

# *California*

## **2 Tier Drug List**

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 All previous versions are no longer in effect.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

### **California Large Group members**

Go to

[Drug List](#) Use the “2 Tier” List

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

If you have questions about your pharmacy coverage call Customer Service at [1-800-522-0088](tel:1-800-522-0088)

### *Hours of Operation*

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

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# Welcome to Health Net

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

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

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

## What is the Drug List?

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

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

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

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

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

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

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

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

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

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

Example:

Drug Name	Drug Tier	Requirements/ Limits
MAVYRET ( <i>glecaprevir-pibrentasvir</i> ) TABS	3	PA
<i>phentermine hcl caps</i>	1	PA

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

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

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

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

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

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

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

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

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

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

<i>Tier</i>	<i>Description</i>
1	Drugs in this tier include preferred generic drugs.
2	Drugs in this tier include preferred brand drugs
4	Drugs indicated as “tier 4” are self-injectable drugs and coverage may differ based on your benefits. Please refer to your plan documents for specific coverage.
GP	Generic drugs are preferred. To get a brand drug that has a generic available, your doctor must request prior authorization to show medical necessity. If we approve the request, the drug may be covered at the highest copayment. 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	These oral cancer drugs are subject to a maximum \$200 copayment for a one-month supply, after any deductible has been met, per state law (or \$600 maximum for a three-month supply through mail order).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons: <ul style="list-style-type: none"> <li>• The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or</li> <li>• Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy.</li> </ul> If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drugs requires prior approval. This means that you or your doctor must get approval from us before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over-the-Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan with the exception of some insulins, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.
PV	Prevention Drug	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

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

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

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

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

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

Requests for prior authorization may be submitted electronically or 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.

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.

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 an exception is made, one or more preferred drugs must be tried before progressing to a drug that is subject to step therapy. You or your doctor can request an exception if your health may be harmed by waiting. 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 second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. 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.

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 highest drug tier (Tier 2) 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.

### **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. Coverage is subject to limitations and restrictions. Prior authorization or step therapy may be required for some other FDA-approved prescription contraceptive drugs, devices, or products prescribed by your doctor.

### **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.

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

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

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

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

Some 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 contracted Mail Order Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis for a chronic or longterm medical condition. Specialty drugs are not available through mail order.

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

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

You can save time and money with these simple steps:

- Ask your doctor about generic drugs that may work for you.
- Fill prescriptions at in-network pharmacies.
- Be sure your doctor prescribes drugs on the drug list.
- Fill your maintenance drugs through our mail order pharmacy program.

## *Definitions*

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

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

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

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

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

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

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

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

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

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

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

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

**Out-of-pocket costs:** Are your expenses for health care benefits that aren't 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.

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

Drug Name	Drug Tier	Requirements/ Limits
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>		
<b>Amphetamines</b>		
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
ADDERALL TABS ( <i>amphetamine-dextroamphetamine</i> )	2	
ADDERALL XR CP24 ( <i>amphetamine-dextroamphetamine</i> )	2	QL(2 ea daily,90 day(s) limit,180 ea per fill retail)
<i>amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg</i>	1	QL(2 ea daily,90 day(s) limit,180 ea per fill retail)
<i>amphetamine-dextroamphetamine tabs 5 mg-5 mg-5 mg-5 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg</i>	1	
DEXEDRINE CP24 ( <i>dextroamphetamine sulfate</i> )	2	
<i>dextroamphetamine sulfate cp24 5 mg, 10 mg, 15 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg</i>	1	
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	2	QL(1 ea daily)
VYVANSE CHEW 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	2	Limited to 1 per day;QL(1 ea daily)
<b>Analeptics</b>		
<i>caffeine citrate soln</i>	1	
<b>Anorexiants Non-Amphetamine</b>		
ADIPEX-P CAPS ( <i>phentermine hcl</i> )	2	PA; Not available through Mail Order
BENZPHETAMINE HCL TABS ( <i>benzphetamine hcl</i> )	2	PA; Not available through Mail Order
LOMAIRA TABS ( <i>phentermine hcl</i> )	2	PA
<i>phentermine hcl caps</i>	1	PA; Not available through Mail Order
QSYMIA CP24 ( <i>phentermine hcl-topiramate</i> )	2	PA; Not available through Mail Order;QL(1 ea daily)
REGIMEX TABS ( <i>benzphetamine hcl</i> )	2	PA; Not available through Mail Order
<b>Anti-Obesity Agents</b>		
CONTRAVE TB12 ( <i>naltrexone hcl-bupropion hcl</i> )	4	PA; Not available through Mail Order

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=High Cost Drugs  
 GP=Generic Preferred PV=Preventive Drugs AL=Age Limit PA=Prior Authorization  
 QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access  
 RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/ Limits
XENICAL CAPS ( <i>orlistat</i> )	2	PA; Not available through Mail Order
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	1	
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily)
INTUNIV TB24 ( <i>guanfacine hcl (adhd)</i> )	2	QL(1 ea daily)
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG ( <i>atomoxetine hcl</i> )	2	QL(2 ea daily)
STRATTERA CAPS 60 MG, 80 MG, 100 MG ( <i>atomoxetine hcl</i> )	2	
<b>Stimulants - Misc.</b>		
(Methylphenidate Hcl) METADATE ER TBCR	1	QL(90 day(s) limit)
<i>armodafinil tabs</i>	1	PA; ST
CONCERTA TBCR 18 MG, 27 MG, 36 MG ( <i>methylphenidate hcl</i> )	2	QL(1 ea daily)
CONCERTA TBCR 54 MG ( <i>methylphenidate hcl</i> )	2	QL(2 ea daily)
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
FOCALIN TABS ( <i>dexmethylphenidate hcl</i> )	2	QL(2 ea daily)
METHYLIN SOLN 5 MG/5ML ( <i>methylphenidate hcl</i> )	2	
<i>methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	
<i>methylphenidate hcl tabs 20 mg</i>	1	QL(3 ea daily)
<i>methylphenidate hcl tabs 5 mg, 10 mg</i>	1	
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily, 90 day(s) limit)
<i>methylphenidate hcl tb24 36 mg</i>	1	QL(2 ea daily, 90 day(s) limit, 180 ea per fill retail)
<i>methylphenidate hcl tb24 54 mg</i>	1	QL(1 ea daily, 90 ea per fill retail)
<i>methylphenidate hcl tbcR 10 mg</i>	1	QL(1 ea daily, 90 ea per fill retail)
<i>methylphenidate hcl tbcR 18 mg, 27 mg, 36 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl tbcR 20 mg</i>	1	QL(90 day(s) limit)
<i>methylphenidate hcl tbcR 54 mg</i>	1	QL(2 ea daily)
NUVIGIL TABS ( <i>armodafinil</i> )	2	PA; ST
RITALIN TABS 20 MG ( <i>methylphenidate hcl</i> )	2	QL(3 ea daily)
RITALIN TABS 5 MG, 10 MG ( <i>methylphenidate hcl</i> )	2	
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
(Tobramycin) TOBRAMYCIN INHALATION SOLUTION PAK NEBU	1	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
ARIKAYCE SUSP ( <i>amikacin sulfat liposome</i> )	2	PA

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 QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access  
 RX/OTC=Prescription & Over-the-Counter



Drug Name	Drug Tier	Requirements/Limits
BETHKIS NEBU ( <i>tobramycin</i> )	2	
KITABIS PAK NEBU ( <i>tobramycin</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
PAROMOMYCIN SULFATE CAPS ( <i>paromomycin sulfate</i> )	2	
TOBI NEBU ( <i>tobramycin</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
TOBI PODHALER CAPS ( <i>tobramycin</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
<i>tobramycin nebu</i>	1	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
TOBRAMYCIN NEBU ( <i>tobramycin</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ( <i>adalimumab</i> )	4	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML ( <i>adalimumab</i> )	4	PA; ST; Check plan documents for coverage
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML ( <i>adalimumab</i> )	4	PA; ST

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 40 MG/0.4ML ( <i>adalimumab</i> )	4	PA; ST
HUMIRA PEN PNKT 40 MG/0.8ML ( <i>adalimumab</i> )	4	PA; ST; Check plan documents for coverage
HUMIRA PEN-CD/UC/HS STARTER PNKT ( <i>adalimumab</i> )	4	PA; ST; Check plan documents for coverage
HUMIRA PEN-PS/UV STARTER PNKT ( <i>adalimumab</i> )	4	PA; ST; Check plan documents for coverage
HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab</i> )	4	PA; ST
HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	4	PA; ST; Check plan documents for coverage
<b>Antirheumatic - Enzyme Inhibitors</b>		
RINVOQ TB24 ( <i>upadacitinib</i> )	2	PA; ST
XELJANZ TABS 10 MG ( <i>tofacitinib citrate</i> )	2	PA; Not available through Mail Order
XELJANZ TABS 5 MG ( <i>tofacitinib citrate</i> )	2	PA; ST; Not available through Mail Order; QL(2 ea daily); LA
XELJANZ XR TB24 11 MG ( <i>tofacitinib citrate</i> )	2	PA; ST; Not available through Mail Order; QL(1 ea daily); LA
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE TABS ( <i>methotrexate sodium antirheumatic</i> )	2	
<b>Gold Compounds</b>		
RIDAURA CAPS ( <i>auranofin</i> )	2	

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 RX/OTC=Prescription & Over-the-Counter



Drug Name	Drug Tier	Requirements/ Limits
<b>Interleukin-6 Receptor Inhibitors</b>		
KEVZARA SOAJ ( <i>sarilumab</i> )	4	PA; ST; Not covered by all plans under the pharmacy benefit;LA
KEVZARA SOSY ( <i>sarilumab</i> )	4	PA; ST; Not covered by all plans under the pharmacy benefit;LA
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
(Ibuprofen) IBU TABS	1	
ANAPROX DS TABS ( <i>naproxen sodium</i> )	2	
DAYPRO TABS ( <i>oxaprozin</i> )	2	
<i>diclofenac sodium tbec</i>	1	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
<i>etodolac tb24 400 mg, 500 mg, 600 mg</i>	1	QL(2 ea daily)
FELDENE CAPS 10 MG ( <i>piroxicam</i> )	2	
FELDENE CAPS 20 MG ( <i>piroxicam</i> )	2	QL(1 ea daily)
FENOPROFEN CALCIUM CAPS ( <i>fenoprofen calcium</i> )	2	
FENORTHO CAPS ( <i>fenoprofen calcium</i> )	2	
<i>flurbiprofen tabs 50 mg</i>	1	
<i>ibuprofen tabs</i>	1	
INDOCIN SUSP OR 25 MG/5ML ( <i>indomethacin</i> )	2	
<i>indomethacin caps 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>indomethacin cpcr 75 mg</i>	1	
KETOPROFEN CAPS 50 MG, 75 MG ( <i>ketoprofen</i> )	2	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(20 ea per fill retail,20 ea per 30 days retail)
LODINE TABS ( <i>etodolac</i> )	2	
<i>meclofenamate sodium caps</i>	1	
<i>meloxicam tabs 15 mg</i>	1	QL(1 ea daily)
<i>meloxicam tabs 7.5 mg</i>	1	QL(2 ea daily)
MOBIC TABS 15 MG ( <i>meloxicam</i> )	2	QL(1 ea daily)
MOBIC TABS 7.5 MG ( <i>meloxicam</i> )	2	QL(2 ea daily)
<i>nabumetone tabs 500 mg</i>	1	QL(4 ea daily)
<i>nabumetone tabs 750 mg</i>	1	QL(3 ea daily)
NAPROSYN SUSP ( <i>naproxen</i> )	2	
NAPROSYN TABS ( <i>naproxen</i> )	2	
<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 150 mg</i>	1	QL(2 ea daily)
<i>sulindac tabs 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TOLMETIN SODIUM CAPS 400 MG ( <i>tolmetin sodium</i> )	2	
<i>tolmetin sodium tabs 200 mg, 600 mg</i>	1	
<b>Phosphodiesterase 4 (PDE4) Inhibitors</b>		
OTEZLA TABS ( <i>apremilast</i> )	2	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661
OTEZLA TBPK ( <i>apremilast</i> )	2	PA; ST; Must use AcariaHlth Sp Rx 1-844-538-4661
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS 10 MG ( <i>leflunomide</i> )	2	QL(2 ea daily)
ARAVA TABS 20 MG ( <i>leflunomide</i> )	2	QL(1 ea daily)
<i>leflunomide tabs 10 mg</i>	1	QL(2 ea daily)
<i>leflunomide tabs 20 mg</i>	1	QL(1 ea daily)
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT ( <i>etanercept</i> )	4	PA; ST
ENBREL SOLR ( <i>etanercept</i> )	4	PA; ST; Check plan documents for coverage
ENBREL SOSY ( <i>etanercept</i> )	4	PA; ST; Check plan documents for coverage
ENBREL SURECLICK SOAJ ( <i>etanercept</i> )	4	PA; ST; Check plan documents for coverage
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine caps 325 mg-50 mg-40 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325 mg-50 mg-40 mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
<i>butalbital-aspirin-caffeine tabs</i>	1	
ESGIC TABS ( <i>butalbital-acetaminophen-caffeine</i> )	2	
FIORINAL CAPS ( <i>butalbital-aspirin-caffeine</i> )	2	
<b>Salicylates</b>		
<i>choline &amp; mag salicylate liqd</i>	1	
CHOLINE MAGNESIUM TRISALICYLATE LIQD ( <i>choline &amp; mag salicylate</i> )	2	
<i>salsalate tabs</i>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
(Methadone Hcl) METHADOSE TBSO 40 MG	1	
<i>codeine sulfate tabs 15 mg, 30 mg, 60 mg</i>	1	
CODEINE SULFATE TABS 60 MG ( <i>codeine sulfate</i> )	2	
DILAUDID LIQD OR 1 MG/ML ( <i>hydromorphone hcl</i> )	2	

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Drug Name	Drug Tier	Requirements/Limits
DILAUDID TABS OR 2 MG, 4 MG, 8 MG ( <i>hydromorphone hcl</i> )	2	
DOLOPHINE TABS ( <i>methadone hcl</i> )	2	QL(12 ea daily)
DURAGESIC PT72 ( <i>fentanyl</i> )	2	Limit 15 per month;QL(0.5 ea daily)
EXALGO T24A 8 MG, 12 MG, 16 MG ( <i>hydromorphone hcl</i> )	2	QL(4 ea daily)
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	Limit 15 per month;QL(0.5 ea daily)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	
<i>hydromorphone hcl t24a 8 mg, 12 mg, 16 mg</i>	1	QL(4 ea daily)
<i>hydromorphone hcl tabs 2 mg, 4 mg, 8 mg</i>	1	
KADIAN CP24 10 MG ( <i>morphine sulfate</i> )	2	
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG ( <i>morphine sulfate</i> )	2	QL(2 ea daily)
<i>meperidine hcl soln 50 mg/5ml</i>	1	
<i>meperidine hcl tabs 50 mg, 100 mg</i>	1	
MEPERIDINE HCL TABS 50 MG, 100 MG ( <i>meperidine hcl</i> )	2	
<i>methadone hcl tabs 5 mg, 10 mg</i>	1	QL(12 ea daily)
<i>methadone hcl tbso 40 mg</i>	1	
<i>morphine sulfate cp24 or 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	QL(2 ea daily)
MORPHINE SULFATE ER CP24 ( <i>morphine sulfate beads</i> )	2	QL(1 ea daily)
<i>morphine sulfate soln or 20 mg/ml, 10 mg/5ml, 20 mg/5ml, 100 mg/5ml</i>	1	
<i>morphine sulfate supp re 20 mg</i>	1	
MORPHINE SULFATE SUPP RE 30 MG ( <i>morphine sulfate</i> )	2	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	First fill opioids limited to 7 days.
<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(3 ea daily)
MS CONTIN TBCR ( <i>morphine sulfate</i> )	2	QL(3 ea daily)
NUCYNTA ER TB12 ( <i>tapentadol hcl</i> )	2	QL(2 ea daily)
NUCYNTA TABS ( <i>tapentadol hcl</i> )	2	QL(6 ea daily)
<i>oxycodone hcl caps 5 mg</i>	1	
<i>oxycodone hcl conc 100 mg/5ml</i>	1	
<i>oxycodone hcl soln 5 mg/5ml</i>	1	
<i>oxycodone hcl tabs 30 mg</i>	1	QL(4 ea daily)
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
OXYMORPHONE HYDROCHLORIDE ER TB12 ( <i>oxymorphone hcl</i> )	2	QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDEER TB12 ( <i>oxymorphone hcl</i> )	2	QL(2 ea daily)
ROXICODONE TABS 30 MG ( <i>oxycodone hcl</i> )	2	QL(4 ea daily)
ROXICODONE TABS 5 MG, 15 MG ( <i>oxycodone hcl</i> )	2	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
TRAMADOL HYDROCHLORIDE TABS ( <i>tramadol hcl</i> )	2	
ULTRAM TABS ( <i>tramadol hcl</i> )	2	QL(8 ea daily)
<b>Opioid Combinations</b>		
(Hydrocodone-Acetaminophen) LORCET, LORCET PLUS, LORCET HD TABS	1	QL(240 ea per fill retail)
(Hydrocodone-Ibuprofen) IBUDONE TABS	1	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 5 MG-325 MG	1	QL(6 ea daily)
<i>acetaminophen w/ codeine soln 120 mg/5ml-12 mg/5ml</i>	1	
<i>acetaminophen w/ codeine tabs 300 mg-15 mg, 300 mg-30 mg</i>	1	
<i>acetaminophen w/ codeine tabs 300 mg-60 mg</i>	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tabs 5 mg-300 mg, 10 mg-300 mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 7.5 mg-325 mg</i>	1	QL(240 ea per fill retail)
<i>hydrocodone-acetaminophen tabs 7.5 mg-300 mg</i>	1	QL(6 ea daily)
<i>hydrocodone-ibuprofen tabs 200 mg-10 mg</i>	1	Not available through mail order
<i>hydrocodone-ibuprofen tabs 200 mg-5 mg, 200 mg-10 mg, 200 mg-7.5 mg</i>	1	
NORCO TABS ( <i>hydrocodone-acetaminophen</i> )	2	QL(240 ea per fill retail)
<i>oxycodone w/ acetaminophen tabs 5 mg-325 mg</i>	1	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN ( <i>oxycodone w/ acetaminophen</i> )	2	
PERCOCET TABS 5 MG-325 MG ( <i>oxycodone w/ acetaminophen</i> )	2	QL(6 ea daily)
ROXICET SOLN ( <i>oxycodone w/ acetaminophen</i> )	2	
TYLENOL/CODEINE #3 TABS ( <i>acetaminophen w/ codeine</i> )	2	

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Drug Name	Drug Tier	Requirements/Limits
TYLENOL/CODEINE #4 TABS ( <i>acetaminophen w/ codeine</i> )	2	QL(6 ea daily)
<b>Opioid Partial Agonists</b>		
<i>buprenorphine hcl subl 2 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl subl 8 mg</i>	1	QL(4 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8 mg-2 mg, 2 mg-0.5 mg</i>	1	QL(3 ea daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
OXANDRIN TABS 10 MG ( <i>oxandrolone</i> )	2	QL(2 ea daily)
OXANDRIN TABS 2.5 MG ( <i>oxandrolone</i> )	2	
<i>oxandrolone tabs 10 mg</i>	1	QL(2 ea daily)
<i>oxandrolone tabs 2.5 mg</i>	1	
<b>Androgens</b>		
(Testosterone) ANDROGEL GEL 50 MG/5GM	1	QL(10 gm daily)
(Testosterone) TESTIM, VOGELXO GEL	1	QL(10 gm daily)
ANDROGEL GEL 25 MG/2.5GM ( <i>testosterone</i> )	2	QL(10 gm daily)
ANDROGEL GEL 40.5 MG/2.5GM, 20.25 MG/1.25GM ( <i>testosterone</i> )	2	Limited to 300 gms per month;QL(10 gm daily)
ANDROGEL PUMP GEL ( <i>testosterone</i> )	2	Limited to 300 gms per month;QL(10 gm daily)
<i>danazol caps</i>	1	
FORTESTA GEL ( <i>testosterone</i> )	2	QL(3.5 gm daily)

Drug Name	Drug Tier	Requirements/Limits
METHITEST TABS ( <i>methyltestosterone</i> )	2	
METHYLTESTOSTERONE CAPS ( <i>methyltestosterone</i> )	1	
<i>testosterone gel 1 %</i>	1	Limit 300gms per month;QL(10 gm daily)
<i>testosterone gel 1 %, 50 mg/5gm, 25 mg/2.5gm</i>	1	QL(10 gm daily)
<i>testosterone gel 1.62 %, 25 mg/2.5gm, 40.5 mg/2.5gm, 20.25 mg/1.25gm</i>	1	Limited to 300 gms per month;QL(10 gm daily)
<i>testosterone gel 10 mg/act</i>	1	QL(3.5 gm daily)
TESTOSTERONE PUMP GEL ( <i>testosterone</i> )	2	Limit 300gms per month;QL(10 gm daily)
VOGELXO PUMP GEL ( <i>testosterone</i> )	2	Limit 300gms per month;QL(10 gm daily)
<b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
(Hydrocortisone (Intrarectal)) COLOCORT ENEM	1	QL(60 ml daily)
CORTENEMA ENEM ( <i>hydrocortisone intrarectal</i> )	2	QL(60 ml daily)
CORTIFOAM FOAM ( <i>hydrocortisone acetate intrarectal</i> )	2	
<i>hydrocortisone intrarectal enem</i>	1	QL(60 ml daily)
<b>Rectal Combinations</b>		
PROCTOFOAM HC FOAM ( <i>hydrocortisone acetate w/ pramoxine</i> )	2	

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<b>Rectal Steroids</b>		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOZONE-HC, PROCTOSOL HC CREA	1	
ANUSOL-HC CREA ( <i>hydrocortisone (rectal)</i> )	2	
<i>hydrocortisone (rectal) crea</i>	1	
<b>Vasodilating Agents</b>		
RECTIV OINT ( <i>nitroglycerin (intra-anal)</i> )	2	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
BENZNIDAZOLE TABS ( <i>benznidazole</i> )	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE TABS ( <i>praziquantel</i> )	2	
<i>praziquantel tabs</i>	1	
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
FLAGYL CAPS ( <i>metronidazole</i> )	2	
FLAGYL TABS ( <i>metronidazole</i> )	2	
IMPAVIDO CAPS ( <i>miltefosine</i> )	2	
<i>metronidazole caps</i>	1	
<i>metronidazole tabs</i>	1	
NEBUPENT SOLR ( <i>pentamidine isethionate</i> )	2	
<i>pentamidine isethionate solr</i>	1	
<i>trimethoprim tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<b>Anti-infective Misc. - Combinations</b>		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS ( <i>sulfamethoxazole-trimethoprim</i> )	2	
BACTRIM TABS ( <i>sulfamethoxazole-trimethoprim</i> )	2	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
<b>Antiprotozoal Agents</b>		
<i>atovaquone susp</i>	1	
MEPRON SUSP ( <i>atovaquone</i> )	2	
<b>Glycopeptides</b>		
VANCOCIN HCL CAPS ( <i>vancomycin hcl</i> )	2	PA
<i>vancomycin hcl caps</i>	1	PA
<b>Leprostatics</b>		
<i>dapsone tabs 100 mg</i>	1	QL(4 ea daily)
<i>dapsone tabs 25 mg</i>	1	
<b>Lincosamides</b>		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG ( <i>clindamycin hcl</i> )	2	
<i>clindamycin hcl caps</i>	1	
<b>Oxazolidinones</b>		
<i>linezolid susr 100 mg/5ml</i>	1	QL(210 ml per 90 days retail)
<i>linezolid tabs 600 mg</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS ( <i>tedizolid phosphate</i> )	2	QL(6 ea per 90 days retail)

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Drug Name	Drug Tier	Requirements/Limits
ZYVOX SUSR 100 MG/5ML ( <i>linezolid</i> )	2	QL(210 ml per 90 days retail)
ZYVOX TABS 600 MG ( <i>linezolid</i> )	2	QL(20 ea per 90 days retail)
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Nitrates</b>		
(Nitroglycerin) MINITRAN PT24	1	QL(1 ea daily)
ISORDIL TITRADOSE TABS ( <i>isosorbide dinitrate</i> )	2	
ISOSORBIDE DINITRATE ER TBCR ( <i>isosorbide dinitrate</i> )	2	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT ( <i>nitroglycerin</i> )	2	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR ( <i>nitroglycerin</i> )	2	QL(1 ea daily)
NITRO-DUR PT24 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	2	QL(1 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	QL(1 ea daily)
<i>nitroglycerin soln tl 0.4 mg/spray</i>	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROLINGUAL PUMPSPRAY SOLN ( <i>nitroglycerin</i> )	2	
NITROSTAT SUBL ( <i>nitroglycerin</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIANKXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>buspirone hcl tabs</i>	1	
<i>hydroxyzine hcl syrp</i>	1	
<i>hydroxyzine hcl tabs</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
VISTARIL CAPS ( <i>hydroxyzine pamoate</i> )	2	
<b>Benzodiazepines</b>		
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam soln 5 mg/5ml</i>	1	
<i>diazepam tabs 10 mg</i>	1	QL(4 ea daily)
<i>diazepam tabs 2 mg, 5 mg</i>	1	
<i>lorazepam conc</i>	1	
<i>lorazepam tabs</i>	1	
<i>oxazepam caps 10 mg, 15 mg</i>	1	
OXAZEPAM CAPS 10 MG, 15 MG ( <i>oxazepam</i> )	2	
OXAZEPAM CAPS 30 MG ( <i>oxazepam</i> )	2	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TRANXENE T TABS ( <i>clorazepate dipotassium</i> )	2	
VALIUM TABS 10 MG ( <i>diazepam</i> )	2	QL(4 ea daily)
VALIUM TABS 2 MG, 5 MG ( <i>diazepam</i> )	2	
XANAX TABS ( <i>alprazolam</i> )	2	
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS ( <i>disopyramide phosphate</i> )	2	
NORPACE CR CP12 ( <i>disopyramide phosphate</i> )	2	
<i>quinidine gluconate tbc</i>	1	
QUINIDINE SULFATE TABS ( <i>quinidine sulfate</i> )	2	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl caps</i>	1	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)
<i>propafenone hcl tabs 225 mg, 300 mg</i>	1	QL(3 ea daily)
RYTHMOL SR CP12 ( <i>propafenone hcl</i> )	2	
<b>Antiarrhythmics Type III</b>		
(Amiodarone Hcl) PACERONE TABS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl tabs</i>	1	
CORDARONE TABS ( <i>amiodarone hcl</i> )	2	
<i>dofetilide caps</i>	1	
MULTAQ TABS ( <i>dronedarone hcl</i> )	2	
TIKOSYN CAPS ( <i>dofetilide</i> )	2	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu</i>	1	
CROMOLYN SODIUM NEBU ( <i>cromolyn sodium</i> )	2	
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA AERS ( <i>ipratropium bromide hfa</i> )	2	Limit 2 inhalers per month;QL(0.86 gm daily)
INCRUSE ELLIPTA AEPB ( <i>umeclidinium bromide</i> )	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	
SPIRIVA HANDIHALER CAPS ( <i>tiotropium bromide monohydrate</i> )	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	Limit 1 Inhaler per month;QL(0.14 3 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	Limit 1 inhaler per claim;QL(0.14 gm daily)
<b>Leukotriene Modulators</b>		
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>montelukast sodium tabs</b>	1	QL(1 ea daily)
SINGULAIR CHEW ( <b>montelukast sodium</b> )	2	QL(1 ea daily)
SINGULAIR PACK ( <b>montelukast sodium</b> )	2	QL(1 ea daily)
SINGULAIR TABS ( <b>montelukast sodium</b> )	2	QL(1 ea daily)
<b>Steroid Inhalants</b>		
ARNUITY ELLIPTA AEPB ( <b>fluticasone furoate (inhalation)</b> )	2	QL(1 ea daily)
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT ( <b>mometasone furoate (inhalation)</b> )	2	Limit 1 Inhaler per month;QL(0.44 gm daily)
ASMANEX HFA AERO 50 MCG/ACT ( <b>mometasone furoate (inhalation)</b> )	2	
ASMANEX TWISTHALER 120 METERED DOSES AEPB ( <b>mometasone furoate (inhalation)</b> )	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 14 METERED DOSES AEPB ( <b>mometasone furoate (inhalation)</b> )	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 30 METERED DOSES AEPB ( <b>mometasone furoate (inhalation)</b> )	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 60 METERED DOSES AEPB ( <b>mometasone furoate (inhalation)</b> )	2	Limit 1 inhaler per month;QL(0.04 ea daily)
ASMANEX TWISTHALER 7 METERED DOSES AEPB ( <b>mometasone furoate (inhalation)</b> )	2	Limit 1 inhaler per month;QL(0.04 ea daily)
<b>budesonide (inhalation) susp 0.25 mg/2ml</b>	1	QL(8 ml daily)
<b>budesonide (inhalation) susp 0.5 mg/2ml</b>	1	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<b>budesonide (inhalation) susp 1 mg/2ml</b>	1	QL(2 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST ( <b>fluticasone propionate (inhalation)</b> )	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST ( <b>fluticasone propionate (inhalation)</b> )	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST ( <b>fluticasone propionate (inhalation)</b> )	2	QL(40 ea daily)
FLOVENT HFA AERO 110 MCG/ACT, 220 MCG/ACT ( <b>fluticasone propionate hfa</b> )	2	Limit 2 inhalers per month;QL(0.8 gm daily)
FLOVENT HFA AERO 44 MCG/ACT ( <b>fluticasone propionate hfa</b> )	2	Limit 1 Inhaler per month;QL(0.36 gm daily)
PULMICORT FLEXHALER AEPB 180 MCG/ACT ( <b>budesonide (inhalation)</b> )	2	Limit 2 inhalers per month;QL(0.07 ea daily)
PULMICORT FLEXHALER AEPB 90 MCG/ACT ( <b>budesonide (inhalation)</b> )	2	Limit 8 Inhalers per month;QL(0.27 ea daily)
PULMICORT SUSP 0.25 MG/2ML ( <b>budesonide (inhalation)</b> )	2	QL(8 ml daily)
PULMICORT SUSP 0.5 MG/2ML ( <b>budesonide (inhalation)</b> )	2	QL(4 ml daily)
PULMICORT SUSP 1 MG/2ML ( <b>budesonide (inhalation)</b> )	2	QL(2 ml daily)
QVAR REDHALER AERB ( <b>beclomethasone dipropionate hfa</b> )	2	QL(0.72 gm daily)
<b>Sympathomimetics</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone-Salmeterol) WIXELA INHUB AEPB	1	QL(2 ea daily)
ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )	2	QL(2 ea daily)
ADVAIR HFA AERO 21 MCG/ACT-230 MCG/ACT ( <i>fluticasone-salmeterol</i> )	2	Limit 1 Inhaler per month;QL(0.4 gm daily)
ADVAIR HFA AERO 21 MCG/ACT-45 MCG/ACT, 21 MCG/ACT-115 MCG/ACT ( <i>fluticasone-salmeterol</i> )	2	Limit 1 inhaler per month;QL(0.4 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(0.47 gm daily)
<i>albuterol sulfate aers in 108 mcg/act</i>	1	QL(1.2 gm daily)
ALBUTEROL SULFATE ER TB12 ( <i>albuterol sulfate</i> )	2	QL(2 ea daily)
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 0.5 %, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate syrup or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
ANORO ELLIPTA AEPB ( <i>umeclidinium-vilanterol</i> )	2	QL(2 ea daily)
BREO ELLIPTA AEPB ( <i>fluticasone furoate-vilanterol</i> )	2	QL(2 ea daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	2	Limit 1 inhaler per month;QL(0.34 gm daily)
<i>fluticasone-salmeterol aepb</i>	1	QL(2 ea daily)
<i>ipratropium-albuterol soln</i>	1	
<i>levalbuterol hcl nebu</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol tartrate aero</i>	1	QL(0.5 gm daily)
<i>metaproterenol sulfate syrup</i>	1	
<i>metaproterenol sulfate tabs</i>	1	
SEREVENT DISKUS AEPB ( <i>salmeterol xinafoate</i> )	2	QL(2 ea daily)
STIOLTO RESPIMAT AERS ( <i>tiotropium bromide-olodaterol hcl</i> )	2	Limit 1 inhaler per month;QL(0.14 gm daily)
STRIVERDI RESPIMAT AERS ( <i>olodaterol hcl</i> )	2	Limit 1 inhaler per month;QL(0.14 gm daily)
SYMBICORT AERO ( <i>budesonide-formoterol fumarate dihydrate</i> )	2	Limit 1 inhaler per month;QL(0.34 gm daily)
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	QL(2 ea daily)
XOPENEX CONCENTRATE NEBU ( <i>levalbuterol hcl</i> )	2	
XOPENEX NEBU ( <i>levalbuterol hcl</i> )	2	
<b>Xanthines</b>		
THEOPHYLLINE ER TB12 ( <i>theophylline</i> )	2	QL(1 ea daily)
<i>theophylline tb12 100 mg, 200 mg</i>	1	
<i>theophylline tb12 300 mg, 450 mg</i>	1	QL(1 ea daily)
<i>theophylline tb24 400 mg, 600 mg</i>	1	QL(1 ea daily)
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		

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Drug Name	Drug Tier	Requirements/Limits
(Warfarin Sodium) JANTOVEN TABS	1	
COUMADIN TABS ( <i>warfarin sodium</i> )	2	
<i>warfarin sodium tabs</i>	1	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA CAPS ( <i>betrixaban maleate</i> )	2	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TABS ( <i>apixaban</i> )	2	
ELIQUIS TABS 2.5 MG ( <i>apixaban</i> )	2	QL(2 ea daily)
ELIQUIS TABS 5 MG ( <i>apixaban</i> )	2	
XARELTO STARTER PACK TBPB ( <i>rivaroxaban</i> )	2	
XARELTO TABS 10 MG, 15 MG, 2.5 MG ( <i>rivaroxaban</i> )	2	
XARELTO TABS 20 MG ( <i>rivaroxaban</i> )	2	QL(1 ea daily)
<b>Thrombin Inhibitors</b>		
PRADAXA CAPS ( <i>dabigatran etexilate mesylate</i> )	2	
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clonazepam tabs</i>	1	
<i>clonazepam tbdp</i>	1	
KLONOPIN TABS ( <i>clonazepam</i> )	2	
<b>Anticonvulsants - Misc.</b>		
(Carbamazepine) EPITOL TABS	1	

Drug Name	Drug Tier	Requirements/Limits
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/ORANGE, SUBVENITE STARTER KIT/GREEN KIT	1	ST
(Lamotrigine) SUBVENITE TABS	1	
(Levetiracetam) ROWEEPRA TABS 1000 MG	1	QL(3 ea daily)
(Levetiracetam) ROWEEPRA TABS 500 MG, 750 MG	1	QL(6 ea daily)
(Levetiracetam) ROWEEPRA XR TB24	1	QL(4 ea daily)
(Oxcarbazepine) TRILEPTAL SUSP 300 MG/5ML	1	QL(40 ml daily)
BANZEL SUSP 40 MG/ML ( <i>rufinamide</i> )	2	
BANZEL TABS 200 MG ( <i>rufinamide</i> )	2	
BANZEL TABS 400 MG ( <i>rufinamide</i> )	2	QL(8 ea daily)
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg</i>	1	
<i>carbamazepine tb12 200 mg</i>	1	QL(8 ea daily)
<i>carbamazepine tb12 400 mg</i>	1	QL(4 ea daily)
CARBATROL CP12 ( <i>carbamazepine</i> )	2	
<i>gabapentin caps</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<b><i>gabapentin soln</i></b>	1	
<b><i>gabapentin tabs</i></b>	1	
KEPPRA SOLN 100 MG/ML ( <b><i>levetiracetam</i></b> )	2	
KEPPRA TABS 1000 MG ( <b><i>levetiracetam</i></b> )	2	QL(3 ea daily)
KEPPRA TABS 250 MG, 500 MG, 750 MG ( <b><i>levetiracetam</i></b> )	2	QL(6 ea daily)
KEPPRA XR TB24 ( <b><i>levetiracetam</i></b> )	2	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW ( <b><i>lamotrigine</i></b> )	2	
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG ( <b><i>lamotrigine</i></b> )	2	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT ( <b><i>lamotrigine</i></b> )	2	ST
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT ( <b><i>lamotrigine</i></b> )	2	ST
LAMICTAL STARTER/TAKING VALPROATE KIT ( <b><i>lamotrigine</i></b> )	2	ST
LAMICTAL TABS ( <b><i>lamotrigine</i></b> )	2	
<b><i>lamotrigine chew 5 mg, 25 mg</i></b>	1	
<b><i>lamotrigine kit 25 mg</i></b>	1	ST
<b><i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i></b>	1	
<b><i>lamotrigine tbdp 25 mg, 50 mg, 100 mg, 200 mg</i></b>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<b><i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i></b>	1	
<b><i>levetiracetam tabs or 1000 mg</i></b>	1	QL(3 ea daily)
<b><i>levetiracetam tabs or 250 mg, 500 mg, 750 mg</i></b>	1	QL(6 ea daily)
<b><i>levetiracetam tb24 or 500 mg, 750 mg</i></b>	1	QL(4 ea daily)
MYSOLINE TABS ( <b><i>primidone</i></b> )	2	
NEURONTIN CAPS ( <b><i>gabapentin</i></b> )	2	
NEURONTIN SOLN ( <b><i>gabapentin</i></b> )	2	
NEURONTIN TABS ( <b><i>gabapentin</i></b> )	2	
<b><i>oxcarbazepine susp 60 mg/ml, 300 mg/5ml</i></b>	1	QL(40 ml daily)
<b><i>oxcarbazepine tabs 150 mg</i></b>	1	
<b><i>oxcarbazepine tabs 300 mg</i></b>	1	QL(8 ea daily)
<b><i>oxcarbazepine tabs 600 mg</i></b>	1	QL(4 ea daily)
<b><i>primidone tabs</i></b>	1	
TEGRETOL SUSP ( <b><i>carbamazepine</i></b> )	2	
TEGRETOL TABS ( <b><i>carbamazepine</i></b> )	2	
TEGRETOL-XR TB12 100 MG ( <b><i>carbamazepine</i></b> )	2	
TEGRETOL-XR TB12 200 MG ( <b><i>carbamazepine</i></b> )	2	QL(8 ea daily)
TEGRETOL-XR TB12 400 MG ( <b><i>carbamazepine</i></b> )	2	QL(4 ea daily)
TOPAMAX SPRINKLE CPSP ( <b><i>topiramate</i></b> )	2	
TOPAMAX TABS 100 MG ( <b><i>topiramate</i></b> )	2	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TOPAMAX TABS 200 MG ( <i>topiramate</i> )	2	QL(2 ea daily)
TOPAMAX TABS 25 MG ( <i>topiramate</i> )	2	
TOPAMAX TABS 50 MG ( <i>topiramate</i> )	2	QL(8 ea daily)
<i>topiramate csp 15 mg, 25 mg</i>	1	
<i>topiramate tabs 100 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 25 mg</i>	1	
<i>topiramate tabs 50 mg</i>	1	QL(8 ea daily)
TRILEPTAL TABS 150 MG ( <i>oxcarbazepine</i> )	2	
TRILEPTAL TABS 300 MG ( <i>oxcarbazepine</i> )	2	QL(8 ea daily)
TRILEPTAL TABS 600 MG ( <i>oxcarbazepine</i> )	2	QL(4 ea daily)
VIMPAT SOLN 10 MG/ML ( <i>lacosamide</i> )	2	QL(40 ml daily)
VIMPAT TABS 50 MG, 100 MG, 150 MG, 200 MG ( <i>lacosamide</i> )	2	
ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )	2	QL(6 ea daily)
ZONEGRAN CAPS 25 MG ( <i>zonisamide</i> )	2	
<i>zonisamide caps 100 mg</i>	1	QL(6 ea daily)
<i>zonisamide caps 25 mg, 50 mg</i>	1	
<b>Carbamates</b>		
<i>felbamate susp</i>	1	
<i>felbamate tabs</i>	1	
FELBATOL SUSP ( <i>felbamate</i> )	2	
FELBATOL TABS ( <i>felbamate</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
<b>GABA Modulators</b>		
(Vigabatrin) VIGADRONE PACK	1	QL(6 ea daily)
SABRIL PACK ( <i>vigabatrin</i> )	2	QL(6 ea daily)
SABRIL TABS ( <i>vigabatrin</i> )	2	
<i>vigabatrin pack</i>	1	QL(6 ea daily)
<i>vigabatrin tabs</i>	1	
<b>Hydantoins</b>		
(Phenytoin) PHENYTOIN INFATABS CHEW	1	
DILANTIN CAPS 100 MG ( <i>phenytoin sodium extended</i> )	2	
DILANTIN CAPS 30 MG ( <i>phenytoin sodium extended</i> )	2	
DILANTIN INFATABS CHEW ( <i>phenytoin</i> )	2	
DILANTIN-125 SUSP ( <i>phenytoin</i> )	2	
PHENYTEK CAPS ( <i>phenytoin sodium extended</i> )	2	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin susp</i>	1	
<b>Succinimides</b>		
CELONTIN CAPS ( <i>methsuximide</i> )	2	
<i>ethosuximide caps</i>	1	
<i>ethosuximide soln</i>	1	
ZARONTIN CAPS ( <i>ethosuximide</i> )	2	
ZARONTIN SOLN ( <i>ethosuximide</i> )	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Valproic Acid</b>		
DEPAKENE CAPS ( <i>valproic acid</i> )	2	
DEPAKENE SOLN ( <i>valproate sodium</i> )	2	
DEPAKOTE ER TB24 ( <i>divalproex sodium</i> )	2	
DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )	2	
DEPAKOTE TBEC ( <i>divalproex sodium</i> )	2	
<i>divalproex sodium csdr</i>	1	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs</i>	1	
<i>mirtazapine tbdp</i>	1	
REMERON SOLTAB TBDP ( <i>mirtazapine</i> )	2	
REMERON TABS ( <i>mirtazapine</i> )	2	
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs 75 mg, 100 mg</i>	1	
<i>bupropion hcl tb12 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily)
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 ( <i>bupropion hcl</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL TB24 ( <i>bupropion hcl</i> )	2	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
NARDIL TABS ( <i>phenelzine sulfate</i> )	2	
PARNATE TABS ( <i>tranylcypromine sulfate</i> )	2	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
CELEXA TABS ( <i>citalopram hydrobromide</i> )	2	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	
<i>escitalopram oxalate tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl caps 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl caps 40 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(15 ml daily)
<i>fluoxetine hcl tabs 10 mg</i>	1	
<i>fluoxetine hcl tabs 20 mg</i>	1	QL(1 ea daily)
<i>fluvoxamine maleate cp24 100 mg</i>	1	QL(3 ea daily)

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<b>fluvoxamine maleate cp24 150 mg</b>	1	
<b>fluvoxamine maleate tabs 100 mg</b>	1	QL(3 ea daily)
<b>fluvoxamine maleate tabs 25 mg, 50 mg</b>	1	
LEXAPRO TABS 10 MG, 20 MG ( <b>escitalopram oxalate</b> )	2	QL(1 ea daily)
LEXAPRO TABS 5 MG ( <b>escitalopram oxalate</b> )	2	QL(2 ea daily)
<b>paroxetine hcl tabs</b>	1	
<b>paroxetine hcl tb24</b>	1	
PAXIL CR TB24 ( <b>paroxetine hcl</b> )	2	
PAXIL SUSP 10 MG/5ML ( <b>paroxetine hcl</b> )	2	
PAXIL TABS 10 MG, 20 MG, 30 MG, 40 MG ( <b>paroxetine hcl</b> )	2	
PROZAC CAPS 10 MG, 20 MG ( <b>fluoxetine hcl</b> )	2	
PROZAC CAPS 40 MG ( <b>fluoxetine hcl</b> )	2	QL(1 ea daily)
<b>sertraline hcl conc 20 mg/ml</b>	1	
<b>sertraline hcl tabs 25 mg, 50 mg, 100 mg</b>	1	QL(2 ea daily)
ZOLOFT CONC 20 MG/ML ( <b>sertraline hcl</b> )	2	
ZOLOFT TABS 25 MG, 50 MG, 100 MG ( <b>sertraline hcl</b> )	2	QL(2 ea daily)
<b>Serotonin Modulators</b>		
NEFAZODONE HCL TABS 100 MG, 150 MG ( <b>nefazodone hcl</b> )	2	
<b>nefazodone hcl tabs 50 mg, 250 mg</b>	1	

Drug Name	Drug Tier	Requirements/Limits
NEFAZODONE HYDROCHLORIDE TABS ( <b>nefazodone hcl</b> )	2	
<b>trazodone hcl tabs</b>	1	
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
CYMBALTA CPEP ( <b>duloxetine hcl</b> )	2	QL(2 ea daily)
<b>desvenlafaxine succinate tb24</b>	1	QL(1 ea daily)
<b>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</b>	1	QL(2 ea daily)
EFFEXOR XR CP24 150 MG ( <b>venlafaxine hcl</b> )	2	QL(2 ea daily)
EFFEXOR XR CP24 75 MG, 37.5 MG ( <b>venlafaxine hcl</b> )	2	QL(1 ea daily)
PRISTIQ TB24 ( <b>desvenlafaxine succinate</b> )	2	QL(1 ea daily)
<b>venlafaxine hcl cp24 150 mg</b>	1	QL(2 ea daily)
<b>venlafaxine hcl cp24 75 mg, 37.5 mg</b>	1	QL(1 ea daily)
<b>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</b>	1	
<b>venlafaxine hcl tb24 225 mg</b>	1	
<b>venlafaxine hcl tb24 75 mg, 150 mg, 37.5 mg</b>	1	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<b>amitriptyline hcl tabs</b>	1	
AMOXAPINE TABS ( <b>amoxapine</b> )	2	
ANAFRANIL CAPS ( <b>clomipramine hcl</b> )	2	
<b>clomipramine hcl caps</b>	1	
<b>desipramine hcl tabs</b>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxepin hcl caps 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
DOXEPIN HCL CAPS 150 MG ( <i>doxepin hcl</i> )	2	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tabs 10 mg, 25 mg</i>	1	
<i>imipramine hcl tabs 50 mg</i>	1	QL(4 ea daily)
NORPRAMIN TABS ( <i>desipramine hcl</i> )	2	
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML ( <i>nortriptyline hcl</i> )	2	
PAMELOR CAPS ( <i>nortriptyline hcl</i> )	2	
TOFRANIL TABS 10 MG, 25 MG ( <i>imipramine hcl</i> )	2	
TOFRANIL TABS 50 MG ( <i>imipramine hcl</i> )	2	QL(4 ea daily)
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose tabs</i>	1	
PRECOSE TABS ( <i>acarbose</i> )	2	
<b>Antidiabetic Combinations</b>		
ACTOPLUS MET TABS ( <i>pioglitazone hcl-metformin hcl</i> )	2	
DUETACT TABS ( <i>pioglitazone hcl-glimepiride</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide-metformin hcl tabs</i>	1	
GLUCOVANCE TABS ( <i>glyburide-metformin</i> )	2	
<i>glyburide-metformin tabs</i>	1	
GLYXAMBI TABS ( <i>empagliflozin-linagliptin</i> )	2	
INVOKAMET TABS ( <i>canagliflozin-metformin hcl</i> )	2	
INVOKAMET XR TB24 ( <i>canagliflozin-metformin hcl</i> )	2	
JANUMET TABS 50 MG-1000 MG ( <i>sitagliptin-metformin hcl</i> )	2	
JANUMET TABS 50 MG-500 MG ( <i>sitagliptin-metformin hcl</i> )	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG ( <i>sitagliptin-metformin hcl</i> )	2	QL(1 ea daily)
JANUMET XR TB24 50 MG-500 MG, 50 MG-1000 MG ( <i>sitagliptin-metformin hcl</i> )	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride tabs</i>	1	
<i>pioglitazone hcl-metformin hcl tabs</i>	1	
SYNJARDY TABS ( <i>empagliflozin-metformin hcl</i> )	2	
SYNJARDY XR TB24 ( <i>empagliflozin-metformin hcl</i> )	2	
<b>Biguanides</b>		
GLUCOPHAGE TABS ( <i>metformin hcl</i> )	2	

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Drug Name	Drug Tier	Requirements/Limits
GLUCOPHAGE XR TB24 ( <i>metformin hcl</i> )	2	
<i>metformin hcl tabs 500 mg, 850 mg, 1000 mg</i>	1	
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
<b>Diabetic Other</b>		
BAQSIMI ONE PACK POWD ( <i>glucagon</i> )	2	PA; QL(2 ea per 30 days retail)
BAQSIMI TWO PACK POWD ( <i>glucagon</i> )	2	PA; QL(2 ea per 30 days retail)
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
JANUVIA TABS 25 MG ( <i>sitagliptin phosphate</i> )	2	
JANUVIA TABS 50 MG, 100 MG ( <i>sitagliptin phosphate</i> )	2	QL(1 ea daily)
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS 15 MG ( <i>pioglitazone hcl</i> )	2	
ACTOS TABS 30 MG, 45 MG ( <i>pioglitazone hcl</i> )	2	QL(1 ea daily)
AVANDIA TABS ( <i>rosiglitazone maleate</i> )	2	
<i>pioglitazone hcl tabs 15 mg</i>	1	
<i>pioglitazone hcl tabs 30 mg, 45 mg</i>	1	QL(1 ea daily)
<b>Insulin</b>		
HUMALOG JUNIOR KWIKPEN SOPN ( <i>insulin lispro</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML ( <i>insulin lispro</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML ( <i>insulin lispro</i> )	2	Limit 24mls per month;QL(0.8 ml daily)

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN SUPN ( <i>insulin lispro protamine &amp; lispro</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 50/50 SUSP ( <i>insulin lispro protamine &amp; lispro</i> )	2	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN ( <i>insulin lispro protamine &amp; lispro</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP ( <i>insulin lispro protamine &amp; lispro</i> )	2	Limit 40mls per month;QL(1.34 ml daily)
HUMALOG SOCT ( <i>insulin lispro</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
HUMALOG SOLN ( <i>insulin lispro</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 KWIKPEN SUPN ( <i>insulin nph isophane &amp; reg (human)</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN 70/30 SUSP ( <i>insulin nph isophane &amp; reg (human)</i> )	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN 70/30 SUSP ( <i>insulin nph isophane &amp; reg (human)</i> )	2	Limit 4 vials per month;QL(1.34 ml daily)
HUMULIN N KWIKPEN SUPN ( <i>insulin nph (human)</i> (isophane))	2	Limit 45mls per month;QL(1.5 ml daily)
HUMULIN N SUSP ( <i>insulin nph (human)</i> (isophane))	2	QL(1.34 ml daily)
HUMULIN R SOLN ( <i>insulin regular (human)</i> )	2	Limit 40mls per month;QL(1.34 ml daily)
HUMULIN R SOLN ( <i>insulin regular (human)</i> )	2	Limit 45mls per month;QL(1.5 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 ( <b>CONCENTRATED</b> ) SOLN (insulin regular (human))	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN ( <i>insulin regular (human)</i> )	2	QL(40 ml per fill retail,40 ml per 30 days retail)
<i>insulin aspart sopn</i>	1	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN ( <i>insulin lispro protamine &amp; lispro</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLN ( <i>insulin glargine</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
LANTUS SOLOSTAR SOPN ( <i>insulin glargine</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
LEVEMIR FLEXTOUCH SOPN ( <i>insulin detemir</i> )	2	Limit 45mls per month;QL(1.5 ml daily,135 ml per fill mail)
LEVEMIR SOLN ( <i>insulin detemir</i> )	2	Limit 45mls per month;QL(1.5 ml daily,135 ml per fill mail)
TOUJEO MAX SOLOSTAR SOPN ( <i>insulin glargine</i> )	2	Limit 2 pens per month;QL(0.2 ml daily)
TOUJEO SOLOSTAR SOPN ( <i>insulin glargine</i> )	2	Limit 3 pens per month;QL(0.15 ml daily)
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML ( <i>insulin degludec</i> )	2	Limit 45mls per month;QL(1.5 ml daily)
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML ( <i>insulin degludec</i> )	2	Limit 27mls per month;QL(0.9 ml daily)
TRESIBA SOLN ( <i>insulin degludec</i> )	2	
<b>Meglitinide Analogues</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide tabs</i>	1	
PRANDIN TABS ( <i>repaglinide</i> )	2	
<i>repaglinide tabs</i>	1	
STARLIX TABS ( <i>nateglinide</i> )	2	
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
INVOKANA TABS 100 MG ( <i>canagliflozin</i> )	2	
INVOKANA TABS 300 MG ( <i>canagliflozin</i> )	2	QL(1 ea daily)
JARDIANCE TABS ( <i>empagliflozin</i> )	2	QL(1 ea daily)
<b>Sulfonylureas</b>		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL TABS ( <i>glimepiride</i> )	2	
<i>chlorpropamide tabs</i>	1	
<i>glimepiride tabs</i>	1	
<i>glipizide tabs</i>	1	
<i>glipizide tb24</i>	1	
GLUCOTROL TABS ( <i>glipizide</i> )	2	
GLUCOTROL XL TB24 ( <i>glipizide</i> )	2	
<i>glyburide micronized tabs</i>	1	
<i>glyburide tabs</i>	1	
GLYNASE TABS ( <i>glyburide micronized</i> )	2	
TOLAZAMIDE TABS 250 MG ( <i>tolazamide</i> )	2	
<i>tolazamide tabs 500 mg</i>	1	
<i>tolbutamide tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
LOMOTIL TABS ( <i>diphenoxylate w/ atropine</i> )	2	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
Antidotes - Chelating Agents		
<i>deferasirox tabs 90 mg, 180 mg, 360 mg</i>	1	PA
JADENU TABS ( <i>deferasirox</i> )	2	PA
Opioid Antagonists		
<i>naltrexone hcl tabs</i>	1	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl soln 4 mg/5ml</i>	1	Limit 50mls per month;QL(1.67 ml daily,50 ml per fill retail)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	1	QL(20 ea per fill retail)
<i>ondansetron tbdp</i>	1	QL(20 ea per fill retail)
ZOFRAN ODT TBDP ( <i>ondansetron</i> )	2	QL(20 ea per fill retail)
ZOFRAN SOLN 4 MG/5ML ( <i>ondansetron hcl</i> )	2	Limit 50mls per month;QL(1.67 ml daily,50 ml per fill retail)
ZOFRAN TABS 4 MG, 8 MG ( <i>ondansetron hcl</i> )	2	QL(20 ea per fill retail)
Antiemetics - Anticholinergic		

Drug Name	Drug Tier	Requirements/Limits
TIGAN CAPS ( <i>trimethobenzamide hcl</i> )	2	
<i>trimethobenzamide hcl caps</i>	1	
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
Antifungals		
GRIS-PEG TABS ( <i>griseofulvin ultramicrosize</i> )	2	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily,90 ea per 365 days retail)
Imidazole-Related Antifungals		
DIFLUCAN SUSR ( <i>fluconazole</i> )	2	
DIFLUCAN TABS ( <i>fluconazole</i> )	2	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	1	PA; ST
<i>itraconazole soln 10 mg/ml</i>	1	PA
<i>ketoconazole tabs</i>	1	
SPORANOX CAPS 100 MG ( <i>itraconazole</i> )	2	PA; ST
SPORANOX PULSEPAK CAPS ( <i>itraconazole</i> )	2	PA; ST
SPORANOX SOLN 10 MG/ML ( <i>itraconazole</i> )	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
TOLSURA CAPS ( <i>itraconazole</i> )	2	PA
VFEND SUSR 40 MG/ML ( <i>voriconazole</i> )	2	
VFEND TABS 50 MG, 200 MG ( <i>voriconazole</i> )	2	QL(2 ea daily)
<i>voriconazole susr or 40 mg/ml</i>	1	
<i>voriconazole tabs or 50 mg, 200 mg</i>	1	QL(2 ea daily)
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
CARBINOXAMINE MALEATE SOLN 4 MG/5ML ( <i>carbinoxamine maleate</i> )	2	
CLEMASTINE FUMARATE TABS ( <i>clemastine fumarate</i> )	2	
Antihistamines - Phenothiazines		
(Promethazine Hcl) PHENADOZ SUPP	1	
(Promethazine Hcl) PROMETHEGAN SUPP 25 MG, 12.5 MG	1	
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppre 25 mg, 12.5 mg</i>	1	
<i>promethazine hcl suppre 50 mg</i>	1	QL(3 ea daily)
<i>promethazine hcl syrup or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 12.5 mg</i>	1	
<i>promethazine hcl tabs or 25 mg</i>	1	QL(6 ea daily)
<i>promethazine hcl tabs or 50 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PROMETHEGAN SUPP 50 MG ( <i>promethazine hcl</i> )	2	QL(3 ea daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
VYTORIN TABS ( <i>ezetimibe-simvastatin</i> )	2	QL(1 ea daily)
Antihyperlipidemics - Misc.		
(Omega-3-Acid Ethyl Esters) TRIKLO CAPS	1	QL(4 ea daily)
LOVAZA CAPS ( <i>omega-3-acid ethyl esters</i> )	2	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE POWD 4 GM/DOSE	1	
<i>cholestyramine light powd 4 gm/dose</i>	1	
<i>cholestyramine powd or 4 gm/dose</i>	1	
COLESTID FLAVORED GRAN 5 GM ( <i>colestipol hcl</i> )	2	
COLESTID GRAN 5 GM ( <i>colestipol hcl</i> )	2	
COLESTID TABS 1 GM ( <i>colestipol hcl</i> )	2	
<i>colestipol hcl gran 5 gm</i>	1	
<i>colestipol hcl tabs 1 gm</i>	1	
QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> )	2	

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Drug Name	Drug Tier	Requirements/Limits
QUESTRAN POWD 4 GM/DOSE ( <i>cholestyramine</i> )	2	
<b>Fibric Acid Derivatives</b>		
<i>choline fenofibrate cpdr 135 mg</i>	1	QL(1 ea daily)
<i>choline fenofibrate cpdr 45 mg</i>	1	
<i>fenofibrate micronized caps 130 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate micronized caps 43 mg, 67 mg, 134 mg</i>	1	
<i>fenofibrate tabs 145 mg, 160 mg</i>	1	QL(1 ea daily)
FENOFIBRATE TABS 160 MG ( <i>fenofibrate</i> )	2	QL(1 ea daily)
<i>fenofibrate tabs 48 mg</i>	1	
<i>fenofibrate tabs 54 mg</i>	1	QL(2 ea daily)
<i>gemfibrozil tabs</i>	1	
LOPID TABS ( <i>gemfibrozil</i> )	2	
TRICOR TABS 145 MG ( <i>fenofibrate</i> )	2	QL(1 ea daily)
TRICOR TABS 48 MG ( <i>fenofibrate</i> )	2	
TRIGLIDE TABS ( <i>fenofibrate</i> )	2	QL(1 ea daily)
TRILIPIX CPDR 135 MG ( <i>choline fenofibrate</i> )	2	QL(1 ea daily)
TRILIPIX CPDR 45 MG ( <i>choline fenofibrate</i> )	2	
<b>HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS ( <i>rosuvastatin calcium</i> )	2	QL(1 ea daily)
<i>fluvastatin sodium caps</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium tb24</i>	1	QL(1 ea daily)
LESCOL XL TB24 ( <i>fluvastatin sodium</i> )	2	QL(1 ea daily)
LIPITOR TABS ( <i>atorvastatin calcium</i> )	2	QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	\$0 copay for Generic only, age 40 to 75 QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
<i>lovastatin tabs 40 mg</i>	1	\$0 copay for Generic only, age 40 to 75; SL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV
PRAVACHOL TABS 20 MG, 80 MG ( <i>pravastatin sodium</i> )	2	QL(1 ea daily)
PRAVACHOL TABS 40 MG ( <i>pravastatin sodium</i> )	2	QL(2 ea daily)
<i>pravastatin sodium tabs 10 mg, 20 mg, 80 mg</i>	1	QL(1 ea daily)
<i>pravastatin sodium tabs 40 mg</i>	1	QL(2 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs 5 mg, 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL(1 ea daily)
ZOCOR TABS ( <i>simvastatin</i> )	2	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe tabs</i>	1	
ZETIA TABS ( <i>ezetimibe</i> )	2	
<b>Nicotinic Acid Derivatives</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<i>niacin</i> ( <i>antihyperlipidemic</i> ) <i>tbc</i>	1	
NIASPAN TBCR ( <i>niacin</i> ( <i>antihyperlipidemic</i> ))	2	
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL TABS ( <i>quinapril hcl</i> )	2	
ALTACE CAPS ( <i>ramipril</i> )	2	QL(2 ea daily)
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	QL(2 ea daily)
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs 40 mg</i>	1	QL(2 ea daily)
<i>lisinopril tabs 5 mg, 10 mg, 20 mg, 30 mg, 2.5 mg</i>	1	
LOTENSIN TABS ( <i>benazepril hcl</i> )	2	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS ( <i>lisinopril</i> )	2	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	QL(2 ea daily)
<i>trandolapril tabs</i>	1	
VASOTEC TABS ( <i>enalapril maleate</i> )	2	QL(2 ea daily)
ZESTRIL TABS 40 MG ( <i>lisinopril</i> )	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 2.5 MG ( <i>lisinopril</i> )	2	
<b>Agents for Pheochromocytoma</b>		
DIBENZYLIN CAPS ( <i>phenoxybenzamine hcl</i> )	2	Not available through mail
<i>phenoxybenzamine hcl caps</i>	1	Not available through mail
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND TABS 32 MG ( <i>candesartan cilexetil</i> )	2	QL(1 ea daily)
ATACAND TABS 4 MG, 8 MG, 16 MG ( <i>candesartan cilexetil</i> )	2	
AVAPRO TABS ( <i>irbesartan</i> )	2	
BENICAR TABS 40 MG ( <i>olmesartan medoxomil</i> )	2	QL(1 ea daily)
BENICAR TABS 5 MG, 20 MG ( <i>olmesartan medoxomil</i> )	2	
<i>candesartan cilexetil tabs 32 mg</i>	1	QL(1 ea daily)
<i>candesartan cilexetil tabs 4 mg, 8 mg, 16 mg</i>	1	
COZAAR TABS ( <i>losartan potassium</i> )	2	
DIOVAN TABS 160 MG ( <i>valsartan</i> )	2	QL(2 ea daily)
DIOVAN TABS 40 MG, 80 MG, 320 MG ( <i>valsartan</i> )	2	
EPROSARTAN MESYLATE TABS ( <i>eprosartan mesylate</i> )	2	
<i>irbesartan tabs</i>	1	
<i>losartan potassium tabs or 25 mg, 50 mg, 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MICARDIS TABS 20 MG, 40 MG ( <i>telmisartan</i> )	2	
MICARDIS TABS 80 MG ( <i>telmisartan</i> )	2	QL(1 ea daily)
<i>olmesartan medoxomil tabs 40 mg</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil tabs 5 mg, 20 mg</i>	1	
<i>telmisartan tabs 20 mg, 40 mg</i>	1	
<i>telmisartan tabs 80 mg</i>	1	QL(1 ea daily)
<i>valsartan tabs 160 mg</i>	1	QL(2 ea daily)
<i>valsartan tabs 40 mg, 80 mg, 320 mg</i>	1	
<b>Antiadrenergic Antihypertensives</b>		
CARDURA TABS ( <i>doxazosin mesylate</i> )	2	
CATAPRES TABS ( <i>clonidine hcl</i> )	2	
<i>clonidine hcl tabs</i>	1	
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	
MINIPRESS CAPS ( <i>prazosin hcl</i> )	2	
<i>prazosin hcl caps</i>	1	
<i>terazosin hcl caps 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl caps 10 mg</i>	1	QL(2 ea daily)
<b>Antihypertensive Combinations</b>		
ACCURETIC TABS 10 MG-12.5 MG, 20 MG-12.5 MG ( <i>quinapril-hydrochlorothiazide</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
ACCURETIC TABS 20 MG-25 MG ( <i>quinapril-hydrochlorothiazide</i> )	2	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl caps 2.5 mg-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl caps 5 mg-10 mg, 5 mg-20 mg, 5 mg-40 mg, 10 mg-20 mg, 10 mg-40 mg</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan tabs 160 mg-10 mg</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan tabs 160 mg-5 mg, 320 mg-5 mg, 320 mg-10 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS ( <i>candesartan cilexetil-hydrochlorothiazide</i> )	2	
<i>atenolol &amp; chlorthalidone tabs</i>	1	
AVALIDE TABS ( <i>irbesartan-hydrochlorothiazide</i> )	2	
<i>benazepril &amp; hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS 20 MG-12.5 MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	2	
BENICAR HCT TABS 40 MG-25 MG, 40 MG-12.5 MG ( <i>olmesartan medoxomil-hydrochlorothiazide</i> )	2	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol &amp; hydrochlorothiazide tabs</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
<i>captopril &amp; hydrochlorothiazide tabs</i>	1	
DIOVAN HCT TABS 160 MG-25 MG ( <i>valsartan-hydrochlorothiazide</i> )	2	QL(1 ea daily)
DIOVAN HCT TABS 320 MG-25 MG, 80 MG-12.5 MG, 160 MG-12.5 MG, 320 MG-12.5 MG ( <i>valsartan-hydrochlorothiazide</i> )	2	
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS ( <i>amlodipine-valsartan-hydrochlorothiazide</i> )	2	
EXFORGE TABS 160 MG-10 MG ( <i>amlodipine besylate-valsartan</i> )	2	QL(1 ea daily)
EXFORGE TABS 160 MG-5 MG, 320 MG-5 MG, 320 MG-10 MG ( <i>amlodipine besylate-valsartan</i> )	2	
<i>fosinopril sodium &amp; hydrochlorothiazide tabs</i>	1	
HYZAAR TABS ( <i>losartan potassium &amp; hydrochlorothiazide</i> )	2	
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tabs 10 mg-12.5 mg, 20 mg-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril &amp; hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(2 ea daily)
LOPRESSOR HCT TABS ( <i>metoprolol &amp; hydrochlorothiazide</i> )	2	
<i>losartan potassium &amp; hydrochlorothiazide tabs</i>	1	
LOTENSIN HCT TABS ( <i>benazepril &amp; hydrochlorothiazide</i> )	2	
LOTREL CAPS ( <i>amlodipine besylate-benazepril hcl</i> )	2	QL(1 ea daily)
<i>methyldopa &amp; hydrochlorothiazide tabs</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tabs</i>	1	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS ( <i>metoprolol &amp; hydrochlorothiazide</i> )	2	
MICARDIS HCT TABS ( <i>telmisartan-hydrochlorothiazide</i> )	2	
<i>moexipril-hydrochlorothiazide tabs</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs 20 mg-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tabs 40 mg-25 mg, 40 mg-12.5 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol &amp; hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg, 20 mg-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(1 ea daily)
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS ( <i>atenolol &amp; chlorthalidone</i> )	2	
TENORETIC 50 TABS ( <i>atenolol &amp; chlorthalidone</i> )	2	
TRIBENZOR TABS ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )	2	ST
TWYNSTA TABS ( <i>telmisartan-amlodipine</i> )	2	
<i>valsartan-hydrochlorothiazide tabs 160 mg-25 mg</i>	1	QL(1 ea daily)
<i>valsartan-hydrochlorothiazide tabs 320 mg-25 mg, 80 mg-12.5 mg, 160 mg-12.5 mg, 320 mg-12.5 mg</i>	1	
VASERETIC TABS ( <i>enalapril maleate &amp; hydrochlorothiazide</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
ZESTORETIC TABS 10 MG-12.5 MG, 20 MG-12.5 MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )	2	
ZESTORETIC TABS 20 MG-25 MG ( <i>lisinopril &amp; hydrochlorothiazide</i> )	2	QL(2 ea daily)
ZIAC TABS ( <i>bisoprolol &amp; hydrochlorothiazide</i> )	2	
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	1	
INSPRA TABS ( <i>eplerenone</i> )	2	
<b>Vasodilators</b>		
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tabs 62.5 mg-25 mg</i>	1	
COARTEM TABS ( <i>artemether-lumefantrine</i> )	2	QL(0.8 ea daily)
MALARONE TABS 62.5 MG-25 MG ( <i>atovaquone-proguanil hcl</i> )	2	
<b>Antimalarials</b>		
<i>chloroquine phosphate tabs 250 mg, 500 mg</i>	1	
CHLOROQUINE PHOSPHATE TABS 500 MG ( <i>chloroquine phosphate</i> )	2	
<i>hydroxychloroquine sulfate tabs</i>	1	
KRINTAFEL TABS ( <i>tafenoquine succinate</i> )	2	QL(2 ea per 30 days retail)

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Drug Name	Drug Tier	Requirements/Limits
MEFLOQUINE HCL TABS ( <i>mefloquine hcl</i> )	2	QL(6 ea per fill retail)
PLAQUENIL TABS ( <i>hydroxychloroquine sulfate</i> )	2	
<i>primaquine phosphate tabs</i>	1	
PRIMAQUINE PHOSPHATE TABS ( <i>primaquine phosphate</i> )	2	
QUALAQUIN CAPS ( <i>quinine sulfate</i> )	2	PA; QL(2 ea daily)
<i>quinine sulfate caps</i>	1	PA; QL(2 ea daily)

### ANTIMYASTHENIC/CHOLINERGIC AGENTS

#### Antimyasthenic/Cholinergic Agents

MESTINON TABS 60 MG ( <i>pyridostigmine bromide</i> )	2	
MESTINON TIMESPAN TBCR ( <i>pyridostigmine bromide</i> )	2	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcrcr 180 mg</i>	1	

### ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)

#### Anti TB Combinations

RIFAMATE CAPS ( <i>isoniazid &amp; rifampin</i> )	2	
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#### Antimycobacterial Agents

<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syrps</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL TABS ( <i>ethambutol hcl</i> )	2	
MYCOBUTIN CAPS ( <i>rifabutin</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN TABS ( <i>rifapentine</i> )	2	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	
RIFADIN CAPS ( <i>rifampin</i> )	2	
<i>rifampin caps</i>	1	
TRECTOR TABS ( <i>ethionamide</i> )	2	

### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer

#### Alkylating Agents

ALKERAN TABS ( <i>melphalan</i> )	2	AC
<i>cyclophosphamide caps 50 mg</i>	1	
GLEOSTINE CAPS ( <i>lomustine</i> )	2	New commercial members to be referred to AcariaHealth;L A; AC
HEXALEN CAPS ( <i>altretamine</i> )	2	AC
LEUKERAN TABS ( <i>chlorambucil</i> )	2	AC
<i>melphalan tabs</i>	1	AC
MYLERAN TABS ( <i>busulfan</i> )	2	AC
TEMODAR CAPS ( <i>temozolomide</i> )	2	AC
<i>temozolomide caps</i>	1	AC
Antimetabolites		
<i>capecitabine tabs</i>	1	AC
<i>mercaptopurine tabs</i>	1	AC
<i>methotrexate sodium tabs or 2.5 mg</i>	1	AC

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Drug Name	Drug Tier	Requirements/ Limits
TABLOID TABS ( <i>thioguanine</i> )	2	AC
XATMEP SOLN ( <i>methotrexate</i> )	2	PA; LA; AC
XELODA TABS ( <i>capecitabine</i> )	2	AC
<b>Antineoplastic - BCL-2 Inhibitors</b>		
VENCLEXTA STARTING PACK TBPK ( <i>venetoclax</i> )	2	PA; AC
VENCLEXTA TABS 10 MG ( <i>venetoclax</i> )	2	PA; QL(2 ea daily); AC
VENCLEXTA TABS 100 MG ( <i>venetoclax</i> )	2	PA; QL(4 ea daily); AC
VENCLEXTA TABS 50 MG ( <i>venetoclax</i> )	2	PA; AC
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO TABS ( <i>glasdegib maleate</i> )	2	PA
ERIVEDGE CAPS ( <i>vismodegib</i> )	2	AC
ODOMZO CAPS ( <i>sonidegib phosphate</i> )	2	AC
<b>Antineoplastic - Hormonal and Related Agents</b>		
<i>abiraterone acetate tabs</i>	1	PA; New commercial members to be referred to AcariaHealth; LA; AC
<i>anastrozole tabs</i>	1	QL(1 ea daily); AC
ARIMIDEX TABS ( <i>anastrozole</i> )	2	QL(1 ea daily); AC
AROMASIN TABS ( <i>exemestane</i> )	2	AC
<i>bicalutamide tabs</i>	1	QL(1 ea daily); AC
CASODEX TABS ( <i>bicalutamide</i> )	2	QL(1 ea daily); AC
EMCYT CAPS ( <i>estramustine phosphate sodium</i> )	2	AC

Drug Name	Drug Tier	Requirements/ Limits
<i>exemestane tabs</i>	1	AC
FARESTON TABS ( <i>toremifene citrate</i> )	2	AC
FEMARA TABS ( <i>letrozole</i> )	2	AC
<i>flutamide caps</i>	1	AC
<i>letrozole tabs</i>	1	AC
LYSODREN TABS ( <i>mitotane</i> )	2	AC
<i>megestrol acetate susp</i>	1	AC
<i>megestrol acetate tabs</i>	1	AC
NILANDRON TABS ( <i>nilutamide</i> )	2	AC
<i>nilutamide tabs</i>	1	AC
NUBEQA TABS ( <i>darolutamide</i> )	2	PA
<i>tamoxifen citrate tabs</i>	1	PV; AC
<i>toremifene citrate tabs</i>	1	AC
ZYTIGA TABS 250 MG ( <i>abiraterone acetate</i> )	2	PA; New commercial members to be referred to AcariaHealth; LA; AC
ZYTIGA TABS 500 MG ( <i>abiraterone acetate</i> )	2	PA; LA; AC
<b>Antineoplastic - Immunomodulators</b>		
POMALYST CAPS ( <i>pomalidomide</i> )	2	LA; AC
<b>Antineoplastic - XPO1 Inhibitors</b>		
XPOVIO 100 MG ONCE WEEKLY TBPK ( <i>selinexor</i> )	2	PA
XPOVIO 60 MG ONCE WEEKLY TBPK ( <i>selinexor</i> )	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
XPOVIO 80 MG ONCE WEEKLY TBPK ( <i>selinexor</i> )	2	PA
XPOVIO 80 MG TWICE WEEKLY TBPK ( <i>selinexor</i> )	2	PA
<b>Antineoplastic Combinations</b>		
KISQALI FEMARA 200 DOSE TBPK ( <i>ribociclib succinate-letrozole</i> )	2	PA; Must use AcariaHlth SP pharmacy 1-844-538-4661 ;LA
KISQALI FEMARA 400 DOSE TBPK ( <i>ribociclib succinate-letrozole</i> )	2	PA; Must use AcariaHlth SP pharmacy 1-844-538-4661 ;LA
KISQALI FEMARA 600 DOSE TBPK ( <i>ribociclib succinate-letrozole</i> )	2	PA; Must use AcariaHlth SP pharmacy 1-844-538-4661 ;LA
LONSURF TABS ( <i>trifluridine-tipiracil</i> )	2	PA; SP; AC
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR TABS 2.5 MG ( <i>everolimus</i> )	2	PA; AC
ALECENSA CAPS ( <i>alectinib hcl</i> )	2	PA; AC
ALUNBRIG TABS ( <i>brigatinib</i> )	2	PA; AC
ALUNBRIG TBPK ( <i>brigatinib</i> )	2	PA; AC
BALVERSA TABS ( <i>erdafitinib</i> )	2	PA; AC
BRAFTOVI CAPS ( <i>encorafenib</i> )	2	PA
CABOMETYX TABS ( <i>cabozantinib s-malate</i> )	2	PA; AC
CAPRELSA TABS ( <i>vandetanib</i> )	2	AC
COMETRIQ KIT ( <i>cabozantinib s-malate</i> )	2	LA; AC

Drug Name	Drug Tier	Requirements/ Limits
COTELLIC TABS ( <i>cobimetinib fumarate</i> )	2	PA; AC
<i>erlotinib hcl tabs</i>	1	PA; New commercial members to be referred to AcariaHealth;L A; AC
<i>everolimus tabs 2.5 mg</i>	1	PA; AC
FARYDAK CAPS ( <i>panobinostat lactate</i> )	2	PA; AC
GILOTRIF TABS ( <i>afatinib dimaleate</i> )	2	PA; AC
GLEEVEC TABS ( <i>imatinib mesylate</i> )	2	AC
IBRANCE CAPS 75 MG, 100 MG, 125 MG ( <i>palbociclib</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
IBRANCE TABS 75 MG, 100 MG, 125 MG ( <i>palbociclib</i> )	2	PA
IDHIFA TABS ( <i>enasidenib mesylate</i> )	2	PA; LA; AC
<i>imatinib mesylate tabs</i>	1	AC
IMBRUVICA CAPS 140 MG ( <i>ibrutinib</i> )	2	PA; LA; AC
IMBRUVICA CAPS 70 MG ( <i>ibrutinib</i> )	2	PA; AC
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	2	PA; QL(1 ea daily); AC
IRESSA TABS ( <i>gefitinib</i> )	2	AC
JAKAFI TABS ( <i>ruxolitinib phosphate</i> )	2	AC
KISQALI TBPK ( <i>ribociclib succinate</i> )	2	PA; Must use AcariaHlth SP pharmacy 1-844-538-4661 ;LA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	2	PA; AC
LENVIMA 14 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	2	PA; AC
LENVIMA 18 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	2	PA; LA; AC
LENVIMA 20 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	2	PA; AC
LENVIMA 24 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	2	PA; AC
LENVIMA 4 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	2	PA; AC
LENVIMA 8 MG DAILY DOSE CPPK ( <i>lenvatinib mesylate</i> )	2	PA; LA; AC
LORBRENA TABS ( <i>lorlatinib</i> )	2	PA
LYNPARZA CAPS 50 MG ( <i>olaparib</i> )	2	PA; AC
LYNPARZA TABS 100 MG, 150 MG ( <i>olaparib</i> )	2	PA; Refer to Accredo SP Rx;AC
MEKINIST TABS ( <i>trametinib dimethyl sulfoxide</i> )	2	PA; LA; AC
MEKTOVI TABS ( <i>binimetinib</i> )	2	PA
NERLYNX TABS ( <i>neratinib maleate</i> )	2	PA; AC
NEXAVAR TABS ( <i>sorafenib tosylate</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
NINLARO CAPS ( <i>ixazomib citrate</i> )	2	PA; AC
PIQRAY 200MG DAILY DOSE TBPK ( <i>alpelisib</i> )	2	PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG DAILY DOSE TBPK ( <i>alpelisib</i> )	2	PA
PIQRAY 300MG DAILY DOSE TBPK ( <i>alpelisib</i> )	2	PA
RUBRACA TABS ( <i>rucaparib camsylate</i> )	2	PA; LA; AC
RYDAPT CAPS ( <i>midostaurin</i> )	2	PA; AC
SPRYCEL TABS ( <i>dasatinib</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
SUTENT CAPS ( <i>sunitinib malate</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
TAFINLAR CAPS ( <i>dabrafenib mesylate</i> )	2	PA; AC
TAGRISSE TABS ( <i>osimertinib mesylate</i> )	2	PA; AC
TALZENNA CAPS ( <i>talazoparib tosylate</i> )	2	PA; AC
TARCEVA TABS ( <i>erlotinib hcl</i> )	2	PA; New commercial members to be referred to AcariaHealth;L A; AC
TASIGNA CAPS ( <i>nilotinib hcl</i> )	2	PA; AC
TURALIO CAPS ( <i>pexidartinib hcl</i> )	2	PA; AC
TYKERB TABS ( <i>lapatinib ditosylate</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
VERZENIO TABS ( <i>abemaciclib</i> )	2	PA; AC
VITRAKVI CAPS ( <i>larotrectinib sulfate</i> )	2	PA
VITRAKVI SOLN ( <i>larotrectinib sulfate</i> )	2	PA
VIZIMPRO TABS ( <i>dacomitinib</i> )	2	PA; AC

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VOTRIENT TABS ( <i>pazopanib hcl</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA; AC
XALKORI CAPS ( <i>crizotinib</i> )	2	PA; AC
XOSPATA TABS ( <i>gilteritinib fumarate</i> )	2	PA
ZEJULA CAPS ( <i>niraparib tosylate</i> )	2	PA; Specialty drug-Health Net will refer to SP Pharmacy;LA; AC
ZELBORAF TABS ( <i>vemurafenib</i> )	2	PA; AC
ZOLINZA CAPS ( <i>vorinostat</i> )	2	PA; AC
ZYDELIG TABS ( <i>idelalisib</i> )	2	PA; AC
<b>Antineoplastics Misc.</b>		
<i>bexarotene caps</i>	1	AC
HYDREA CAPS ( <i>hydroxyurea</i> )	2	AC
<i>hydroxyurea caps</i>	1	AC
MATULANE CAPS ( <i>procarbazine hcl</i> )	2	AC
TARGRETIN CAPS OR 75 MG ( <i>bexarotene</i> )	2	AC
<i>tretinoin (chemotherapy) caps</i>	1	AC
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium tabs</i>	1	AC
<b>Mitotic Inhibitors</b>		
<i>etoposide caps</i>	1	AC
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN CAPS ( <i>topotecan hcl</i> )	2	PA; AC

**ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease**

Drug Name	Drug Tier	Requirements/ Limits
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate tabs</i>	1	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl caps 100 mg</i>	1	
<i>amantadine hcl syrp 50 mg/5ml</i>	1	
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs 10 mg-100 mg, 25 mg-100 mg, 25 mg-250 mg</i>	1	
<i>carbidopa-levodopa tbc 25 mg-100 mg</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa tbc 50 mg-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS ( <i>carbidopa-levodopa-entacapone</i> )	2	
MIRAPEX TABS 0.125 MG, 0.25 MG, 0.75 MG, 0.5 MG ( <i>pramipexole dihydrochloride</i> )	2	
MIRAPEX TABS 1 MG ( <i>pramipexole dihydrochloride</i> )	2	QL(4 ea daily)
MIRAPEX TABS 1.5 MG ( <i>pramipexole dihydrochloride</i> )	2	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PARLODEL CAPS ( <i>bromocriptine mesylate</i> )	2	
PARLODEL TABS ( <i>bromocriptine mesylate</i> )	2	
<i>pramipexole dihydrochloride tabs 0.125 mg, 0.25 mg, 0.75 mg, 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	QL(3 ea daily)
REQUIP TABS ( <i>ropinirole hydrochloride</i> )	2	
REQUIP XL TB24 12 MG ( <i>ropinirole hydrochloride</i> )	2	QL(2 ea daily)
REQUIP XL TB24 2 MG, 4 MG, 6 MG, 8 MG ( <i>ropinirole hydrochloride</i> )	2	
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 12 mg</i>	1	QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
SINEMET CR TBCR 25 MG-100 MG ( <i>carbidopa-levodopa</i> )	2	QL(8 ea daily)
SINEMET CR TBCR 50 MG-200 MG ( <i>carbidopa-levodopa</i> )	2	
SINEMET TABS ( <i>carbidopa-levodopa</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 100 TABS ( <i>carbidopa-levodopa-entacapone</i> )	2	
STALEVO 125 TABS ( <i>carbidopa-levodopa-entacapone</i> )	2	
STALEVO 150 TABS ( <i>carbidopa-levodopa-entacapone</i> )	2	
STALEVO 50 TABS ( <i>carbidopa-levodopa-entacapone</i> )	2	
STALEVO 75 TABS ( <i>carbidopa-levodopa-entacapone</i> )	2	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT TABS ( <i>rasagiline mesylate</i> )	2	
ELDEPRYL CAPS ( <i>selegiline hcl</i> )	2	QL(2 ea daily)
<i>rasagiline mesylate tabs</i>	1	
<i>selegiline hcl caps</i>	1	QL(2 ea daily)
<i>selegiline hcl tabs</i>	1	QL(2 ea daily)
SELEGILINE HCL TABS ( <i>selegiline hcl</i> )	2	QL(2 ea daily)
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate caps 150 mg, 600 mg</i>	1	
<i>lithium carbonate caps 300 mg</i>	1	QL(6 ea daily)
<i>lithium carbonate tabs 300 mg</i>	1	
<i>lithium carbonate tbcr 300 mg, 450 mg</i>	1	
LITHIUM SOLN ( <i>lithium</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
LITHOBID TBCR ( <i>lithium carbonate</i> )	2	
<b>Antipsychotics - Misc.</b>		
GEODON CAPS 20 MG, 40 MG ( <i>ziprasidone hcl</i> )	2	
GEODON CAPS 60 MG, 80 MG ( <i>ziprasidone hcl</i> )	2	QL(2 ea daily)
<i>ziprasidone hcl caps 20 mg, 40 mg</i>	1	
<i>ziprasidone hcl caps 60 mg, 80 mg</i>	1	QL(2 ea daily)
<b>Benzisoxazoles</b>		
(Risperidone) RISPERIDONE M-TAB TBDP	1	
RISPERDAL M-TAB TBDP ( <i>risperidone</i> )	2	
RISPERDAL SOLN 1 MG/ML ( <i>risperidone</i> )	2	
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG ( <i>risperidone</i> )	2	
RISPERDAL TABS 3 MG ( <i>risperidone</i> )	2	QL(2 ea daily)
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	
<i>risperidone tabs 3 mg</i>	1	QL(2 ea daily)
<i>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<b>Butyrophenones</b>		
<i>haloperidol lactate conc</i>	1	
<i>haloperidol tabs</i>	1	
<b>Dibenzapines</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
CLOZARIL TABS ( <i>clozapine</i> )	2	
<i>loxapine succinate caps</i>	1	
<i>olanzapine tabs 15 mg, 20 mg</i>	1	QL(1 ea daily)
<i>olanzapine tabs 5 mg, 10 mg, 2.5 mg, 7.5 mg</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	QL(4 ea daily)
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily)
SEROQUEL TABS 200 MG ( <i>quetiapine fumarate</i> )	2	QL(4 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG ( <i>quetiapine fumarate</i> )	2	
SEROQUEL TABS 300 MG, 400 MG ( <i>quetiapine fumarate</i> )	2	QL(2 ea daily)
ZYPREXA TABS 15 MG, 20 MG ( <i>olanzapine</i> )	2	QL(1 ea daily)
ZYPREXA TABS 5 MG, 10 MG, 2.5 MG, 7.5 MG ( <i>olanzapine</i> )	2	
<b>Phenothiazines</b>		
(Prochlorperazine) COMPRO SUPP	1	QL(2 ea daily)
<i>chlorpromazine hcl tabs</i>	1	
<i>fluphenazine hcl elix 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl tabs 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
FLUPHENAZINE HCL TABS 1 MG, 5 MG, 10 MG, 2.5 MG ( <i>fluphenazine hcl</i> )	2	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	QL(2 ea daily)
<i>thioridazine hcl tabs 10 mg, 25 mg, 100 mg</i>	1	
<i>thioridazine hcl tabs 50 mg</i>	1	QL(4 ea daily)
<i>trifluoperazine hcl tabs</i>	1	
<b>Quinolinone Derivatives</b>		
ABILIFY TABS 15 MG ( <i>aripiprazole</i> )	2	QL(2 ea daily)
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG ( <i>aripiprazole</i> )	2	
ABILIFY TABS 20 MG ( <i>aripiprazole</i> )	2	QL(1 ea daily)
<i>aripiprazole soln 1 mg/ml</i>	1	
<i>aripiprazole tabs 15 mg</i>	1	QL(2 ea daily)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 30 mg</i>	1	
<i>aripiprazole tabs 20 mg</i>	1	QL(1 ea daily)
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	1	
<b>ANTIVIRALS - Drugs to Treat Viral Infections</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate soln</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	
APTIVUS CAPS ( <i>tipranavir</i> )	2	
APTIVUS SOLN ( <i>tipranavir</i> )	2	
<i>atazanavir sulfate caps</i>	1	
ATRIPLA TABS ( <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	2	QL(1 ea daily)
BIKTARVY TABS ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	2	
CIMDUO TABS ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	2	
COMBIVIR TABS ( <i>lamivudine-zidovudine</i> )	2	
COMPLERA TABS ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	2	ST
CRIXIVAN CAPS ( <i>indinavir sulfate</i> )	2	
DELSTRIGO TABS ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	2	
DESCOVY TABS ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	2	
DIDANOSINE CPDR ( <i>didanosine</i> )	2	
DOVATO TABS ( <i>dolutegravir sodium-lamivudine</i> )	2	
EDURANT TABS ( <i>rilpivirine hcl</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
<b>efavirenz caps</b>	1	
<b>efavirenz tabs</b>	1	
EMTRIVA CAPS ( <b>emtricitabine</b> )	2	
EMTRIVA SOLN ( <b>emtricitabine</b> )	2	
EPIVIR SOLN ( <b>lamivudine</b> )	2	
EPIVIR TABS ( <b>lamivudine</b> )	2	
EPZICOM TABS ( <b>abacavir sulfate-lamivudine</b> )	2	
EVOTAZ TABS ( <b>atazanavir sulfate-cobicistat</b> )	2	
<b>fosamprenavir calcium tabs</b>	1	
GENVOYA TABS ( <b>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</b> )	2	
INTELENCE TABS ( <b>etravirine</b> )	2	
INVIRASE CAPS ( <b>saquinavir mesylate</b> )	2	
INVIRASE TABS ( <b>saquinavir mesylate</b> )	2	
ISENTRESS CHEW ( <b>raltegravir potassium</b> )	2	
ISENTRESS HD TABS ( <b>raltegravir potassium</b> )	2	
ISENTRESS PACK ( <b>raltegravir potassium</b> )	2	
ISENTRESS TABS ( <b>raltegravir potassium</b> )	2	
JULUCA TABS ( <b>dolutegravir sodium-rilpivirine hcl</b> )	2	

Drug Name	Drug Tier	Requirements/ Limits
KALETRA SOLN 400 MG/5ML-100 MG/5ML ( <b>lopinavir-ritonavir</b> )	2	
KALETRA TABS 100 MG-25 MG, 200 MG-50 MG ( <b>lopinavir-ritonavir</b> )	2	
<b>lamivudine soln</b>	1	
<b>lamivudine tabs</b>	1	
<b>lamivudine-zidovudine tabs</b>	1	
LEXIVA SUSP 50 MG/ML ( <b>fosamprenavir calcium</b> )	2	
LEXIVA TABS 700 MG ( <b>fosamprenavir calcium</b> )	2	
<b>lopinavir-ritonavir soln</b>	1	
NEVIRAPINE ER TB24 ( <b>nevirapine</b> )	2	
<b>nevirapine susp</b>	1	
<b>nevirapine tabs</b>	1	
<b>nevirapine tb24</b>	1	
NORVIR CAPS 100 MG ( <b>ritonavir</b> )	2	
NORVIR PACK 100 MG ( <b>ritonavir</b> )	2	
NORVIR SOLN 80 MG/ML ( <b>ritonavir</b> )	2	
NORVIR TABS 100 MG ( <b>ritonavir</b> )	2	
PIFELTRO TABS ( <b>doravirine</b> )	2	
PREZCOBIX TABS ( <b>darunavir-cobicistat</b> )	2	QL(1 ea daily)
PREZISTA SUSP ( <b>darunavir ethanolate</b> )	2	
PREZISTA TABS ( <b>darunavir ethanolate</b> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
RESCRIPTOR TABS ( <i>delavirdine mesylate</i> )	2	
RETROVIR CAPS ( <i>zidovudine</i> )	2	
RETROVIR SYRP ( <i>zidovudine</i> )	2	
REYATAZ CAPS 150 MG, 200 MG, 300 MG ( <i>atazanavir sulfate</i> )	2	
REYATAZ PACK 50 MG ( <i>atazanavir sulfate</i> )	2	
<i>ritonavir tabs</i>	1	
SELZENTRY SOLN ( <i>maraviroc</i> )	2	
SELZENTRY TABS ( <i>maraviroc</i> )	2	
<i>stavudine caps</i>	1	
STRIBILD TABS ( <i>elvitegravir-cobicistat- emtricitabine-tenofovir df</i> )	2	
SUSTIVA CAPS ( <i>efavirenz</i> )	2	
SUSTIVA TABS ( <i>efavirenz</i> )	2	
SYMTUZA TABS ( <i>darunavir-cobicistat- emtricitabine-tenofovir alafenamide</i> )	2	
TEMIXYS TABS ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	2	
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS ( <i>dolutegravir sodium</i> )	2	
TRIUMEQ TABS ( <i>abacavir-dolutegravir- lamivudine</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
TRIZIVIR TABS ( <i>abacavir sulfate-lamivudine- zidovudine</i> )	2	
TRUVADA TABS ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	2	
TYBOST TABS ( <i>cobicistat</i> )	2	
VIDEX EC CPDR 125 MG ( <i>didanosine</i> )	2	
VIDEX EC CPDR 200 MG, 250 MG, 400 MG ( <i>didanosine</i> )	2	
VIDEXPEDIATRIC SOLR ( <i>didanosine</i> )	2	
VIRACEPT TABS ( <i>nelfinavir mesylate</i> )	2	
VIRAMUNE SUSP ( <i>nevirapine</i> )	2	
VIRAMUNE TABS ( <i>nevirapine</i> )	2	
VIRAMUNE XR TB24 ( <i>nevirapine</i> )	2	
VIREAD POWD 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	2	
VIREAD TABS 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	2	
VIREAD TABS 300 MG ( <i>tenofovir disoproxil fumarate</i> )	2	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG ( <i>stavudine</i> )	2	
ZERIT SOLR 1 MG/ML ( <i>stavudine</i> )	2	
ZIAGEN SOLN ( <i>abacavir sulfate</i> )	2	
ZIAGEN TABS ( <i>abacavir sulfate</i> )	2	

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<i>zidovudine caps</i>	1	
<i>zidovudine syrp</i>	1	
<i>zidovudine tabs</i>	1	
<b>CMV Agents</b>		
VALCYTE SOLR 50 MG/ML ( <i>valganciclovir hcl</i> )	2	QL(21 ml daily)
VALCYTE TABS 450 MG ( <i>valganciclovir hcl</i> )	2	
<i>valganciclovir hcl solr 50 mg/ml</i>	1	QL(21 ml daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	
<b>Hepatitis Agents</b>		
(Ribavirin (Hepatitis C)) RIBASPHERE CAPS 200 MG	1	PA
<i>adefovir dipivoxil tabs</i>	1	
BARACLUDE SOLN 0.05 MG/ML ( <i>entecavir</i> )	2	
BARACLUDE TABS 0.5 MG, 1 MG ( <i>entecavir</i> )	2	
<i>entecavir tabs</i>	1	
EPCLUSA TABS ( <i>sofosbuvir-velpatasvir</i> )	2	PA; LA
HARVONI TABS 400 MG-90 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; LA
HEPSERA TABS ( <i>adefovir dipivoxil</i> )	2	
LEDIPASVIR/SOFOSBUVIR TABS ( <i>ledipasvir-sofosbuvir</i> )	2	PA; LA
MAVYRET TABS ( <i>glecaprevir-pibrentasvir</i> )	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;;LA

Drug Name	Drug Tier	Requirements/ Limits
REBETOL CAPS 200 MG ( <i>ribavirin (hepatitis c)</i> )	2	PA
<i>ribavirin (hepatitis c) caps</i>	1	PA
SOFOSBUVIR/VELPATASVIR TABS ( <i>sofosbuvir-velpatasvir</i> )	2	PA; LA
SOVALDI TABS 400 MG ( <i>sofosbuvir</i> )	2	PA; LA
VIEKIRA PAK TBPK ( <i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i> )	2	PA; LA
VOSEVI TABS ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	2	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661;LA
ZEPATIER TABS ( <i>elbasvir-grazoprevir</i> )	2	PA; LA
<b>Herpes Agents</b>		
<i>acyclovir caps 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tabs 400 mg</i>	1	
<i>acyclovir tabs 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs</i>	1	
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(8 ea daily)
VALTREX TABS 1 GM ( <i>valacyclovir hcl</i> )	2	QL(4 ea daily)
VALTREX TABS 500 MG ( <i>valacyclovir hcl</i> )	2	QL(8 ea daily)
ZOVIRAX CAPS OR 200 MG ( <i>acyclovir</i> )	2	
ZOVIRAX SUSP OR 200 MG/5ML ( <i>acyclovir</i> )	2	

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ZOVIRAX TABS OR 400 MG ( <i>acyclovir</i> )	2	
ZOVIRAX TABS OR 800 MG ( <i>acyclovir</i> )	2	QL(5 ea daily)
<b>Influenza Agents</b>		
FLUMADINE TABS ( <i>rimantadine hydrochloride</i> )	2	QL(180 ea per fill retail, 180 ea per 10 days retail)
<i>oseltamivir phosphate caps or 30 mg, 45 mg</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate caps or 75 mg</i>	1	
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	QL(75 ml daily, 5 day(s) limit); AL(At least 1 yrs old)
RIMANTADINE HYDROCHLORIDE TABS ( <i>rimantadine hydrochloride</i> )	2	QL(180 ea per fill retail, 180 ea per 10 days retail)
TAMIFLU CAPS 30 MG, 45 MG ( <i>oseltamivir phosphate</i> )	2	QL(10 ea per fill retail)
TAMIFLU CAPS 75 MG ( <i>oseltamivir phosphate</i> )	2	
TAMIFLU SUSR 6 MG/ML ( <i>oseltamivir phosphate</i> )	2	QL(75 ml daily, 5 day(s) limit); AL(At least 1 yrs old)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol tabs</i>	1	
COREG TABS ( <i>carvedilol</i> )	2	
<i>labetalol hcl tabs</i>	1	
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	QL(1 ea daily)
LOPRESSOR TABS ( <i>metoprolol tartrate</i> )	2	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate tabs</i>	1	
TENORMIN TABS ( <i>atenolol</i> )	2	
TOPROL XL TB24 ( <i>metoprolol succinate</i> )	2	
<b>Beta Blockers Non-Selective</b>		
(Sotalol Hcl) SORINE TABS	1	
BETAPACE AF TABS ( <i>sotalol hcl (afib/af)</i> )	2	
BETAPACE TABS ( <i>sotalol hcl</i> )	2	
CORGARD TABS ( <i>nadolol</i> )	2	
HEMANGEOL SOLN ( <i>propranolol hcl</i> )	2	AL(Up to 1 yrs old )
INDERAL LA CP24 ( <i>propranolol hcl</i> )	2	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24</i>	1	
<i>propranolol hcl soln</i>	1	
<i>propranolol hcl tabs</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	
<i>sotalol hcl tabs</i>	1	
SOTYLIZE SOLN ( <i>sotalol hcl</i> )	2	

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<i>timolol maleate tabs 10 mg</i>	1	QL(6 ea daily,60 ea per fill retail)
<i>timolol maleate tabs 20 mg</i>	1	QL(60 ea per fill retail)
<i>timolol maleate tabs 5 mg</i>	1	QL(2 ea daily,60 ea per fill retail)
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
(Diltiazem Hcl Coated Beads) CARTIA XT, DILTIAZEM CD CP24	1	QL(1 ea daily)
(Diltiazem Hcl Coated Beads) MATZIM LA TB24	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER CP24	1	
(Nifedipine) AFEDITAB CR TB24	1	
ADALAT CC TB24 30 MG, 60 MG ( <i>nifedipine</i> )	2	
ADALAT CC TB24 90 MG ( <i>nifedipine</i> )	2	QL(1 ea daily)
<i>amlodipine besylate tabs 2.5 mg</i>	1	QL(2 ea daily)
<i>amlodipine besylate tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
CALAN SR TBCR 120 MG ( <i>verapamil hcl</i> )	2	
CALAN SR TBCR 180 MG, 240 MG ( <i>verapamil hcl</i> )	2	QL(2 ea daily)
CALAN TABS ( <i>verapamil hcl</i> )	2	
CARDIZEM CD CP24 ( <i>diltiazem hcl coated beads</i> )	2	QL(1 ea daily)
CARDIZEM LA TB24 120 MG ( <i>diltiazem hcl coated beads</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl coated beads</i> )	2	
CARDIZEM TABS ( <i>diltiazem hcl</i> )	2	
DILT-XR CP24 ( <i>diltiazem hcl</i> )	2	
<i>diltiazem hcl coated beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	QL(1 ea daily)
<i>diltiazem hcl coated beads tb24 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl cp12</i>	1	
<i>diltiazem hcl cp24</i>	1	
<i>diltiazem hcl extended release beads cp24</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>felodipine tb24 10 mg</i>	1	QL(1 ea daily)
<i>felodipine tb24 5 mg, 2.5 mg</i>	1	
<i>nifedipine caps 10 mg, 20 mg</i>	1	
<i>nifedipine tb24 30 mg, 60 mg</i>	1	
<i>nifedipine tb24 30 mg, 60 mg, 90 mg</i>	1	QL(1 ea daily)
<i>nimodipine caps</i>	1	
NISOLDIPINE ER TB24 ( <i>nisoldipine</i> )	2	
<i>nisoldipine tb24</i>	1	
NORVASC TABS 2.5 MG ( <i>amlodipine besylate</i> )	2	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
NORVASC TABS 5 MG, 10 MG ( <i>amlodipine besylate</i> )	2	QL(1 ea daily)
NYMALIZE SOLN 30 MG/10ML, 60 MG/20ML ( <i>nimodipine</i> )	2	
PROCARDIA CAPS ( <i>nifedipine</i> )	2	
PROCARDIA XL TB24 ( <i>nifedipine</i> )	2	QL(1 ea daily)
SULAR TB24 ( <i>nisoldipine</i> )	2	
TIAZAC CP24 ( <i>diltiazem hcl extended release beads</i> )	2	
<i>verapamil hcl cp24 100 mg, 120 mg, 200 mg, 240 mg, 300 mg</i>	1	
<i>verapamil hcl cp24 180 mg</i>	1	QL(2 ea daily)
VERAPAMIL HCL ER CP24 ( <i>verapamil hcl</i> )	2	
VERAPAMIL HCL SR CP24 ( <i>verapamil hcl</i> )	2	QL(1 ea daily)
<i>verapamil hcl tabs 40 mg, 80 mg, 120 mg</i>	1	
<i>verapamil hcl tbc 120 mg</i>	1	
<i>verapamil hcl tbc 180 mg, 240 mg</i>	1	QL(2 ea daily)
VERAPAMIL HYDROCHLORIDE ER CP24 ( <i>verapamil hcl</i> )	2	
VERELAN CP24 120 MG, 240 MG ( <i>verapamil hcl</i> )	2	
VERELAN CP24 180 MG ( <i>verapamil hcl</i> )	2	QL(2 ea daily)
VERELAN CP24 360 MG ( <i>verapamil hcl</i> )	2	QL(1 ea daily)
VERELAN PM CP24 ( <i>verapamil hcl</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
<b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>		
<b>Cardiac Glycosides</b>		
(Digoxin) DIGITEK, DIGOX TABS	1	
<i>digoxin soln 0.05 mg/ml</i>	1	
<i>digoxin tabs 0.125 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN TABS 125 MCG, 250 MCG ( <i>digoxin</i> )	2	
LANOXIN TABS 62.5 MCG, 187.5 MCG ( <i>digoxin</i> )	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Impotence Agents</b>		
CIALIS TABS ( <i>tadalafil</i> )	4	PA; Not available through Mail Order; QL(0.27 ea daily); AL(At least 21 yrs old)
LEVITRA TABS ( <i>ardenafil hcl</i> )	4	PA; Not available through Mail Order; QL(0.27 ea daily); AL(At least 21 yrs old)
<i>sildenafil citrate tabs</i>	4	PA; Not available through Mail Order; QL(0.27 ea daily); AL(At least 21 yrs old)
<i>tadalafil tabs</i>	4	PA; Not available through Mail Order; QL(0.27 ea daily); AL(At least 21 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>vardeafil hcl tabs</i>	4	PA; Not available through Mail Order; QL(0.27 ea daily); AL(At least 21 yrs old)
VIAGRA TABS ( <i>sildenafil citrate</i> )	4	PA; Not available through Mail Order; QL(0.27 ea daily); AL(At least 21 yrs old)
<b>Prostaglandin Vasodilators</b>		
VENTAVIS SOLN ( <i>iloprost</i> )	2	PA; LA
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
<i>ambrisentan tabs</i>	1	PA; ST; LA
<i>bosentan tabs 125 mg</i>	1	ST
<i>bosentan tabs 62.5 mg</i>	1	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
LETAIRIS TABS ( <i>ambrisentan</i> )	2	PA; ST; LA
TRACLEER TABS 125 MG ( <i>bosentan</i> )	2	ST
TRACLEER TABS 62.5 MG ( <i>bosentan</i> )	2	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
TRACLEER TBSO 32 MG ( <i>bosentan</i> )	2	PA; ST; LA
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	PA; New commercial members to be referred to AcariaHealth; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )	2	PA; New commercial members to be referred to AcariaHealth; QL(2 ea daily)
<i>tadalafil (pulmonary hypertension) tabs</i>	1	PA; New commercial members to be referred to AcariaHealth; QL(2 ea daily)
<b>Transthyretin Stabilizers</b>		
VYNDAMAX CAPS ( <i>tafamidis</i> )	2	PA; QL(1 ea daily)
VYNDAQEL CAPS ( <i>tafamidis meglumine (cardiac)</i> )	2	PA; QL(4 ea daily)
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cephalexin caps 250 mg, 500 mg</i>	1	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
KEFLEX CAPS 250 MG, 500 MG ( <i>cephalexin</i> )	2	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
<i>cefaclor susr 125 mg/5ml, 375 mg/5ml</i>	1	
CEFACTOR SUSR 250 MG/5ML ( <i>cefaclor</i> )	2	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	

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<i>cefuroxime axetil tabs</i>	1	
<b>Cephalosporins - 3rd Generation</b>		
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML ( <i>cefixime</i> )	2	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
(Desogestrel & Ethinyl Estradiol) APRI, RECLIPSEN, KALLIGA, JULEBER, ISIBLOOM, ENSKYCE, EMOQUETTE, CYRED EQ, CYRED TABS	1	
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, VOLNEA, VIORELE, SIMLIYA, PIMTREA, KIMIDESS, KARIVA, BEKYREE TABS	1	
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN, VELIVET TABS	1	
(Drospirenone-Ethinyl Estradiol) GIANVI, ZUMANDIMINE, ZARAH, SYEDA, OCELLA, NIKKI, LORYNA, LO-ZUMANDIMINE, JASMIEL TABS	1	QL(1 ea daily); PV

Drug Name	Drug Tier	Requirements/ Limits
(Drospirenone-Ethinyl Estradiol) GIANVI, ZUMANDIMINE, ZARAH, SYEDA, OCELLA, NIKKI, LORYNA, LO-ZUMANDIMINE, JASMIEL TABS	1	QL(1 ea daily)
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) RAJANI, TYDEMY TABS	1	QL(1 ea daily)
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, ZOVIA 1/35E, KELNOR 1/50 TABS	1	
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, ZOVIA 1/35E, KELNOR 1/50 TABS	1	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, VIENVA, SRONYX, PORTIA-28, ORSYTHIA, MARLISSA, LUTERA, LILLOW, LEVORA 0.15/30-28, LESSINA, LARISSIA, KURVELO, FALMINA, DELYLA, CHATEAL EQ, CHATEAL, AYUNA, AVIANE, AUBRA EQ, AUBRA, ALTAVERA TABS	1	
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, TRIVORA-28, MYZILRA, LEVONEST TABS	1	
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, SIMPESE, LOJAIMIESS, JAIMIESS, DAYSEE, CAMRESE LO, CAMRESE, ASHLYNA, AMETHIA LO TABS	1	QL(1 ea daily,91 day(s) limit)
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST TABS	1	PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, TARINA FE 1/20 EQ, TARINA FE 1/20, TARINA 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE, LARIN FE 1/20, LARIN FE 1.5/30, LARIN 24 FE, JUNEL FE 24, JUNEL FE 1/20, JUNEL FE 1.5/30, HAILEY 24 FE, BLISOVI FE 1/20, BLISOVI FE 1.5/30, BLISOVI 24 FE, AUROVELA FE 1/20, AUROVELA FE 1.5/30 TABS	1	QL(1 ea daily); PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, MICROGESTIN 1/20, MICROGESTIN 1.5/30, LARIN 1/20, LARIN 1.5/30, JUNEL 1/20, JUNEL 1.5/30, HAILEY 1.5/30, AUROVELA 1/20 TABS	1	
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, TARINA FE 1/20 EQ, TARINA FE 1/20, TARINA 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE, LARIN FE 1/20, LARIN FE 1.5/30, LARIN 24 FE, JUNEL FE 24, JUNEL FE 1/20, JUNEL FE 1.5/30, HAILEY 24 FE, BLISOVI FE 1/20, BLISOVI FE 1.5/30, BLISOVI 24 FE, AUROVELA FE 1/20, AUROVELA FE 1.5/30 TABS	1		(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, PIRMELLA 7/7/7, NORTREL 7/7/7, NECON 7/7/7, LEENA, DASETTA 7/7/7, CYCLAFEM 7/7/7, ARANELLE TABS	1	QL(1 ea daily); PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, TARINA FE 1/20 EQ, TARINA FE 1/20, TARINA 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE, LARIN FE 1/20, LARIN FE 1.5/30, LARIN 24 FE, JUNEL FE 24, JUNEL FE 1/20, JUNEL FE 1.5/30, HAILEY 24 FE, BLISOVI FE 1/20, BLISOVI FE 1.5/30, BLISOVI 24 FE, AUROVELA FE 1/20, AUROVELA FE 1.5/30 TABS	1		(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, PIRMELLA 7/7/7, NORTREL 7/7/7, NECON 7/7/7, LEENA, DASETTA 7/7/7, CYCLAFEM 7/7/7, ARANELLE TABS	1	
(Norethin Acet & Estrad-Fe) MELODETTA 24 FE, MIBELAS 24 FE CHEW	1	QL(365 ea per fill retail); PV	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRINESSA LO, TRINESSA, TRI-VYLIBRA LO, TRI-VYLIBRA, TRI-SPRINTEC, TRI-PREVIFEM, TRI-MILI, TRI-LO-SPRINTEC, TRI-LO-MILI, TRI-LO-MARZIA, TRI-LO-ESTARYLLA, TRI-LINYAH, TRI-ESTARYLLA TABS	1	QL(1 ea daily)
(Norethindrone & Eth Estradiol) ALYACEN 1/35, ZENCHENT, WERA, VYFEMLA, PIRMELLA 1/35, PHILITH, NORTREL 1/35, NORTREL 0.5/35 (28), NECON 0.5/35-28, DASETTA 1/35, CYCLAFEM 1/35, BRIELLYN, BALZIVA TABS	1		(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRINESSA LO, TRINESSA, TRI-VYLIBRA LO, TRI-VYLIBRA, TRI-SPRINTEC, TRI-PREVIFEM, TRI-MILI, TRI-LO-SPRINTEC, TRI-LO-MILI, TRI-LO-MARZIA, TRI-LO-ESTARYLLA, TRI-LINYAH, TRI-ESTARYLLA TABS	1	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE CHEW	1	QL(1 ea daily); PV			

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(Norgestimate-Ethinyl Estradiol) ESTARYLLA, VYLIBRA, SPRINTEC 28, PREVIFEM, MONONESSA, MONO-LINYAH, MILI, FEMYNOR TABS	1	QL(1 ea daily)
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, OGESTREL, LOW-OGESTREL, ELINEST TABS	1	
BEYAZ TABS ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	2	QL(1 ea daily)
DESOGEN TABS ( <i>desogestrel &amp; ethinyl estradiol</i> )	2	
<i>desogestrel &amp; ethinyl estradiol tabs</i>	1	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	1	
<i>drospirenone-ethinyl estradiol tabs 3 mg-0.02 mg</i>	1	QL(1 ea daily); PV
<i>drospirenone-ethinyl estradiol tabs 3 mg-0.03 mg</i>	1	QL(1 ea daily)
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	1	QL(1 ea daily)
<i>ethynodiol diacet &amp; eth estrad tabs 1 mg-35 mcg</i>	1	
<i>ethynodiol diacet &amp; eth estrad tabs 1 mg-50 mcg</i>	1	PV
GENERESS FE CHEW ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )	2	QL(1 ea daily); PV
<i>levonorgestrel &amp; eth estradiol tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	1	QL(1 ea daily,91 day(s) limit)
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	1	PV
LOESTRIN 1.5/30-21 TABS ( <i>norethindrone acet &amp; eth estra</i> )	2	
LOESTRIN 1/20-21 TABS ( <i>norethindrone acet &amp; eth estra</i> )	2	
LOESTRIN FE 1.5/30 TABS ( <i>norethin acet &amp; estrad-fe</i> )	2	
LOESTRIN FE 1/20 TABS ( <i>norethin acet &amp; estrad-fe</i> )	2	
LOSEASONIQUE TABS ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	2	QL(1 ea daily,91 day(s) limit)
MINASTRIN 24 FE CHEW ( <i>norethin acet &amp; estrad-fe</i> )	2	QL(365 ea per fill retail); PV
MINASTRIN 24 FE CHEW ( <i>norethin acet &amp; estrad-fe</i> )	2	QL(365 ea per fill retail); PV
MIRCETTE TABS ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )	2	
NATAZIA TABS ( <i>estradiol valerate-dienogest</i> )	2	QL(1 ea daily)
<i>norethin acet &amp; estrad-fe chew 75 mg-20 mcg-1 mg</i>	1	QL(365 ea per fill retail); PV
<i>norethin acet &amp; estrad-fe tabs 75 mg-20 mcg-1 mg</i>	1	QL(1 ea daily); PV

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<i>norethin acet &amp; estradfe tabs 75 mg-20 mcg-1 mg, 75 mg-30 mcg-1.5 mg</i>	1	
<i>norethindrone &amp; ethinyl estradiol-fe chew 75 mg-0.8 mg-25 mcg</i>	1	QL(1 ea daily); PV
<i>norethindrone acet &amp; eth estra tabs</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	PV
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	1	QL(1 ea daily)
<i>norgestimate-ethinyl estradiol tabs</i>	1	QL(1 ea daily)
ORTHO TRI-CYCLEN LO TABS ( <i>norgestimate-ethinyl estradiol (triphasic)</i> )	2	PV
ORTHO TRI-CYCLEN TABS ( <i>norgestimate-ethinyl estradiol (triphasic)</i> )	2	QL(1 ea daily)
ORTHO-CYCLEN TABS ( <i>norgestimate-ethinyl estradiol</i> )	2	QL(1 ea daily)
ORTHO-NOVUM 1/35 TABS ( <i>norethindrone &amp; eth estradiol</i> )	2	
ORTHO-NOVUM 7/7/7 TABS ( <i>norethindrone-eth estradiol (triphasic)</i> )	2	QL(1 ea daily); PV
SAFYRAL TABS ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	2	QL(1 ea daily)
SEASONIQUE TABS ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	2	QL(1 ea daily,91 day(s) limit)

Drug Name	Drug Tier	Requirements/Limits
TRI-NORINYL 28 TABS ( <i>norethindrone-eth estradiol (triphasic)</i> )	2	
YASMIN 28 TABS ( <i>drospirenone-ethinyl estradiol</i> )	2	QL(1 ea daily)
YAZ TABS ( <i>drospirenone-ethinyl estradiol</i> )	2	QL(1 ea daily); PV
<b>Combination Contraceptives - Transdermal</b>		
XULANE PTWK ( <i>norelgestromin-ethinyl estradiol</i> )	2	Limit 3 per month;QL(0.14 3 ea daily); PV
<b>Combination Contraceptives - Vaginal</b>		
(Etonogestrel-Ethinyl Estradiol) ELURYNG RING	1	PV
<i>etonogestrel-ethinyl estradiol ring</i>	1	PV
NUVARING RING ( <i>etonogestrel-ethinyl estradiol</i> )	2	PV
<b>Emergency Contraceptives</b>		
(Levonorgestrel (Emergency Oc)) AFTERA, TAKE ACTION, REACT, PREVENTEZA, OPTION 2, OPCICON ONE-STEP, NEW DAY, MY WAY, MY CHOICE, ECONTRA ONE-STEP, ECONTRA EZ TABS	1	PV
ELLA TABS ( <i>ulipristal acetate</i> )	2	PV
<i>levonorgestrel (emergency oc) tabs</i>	1	PV
PLAN B ONE-STEP TABS ( <i>levonorgestrel (emergency oc)</i> )	2	PV
<b>Progestin Contraceptives - Oral</b>		

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(Norethindrone (Contraceptive)) CAMILA, TULANA, SHAROBEL, NORLYROC, NORLYDA, NORA-BE, LYZA, JOLIVETTE, JENCYCLA, INCASSIA, HEATHER, ERRIN, DEBLITANE TABS	1	QL(1 ea daily)
<b>norethindrone (contraceptive) tabs</b>	1	QL(1 ea daily)
ORTHO MICRONOR TABS ( <b>norethindrone (contraceptive)</b> )	2	QL(1 ea daily)
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
(Dexamethasone) DECADRON ELIX	1	
(Dexamethasone) DECADRON TABS	1	
<b>budesonide cpep 3 mg</b>	1	QL(3 ea daily)
CORTEF TABS ( <b>hydrocortisone</b> )	2	
<b>cortisone acetate tabs</b>	1	
<b>dexamethasone elix 0.5 mg/5ml</b>	1	
DEXAMETHASONE INTENSOL CONC ( <b>dexamethasone</b> )	2	
<b>dexamethasone soln 0.5 mg/5ml</b>	1	
<b>dexamethasone tabs 0.75 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 6 mg, 1.5 mg</b>	1	
ENTOCORT EC CPEP ( <b>budesonide</b> )	2	QL(3 ea daily)
<b>hydrocortisone tabs</b>	1	
MEDROL DOSEPAK TBPK ( <b>methylprednisolone</b> )	2	

Drug Name	Drug Tier	Requirements/Limits
MEDROL TABS 2 MG ( <b>methylprednisolone</b> )	2	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG ( <b>methylprednisolone</b> )	2	
<b>methylprednisolone tabs</b>	1	
<b>methylprednisolone tbpk</b>	1	
MILLIPRED TABS 5 MG ( <b>prednisolone</b> )	2	
<b>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml</b>	1	
PREDNISOLONE SOLN ( <b>prednisolone</b> )	2	
PREDNISONE INTENSOL CONC ( <b>prednisone</b> )	2	
<b>prednisone soln 5 mg/5ml</b>	1	
<b>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</b>	1	
<b>prednisone tbpk 10 mg</b>	1	
<b>Mineralocorticoids</b>		
<b>fludrocortisone acetate tabs</b>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
(Hydrocodone W/ Homatropine) HYDROMET SYRP	1	
(Hydrocodone W/ Homatropine) TUSSIGON TABS	1	
<b>benzonatate caps 100 mg, 200 mg</b>	1	
<b>hydrocodone w/ homatropine syrup</b>	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>hydrocodone w/ homatropine tabs</b>	1	
TESSALON PERLES CAPS ( <b>benzonatate</b> )	2	
<b>Cough/Cold/Allergy Combinations</b>		
(Guaifenesin-Codeine) CHERATUSSIN AC, GUAIFENESIN AC, GUAIIATUSSIN AC SYRP	1	
(Guaifenesin-Codeine) G TUSSIN AC, VIRTUSSIN A/C, ROBAFEN AC SOLN	1	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD	1	
(Promethazine & Phenylephrine) PROMETHAZINE VC PLAIN SOLN	1	QL(30 ml daily)
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE SYRP	1	
(Pseudoephedrine W/ Codeine-Gg) GUAIFENESIN DAC, VIRTUSSIN DAC SOLN	1	
<b>guaifenesin-codeine soln</b>	1	
<b>hydrocodone polistirex-chlorpheniramine polistirex lqcr</b>	1	Limit 10mls per day;QL(10 ml daily); AL(At least 6 yrs old)
<b>hydrocodone polistirex-chlorpheniramine polistirex suer</b>	1	Limit 10mls per day;QL(10 ml daily); AL(At least 6 yrs old)
<b>promethazine &amp; phenylephrine syrup</b>	1	QL(30 ml daily)
<b>promethazine w/codeine soln</b>	1	QL(30 ml daily)
<b>promethazine w/codeine syrup</b>	1	QL(30 ml daily)
<b>promethazine-dm syrup</b>	1	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<b>promethazine-phenylephrine-codeine syrup</b>	1	
PROMETHAZINE/DEXTR OMETHORPHAN SOLN ( <b>promethazine-dm</b> )	2	QL(30 ml daily)
PROMETHAZINE/PHENYL EPHRINE SYRP ( <b>promethazine &amp; phenylephrine</b> )	1	QL(30 ml daily)
PROMETHAZINE/PHENYL EPHRINE/CODEINE SYRP ( <b>promethazine-phenylephrine-codeine</b> )	2	
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER ( <b>hydrocodone polistirex-chlorpheniramine polistirex</b> )	2	Limit 10mls per day;QL(10 ml daily); AL(At least 6 yrs old)
<b>Misc. Respiratory Inhalants</b>		
<b>sodium chloride (inhalant) nebu 0.9 %</b>	1	
<b>Mucolytics</b>		
<b>acetylcysteine soln</b>	1	
<b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>		
<b>Acne Products</b>		
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC GEL	1	
(Isotretinoin) AMNESTEEM, ZENATANE, MYORISAN, CLARAVIS CAPS 10 MG	1	QL(4 ea daily, 150 day(s) limit)
(Isotretinoin) AMNESTEEM, ZENATANE, MYORISAN, CLARAVIS CAPS 20 MG	1	QL(5 ea daily, 150 day(s) limit)
(Isotretinoin) AMNESTEEM, ZENATANE, MYORISAN, CLARAVIS CAPS 40 MG	1	QL(2 ea daily, 150 day(s) limit)

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Drug Name	Drug Tier	Requirements/ Limits
(Isotretinoin) CLARAVIS, ZENATANE, MYORISAN CAPS 30 MG	1	
(Isotretinoin) CLARAVIS, ZENATANE, MYORISAN CAPS 30 MG	2	
(Tretinoin) AVITA CREA	1	
(Tretinoin) AVITA GEL	1	
ABSORICA CAPS 10 MG ( <i>isotretinoin</i> )	2	PA
ABSORICA CAPS 20 MG ( <i>isotretinoin</i> )	2	PA; Use Isotretinoin Cap
ABSORICA CAPS 30 MG ( <i>isotretinoin</i> )	2	PA; Use Isotretinoin Cap; QL(3 ea daily)
ABSORICA CAPS 40 MG ( <i>isotretinoin</i> )	2	PA; Use Isotretinoin Cap; QL(2 ea daily)
<i>adapalene crea 0.1 %</i>	1	QL(45 gm per fill retail)
<i>adapalene gel 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC
<i>adapalene gel 0.3 %</i>	1	QL(45 gm per fill retail, 135 gm per fill mail)
BENZAMYCIN GEL ( <i>benzoyl peroxide-erythromycin</i> )	2	QL(2 gm daily)
<i>benzoyl peroxide-erythromycin gel</i>	1	QL(2 gm daily)
BP CLEANSING WASH EMUL ( <i>sulfacetamide sodium-sulfur in urea vehicle</i> )	2	
CLEOCIN-T GEL ( <i>clindamycin phosphate (topical)</i> )	2	
CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN-T SOLN ( <i>clindamycin phosphate (topical)</i> )	2	
<i>clindamycin phosphate (topical) gel</i>	1	
<i>clindamycin phosphate (topical) lotn</i>	1	
<i>clindamycin phosphate (topical) soln</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	
DIFFERIN CREA 0.1 % ( <i>adapalene</i> )	2	QL(45 gm per fill retail)
DIFFERIN GEL 0.1 % ( <i>adapalene</i> )	2	QL(45 gm per fill retail); RX/OTC
DIFFERIN GEL 0.3 % ( <i>adapalene</i> )	2	QL(45 gm per fill retail, 135 gm per fill mail)
DUAC GEL ( <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> )	2	
ERYGEL GEL ( <i>erythromycin (acne aid)</i> )	2	
<i>erythromycin (acne aid) gel</i>	1	
<i>erythromycin (acne aid) soln</i>	1	
<i>isotretinoin caps 10 mg</i>	1	QL(4 ea daily, 150 day(s) limit)
<i>isotretinoin caps 20 mg</i>	1	QL(5 ea daily) 150 rtl MAX day(s) supply, 750 rtl lmt day(s),
<i>isotretinoin caps 30 mg</i>	1	

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<i>isotretinoin caps 40 mg</i>	1	QL(2 ea daily)150 rtl MAX day(s) supply,300 rtl lmt day(s),
KLARON LOTN ( <i>sulfacetamide sodium (acne)</i> )	2	
RETIN-A CREA ( <i>tretinoin</i> )	2	
RETIN-A GEL ( <i>tretinoin</i> )	2	
RETIN-A MICRO GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	2	Limit 50gms per month;QL(1.7 gm daily)
RETIN-A MICRO PUMP GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	2	Limit 50gms per month;QL(1.7 gm daily)
SODIUM SULFACETAMIDE/SULFU R LOTN ( <i>sulfacetamide sodium w/ sulfur</i> )	2	QL(30 gm per fill retail)
SSS 10-5 FOAM ( <i>sulfacetamide sodium w/ sulfur</i> )	2	
<i>sulfacetamide sodium (acne) lotn</i>	1	
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin gel 0.025 %, 0.01 %</i>	1	
<i>tretinoin microsphere gel</i>	1	Limit 50gms per month;QL(1.7 gm daily)
<b>Anti-inflammatory Agents - Topical</b>		
(Diclofenac Sodium (Topical)) KLOFENSAID II SOLN	1	QL(5 ml daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	RX/OTC
<i>diclofenac sodium (topical) soln 1.5 %</i>	1	QL(5 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
VOLTAREN GEL ( <i>diclofenac sodium (topical)</i> )	2	RX/OTC
<b>Antibiotics - Topical</b>		
CENTANY OINT ( <i>mupirocin</i> )	2	
<i>gentamicin sulfate (topical) crea</i>	1	
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin oint</i>	1	
<b>Antifungals - Topical</b>		
(Ciclopirox Olamine) CICLODAN CREA 0.77 %	1	
(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUMSTRENGTH, FUNGICURE INTENSIVE WITHNAILGUARD SOLN	1	RX/OTC
(Nystatin (Topical)) NYAMYC, NYSTOP POWD	1	
<i>ciclopirox gel 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham 1 %</i>	1	
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	QL(45 gm per fill retail,45 gm per 30 days retail)
<i>clotrimazole w/ betamethasone lotn</i>	1	QL(60 ml per fill retail,60 ml per 30 days retail)
<i>econazole nitrate crea</i>	1	
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
LOPROX CREA ( <i>ciclopirox olamine</i> )	2	
LOPROX SHAMPOO SHAM ( <i>ciclopirox</i> )	2	
LOPROX SUSP ( <i>ciclopirox olamine</i> )	2	
LOTRISONE CREA ( <i>clotrimazole w/ betamethasone</i> )	2	QL(45 gm per fill retail,45 gm per 30 days retail)
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	Limit 30gms per month;QL(1 gm daily)
<i>nystatin-triamcinolone oint</i>	1	Limit 30gms per month;QL(1 gm daily)
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
CARAC CREA ( <i>fluorouracil (topical)</i> )	2	QL(1 gm daily)
EFUDEX CREA ( <i>fluorouracil (topical)</i> )	2	
FLUOROPLEX CREA ( <i>fluorouracil (topical)</i> )	2	
<i>fluorouracil (topical) crea</i>	1	
FLUOROURACIL CREA 0.5 % ( <i>fluorouracil (topical)</i> )	2	QL(1 gm daily)
FLUOROURACIL SOLN 2 %, 5 % ( <i>fluorouracil (topical)</i> )	2	
PICATO GEL ( <i>ingenol mebutate</i> )	2	
TARGRETIN GEL EX 1 % ( <i>bexarotene (topical)</i> )	2	
<b>Antipsoriatics</b>		
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene crea</i>	1	QL(5 gm daily)
<i>calcipotriene oint</i>	1	QL(5 gm daily)
<i>calcipotriene soln</i>	1	
<i>calcitriol (topical) oint</i>	1	Limited 100 gms per month;QL(3.4 gm daily)
DOVONEX CREA ( <i>calcipotriene</i> )	2	QL(5 gm daily)
<i>methoxsalen rapid caps</i>	1	
OXSORALEN ULTRA CAPS ( <i>methoxsalen rapid</i> )	2	
SKYRIZI PSKT ( <i>risankizumab-rzaa</i> )	4	PA
<i>tazarotene crea</i>	1	QL(1 gm daily)
TAZORAC CREA 0.05 % ( <i>tazarotene</i> )	2	QL(1 gm daily)
TAZORAC CREA 0.1 % ( <i>tazarotene</i> )	2	QL(1 gm daily)
TAZORAC GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )	2	QL(1 gm daily)
<b>Antiseborrheic Products</b>		
(Sulfacetamide Sodium) SEB-PREV WASH LIQD	1	
(Sulfacetamide Sodium) SODIUM SULFACETAMIDE WASH LIQD 10 %	1	
OVACE PLUS WASH LIQD ( <i>sulfacetamide sodium</i> )	2	
OVACE WASH LIQD ( <i>sulfacetamide sodium</i> )	2	
<i>selenium sulfide lotn</i>	1	
<i>sulfacetamide sodium liqd ex</i>	1	
<b>Antivirals - Topical</b>		
<i>acyclovir topical oint</i>	1	QL(1 gm daily)

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Drug Name	Drug Tier	Requirements/ Limits
ZOVIRAX OINT EX 5 % ( <i>acyclovir topical</i> )	2	QL(1 gm daily)
<b>Burn Products</b>		
(Silver Sulfadiazine) SSD CREA	1	
SILVADENE CREA ( <i>silver sulfadiazine</i> )	2	
<i>silver sulfadiazine crea</i>	1	
<b>Corticosteroids - Topical</b>		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT CREA	1	
(Clobetasol Propionate) CLODAN SHAM	1	
(Diflorasone Diacetate) PSORCON CREA	1	
(Hydrocortisone (Topical)) ALA-CORT CREA	1	
(Triamcinolone Acetonide (Topical)) TRIDERMA CREA	1	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA ( <i>amcinonide</i> )	2	
APEXICON E CREA ( <i>diflorasone diacetate emollient base</i> )	2	
AUGMENTED BETAMETHASONE DIPROPIONATE GEL ( <i>betamethasone dipropionate augmented</i> )	2	
<i>betamethasone dipropionate (topical) crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented gel</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea 0.1 %</i>	1	
<i>betamethasone valerate lotn 0.1 %</i>	1	
<i>betamethasone valerate oint 0.1 %</i>	1	
CAPEX SHAM ( <i>fluocinolone acetonide</i> )	2	
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate sham</i>	1	
<i>clobetasol propionate soln</i>	1	
CLOBEX SHAM ( <i>clobetasol propionate</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
DERMA-SMOOTH/FS BODY OIL ( <i>fluocinolone acetonide</i> )	2	
DERMA-SMOOTH/FS SCALP OIL ( <i>fluocinolone acetonide</i> )	2	
<i>desonide crea</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
DESOWEN CREA ( <i>desonide</i> )	2	
DESOWEN LOTN ( <i>desonide</i> )	2	
DESOXIMETASONE CREA 0.05 % ( <i>desoximetasone</i> )	2	
<i>desoximetasone crea 0.05 %, 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone oint 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	
<i>diflorasone diacetate oint</i>	1	
DIPROLENE AF CREA ( <i>betamethasone dipropionate augmented</i> )	2	
DIPROLENE OINT ( <i>betamethasone dipropionate augmented</i> )	2	
ELOCON CREA ( <i>mometasone furoate</i> )	2	
ELOCON OINT ( <i>mometasone furoate</i> )	2	
<i>fluocinolone acetonide crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide oil</i>	1	
<i>fluocinolone acetonide oint</i>	1	
<i>fluocinolone acetonide soln</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate oint 0.005 %</i>	1	
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
<i>hydrocortisone (topical) crea</i>	1	
<i>hydrocortisone (topical) lotn</i>	1	
<i>hydrocortisone (topical) oint</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> )	2	
LOCOID CREA ( <i>hydrocortisone butyrate</i> )	2	

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LOCOID OINT ( <i>hydrocortisone butyrate</i> )	2	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
PREDNICARBATE CREA ( <i>prednicarbate</i> )	2	
SYNALAR CREA ( <i>fluocinolone acetonide</i> )	2	
SYNALAR OINT ( <i>fluocinolone acetonide</i> )	2	
SYNALAR SOLN ( <i>fluocinolone acetonide</i> )	2	
TEMOVATE CREA ( <i>clobetasol propionate</i> )	2	
TEMOVATE OINT ( <i>clobetasol propionate</i> )	2	
TOPICORT CREA 0.05 %, 0.25 % ( <i>desoximetasone</i> )	2	
TOPICORT GEL 0.05 % ( <i>desoximetasone</i> )	2	
TOPICORT OINT 0.25 % ( <i>desoximetasone</i> )	2	
<i>triamcinolone acetonide (topical) aers 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDESILON CREA ( <i>desonide</i> )	2	
ULTRAVATE CREA ( <i>halobetasol propionate</i> )	2	
ULTRAVATE OINT ( <i>halobetasol propionate</i> )	2	
<b>Immunomodulating Agents - Topical</b>		
ALDARA CREA ( <i>imiquimod</i> )	2	
<i>imiquimod crea</i>	1	
<b>Immunosuppressive Agents - Topical</b>		
PROTOPIC OINT 0.03 % ( <i>tacrolimus (topical)</i> )	2	QL(2 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT 0.1 % ( <i>tacrolimus (topical)</i> )	2	QL(2 gm daily); AL(At least 15 yrs old)
<i>tacrolimus (topical) oint 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
<b>Keratolytic/Antimitotic Agents</b>		
CONDYLOX GEL ( <i>podofilox</i> )	2	
<i>podofilox soln</i>	1	
SALEX SHAM ( <i>salicylic acid</i> )	2	
<i>salicylic acid sham 6 %</i>	1	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl soln ex</i>	1	
<i>lidocaine ptch</i>	1	QL(3 ea daily)

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LIDODERM PTCH ( <i>lidocaine</i> )	2	QL(3 ea daily)
<b>Misc. Topical</b>		
DRYSOL SOLN ( <i>aluminum chloride</i> )	2	
<b>Rosacea Agents</b>		
(Metronidazole (Topical)) ROSDAN CREA	1	
(Metronidazole (Topical)) ROSDAN GEL	1	QL(45 gm per fill retail)
<i>azelaic acid gel</i>	1	
FINACEA GEL ( <i>azelaic acid</i> )	2	
METROCREAM CREA ( <i>metronidazole (topical)</i> )	2	
METROGEL GEL ( <i>metronidazole (topical)</i> )	2	
METROLOTION LOTN ( <i>metronidazole (topical)</i> )	2	QL(60 ml per fill retail)
<i>metronidazole (topical) crea 0.75 %</i>	1	
<i>metronidazole (topical) gel 0.75 %</i>	1	QL(45 gm per fill retail)
<i>metronidazole (topical) gel 1 %</i>	1	
<i>metronidazole (topical) lotn 0.75 %</i>	1	QL(60 ml per fill retail)
<b>Scabicides &amp; Pediculicides</b>		
ELIMITE CREA ( <i>permethrin</i> )	2	QL(60 gm per fill retail)
<i>permethrin crea</i>	1	QL(60 gm per fill retail)
<b>DIAGNOSTIC PRODUCTS</b>		
Diagnostic Tests		

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
FREESTYLE LITE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
FREESTYLE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
KETONE STRP ( <i>acetone (urine)</i> test)	2	QL(50 ea per fill retail)
KETOSTIX STRP ( <i>acetone (urine)</i> test)	2	QL(50 ea per fill retail)
ONETOUCH ULTRA STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
ONETOUCH VERIO TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ( <i>glucose blood</i> )	2	Limit 200 per month without authorization;QL(6.7 ea daily);RX/OTC
RELION KETONE STRP ( <i>acetone (urine)</i> test)	2	QL(50 ea per fill retail)
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
CREON CPEP ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP ( <i>pancrelipase (lipase- protease-amylase)</i> )	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide tabs 125 mg</i>	1	
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
<i>methazolamide tabs</i>	1	
NEPTAZANE TABS ( <i>methazolamide</i> )	2	
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25 MG-25 MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	2	
ALDACTAZIDE TABS 50 MG-50 MG ( <i>spironolactone &amp; hydrochlorothiazide</i> )	2	
<i>amiloride &amp; hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS ( <i>triamterene &amp; hydrochlorothiazide</i> )	2	
MAXZIDE TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	2	QL(1 ea daily)
MAXZIDE-25 TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )	2	QL(2 ea daily)
<i>spironolactone &amp; hydrochlorothiazide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene &amp; hydrochlorothiazide caps 37.5 mg-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs 37.5 mg-25 mg</i>	1	QL(2 ea daily)
<i>triamterene &amp; hydrochlorothiazide tabs 75 mg-50 mg</i>	1	QL(1 ea daily)
<b>Loop Diuretics</b>		
<i>bumetanide tabs 0.5 mg, 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS 0.5 MG, 1 MG ( <i>bumetanide</i> )	2	
BUMEX TABS 2 MG ( <i>bumetanide</i> )	2	QL(5 ea daily)
DEMADEX TABS ( <i>toremide</i> )	2	
<i>furosemide soln 10 mg/ml</i>	1	
<i>furosemide tabs 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS ( <i>furosemide</i> )	2	
<i>toremide tabs 100 mg</i>	1	QL(2 ea daily)
<i>toremide tabs 5 mg, 10 mg, 20 mg</i>	1	
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS ( <i>spironolactone</i> )	2	
<i>amiloride hcl tabs</i>	1	
<i>spironolactone tabs</i>	1	
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps 12.5 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tabs 25 mg, 50 mg</i>	1	
<i>indapamide tabs</i>	1	
<i>metolazone tabs</i>	1	
MICROZIDE CAPS ( <i>hydrochlorothiazide</i> )	2	QL(1 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.15 ea daily)
ALENDRONATE SODIUM TABS 40 MG ( <i>alendronate sodium</i> )	2	
ALENDRONATE SODIUM TABS 5 MG ( <i>alendronate sodium</i> )	2	QL(1 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
AELVIA TBEC ( <i>risedronate sodium</i> )	2	Limit 4 per month;QL(0.15 ea daily)
BONIVA TABS ( <i>ibandronate sodium</i> )	2	QL(0.04 ea daily)
<i>calcitonin (salmon) soln</i>	1	
FOSAMAX TABS ( <i>alendronate sodium</i> )	2	QL(0.15 ea daily)
<i>ibandronate sodium tabs</i>	1	QL(0.04 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	Limit 4 per month;QL(0.15 ea daily)
<b>Fertility Regulators</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>clomiphene citrate tabs</i>	1	Check plan documents for coverage;QL(15 ea per fill retail,00 ea per fill mail,15 ea per 30 days retail)
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>raloxifene hcl</i> )	2	PV
<i>raloxifene hcl tabs</i>	1	PV
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
SYNAREL SOLN ( <i>nafarelin acetate</i> )	2	
<b>Metabolic Modifiers</b>		
<i>calcitriol caps or 0.25 mcg</i>	1	
<i>calcitriol caps or 0.5 mcg</i>	1	QL(4 ea daily)
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS ( <i>carglumic acid</i> )	2	
KUVAN PACK ( <i>sapropterin dihydrochloride</i> )	2	Specialty Drug refer to Caremark SP RX
KUVAN TBSO ( <i>sapropterin dihydrochloride</i> )	2	Specialty Drug refer to Caremark SP RX
<i>paricalcitol caps</i>	1	
ROCALTRON CAPS 0.25 MCG ( <i>calcitriol</i> )	2	
ROCALTRON CAPS 0.5 MCG ( <i>calcitriol</i> )	2	QL(4 ea daily)
ROCALTRON SOLN 1 MCG/ML ( <i>calcitriol</i> )	2	
ZEMPLAR CAPS ( <i>paricalcitol</i> )	2	
<b>Posterior Pituitary Hormones</b>		

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Drug Name	Drug Tier	Requirements/ Limits
DDAVP SOLN NA 0.01 % ( <i>desmopressin acetate refrigerated</i> )	2	
DDAVP SOLN NA 0.01 % ( <i>desmopressin acetate spray</i> )	2	
DDAVP TABS OR 0.1 MG ( <i>desmopressin acetate</i> )	2	
DDAVP TABS OR 0.2 MG ( <i>desmopressin acetate</i> )	2	QL(6 ea daily)
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs 0.1 mg</i>	1	
<i>desmopressin acetate tabs 0.2 mg</i>	1	QL(6 ea daily)
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	1	
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY LO, MIMVEY, LOPREEZA TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI, JEVANTIQUE LO TABS	1	
ACTIVELLA TABS ( <i>estradiol &amp; norethindrone acetate</i> )	2	
CLIMARA PRO PTWK ( <i>estradiol-levonorgestrel</i> )	2	QL(4 ea per 30 days retail)
<i>estradiol &amp; norethindrone acetate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
FEMHRT LOW DOSE TABS ( <i>norethindrone acetate-ethinyl estradiol</i> )	2	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	
PREMPRO TABS 0.3 MG-1.5 MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	QL(1 ea daily)
PREMPRO TABS 0.625 MG-2.5 MG, 0.45 MG-1.5 MG, 0.625 MG-5 MG ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	2	
<b>Estrogens</b>		
(Estradiol) DOTTI PTTW 0.0375 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR	1	Limit 8 patches per month;QL(0.29 ea daily)
ALORA PTTW 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	2	Limit 8 patches per month;QL(0.29 ea daily)
CLIMARA PTWK ( <i>estradiol</i> )	2	QL(4 ea per fill retail,4 ea per 30 days retail)
ESTRACE TABS ( <i>estradiol</i> )	2	
<i>estradiol pttw td 0.0375 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	1	Limit 8 patches per month;QL(0.29 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</b>	1	QL(4 ea per fill retail, 4 ea per 30 days retail)
<b>estradiol tabs or 0.5 mg, 1 mg, 2 mg</b>	1	
ESTROPIPATE TABS ( <b>estropipate</b> )	2	
MENEST TABS ( <b>esterified estrogens</b> )	2	
MINIVELLE PTTW 0.0375 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR ( <b>estradiol</b> )	2	Limit 8 patches per month; QL(0.29 ea daily)
PREMARIN TABS OR 0.625 MG, 0.45 MG, 0.3 MG, 1.25 MG ( <b>estrogens, conjugated</b> )	2	QL(1 ea daily)
PREMARIN TABS OR 0.9 MG ( <b>estrogens, conjugated</b> )	2	
VIVELLE-DOT PTTW 0.0375 MG/24HR, 0.075 MG/24HR, 0.05 MG/24HR, 0.1 MG/24HR ( <b>estradiol</b> )	2	Limit 8 patches per month; QL(0.29 ea daily)
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
AVELOX TABS ( <b>moxifloxacin hcl</b> )	2	
CIPRO SUSR 5 GM/100ML, 500 MG/5ML ( <b>ciprofloxacin</b> )	2	
CIPRO TABS 250 MG, 500 MG ( <b>ciprofloxacin hcl</b> )	2	
CIPROFLOXACIN ER TB24 1000 MG ( <b>ciprofloxacin-ciprofloxacin hcl</b> )	2	QL(14 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
CIPROFLOXACIN ER TB24 500 MG ( <b>ciprofloxacin-ciprofloxacin hcl</b> )	2	QL(3 ea per fill retail)
CIPROFLOXACIN HCL TABS 100 MG ( <b>ciprofloxacin hcl</b> )	2	
<b>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</b>	1	
<b>ciprofloxacin susr</b>	1	
LEVAQUIN TABS ( <b>levofloxacin</b> )	2	QL(14 ea per fill retail)
<b>levofloxacin soln 25 mg/ml</b>	1	
<b>levofloxacin tabs 250 mg, 500 mg, 750 mg</b>	1	QL(14 ea per fill retail)
<b>moxifloxacin hcl tabs</b>	1	
OFLOXACIN TABS 300 MG ( <b>ofloxacin</b> )	2	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS ( <b>ursodiol</b> )	2	
URSO 250 TABS ( <b>ursodiol</b> )	2	
URSO FORTE TABS ( <b>ursodiol</b> )	2	
<b>ursodiol caps</b>	1	
<b>ursodiol tabs</b>	1	
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA CAPS ( <b>lubiprostone</b> )	2	
<b>Gastrointestinal Stimulants</b>		
<b>metoclopramide hcl tabs 5 mg, 10 mg</b>	1	
REGLAN TABS ( <b>metoclopramide hcl</b> )	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Inflammatory Bowel Agents</b>		
APRISO CP24 ( <i>mesalamine</i> )	2	QL(4 ea daily)
ASACOL HD TBEC ( <i>mesalamine</i> )	2	
AZULFIDINE EN-TABS TBEC ( <i>sulfasalazine</i> )	2	QL(8 ea daily)
AZULFIDINE TABS ( <i>sulfasalazine</i> )	2	QL(8 ea daily)
<i>balsalazide disodium caps</i>	1	QL(9 ea daily,280 ea per fill retail)
CANASA SUPP ( <i>mesalamine</i> )	2	QL(1 ea daily)
COLAZAL CAPS ( <i>balsalazide disodium</i> )	2	QL(9 ea daily,280 ea per fill retail)
DELZICOL CPDR ( <i>mesalamine</i> )	2	QL(6 ea daily)
LIALDA TBEC ( <i>mesalamine</i> )	2	QL(4 ea daily)
<i>mesalamine cp24 or 0.375 gm</i>	1	QL(4 ea daily)
<i>mesalamine cpdr or 400 mg</i>	1	QL(6 ea daily)
<i>mesalamine enem re 4 gm</i>	1	QL(60 ml daily)
<i>mesalamine supp re 1000 mg</i>	1	QL(1 ea daily)
<i>mesalamine tbec or 1.2 gm</i>	1	QL(4 ea daily)
<i>mesalamine tbec or 800 mg</i>	1	
SFROWASA ENEM ( <i>mesalamine</i> )	2	
<i>sulfasalazine tabs</i>	1	QL(8 ea daily)
<i>sulfasalazine tbec</i>	1	QL(8 ea daily)
<b>Intestinal Acidifiers</b>		

Drug Name	Drug Tier	Requirements/Limits
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC SOLN	1	
<i>lactulose (encephalopathy) soln</i>	1	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
LINZESS CAPS ( <i>linaclotide</i> )	2	
<b>Phosphate Binder Agents</b>		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL CHEW 1000 MG ( <i>lanthanum carbonate</i> )	2	QL(3 ea daily)
FOSRENOL CHEW 500 MG ( <i>lanthanum carbonate</i> )	2	
FOSRENOL CHEW 750 MG ( <i>lanthanum carbonate</i> )	2	QL(4 ea daily)
FOSRENOL PACK 750 MG, 1000 MG ( <i>lanthanum carbonate</i> )	2	
<i>lanthanum carbonate chew 1000 mg</i>	1	QL(3 ea daily)
<i>lanthanum carbonate chew 500 mg</i>	1	
<i>lanthanum carbonate chew 750 mg</i>	1	QL(4 ea daily)
RENVELA PACK 0.8 GM ( <i>sevelamer carbonate</i> )	2	
RENVELA PACK 2.4 GM ( <i>sevelamer carbonate</i> )	2	QL(5 ea daily)
RENVELA TABS 800 MG ( <i>sevelamer carbonate</i> )	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate pack 0.8 gm</i>	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	QL(5 ea daily)
<i>sevelamer carbonate tabs 800 mg</i>	1	
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Acidifiers</b>		
K-PHOS NO 2 TABS ( <i>potassium &amp; sodium acid phosphates</i> )	2	
<b>Alkalinizers</b>		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS, TARON-CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2 SOLN	1	RX/OTC
<i>potassium citrate (alkalinizer) tbc</i>	1	
<i>potassium citrate-citric acid soln</i>	1	RX/OTC
<i>sodium citrate &amp; citric acid soln</i>	1	RX/OTC
UROCIT-K 10 TBCR ( <i>potassium citrate (alkalinizer)</i> )	2	
UROCIT-K 15 TBCR ( <i>potassium citrate (alkalinizer)</i> )	2	
UROCIT-K 5 TBCR ( <i>potassium citrate (alkalinizer)</i> )	2	
<b>Cystinosis Agents</b>		

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAPS ( <i>cysteamine bitartrate</i> )	2	
PROCYSBI CPDR 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )	2	LA
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS ( <i>dutasteride</i> )	2	AL(At least 40 yrs old)
<i>dutasteride caps</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl caps</i>	1	
<i>finasteride tabs</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX CAPS ( <i>tamsulosin hcl</i> )	2	QL(2 ea daily)
JALYN CAPS ( <i>dutasteride-tamsulosin hcl</i> )	2	
PROSCAR TABS ( <i>finasteride</i> )	2	QL(1 ea daily); AL(At least 40 yrs old)
<i>tamsulosin hcl caps</i>	1	QL(2 ea daily)
UROXATRAL TB24 ( <i>alfuzosin hcl</i> )	2	QL(1 ea daily)
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	1	
<b>Gout Agents</b>		
<i>allopurinol tabs 100 mg</i>	1	QL(3 ea daily)
<i>allopurinol tabs 300 mg</i>	1	QL(2 ea daily)
<i>colchicine tabs</i>	1	
COLCRYS TABS ( <i>colchicine</i> )	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat tabs 40 mg</i>	1	QL(2 ea daily)
<i>febuxostat tabs 80 mg</i>	1	QL(1 ea daily)
ULORIC TABS 40 MG ( <i>febuxostat</i> )	2	QL(2 ea daily)
ULORIC TABS 80 MG ( <i>febuxostat</i> )	2	QL(1 ea daily)
ZYLOPRIM TABS 100 MG ( <i>allopurinol</i> )	2	QL(3 ea daily)
ZYLOPRIM TABS 300 MG ( <i>allopurinol</i> )	2	QL(2 ea daily)
<b>Uricosurics</b>		
<i>probenecid tabs</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Antihemophilic Products</b>		
IXINITY SOLR ( <i>coagulation factor ix recombinant</i> )	4	PA
RIXUBIS SOLR ( <i>coagulation factor ix recombinant</i> )	4	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbc</i>	1	QL(3 ea daily)
<b>Platelet Aggregation Inhibitors</b>		
AGRYLIN CAPS ( <i>anagrelide hcl</i> )	2	
<i>anagrelide hcl caps</i>	1	
BRILINTA TABS 60 MG ( <i>ticagrelor</i> )	2	QL(2 ea daily)
BRILINTA TABS 90 MG ( <i>ticagrelor</i> )	2	
<i>cilostazol tabs</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate tabs</i>	1	QL(2 ea daily)
<i>dipyridamole tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
EFFIENT TABS ( <i>prasugrel hcl</i> )	2	
PLAVIX TABS ( <i>clopidogrel bisulfate</i> )	2	QL(2 ea daily)
<i>prasugrel hcl tabs</i>	1	
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Sickle Cell Disease</b>		
DROXIA CAPS ( <i>hydroxyurea (sickle cell anemia)</i> )	2	
<b>Folic Acid/Folates</b>		
(Folic Acid) CVS FOLIC ACID, YL FOLIC ACID, SM FOLIC ACID, RA FOLIC ACID, QC FOLIC ACID, PX FOLIC ACID, HM FOLIC ACID, GNP FOLIC ACID, FOLATE, FA-8 TABS	1	PV
(Folic Acid) KP FOLIC ACID TABS 1 MG	1	RX/OTC
(Folic Acid) KP FOLIC ACID TABS 800 MCG	1	PV
<i>folic acid tabs 1 mg</i>	1	RX/OTC
<i>folic acid tabs 400 mcg, 800 mcg</i>	1	PV
<b>Hematopoietic Growth Factors</b>		
PROMACTA PACK 25 MG ( <i>eltrombopag olamine</i> )	2	
UDENYCA SOSY ( <i>pegfilgrastim-cbqv</i> )	4	PA; ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
LYSTEDA TABS ( <i>tranexamic acid</i> )	2	QL(6 ea daily, 5 day(s) limit)
<i>tranexamic acid tabs</i>	1	QL(6 ea daily, 5 day(s) limit)

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Drug Name	Drug Tier	Requirements/Limits
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital elix</i>	1	
<i>phenobarbital soln</i>	1	
<i>phenobarbital tabs</i>	1	
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN TABS 10 MG ( <i>zolpidem tartrate</i> )	2	QL(1 ea daily,30 ea per fill retail)
AMBIEN TABS 5 MG ( <i>zolpidem tartrate</i> )	2	QL(1 ea daily,30 ea per fill retail,30 ea per 30 days retail)
<i>estazolam tabs</i>	1	
<i>flurazepam hcl caps 15 mg</i>	1	QL(2 ea daily)
<i>flurazepam hcl caps 30 mg</i>	1	QL(1 ea daily)
HALCION TABS ( <i>triazolam</i> )	2	QL(1 ea daily)
RESTORIL CAPS 15 MG ( <i>temazepam</i> )	2	QL(2 ea daily)
RESTORIL CAPS 30 MG ( <i>temazepam</i> )	2	QL(1 ea daily)
RESTORIL CAPS 7.5 MG ( <i>temazepam</i> )	2	
SONATA CAPS ( <i>zaleplon</i> )	2	QL(1 ea daily)
<i>temazepam caps 15 mg</i>	1	QL(2 ea daily)
<i>temazepam caps 30 mg</i>	1	QL(1 ea daily)
<i>temazepam caps 7.5 mg</i>	1	
<i>triazolam tabs 0.125 mg</i>	1	
<i>triazolam tabs 0.25 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon caps</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tabs or 10 mg</i>	1	QL(1 ea daily,30 ea per fill retail)
<i>zolpidem tartrate tabs or 5 mg</i>	1	QL(1 ea daily,30 ea per fill retail,30 ea per 30 days retail)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA TABS ( <i>suvorexant</i> )	2	ST; QL(1 ea daily)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Laxative Combinations</b>		
(Bisacodyl-Peg 3350-Pot Chloride-Sod Bicarb-Sod Chloride) GAVILYTE-H, PEG-PREP KIT	1	QL(1 ea per fill retail); PV
(Peg 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR	1	QL(4000 ml per fill retail); PV
(Peg 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK, TRILYTE SOLR	1	PV
CLENPIQ SOLN ( <i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i> )	2	PV
COLYTE-FLAVOR PACKS SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	2	QL(4000 ml per fill retail); PV
GAVILYTE-C SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	2	QL(4000 ml per fill retail); PV
GOLYTELY SOLR 227.1 GM-21.5 GM-5.53 GM-2.82 GM-6.36 GM ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	2	PA; QL(4000 ea per fill retail); PV

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Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOLR 236 GM-22.74 GM-5.86 GM-2.97 GM-6.74 GM ( <b>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</b> )	2	QL(4000 ml per fill retail); PV
MOVIPREP SOLR ( <b>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</b> )	2	PA; PV
NULYTELY/FLAVOR PACKS SOLR ( <b>peg 3350-potassium chloride-sod bicarbonate-sod chloride</b> )	2	PV
<b>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</b>	1	QL(4000 ml per fill retail); PV
<b>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</b>	1	PV
PREPOPIK PACK ( <b>sodium picosulfate-magnesium oxide-anhydrous citric acid</b> )	2	PA; PV
SUPREP BOWEL PREP KIT SOLN ( <b>sodium sulfate-potassium sulfate-magnesium sulfate</b> )	2	PV
<b>Laxatives - Miscellaneous</b>		
(Lactulose) CONSTULOSE SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
(Polyethylene Glycol 3350) CLEARLAX, TGT POWDERLAX, SMOOTH LAX, SM CLEARLAX, SB POLYETHYLENE GLYCOL 3350, QC NATURA-LAX, PEGYLAX, KLS LAXACLEAR, HM CLEARLAX, GOODSENSE CLEARLAX, GNP CLEARLAX, GLYCOLAX, GENTLELAX, GAVILAX, EQL CLEARLAX, EQ CLEARLAX, CVS PURELAX POWD	1	Limit 528gms per month;QL(17.6 gm daily); RX/OTC
(Polyethylene Glycol 3350) RA LAXATIVE POWD 17 GM/SCOOP	1	Limit 528gms per month;QL(17.6 gm daily); RX/OTC
<b>lactulose soln</b>	1	
MIRALAX POWD ( <b>polyethylene glycol 3350</b> )	2	Limit 528gms per month;QL(17.6 gm daily); RX/OTC
<b>polyethylene glycol 3350 powd</b>	1	Limit 528gms per month;QL(17.6 gm daily); RX/OTC
<b>Saline Laxatives</b>		
ORAL SALINE LAXATIVE SOLN ( <b>sodium phosphates</b> )	2	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
<b>Stimulant Laxatives</b>		

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Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, WOMENS LAXATIVE, WOMANS LAXATIVE, VERACOLATE, TGT WOMENS LAXATIVE, TGT GENTLE LAXATIVE, STIMULANT LAXATIVE, SM WOMANS LAXATIVE, SM GENTLE LAXATIVE, SB GENTLE LAXATIVE WOMENS, SB GENTLE LAX-WOMEN, SB BISACODYL LAXATIVE EC, RA WOMENS LAXATIVE, QC GENTLE LAXATIVE, PX LAXATIVE, LAXATIVE, KP BISACODYL, HM LAXATIVE, GOODSENSE WOMENS LAXATIVE, GOODSENSE BISACODYL EC, GNP WOMENS LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GNP LAXATIVE, GNP GENTLE LAXATIVE, GNP BISA-LAX, GENTLE LAXATIVE OVERNIGHTRELIEF, GENTLE LAXATIVE FOR WOMEN, GENTLE LAXATIVE, FEENAMINT, EX-LAX ULTRA, EQL WOMANS LAXATIVE, EQL LAXATIVE, EQL GENTLE LAXATIVE, EQ WOMENS LAXATIVE, EQ WOMANS LAXATIVE, EQ GENTLE LAXATIVE, DUCODYL, CVS GENTLE LAXATIVE WOMENS, CVS GENTLE LAXATIVE, CVS C-LAX LAXATIVE, CVS BISACODYL, CORRECTOL, CORRECT, BISACODYL EC TBEC	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) BISACODYL LAXATIVE, THE MAGIC BULLET, SM LAXATIVE, SB LAXATIVE, RA STIMULANT LAXATIVE, RA FAST RELIEF LAXATIVE, QC GENTLE LAXATIVE, LAXATIVE, HM LAXATIVE, GNP LAXATIVE, GNP GENTLE LAXATIVE, GENTLE LAXATIVE, CVS GENTLE LAXATIVE, CVS BISACODYL, BISCOLAX SUPP	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) RA LAXATIVE TBEC 5 MG	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl supp</i>	1	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX SUPP ( <i>bisacodyl</i> )	2	Available for members in non-grandfathered plans ages 50-74;AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX TBEC ( <i>bisacodyl</i> )	2	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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Drug Name	Drug Tier	Requirements/Limits
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
AZITHROMYCIN PACK 1 GM ( <i>azithromycin</i> )	2	
<i>azithromycin susr 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs 500 mg</i>	1	QL(3 ea daily)
<i>azithromycin tabs 600 mg</i>	1	QL(10 ea per fill retail)
ZITHROMAX PACK 1 GM ( <i>azithromycin</i> )	2	
ZITHROMAX SUSR 100 MG/5ML, 200 MG/5ML ( <i>azithromycin</i> )	2	
ZITHROMAX TABS 250 MG ( <i>azithromycin</i> )	2	QL(6 ea per fill retail)
ZITHROMAX TABS 500 MG ( <i>azithromycin</i> )	2	QL(3 ea daily)
ZITHROMAX TABS 600 MG ( <i>azithromycin</i> )	2	QL(10 ea per fill retail)
ZITHROMAX TRI-PAK TABS ( <i>azithromycin</i> )	2	QL(3 ea daily)
ZITHROMAX Z-PAK TABS ( <i>azithromycin</i> )	2	QL(6 ea per fill retail)
<b>Clarithromycin</b>		
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML ( <i>clarithromycin</i> )	2	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	QL(14 ea per fill retail)
<b>Erythromycins</b>		
(Erythromycin Base) ERY-TAB TBEC	1	
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	1	

Drug Name	Drug Tier	Requirements/Limits
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS	1	
E.E.S. GRANULES SUSR ( <i>erythromycin ethylsuccinate</i> )	2	
ERYPED 200 SUSR ( <i>erythromycin ethylsuccinate</i> )	2	
ERYPED 400 SUSR ( <i>erythromycin ethylsuccinate</i> )	2	
<i>erythromycin base cpep</i>	1	
<i>erythromycin base tabs</i>	1	
<i>erythromycin base tbec</i>	1	
ERYTHROMYCIN CPEP ( <i>erythromycin base</i> )	2	
<i>erythromycin ethylsuccinate susr</i>	1	
<i>erythromycin ethylsuccinate tabs</i>	1	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		
CAYA DPRH ( <i>diaphragm arc-spring</i> )	2	QL(1 ea per 365 days retail); PV
OMNIFLEX DIAPHRAGM DPRH ( <i>diaphragms</i> )	2	
<b>Diabetic Supplies</b>		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK FASTCLIX LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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ACCU-CHEK MULTICLIX LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SAFE-T-PRO LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ACCU-CHEK SOFTCLIX LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ADVANCED MOBILE LANCET 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ADVOCATE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ADVOCATE LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ADVOCATE SAFETY LANCETS 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
AIMSCO TWIST LANCETS 32G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
AIMSCO TWIST LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
AQUALANCE LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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ASSURE LANCE SAFETY LANCET 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ASSURE LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
AURORA LANCET SUPER THIN30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
AURORA LANCET THIN 23G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
BD LANCET ULTRAFINE 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
BD LANCET ULTRAFINE 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
BD MICROTAINER LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
BULLSEYE MINI SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
BULLSEYE SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CAREONE LANCET THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CAREONE LANCET ULTRA THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CARESENS LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CARETOUCH SAFETY LANCETS/26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CARETOUCH SAFETY LANCETS/28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CARETOUCH SAFETY LANCETS/30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CARETOUCH TWIST LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CARETOUCH TWIST LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CLEANLET LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CLEVER CHEK LANCETS ULTRATHIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
COAGUCHEK LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
COMFORT LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CVS LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CVS LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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CVS LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CVS LANCETS ORIGINAL MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CVS LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CVS LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CVS LANCETS ULTRA-THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
CVS ULTRA THIN LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
DIATHRIVE LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
DIATHRIVE LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
DROPLET LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
DRUG MART LANCETS THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
E-Z JECT LANCETS COLOR MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
E-Z JECT LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
E-ZJECT LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS 30G/PULL TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS 30G/THIN TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY COMFORT LANCETS TWIST TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 26G/PULL-TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G/PULL-TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 28G/TWIST MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 30G/PULL-TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/PULL-TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH LANCETS 32G/TWIST MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EASY TWIST & CAP LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EMBRACE LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EQL COLOR LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EQL COLOR LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EQL SUPER THIN LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EQL THIN LANCETS 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EZ SMART BLOOD GLUCOSE LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 26G SUPER-SOFT MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
EZ-LETS LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
FIFTY50 SAFETY SEAL LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
FIFTY50 SAFETY SEAL LANCETS 32G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
FIFTY50 UNILET LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
FINE 30 MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
FINGERSTIX LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
FORA LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
FREESTYLE LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
FREESTYLE UNISTICK II LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GENTEEL BUTTERFLY TOUCH LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GENTLE-LET GP LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GLOBAL INJECT EASE LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GLUCOCOM LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GLUCOCOM LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GLUCOCOM LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GNP LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GNP LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GNP LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GNP LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GNP LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GNP LANCETS THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GNP MICRO THIN LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GNP SUPER THIN LANCETS/30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GOJJI STERILE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS ULTRA-THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE LOW FLOW LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS HIGH FLOW MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS LOW FLOW MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS MAX FLOW MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
HY-VEE LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
HY-VEE THIN LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
IN TOUCH STERILE LANCETS30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KINNEY LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KINNEY THIN LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KROGER HEALTHPRO TWIST LANCETS/26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KROGER HEALTHPRO TWIST LANCETS/30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KROGER HEALTHPRO TWIST LANCETS/33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS MICRO THIN33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS SUPER THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
KROGER LANCETS THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS ULTRATHIN30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS 26G TWIST TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS 30G TWIST TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS 30G/TWIST TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS 31G TWIST TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS 33G UNIVERSAL DESIGN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS SAFETY SEAL 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS SUPER THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS TWIST TOP MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS ULTRA FINE MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LANCETSBULLSEYE SAFETY MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LIBERTY MEDICAL LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LIFESCAN UNISTIK II LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LITE TOUCH LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LITETOUCH LANCETS MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LIVE BETTER LANCET SUPERTHIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LIVE BETTER LANCET ULTRATHIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LONGS LANCETS STANDARD MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
LONGS LANCETS THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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LONGS LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDICHOICE SAFETY LANCETEXTRA MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDICHOICE SAFETY LANCETNORMAL MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDISENSE THIN LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS EXTRA LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS LANCETS LITE 25G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS LITE LANCETS 25G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS SUPERLITE 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE PLUS/LITE 25G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE/EXTRA MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE/LITE MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEDLANCE/UNIVERSAL MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEIJER LANCETS UNIVERSAL33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MEIJER SUPER THIN LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MICROLET LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGL E-USE MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MM TWIST LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MONOLET LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MONOLET OPD LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MONOLETTOR SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCET 21G/1.8MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCET 28G/1.8MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCET 30G/1.8MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MPD SAFETY LANCETS 23G/1.8MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
NOVA SAFETY LANCETS 23G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
NOVA SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
NOVA SUREFLEX LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ON CALL LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ON CALL PLUS LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH CLUB LANCETS FINE POINT MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA LANCETS FINE 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ONETOUCH FINEPOINT LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ONETOUCH ULTRA 2 KIT ( <i>blood glucose monitoring supplies</i> )	2	QL(1 ea per 365 days retail); RX/OTC
ONETOUCH ULTRASOFT LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT ( <i>blood glucose monitoring supplies</i> )	2	QL(1 ea per 365 days retail); RX/OTC
PC LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PERFECT LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PHARMACY COUNTER LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PIP LANCETS/28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PIP LANCETS/30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PRECISION THINS GP LANCET MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS COLORED 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PREFERRED PLUS LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PRO COMFORT LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PRO COMFORT LANCETS 31G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/Limits
PRODIGY SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PRODIGY TWIST TOP LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PSS SELECT GP LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PSS SELECT SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PUSH BUTTON SAFETY LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PUSH BUTTON SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PX LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
PX LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
QC LANCETS SUPER THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
QC LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
QC UNILET LANCETS 28G/ULTRA THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
QC UNILET LANCETS 33G/MICRO THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT LANCETS THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/21G/2.2MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
REALITY LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
REALITY TRIGGER LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RELION LANCETS MICRO-THIN33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RELION LANCETS STANDARD 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RELION LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RELION LANCETS ULTRA-THIN30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN LANCETS/30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN LANCETS30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN PLUS LANCETS 32G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RELION ULTRA THIN PLUS LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
REXALL LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
RIGHTEST GL300 LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE LOW FLOW 25G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE NORMAL FLOW21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFETY LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFETY LET LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFETY SEAL LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAFETY SEAL LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAPS HEALTH CARE TWIST TOP LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAPS HEALTH TWIST TOP LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SAPSCARE TWIST TOP LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SB LANCETS THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SB LANCETS ULTRA THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SIDE BUTTON SAFETY LANCET21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
SINGLE-LET MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SM MICRO THIN LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SMARTEST LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SOLUS V2 TWIST LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
STERILANCE TL MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SUPER THIN LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 18G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 23G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SURE COMFORT LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SURE-LANCE FLAT LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SURE-LANCE LANCETS 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SURE-LANCE THIN LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SURE-LANCE ULTRA THIN LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SURE-TOUCH LANCETS UNIVERSAL MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
SURELITE LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TECHLITE AST LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TECHLITE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TECHLITE LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TGT LANCET MICRO THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TGT LANCET THIN 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TGT LANCET ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
THINLETS GP LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH SUPER THINLANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TOPCARE LANCETS MICRO-THIN 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRAVEL LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRAVEL LANCETS ADVANCED 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRUE COMFORT TWIST TOP LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 28G SUPER THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 30G ULTRA THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 33G MICRO THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRUEPLUS LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
TRUEPLUS SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ULTILET CLASSIC LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
ULTILET LANCETS 33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ULTILET LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ULTILET SAFETY LANCETS 23G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ULTRA THIN LANCETS 31G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ULTRA-CARE LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II AUTO LANCET MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
ULTRA-THIN II LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNILET COMFORTOUCH LANCET MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNILET EXCELITE II MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNILET EXCELITE MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNILET G.P. LANCET MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNILET G.P. SUPERLITE LANCET MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNILET GP 28 ULTRA THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
UNILET LANCET MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS MICRO-THIN33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS SUPER-THIN30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNILET LANCETS ULTRA-THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNILET SUPERLITE LANCET MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNISTIK 3 GENTLE MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 25G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNISTIK PRO SAFETY LANCET 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNISTIK SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNISTIK SAFETY LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 23G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNISTIK TOUCH SAFETY LANCETS 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

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Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 LANCETS THIN26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
VALUE PLUS LANCETS STANDARD 21G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
VALUE PLUS LANCETS SUPERTHIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
VALUE PLUS LANCETS THIN 26G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
VALUMARK LANCET SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
VALUMARK LANCET ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
VITALET PRO LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
VITALET PRO PLUS LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
VIVAGUARD LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
WALGREENS ADVANCED TRAVELLANCETS 28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)

Drug Name	Drug Tier	Requirements/Limits
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
WALGREENS LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
WALGREENS THIN LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
WALGREENS ULTRA THIN LANCETS MISC ( <i>lancets</i> )	2	QL(200 ea per fill retail,600 ea per fill mail)
<b>Parenteral Therapy Supplies</b>		
BD ECLIPSE NEEDLE 30G X1/2" MISC ( <i>needle disp</i> ) 30 g)	2	
BD NEEDLE/30G X 1/2" MISC ( <i>needle disp</i> ) 30 g)	2	
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200;QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200;QL(6.67 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200;QL(6.67 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200;QL(6.67 ea daily)
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2" MISC ( <i>needle disp</i> ) 30 g)	2	
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2" MISC ( <i>needle disp</i> ) 30 g)	2	

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Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200;QL(6.67 ea daily)
HYPODERMIC NEEDLE 30GX1/2" MISC ( <i>needle (disp)</i> 30 g)	2	
INSULIN SYRINGES AND PEN NEEDLES	2	MO
POLY HUB NEEDLE/30G X 1/2" MISC ( <i>needle (disp)</i> 30 g)	2	
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200;QL(6.67 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200;QL(6.67 ea daily)
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC ( <i>insulin syringe/needle u-100</i> )	2	Limit 200;QL(6.67 ea daily)
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>ergotamine w/ caffeine</i> )	2	
<i>ergotamine w/ caffeine tabs</i>	1	
<b>Migraine Products</b>		
ERGOMAR SUBL ( <i>ergotamine tartrate</i> )	2	
<b>Serotonin Agonists</b>		
<i>almotriptan malate tabs</i>	1	QL(0.2 ea daily)
AMERGE TABS ( <i>naratriptan hcl</i> )	2	QL(9 ea per fill retail,9 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
AXERT TABS ( <i>almotriptan malate</i> )	2	QL(0.2 ea daily)
IMITREX SOLN NA 20 MG/ACT ( <i>sumatriptan</i> )	2	Limit 6 sprayers per month;QL(2 ea daily)
IMITREX SOLN NA 5 MG/ACT ( <i>sumatriptan</i> )	2	QL(6 ea per fill retail,6 ea per 30 days retail)
IMITREX TABS OR 25 MG, 50 MG, 100 MG ( <i>sumatriptan succinate</i> )	2	QL(2 ea daily)
MAXALT TABS ( <i>rizatriptan benzoate</i> )	2	QL(0.6 ea daily)
MAXALT-MLT TBDP ( <i>rizatriptan benzoate</i> )	2	Limit 12 per month;QL(0.4 ea daily)
<i>naratriptan hcl tabs</i>	1	QL(9 ea per fill retail,9 ea per 30 days retail)
<i>rizatriptan benzoate tabs 5 mg, 10 mg</i>	1	QL(0.6 ea daily)
<i>rizatriptan benzoate tbdp 5 mg, 10 mg</i>	1	Limit 12 per month;QL(0.4 ea daily)
<i>sumatriptan soln 20 mg/act</i>	1	Limit 6 sprayers per month;QL(2 ea daily)
<i>sumatriptan soln 5 mg/act</i>	1	QL(6 ea per fill retail,6 ea per 30 days retail)
<i>sumatriptan succinate tabs</i>	1	QL(2 ea daily)
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>Fluoride</b>		
(Sodium Fluoride) FLUORITAB, NAFRINSE DROPS SOLN	1	AL(Up to 6 yrs old ); PV
(Sodium Fluoride) FLUORITAB, NAFRINSE, LUDENT CHEW	1	AL(Up to 6 yrs old ); PV
FLUORABON SOLN ( <i>sodium fluoride</i> )	2	AL(Up to 6 yrs old ); PV

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Drug Name	Drug Tier	Requirements/ Limits
FLURA-DROPS SOLN ( <i>sodium fluoride</i> )	2	AL(Up to 6 yrs old ); PV
<i>sodium fluoride chew</i>	1	AL(Up to 6 yrs old ); PV
<i>sodium fluoride soln</i>	1	AL(Up to 6 yrs old ); PV
<i>sodium fluoride tabs</i>	1	AL(Up to 6 yrs old ); PV
<b>Phosphate</b>		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) AV-PHOS 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, PHOSPHA 250 NEUTRAL TABS	1	
K-PHOS NEUTRAL TABS ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )	2	
K-PHOS TABS ( <i>potassium phosphate monobasic</i> )	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic tabs</i>	1	
<b>Potassium</b>		
(Potassium Bicarb & Chloride) EFFERVESCENT POT CHLORIDE TBEF	1	
(Potassium Bicarbonate) EFFER-K TBEF 25 MEQ	1	
(Potassium Bicarbonate) K-EFFERVESCENT, KLOR-CON/EF, K-VESENT, K-PRIME TBEF	1	
(Potassium Chloride Microencapsulated Crystals Er) KLOR-CON M10, KLOR-CON M20 TBCR	1	

Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride) K-SOL SOLN	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR	1	
(Potassium Chloride) KLOR-CON PACK	1	
(Potassium Chloride) KLOR-CON SPRINKLE CPCR	1	
EFFERVESCENT POTASSIUM/CHLORIDE TBEF ( <i>potassium bicarb &amp; chloride</i> )	2	
K-TAB TBCR 10 MEQ ( <i>potassium chloride</i> )	2	
K-TAB TBCR 8 MEQ ( <i>potassium chloride</i> )	2	
KLOR-CON M15 TBCR ( <i>potassium chloride microencapsulated crystals er</i> )	2	
<i>potassium bicarbonate tbe</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR ( <i>potassium chloride</i> )	2	
<i>potassium chloride microencapsulated crystals er tbc</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln or 10 %, 20 %</i>	1	
<i>potassium chloride tbc</i> or 8 meq, 10 meq	1	
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>Chelating Agents</b>		
D-PENAMINE TABS ( <i>penicillamine</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
DEPEN TITRATABS TABS ( <i>penicillamine</i> )	2	
<i>penicillamine tabs</i>	1	
<b>Immunomodulators</b>		
REVLIMID CAPS ( <i>lenalidomide</i> )	2	PA; AC
<b>Immunosuppressive Agents</b>		
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
<i>azathioprine tabs</i>	1	
CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )	2	
CELLCEPT SUSR ( <i>mycophenolate mofetil</i> )	2	
CELLCEPT TABS ( <i>mycophenolate mofetil</i> )	2	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>everolimus (immunosuppressant) tabs</i>	1	
IMURAN TABS ( <i>azathioprine</i> )	2	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil susr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil tabs</i>	1	
NEORAL CAPS ( <i>cyclosporine modified (for microemulsion)</i> )	2	
NEORAL SOLN ( <i>cyclosporine modified (for microemulsion)</i> )	2	
PROGRAF CAPS 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	2	
SANDIMMUNE CAPS 25 MG, 100 MG ( <i>cyclosporine</i> )	2	
SANDIMMUNE SOLN 100 MG/ML ( <i>cyclosporine</i> )	2	
<i>tacrolimus caps</i>	1	
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG ( <i>everolimus (immunosuppressant)</i> )	2	
ZORTRESS TABS 1 MG ( <i>everolimus (immunosuppressant)</i> )	2	
<b>Potassium Removing Agents</b>		
(Sodium Polystyrene Sulfonate) KIONEX POWD	1	
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP	1	
<i>sodium polystyrene sulfonate powd or</i>	1	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine hcl (mouth-throat) soln</i>	1	
<b>Anti-infectives - Throat</b>		
<i>clotrimazole lozg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
<b>Antiseptics - Mouth/Throat</b>		
(Chlorhexidine Gluconate (Mouth-Throat)) PAROEX, PERIOGARD SOLN	1	
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
PERIDEX SOLN ( <i>chlorhexidine gluconate (mouth-throat)</i> )	2	
<b>Steroids - Mouth/Throat/Dental</b>		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE PSTE	1	
<i>triamcinolone acetonide (mouth) pste</i>	1	
<b>Throat Products - Misc.</b>		
<i>pilocarpine hcl (oral) tabs 5 mg</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) tabs 7.5 mg</i>	1	QL(4 ea daily)
SALAGEN TABS 5 MG ( <i>pilocarpine hcl (oral)</i> )	2	QL(6 ea daily)
SALAGEN TABS 7.5 MG ( <i>pilocarpine hcl (oral)</i> )	2	QL(4 ea daily)
<b>MULTIVITAMINS</b>		
<b>Ped MV w/ Fluoride</b>		
(Pediatric Multivitamins W/FI) MULTI-VIT/FLUORIDE, MULTIVITAMIN WITH FLUORIDE, MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MVC-FLUORIDE, MULTIVITAMINS/FLUORIDE CHEW	1	AL(Up to 6 yrs old )
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE CHEW 15 UNIT-1 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-1.05 MG-60 MG, 15 UNIT-0.5 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-1.05 MG-60 MG, 15 UNIT-0.25 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-1.05 MG-60 MG	1	AL(Up to 6 yrs old )
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN 0.25 MG/ML-5 UNIT/ML-0.6 MG/ML-8 MG/ML-1500 UNIT/ML-2 MCG/ML-400 UNIT/ML-0.5 MG/ML-0.4 MG/ML-35 MG/ML, 0.5 MG/ML-5 UNIT/ML-0.6 MG/ML-8 MG/ML-1500 UNIT/ML-2 MCG/ML-400 UNIT/ML-0.5 MG/ML-0.4 MG/ML-35 MG/ML	1	AL(Up to 6 yrs old )
(Pediatric Vitamins Acid W/ Fluoride) TRI-VIT/FLUORIDE, VITAMINS A/C/D/FLUORIDE, TRIVITE/FLUORIDE, TRIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old )
FLORIVA PLUS SOLN ( <i>pediatric multivitamins w/fi</i> )	2	AL(Up to 6 yrs old )

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Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN/FLUORID E CHEW 0.25 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-15 UNIT-1.05 MG-60 MG, 0.5 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-15 UNIT-1.05 MG-60 MG, 1 MG-2500 UNIT-13.5 MG-1.2 MG-4.5 MCG-400 UNIT-1.05 MG-0.3 MG-15 UNIT-1.05 MG-60 MG, 2500 UNIT-1 MG-15 UNIT-400 UNIT-1.2 MG-4.5 MCG-1.05 MG-13.5 MG-1.05 MG-300 MCG-60 MG, 2500 UNIT-0.5 MG-15 UNIT-400 UNIT-1.2 MG-4.5 MCG-1.05 MG-13.5 MG-1.05 MG-300 MCG-60 MG, 2500 UNIT-0.25 MG-15 UNIT-400 UNIT-1.2 MG-4.5 MCG-1.05 MG-13.5 MG-1.05 MG-300 MCG-60 MG ( <i>pediatric multivitamins w/fl</i> )	2	AL(Up to 6 yrs old )
<i>pediatric vitamins acid w/ fluoride soln</i>	1	AL(Up to 6 yrs old )
QUFLORA GUMMIES CHEW ( <i>pediatric multivitamins w/fl</i> )	2	AL(Up to 6 yrs old )
QUFLORA PEDIATRIC CHEW ( <i>pediatric multivitamins w/fl</i> )	2	AL(Up to 6 yrs old )
QUFLORA PEDIATRIC SOLN ( <i>pediatric multivitamins w/fl</i> )	2	AL(Up to 6 yrs old )
<b>Ped Multi Vitamins w/Fl &amp; FE</b>		
(Ped Multivitamins W/Fl & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORID E/IRON, MULTI-VITAMIN/FLUORIDE/IRON SOLN	1	AL(Up to 6 yrs old )

Drug Name	Drug Tier	Requirements/ Limits
(Pediatric Vitamins Acid Fluoride & Iron) TRI-VIT/FLUORIDE/IRON SOLN	1	AL(Up to 6 yrs old )
QUFLORA FE PEDIATRIC LIQD ( <i>ped multivitamins w/fl &amp; iron</i> )	2	AL(Up to 6 yrs old )
<b>Prenatal Vitamins</b>		
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT, MYNATAL ULTRACAPLET, MYNATAL ADVANCE TABS	1	
ATABEX EC TBEC ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	2	
BAL-CARE DHA MISC ( <i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i> )	2	
CITRANATAL 90 DHA MISC ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i> )	2	
CITRANATAL ASSURE MISC ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i> )	2	
CITRANATAL BLOOM DHA MISC ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i> )	2	
CITRANATAL DHA MISC ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i> )	2	
CITRANATAL RX TABS ( <i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
COMPLETENATE CHEW ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	
CONCEPT DHA CAPS ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> )	2	
CONCEPT OB CAPS ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> )	2	
DOTHELLE DHA CAPS ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> )	2	
FOLIVANE-OB CAPS ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> )	2	
HEMENATAL OB + DHA MISC ( <i>prenatal vit w/ fe poly cmplx-fe heme polypept-fa &amp; omega 3</i> )	2	
M-NATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
M-VIT TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
MARNATAL-F CAPS ( <i>prenatal without vit a w/ iron polysaccharide complex-fa</i> )	2	
MYNATE 90 PLUS TBCR ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	2	
NEONATAL COMPLETE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
NEONATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
NESTABS DHA MISC ( <i>prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3</i> )	2	
NIVA-PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
O-CAL FA TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
OBSTETRIX DHA MISC ( <i>prenatal w/fe carbonyl-fa-dss-omega 3 fatty acids</i> )	2	RX/OTC
OBTREX DHA MISC ( <i>prenatal w/fe carbonyl-fa-dss-omega 3 fatty acids</i> )	2	RX/OTC
PNV FOLIC ACID + IRON MULTIVITAMIN TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PNV OB+DHA MISC ( <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i> )	2	
PNV PRENATAL PLUS MULTIVITAMIN TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PR NATAL 400 EC MISC ( <i>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i> )	2	
PR NATAL 400 MISC ( <i>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i> )	2	

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PR NATAL 430 EC MISC ( <i>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i> )	2	
PR NATAL 430 MISC ( <i>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i> )	2	
PRENA 1 TRUE MISC ( <i>prenatal without a w/ fe amino acid chelate-fa-dha</i> )	2	
PRENATA CHEW ( <i>prenatal without a vit w/ fe fumarate-folic acid</i> )	2	
PRENATAL 19 CHEW 30 UNIT-1000 UNIT-20 MG-3 MG-200 MG-29 MG-7 MG-15 MG-3 MG-12 MCG-400 UNIT-1 MG-20 MG-100 MG, 1000 UNIT-400 UNIT-20 MG-25 MG-3 MG-200 MG-29 MG-7 MG-6 MG-3 MG-12 MCG-1 MG-30 UNIT-20 MG-100 MG ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	
PRENATAL PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PRENATAL TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PRENATAL VITAMINS PLUS LOW IRON TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
PRENATAL-U CAPS ( <i>prenatal without a vit w/ fe fumarate-folic acid</i> )	2	
PREPLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PROVIDA OB CAPS ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> )	2	
SE-NATAL 19 CHEW 30 UNIT-1000 UNIT-100 MG-20 MG-3 MG-200 MG-29 MG-7 MG-15 MG-3 MG-12 MCG-400 UNIT-1 MG-20 MG ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	
SELECT-OB CHEW 0.6 MG-29 MG-30 UNIT-15 MG-25 MG-1700 UNIT-15 MG-1.8 MG-5 MCG-400 UNIT-1.6 MG-0.4 MG-2.5 MG-60 MG ( <i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i> )	2	
TARON-C DHA CAPS ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> )	2	
THERANATAL CORE NUTRITION TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
TRI-TABS DHA MISC ( <i>prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3</i> )	2	
TRICARE TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
TRIVEEN-DUO DHA MISC ( <i>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i> )	2	
VENA-BAL DHA MISC ( <i>prenatal w/fe polysacch cmplx-sod feredetate-fa-omega 3</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
VIRT-C DHA CAPS ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> )	2	
VITATHELY/GINGER TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
VITATRUE MISC ( <i>prenatal without a w/ fe amino acid chelate-fa-dha</i> )	2	
VOL-PLUS TABS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	2	RX/OTC
VP-HEME OB + DHA MISC ( <i>prenatal vit w/ fe poly cmplx-fe heme polypept-fa &amp; omega 3</i> )	2	
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
Central Muscle Relaxants		
<i>baclofen tabs 10 mg</i>	1	QL(6 ea daily)
<i>baclofen tabs 20 mg</i>	1	QL(4 ea daily)
BACLOFEN TABS 5 MG ( <i>baclofen</i> )	2	
<i>carisoprodol tabs 350 mg</i>	1	
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg</i>	1	
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate tb12</i>	1	
ROBAXIN TABS ( <i>methocarbamol</i> )	2	
ROBAXIN-750 TABS ( <i>methocarbamol</i> )	2	
SOMA TABS 350 MG ( <i>carisoprodol</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>tizanidine hcl tabs 2 mg</i>	1	
<i>tizanidine hcl tabs 4 mg</i>	1	QL(9 ea daily)
ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )	2	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS ( <i>dantrolene sodium</i> )	2	
<i>dantrolene sodium caps</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin tabs</i>	1	
CARISOPRODOL/ASPIRIN TABS ( <i>carisoprodol w/ aspirin</i> )	2	
<i>orphenadrine w/ aspirin &amp; caff tabs</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
Nasal Anti-infectives		
BACTROBAN NASAL OINT ( <i>mupirocin calcium</i> )	2	
Nasal Antiallergy		
ASTEPRO SOLN ( <i>azelastine hcl</i> )	2	Limit 1 bottle per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.1 %, 137 mcg/spray</i>	1	Limit 1 inhaler per month;QL(1.2 ml daily)
<i>azelastine hcl soln 0.15 %</i>	1	Limit 1 bottle per month;QL(1.2 ml daily)
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln</i>	1	
Nasal Steroids		

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Drug Name	Drug Tier	Requirements/ Limits
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR SUSP 50 MCG/ACT	1	QL(32 ml per fill retail,32 ml per 30 days retail); RX/OTC
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY, QC FLUTICASONE PROPIONATE, QC ALLERGY RELIEF, KP FLUTICASONE PROPIONATE, KLS ALLER-FLO, HM ALLERGY RELIEF NASAL SPRAY 24HR, GNP FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, EQL FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CLARISPRAY SUSP	1	QL(32 ml per fill retail,32 ml per 30 days retail); RX/OTC
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR AERO 55 MCG/ACT	1	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
(Triamcinolone Acetonide (Nasal)) CVS NASAL ALLERGY SPRAY, RA NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR MULTI-SYMPDOM, NASAL ALLERGY 24 HOUR, KLS ALLER-CORT, GOODSENSE NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>fluticasone propionate (nasal)</i> )	2	QL(32 ml per fill retail,32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP ( <i>fluticasone propionate (nasal)</i> )	2	QL(32 ml per fill retail,32 ml per 30 days retail); RX/OTC
<i>fluticasone propionate (nasal) susp</i>	1	QL(32 ml per fill retail,32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(1.22 gm daily)
NASACORT ALLERGY 24HR AERO ( <i>triamcinolone acetoneide (nasal)</i> )	2	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR AERO ( <i>triamcinolone acetoneide (nasal)</i> )	2	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO ( <i>triamcinolone acetoneide (nasal)</i> )	2	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
NASONEX SUSP ( <i>mometasone furoate (nasal)</i> )	2	Limit 2 inhalers per month;QL(1.22 gm daily)
<i>triamcinolone acetoneide (nasal) aereo</i>	1	Limit 1 sprayer per month;QL(1.2 ml daily); RX/OTC
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Beta-blockers - Ophthalmic</b>		
BETAGAN SOLN ( <i>levobunolol hcl</i> )	2	
<i>betaxolol hcl (ophth) soln</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
BETIMOL SOLN ( <i>timolol</i> )	2	
BETOPTIC-S SUSP ( <i>betaxolol hcl (ophth)</i> )	2	
COSOPT SOLN ( <i>dorzolamide hcl-timolol maleate</i> )	2	
<i>dorzolamide hcl-timolol maleate soln 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN ( <i>dorzolamide hcl-timolol maleate</i> )	2	
ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )	2	
<i>levobunolol hcl soln</i>	1	
LEVOBUNOLOL HCL SOLN ( <i>levobunolol hcl</i> )	2	
<i>timolol maleate (ophth) soln</i>	1	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG ( <i>timolol maleate (ophth)</i> )	2	
TIMOPTIC SOLN ( <i>timolol maleate (ophth)</i> )	2	
TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )	2	
<b>Cycloplegic Mydriatics</b>		
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	1	
ATROPINE SULFATE OINT OP 1 % ( <i>atropine sulfate (ophthalmic)</i> )	2	
ATROPINE SULFATE SOLN OP 1 % ( <i>atropine sulfate (ophthalmic)</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL SOLN ( <i>cyclopentolate hcl</i> )	2	
<i>cyclopentolate hcl soln</i>	1	
HOMATROPAIRE SOLN ( <i>homatropine hbr</i> )	2	
<i>homatropine hbr soln</i>	1	
ISOPTO ATROPINE SOLN ( <i>atropine sulfate (ophthalmic)</i> )	2	
<i>phenylephrine hcl (mydriatic) soln 2.5 %</i>	1	
<b>Miotics</b>		
ISOPTO CARPINE SOLN ( <i>pilocarpine hcl</i> )	2	QL(0.5 ml daily)
PHOSPHOLINE IODIDE SOLR ( <i>echothiophate iodide</i> )	2	
<i>pilocarpine hcl soln</i>	1	QL(0.5 ml daily)
<b>Ophthalmic Adrenergic Agents</b>		
ALPHAGAN P SOLN 0.1 % ( <i>brimonidine tartrate</i> )	2	
ALPHAGAN P SOLN 0.15 % ( <i>brimonidine tartrate</i> )	2	
<i>brimonidine tartrate soln</i>	1	
<b>Ophthalmic Anti-infectives</b>		
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN OINT	1	
(Erythromycin (Ophth)) ILOTYCIN OINT	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN OINT	1	
BACITRACIN OINT ( <i>bacitracin (ophthalmic)</i> )	2	
<i>bacitracin-polymyxin b (ophth) oint</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
BLEPH-10 SOLN ( <i>sulfacetamide sodium (ophth)</i> )	2	
CILOXAN OINT ( <i>ciprofloxacin hcl (ophth)</i> )	2	
CILOXAN SOLN ( <i>ciprofloxacin hcl (ophth)</i> )	2	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
GENTAK OINT ( <i>gentamicin sulfate (ophth)</i> )	2	
<i>gentamicin sulfate (ophth) soln</i>	1	
MOXEZA SOLN ( <i>moxifloxacin hcl (ophth)</i> )	2	
<i>moxifloxacin hcl (ophth) soln</i>	1	QL(3 ml per fill retail)
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP ( <i>natamycin</i> )	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
NEOMYCIN/POLYMYXIN/ GRAMICIDIN SOLN ( <i>neomycin-polymyxin-gramicidin</i> )	2	
NEOSPORIN SOLN ( <i>neomycin-polymyxin-gramicidin</i> )	2	
OCUFLOX SOLN ( <i>ofloxacin (ophth)</i> )	2	QL(5 ml per fill retail)
<i>ofloxacin (ophth) soln</i>	1	QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN ( <i>polymyxin b-trimethoprim</i> )	2	
<i>sulfacetamide sodium (ophth) soln</i>	1	
SULFACETAMIDE SODIUM OINT OP ( <i>sulfacetamide sodium (ophth)</i> )	2	
<i>tobramycin (ophth) soln</i>	1	
TOBEX OINT ( <i>tobramycin (ophth)</i> )	2	
TOBEX SOLN ( <i>tobramycin (ophth)</i> )	2	
TRIFLURIDINE SOLN ( <i>trifluridine</i> )	2	
VIGAMOX SOLN ( <i>moxifloxacin hcl (ophth)</i> )	2	QL(3 ml per fill retail)
VIROPTIC SOLN ( <i>trifluridine</i> )	2	
ZYMAXID SOLN ( <i>gatifloxacin (ophth)</i> )	2	
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL ( <i>cyclosporine (ophth)</i> )	2	QL(2 ml daily, 64 ml per fill retail)
RESTASIS MULTIDOSE EMUL ( <i>cyclosporine (ophth)</i> )	2	QL(2 ml daily, 64 ml per fill retail)
<b>Ophthalmic Steroids</b>		
(Bacitracin-Poly-Neomycin-Hc) NEO-POLYCIN HC OINT	1	QL(4 gm per fill retail)
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F SUSP	1	
<i>bacitracin-poly-neomycin-hc oint</i>	1	QL(4 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
BLEPHAMIDE S.O.P. OINT ( <i>sulfacetamide sod-prednisolone</i> )	2	
BLEPHAMIDE SUSP ( <i>sulfacetamide sod-prednisolone</i> )	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN ( <i>dexamethasone sodium phosphate (ophth)</i> )	2	
FLAREX SUSP ( <i>fluorometholone acetate</i> )	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP ( <i>fluorometholone (ophth)</i> )	2	
FML LIQUIFILM SUSP ( <i>fluorometholone (ophth)</i> )	2	
FML OINT ( <i>fluorometholone (ophth)</i> )	2	
MAXIDEX SUSP ( <i>dexamethasone (ophth)</i> )	2	
MAXITROL OINT ( <i>neomycin-polymy-dexameth</i> )	2	
MAXITROL SUSP ( <i>neomycin-polymy-dexameth</i> )	2	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PRED FORTE SUSP ( <i>prednisolone acetate (ophth)</i> )	2	
PRED MILD SUSP ( <i>prednisolone acetate (ophth)</i> )	2	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 % ( <i>prednisolone sodium phosphate (ophth)</i> )	2	
<i>sulfacetamide sod-prednisolone soln</i>	1	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN ( <i>sulfacetamide sod-prednisolone</i> )	2	
TOBRADEX SUSP ( <i>tobramycin-dexamethasone</i> )	2	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone susp</i>	1	QL(5 ml per fill retail)
<b>Ophthalmics - Misc.</b>		
ACULAR LS SOLN ( <i>ketorolac tromethamine (ophth)</i> )	2	
ACULAR SOLN ( <i>ketorolac tromethamine (ophth)</i> )	2	
ALOCRIAL SOLN ( <i>nedocromil sodium (ophth)</i> )	2	
ALOMIDE SOLN ( <i>lodoxamide tromethamine</i> )	2	
<i>azelastine hcl (ophth) soln</i>	1	
AZOPT SUSP ( <i>brinzolamide</i> )	2	Limit 10mls per month;QL(0.4 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>bromfenac sodium (ophth) soln</i>	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN ( <i>cysteamine hcl</i> )	2	Limit 4 bottles per month;QL(2.15 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
DORZOLAMIDE HCL SOLN ( <i>dorzolamide hcl</i> )	2	
ELESTAT SOLN ( <i>epinastine hcl (ophth)</i> )	2	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
FLURBIPROFEN SODIUM SOLN ( <i>flurbiprofen sodium</i> )	2	
<i>ketorolac tromethamine (ophth) soln</i>	1	
<i>olopatadine hcl soln 0.1 %</i>	1	Limit 10mls per month without prior authorization;QL(0.34 ml daily); RX/OTC
<i>olopatadine hcl soln 0.2 %</i>	1	Limit 2.5mls per month;QL(0.08 4 ml daily); RX/OTC
PATADAY SOLN 0.1 % ( <i>olopatadine hcl</i> )	2	Limit 10mls per month without prior authorization;QL(0.34 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PATADAY SOLN 0.2 % ( <i>olopatadine hcl</i> )	2	Limit 2.5mls per month;QL(0.08 4 ml daily); RX/OTC
PATANOL SOLN ( <i>olopatadine hcl</i> )	2	Limit 10mls per month without prior authorization;QL(0.34 ml daily); RX/OTC
TRUSOPT SOLN ( <i>dorzolamide hcl</i> )	2	
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
<i>latanoprost soln op</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
LATANOPROST SOLN OP ( <i>latanoprost</i> )	2	Limit 2.5mls per month;QL(0.09 ml daily)
LUMIGAN SOLN ( <i>bimatoprost</i> )	2	Limit 2.5mls per month;QL(0.09 ml daily)
TRAVATAN Z SOLN ( <i>travoprost</i> )	2	Limit 2.5mls per month;QL(0.09 ml daily)
<i>travoprost soln</i>	1	Limit 2.5mls per month;QL(0.09 ml daily)
XALATAN SOLN ( <i>latanoprost</i> )	2	Limit 2.5mls per month;QL(0.09 ml daily)
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	1	

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<b>Otic Anti-infectives</b>		
CETRALAX SOLN ( <i>ciprofloxacin hcl (otic)</i> )	2	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN ( <i>ofloxacin (otic)</i> )	2	
<i>ofloxacin (otic) soln</i>	1	
<b>Otic Combinations</b>		
(Pramoxine-Hc-Chloroxylenol) CORTIC-ND, EXOTIC-HC SOLN	1	
CIPRODEX SUSP ( <i>ciprofloxacin-dexamethasone</i> )	2	QL(8 ml per fill retail)
CORTANE-B-OTIC SOLN ( <i>pramoxine-hc-chloroxylenol</i> )	2	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTICIN HC NR SOLN ( <i>pramoxine-hc-chloroxylenol</i> )	2	
<b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>		
<b>Oxytocics</b>		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate tabs</i>	1	
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<b>Natural Penicillins</b>		
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML ( <i>penicillin v potassium</i> )	2	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate susr</i>	1	
<i>amoxicillin &amp; pot clavulanate tabs</i>	1	
<i>amoxicillin &amp; pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW ( <i>amoxicillin &amp; pot clavulanate</i> )	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12 ( <i>amoxicillin &amp; pot clavulanate</i> )	2	
AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )	2	
AUGMENTIN SUSR 125 MG/5ML-31.25 MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	2	
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML ( <i>amoxicillin &amp; pot clavulanate</i> )	2	
AUGMENTIN TABS 500 MG-125 MG, 875 MG-125 MG ( <i>amoxicillin &amp; pot clavulanate</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN XR TB12 ( <i>amoxicillin &amp; pot clavulanate</i> )	2	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium caps</i>	1	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS ( <i>norethindrone acetate</i> )	2	
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	QL(1 ea daily)
<i>medroxyprogesterone acetate tabs 5 mg, 2.5 mg</i>	1	
<i>norethindrone acetate tabs</i>	1	
PROVERA TABS 10 MG ( <i>medroxyprogesterone acetate</i> )	2	QL(1 ea daily)
PROVERA TABS 5 MG, 2.5 MG ( <i>medroxyprogesterone acetate</i> )	2	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS ( <i>disulfiram</i> )	2	
<i>disulfiram tabs</i>	1	
<b>Antidementia Agents</b>		
ARICEPT TABS 23 MG ( <i>donepezil hydrochloride</i> )	2	QL(1 ea daily)
ARICEPT TABS 5 MG, 10 MG ( <i>donepezil hydrochloride</i> )	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>donepezil hydrochloride tabs 23 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tabs 5 mg, 10 mg</i>	1	
<i>donepezil hydrochloride tbdp 5 mg, 10 mg</i>	1	QL(1 ea daily)
EXELON PT24 ( <i>rivastigmine</i> )	2	
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML ( <i>galantamine hydrobromide</i> )	2	
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	
<i>memantine hcl soln 2 mg/ml, 10 mg/5ml</i>	1	
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(4 ea daily)
NAMENDA TABS 10 MG ( <i>memantine hcl</i> )	2	QL(2 ea daily)
NAMENDA TABS 5 MG ( <i>memantine hcl</i> )	2	QL(4 ea daily)
NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> )	2	
RAZADYNE ER CP24 ( <i>galantamine hydrobromide</i> )	2	QL(1 ea daily)
RAZADYNE TABS ( <i>galantamine hydrobromide</i> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>rivastigmine pt24</i>	1	
<i>rivastigmine tartrate caps</i>	1	
<b>Multiple Sclerosis Agents</b>		
AMPYRA TB12 ( <i>dalfampridine</i> )	2	PA
AUBAGIO TABS ( <i>teriflunomide</i> )	2	PA; LA
<i>dalfampridine tb12</i>	1	PA
GILENYA CAPS ( <i> fingolimod hcl</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
MAYZENT STARTER PACK TBPK ( <i>siponimod fumarate</i> )	2	PA
MAYZENT TABS ( <i>siponimod fumarate</i> )	2	PA
TECFIDERA CPDR ( <i>dimethyl fumarate</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
TECFIDERA STARTER PACK MISC ( <i>dimethyl fumarate</i> )	2	PA; Must use AcariaHlth Sp Rx 1-844-538-4661;LA
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
FLUOXETINE CAPS 10 MG ( <i>fluoxetine hcl (pmdd)</i> )	2	
FLUOXETINE CAPS 20 MG ( <i>fluoxetine hcl (pmdd)</i> )	2	QL(1 ea daily)
<b>Smoking Deterrents</b>		

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

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Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, THRIVE, TGT NICOTINE POLACRILEX, TGT NICOTINE GUM, SR NICOTINE GUM, SM NICOTINE POLACRILEX, SM NICOTINE, RA NICOTINE POLACRILEX, RA NICOTINE GUM, RA NICOTINE, PX STOP SMOKING AID, NICORELIEF, KLS QUIT4, KLS QUIT2, HM NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GNP NICOTINE POLACRILEX, GNP NICOTINE GUM, EQL NICOTINE POLACRILEX STARTER, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX, EQ NICOTINE POLACRILEX, EQ NICOTINE GUM STARTER, EQ NICOTINE GUM REFILL, CVS NICOTINE POLACRILEX STARTER, CVS NICOTINE POLACRILEX GUM	1	PV

Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, TGT NICOTINE STEP TWO, TGT NICOTINE STEP THREE, TGT NICOTINE STEP ONE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, RA NICOTINE TRANSDERMAL SYSTEM STEP 3, RA NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE STEP 3, NICOTINE STEP 2, NICOTINE STEP 1, HM NICOTINE TRANSDERMALSYSTEM, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, GNP NICOTINE TRANSDERMALSYSTEM, EQ NICOTINE STEP 3, EQ NICOTINE, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM	1	PV

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Drug Name	Drug Tier	Requirements/ Limits
STEP 1 PT24		
<i>bupropion hcl (smoking deterrent) tb12</i>	1	PV
CHANTIX CONTINUING MONTHPAK TABS ( <i>varenicline tartrate</i> )	2	QL(2 ea daily); PV
CHANTIX STARTING MONTH PAK TABS ( <i>varenicline tartrate</i> )	2	PV
CHANTIX TABS 0.5 MG ( <i>varenicline tartrate</i> )	2	PV
CHANTIX TABS 1 MG ( <i>varenicline tartrate</i> )	2	QL(2 ea daily); PV
NICODERM CQ PT24 ( <i>nicotine</i> )	2	PV
NICORETTE GUM ( <i>nicotine polacrilex</i> )	2	PV
NICORETTE LOZG ( <i>nicotine polacrilex</i> )	2	PV
NICORETTE MINI LOZG ( <i>nicotine polacrilex</i> )	2	PV
NICORETTE STARTER KIT GUM ( <i>nicotine polacrilex</i> )	2	PV
<i>nicotine polacrilex gum</i>	1	PV
<i>nicotine polacrilex lozg</i>	1	PV
<i>nicotine pt24</i>	1	PV
NICOTINE TRANSDERMAL SYSTEM KIT ( <i>nicotine</i> )	2	PV
NICOTROL INHALER INHA ( <i>nicotine</i> )	2	PV
NICOTROL NS SOLN ( <i>nicotine</i> )	2	PV
ZYBAN TB12 ( <i>bupropion hcl (smoking deterrent)</i> )	2	PV
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Cystic Fibrosis Agents</b>		

Drug Name	Drug Tier	Requirements/ Limits
KALYDECO PACK 25 MG ( <i>ivacaftor</i> )	2	PA; Not available through Mail Order
PULMOZYME SOLN ( <i>dornase alfa</i> )	2	PA; QL(5 ml daily)
SYMDEKO TBPK 100 MG-150 MG ( <i>tezacaftor-ivacaftor</i> )	2	PA; LA
SYMDEKO TBPK 50 MG-75 MG ( <i>tezacaftor-ivacaftor</i> )	2	PA
TRIKAFTA TBPK ( <i>elixacaftor-tezacaftor-ivacaftor</i> )	2	PA; QL(3 ea daily)
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Tetracyclines</b>		
(Doxycycline (Monohydrate)) AVIDOXY TABS	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 50 MG, 100 MG	1	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG, MORGIDOX 1X50MG CAPS	1	
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 150 mg</i>	1	Use MONODOX generic
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	
<i>doxycycline (monohydrate) susr 25 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>doxycycline (monohydrate) tabs 50 mg, 75 mg, 100 mg, 150 mg</b>	1	
<b>doxycycline hyclate caps 50 mg, 100 mg</b>	1	
<b>doxycycline hyclate tabs 100 mg</b>	1	
MINOCIN CAPS 100 MG ( <b>minocycline hcl</b> )	2	
<b>minocycline hcl caps 50 mg, 75 mg, 100 mg</b>	1	
<b>tetracycline hcl caps</b>	1	
VIBRAMYCIN CAPS 100 MG ( <b>doxycycline hyclate</b> )	2	
VIBRAMYCIN SUSR 25 MG/5ML ( <b>doxycycline (monohydrate)</b> )	2	
VIBRAMYCIN SYRP 50 MG/5ML ( <b>doxycycline calcium</b> )	2	
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<b>methimazole tabs</b>	1	
<b>propylthiouracil tabs</b>	1	QL(3 ea daily)
TAPAZOLE TABS ( <b>methimazole</b> )	2	
<b>Thyroid Hormones</b>		
(Levothyroxine Sodium) EUTHYROX, LEVOXYL TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, UNITHROID, LEVOXYL, LEVO-T TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
(Levothyroxine Sodium) LEVO-T, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Thyroid) NP THYROID 15, NP THYROID 90, NP THYROID 60, NP THYROID 30 TABS	1	
ARMOUR THYROID TABS ( <b>thyroid</b> )	2	
CYTOMEL TABS 25 MCG, 50 MCG ( <b>liothyronine sodium</b> )	2	QL(2 ea daily)
CYTOMEL TABS 5 MCG ( <b>liothyronine sodium</b> )	2	
<b>levothyroxine sodium tabs or 112 mcg, 125 mcg, 175 mcg, 200 mcg</b>	1	QL(1 ea daily)
<b>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 137 mcg, 150 mcg, 300 mcg</b>	1	
<b>liothyronine sodium tabs 25 mcg, 50 mcg</b>	1	QL(2 ea daily)
<b>liothyronine sodium tabs 5 mcg</b>	1	
NATURE-THROID TABS 65 MG, 130 MG, 195 MG, 260 MG, 325 MG, 32.5 MG, 97.5 MG, 16.25 MG, 81.25 MG, 113.75 MG, 146.25 MG ( <b>thyroid</b> )	2	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG ( <b>levothyroxine sodium</b> )	2	QL(1 ea daily)
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG ( <b>levothyroxine sodium</b> )	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>thyroid tabs</i>	1	
WESTHROID TABS ( <i>thyroid</i> )	2	
WP THYROID TABS 65 MG, 130 MG, 32.5 MG, 97.5 MG, 16.25 MG, 81.25 MG, 113.75 MG ( <i>thyroid</i> )	2	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
BENTYL CAPS ( <i>dicyclomine hcl</i> )	2	
CUVPOSA SOLN ( <i>glycopyrrolate</i> )	2	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
<i>methscopolamine bromide tabs</i>	1	
<i>propantheline bromide tabs</i>	1	
ROBINUL FORTE TABS ( <i>glycopyrrolate</i> )	2	
ROBINUL TABS ( <i>glycopyrrolate</i> )	2	
<b>H-2 Antagonists</b>		

Drug Name	Drug Tier	Requirements/ Limits
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, RA ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, MM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, HM FAMOTIDINE, HEARTBURN RELIEF MAXIMUMSTRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, EQ ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH TABS	1	QL(4 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Ranitidine Hcl) ACID CONTROL MAXIMUM STRENGTH, WAL-ZAN 150 MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, SB ACID REDUCER, RANITIDINE 150 MAXIMUM STRENGTH, RA ACID REDUCER MAXIMUM STRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, KLS ACID REDUCER MAXIMUMSTRENGTH, HM ACID REDUCER MAXIMUM STRENGTH, HM ACID REDUCER, HEARTBURN RELIEF 150 MAXIMUM STRENGTH, GOODSENSE ACID REDUCER, GNP ACID CONTROL 150 MAXIMUM STRENGTH, EQL HEARTBURN RELIEF MAXIMUM STRENGTH, EQL ACID REDUCER MAXIMUMSTRENGTH, EQ ACID REDUCER, CVS ACID REDUCER MAXIMUMSTRENGTH, ACID REDUCER MAXIMUM STRENGTH, ACID REDUCER TABS	1	QL(4 ea daily); RX/OTC
CIMETIDINE HCL SOLN ( <i>cimetidine hcl</i> )	2	
<i>cimetidine tabs 300 mg, 800 mg</i>	1	
<i>cimetidine tabs 400 mg</i>	1	QL(4 ea daily)
<i>famotidine tabs 20 mg</i>	1	QL(4 ea daily); RX/OTC
<i>famotidine tabs 40 mg</i>	1	QL(2 ea daily)
NIZATIDINE CAPS 150 MG ( <i>nizatidine</i> )	2	
<i>nizatidine caps 150 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NIZATIDINE SOLN 15 MG/ML ( <i>nizatidine</i> )	2	
PEPCID AC MAXIMUM STRENGTH TABS ( <i>famotidine</i> )	2	QL(4 ea daily); RX/OTC
PEPCID TABS 20 MG ( <i>famotidine</i> )	2	QL(4 ea daily); RX/OTC
PEPCID TABS 40 MG ( <i>famotidine</i> )	2	QL(2 ea daily)
<i>ranitidine hcl caps 150 mg</i>	1	
<i>ranitidine hcl syrp 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	
<i>ranitidine hcl tabs 150 mg</i>	1	QL(4 ea daily); RX/OTC
<i>ranitidine hcl tabs 300 mg</i>	1	QL(2 ea daily)
ZANTAC 150 MAXIMUM STRENGTH TABS ( <i>ranitidine hcl</i> )	2	QL(4 ea daily); RX/OTC
ZANTAC TABS ( <i>ranitidine hcl</i> )	2	QL(2 ea daily)
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML ( <i>sucralfate</i> )	2	
CARAFATE TABS 1 GM ( <i>sucralfate</i> )	2	QL(4 ea daily)
<i>sucralfate susp 1 gm/10ml</i>	1	
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		
(Lansoprazole) CVS LANSOPRAZOLE, SM LANSOPRAZOLE, RA LANSOPRAZOLE, QC LANSOPRAZOLE, KLS LANSOPRAZOLE, HM LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, GNP LANSOPRAZOLE, EQ LANSOPRAZOLE CPDR	1	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
(Lansoprazole) HEARTBURN TREATMENT 24 HOUR CPDR 15 MG	1	QL(1 ea daily); RX/OTC
<i>lansoprazole cpdr 15 mg</i>	1	QL(1 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	QL(1 ea daily)
<i>omeprazole cpdr 10 mg</i>	1	
<i>omeprazole cpdr 20 mg</i>	1	QL(1 ea daily); RX/OTC
<i>omeprazole cpdr 40 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec</i>	1	QL(1 ea daily)
PREVACID 24HR CPDR ( <i>lansoprazole</i> )	2	QL(1 ea daily); RX/OTC
PREVACID CPDR 15 MG ( <i>lansoprazole</i> )	2	QL(1 ea daily); RX/OTC
PREVACID CPDR 30 MG ( <i>lansoprazole</i> )	2	QL(1 ea daily)
PROTONIX TBEC 20 MG, 40 MG ( <i>pantoprazole sodium</i> )	2	QL(1 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS ( <i>misoprostol</i> )	2	
<i>misoprostol tabs</i>	1	
<b>Ulcer Therapy Combinations</b>		
<i>amoxicillin-clarithromycin w/ lansoprazole misc</i>	1	
PREVPAC MISC ( <i>amoxicillin-clarithromycin w/ lansoprazole</i> )	2	
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infectives</b>		
FURADANTIN SUSP ( <i>nitrofurantoin</i> )	2	

Drug Name	Drug Tier	Requirements/Limits
MACROBID CAPS ( <i>nitrofurantoin monohydrate macro</i> )	2	
MACRODANTIN CAPS ( <i>nitrofurantoin macrocrystal</i> )	2	
<i>methenamine mandelate tabs</i>	1	
<i>nitrofurantoin macrocrystal caps</i>	1	
<i>nitrofurantoin monohydrate macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
DETROL LA CP24 ( <i>tolterodine tartrate</i> )	2	QL(1 ea daily)
DETROL TABS ( <i>tolterodine tartrate</i> )	2	QL(2 ea daily)
DITROPAN XL TB24 ( <i>oxybutynin chloride</i> )	2	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	QL(15 ml daily)
<i>oxybutynin chloride tabs 5 mg</i>	1	QL(4 ea daily)
<i>oxybutynin chloride tb24 5 mg, 10 mg, 15 mg</i>	1	
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	QL(2 ea daily)
TOVIAZ TB24 ( <i>fesoterodine fumarate</i> )	2	QL(1 ea daily)
<i>trospium chloride cp24 60 mg</i>	1	
<i>trospium chloride tabs 20 mg</i>	1	QL(2 ea daily)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<i>bethanechol chloride tabs</i>	1	
URECHOLINE TABS ( <i>bethanechol chloride</i> )	2	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Spermicides</b>		
TODAY SPONGE MISC ( <i>nonoxynol-9</i> )	2	
<b>Vaginal Anti-infectives</b>		
(Metronidazole Vaginal) VANDAZOLE GEL	1	
CLEOCIN CREA VA 2 % ( <i>clindamycin phosphate vaginal</i> )	2	
<i>clindamycin phosphate vaginal crea</i>	1	
METROGEL-VAGINAL GEL ( <i>metronidazole vaginal</i> )	2	
<i>metronidazole vaginal gel</i>	1	
TERAZOL 7 CREA ( <i>terconazole vaginal</i> )	2	
TERCONAZOLE CREA ( <i>terconazole vaginal</i> )	2	
<i>terconazole vaginal crea</i>	1	
<b>Vaginal Estrogens</b>		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA ( <i>estradiol vaginal</i> )	2	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN CREA VA 0.625 MG/GM ( <i>estrogens, conjugated vaginal</i> )	2	QL(2 gm daily)
VAGIFEM TABS ( <i>estradiol vaginal</i> )	2	
<b>Vaginal Progestins</b>		
CRINONE GEL ( <i>progesterone vaginal</i> )	2	PA; QL(168 gm per 180 days retail)
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	4	PA; Limited to 2 pens per fill; 4 pens per month; QL(2 ea per fill retail, 4 ea per 30 days retail)
SYMJEPI SOSY ( <i>epinephrine (anaphylaxis)</i> )	4	Not available through Mail Order
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
DRISDOL CAPS ( <i>ergocalciferol</i> )	2	PV
<i>ergocalciferol caps</i>	1	PV
MEPHYTON TABS ( <i>phytonadione</i> )	2	
<i>phytonadione tabs</i>	1	

1=Preferred Generics 2=Preferred Brands/High Cost Generics 4=High Cost Drugs  
 GP=Generic Preferred PV=Preventive Drugs AL=Age Limit PA=Prior Authorization  
 QL=Quantity Limit ST=Step Therapy AC=Anti-Cancer LA=Limited Access  
 RX/OTC=Prescription & Over-the-Counter



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				ERGOMAR.....	83
				ergotamine w/ caffeine.....	83
				ERIVEDGE.....	30
				erlotinib hcl.....	31
				ery-tab.....	67
				ERYGEL.....	50
				ERYPED 200.....	67
				ERYPED 400.....	67
				erythrocin stearate.....	67
				ERYTHROMYCIN.....	67
				erythromycin (acne aid).....	50
				erythromycin (ophth).....	93

erythromycin base	67	felodipine	41	fluphenazine hcl	35
erythromycin ethylsuccinate	67	FEMARA	30	FLUPHENAZINE HCL	36
escitalopram oxalate	17	FEMHRT LOW DOSE	59	FLURA-DROPS	84
esgic	5	fenofibrate	24	flurazepam hcl	64
ESGIC	5	FENOFIBRATE	24	flurbiprofen	4
estarylla	46	fenofibrate	24	flurbiprofen sodium	95
estazolam	64	fenofibrate micronized	24	FLURBIPROFEN SODIUM	95
ESTRACE	59	FENOPROFEN CALCIUM	4	flutamide	30
estradiol	59,60	FENORTHO	4	fluticasone propionate	54
estradiol & norethindrone acetate	59	fentanyl	6	fluticasone propionate (nasal)	91
estradiol vaginal	105	FIFTY50 SAFETY SEAL LANCETS 30G	71	fluticasone-salmeterol	13
ESTROPIPATE	60	FIFTY50 SAFETY SEAL LANCETS 32G	71	fluvastatin sodium	24
ethambutol hcl	29	FIFTY50 UNILET LANCETS 33G	71	fluvoxamine maleate	17,18
ethosuximide	16	FINACEA	56	FML	94
ethynodiol diacet & eth estrad	46	finasteride	62	FML FORTE	94
etodolac	4	FINE 30	72	FML LIQUIFILM	94
etonogestrel-ethinyl estradiol	47	FINGERSTIX LANCETS	72	FOCALIN	2
etoposide	33	FIORINAL	5	folic acid	63
euthyrox	101	FLAGYL	9	FOLIVANE-OB	88
everolimus	31	FLAREX	94	FORA LANCETS	72
everolimus (immunosuppressant)	85	flavoxate hcl	105	FORTESTA	8
EVISTA	58	flecainide acetate	11	FOSAMAX	58
EVOTAZ	37	FLOMAX	62	fosamprenavir calcium	37
EXALGO	6	FLONASE ALLERGY RELIEF	91	fosinopril sodium	25
EXELON	97	FLONASE ALLERGY RELIEF CHILDRENS	91	fosinopril sodium & hydrochlorothiazide	27
exemestane	30	FLORIVA PLUS	86	FOSRENOL	61
EXFORGE	27	FLOVENT DISKUS	12	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	72
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EZ SMART BLOOD GLUCOSE LANCETS	71	FLOXIN OTIC	96	FREESTYLE INSULINX BLOODGLUCOSE TEST	56
EZ-LETS LANCETS 21G	71	fluconazole	22	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS	56
EZ-LETS LANCETS 26G SUPER-SOFT	71	fludrocortisone acetate	48	FREESTYLE LANCETS	72
EZ-LETS LANCETS 28G ULTRA-SOFT	71	FLUMADINE	40	FREESTYLE LITE TEST STRIPS	56
EZ-LETS LANCETS 30G	71	fluocinolone acetonide	54	FREESTYLE TEST STRIPS	56
ezetimibe	24	fluocinonide	54	FREESTYLE UNISTICK II LANCETS	72
ezetimibe-simvastatin	23	fluocinonide emulsified base	54	FURADANTIN	104
famciclovir	39	FLUORABON	83	furosemide	57
famotidine	103	fluoritab	83	fyavolv	59
FARESTON	30	fluorometholone (ophth)	94	g tussin ac	49
FARYDAK	31	FLUOROPLEX	52	gabapentin	14
febuxostat	63	FLUOROURACIL	52		
felbamate	16	fluorouracil (topical)	52		
FELBATOL	16	FLUOXETINE	98		
FELDENE	4	fluoxetine hcl	17		

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gavilyte-h..... 64	glyburide..... 21	HAEMOLANCE PLUS..... 73
gavilyte-n/flavor pack..... 64	glyburide micronized..... 21	HAEMOLANCE PLUS HIGH
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GENERESS FE..... 46	glycopyrrolate..... 102	HAEMOLANCE PLUS LOW
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GENTAK..... 93	GLYXAMBI..... 19	HAEMOLANCE PLUS MAX
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HYCAMTIN.....	33	insulin aspart.....	21	K-TAB.....	84
hydralazine hcl.....	28	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN.....	21	KADIAN.....	6
HYDREA.....	33	INSULIN SYRINGES AND PEN NEEDLES.....	83	kaitlib fe.....	45
hydrochlorothiazide.....	57,58	INTELENCE.....	37	KALETRA.....	37
hydrocodone polistirex- chlorpheniramine polistirex..	49	INTUNIV.....	2	KALYDECO.....	100
hydrocodone w/ homatropine.....	48	INVIRASE.....	37	KEFLEX.....	43
hydrocodone-acetaminophen.	7	INVOKAMET.....	19	kelnor 1/35.....	44
hydrocodone-ibuprofen.....	7	INVOKAMET XR.....	19	kelnor 1/50.....	44
hydrocortisone.....	48	INVOKANA.....	21	KENALOG.....	54
hydrocortisone (intrarectal)...	8	ipratropium bromide.....	11	KEPPRA.....	15
hydrocortisone (rectal).....	9	ipratropium bromide (nasal).....	90	KEPPRA XR.....	15
hydrocortisone (topical).....	54	ipratropium-albuterol.....	13	ketoconazole.....	22
hydrocortisone butyrate.....	54	irbesartan.....	25	ketoconazole (topical).....	51
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hydromorphone hcl.....	6	IRESSA.....	31	KETOPROFEN.....	4
hydroxychloroquine sulfate.....	28	ISENTRESS.....	37	ketorolac tromethamine.....	4
hydroxyurea.....	33	ISENTRESS HD.....	37	ketorolac tromethamine (ophth).....	95
hydroxyzine hcl.....	10	isoniazid.....	29	KETOSTIX.....	56
hydroxyzine pamoate.....	10	ISOPTO ATROPINE.....	92	KEVZARA.....	4
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IBRANCE.....	31	ISOSORBIDE DINITRATE ER.....	10	KISQALI.....	31
ibu.....	4	isosorbide mononitrate.....	10	KISQALI FEMARA 200 DOSE.....	31
ibudone.....	7	isotretinoin.....	50,51	KISQALI FEMARA 400 DOSE.....	31
ibuprofen.....	4	ISTALOL.....	92	KISQALI FEMARA 600 DOSE.....	31
IDHIFA.....	31	itraconazole.....	22	KITABIS PAK.....	3
ilotycin.....	92	IXINITY.....	63	KLARON.....	51
imatinib mesylate.....	31	JADENU.....	22	klofensaid ii.....	51
IMBRUVICA.....	31	JAKAFI.....	31	KLONOPIN.....	14
imipramine hcl.....	19	JALYN.....	62	klor-con.....	84
imiquimod.....	55	jantoven.....	14	klor-con 10.....	84
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KROGER HEALTHPRO TWIST LANCETS/30G	73	LANCETS THIN	74	levonorgestrel (emergency oc)	47
KROGER HEALTHPRO TWIST LANCETS/33G	73	LANCETS TWIST TOP	74	levonorgestrel-eth estradiol (triphasic)	46
KROGER LANCETS	73	LANCETS ULTRA FINE	74	levonorgestrel-ethinyl estradiol (91-day)	46
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KROGER LANCETS SUPER THIN	73	LANCETSBULLSEYE SAFETY	74	LEXAPRO	18
KROGER LANCETS THIN	73	LANOXIN	42	LEXIVA	37
KROGER LANCETS THIN 26G	73	lansoprazole	104	LIALDA	61
KROGER LANCETS ULTRATHIN30G	74	lanthanum carbonate	61	LIBERTY MEDICAL LANCETS 30G	74
KUVAN	58	LANTUS	21	lidocaine	55
labetalol hcl	40	LANTUS SOLOSTAR	21	lidocaine hcl	55
lactulose	65	LASIX	57	lidocaine hcl (mouth-throat)	85
lactulose (encephalopathy)	61	latanoprost	95	LIDODERM	56
LAMICTAL	15	LATANOPROST	95	LIFESCAN UNISTIK 2 DEEP PENETRATION	74
LAMICTAL CHEWABLE DISPERSIBLE	15	LEDIPASVIR/SOFOSBUVIR	39	LIFESCAN UNISTIK II LANCETS	74
LAMICTAL ODT	15	leflunomide	5	linezolid	9
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	15	LENVIMA 10 MG DAILY DOSE	32	LINZESS	61
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	15	LENVIMA 14 MG DAILY DOSE	32	liothyronine sodium	101
LAMICTAL STARTER/TAKING VALPROATE	15	LENVIMA 18 MG DAILY DOSE	32	LIPITOR	24
lamivudine	37	LENVIMA 20 MG DAILY DOSE	32	lisinopril	25
lamivudine-zidovudine	37	LENVIMA 24 MG DAILY DOSE	32	lisinopril & hydrochlorothiazide	27
lamotrigine	15	LENVIMA 4 MG DAILY DOSE	32	LITE TOUCH LANCETS	74
LANCETS	74	LENVIMA 8 MG DAILY DOSE	32	LITETOUCH LANCETS MICRO THIN 33G	74
LANCETS 26G TWIST TOP	74	LENSCOL XL	24	LITHIUM	34
LANCETS 28G	74	LETAIRIS	43	lithium carbonate	34
LANCETS 30G	74	letrozole	30	LITHOBID	35
LANCETS 30G TWIST TOP	74	leucovorin calcium	33	LIVE BETTER LANCET SUPERTHIN 30G	74
LANCETS 30G/TWIST TOP	74	LEUKERAN	29	LIVE BETTER LANCET ULTRATHIN 28G	74
LANCETS 31G TWIST TOP	74	levabuterol hcl	13	LOCOID	54
LANCETS 33G UNIVERSAL DESIGN	74	levabuterol tartrate	13	LODINE	4
LANCETS MICRO THIN 33G	74	LEVAQUIN	60	LOESTRIN 1.5/30-21	46
LANCETS SAFETY SEAL 21G	74	LEVEMIR	21	LOESTRIN 1/20-21	46
LANCETS SAFETY SEAL 26G	74	LEVEMIR FLEXTOUCH	21	LOESTRIN FE 1.5/30	46
LANCETS SAFETY SEAL 28G	74	levetiracetam	15	LOESTRIN FE 1/20	46
LANCETS SAFETY SEAL 30G	74	LEVITRA	42	LOMAIRA	1
		levo-t	101	LOMOTIL	22
		levobunolol hcl	92	LONGS LANCETS STANDARD	74
		LEVOBUNOLOL HCL	92	LONGS LANCETS THIN	74
		levofloxacin	60		



LONGS LANCETS ULTRA THIN.....	75	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	75	MEIJER SUPER THIN LANCETS.....	75
LONSURF.....	31	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	75	MEKINIST.....	32
LOPID.....	24	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	75	MEKTOVI.....	32
lopinavir-ritonavir.....	37	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW.....	75	melodetta 24 fe.....	45
LOPRESSOR.....	40	MEDICHOICE SAFETY LANCETEXTRA.....	75	meloxicam.....	4
LOPRESSOR HCT.....	27	MEDICHOICE SAFETY LANCETNORMAL.....	75	melphalan.....	29
LOPROX.....	52	MEDISENSE THIN LANCETS.....	75	memantine hcl.....	97
LOPROX SHAMPOO.....	52	MEDLANCE PLUS EXTRA LANCETS 21G.....	75	MENEST.....	60
lorazepam.....	10	MEDLANCE PLUS LANCETS.....	75	meperidine hcl.....	6
lorazepam intensol.....	10	MEDLANCE PLUS LITE 25G.....	75	MEPERIDINE HCL.....	6
LORBRENA.....	32	MEDLANCE PLUS LITE LANCETS 25G.....	75	MEPHYTON.....	105
lorcet.....	7	MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	75	MEPRON.....	9
losartan potassium.....	25	MEDLANCE PLUS SUPERLITE 30G.....	75	mercaptopurine.....	29
losartan potassium & hydrochlorothiazide.....	27	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	75	mesalamine.....	61
LOSEASONIQUE.....	46	MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	75	MESTINON.....	29
LOTENSIN.....	25	MEDLANCE PLUS/LITE 25G.....	75	MESTINON TIMESPAN.....	29
LOTENSIN HCT.....	27	MEDLANCE/EXTRA.....	75	metadate er.....	2
LOTREL.....	27	MEDLANCE/LITE.....	75	metaproterenol sulfate.....	13
LOTRISONE.....	52	MEDLANCE/UNIVERSAL.....	75	metformin hcl.....	20
lovastatin.....	24	MEDROL.....	48	methadone hcl.....	6
LOVAZA.....	23	MEDROL DOSEPAK.....	48	methadose.....	5
loxapine succinate.....	35	medroxyprogesterone acetate.....	97	methazolamide.....	57
LUMIGAN.....	95	MEFLOQUINE HCL.....	29	methenamine mandelate.....	104
LYNPARZA.....	32	megestrol acetate.....	30	methergine.....	96
LYSODREN.....	30	MEIJER COLOR LANCETS UNIVERSAL 33G.....	75	methimazole.....	101
LYSTEDA.....	63	MEIJER LANCETS.....	75	METHITEST.....	8
M-NATAL PLUS.....	88	MEIJER LANCETS THIN.....	75	methocarbamol.....	90
M-VIT.....	88	MEIJER LANCETS UNIVERSAL21G.....	75	METHOTREXATE.....	3
MACROBID.....	104	MEIJER LANCETS UNIVERSAL30G.....	75	methotrexate sodium.....	29
MACRODANTIN.....	104	MEIJER LANCETS UNIVERSAL33G.....	75	methotrexate rapid.....	52
MALARONE.....	28			methscopolamine bromide.....	102
maprotiline hcl.....	17			methyldopa.....	26
MARNATAL-F.....	88			methyldopa & hydrochlorothiazide.....	27
MATULANE.....	33			methylergonovine maleate.....	96
matzim la.....	41			METHYLIN.....	2
MAVYRET.....	39			methylphenidate hcl.....	2
MAXALT.....	83			methylprednisolone.....	48
MAXALT-MLT.....	83			METHYLTESTOSTERONE.....	8
MAXIDEX.....	94			metoclopramide hcl.....	60
MAXITROL.....	94			metolazone.....	58
MAXZIDE.....	57			metoprolol & hydrochlorothiazide.....	27
MAXZIDE-25.....	57			metoprolol succinate.....	40
MAYZENT.....	98			metoprolol tartrate.....	40
MAYZENT STARTER PACK.....	98			METOPROLOL/HYDROCHLOROTHIAZIDE.....	27
meclofenamate sodium.....	4				

METROCREAM.....	56	moxifloxacin hcl.....	60	nefazodone hcl.....	18
METROGEL.....	56	moxifloxacin hcl (ophth).....	93	NEFAZODONE	
METROGEL-VAGINAL.....	105	MPD SAFETY LANCET		HYDROCHLORIDE.....	18
METROLOTION.....	56	21G/1.8MM.....	76	neo-polycin.....	92
metronidazole.....	9	MPD SAFETY LANCET		neo-polycin hc.....	93
metronidazole (topical).....	56	28G/1.8MM.....	76	neomycin sulfate.....	3
metronidazole vaginal.....	105	MPD SAFETY LANCET		neomycin-bacitracin zn-	
mexiletine hcl.....	11	30G/1.8MM.....	76	polymyxin.....	93
MICARDIS.....	26	MPD SAFETY LANCETS		neomycin-polymy-dexameth	94
MICARDIS HCT.....	27	23G/1.8MM.....	76	neomycin-polymyxin-hc	
MICROLET LANCETS.....	75	MS CONTIN.....	6	(ophth).....	94
MICROTAINER SAFETY FLOW		MULTAQ.....	11	neomycin-polymyxin-hc	
LANCET/STERILE/SINGLE-USE		multi-vit/fluoride.....	86	(otic).....	96
.....	76	multi-vit/iron/fluoride.....	87	NEOMYCIN/POLYMYXIN/GRAM	
MICROZIDE.....	58	multivitamin with fluoride.....	86	ICIDIN.....	93
MILLIPRED.....	48	multivitamin/fluoride.....	86	NEONATAL COMPLETE.....	88
MINASTRIN 24 FE.....	46	MULTIVITAMIN/FLUORIDE		NEONATAL PLUS.....	88
MINIPRESS.....	26	.....	87	NEORAL.....	85
minitran.....	10	mupirocin.....	51	NEOSPORIN.....	93
MINIVELLE.....	60	MYAMBUTOL.....	29	NEPTAZANE.....	57
MINOCIN.....	101	MYCIBUTIN.....	29	NERLYNX.....	32
minocycline hcl.....	101	mycophenolate mofetil.....	85	NESTABS DHA.....	88
minoxidil.....	28	MYGLUCOHEALTH MGH		neuac.....	49
MIRALAX.....	65	SOFTLANCE LANCETS		NEURONTIN.....	15
MIRAPEX.....	33	30G.....	76	nevirapine.....	37
MIRCETTE.....	46	MYLERAN.....	29	NEVIRAPINE ER.....	37
mirtazapine.....	17	MYNATE 90 PLUS.....	88	NEXAVAR.....	32
misoprostol.....	104	MYSOLINE.....	15	niacin (antihyperlipidemic).....	25
MM TWIST LANCETS.....	76	nabumetone.....	4	NIASPAN.....	25
MOBIC.....	4	nadolol.....	40	NICODERM CQ.....	100
moexipril hcl.....	25	naltrexone hcl.....	22	NICORETTE.....	100
moexipril-hydrochlorothiazide		NAMENDA.....	97	NICORETTE MINI.....	100
.....	27	NAMENDA TITRATION		NICORETTE STARTER	
mometasone furoate.....	55	PAK.....	97	KIT.....	100
mometasone furoate (nasal).....	91	NAPROSYN.....	4	nicotine.....	100
mondoxyne nl.....	100	naproxen.....	4	nicotine polacrilex.....	100
MONOLET LANCETS.....	76	naproxen sodium.....	4	NICOTINE TRANSDERMAL	
MONOLET OPD LANCETS.....	76	naratriptan hcl.....	83	SYSTEM.....	100
MONOLETTOR SAFETY		NARDIL.....	17	NICOTROL INHALER.....	100
LANCETS.....	76	NASACORT ALLERGY		NICOTROL NS.....	100
montelukast sodium.....	11	24HR.....	91	nifedipine.....	41
morgidox 1x100mg.....	100	NASACORT ALLERGY 24HR		NILANDRON.....	30
morphine sulfate.....	6	CHILDRENS.....	91	nilutamide.....	30
MORPHINE SULFATE.....	6	NASONEX.....	91	nimodipine.....	41
morphine sulfate.....	6	NATACYN.....	93	NINLARO.....	32
MORPHINE SULFATE ER.....	6	NATAZIA.....	46	nisoldipine.....	41
MOVIPREP.....	65	nateglinide.....	21	NISOLDIPINE ER.....	41
MOXEZA.....	93	NATURE-THROID.....	101	NITRO-BID.....	10
		NEBUPENT.....	9	NITRO-DUR.....	10
		NEFAZODONE HCL.....	18		

nitrofurantoin.....	104	nystatin (mouth-throat).....	86	orphenadrine citrate.....	90
nitrofurantoin macrocrystal.	104	nystatin (topical).....	52	orphenadrine w/ aspirin & caff.....	90
nitrofurantoin monohyd macro.....	104	nystatin-triamcinolone.....	52	ORTHO MICRONOR.....	48
nitroglycerin.....	10	O-CAL FA.....	88	ORTHO TRI-CYCLEN.....	47
NITROLINGUAL PUMPSPRAY.....	10	OBSTETRIX DHA.....	88	ORTHO TRI-CYCLEN LO... ..	47
NITROSTAT.....	10	OBTREX DHA.....	88	ORTHO-CYCLEN.....	47
NIVA-PLUS.....	88	ocella.....	44	ORTHO-NOVUM 1/35.....	47
NIZATIDINE.....	103	OCUFLOX.....	93	ORTHO-NOVUM 7/7/7.....	47
nizatidine.....	103	ODOMZO.....	30	oseltamivir phosphate.....	40
NIZATIDINE.....	103	OFLOXACIN.....	60	OTEZLA.....	5
NORCO.....	7	ofloxacin (ophth).....	93	OTICIN HC NR.....	96
norethin acet & estrad-fe.	46,47	ofloxacin (otic).....	96	OVACE PLUS WASH.....	52
norethindrone & ethinyl estradiol- fe.....	47	olanzapine.....	35	OVACE WASH.....	52
norethindrone (contraceptive).....	48	olmesartan medoxomil.....	26	OXANDRIN.....	8
norethindrone acet & eth estra.....	47	olmesartan medoxomil- amlodipine-hydrochlorothiazide .....	27	oxandrolone.....	8
norethindrone acetate.....	97	olmesartan medoxomil- hydrochlorothiazide.....	27	oxaprozin.....	4
norethindrone acetate-ethinyl estradiol.....	59	olopatadine hcl.....	95	oxazepam.....	10
norgestimate-ethinyl estradiol.....	47	omega-3-acid ethyl esters.	23	OXAZEPAM.....	10
norgestimate-ethinyl estradiol (triphasic).....	47	omeprazole.....	104	oxcarbazepine.....	15
NORPACE.....	11	OMNIFLEX DIAPHRAGM.	67	OXSORALEN ULTRA.....	52
NORPACE CR.....	11	ON CALL LANCETS.....	76	oxybutynin chloride.....	104
NORPRAMIN.....	19	ON CALL PLUS LANCETS	76	oxycodone hcl.....	6
nortriptyline hcl.....	19	ondansetron.....	22	oxycodone w/ acetaminophen.	7
NORTRIPTYLINE HCL.....	19	ondansetron hcl.....	22	OXYCODONE/ACETAMINOPHE N.....	7
NORVASC.....	41,42	ONETOUCH CLUB LANCETS	76	OXYMORPHONE HYDROCHLORIDE ER.....	7
NORVIR.....	37	ONETOUCH DELICA LANCETS FINE POINT.....	76	OXYMORPHONE HYDROCHLORIDEER.....	7
NOVA SAFETY LANCETS 23G.....	76	ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	76	pacerone.....	11
NOVA SAFETY LANCETS 28G.....	76	ONETOUCH DELICA LANCETS FINE 30G.....	76	PAMELOR.....	19
NOVA SUREFLEX LANCETS.....	76	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G.....	76	pantoprazole sodium.....	104
np thyroid 15.....	101	ONETOUCH DELICA PLUS LANCETS FINE 30G.....	76	paricalcitol.....	58
NUBEQA.....	30	ONETOUCH FINEPOINT LANCETS.....	76	PARLODEL.....	34
NUCYNTA.....	6	ONETOUCH ULTRA.....	56	PARNATE.....	17
NUCYNTA ER.....	6	ONETOUCH ULTRA 2.....	76	paroex.....	86
NULYTELY/FLAVOR PACKS.....	65	ONETOUCH ULTRASOFT LANCETS.....	76	paromomycin sulfate.....	3
NUVARING.....	47	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM.....	76	PAROMOMYCIN SULFATE... ..	3
NUVIGIL.....	2	ONETOUCH VERIO TEST STRIPS.....	56	paroxetine hcl.....	18
nyamyc.....	51	ORAL SALINE LAXATIVE.	65	PATADAY.....	95
NYMALIZE.....	42	oralone dental paste.....	86	PATANOL.....	95
nystatin.....	22			PAXIL.....	18
				PAXIL CR.....	18
				PC LANCETS SUPER THIN 30G.....	76
				pediatric vitamins acd w/ fluoride.....	87

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	65	pioglitazone hcl-glimepiride	19	praziquantel	9
peg 3350-potassium chloride-sod bicarbonate-sod chloride	65	pioglitazone hcl-metformin hcl	19	prazosin hcl	26
penicillamine	85	PIP LANCETS/28G	77	PRECISION THINS GP LANCET	77
PENICILLIN V POTASSIUM	96	PIP LANCETS/30G	77	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS	56
penicillin v potassium	96	PIQRAY 200MG DAILY DOSE	32	PRECOSE	19
pentamidine isethionate	9	PIQRAY 250MG DAILY DOSE	32	PRED FORTE	94
pentoxifylline	63	PIQRAY 300MG DAILY DOSE	32	PRED MILD	94
PEPCID	103	piroxicam	4	PREDNICARBATE	55
PEPCID AC MAXIMUM STRENGTH	103	PLAN B ONE-STEP	47	PREDNISOLONE	48
PERCOCET	7	PLAQUENIL	29	prednisolone acetate (ophth)	94
PERFECT LANCETS 30G	76	PLAVIX	63	prednisolone acetate p-f	93
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	76	PNV FOLIC ACID + IRON MULTIVITAMIN	88	prednisolone sodium phosphate	48
PERIDEX	86	PNV OB+DHA	88	PREDNISOLONE SODIUM PHOSPHATE	94
perindopril erbumine	25	PNV PRENATAL PLUS MULTIVITAMIN	88	prednisone	48
permethrin	56	podofilox	55	PREDNISONE INTENSOL	48
perphenazine	36	POLY HUB NEEDLE/30G X 1/2"	83	PREFERRED PLUS LANCETS COLORED 21G	77
PHARMACIST CHOICE ULTRA THIN LANCETS	77	polyethylene glycol 3350	65	PREFERRED PLUS LANCETS SUPER THIN 30G	77
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	76	polymyxin b-trimethoprim	93	PREFERRED PLUS LANCETS THIN 26G	77
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	76	POLYTRIM	93	PREMARIN	60,105
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	77	POMALYST	30	PREMPHASE	59
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	77	pot phosphate monobasic w/ sod phosphate dibasic & monobasic	84	PREMPRO	59
PHARMACY COUNTER LANCETS	77	potassium bicarbonate	84	PRENA 1 TRUE	89
phenadoz	23	potassium chloride	84	PRENATA	89
phenelzine sulfate	17	POTASSIUM CHLORIDE ER	84	PRENATAL	89
phenobarbital	64	potassium chloride microencapsulated crystals er	84	PRENATAL 19	89
phenoxybenzamine hcl	25	potassium citrate (alkalinizer)	62	PRENATAL PLUS	89
phentermine hcl	1	potassium citrate-citric acid	62	PRENATAL VITAMINS PLUS LOW IRON	89
phenylephrine hcl (mydriatic)	92	PR NATAL 400	88	PRENATAL-U	89
PHENYTEK	16	PR NATAL 400 EC	88	PREPLUS	89
phenytoin	16	PR NATAL 430	89	PREPOPIK	65
phenytoin infatabs	16	PR NATAL 430 EC	89	PRESSURE ACTIVATED SAFETYLANCET 21G	77
PHOSPHOLINE IODIDE	92	PRADAXA	14	PREVACID	104
phytonadione	105	pramipexole dihydrochloride	34	PREVACID 24HR	104
PICATO	52	PRANDIN	21	prevalite	23
PIFELTRO	37	prasugrel hcl	63	PREVPAC	104
pilocarpine hcl	92	PRAVACHOL	24	PREZCOBIX	37
pilocarpine hcl (oral)	86	pravastatin sodium	24	PREZISTA	37
pindolol	40			PRIFTIN	29
pioglitazone hcl	20			primaquine phosphate	29
				PRIMAQUINE PHOSPHATE	29
				primidone	15

PRINIVIL.....	25	PROZAC.....	18	ra laxative.....	65,66
PRISTIQ.....	18	psorcon.....	53	rajani.....	44
PRO COMFORT LANCETS 30G.....	77	PSS SELECT GP LANCETS.....	77	raloxifene hcl.....	58
PRO COMFORT LANCETS 31G.....	77	PSS SELECT SAFETY LANCETS.....	77	ramipril.....	25
probenecid.....	63	PULMICORT.....	12	ranitidine hcl.....	103
PROCARDIA.....	42	PULMICORT FLEXHALER	12	rasagiline mesylate.....	34
PROCARDIA XL.....	42	PULMOZYME.....	100	RAZADYNE.....	97
prochlorperazine.....	36	PUSH BUTTON SAFETY LANCETS 21G.....	77	RAZADYNE ER.....	97
prochlorperazine maleate.....	36	PUSH BUTTON SAFETY LANCETS 28G.....	77	READYLANCE SAFETY LANCETS/21G/2.2MM.....	78
procto-med hc.....	9	PX LANCETS ULTRA THIN.....	77	READYLANCE SAFETY LANCETS/23G/1.8MM.....	78
PROCTOFOAM HC.....	8	PX LANCETS ULTRA THIN.....	77	READYLANCE SAFETY LANCETS/26G/1.8MM.....	78
PROCYSBI.....	62	28G.....	77	READYLANCE SAFETY LANCETS/28G/1.8MM.....	78
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	77	pyrazinamide.....	29	READYLANCE SAFETY LANCETS/30G/1.6MM.....	78
PRODIGY SAFETY LANCETS.....	77	pyridostigmine bromide.....	29	REALITY LANCETS.....	78
PRODIGY TWIST TOP LANCETS.....	77	QC LANCETS SUPER THIN.....	77	REALITY TRIGGER LANCETS.....	78
PROGRAF.....	85	QC LANCETS ULTRA THIN.....	77	REBETOL.....	39
PROMACTA.....	63	QC UNILET LANCETS 28G/ULTRA THIN.....	77	RECTIV.....	9
promethazine & phenylephrine.....	49	QC UNILET LANCETS 33G/MICRO THIN.....	77	REGIMEX.....	1
promethazine hcl.....	23	QSYMIA.....	1	REGLAN.....	60
promethazine vc plain.....	49	QUALAQUIN.....	29	RELION INSULIN SYRINGE 1ML/31GX15/64".....	83
promethazine vc/codeine.....	49	QUESTRAN.....	24	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64".....	83
promethazine w/codeine.....	49	QUESTRAN LIGHT.....	23	RELION KETONE.....	56
promethazine-dm.....	49	quetiapine fumarate.....	35	RELION LANCETS MICRO- THIN33G.....	78
promethazine-phenylephrine- codeine.....	49	QUFLORA FE PEDIATRIC	87	RELION LANCETS STANDARD 21G.....	78
PROMETHAZINE/DEXTROMET HORPHAN.....	49	QUFLORA GUMMIES.....	87	RELION LANCETS THIN 26G.....	78
PROMETHAZINE/PHENYLEPHR INE.....	49	QUFLORA PEDIATRIC.....	87	RELION LANCETS ULTRA- THIN30G.....	78
PROMETHAZINE/PHENYLEPHR INE/CODEINE.....	49	quinapril hcl.....	25	RELION LANCETS ULTRA THIN30G.....	78
promethegan.....	23	quinapril-hydrochlorothiazide.....	28	RELION ULTRA THIN LANCETS/30G.....	78
PROMETHEGAN.....	23	quinidine gluconate.....	11	RELION ULTRA THIN LANCETS30G.....	78
propafenone hcl.....	11	QUINIDINE SULFATE.....	11	RELION ULTRA THIN PLUS LANCETS 32G.....	78
propantheline bromide.....	102	quinine sulfate.....	29	RELION ULTRA THIN PLUS LANCETS 33G.....	78
propranolol & hydrochlorothiazide.....	28	QVAR REDIHALER.....	12	REMERON.....	17
propranolol hcl.....	40	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G.....	77	REMERON SOLTAB.....	17
propylthiouracil.....	101	RA E-ZJECT LANCETS 28G.....	77	RENVELA.....	61
PROSCAR.....	62	RA E-ZJECT LANCETS THIN 26G.....	77	repaglinide.....	21
PROTONIX.....	104	RA E-ZJECT LANCETS THIN 28G.....	78	REQUIP.....	34
PROTOPIC.....	55	RA E-ZJECT LANCETS ULTRATHIN 30G.....	78	REQUIP XL.....	34
PROVERA.....	97			RESCRIPTOR.....	38
PROVIDA OB.....	89				



RESTASIS.....	93	RYDAPT.....	32	SELECT-OB.....	89
RESTASIS MULTIDOSE.....	93	RYTHMOL SR.....	11	selegiline hcl.....	34
RESTORIL.....	64	SABRIL.....	16	SELEGILINE HCL.....	34
RETIN-A.....	51	SAFE-T-LANCE LOW FLOW		selenium sulfide.....	52
RETIN-A MICRO.....	51	25G.....	78	SELZENTRY.....	38
RETIN-A MICRO PUMP.....	51	SAFE-T-LANCE NORMAL		SEREVENT DISKUS.....	13
RETROVIR.....	38	FLOW21G.....	78	SEROQUEL.....	35
REVLIMID.....	85	SAFE-T-LANCE PLUS		sertraline hcl.....	18
REXALL LANCETS ULTRA		SAFETYLANCET HIGH		sevelamer carbonate.....	62
THIN.....	78	FLOW.....	78	SFROWASA.....	61
REYATAZ.....	38	SAFE-T-LANCE PLUS		SHOPKO ON-THE-GO	
ribasphere.....	39	SAFETYLANCET LOW		COMFORTLANCETS 30G.....	79
ribavirin (hepatitis c).....	39	FLOW.....	78	SHOPKO UNILET LANCETS	
RIDAURA.....	3	SAFE-T-LANCE PLUS		SUPER THIN 30G.....	79
rifabutin.....	29	SAFETYLANCET NORMAL		SHOPKO UNILET LANCETS	
RIFADIN.....	29	FLOW.....	78	ULTRA THIN 28G.....	79
RIFAMATE.....	29	SAFETY LANCET		SIDE BUTTON SAFETY	
rifampin.....	29	21G/PRESSURE		LANCET21G.....	79
RIGHTEST GL300		ACTIVATED.....	78	sildenafil citrate.....	42
LANCETS.....	78	SAFETY LANCET		SILVADENE.....	53
RIMANTADINE		23G/PRESSURE		silver sulfadiazine.....	53
HYDROCHLORIDE.....	40	ACTIVATED.....	78	simvastatin.....	24
RINVOQ.....	3	SAFETY LANCET		SINEMET.....	34
risedronate sodium.....	58	28G/PRESSURE		SINEMET CR.....	34
RISPERDAL.....	35	ACTIVATED.....	78	SINGLE-LET.....	79
RISPERDAL M-TAB.....	35	SAFETY LANCET		SINGULAIR.....	12
risperidone.....	35	30G/PRESSURE		SIVEXTRO.....	9
risperidone m-tab.....	35	ACTIVATED.....	78	SKYRIZI.....	52
RITALIN.....	2	SAFETY LANCETS.....	79	SM MICRO THIN LANCETS	
ritonavir.....	38	SAFETY LANCETS 21G.....	79	33G.....	79
rivastigmine.....	98	SAFETY LANCETS 28G.....	79	SMART SENSE COLOR	
rivastigmine tartrate.....	98	SAFETY LET LANCETS.....	79	LANCETS UNIVERSAL 33G.....	79
RIXUBIS.....	63	SAFETY SEAL LANCETS		SMART SENSE STANDARD	
rizatriptan benzoate.....	83	28G.....	79	LANCETS UNIVERSAL 21G.....	79
ROBAXIN.....	90	SAFETY SEAL LANCETS		SMART SENSE SUPER THIN	
ROBAXIN-750.....	90	30G.....	79	LANCETS UNIVERSAL 30G.....	79
ROBINUL.....	102	SAFYRAL.....	47	SMART SENSE THIN	
ROBINUL FORTE.....	102	SALAGEN.....	86	LANCETSUNIVERSAL 26G.....	79
ROCALTROL.....	58	SALEX.....	55	SMARTEST LANCETS 28G.....	79
ropinirole hydrochloride.....	34	salicylic acid.....	55	sodium chloride (inhalant).....	49
rosadan.....	56	salsalate.....	5	sodium citrate & citric acid.....	62
rosuvastatin calcium.....	24	SANDIMMUNE.....	85	sodium fluoride.....	84
roweepra.....	14	SAPS HEALTH CARE TWIST		sodium polystyrene	
roweepra xr.....	14	TOP LANCETS.....	79	sulfonate.....	85
ROXICET.....	7	SAPS HEALTH TWIST TOP		sodium sulfacetamide wash.....	52
ROXICODONE.....	7	LANCETS 30G.....	79	SODIUM	
RUBRACA.....	32	SAPSCARE TWIST TOP		SULFACETAMIDE/SULFUR	
		LANCETS 30G.....	79	.....	51
		SB LANCETS THIN.....	79	SOFOSBUVIR/VELPATASVIR	
		SB LANCETS ULTRA		.....	39
		THIN.....	79		
		SE-NATAL 19.....	89		
		SEASONIQUE.....	47		
		seb-prev wash.....	52		

SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G.....	79	sulfasalazine.....	61	tamoxifen citrate.....	30
SOLUS V2 TWIST LANCETS 30G.....	79	sulfatrim pediatric.....	9	tamsulosin hcl.....	62
SOMA.....	90	sulindac.....	4	TAPAZOLE.....	101
SONATA.....	64	sumatriptan.....	83	TARCEVA.....	32
sorine.....	40	sumatriptan succinate.....	83	TARGRETIN.....	33,52
sotalol hcl.....	40	SUPER THIN LANCETS.....	79	TARON-C DHA.....	89
sotalol hcl (afib/afib).....	40	SUPRAX.....	44	TASIGNA.....	32
SOTYLIZE.....	40	SUPREP BOWEL PREP KIT.....	65	tazarotene.....	52
SOVALDI.....	39	SURE COMFORT LANCETS 18G.....	79	TAZORAC.....	52
SPIRIVA HANDIHALER.....	11	SURE COMFORT LANCETS 21G.....	79	taztia xt.....	41
SPIRIVA RESPIMAT.....	11	SURE COMFORT LANCETS 23G.....	79	TECFIDERA.....	98
spironolactone.....	57	SURE COMFORT LANCETS 28G.....	80	TECFIDERA STARTER PACK.....	98
spironolactone & hydrochlorothiazide.....	57	SURE COMFORT LANCETS 30G.....	80	TECHLITE AST LANCETS.....	80
SPORANOX.....	22	SURE-LANCE FLAT LANCETS.....	80	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64".....	83
SPORANOX PULSEPAK.....	22	SURE-LANCE LANCETS 26G.....	80	TECHLITE LANCETS.....	80
SPRYCEL.....	32	SURE-LANCE THIN LANCETS 28G.....	80	TECHLITE LANCETS 30G.....	80
ssd.....	53	SURE-TOUCH LANCETS UNIVERSAL.....	80	TEGRETOL.....	15
SSS 10-5.....	51	SURELITE LANCETS.....	80	TEGRETOL-XR.....	15
STALEVO 100.....	34	SUSTIVA.....	38	telmisartan.....	26
STALEVO 125.....	34	SUTENT.....	32	telmisartan-amlodipine.....	28
STALEVO 150.....	34	SYMBICORT.....	13	telmisartan-hydrochlorothiazide .....	28
STALEVO 50.....	34	SYMDEKO.....	100	temazepam.....	64
STALEVO 75.....	34	SYMJEPI.....	105	TEMIXYS.....	38
STARLIX.....	21	SYMTUZA.....	38	TEMODAR.....	29
stavudine.....	38	SYNALAR.....	55	TEMOVATE.....	55
STERILANCE TL.....	79	SYNAREL.....	58	temozolomide.....	29
STIOLTO RESPIMAT.....	13	SYNJARDY.....	19	tenofovir disoproxil fumarate.....	38
STRATTERA.....	2	SYNJARDY XR.....	19	TENORETIC 100.....	28
STRIBILD.....	38	SYNTHROID.....	101	TENORETIC 50.....	28
STRIVERDI RESPIMAT.....	13	TABLOID.....	30	TENORMIN.....	40
subvenite.....	14	tacrolimus.....	85	TERAZOL 7.....	105
subvenite starter kit/blue.....	14	tacrolimus (topical).....	55	terazosin hcl.....	26
sucralfate.....	103	tadalafil.....	42	terbutaline hcl.....	22
SULAR.....	42	tadalafil (pulmonary hypertension).....	43	terbutaline sulfate.....	13
sulfacetamide sod- prednisolone.....	94	TAFINLAR.....	32	TERCONAZOLE.....	105
sulfacetamide sodium.....	52	TAGRISSO.....	32	terconazole vaginal.....	105
SULFACETAMIDE SODIUM.....	93	TALZENNA.....	32	TESSALON PERLES.....	49
sulfacetamide sodium (acne).....	51	TAMIFLU.....	40	testim.....	8
sulfacetamide sodium (ophth).....	93			testosterone.....	8
SULFACETAMIDE SODIUM/PREDNISOLONE.....	94			TESTOSTERONE PUMP.....	8
SODIUM PHOSPHATE.....	94			tetracycline hcl.....	101
sulfamethoxazole- trimethoprim.....	9			TGT LANCET MICRO THIN 33G.....	80
				TGT LANCET THIN 26G.....	80

TGT LANCET ULTRA THIN 30G.....	80	TOPICORT.....	55	TRIDESILON.....	55
theophylline.....	13	topiramate.....	16	trifluoperazine hcl.....	36
THEOPHYLLINE ER.....	13	TOPROL XL.....	40	TRIFLURIDINE.....	93
THERANATAL CORE NUTRITION.....	89	toremifene citrate.....	30	TRIGLIDE.....	24
THINLETS GP LANCETS.....	80	torsemide.....	57	trihexyphenidyl hcl.....	33
thioridazine hcl.....	36	TOUJEO MAX SOLOSTAR.....	21	TRIKAFTA.....	100
thiothixene.....	36	TOUJEO SOLOSTAR.....	21	triklo.....	23
thyroid.....	102	TOVIAZ.....	104	trileptal.....	14
TIAZAC.....	42	TRACLEER.....	43	TRILEPTAL.....	16
TIGAN.....	22	tramadol hcl.....	7	TRILIPIX.....	24
TIKOSYN.....	11	TRAMADOL HYDROCHLORIDE.....	7	trimethobenzamide hcl.....	22
timolol maleate.....	41	trandolapril.....	25	trimethoprim.....	9
timolol maleate (ophth).....	92	tranexamic acid.....	63	TRIUMEQ.....	38
TIMOLOL MALEATE OPHTHALMIC GEL FORMING.....	92	TRANXENE T.....	11	TRIVEEN-DUO DHA.....	89
TIMOPTIC.....	92	tranylcypropramine sulfate.....	17	TRIZIVIR.....	38
TIMOPTIC-XE.....	92	TRAVATAN Z.....	95	trospium chloride.....	104
TIVICAY.....	38	TRAVEL LANCETS 30G.....	80	TRUE COMFORT TWIST TOP LANCETS 30G.....	80
tizanidine hcl.....	90	TRAVEL LANCETS ADVANCED 28G.....	80	TRUEPLUS LANCETS 26G.....	80
TOBI.....	3	travoprost.....	95	TRUEPLUS LANCETS 28G.....	80
TOBI PODHALER.....	3	trazodone hcl.....	18	TRUEPLUS LANCETS 28G SUPER THIN.....	80
TOBRADEX.....	94	TRECATOR.....	29	TRUEPLUS LANCETS 30G.....	80
tobramycin.....	3	TRELEGY ELLIPTA.....	13	ULTRA THIN.....	80
TOBRAMYCIN.....	3	TRESIBA.....	21	TRUEPLUS LANCETS 33G.....	80
tobramycin (ophth).....	93	TRESIBA FLEXTOUCH.....	21	TRUEPLUS LANCETS 33G MICRO THIN.....	80
tobramycin inhalation solution pak.....	2	tretinoin.....	51	TRUEPLUS SAFETY LANCETS 28G.....	80
tobramycin-dexamethasone.....	94	tretinoin (chemotherapy).....	33	TRUSOPT.....	95
TOBREX.....	93	tretinoin microsphere.....	51	TRUVADA.....	38
TODAY SPONGE.....	105	tri femynor.....	45	TURALIO.....	32
TODAYS HEALTH SUPER THINLANCETS 30G.....	80	tri-lo-estarylla.....	45	tussigon.....	48
TODAYS HEALTH ULTRA THINLANCETS 28G.....	80	TRI-NORINYL 28.....	47	TUSSIONEX PENNKINETIC EXTENDED RELEASE.....	49
TOFRANIL.....	19	TRI-TABS DHA.....	89	TWYNSTA.....	28
TOLAZAMIDE.....	21	tri-vit/fluoride.....	86	TYBOST.....	38
tolazamide.....	21	tri-vit/fluoride/iron.....	87	TYKERB.....	32
tolbutamide.....	21	triamcinolone acetonide (mouth).....	86	TYLENOL/CODEINE #3.....	7
TOLMETIN SODIUM.....	5	triamcinolone acetonide (nasal).....	91	TYLENOL/CODEINE #4.....	8
tolmetin sodium.....	5	triamcinolone acetonide (topical).....	55	UDENYCA.....	63
TOLSURA.....	23	triamterene & hydrochlorothiazide.....	57	ULORIC.....	63
tolterodine tartrate.....	104	triazolam.....	64	ULTILET CLASSIC LANCETS.....	80
TOPAMAX.....	15,16	TRIBENZOR.....	28	ULTILET LANCETS.....	81
TOPAMAX SPRINKLE.....	15	TRICARE.....	89	ULTILET LANCETS 33G.....	81
TOPCARE LANCETS MICRO- THIN 33G.....	80	TRICOR.....	24	ULTILET SAFETY LANCETS 21G X 2.2MM.....	81
		triderm.....	53		

ULTILET SAFETY LANCETS			VIAGRA	43	
23G	81	URECHOLINE	105	VIBRAMYCIN	101
ULTRA THIN LANCETS		UROCIT-K 10	62	VIDA MIA UNILET LANCETS	
31G	81	UROCIT-K 15	62	SUPER THIN 30G	82
ULTRA-CARE LANCETS		UROCIT-K 5	62	VIDA MIA UNILET LANCETS	
30G	81	UROXATRAL	62	ULTRA THIN 28G	82
ULTRA-THIN II AUTO		URSO 250	60	VIDEX EC	38
LANCET	81	URSO FORTE	60	VIDEXPEDIATRIC	38
ULTRA-THIN II LANCETS		ursodiol	60	VIEKIRA PAK	39
28G	81	VAGIFEM	105	vigabatrin	16
ULTRA-THIN II LANCETS		valacyclovir hcl	39	vigadrone	16
30G	81	VALCYTE	39	VIGAMOX	93
ULTRAM	7	valganciclovir hcl	39	VIMPAT	16
ULTRAVATE	55	VALIUM	11	VIRACEPT	38
UNILET COMFORTOUCH		valproate sodium	17	VIRAMUNE	38
LANCET	81	valproic acid	17	VIRAMUNE XR	38
UNILET EXCELITE	81	valsartan	26	VIREAD	38
UNILET EXCELITE II	81	valsartan-hydrochlorothiazide	28	VIROPTIC	93
UNILET G.P. LANCET	81	VALTREX	39	VIRT-C DHA	90
UNILET G.P. SUPERLITE		VALUE PLUS LANCETS		virtussin ac/alc	49
LANCET	81	STANDARD 21G	82	VISTARIL	10
UNILET GP 28 ULTRA THIN	81	VALUE PLUS LANCETS		VITALET PRO LANCETS	82
UNILET LANCET	81	SUPERTHIN 30G	82	VITALET PRO PLUS	
UNILET LANCETS MICRO-		VALUE PLUS LANCETS THIN		LANCETS	82
THIN33G	81	26G	82	VITATHELY/GINGER	90
UNILET LANCETS SUPER-		VALUMARK LANCET SUPER		VITATRUE	90
THIN30G	81	THIN 30G	82	VITRAKVI	32
UNILET LANCETS ULTRA-THIN		VALUMARK LANCET ULTRA		VIVAGUARD LANCETS	82
28G	81	THIN 28G	82	VIVELLE-DOT	60
UNILET SUPERLITE		VANCOCIN HCL	9	VIZIMPRO	32
LANCET	81	vancomycin hcl	9	VOGELXO PUMP	8
UNISTIK 3 GENTLE	81	vandazole	105	VOL-PLUS	90
UNISTIK PRO SAFETY LANCET		vardefafil hcl	43	VOLTAREN	51
21G	81	VASERETIC	28	voriconazole	23
UNISTIK PRO SAFETY LANCET		VASOTEC	25	VOSEVI	39
25G	81	VENA-BAL DHA	89	VOTRIENT	33
UNISTIK PRO SAFETY LANCET		VENCLEXTA	30	VP-HEME OB + DHA	90
28G	81	VENCLEXTA STARTING		VYNDAMAX	43
UNISTIK SAFETY LANCETS		PACK	30	VYNDAQEL	43
28G	81	venlafaxine hcl	18	VYTORIN	23
UNISTIK SAFETY LANCETS		VENTAVIS	43	VYVANSE	1
30G	81	verapamil hcl	42	WALGREENS ADVANCED	
UNISTIK TOUCH SAFETY		VERAPAMIL HCL ER	42	TRAVELLANCETS 28G	82
LANCETS 21G	81	VERAPAMIL HCL SR	42	WALGREENS COMFORT	
UNISTIK TOUCH SAFETY		VERAPAMIL		ASSURED LANCETS MICRO	
LANCETS 23G	81	HYDROCHLORIDE ER	42	THIN/33G	82
UNISTIK TOUCH SAFETY		VERELAN	42	WALGREENS COMFORT	
LANCETS 28G	81	VERELAN PM	42	ASSURED LANCETS SUPER	
UNISTIK TOUCH SAFETY		VERZENIO	32	THIN/28G	82
LANCETS 30G	81	VFEND	23		
UNIVERSAL 1 LANCETS					
THIN26G	82				
UNIVERSAL 1 LANCETS ULTRA					
THIN 30G	82				
UNIVERSAL 1					
LANCETS/33G/MICRO-THIN					
	82				

WALGREENS LANCETS.....	82	ZERIT.....	38
WALGREENS THIN LANCETS.....	82	ZESTORETIC.....	28
WALGREENS ULTRA THIN LANCETS.....	82	ZESTRIL.....	25
warfarin sodium.....	14	ZETIA.....	24
WELLBUTRIN SR.....	17	ZIAC.....	28
WELLBUTRIN XL.....	17	ZIAGEN.....	38
WESTHROID.....	102	zidovudine.....	39
wixela inhub.....	13	ziprasidone hcl.....	35
WP THYROID.....	102	ZITHROMAX.....	67
XALATAN.....	95	ZITHROMAX TRI-PAK.....	67
XALKORI.....	33	ZITHROMAX Z-PAK.....	67
XANAX.....	11	ZOCOR.....	24
XARELTO.....	14	ZOFRAN.....	22
XARELTO STARTER PACK.....	14	ZOFRAN ODT.....	22
XATMEP.....	30	ZOLINZA.....	33
XELJANZ.....	3	ZOLOFT.....	18
XELJANZ XR.....	3	zolpidem tartrate.....	64
XELODA.....	30	ZONEGRAN.....	16
XENICAL.....	2	zonisamide.....	16
XOPENEX.....	13	ZORTRESS.....	85
XOPENEX CONCENTRATE.....	13	ZOVIRAX.....	40,53
XOSPATA.....	33	ZYBAN.....	100
XPOVIO 100 MG ONCE WEEKLY.....	30	ZYDELIG.....	33
XPOVIO 60 MG ONCE WEEKLY.....	30	ZYLOPRIM.....	63
XPOVIO 80 MG ONCE WEEKLY.....	30	ZYMAXID.....	93
XPOVIO 80 MG TWICE WEEKLY.....	31	ZYPREXA.....	35
XPOVIO 80 MG TWICE WEEKLY.....	31	ZYTIGA.....	30
XULANE.....	47	ZYVOX.....	10
YASMIN 28.....	47		
YAZ.....	47		
yuvafem.....	105		
zaleplon.....	64		
ZANAFLEX.....	90		
ZANTAC.....	103		
ZANTAC 150 MAXIMUM STRENGTH.....	103		
ZARONTIN.....	16		
ZEJULA.....	33		
ZELBORAF.....	33		
ZEMPLAR.....	58		
zenatane.....	50		
ZENPEP.....	57		
zenzedi.....	1		
ZEPATIER.....	39		