TBDP .....	59
mesalamine TBEC 1.2 GM .....	60	methoxsalen rapid .....	51	metolazone .....	56
mesalamine TBEC 800 MG .....	60	methscopolamine bromide .....	116	METOPIRONE .....	55
MESNEX TABS .....	33	methsuximide .....	16	metoprolol & hydrochlorothiazide	
MESTINON SOLN OR		methyldopa TABS .....	24	TABS .....	25
(pyridostigmine bromide) .....	26	methylergonovine maleate TABS 103		metoprolol succinate TB24 .....	38
metaxalone 400 MG .....	98	methylphenidate hcl CHEW .....	2	metoprolol tartrate TABS .....	38
		methylphenidate hcl CP24 60 MG ..	2	metronidazole (topical) CREA .....	54
		2		metronidazole (topical) GEL 0.75 %	

54	misoprostol .....	118	morphine sulfate TABS .....	8	
metronidazole (topical) GEL 1 % ..	54	MITIGARE CAPS (colchicine) .....	61	morphine sulfate TBCR .....	8
metronidazole (topical) LOTN .....	54	mitoxantrone hcl 2 MG/ML .....	29	MOVANTIK .....	60
metronidazole CAPS .....	25	MM TWIST LANCETS .....	80	moxifloxacin hcl (ophth) SOLN OP	
metronidazole TABS .....	25	M-NATAL PLUS TABS .....	96	101	
metronidazole vaginal .....	119	modafinil .....	2	moxifloxacin hcl TABS .....	59
metyrosine .....	24	moexipril hcl .....	24	MPD SAFETY LANCET 21G/1.8MM	
mexiletine hcl .....	11	molindone hcl .....	35	80	
MG217 PSORIASIS MULTI-SYMTOOM OINT .....	54	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG) .....	37	MPD SAFETY LANCET 28G/1.8MM	
MIACALCIN IJ (calcitonin (salmon))	56	mometasone furoate (nasal) SUSP 100		80	
MICROLET LANCETS .....	80	mometasone furoate CREA .....	53	MPD SAFETY LANCETS	
midazolam hcl SYRP .....	65	mometasone furoate OINT .....	53	23G/1.8MM .....	80
midodrine hcl .....	120	mometasone furoate SOLN .....	53	MUCOTROL WAFR .....	95
MIFEPREX (mifepristone) .....	58	MONOLET LANCETS .....	80	MULPLETA .....	64
mifepristone .....	58	MONOLET OPD LANCETS .....	80	MULTIVITAMIN + FLUORIDE CHEW	
miglitol .....	18	MONOLETTOR SAFETY LANCETS 80		.....	95
miglustat .....	64	montelukast sodium CHEW .....	11	MULTIVITAMIN WITH FLUORIDE CHEW	
MILLIPRED TABS .....	46	montelukast sodium PACK .....	11	MULTI-VIT-FLOR CHEW .....	95
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe) .....	45	montelukast sodium TABS .....	11	mupirocin OINT .....	49
minocycline hcl CAPS .....	115	morphine sulfate beads .....	7	MYALEPT .....	57
minocycline hcl CP24 .....	115	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG .....	7	mycophenolate mofetil CAPS .....	94
minocycline hcl TABS 50 MG, 100 MG .....	115	morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/5ML, 20 MG/ML, 100 MG .....	7	mycophenolate mofetil SUSR .....	94
minocycline hcl TABS 75 MG .....	115	morphine sulfate SOLN OR 10 MG/5ML .....	7	mycophenolate mofetil TABS .....	94
minoxidil 2.5 MG, 10 MG .....	25	morphine sulfate sodium .....		mycophenolate sodium .....	94
MIRCETTE (desogestrel-ethinyl estradiol (biphasic)) .....	45	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G .....	80		
mirtazapine TABS .....	17	MYLERAN TABS .....			
mirtazapine TBDP .....	17	MYSOLINE (primidone) .....	15		
		MYTESI .....	20		
		nabumetone 500 MG .....	5		

nabumetone 750 MG .....	5	nefazodone hcl .....	17	NEVANAC .....	103
nadolol TABS 20 MG, 40 MG, 80 MG .....	38	neomycin sulfate TABS .....	2	nevirapine SUSP .....	36
NAFCILLIN 1 GM/50ML-5 % .....	105	neomycin-bacitracin zn-polymyxin 101		nevirapine TABS .....	36
nafcillin sodium IV 2 GM, 10 GM .....	105	neomycin-polymy-dexameth OINT 102		nevirapine TB24 .....	36
naftifine hcl CREA .....	49	neomycin-polymy-dexameth SUSP 102		NEXAVAR (sorafenib tosylate) .....	31
naftifine hcl GEL 2 % .....	49	neomycin-polymy-dexameth SUSP 102		NEXIUM PACK .....	118
NALOCET TABS .....	9	neomycin-polymyxin-gramicidin .....	101	NEXTSTELLIS .....	45
naloxone hcl LIQD .....	21	neomycin-polymyxin-hc (ophth) .....	102	niacin (antihyperlipidemic) TBCR .....	23
naloxone hcl SOSY .....	21	neomycin-polymyxin-hc (otic) SOLN .....		nicardipine hcl CAPS .....	38
naltrexone hcl .....	21	103		NICODERM CQ PT24 TD (nicotine) .....	114
NAMZARIC C4PK .....	105	neomycin-polymyxin-hc (otic) SUSP .....	103	NICORETTE GUM (nicotine polacrilex) .....	114
naproxen sodium TABS 275 MG, 550 MG .....	5	NEONATAL 19 .....	97	NICORETTE LOZG (nicotine polacrilex) .....	114
naproxen SUSP .....	5	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 TABS .....	5	NEONATAL PLUS TABS .....	97	NICORETTE STARTER KIT GUM (nicotine polacrilex) .....	114
naratriptan hcl .....	92	NEOSTIGMINE METHYLSULFATE SOSY (neostigmine methylsulfate) .....	26	nicotine MISC XX .....	114
NASONEX 24HR SUSP .....	100	NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML .....	26	nicotine polacrilex GUM .....	114
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2 MG-2700 UNIT-28 MG .....	96	neostigmine methylsulfate SOSY .....	26	nicotine polacrilex LOZG .....	114
NATACYN .....	101	NERLYNX .....	31	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR .....	114
NATAZIA .....	45	NESTABS .....	97	NICOTINE TRANSDERMAL SYSTEM KIT .....	114
nateglinide .....	20	NESTABS DHA .....	97	NICOTROL INHALER INHA .....	114
NATPARA .....	56	NESTABS ONE .....	97	NICOTROL NS SOLN .....	114
NAYZILAM .....	14	NEUPRO .....	33	nifedipine CAPS .....	38
nebivolol hcl .....	38	NEURONTIN CAPS (gabapentin) .....	15	nifedipine TB24 30 MG, 60 MG .....	38
NEBUSAL NEBU .....	47	NEURONTIN SOLN (gabapentin) .....	15	nifedipine TB24 .....	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) .....	15	nilutamide .....	29

nimodipine CAPS .....	38	norethindrone acetate TABS .....	105	NUEDEXTA .....	106
NINLARO .....	31	norethindrone acetate-ethinyl estradiol .....	58	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride) .....	65
nisoldipine .....	38	norethindrone acetate-ethinyl estradiol-fe .....	45	NUPLAZID CAPS .....	34
nitazoxanide TABS .....	25	norgestimate-ethinyl estradiol (triphasic) .....	45	NUPLAZID TABS 10 MG .....	34
nitisinone CAPS 10 MG .....	57	norgestimate-ethinyl estradiol .....	45	NUVARING (etonogestrel-ethinyl estradiol) .....	45
nitisinone CAPS 2 MG, 5 MG, 20 MG .....	57	NORITATE CREA .....	54	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT .....	62
NITRO-BID OINT .....	10	NORPACE CR CP12 .....	11	nystatin (mouth-throat) .....	94
NITRO-DUR PT24 .....	10	NORTHERA (droxidopa) .....	120	nystatin (topical) CREA .....	49
nitrofurantoin .....	26	nortriptyline hcl CAPS .....	18	nystatin (topical) OINT .....	49
nitrofurantoin macrocrystal .....	26	nortriptyline hcl SOLN .....	18	nystatin (topical) POWD EX .....	49
nitrofurantoin monohyd macro .....	26	NORVIR PACK .....	36	nystatin TABS .....	21
nitroglycerin PT24 .....	10	NORVIR SOLN .....	36	nystatin-triamcinolone CREA .....	49
nitroglycerin SOLN TL 0.4 MG/SPRAY .....	10	NOVA SAFETY LANCETS 23G ..	80	nystatin-triamcinolone OINT .....	49
nitroglycerin SUBL .....	10	NOVA SAFETY LANCETS 28G ..	80	OB COMPLETE ONE .....	97
NITYR TABS .....	57	NOVA SUREFLEX LANCETS ..	81	OB COMPLETE PETITE .....	97
NIVA THYROID TABS .....	116	NOVOEIGHT .....	62	OB COMPLETE PREMIER .....	97
NIVA-PLUS TABS .....	97	NOVOPEN ECHO DEVI .....	91	OB COMPLETE/DHA .....	97
nizatidine CAPS .....	117	NOVOSEVEN RT .....	62	OBIZUR .....	62
nizatidine SOLN .....	117	NP THYROID 120 TABS .....	116	OBSTETRIX ONE 30 MG-15 UNIT- 250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG ..	.97
NORDITROPIN FLEXPRO SOPN .57		NP THYROID 15 TABS .....	116	OCALIVA 10 MG .....	.59
norelgestromin-ethinyl estradiol ..	45	NP THYROID 30 TABS .....	116	OCALIVA 5 MG .....	.59
norethin acet & estrad-fe CAPS ..	45	NP THYROID 60 TABS .....	116	OCTAGAM SOLN 5 GM/50ML ..	104
norethin acet & estrad-fe CHEW ..	45	NP THYROID 90 TABS .....	116	OCTAGAM SOLN .....	104
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG .....	45	NUBEQA .....	29	octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200	
norethindrone & ethinyl estradiol-fe 45		NUCALA SOAJ .....	11	MCG/ML .....	.58
norethindrone (contraceptive) .....	46	NUCALA SOLR .....	11		
norethindrone acet & eth estra ..	45	NUCALA SOSY 100 MG/ML .....	11		
		NUCORT LOTN .....	53		

octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML .....	58	olopatadine hcl 0.1 % .....	103	ORACIT .....	61
octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML .....	58	olopatadine hcl 0.2 % .....	103	ORAVIG .....	94
octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML .....	58	omega-3-acid ethyl esters .....	22	ORENITRAM TBCR .....	39
ODEFSEY .....	36	OMEPRAZOLE + SYRSPEND SFALKA SUSP .....	118	ORFADIN CAPS 10 MG (nitisinone) . 57	
ODOMZO .....	28	omeprazole CPDR 10 MG .....	118	ORFADIN SUSP .....	57
OFEV .....	114	omeprazole CPDR 20 MG, 40 MG 118		ORIAHNN .....	58
ofloxacin (ophth) .....	101	omeprazole magnesium CPDR ..	118	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG .....	114
ofloxacin (otic) .....	103	OMNIFLEX DIAPHRAGM .....	68	ORKAMBI PACK 94 MG-75 MG .	114
ofloxacin 300 MG .....	59	ondansetron hcl SOLN OR 4 MG/5ML .....	21	ORKAMBI TABS .....	114
ofloxacin 400 MG .....	59	ondansetron hcl TABS 4 MG, 8 MG 21		orlistat .....	1
olanzapine TABS 15 MG, 20 MG ..	35	ondansetron TBDP .....	21	orphenadrine citrate TB12 .....	99
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG .....	35	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	97	oseltamivir phosphate CAPS .....	37
olanzapine TBDP .....	35	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G .....	81	oseltamivir phosphate SUSR .....	37
olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG 105		ONETOUCH DELICA PLUS LANCETS FINE 30G .....	81	OSMOPREP .....	66
olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG .....	105	ONETOUCH ULTRA STRP .....	55	OSPHENA .....	57
olmesartan medoxomil 40 MG .....	24	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....	81	OTEZLA TABS .....	5
olmesartan medoxomil 5 MG, 20 MG 24		ONETOUCH ULTRASOFT LANCETS .....	81	OTEZLA TBPK .....	5
olmesartan medoxomil-amldipine- hydrochlorothiazide .....	25	ONETOUCH VERIO TEST STRIPS STRP .....	55	OTOVEL (ciprofloxacin-fluocinolone acetonide) .....	103
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 25		ONUREG TABS .....	27	OTREXUP SOAJ 10 MG/0.4ML ....	3
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG .....	25	OPSUMIT .....	40	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
olopatadine hcl (nasal) .....	99	OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL 119		oxacillin sodium IV 10 GM .....	105
		ORACEA (doxycycline (rosacea))	54	oxandrolone 10 MG .....	9
				oxandrolone 2.5 MG .....	9
				oxaprozin TABS .....	5
				OXAYDO TABS 5 MG .....	8
				OXAYDO TABS 7.5 MG .....	8

oxazepam CAPS 10 MG, 15 MG ..11	OZEMPIC SOPN .....	19	PEGASYS SOLN .....	37
oxazepam CAPS 30 MG .....10	paliperidone .....	34	PEG-PREP .....	65
oxcarbazepine SUSP .....15	PALYNZIQ .....	57	penicillamine CAPS .....	93
oxcarbazepine TABS 150 MG ....15	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200		penicillamine TABS .....	93
oxcarbazepine TABS 300 MG ....15	UNIT-8800 UNIT-2600 UNIT, 24600		penicillin g potassium .....	104
oxcarbazepine TABS 600 MG ....15	UNIT-14200 UNIT-4200 UNIT, 61500		PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE .....	104
oxiconazole nitrate CREA .....49	UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000		PENICILLIN G PROCAINE .....	104
OXISTAT LOTN .....49	UNIT, 98400 UNIT-56800 UNIT-16800 UNIT .....	55	penicillin g sodium .....	104
OXTELLAR XR TB24 150 MG, 300 MG .....	PANRETIN .....	50	penicillin v potassium SOLR .....	104
OXTELLAR XR TB24 600 MG ....15	pantoprazole sodium PACK .....	118	penicillin v potassium TABS .....	104
oxybutynin chloride TABS 5 MG .118	pantoprazole sodium TBEC .....	118	PENNSAID SOLN EX .....	50
oxybutynin chloride TB24 .....118	PAREMYD .....	103	pentamidine isethionate IN .....	25
OXYCODONE AND ACETAMINOPHEN TABS .....9	paricalcitol CAPS .....	57	PENTASA CPCR 250 MG .....	60
oxycodone hcl CAPS .....	paroxetine hcl SUSP .....	17	pentazocine w/ naloxone hcl .....	9
oxycodone hcl CONC 100 MG/5ML 8	paroxetine hcl TABS .....	17	pentoxifylline .....	63
oxycodone hcl SOLN .....	paroxetine hcl TB24 .....	17	PERFECT LANCETS 30G .....	81
oxycodone hcl TABS 30 MG .....	PASER PACK .....	27	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G .....	81
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG .....	PAXLOVID 100 MG-150 MG .....	37	perindopril erbumine .....	24
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ...9	pazopanib hcl .....	31	permethrin CREA .....	55
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG .....	PC LANCETS SUPER THIN 30G .81		perphenazine TABS .....	35
oxycodone w/ acetaminophen TABS 325 MG-5 MG .....	pediatric multivitamins w/fl CHEW .96		perphenazine-amitriptyline .....	105
OXYCODONE/ACETAMINOPHEN TABS .....	pediatric vitamins acd w/ fluoride		PERSERIS PRSY .....	34
oxymorphone hcl TABS 10 MG ....8	SOLN .....	96	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN .81	
oxymorphone hcl TABS 5 MG .....	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....	65	PHARMACIST CHOICE ULTRA THIN LANCETS .....	81
oxymorphone hcl TB12 .....	chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM .....	65	PHARMACIST CHOICE ULTRA THIN LANCETS 28G .....	81
	peg 3350-potassium chloride-sod bicarbonate-sod chloride .....	65	PHARMACIST CHOICE ULTRA THIN LANCETS 30G .....	81

PHARMACIST CHOICE ULTRA THIN LANCETS 31G .....	81	pioglitazone hcl 30 MG, 45 MG ....	20	POLY HUB NEEDLE/30G X 1/2" ..	91
PHARMACIST CHOICE ULTRA THIN LANCETS 33G .....	81	pioglitazone hcl-glimepiride .....	18	polyethylene glycol 3350 POWD ..	66
PHARMACY COUNTER LANCETS ..	81	pioglitazone hcl-metformin hcl TABS .	18	polymyxin b-trimethoprim .....	101
phenelzine sulfate .....	17	PIP LANCETS/28G .....	81	POLY-VI-FLOR CHEW .....	96
PHENERGAN SOLN (promethazine hcl) .....	22	PIP LANCETS/30G .....	81	POLY-VI-FLOR SUSP .....	96
phenobarbital ELIX .....	65	piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM .....	105	POLY-VI-FLOR/IRON CHEW .....	95
phenobarbital TABS .....	65	PIQRAY 200MG DAILY DOSE ...	31	POLY-VI-FLOR/IRON SUSP .....	95
phenoxybenzamine hcl .....	24	PIQRAY 250MG DAILY DOSE ...	31	POMALYST .....	29
phentermine hcl CAPS .....	1	PIQRAY 300MG DAILY DOSE ...	31	posaconazole SUSP .....	21
phentermine hcl TABS .....	1	pirfenidone CAPS .....	114	posaconazole TBEC .....	22
phenylephrine hcl (mydriatic) SOLN 100		pirfenidone TABS .....	114	pot & sod citrates w/citric ac SOLN 61	
phenytoin CHEW .....	16	piroxicam CAPS 10 MG .....	5	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	93
phenytoin sodium extended 100 MG, 200 MG, 300 MG .....	16	piroxicam CAPS 20 MG .....	5	POTABA CAPS .....	120
phenytoin SUSP .....	16	pitavastatin calcium .....	23	potassium chloride CPCR .....	93
PHEXXI .....	119	PLAN B ONE-STEP (levonorgestrel (emergency oc)) .....	45	potassium chloride .....	
PHOSLYRA SOLN .....	60	PLEGRIDY SOPN .....	106	microencapsulated crystals er .....	93
phytonadione TABS 5 MG .....	120	PLEGRIDY SOSY IM .....	106	potassium chloride PACK OR 20	
PIFELTRO .....	36	PLEGRIDY SOSY SC .....	106	MEQ .....	93
pilocarpine hcl (oral) 5 MG .....	95	PLEGRIDY STARTER PACK SOPN .		POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride)	
pilocarpine hcl (oral) 7.5 MG .....	95	106		93	
pilocarpine hcl SOLN 1 %, 2 %, 4 % .	100	PLEGRIDY STARTER PACK SOSY		potassium chloride SOLN OR 10 %,	
		SC .....	106	20 % .....	93
pimecrolimus .....	54	PNV TABS 29-1 TABS .....	97	potassium chloride TBCR .....	93
pimozide .....	107	PNV-DHA+DOCUSATE .....	97	potassium citrate (alkalinizer) TBCR .	
pindolol TABS .....	38	PNV-OMEGA .....	97	61	
pioglitazone hcl 15 MG .....	20	PODOCON-25 SOLN .....	54	potassium citrate-citric acid SOLN .	61
		podofilox GEL .....	54	potassium iodide (expectorant) SOLN ..	
		podofilox SOLN .....	54	47	
				POVIDONE IODINE .....	101
				PRALUENT SOAJ .....	23

pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG .....	33	prednisolone sodium phosphate TBDP .....	46	PRENA1 CHEW .....	97
pramipexole dihydrochloride TABS 1 MG .....	34	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN .....	102	PRENA1 PEARL .....	97
pramipexole dihydrochloride TABS 1.5 MG .....	33	prednisolone SOLN .....	46	PRENAISSANCE .....	97
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG .....	34	prednisolone TABS .....	46	PRENATAL 19 CHEW .....	97
pramipexole dihydrochloride TB24 3 MG .....	34	PREDNISONE INTENSOL CONC	46	PRENATAL 19 TABS .....	97
pramipexole dihydrochloride TB24 3.75 MG .....	34	prednisone SOLN .....	46	PRENATAL PLUS TABS .....	97
PRAMOSONE LOTN .....	53	prednisone TABS .....	46	PRENATAL PLUS VITAMIN ANDMINERAL TABS .....	97
PRAMOSONE OINT .....	53	prednisone TBPK .....	46	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG- 1200 MCG-27 MG-200 MG-1.84 MG- 25 MG-2 MG-10 MG .....	97
PRAMOTIC .....	103	PREFERRED PLUS LANCETS COLORED 21G .....	81	PRENATAL PLUS LANCETS SUPER THIN 30G .....	81
prasugrel hcl .....	63	PREFERRED PLUS LANCETS THIN 26G .....	82	PRENATAL VITAMINS PLUS LOW IRON TABS .....	97
pravastatin sodium .....	23	PREFEST .....	58	PRENATE .....	97
praziquantel .....	10	pregabalin CAPS 225 MG, 300 MG 15 .....		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG .....	97
prazosin hcl CAPS .....	24	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ..	15	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..	97
PRECISION THINS GP LANCET ..	.81	pregabalin SOLN .....	15	PRENATE ENHANCE .....	97
PRECISION XTRA .....	55	PREMARIN .....	119	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG- 18 MG .....	97
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	55	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG .....	59	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG- 80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG ..	97
PRED MILD .....	102	PREMPHASE .....	58	PRENATE PIXIE .....	97
PRED-G S.O.P. OINT .....	102	PREMPRO .....	58	PRENATE TRUE .....	97
PRED-G SUSP .....	102	PREMIUM CONDOMS LUBRICATED MISC .....	68		
prednicarbate OINT .....	53	PREMIUM SCAR PATCH .....	54		
prednisolone acetate (ophth) ..	102	PRENATE .....			
PREDNISOLONE SODIUM PHOSPHATE .....	102	PRENATALE .....			
prednisolone sodium phosphate SOLN .....	46	PRENATRAN .....			

PRENATE RESTORE .....	97	PRODIGY TWIST TOP LANCETS 82	proparacaine hcl .....	101	
PRENATRIX TABS .....	97	PROFILNINE .....	62	propranolol hcl CP24 .....	38
PRENATRYL TABS .....	97	progesterone CAPS .....	105	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML .....	38
PREPIDIL GEL .....	103	progesterone OIL .....	105	propranolol hcl TABS .....	38
PREPLUS TABS .....	98	PROGRAF PACK .....	94	propylthiouracil .....	115
PREZCOBIX .....	36	PROLATE TABS .....	9	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML .....	47
PREZISTA SUSP .....	36	PROLIA SOSY .....	56	protriptyline hcl .....	18
PREZISTA TABS 75 MG, 150 MG	36	PROMACTA PACK 12.5 MG .....	64	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	
PRIFTIN .....	27	PROMACTA PACK 25 MG .....	64		
PRILOSEC PACK .....	118	PROMACTA TABS .....	64	47	
primaquine phosphate TABS .....	26	promethazine & phenylephrine SYRP .....	47	PSS SELECT GP LANCETS .....	82
PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin) .....	26	promethazine hcl SOLN 25 MG/ML, 50 MG/ML .....	22	PSS SELECT SAFETY LANCETS 82	
primidone 50 MG, 250 MG .....	15	promethazine hcl SOLN 6.25 MG/5ML .....	22	PULMICORT FLEXHALER AEPB .12	
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML .....	104	promethazine hcl SUPP 12.5 MG, 25 MG .....	22	PULMOZYME .....	114
PRIVIGEN SOLN 5 GM/50ML .....	104	promethazine hcl SYRP .....	22	PURE COMFORT LANCETS 30G 82	
PRO COMFORT LANCETS 30G .82	82	promethazine hcl TABS 12.5 MG ..22		PURIXAN SUSP .....	27
PRO COMFORT LANCETS 31G .82	82	promethazine hcl TABS 25 MG ..22		PX LANCETS MICROTHIN 33G .82	
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ..82	82	promethazine hcl TABS 50 MG ..22		PX LANCETS ULTRA THIN .....	82
PROAIR RESPICLICK AEPB .....	12	promethazine w/codeine SOLN ..47		PX LANCETS ULTRA THIN 28G .82	
probenecid .....	61	promethazine w/codeine SYRP ..47		pyrazinamide .....	27
prochlorperazine .....	35	promethazine-dm SYRP .....	47	pyridostigmine bromide SOLN OR 26	
prochlorperazine maleate TABS ..	35	promethazine-phenylephrine-codeine .....	47	pyridostigmine bromide TABS 60 MG .....	26
PROCTOFOAM HC FOAM EX ..10	10	propafenone hcl CP12 .....	11	pyridostigmine bromide TBCR .....	27
PROCYSBI CPDR .....	61	propafenone hcl TABS 150 MG ... 11		pyrimethamine .....	26
PROCYSBI PACK .....	61	propafenone hcl TABS 225 MG, 300 MG .....	11	QBRELIS SOLN .....	24
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS .....	82			QC LANCETS SUPER THIN .....	82
PRODIGY SAFETY LANCETS ..82	82			QC LANCETS ULTRA THIN .....	82

QC UNILET LANCETS 28G/ULTRA THIN .....	82	RA E-ZJECT LANCETS THIN 26G	REALITY LANCETS .....	83
QC UNILET LANCETS 33G/MICRO THIN .....	82	RA E-ZJECT LANCETS THIN 28G	REALITY LATEX	
QINLOCK .....	31	RA E-ZJECT LANCETS ULTRATHIN 30G .....	CONDOMS/LUBRICATED MISC .	68
QSYMIA .....	1	RABEPRAZOLE SODIUM DR SPRINKLE CPSP .....	REALITY LATEX/ULTRA	
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)) .....	45	rabeprazole sodium TBEC .....	TEXTURED DEVI .....	68
quetiapine fumarate TABS 200 MG 35		RADICAVA ORS STARTER KIT SUSP .....	REALITY LATEX/ULTRA THIN DEVI	
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG .....	35	RADICAVA ORS SUSP .....	REALITY TRIGGER LANCETS	83
quetiapine fumarate TABS 300 MG, 400 MG .....	35	raloxifene hcl .....	REBIF REBIDOSE SOAJ .....	106
quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG .....	35	ramelteon .....	REBIF REBIDOSE TITRATIONPACK SOAJ .....	106
quetiapine fumarate TB24 50 MG .	35	ramipril CAPS .....	REBIF SOSY .....	106
QUFLORA FE PEDIATRIC LIQD ..	95	ranolazine TB12 1000 MG .....	REBIF TITRATION PACK SOSY .	106
QUFLORA GUMMIES CHEW .....	96	ranolazine TB12 500 MG .....	REBINYN 500 UNIT, 1000 UNIT,	
QUFLORA PEDIATRIC CHEW .....	96	rasagiline mesylate .....	2000 UNIT .....	63
QUFLORA PEDIATRIC SOLN .....	96	RASUVO SOAJ 20 MG/0.4ML .....	RECOMBINATE SOLR .....	63
QUILLIVANT XR SRER .....	2	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 .....	REGRANEX .....	55
quinapril hcl .....	24	RAVICTI .....	RELENZA DISKHALER .....	37
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG .....	25	READYLANCE SAFETY LANCETS/21G/2.2MM .....	RELEXXII TBCR 18 MG, 27 MG, 36 MG .....	2
quinapril-hydrochlorothiazide 25 MG-20 MG .....	25	READYLANCE SAFETY LANCETS/23G/1.8MM .....	RELEXXII TBCR 54 MG .....	2
quinidine gluconate TBCR .....	11	READYLANCE SAFETY LANCETS/26G/1.8MM .....	RELION INSULIN SYRINGE 0.5ML/31G X 15/64" .....	91
quinidine sulfate TABS .....	11	READYLANCE SAFETY LANCETS/28G/1.8MM .....	RELION INSULIN SYRINGE 1ML/31GX15/64" .....	91
quinine sulfate CAPS 324 MG .....	26	READYLANCE SAFETY LANCETS/30G/1.6MM .....	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" .....	91
QVAR REDIHALER 40 MCG/ACT ..	12	READYLANCE SAFETY LANCETS/21G/2.2MM .....	RELION LANCETS MICRO-THIN33G .....	83
QVAR REDIHALER 80 MCG/ACT ..	12	READYLANCE SAFETY LANCETS/23G/1.8MM .....	RELION LANCETS THIN 26G .....	83
RA E-ZJECT LANCETS 28G .....	82	READYLANCE SAFETY LANCETS/26G/1.8MM .....	RELION LANCETS ULTRA-THIN30G .....	83
		READYLANCE SAFETY LANCETS/30G/1.6MM .....	RELION ULTRA THIN LANCETS/30G .....	83

RELION ULTRA THIN LANCETS	30G .....	83	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG .....	34	RYTARY CPCR 95 MG-23.75 MG .....	34
RELION ULTRA THIN PLUS LANCETS	32G .....	83	risperidone TABS 3 MG .....	34	RYVENT TABS .....	22
RELION ULTRA THIN PLUS LANCETS	33G .....	83	risperidone TBDP .....	34	SABRIL PACK (vigabatrin) .....	16
RELNATE DHA CAPS .....	98		ritonavir TABS .....	36	SABRIL TABS (vigabatrin) .....	16
RELYVRCIO .....	100		rivastigmine .....	105	SAFE-T-LANCE LOW FLOW 25G	
RENFLEXIS .....	60		rivastigmine tartrate CAPS .....	105	83	
repaglinide .....	20		RIXUBIS SOLR .....	63	SAFE-T-LANCE NORMAL FLOW21G .....	83
RETACRIT .....	64		rizatriptan benzoate TABS .....	92	SAFE-T-LANCE PLUS	
RETACRIT 20000 UNIT/ML .....	64		rizatriptan benzoate TBDP .....	92	SAFETYLANCET HIGH FLOW ...	83
RETEVMO .....	31		roflumilast .....	11	SAFE-T-LANCE PLUS	
REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) .....	40		romidepsin SOLR .....	31	SAFETYLANCET LOW FLOW ...	84
REXALL LANCETS ULTRA THIN	83		ropinirole hydrochloride TABS .....	34	SAFE-T-LANCE PLUS	
REXULTI .....	35		ropinirole hydrochloride TB24 12 MG		SAFETYLANCET NORMAL FLOW	
REYATAZ PACK .....	36		34		84	
RHOFADE .....	54		ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG .....	34	SAFETY LANCET 30G/PRESSURE ACTIVATED .....	84
ribavirin (hepatitis c) CAPS .....	37		ropinirole hydrochloride TB24 8 MG		SAFETY LANCETS .....	84
ribavirin .....	37		34		SAFETY LANCETS 21G .....	84
RIDAURA .....	4		rosuvastatin calcium TABS .....	23	SAFETY LANCETS 23G .....	84
rifabutin .....	27		ROZLYTREK CAPS .....	31	SAFETY LANCETS 28G .....	84
rifampin CAPS .....	27		RUBRACA .....	31	SAFETY LANCETS/PRESSURE ACTIVATED/28G .....	84
RIGHTEST GL300 LANCETS	.. 83		rufinamide SUSP .....	15	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ...	45
riluzole TABS .....	100		rufinamide TABS 200 MG .....	15	salicylic acid in ammonium lactate	
rimantadine hydrochloride TABS ..	37		rufinamide TABS 400 MG .....	15	vehicle .....	54
RINVOQ .....	3		RUKOBIA .....	36	SALICYLIC ACID OINT .....	54
risedronate sodium TABS 150 MG	56		RYBELSUS TABS 3 MG .....	19	salicylic acid SHAM 6 % .....	54
risedronate sodium TABS 5 MG, 30 MG, 35 MG .....	.56		RYBELSUS TABS 7 MG, 14 MG ..	19	SALIMEZ CREA .....	54
risperidone SOLN .....	34		RYDAPT .....	31	salsalate .....	7
			RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG .....	34	SALYCIM CREA .....	54
					SANCUSO PTCH .....	21

SANDIMMUNE SOLN OR .....	94	29 MG-1700 UNIT .....	98	sildenafil citrate (pulmonary hypertension) SUSR .....	40
SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate) .....	58	SELECT-OB+DHA MISC .....	98	sildenafil citrate (pulmonary hypertension) TABS .....	40
SANTYL OINT .....	54	selegiline hcl CAPS .....	34	sildenafil citrate .....	39
SAPHRIS 5 MG .....	35	selegiline hcl TABS .....	34	silodosin 4 MG .....	61
sapropterin dihydrochloride PACK .57		selenium sulfide LOTN 2.5 % .....	51	silodosin 8 MG .....	61
sapropterin dihydrochloride TABS .58		SELZENTRY SOLN .....	36	silver sulfadiazine .....	51
SAPS HEALTH CARE TWIST TOP LANCETS .....	84	SELZENTRY TABS 25 MG, 75 MG 36		simvastatin TABS .....	23
SAPS HEALTH PLUS TWIST TOP LANCETS 30G .....	84	SE-NATAL 19 CHEW .....	98	SINGLE-LET .....	84
SAPS HEALTH TWIST TOP LANCETS 30G .....	84	SE-NATAL 19 TABS .....	98	sirolimus SOLN .....	94
SAPSCARE TWIST TOP LANCETS 30G .....	84	SEREVENT DISKUS .....	12	sirolimus TABS .....	94
SAVELLA TABS .....	106	SEROSTIM SC 4 MG, 5 MG, 6 MG 57		SIVEXTRO TABS .....	26
SAVELLA TITRATION PACK MISC 106		sertraline hcl CONC .....	17	SKYRIZI PEN SOAJ .....	51
saxagliptin hcl .....	19	sertraline hcl TABS .....	17	SKYRIZI PSKT .....	51
saxagliptin-metformin hcl .....	18	sevelamer carbonate PACK 0.8 GM . 60		SKYRIZI SOCT .....	60
SAXENDA .....	2	sevelamer carbonate PACK 2.4 GM . 60		SKYRIZI SOSY .....	51
SB LANCETS THIN .....	84	sevelamer carbonate TABS .....	60	SLYND .....	46
SB LANCETS ULTRA THIN .....	84	sevelamer hcl 400 MG .....	60	SM MICRO THIN LANCETS 33G ..84	
scopolamine .....	21	sevelamer hcl 800 MG .....	60	SMART SENSE COLOR LANCETS UNIVERSAL 33G .....	84
SEASONIQUE (levonorgestrel- ethynodiol dihydrogen phosphate (91-day)) .....	45	SFROWASA ENEM .....	60	SMART SENSE STANDARD LANCETS UNIVERSAL 21G .....	85
SECUADO .....	35	SHOPKO ON-THE-GO COMFORT LANCETS 30G .....	84	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G .....	85
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	SHOPKO UNILET LANCETS SUPER THIN 30G .....	84	SMART SENSE THIN LANCETS UNIVERSAL 26G .....	85
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-		SHOPKO UNILET LANCETS ULTRA THIN 28G .....	84	SMARTEST LANCETS 28G .....	85
		SIGNIFOR .....	58	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 % .....	47
		SIKLOS TABS 100 MG .....	64	sodium citrate & citric acid .....	61
		SIKLOS TABS 1000 MG .....	64	sodium fluoride CHEW 0.25 MG, 0.5 MG .....	92

sodium fluoride CHEW 1 MG, 2.2 MG	MCG/ACT .....	11	sulfacetamide sodium (ophth) SOLN .
.....	92		101
	SPIRIVA RESPIMAT AERS 2.5		
sodium fluoride SOLN 0.125	MCG/ACT .....	11	sulfacetamide sodium LIQD .....
MG/DROP, 0.5 MG/ML .....	92		51
sodium fluoride TABS 0.5 MG .....	56	51	sulfacetamide sodium SHAM 10 %
sodium fluoride TABS 1 MG .....	92		sulfacetamide sodium w/ sulfur
SODIUM OXYBATE SOLN .....	105		CREA 9.8 %-4.8 % .....
sodium phenylbutyrate POWD .....	58		48
sodium phenylbutyrate TABS .....	58		sulfacetamide sodium w/ sulfur LIQD
sodium polystyrene sulfonate POWD	SPRAYCEL 20 MG, 50 MG, 70 MG	.31	9.8 %-4.8 % .....
94	SPRAYCEL 80 MG, 100 MG, 140 MG	31	48
SODIUM SULFACETAMIDE WASH	stavudine CAPS .....	36	sulfacetamide sodium w/ sulfur LOTN
LIQD .....	STELARA SOLN 45 MG/0.5ML ...	51	10 %-5 % .....
SODIUM	STELARA SOSY 45 MG/0.5ML ...	51	49
SULFACETAMIDE/SULFUR	STELARA SOSY 90 MG/ML ...	51	sulfacetamide sod-prednisolone
CLEANSER IN UREA EMUL .....	STERILANCE TL .....	85	SOLN .....
48	STIMATE SOLN NA .....	58	102
sodium sulfate-potassium sulfate-	STIOLTO RESPIMAT .....	13	sulfadiazine TABS .....
magnesium sulfate .....	STIVARGA .....	32	115
65	STRENSIQ .....	58	sulfamethoxazole-trimethoprim SUSP
solifenacin succinate TABS 10 MG	streptomycin sulfate SOLR .....	2	..... 25
118	STRIBILD .....	36	sulfamethoxazole-trimethoprim TABS
solifenacin succinate TABS 5 MG	STRIVERDI RESPIMAT .....	13	..... 25
118	SUBLOCADE SOSY .....	9	SULFAMYLYON CREA .....
SOLTAMOX SOLN .....	sucralfate SUSP .....	117	51
29	sucralfate TABS .....	117	sulfasalazine TABS .....
SOLUS V2 PRESSURE ACTIVATED	streptomycin sulfate CREA .....	49	60
SAFETY LANCETS 28G .....	STRIBILD .....	36	sulindac TABS 150 MG .....
85	STRIVERDI RESPIMAT .....	13	5
SOLUS V2 TWIST LANCETS 30G	SUBLOCADE SOSY .....	9	sulindac TABS 200 MG .....
85	sucralfate SUSP .....	117	5
SOMAVERT .....	sucralfate TABS .....	117	sumatriptan 20 MG/ACT .....
57	sulconazole nitrate CREA .....	49	92
sorafenib tosylate .....	sulconazole nitrate SOLN .....	49	sumatriptan 5 MG/ACT .....
31	sulfacetamide sodium (acne) .....	48	92
SORILUX FOAM .....	sulfacetamide sodium (ophth) OINT		sumatriptan succinate SOAJ .....
51	101		92
sotalol hcl (afib/afl) .....			sumatriptan succinate SOCT 4
38			MG/0.5ML .....
sotalol hcl TABS .....			92
38			sumatriptan succinate SOCT 6
SOTYLIZE SOLN OR .....			MG/0.5ML .....
38			92
SPIRIVA RESPIMAT AERS 1.25			sumatriptan succinate SOLN 6
			MG/0.5ML .....
			92

sumatriptan succinate TABS .....	92	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium) .....	116	TAZVERIK .....	32
sunitinib malate 12.5 MG, 37.5 MG, 50 MG .....	32	SYPRINE (trientine hcl) .....	93	TECHLITE AST LANCETS .....	85
sunitinib malate 25 MG .....	32	TABLOID .....	27	TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X 15/64" .....	91
SUPER THIN LANCETS .....	85	TABRECTA .....	32	TECHLITE INSULIN SYRINGE U-100/1ML/31G X 15/64" .....	91
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate) .....	65	tacrolimus (topical) OINT 0.03 % ..	54	TECHLITE LANCETS .....	85
SURE COMFORT LANCETS 18G		tacrolimus (topical) OINT 0.1 % ..	54	TECHLITE LANCETS 26G .....	85
85		tacrolimus CAPS .....	94	TECHLITE LANCETS 30G .....	85
SURE COMFORT LANCETS 21G		tadalafil (pulmonary hypertension) TABS .....	40	TEGRETOL SUSP (carbamazepine) .	15
85		tadalafil 2.5 MG .....	39	TEGRETOL TABS (carbamazepine) .	15
SURE COMFORT LANCETS 23G		tadalafil 5 MG, 10 MG, 20 MG .....	39	TEGRETOL-XR TB12 100 MG (carbamazepine) .....	15
85		TAFINLAR CAPS .....	32	TEGSEDI .....	114
SURE COMFORT LANCETS 28G		tafluprost .....	103	TEKTURN HCT .....	25
85		TAGRISSO .....	28	telmisartan 20 MG, 40 MG .....	24
SURELITE LANCETS .....	85	TALZENNA 0.25 MG, 1 MG .....	32	telmisartan 80 MG .....	24
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate) .....	32	tamoxifen citrate TABS .....	29	telmisartan-amlodipine .....	25
SUTENT 25 MG (sunitinib malate)	32	tamsulosin hcl .....	61	telmisartan-hydrochlorothiazide ..	25
SYMDEKO .....	114	TARGETIN (bexarotene (topical)) 50		temazepam 15 MG .....	65
SYMTUZA .....	36	TARGETIN (bexarotene) .....	32	temazepam 22.5 MG, 30 MG .....	65
SYNAREL .....	57	TASIGNA .....	32	temazepam 7.5 MG .....	65
SYNDROS SOLN .....	21	TAVALISSE 100 MG .....	63	temozolamide CAPS .....	27
SYNJARDY TABS .....	18	TAVALISSE 150 MG .....	63	temsirolimus .....	32
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG .....	18	TAYTULLA CAPS (norethin acet & estrad-fe) .....	45	tenofovir disoproxil fumarate TABS	
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG .....	18	tazarotene CREA .....	51	36	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium) .....	116	TAZAROTENE FOAM .....	49	terazosin hcl 1 MG, 2 MG, 5 MG ..	24
		tazarotene GEL .....	51	terazosin hcl 10 MG .....	24
		TAZORAC CREA .....	51	terbinafine hcl TABS .....	21
				terbutaline sulfate TABS .....	13

terconazole vaginal CREA .....	119	THIOLA EC TBEC .....	61	tobramycin (ophth) SOLN .....	101
terconazole vaginal SUPP .....	119	thioridazine hcl 10 MG, 25 MG, 100 MG .....	35	tobramycin NEBU .....	2
teriflunomide .....	106	thioridazine hcl 50 MG .....	35	tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML .....	2
TESTIM GEL TD (testosterone) .....	9	thiothixene .....	35	tobramycin-dexamethasone SUSP 102	
testosterone cypionate SOLN IM ...	9	THRIVITE RX TABS .....	98	TOBREX OINT .....	101
testosterone enanthate SOLN IM ...	9	THYMOGLOBULIN .....	94	TODAY SPONGE MISC .....	119
testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM .....	9	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG .....	116	TODAYS HEALTH SUPER THINLANCETS 30G .....	86
testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM .....	9	tiagabine hcl .....	16	TODAYS HEALTH ULTRA THINLANCETS 28G .....	86
testosterone GEL TD 10 MG/ACT ..	9	TIBSOVO .....	32	tolcapone .....	33
testosterone SOLN .....	9	timolol maleate (ophth) SOLG .....	100	TOLSURA CAPS .....	22
tetrabenazine .....	106	timolol maleate (ophth) SOLN .....	100	tolterodine tartrate CP24 .....	118
tetracaine hcl (ophth) .....	101	timolol maleate TABS 10 MG .....	38	tolterodine tartrate TABS .....	118
tetracycline hcl CAPS .....	115	timolol maleate TABS 5 MG, 20 MG . 38		TOPAMAX SPRINKLE CPSP (topiramate) .....	15
TEXACORT SOLN 2.5 % .....	53	TIMOPTIC-XE SOLG (timolol maleate (ophth)) .....	100	TOPAMAX TABS 100 MG (topiramate) .....	15
TGT LANCET MICRO THIN 33G ..	85	tinidazole 250 MG .....	25	TOPAMAX TABS 200 MG (topiramate) .....	15
TGT LANCET THIN 26G .....	85	tinidazole 500 MG .....	25	TOPAMAX TABS 25 MG (topiramate) .....	15
TGT LANCET ULTRA THIN 30G ..	86	tiopronin TABS .....	61	TOPAMAX TABS 50 MG (topiramate) .....	15
THALITONE .....	56	tiotropium bromide monohydrate CAPS .....	11	TOPCARE LANCETS MICRO-THIN 33G .....	86
THALOMID .....	94	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG .....	116	topiramate CP24 200 MG .....	16
THEO-24 CP24 .....	13	TIVICAY TABS .....	36	topiramate CP24 25 MG .....	16
theophylline ELIX .....	13	tizanidine hcl CAPS .....	99	topiramate CP24 50 MG, 100 MG .	16
theophylline SOLN .....	13	tizanidine hcl TABS 2 MG .....	99	topiramate CPS .....	16
theophylline TB12 300 MG .....	13	tizanidine hcl TABS 4 MG .....	99	topiramate CS24 100 MG, 150 MG, 200 MG .....	16
theophylline TB12 450 MG .....	13	TOBI PODHALER CAPS .....	2		
theophylline TB24 .....	13	TOBRADEX OINT .....	102		
THERANATAL CORE NUTRITION TABS .....	98	TOBRADEX ST SUSP .....	102		
THINLETS GP LANCETS .....	86				

topiramate CS24 25 MG, 50 MG .....	16	tranylcypromine sulfate .....	17	LOTN .....	53
topiramate TABS 100 MG .....	16	TRAVEL LANCETS 30G .....	86	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % .....	53
topiramate TABS 200 MG .....	16	TRAVEL LANCETS ADVANCED 28G .....	86	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....	56
topiramate TABS 25 MG .....	16	travoprost SOLN .....	103	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG .....	56
topiramate TABS 50 MG .....	16	trazodone hcl TABS .....	17	triamterene & hydrochlorothiazide TABS 50 MG-75 MG .....	56
topotecan hcl SOLR .....	33	TRECATOR .....	27	triamterene CAPS .....	56
toremifene citrate .....	29	TRELEGY ELLIPTA .....	13	triazolam 0.125 MG .....	65
TORISEL (temsirolimus) .....	32	TREMFYA SOPN .....	51	triazolam 0.25 MG .....	65
torsemide TABS 100 MG .....	56	TREMFYA SOSY .....	51	TRICARE TABS .....	98
torsemide TABS 5 MG, 10 MG, 20 MG .....	56	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML .....	20	trientine hcl 250 MG .....	93
TOUJEO MAX SOLOSTAR SOPN 19 .....	19	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML .....	20	trientine hcl 500 MG .....	93
TOUJEO SOLOSTAR SOPN .....	20	TRESIBA SOLN .....	20	trifluoperazine hcl TABS .....	35
TPOXX (TECOVIRIMAT CAP 200 MG) .....	37	tretinoin (chemotherapy) .....	33	trifluridine .....	101
TPOXX CAPS .....	37	tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....	49	trihexyphenidyl hcl SOLN .....	33
TPOXX SOLN .....	37	tretinoin GEL 0.01 %, 0.025 %, 0.05 % .....	49	trihexyphenidyl hcl TABS .....	33
TRACLEER TBSO .....	40	tretinoin microsphere 0.04 % .....	49	TRIJARDY XR .....	18
tramadol hcl CP24 100 MG, 200 MG, 300 MG .....	8	tretinoin microsphere 0.1 % .....	49	TRIKAFTA TBPK 100 MG-50 MG 114	
tramadol hcl TABS 100 MG .....	8	TRETEN .....	63	TRIKAFTA TBPK 50 MG-25 MG .114	
tramadol hcl TABS 50 MG .....	8	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....	27	TRILEPTAL SUSP (oxcarbazepine) 16	
tramadol hcl TB24 100 MG .....	8	triamicinolone acetonide (mouth) .....	94	TRILEPTAL TABS 150 MG (oxcarbazepine) .....	16
tramadol hcl TB24 200 MG .....	8	triamicinolone acetonide (nasal) .....	94	TRILEPTAL TABS 300 MG (oxcarbazepine) .....	16
tramadol hcl TB24 .....	8	AERO .....	100	TRILEPTAL TABS 600 MG (oxcarbazepine) .....	16
tramadol-acetaminophen .....	9	triamicinolone acetonide (topical) AERS .....	53	trimethobenzamide hcl CAPS ....	21
trandolapril .....	24	triamicinolone acetonide (topical) CREA .....	53	trimethoprim TABS .....	25
trandolapril-verapamil hcl .....	25	triamicinolone acetonide (topical) .....	53		
tranexamic acid SOLN 1000 MG/10ML .....	64				
tranexamic acid TABS .....	64				

trimipramine maleate CAPS .....	18	TRUSTEX LUBRICATED EXTRALARGE MISC .....	68	TUSNEL TABS .....	47
TRINATAL RX 1 TABS .....	98	TRUSTEX LUBRICATED EXTRASTRENGTH MISC .....	68	TUSSLIN LIQD .....	47
TRINTELLIX .....	17	TRUSTEX LUBRICATED MISC .....	69	TUSSLIN PEDIATRIC LIQD .....	47
TRISTART DHA .....	98	TRUSTEX LUBRICATED MISC ...	69	TWIRLA .....	45
TRISTART ONE .....	98	TRUSTEX		TWIST TOP LANCETS 30G .....	86
TRIUMEQ PD TBSO .....	36	LUBRICATED/RIBBED/STUDDED MISC .....	68	TYBLUME CHEW .....	45
TRIUMEQ TABS .....	36	TRUSTEX		TYBOST .....	36
TRI-VI-FLOR .....	96	LUBRICATED/SPERMICIDE EXTRA		TYKERB (lapatinib ditosylate) .....	32
TRI-VI-FLORO .....	96	LARGE MISC .....	68	TYMLOS .....	57
TRIZIVIR .....	36	TRUSTEX		TYVASO DPI MAINTENANCE KIT	
tropicamide SOLN .....	100	LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC .....	68	POWD .....	39
trospium chloride CP24 .....	118	TRUSTEX		TYVASO DPI TITRATION KIT	
trospium chloride TABS .....	118	LUBRICATED/SPERMICIDE MISC		POWD .....	39
TRUE COMFORT SAFETY LANCETS/30G .....	86	68	TYVASO REFILL SOLN IN .....	39	
TRUE COMFORT TWIST TOP LANCETS 30G .....	86	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC .....	69	TYVASO SOLN IN .....	40
TRUEPLUS LANCETS 26G .....	86	TRUSTEX NON-LUBRICATED MISC		TYVASO STARTER SOLN IN .....	40
TRUEPLUS LANCETS 28G .....	86	69	UBRELVY .....	91	
TRUEPLUS LANCETS 28G SUPER THIN .....	86	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDDED MISC .....	69	UDENYCA SOSY .....	64
TRUEPLUS LANCETS 30G .....	86	TRUSTEX/RIA LUBRICATED MISC .		ULTILET CLASSIC LANCETS .....	86
TRUEPLUS LANCETS 30G ULTRA THIN .....	86	69	ULTILET LANCETS .....	86	
TRUEPLUS LANCETS 33G .....	86	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC .....	69	ULTILET LANCETS 33G .....	87
TRUEPLUS LANCETS 33G MICRO THIN .....	86	TRUSTEX/RIA		ULTILET SAFETY LANCETS 21G X 2.2MM .....	87
TRUEPLUS SAFETY LANCETS 28G .....	86	LUBRICATED/SPERMICIDE MISC		87	
TRULICITY .....	19	69	ULTILET SAFETY LANCETS 23G		
TRUSTEX COLOR CONDOMS + LUBE MISC .....	68	TRUSTEX/RIA NON-LUBRICATED MISC .....	69	87	
		TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate) .....	36	ULTRA THIN LANCETS 31G .....	87
		TUKYSA .....	28	ULTRA-CARE LANCETS 30G .....	87
		TURALIO 200 MG .....	32	ULTRA-THIN II AUTO LANCET ..	87
				ULTRA-THIN II LANCETS 28G .....	87
				ULTRA-THIN II LANCETS 30G .....	87
				UNASYN BULK PACK IV (ampicillin & sulbactam sodium) .....	105

UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium) .....	105	UNISTIK TOUCH SAFETY LANCETS 30G .....	88	VALTOCO 15 MG DOSE LQPK ...	14
UNILET COMFORTOUCH LANCET 87		UNIVERSAL 1 LANCETS THIN26G . 88		VALTOCO 20 MG DOSE LQPK ...	14
UNILET EXCELITE .....	87	UNIVERSAL 1 LANCETS ULTRA THIN 30G .....	88	VALTOCO 5 MG DOSE LIQD ....	14
UNILET EXCELITE II .....	87	UNIVERSAL 1 LANCETS/33G/MICRO-THIN .....	88	VALUE PLUS LANCETS STANDARD 21G .....	88
UNILET G.P. LANCET .....	87	UPTRAVI TABS 200 MCG .....	40	VALUE PLUS LANCETS SUPERTHIN 30G .....	88
UNILET G.P. SUPERLITE LANCET . 87		UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG .....	40	VALUE PLUS LANCETS THIN 26G . 88	
UNILET GP 28 ULTRA THIN .....	87	UPTRAVI TITRATION PACK TBPK 40		VALUMARK LANCET SUPER THIN 30G .....	88
UNILET LANCET .....	87	urea LOTN 40 % .....	54	VALUMARK LANCET ULTRA THIN 28G .....	88
UNILET LANCETS MICRO-THIN33G .....	87	ursodiol CAPS .....	59	vancomycin hcl CAPS 125 MG ....	26
UNILET LANCETS SUPER-THIN30G .....	87	ursodiol TABS .....	59	vancomycin hcl CAPS 250 MG ....	26
UNILET LANCETS ULTRA-THIN 28G .....	87	valacyclovir hcl 1 GM, 1000 MG .....	37	vancomycin hcl SOLR OR 25 MG/ML .....	26
UNILET SUPERLITE LANCET ...	87	valacyclovir hcl 500 MG .....	37	VANDAZOLE .....	119
UNISTIK 3 GENTLE .....	87	VALCHLOR .....	50	varenicline tartrate TABS 0.5 MG	114
UNISTIK PRO SAFETY LANCET 21G .....	88	valganciclovir hcl SOLR .....	37	varenicline tartrate TABS 1 MG ..	114
UNISTIK PRO SAFETY LANCET 25G .....	88	valganciclovir hcl TABS .....	37	VARUBI TBPK .....	21
UNISTIK PRO SAFETY LANCET 28G .....	88	valproate sodium SOLN OR 250 MG/5ML .....	17	VASCEPA (icosapent ethyl) .....	22
UNISTIK SAFETY LANCETS 28G 88		valproic acid CAPS .....	17	VCF VAGINAL CONTRACEPTIVE FILM FILM .....	119
UNISTIK SAFETY LANCETS 30G 88		valsartan TABS 160 MG .....	24	VCF VAGINAL CONTRACEPTIVEGEL GEL .....	119
UNISTIK TOUCH SAFETY LANCETS 21G .....	88	valsartan TABS 40 MG, 80 MG, 320 MG .....	24	VECAMYL .....	25
UNISTIK TOUCH SAFETY LANCETS 23G .....	88	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG .....	25	VELCADE SOLR IJ (bortezomib) ..	32
UNISTIK TOUCH SAFETY LANCETS 28G .....	88	valsartan-hydrochlorothiazide 25 MG-160 MG .....	25	VEMLIDY .....	37
		VALTOCO 10 MG DOSE LIQD ....	14	VENCLEXTA STARTING PACK TBPK .....	28
		VALTOCO 15 MG DOSE LQPK ...	14	VENCLEXTA TABS 10 MG .....	28
		VALTOCO 20 MG DOSE LQPK ...	14	VENCLEXTA TABS 100 MG .....	28

VENCLEXTA TABS 50 MG .....	28	VERSACLOZ SUSP .....	35	VITAPEarl .....	98
venlafaxine hcl CP24 .....	18	VERZENIO .....	32	VITATHELY/GINGER TABS .....	98
venlafaxine hcl TABS .....	18	VIBERZI .....	60	VITATRUE .....	98
venlafaxine hcl TB24 225 MG .....	18	VICTOZA .....	19	VITRAKVI CAPS .....	32
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG .....	18	VIDA MIA UNILET LANCETS SUPER THIN 30G .....	89	VITRAKVI SOLN .....	32
VENTAVIS .....	40	VIDA MIA UNILET LANCETS ULTRA THIN 28G .....	89	VIVA DHA CAPS .....	98
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...	39	vigabatrin PACK .....	16	VIVAGUARD LANCETS .....	89
verapamil hcl CP24 180 MG .....	38	vigabatrin TABS .....	16	VIVAGUARD SAFETY LANCETS/28G .....	89
verapamil hcl CP24 360 MG .....	38	VIIBRYD STARTER PACK KIT ....	17	VIZIMPRO .....	28
verapamil hcl TABS .....	39	vilazodone hcl TABS 10 MG, 40 MG . 17		VONVENDI .....	63
verapamil hcl TBCR 120 MG .....	39	vilazodone hcl TABS 20 MG .....	18	voriconazole SUSR .....	22
verapamil hcl TBCR 180 MG, 240 MG .....	39	VINATE DHA RF .....	98	voriconazole TABS .....	22
VEREGEN .....	49	VINATE ONE TABS .....	98	VOSEVI .....	37
VERELAN CP24 360 MG (verapamil hcl) .....	39	VIRACEPT TABS .....	36	VOTRIENT (pazopanib hcl) .....	32
VERELAN PM CP24 (verapamil hcl) . 39		VIREAD POWD .....	36	VOTRIENT .....	32
VERIFINE SAFETY LANCET MINI 21G X 2.4MM .....	88	VIREAD TABS 150 MG, 200 MG, 250 MG .....	36	VP-PNV-DHA CAPS .....	98
VERIFINE SAFETY LANCET MINI 23G X 1.8MM .....	88	VIRT-C DHA .....	98	VRAYLAR CAPS .....	34
VERIFINE SAFETY LANCET MINI 28G X 1.8MM .....	88	VIRT-NATE DHA CAPS .....	98	VRAYLAR CPPK .....	34
VERIFINE SAFETY LANCET MINI 30G X 1.8MM .....	89	VIRT-PN DHA .....	98	VYNDAMAX .....	41
VERIFINE UNIVERSAL LANCETS 28G .....	89	VIRT-PN PLUS .....	98	VYndaQEL .....	41
VERIFINE UNIVERSAL LANCETS 30G .....	89	VIRTUSSIN DAC SOLN .....	47	WALGREENS ADVANCED TRAVELLANCETS 28G .....	89
VERIFINE UNIVERSAL LANCETS 33G .....	89	VISTOGARD .....	20	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G .....	89
		VITAFOL GUMMIES .....	98	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G .....	89
		VITAFOL-NANO .....	98	WALGREENS LANCETS .....	89
		VITAFOL-ONE CAPS .....	98	WALGREENS THIN LANCETS ...	89
		VITAMEDMD ONE RX/QUATREFOLIC .....	98	WALGREENS ULTRA THIN	
		VITAMEDMD REDICHEW RX ..	98		

LANCETS .....	89	XELJANZ XR TB24 .....	3	ZARONTIN SOLN (ethosuximide) .16
warfarin sodium TABS .....	13	XENAZINE (tetrabenazine) .....	106	ZARXIO .....
WESCAP-C DHA .....	98	XENICAL (orlistat) .....	2	ZATEAN-PN DHA .....
WESNATE DHA CAPS .....	98	XERAC AC .....	54	ZATEAN-PN PLUS .....
WESTAB PLUS TABS .....	98	XERMELO .....	60	ZAVESCA (miglustat) .....
WESTGEL DHA .....	98	XHANCE EXHU .....	100	ZEJULA CAPS .....
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 .....	69	XIFAXAN 200 MG .....	25	ZEJULA TABS .....
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 .....	69	XIFAXAN 550 MG .....	25	ZELAPAR TBDP .....
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 .....	69	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG .....	18	ZELBORA F .....
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 .....	69	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG .....	18	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 .....
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 .....	69	XIMINO CP24 .....	115	55
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 .....	69	XOSPATA .....	32	ZEVRX TWIST TOP LANCETS 30G 89
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 .....	69	XPOVIO .....	29	zidovudine CAPS .....
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 .....	69	XPOVIO 80 MG TWICE WEEKLY 29		36
WILATE KIT .....	63	XTANDI CAPS .....	29	zidovudine SYRP .....
WILZIN .....	93	XTANDI TABS .....	29	36
XADAGO .....	34	XURIDEN .....	58	zidovudine TABS .....
XALKORI CAPS .....	32	XYNTHA .....	63	37
XARELTO STARTER PACK TBPK 13		XYNTHA SOLOFUSE .....	63	ZIEXTENZO .....
XARELTO SUSR .....	13	XYREM SOLN .....	105	64
XARELTO TABS .....	13	YASMIN 28 (drospirenone-ethinyl estradiol) .....	45	zileuton TB12 .....
XATMEP SOLN .....	27	YAZ (drospirenone-ethinyl estradiol) 45		11
XELJANZ SOLN .....	3	YONSA .....	29	ziprasidone hcl 20 MG, 40 MG ....
XELJANZ TABS .....	3	zafirlukast 10 MG .....	11	34
		zafirlukast 20 MG .....	11	ziprasidone hcl 60 MG, 80 MG ....
		zaleplon .....	65	34
		ZARONTIN CAPS (ethosuximide) .16		ZIRGAN GEL .....
				101
				ZOLINZA .....
				32
				zolmitriptan SOLN .....
				92
				zolmitriptan TABS .....
				92
				zolmitriptan TBDP .....
				92

zolpidem tartrate TABS .....	65
zolpidem tartrate TBCR .....	65
ZOMACTON SOLR SC 10 MG ....	57
ZOMIG SOLN 2.5 MG .....	92
ZONEGRAN CAPS 100 MG (zonisamide) .....	16
ZONEGRAN CAPS 25 MG (zonisamide) .....	16
zonisamide CAPS 100 MG .....	16
zonisamide CAPS 25 MG, 50 MG .	16
ZORBTIVE SC .....	57
ZUPLENZ FILM 4 MG .....	21
ZYDELIG .....	32
ZYFLO TABS .....	11
ZYKADIA TABS .....	32
ZYLET .....	102
ZYTIGA (abiraterone acetate) ....	29