

Aetna Better Health of California Formulary Guide December 2020

Notice: The formulary is subject to change and all previous versions of the formulary are no longer in effect.

An electronic version of the formulary is posted on the Aetna Better Health of California website.

For members at: <https://www.aetnabetterhealth.com/california/members/pharmacy>

For providers at: <https://www.aetnabetterhealth.com/california/providers/pharmacy/>

Table of Contents

Informational Section.....	4
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant - Drugs For The Nervous System.....	14
*Agents For Narcotic Withdrawal*** - Drugs For Addiction.....	16
*Agents For Opioid Withdrawal*** - Drugs For Addiction.....	16
Alternative Medicines - Vitamins And Minerals.....	16
Aminoglycosides - Drugs For Infections.....	16
Analgesics - Anti-Inflammatory - Drugs For Pain And Fever.....	16
Analgesics - Nonnarcotic - Drugs For Pain And Fever.....	21
Analgesics - Opioid - Drugs For Pain And Fever.....	26
Androgens-Anabolic - Hormones.....	28
Anorectal Agents - Rectal Preparations.....	28
Antacids - Drugs For The Stomach.....	29
Anthelmintics - Drugs For Infections.....	31
Antianginal Agents - Drugs For The Heart.....	31
Antianxiety Agents - Drugs For The Nervous System.....	31
Antiarrhythmics - Drugs For The Heart.....	32
Antiasthmatic And Bronchodilator Agents - Drugs For The Lungs.....	33
Anticoagulants - Drugs For The Blood.....	34
Anticonvulsants - Drugs For The Nervous System.....	34
Antidepressants - Drugs For The Nervous System.....	36
Antidiabetics - Hormones.....	38
Antidiarrheals - Drugs For The Stomach.....	42
Antidotes - Drugs For Overdose Or Poisoning.....	42
Antiemetics - Drugs For The Stomach.....	43
Antifungals - Drugs For Infections.....	43
*Antihemophilic Products - Monoclonal Antibodies*** - Drugs For The Blood.....	44
Antihistamines - Drugs For The Lungs.....	44
Antihyperlipidemics - Drugs For The Heart.....	49
Antihypertensives - Drugs For The Heart.....	49
Anti-Infective Agents - Misc. - Drugs For Infections.....	51
Antimalarials - Drugs For Infections.....	52
Antimyasthenic Agents - Drugs For Nerves And Muscles.....	53
Antimyasthenic/Cholinergic Agents - Drugs For Nerves And Muscles.....	53
Antimycobacterial Agents - Drugs For Infections.....	53
*Antineoplastic - Bcl-2 Inhibitors*** - Drugs For Cancer.....	53
Antineoplastics And Adjunctive Therapies - Drugs For Cancer.....	53
*Anti-Obesity Agent Combinations** - Drugs For Eating Disorders.....	56
Antiparkinson Agents - Drugs For The Nervous System.....	56
Antipsychotics/Antimanic Agents - Drugs For The Nervous System.....	57
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor*** - Drugs For Infections.....	60
*Antiretrovirals Adjuvants*** - Drugs That Alter Metabolism.....	60
Antiseptics & Disinfectants - Antiseptics And Disinfectants.....	60
Antivirals - Drugs For Infections.....	61
Assorted Classes - Vitamins And Minerals.....	66
Beta Blockers - Drugs For The Heart.....	66
Calcium Channel Blockers - Drugs For The Heart.....	67
Cardiotonics - Drugs For The Heart.....	68
Cardiovascular Agents - Misc. - Drugs For The Heart.....	69
*Cephalosporin Combinations*** - Drugs For Infections.....	69
Cephalosporins - Drugs For Infections.....	69
Chemicals.....	70
Contraceptives - Drugs For Women.....	73
Corticosteroids - Hormones.....	77
Cough/Cold/Allergy - Drugs For The Lungs.....	77
*Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer.....	84
*Cystic Fibrosis Agent - Combinations*** - Drugs For The Lungs.....	84
Dermatologicals - Drugs For The Skin.....	84

Diagnostic Products	98
Dietary Products/Dietary Management Products - Drugs For Nutrition	98
Digestive Aids - Drugs For The Stomach	99
Diuretics - Drugs For The Heart	99
Endocrine And Metabolic Agents - Misc. - Hormones	99
Estrogens - Hormones	100
Fluoroquinolones - Drugs For Infections	101
Gastrointestinal Agents - Misc. - Drugs For The Stomach	101
Genitourinary Agents - Miscellaneous - Drugs For The Urinary System	103
*Glycopeptides*** - Drugs For Infections	104
Gout Agents - Drugs For Pain And Fever	104
Hematological Agents - Misc. - Drugs For The Blood	105
Hematopoietic Agents - Drugs For Nutrition	107
Hemostatics - Drugs For The Blood	109
*Hepatitis C Agent - Combinations*** - Drugs For Infections	110
Hypnotics - Drugs For The Nervous System	111
*In Vitro Anticoagulant Combinations*** - Drugs For Infections	112
*In Vitro/Lock Anticoagulant Combinations*** - Drugs For Infections	112
Laxatives - Drugs For The Stomach	112
Macrolides - Drugs For Infections	115
Medical Devices - Medical Supplies And Durable Medical Equipment	115
Migraine Products - Drugs For The Nervous System	141
Minerals & Electrolytes - Drugs For Nutrition	141
*Monobactams*** - Drugs For Infections	147
Mouth/Throat/Dental Agents - Drugs For The Mouth And Throat	147
Multivitamins - Drugs For Nutrition	148
Musculoskeletal Therapy Agents - Drugs For Muscles, Ligaments, Tendons, And Bones	160
Nasal Agents - Systemic And Topical - Drugs For The Nose	161
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** - Drugs For The Heart	162
Neuromuscular Agents - Drugs For Nerves And Muscles	162
Nutrients - Drugs For Nutrition	162
Ophthalmic Agents - Drugs For The Eye	165
*Ophthalmic Rho Kinase Inhibitors*** - Drugs For The Eye	169
Otic Agents - Drugs For The Ear	169
Oxytocics - Hormones	170
Passive Immunizing Agents - Biological Agents	170
*Pcsk9 Inhibitors*** - Drugs For The Heart	171
Penicillins - Drugs For Infections	171
Pharmaceutical Adjuvants	171
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors** - Drugs For Cancer	181
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer	181
*Potassium Removing Agents*** - Drugs For Nutrition	181
Progestins - Hormones	181
*Protein-Carbohydrate-Lipid With Electrolyte Combinations*** - Drugs For Nutrition	182
Psychotherapeutic And Neurological Agents - Misc. - Drugs For The Nervous System	182
*Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For Cancer	186
Respiratory Agents - Misc. - Drugs For The Lungs	186
*Serotonin Modulators*** - Drugs For The Nervous System	186
*Sinus Node Inhibitors** - Drugs For The Heart	186
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Hormones	186
*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat	187
Sulfonamides - Drugs For Infections	187
Tetracyclines - Drugs For Infections	187
Thyroid Agents - Hormones	187
Toxoids - Biological Agents	188
Ulcer Drugs - Drugs For The Stomach	188
Urinary Anti-Infectives - Drugs For The Urinary System	191
Urinary Antispasmodics - Drugs For The Urinary System	192
Vaccines - Biological Agents	193
Vaginal Products - Drugs For Women	194

***Vasopressors* - Drugs For The Heart..... 195**
***Vitamins* - Drugs For Nutrition..... 195**

Definitions

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

Coinsurance means 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 means 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 means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy 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. Your insurance company pays the rest.

Drug Tier means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Exception request means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the nonformulary drug when it is medically necessary for you to take the drug.

Exigent circumstances means 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 means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

Generic drug means 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 this formulary in italicized lowercase letters.

Medically Necessary means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

Non-formulary drug means a prescription drug that is not listed on this formulary.

Out-of-pocket costs means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

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

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

Prescription drug means a drug that by law requires a prescription.

Prior Authorization means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

What is the Aetna Better Health of California Formulary (List of Drugs)?

This is a drug list created by Aetna Better Health of California called the Drug Formulary. The plan will cover drugs on this list. Some drugs may have coverage rules. If the rules for that drug are met, the plan will cover the drug.

There is a committee called the Pharmacy and Therapeutics Committee made up of doctors and pharmacists from Aetna Better Health of California and the medical community. They meet every three months to review this list of drugs and any new drugs that have come out.

Can the Plan's Drug List change?

The plan may add or remove drugs on the list. Utilizing members and their providers will be notified at least 30 days before a drug is removed from the formulary. All changes to the formulary will be posted on the plan's website at:

<https://www.aetnabetterhealth.com/california/members/pharmacy>

The formulary can change throughout the year. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brand-name drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the "what are generic drugs?" section above for more information.

How do I use the Plan's Formulary?

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index; and

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

- A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
- The generic name for a brand name drug is included after the brand name in parentheses and all bold and lowercase italicized letters. (For example: COREG (*carvedilol*))

- 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 lowercase italicized letters; and (For example: *carvedilol*)
- If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name after the generic name in parentheses and regular typeface with first letter of each word capitalized. (For example: *desogestrel-ethinyl estradiol* (Azurette)).
- Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.'

- **Column #1: Prescription Drug Name:** lists the covered drug. Brand drugs are in all CAPITAL letters (e.g., DRUG). Generics are in lower case letters (e.g., drug). Different dosage forms or strengths are identified.
- **Column #2: Drug Tier:** Indicates that the drug is covered without cost sharing, unless it is carved out to state. In this case, it just means that the pharmacy will process it differently when you present your prescription to them.
- **Column #3: Coverage Requirements and Limits:** tells you if drug has a need for prior authorization or other restrictions

Drugs are also grouped by drug class. If you know what class your drug is in, please look for that class name in the table of contents. Then look under that page for your drug.

What are generic drugs?

The plan covers both brand and generic drugs. Generic drugs cost less and are approved by the Food and Drug Administration (FDA). Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

What if my drug is not on the drug list?

In certain cases, you or your prescriber can request a medical exception to the prior authorization, step therapy or quantity limits requirement or for a drug that's not covered on your plan. Coverage determinations will be made within 72 hours of receiving non-urgent requests. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours. We will then contact you and your doctor with our decision. All medically necessary outpatient prescription drugs will be covered.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency. If your request is denied you have the right to file an appeal using the process described in the notification letter.

If a determination is not made for a 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 we may not deny the request thereafter.

In accordance with state law, members who have previously received approval from us for coverage of medications for their medical conditions will continue to have those medications covered, for as long as the prescriber continues prescribing them, as long as the drug is appropriately prescribed and is considered safe and effective for treating the member's medical condition.

How do I get a mail order prescription?

If you take medicine for an ongoing health condition, you can have them mailed to your home. Aetna Better Health works with a company called CVS Caremark, to give you this service which is available at no cost to you.

If you choose this option, your medicine comes right to your home. You can set up your refills. You can ask pharmacists questions. Here are some other features of home delivery:

- Pharmacists check each order for safety.
- You can order refills by mail, by phone, online, or you can sign up for automatic refills.
- You can talk with pharmacists by phone.

It's easy to start using mail service

Choose ONE of the following three ways to use mail service for a medicine that you take on an ongoing basis:

- Call the CVS toll-free number at **1-855-271-6603**, TTY **711** (24 hours a day, 7 days a week). They will let you know which of your medicines can be filled through CVS mail service pharmacy. CVS will then contact your doctor for a prescription and mail the medicine to you. When you call, be sure to have:
 - Your Plan member ID card
 - Your doctor's first and last name and phone number
 - Your payment information and mailing address

- Go to our **member portal** to register or login. Once you enter the member portal, go to **Tasks** and then **Pharmacy Services**. Click on the **CVS link** to go to **Caremark.com**. Click on start "mail service" to print off the mail order form. You can contact CVS at **1-855-271-6603**. Be sure to have your member ID card handy when you register for the first time.
- Fill out and send a [mail service order form PDF Opens In New Window](#). If you already have a prescription, you can send it to CVS Caremark with a completed mail service order form. If you don't have an order form, you can download it. You can also request one by calling Member Services at **1-855-772-9076**, TTY **711**.

Have the following information with you when you complete the form:

- Your Plan member ID card
- Your complete mailing address, including ZIP code
- Your doctor's first and last name and phone number
- A list of your allergies and other health conditions
- Your original prescription from your doctor

Where can I get a Specialty Drug?

CVS Specialty Pharmacy is the preferred specialty pharmacy for Aetna Better Health of California members. A specialty pharmacy fills drugs and has other services to help you. The Specialty Drug Program has special services for you:

- You can talk to a Pharmacist 24 hours a day, 7 days a week
- Counseling about your drug and disease
- Coordination of care with you and your doctor
- Delivery of Specialty drugs to your home or doctor's office
- You can drop off your prescription and pick up your drug at any CVS Pharmacy (including those inside Target stores)
- You can call CVS Specialty Pharmacy at **1-800-237-2767**; TTY/TDD: **1-800-863-5488**. CVS Specialty Pharmacy will help you with filling your specialty drug.

View the [specialty drug list](#) available through CVS Specialty Pharmacy

Are Over-The-Counter (OTC) drugs covered?

The plan will cover OTC drugs on the formulary. Some OTC drugs may have coverage rules. If the rules for that OTC drug are met, the plan will cover the OTC drug. Like other drugs, OTC drugs need a prescription from a doctor if they are to be covered by the plan.

Are certain injectable drugs given by my doctor or provider in a clinic covered?

These types of drugs are covered under the medical benefit instead of the pharmacy benefit. For the most part, this drug formulary is made up of drugs you get from a pharmacy and give to yourself. If your provider needs to administer a drug in the clinic such as an injectable, they have instructions on how to bill Aetna Better Health of California.

How do I find a network pharmacy?

You can find a pharmacy in two ways:

- Online: By logging onto your secure member website at <https://www.aetnabetterhealth.com/california/find-provider>.
- By phone: Call Member Services at **1-855-772-9076, TTY 711**. They'll be glad to help you find a network pharmacy near you.

Always remember to fill your prescription at a network pharmacy. Your prescriptions won't be covered at other pharmacies.

Are there Medication Copays?

Refer to member handbook for copay information.

What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.
- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition. After the first drug is tried, the plan will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. The plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then Drug B will be covered.
- **Simple Intravenous Solutions:** Simple intravenous solutions are typically used for hydration therapy. Included are commercially available (non-compounded) solutions such as Normal Saline, Dextrose (up to 10% in Water) and Lactated Ringer's Solution; commercially prepared solutions of potassium chloride in such solutions are also included in this definition. Simple intravenous solutions should be billed using the product's National Drug Code (NDC) number.
- **Parenteral Nutrition Solutions (TPN or Hyperalimentation):** (Parenteral nutrition solutions are intravenously or intra-arterially administered nutritional products that typically are suspensions or solutions of amino acids or protein, dextrose, lipids, electrolytes, vitamin &/or mineral supplements and trace elements.)
 - Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same drug was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
 - Adjuncts to parenteral nutrition are other drugs which are physically mixed into a parenteral nutrition solution at any time prior to administration. Bill for these products as part of the parenteral nutrition billing.

***Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

- Separately Administered Intravenous Lipids:
 - Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.
 - Intravenous lipid solutions or suspensions that are administered separately from parenteral nutrition solutions (that is, are not physically mixed into the parenteral nutrition solution container) should be billed using the product's NDC number.
- **Enteral Products:**
 - Products on the Medi-Cal List of Enteral Nutrition products are covered upon medical prior authorization and medical necessity review. These products are listed here:
 - http://files.medi-cal.ca.gov/pubsdoco/publications/masters-tp/part2/enteral_a04p00.doc
 - Aetna Better Health provides or arranges for medically necessary covered enteral products, and to ensure that these are provided in an amount no less than what is offered to beneficiaries under Medi-Cal Fee- For-Service, according to the Medi-Cal policy listed here:
 http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteral_a04p00.doc

What if my drug is not on the plan's Formulary?

If your medicine is not on the preferred drug list, there are some things you can do.

- Ask your provider for a similar drug that *is* on the list.
- Ask your provider to seek "prior authorization" (pre-approval) from Aetna Better Health of California to cover this medicine.

How can my doctor or provider request a prior authorization or exception if the plan does not cover my drug?

They can do this in three ways:

- 1) Your provider may fax a completed pharmacy prior authorization or step therapy exception form to **1-844-823-5478** and include all necessary information.
- 2) They can also submit the request over the phone by calling **1-855-772-9076**.

3) They can submit an Electronic Prior Authorization (ePA),

What if I have questions about how Aetna Better Health of California covers drugs?

[Learn about your pharmacy benefits:](#)

Whether it's pain medication after an injury or medication to manage a health condition, getting the prescription drugs you need is an important part of your health care. We want to make it as easy for you as possible. If you have any questions, please call Member Services at **1-855-772-9076, TTY 711**. Have a list of your prescriptions ready when you call. Ask us to look up your medicines to see if they're on the list.

		Coverage Requirements and Limits
lowercase bold italics = Generic drugs UPPERCASE BOLD = Brand name drugs		AL = Age Restrictions OTC = OTC Medications PA = Prior Authorization May Apply QL = Quantity Limits ST = Step Therapy May Apply
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant - Drugs For The Nervous System		
*Adhd Agent - Selective Alpha Adrenergic Agonists*** - Drugs For Attention Deficit Disorder		
guanfacine hcl er	Covered	QL (1 EA per 1 day); AL (Min 6 Years)
*Amphetamine Mixtures*** - Drugs For Attention Deficit Disorder		
amphetamine-dextroamphet er	Covered	PA; QL (1 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Covered	PA; QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	Covered	PA; QL (60 EA per 30 days)
*Amphetamines*** - Drugs For Attention Deficit Disorder		
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	Covered	PA; QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	Covered	PA; QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution	Covered	PA; QL (60 ML per 1 day)
dextroamphetamine sulfate oral tablet	Covered	PA; QL (180 EA per 30 days)
*Analeptics*** - Drugs For The Nervous System		
caffeine anhydrous	Covered	
caffeine citrate	Covered	
caffeine citrated	Covered	
*Anorexiant Combinations*** - Drugs For The Nervous System		
QSYMIA (phentermine-topiramate)	Covered	PA; QL (1 EA per 1 day); AL (Min 18 Years)
*Anorexiant Non-Amphetamine*** - Drugs For The Nervous System		
benzphetamine hcl	Covered	PA; QL (90 EA per 30 days); AL (Min 12 Years)
diethylpropion hcl	Covered	PA; QL (90 EA per 30 days); AL (Min 17 Years)

lowercase italics = Generic drugs UPPERCASE BOLD = Brand name drugs Drug Tier Covered = Covered Medications Not Covered = Not Covered Medications		Coverage Requirements and Limits AL = Age Restrictions OTC = OTC Medications PA = Prior Authorization May Applies QL = Quantity Limits ST = Step Therapy May Applies
--	--	---

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diethylpropion hcl er</i>	Covered	PA; QL (1 EA per 1 day); AL (Min 17 Years)
<i>phendimetrazine tartrate</i>	Covered	PA; QL (90 EA per 30 days); AL (Min 17 Years)
<i>phendimetrazine tartrate er</i>	Covered	PA; QL (30 EA per 30 days); AL (Min 17 Years)
<i>phentermine hcl oral capsule 15 mg</i>	Covered	PA; QL (60 EA per 30 days); AL (Min 16 Years)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	Covered	PA; QL (30 EA per 30 days); AL (Min 16 Years)
<i>phentermine hcl oral tablet</i>	Covered	PA; QL (30 EA per 30 days); AL (Min 16 Years)
*Serotonin 2C Receptor Agonists*** - Drugs For The Nervous System		
BELVIQ (lorcaserin hcl)	Covered	PA; QL (2 EA per 1 day); AL (Min 18 Years)
BELVIQ XR (lorcaserin hcl)	Covered	PA; QL (1 EA per 1 day)
*Stimulants - Misc.*** - Drugs For Attention Deficit Disorder		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Covered	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	Covered	PA; QL (2 EA per 1 day)
dexmethylphenidate hcl	Covered	PA; QL (2 EA per 1 day)
dexmethylphenidate hcl er	Covered	PA; QL (1 EA per 1 day)
methylphenidate hcl er (cd)	Covered	PA; QL (1 EA per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg, 60 mg	Covered	PA; QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	Covered	PA; QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	Covered	PA; QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg	Covered	PA; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	Covered	PA; QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	Covered	PA; QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 36 mg	Covered	PA; QL (60 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	Covered	PA; QL (900 mL per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	Covered	PA; QL (900 ML per 30 days)
methylphenidate hcl oral tablet	Covered	PA; QL (90 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Covered	PA; QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Covered	PA; QL (5 EA per 1 day)
*Agents For Narcotic Withdrawal*** - Drugs For Addiction		
<i>*Agents For Narcotic Withdrawal*** - Drugs For Addiction</i>		
LUCEMYRA (<i>lofexidine hcl</i>)	State Carve Out	
*Agents For Opioid Withdrawal*** - Drugs For Addiction		
<i>*Agents For Opioid Withdrawal*** - Drugs For Addiction</i>		
LUCEMYRA (<i>lofexidine hcl</i>)	State Carve Out	
Alternative Medicines - Vitamins And Minerals		
<i>*Alternative Medicine - St's*** - Vitamins And Minerals</i>		
<i>stevia</i>	Covered	OTC
Aminoglycosides - Drugs For Infections		
<i>*Aminoglycosides*** - Antibiotics</i>		
<i>gentamicin in saline</i>	Covered	PA
<i>neomycin sulfate</i>	Covered	
<i>paromomycin sulfate</i>	Covered	
<i>tobramycin</i>	Covered	PA; QL (280 mL Max Qty Per Fill Retail)
ZEMDRI (<i>plazomicin sulfate</i>)	Covered	PA
Analgesics - Anti-Inflammatory - Drugs For Pain And Fever		
<i>*Anti-Tnf-Alpha - Monoclonal Antibodies*** - Arthritis And Pain Drugs</i>		
HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	Covered	PA; QL (3 SYRINGES per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Covered	PA; QL (2 SYRINGES per 180 days)
HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	Covered	PA; QL (2 SYRINGES per 28 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Covered	PA; QL (3 EA per 180 days)
HUMIRA PEN-PS/UV/ADOL HS START PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Covered	PA; QL (3 EA per 180 days)
HUMIRA PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (<i>adalimumab</i>)	Covered	PA; QL (2 SYRINCES per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab</i>)	Covered	PA; QL (2 SYRINGES per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML (<i>adalimumab</i>)	Covered	PA; QL (2 Syringes per 28 days)
*Anti-Tnf-Alpha - Monoclonal Antibodies*** - Arthritis And Pain Drugs		
HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	Covered	PA; QL (3 SYRINGES per 180 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Covered	PA; QL (2 SYRINGES per 180 days)
HUMIRA PEN PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	Covered	PA; QL (2 SYRINGES per 28 days)
HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Covered	PA; QL (3 EA per 180 days)
HUMIRA PEN-PS/UV/ADOL HS START PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Covered	PA; QL (3 EA per 180 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	Covered	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (<i>adalimumab</i>)	Covered	PA; QL (2 SYRINCES per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab</i>)	Covered	PA; QL (2 SYRINGES per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML (<i>adalimumab</i>)	Covered	PA; QL (2 Syringes per 28 days)
*Cyclooxygenase 2 (Cox-2) Inhibitors*** - Arthritis And Pain Drugs		
<i>celecoxib</i>	Covered	ST; QL (30 EA per 30 days)
*Gold Compounds*** - Arthritis And Pain Drugs		
RIDAURA (<i>auranofin</i>)	Covered	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** - Arthritis And Pain Drugs		
<i>all day pain relief</i>	Covered	OTC; QL (60 EA per 30 days)
<i>all day relief</i>	Covered	OTC; QL (60 EA per 30 days)
<i>childrens ibuprofen</i>	Covered	OTC
<i>childrens ibuprofen 100</i>	Covered	OTC
<i>cvs all day pain relief</i>	Covered	OTC; QL (60 EA per 30 days)
<i>cvs childrens ibuprofen</i>	Covered	OTC
<i>cvs ibuprofen oral capsule</i>	Covered	OTC; QL (180 EA per 30 days)
<i>cvs ibuprofen oral tablet</i>	Covered	OTC; QL (120 EA per 30 days)
<i>cvs naproxen sodium oral capsule</i>	Covered	OTC
<i>cvs naproxen sodium oral tablet</i>	Covered	OTC; QL (60 EA per 30 days)
<i>diclofenac potassium</i>	Covered	
<i>diclofenac sodium</i>	Covered	
<i>diclofenac sodium er</i>	Covered	
<i>dyspel</i>	Covered	OTC; QL (120 EA per 30 days)
<i>eq ibuprofen childrens</i>	Covered	OTC
<i>eq ibuprofen oral capsule</i>	Covered	OTC; QL (180 EA per 30 days)
<i>eq ibuprofen oral tablet</i>	Covered	OTC; QL (120 EA per 30 days)
<i>eq naproxen sodium oral capsule</i>	Covered	OTC
<i>eq naproxen sodium oral tablet</i>	Covered	OTC; QL (60 EA per 30 days)
<i>eql childrens ibuprofen</i>	Covered	OTC
<i>eql ibuprofen oral capsule</i>	Covered	OTC; QL (180 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eqi ibuprofen oral tablet</i>	Covered	OTC; QL (120 EA per 30 days)
<i>eqi naproxen sodium</i>	Covered	OTC; QL (60 EA per 30 days)
<i>etodolac</i>	Covered	
<i>flurbiprofen</i>	Covered	
<i>genpril</i>	Covered	OTC; QL (120 EA per 30 days)
<i>gnp all day pain relief</i>	Covered	OTC; QL (60 EA per 30 days)
<i>gnp childrens ibuprofen</i>	Covered	OTC
<i>gnp ibuprofen oral capsule</i>	Covered	OTC; QL (180 EA per 30 days)
<i>gnp ibuprofen oral tablet</i>	Covered	OTC; QL (120 EA per 30 days)
<i>gnp naproxen sodium oral capsule</i>	Covered	OTC
<i>gnp naproxen sodium oral tablet</i>	Covered	OTC; QL (60 EA per 30 days)
<i>goodsense ibuprofen oral capsule</i>	Covered	OTC; QL (180 EA per 30 days)
<i>goodsense ibuprofen oral tablet</i>	Covered	OTC; QL (120 EA per 30 days)
<i>goodsense naproxen sodium</i>	Covered	OTC; QL (60 EA per 30 days)
<i>hm ibuprofen childrens</i>	Covered	OTC
<i>hm ibuprofen ib</i>	Covered	OTC; QL (120 EA per 30 days)
<i>hm ibuprofen oral capsule</i>	Covered	OTC; QL (180 EA per 30 days)
<i>hm ibuprofen oral tablet</i>	Covered	OTC; QL (120 EA per 30 days)
<i>hm naproxen sodium oral capsule</i>	Covered	OTC
<i>hm naproxen sodium oral tablet</i>	Covered	OTC; QL (60 EA per 30 days)
<i>hy-vee all day relief</i>	Covered	OTC; QL (60 EA per 30 days)
<i>ibu-200</i>	Covered	OTC; QL (120 EA per 30 days)
<i>ibuprofen childrens</i>	Covered	OTC
<i>ibuprofen oral capsule</i>	Covered	OTC; QL (180 EA per 30 days)
<i>ibuprofen oral suspension</i>	Covered	
<i>ibuprofen oral tablet 200 mg</i>	Covered	OTC; QL (120 EA per 30 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Covered	
<i>indomethacin</i>	Covered	
<i>indomethacin er</i>	Covered	
<i>ketorolac tromethamine</i>	Covered	QL (20 Tablets per 30 days); AL (Min 16 Years)
<i>kls ibuprofen</i>	Covered	OTC; QL (120 EA per 30 days)
<i>kls naproxen sodium</i>	Covered	OTC; QL (60 EA per 30 days)
<i>ks ibuprofen</i>	Covered	OTC; QL (180 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meijer ibuprofen</i>	Covered	OTC; QL (120 EA per 30 days)
<i>meloxicam</i>	Covered	QL (30 EA per 30 days)
<i>nabumetone</i>	Covered	QL (120 EA per 30 days)
<i>naproxen dr</i>	Covered	
<i>naproxen oral suspension</i>	Covered	ST
<i>naproxen oral tablet</i>	Covered	
<i>naproxen sodium oral capsule</i>	Covered	OTC
<i>naproxen sodium oral tablet</i>	Covered	OTC; QL (60 EA per 30 days)
<i>piroxicam</i>	Covered	
<i>px all day relief</i>	Covered	OTC; QL (60 EA per 30 days)
<i>px childrens profen ib</i>	Covered	OTC
<i>px ibuprofen</i>	Covered	OTC; QL (120 EA per 30 days)
<i>qc childrens ibuprofen</i>	Covered	OTC
<i>qc ibuprofen</i>	Covered	OTC; QL (120 EA per 30 days)
<i>qc ibuprofen ib</i>	Covered	OTC; QL (120 EA per 30 days)
<i>qc naproxen sodium</i>	Covered	OTC; QL (60 EA per 30 days)
<i>ra ibuprofen childrens</i>	Covered	OTC
<i>ra ibuprofen oral capsule</i>	Covered	OTC; QL (180 EA per 30 days)
<i>ra ibuprofen oral suspension</i>	Covered	OTC
<i>ra ibuprofen oral tablet</i>	Covered	OTC; QL (120 EA per 30 days)
<i>ra naproxen sodium oral capsule</i>	Covered	OTC
<i>ra naproxen sodium oral tablet</i>	Covered	OTC; QL (60 EA per 30 days)
<i>sb ibuprofen</i>	Covered	OTC; QL (120 EA per 30 days)
<i>sb naproxen sodium</i>	Covered	OTC; QL (60 EA per 30 days)
<i>sm childrens ibuprofen</i>	Covered	OTC
<i>sm ibuprofen ib</i>	Covered	OTC; QL (120 EA per 30 days)
<i>sm ibuprofen oral capsule</i>	Covered	OTC; QL (180 EA per 30 days)
<i>sm ibuprofen oral tablet</i>	Covered	OTC; QL (120 EA per 30 days)
<i>sm naproxen sodium oral capsule</i>	Covered	OTC
<i>sm naproxen sodium oral tablet</i>	Covered	OTC; QL (60 EA per 30 days)
<i>sulindac</i>	Covered	
<i>tgt childrens ibuprofen</i>	Covered	OTC
<i>tgt ibuprofen childrens</i>	Covered	OTC
<i>tgt ibuprofen oral capsule</i>	Covered	OTC; QL (180 EA per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tgt ibuprofen oral tablet</i>	Covered	OTC; QL (120 EA per 30 days)
<i>tgt naproxen sodium oral capsule</i>	Covered	OTC
<i>tgt naproxen sodium oral tablet</i>	Covered	OTC; QL (60 EA per 30 days)
ADDAPRIN (ibuprofen)	Covered	OTC; QL (120 EA per 30 days)
ADVIL JUNIOR STRENGTH (ibuprofen)	Covered	OTC
*Pyrimidine Synthesis Inhibitors*** - Arthritis And Pain Drugs		
<i>leflunomide</i>	Covered	QL (30 EA per 30 days)
*Soluble Tumor Necrosis Factor Receptor Agents*** - Arthritis And Pain Drugs		
ENBREL MINI (etanercept)	Covered	PA
ENBREL SUBCUTANEOUS SOLUTION (etanercept)	Covered	PA; QL (3.92 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (etanercept)	Covered	PA; QL (2.04 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (etanercept)	Covered	PA; QL (4 ML per 28 days)
ENBREL SURECLICK (etanercept)	Covered	PA; QL (4 ML per 28 days)
Analgesics - Nonnarcotic - Drugs For Pain And Fever		
*Analgesics Other*** - Arthritis And Pain Drugs		
<i>8 hour pain reliever</i>	Covered	OTC; QL (6 EA per 1 day)
<i>acetaminophen er</i>	Covered	OTC; QL (6 EA per 1 day)
<i>acetaminophen extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>acetaminophen oral liquid</i>	Covered	OTC; QL (240 mL per 30 days)
<i>acetaminophen oral solution</i>	Covered	OTC
<i>acetaminophen oral tablet 325 mg</i>	Covered	OTC; QL (300 EA per 30 days)
<i>acetaminophen oral tablet 500 mg</i>	Covered	OTC; QL (240 EA per 30 days)
<i>acetaminophen oral tablet chewable</i>	Covered	OTC
<i>acetaminophen rectal</i>	Covered	OTC
<i>aminofen</i>	Covered	OTC; QL (240 EA per 30 days)
<i>apra</i>	Covered	OTC; QL (240 mL per 30 days)
<i>arthritis pain relief</i>	Covered	OTC; QL (6 EA per 1 day)
<i>childrens acetaminophen</i>	Covered	OTC
<i>childrens aspirin free</i>	Covered	OTC; QL (240 mL per 30 days)
<i>childrens non-aspirin</i>	Covered	OTC
<i>childrens pain reliever</i>	Covered	OTC
<i>childrens silapap</i>	Covered	OTC; QL (240 mL per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>childrens tactinal</i>	Covered	OTC
<i>cvs childs non-aspirin</i>	Covered	OTC
<i>cvs fever reducing childrens</i>	Covered	OTC
<i>cvs non-aspirin childrens</i>	Covered	OTC
<i>cvs non-aspirin extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>cvs pain relief extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>ed-apap</i>	Covered	OTC; QL (240 mL per 30 days)
<i>eq acetaminophen</i>	Covered	OTC; QL (240 EA per 30 days)
<i>eq acetaminophen childrens</i>	Covered	OTC
<i>eq childrens pain reliever</i>	Covered	OTC
<i>eq pain reliever</i>	Covered	OTC; QL (240 EA per 30 days)
<i>eq pain reliever junior</i>	Covered	OTC
<i>eq acetaminophen ex st</i>	Covered	OTC; QL (240 EA per 30 days)
<i>fever reducer childrens</i>	Covered	OTC
<i>gnp childrens easy-melts</i>	Covered	OTC
<i>gnp pain relief extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>goodsense pain relief extra st</i>	Covered	OTC; QL (240 EA per 30 days)
<i>hm pain relief extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>kls acetaminophen ex st</i>	Covered	OTC; QL (240 EA per 30 days)
<i>kls rapid release pain</i>	Covered	OTC; QL (240 EA per 30 days)
<i>liquid pain relief</i>	Covered	OTC; QL (240 mL per 30 days)
<i>mapap oral capsule</i>	Covered	OTC
<i>mapap oral liquid</i>	Covered	OTC; QL (240 mL per 30 days)
<i>mapap oral tablet</i>	Covered	OTC; QL (240 EA per 30 days)
<i>mapap oral tablet chewable</i>	Covered	OTC
<i>meijer aspirin free</i>	Covered	OTC; QL (240 EA per 30 days)
<i>meijer jr st aspirin free</i>	Covered	OTC
<i>non-aspirin extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>non-aspirin jr strength</i>	Covered	OTC
<i>nortemp infants</i>	Covered	OTC
<i>pain & fever childrens</i>	Covered	OTC
<i>pain & fever extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>pain relief extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>pain reliever</i>	Covered	OTC; QL (240 EA per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pain reliever extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>pain reliever/fever reducer</i>	Covered	OTC
<i>px pain relief extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>qc non-aspirin extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>qc pain relief extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>ra acetaminophen ex st</i>	Covered	OTC; QL (240 EA per 30 days)
<i>ra acetaminophen rapid melts</i>	Covered	OTC
<i>sb childrens non-aspirin</i>	Covered	OTC
<i>sb non-aspirin</i>	Covered	OTC
<i>sb non-aspirin extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>sb pain reliever ex st</i>	Covered	OTC; QL (240 EA per 30 days)
<i>sm pain relief extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>sm pain reliever</i>	Covered	OTC
<i>sm pain reliever ex st oral capsule</i>	Covered	OTC
<i>sm pain reliever ex st oral tablet</i>	Covered	OTC; QL (240 EA per 30 days)
<i>tactinal extra strength</i>	Covered	OTC; QL (240 EA per 30 days)
<i>tgt acetaminophen ex st</i>	Covered	OTC; QL (240 EA per 30 days)
ACEPHEN (acetaminophen)	Covered	OTC
CHILDRENS MEDI-TABS (acetaminophen)	Covered	OTC
CHLORASEPTIC SORE THROAT (acetaminophen)	Covered	OTC; QL (240 mL per 30 days)
FEVERALL ADULTS (acetaminophen)	Covered	OTC
FEVERALL CHILDRENS (acetaminophen)	Covered	OTC
FEVERALL JUNIOR STRENGTH (acetaminophen)	Covered	OTC
LITTLE REMEDIES FOR FEVER (acetaminophen)	Covered	OTC; QL (240 mL per 30 days)
MAPAP ACETAMINOPHEN EXTRA STR (acetaminophen)	Covered	OTC; QL (240 mL per 30 days)
MAPAP CHILDRENS (acetaminophen)	Covered	OTC
MEDI-TABS CHILDRENS (acetaminophen)	Covered	OTC; QL (240 mL per 30 days)
MEDI-TABS JUNIOR STRENGTH (acetaminophen)	Covered	OTC
TRIAMINIC FEVER REDUCER (acetaminophen)	Covered	OTC; QL (240 mL per 30 days)
*Analgesics-Sedatives*** - Arthritis And Pain Drugs		
<i>butalbital-acetaminophen</i>	Covered	QL (180 EA per 30 days)
<i>butalbital-apap-cafeine</i>	Covered	QL (2 EA per 1 day)
<i>butalbital-aspirin-cafeine</i>	Covered	QL (2 EA per 1 day)

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Salicylate Combinations*** - Arthritis And Pain Drugs		
<i>choline-mag trisalicylate</i>	Covered	
*Salicylates*** - Arthritis And Pain Drugs		
<i>aspirin</i>	Covered	OTC
<i>aspirin 81</i>	Covered	OTC
<i>aspirin adult low dose</i>	Covered	OTC
<i>aspirin adult low strength</i>	Covered	OTC
<i>aspirin childrens</i>	Covered	OTC
<i>aspirin ec</i>	Covered	OTC
<i>aspirin ec low dose</i>	Covered	OTC
<i>aspirin ec low strength</i>	Covered	OTC
<i>aspirin low dose</i>	Covered	OTC
<i>aspirin low strength</i>	Covered	OTC
<i>aspirin maximum strength</i>	Covered	OTC
<i>childrens aspirin</i>	Covered	OTC
<i>childrens aspirin low strength</i>	Covered	OTC
<i>cvs aspirin</i>	Covered	OTC
<i>cvs aspirin adult low dose</i>	Covered	OTC
<i>cvs aspirin adult low strength</i>	Covered	OTC
<i>cvs aspirin ec</i>	Covered	OTC
<i>cvs aspirin low dose</i>	Covered	OTC
<i>diflunisal</i>	Covered	
<i>ec-81 aspirin</i>	Covered	OTC
<i>eq adult aspirin low strength</i>	Covered	OTC
<i>eq aspirin</i>	Covered	OTC
<i>eq aspirin adult low dose</i>	Covered	OTC
<i>eq aspirin low dose</i>	Covered	OTC
<i>eq childrens aspirin</i>	Covered	OTC
<i>eq aspirin low dose</i>	Covered	OTC
<i>gnp adult aspirin low strength</i>	Covered	OTC
<i>gnp aspirin</i>	Covered	OTC
<i>gnp aspirin low dose</i>	Covered	OTC
<i>goodsense aspirin low dose</i>	Covered	OTC
<i>hm aspirin</i>	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hm aspirin ec low dose</i>	Covered	OTC
<i>kls aspirin low dose</i>	Covered	OTC
<i>kp aspirin</i>	Covered	OTC
<i>mm aspirin</i>	Covered	OTC
<i>px aspirin</i>	Covered	OTC
<i>px enteric aspirin</i>	Covered	OTC
<i>qc aspirin</i>	Covered	OTC
<i>qc aspirin low dose</i>	Covered	OTC
<i>qc childrens aspirin</i>	Covered	OTC
<i>ra aspirin</i>	Covered	OTC
<i>ra aspirin adult low dose</i>	Covered	OTC
<i>ra aspirin adult low strength</i>	Covered	OTC
<i>ra aspirin childrens</i>	Covered	OTC
<i>ra aspirin ec</i>	Covered	OTC
<i>ra aspirin ec adult low st</i>	Covered	OTC
<i>ra childrens aspirin</i>	Covered	OTC
<i>salsalate</i>	Covered	
<i>sb aspirin</i>	Covered	OTC
<i>sb childrens aspirin</i>	Covered	OTC
<i>sb low dose asa ec</i>	Covered	OTC
<i>sm aspirin</i>	Covered	OTC
<i>sm aspirin adult low strength</i>	Covered	OTC
<i>sm aspirin ec low strength</i>	Covered	OTC
<i>sm childrens aspirin</i>	Covered	OTC
<i>tgt aspirin</i>	Covered	OTC
<i>tgt aspirin low dose</i>	Covered	OTC
<i>tgt childrens aspirin</i>	Covered	OTC
ASPIR-LOW (<i>aspirin</i>)	Covered	OTC
BAYER ADVANCED ASPIRIN EX ST (<i>aspirin</i>)	Covered	OTC
BAYER ADVANCED ASPIRIN REG ST (<i>aspirin</i>)	Covered	OTC
BAYER ASPIRIN (<i>aspirin</i>)	Covered	OTC
BAYER ASPIRIN EC LOW DOSE (<i>aspirin</i>)	Covered	OTC
BAYER ASPIRIN EXTRA STRENGTH (<i>aspirin</i>)	Covered	OTC
BAYER LOW DOSE (<i>aspirin</i>)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECOTRIN LOW STRENGTH (<i>aspirin</i>)	Covered	OTC
MINIPRIN LOW DOSE (<i>aspirin</i>)	Covered	OTC
NORWICH ASPIRIN (<i>aspirin</i>)	Covered	OTC
ST JOSEPH ASPIRIN (<i>aspirin</i>)	Covered	OTC
Analgesics - Opioid - Drugs For Pain And Fever		
*Codeine Combinations*** - Arthritis And Pain Drugs		
<i>acetaminophen-codeine #2</i>	Covered	QL (4 EA per 1 day); AL (Min 18 Years)
<i>acetaminophen-codeine #3</i>	Covered	QL (4 EA per 1 day); AL (Min 18 Years)
<i>acetaminophen-codeine #4</i>	Covered	AL (Min 18 Years)
<i>acetaminophen-codeine oral solution</i>	Covered	QL (2700 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet</i>	Covered	QL (4 EA per 1 day); AL (Min 18 Years)
<i>butalbital-apap-caff-cod</i>	Covered	QL (4 EA per 1 day); AL (Min 18 Years)
<i>butalbital-asa-caff-codeine</i>	Covered	QL (4 EA per 1 day); AL (Min 18 Years)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine)	Covered	QL (4 EA per 1 day); AL (Min 18 Years)
*Hydrocodone Combinations*** - Arthritis And Pain Drugs		
<i>hydrocodone-acetaminophen oral solution</i>	Covered	QL (60 ML per 1 day); AL (Min 18 Years)
<i>hydrocodone-acetaminophen oral tablet</i>	Covered	QL (120 EA per 30 days); AL (Min 18 Years)
<i>hydrocodone-ibuprofen</i>	Covered	QL (120 EA per 30 days); AL (Min 18 Years)
NORCO (<i>hydrocodone-acetaminophen</i>)	Covered	QL (120 EA per 30 days); AL (Min 18 Years)
*Opioid Agonists*** - Arthritis And Pain Drugs		
<i>codeine sulfate</i>	Covered	QL (120 EA per 30 days); AL (Min 18 Years)
<i>fentanyl</i>	Covered	PA; QL (10 EA per 30 days)
<i>fentanyl citrate</i>	Covered	PA; QL (120 EA per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	Covered	QL (120 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Covered	QL (2 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl rectal</i>	Covered	QL (120 EA per 30 days)
<i>methadone hcl oral concentrate</i>	Covered	PA; QL (2 ML per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	Covered	PA; QL (11 ML per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	Covered	PA; QL (22 ML per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	Covered	PA; QL (2 EA per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	Covered	PA; QL (4 EA per 1 day)
<i>methadone hcl oral tablet soluble</i>	Covered	PA; QL (22 EA per 30 days)
<i>morphine sulfate (concentrate)</i>	Covered	QL (4 ML per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	Covered	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg</i>	Covered	PA; QL (6 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 30 mg</i>	Covered	PA; QL (3 EA per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>	Covered	QL (1350 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	Covered	QL (675 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>	Covered	QL (120 EA per 30 days)
<i>morphine sulfate oral tablet 30 mg</i>	Covered	QL (3 EA per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i>	Covered	QL (120 EA per 30 days)
<i>morphine sulfate rectal suppository 30 mg</i>	Covered	QL (3 EA per 1 day)
<i>oxycodone hcl oral solution</i>	Covered	QL (1800 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	Covered	QL (120 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg</i>	Covered	QL (4 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	Covered	QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	Covered	QL (2 EA per 1 day)
<i>oxymorphone hcl er</i>	Covered	PA; QL (2 EA per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	Covered	QL (4 EA per 1 day); AL (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>	Covered	QL (120 EA per 30 days); AL (Min 18 Years)
EMBEDA (morphine-naltrexone)	Covered	PA; QL (30 EA per 30 days)
methadone hcl (Methadone Hcl Intensol)	Covered	PA; QL (2 ML per 1 day)
*Opioid Combinations*** - Arthritis And Pain Drugs		
oxycodone-acetaminophen	Covered	QL (120 EA per 30 days)
oxycodone-aspirin	Covered	QL (120 EA per 30 days)

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Opioid Partial Agonists*** - Arthritis And Pain Drugs		
<i>buprenorphine hcl</i>	State Carve Out	
<i>buprenorphine hcl-naloxone hcl</i>	State Carve Out	
<i>butorphanol tartrate</i>	Covered	QL (2.5 ML per 30 days)
<i>pentazocine-naloxone hcl</i>	Covered	QL (120 EA per 30 days)
BELBUCA (<i>buprenorphine hcl</i>)	State Carve Out	
BUNAVAIL (<i>buprenorphine hcl-naloxone hcl</i>)	State Carve Out	
BUTRANS (<i>buprenorphine</i>)	State Carve Out	
PROBUPHINE IMPLANT KIT (<i>buprenorphine hcl</i>)	State Carve Out	
SUBLOCADE (<i>buprenorphine</i>)	State Carve Out	
SUBOXONE (<i>buprenorphine hcl-naloxone hcl</i>)	State Carve Out	
*Tramadol Combinations*** - Arthritis And Pain Drugs		
<i>tramadol-acetaminophen</i>	Covered	QL (120 EA per 30 days); AL (Min 18 Years)
Androgens-Anabolic - Hormones		
*Androgens*** - Drugs For Men		
<i>danazol</i>	Covered	
<i>testosterone cypionate</i>	Covered	PA; QL (10 ML per 90 days)
<i>testosterone enanthate</i>	Covered	PA; QL (5 ML per 60 days)
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	Covered	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	Covered	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/lact (1.62%)</i>	Covered	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Covered	PA; QL (2.5 GM per 1 day)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Covered	PA; QL (10 GM per 1 day)
<i>testosterone transdermal solution</i>	Covered	PA; QL (6 ML per 1 day)
Anorectal Agents - Rectal Preparations		
*Intrarectal Steroids*** - Rectal Preparations		
<i>hydrocortisone</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone</i> (Colocort)	Covered	
*Nitrate Vasodilating Agents*** - Rectal Preparations		
RECTIV (<i>nitroglycerin</i>)	Covered	PA
*Rectal Anesthetic Combinations*** - Rectal Preparations		
<i>eq hemorrhoidal max st</i>	Covered	OTC
<i>eql hemorrhoidal</i>	Covered	OTC
<i>hemorrhoidal</i>	Covered	OTC
<i>hemorrhoidal max st/aloe</i>	Covered	OTC
<i>px hemorrhoidal</i>	Covered	OTC
<i>ra hemorrhoidal</i>	Covered	OTC
<i>tgt hemorrhoidal</i>	Covered	OTC
*Rectal Anesthetic/Steroids*** - Rectal Preparations		
<i>lidocaine-hydrocortisone ace</i>	Covered	
PROCTOFOAM HC (<i>hydrocortisone ace-pramoxine</i>)	Covered	
*Rectal Steroids*** - Rectal Preparations		
<i>hydrocortisone</i>	Covered	
Antacids - Drugs For The Stomach		
*Antacid & Simethicone*** - Drugs For Ulcers And Stomach Acid		
<i>antacid</i>	Covered	OTC
<i>antacid anti-gas max strength</i>	Covered	OTC
<i>antacid extra strength</i>	Covered	OTC
<i>antacid iii</i>	Covered	OTC
<i>antacid maximum strength</i>	Covered	OTC
<i>antacid plus anti-gas relief</i>	Covered	OTC
<i>antacid/simethicone ds</i>	Covered	OTC
<i>comfort gel antacid anti-gas</i>	Covered	OTC
<i>cvs antacid plus antigas</i>	Covered	OTC
<i>cvs antacid/anti-gas</i>	Covered	OTC
<i>eq antacid maximum strength</i>	Covered	OTC
<i>eql antacid advanced max st</i>	Covered	OTC
<i>fast acting antacid/anti-gas</i>	Covered	OTC
<i>gnp antacid maximum strength</i>	Covered	OTC
<i>hm advanced antacid max st</i>	Covered	OTC
<i>hm antacid anti-gas ex st</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mag-al plus xs</i>	Covered	OTC
<i>meijer antacid</i>	Covered	OTC
<i>mi-acid maximum strength</i>	Covered	OTC
<i>milantex extra strength</i>	Covered	OTC
<i>mintox maximum strength</i>	Covered	OTC
<i>px antacid maximum strength</i>	Covered	OTC
<i>qc antacid/lanti-gas</i>	Covered	OTC
<i>ra antacid/lanti-gas max st</i>	Covered	OTC
<i>ra antacid/lgas relief max st</i>	Covered	OTC
<i>sm antacid advanced max st</i>	Covered	OTC
<i>sm antacid maximum strength</i>	Covered	OTC
ALMACONE DOUBLE STRENGTH (<i>alum & mag hydroxide-simeth</i>)	Covered	OTC
GNP MASANTI MAXIMUM STRENGTH (<i>alum & mag hydroxide-simeth</i>)	Covered	OTC
MAALOX MAX (<i>alum & mag hydroxide-simeth</i>)	Covered	OTC
MAALOX MULTI SYMPTOM MAX ST (<i>alum & mag hydroxide-simeth</i>)	Covered	OTC
*Antacid Combinations*** - Drugs For Ulcers And Stomach Acid		
<i>gnp foaming antacid</i>	Covered	OTC
<i>sm foaming antacid</i>	Covered	OTC
MI-ACID (<i>ca carbonate-mag hydroxide</i>)	Covered	OTC
*Antacids - Bicarbonate*** - Drugs For Ulcers And Stomach Acid		
<i>sodium bicarbonate oral powder</i>	Covered	
<i>sodium bicarbonate oral tablet</i>	Covered	OTC
*Antacids - Calcium Salts*** - Drugs For Ulcers And Stomach Acid		
<i>childrens pepto</i>	Covered	OTC
<i>ra stomach relief kids</i>	Covered	OTC
CHILDRENS SOOTHE (<i>calcium carbonate antacid</i>)	Covered	OTC
MAALOX CHILDRENS (<i>calcium carbonate antacid</i>)	Covered	OTC
TITRALAC (<i>calcium carbonate antacid</i>)	Covered	OTC
*Antacids - Magnesium Salts*** - Drugs For Ulcers And Stomach Acid		
<i>gnp magnesium oxide</i>	Covered	OTC
<i>hm magnesium</i>	Covered	OTC
<i>magnesium oxide</i>	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAOX (<i>magnesium oxide</i>)	Covered	OTC
Anthelmintics - Drugs For Infections		
*Anthelmintics*** - Drugs For Parasites		
<i>albendazole</i>	Covered	ST
<i>ivermectin</i>	Covered	
<i>praziquantel</i>	Covered	PA
<i>reeses pinworm medicine</i>	Covered	OTC
Antianginal Agents - Drugs For The Heart		
*Nitrates*** - Drugs For Angina		
<i>isosorbide dinitrate</i>	Covered	
<i>isosorbide dinitrate er</i>	Covered	
<i>isosorbide mononitrate</i>	Covered	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	Covered	QL (60 EA per 30 days)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Covered	QL (30 EA per 30 days)
<i>nitroglycerin</i>	Covered	
<i>nitroglycerin er</i>	Covered	
<i>nitroglycerin</i> (Minitran)	Covered	
NITRO-TIME (<i>nitroglycerin</i>)	Covered	
Antianxiety Agents - Drugs For The Nervous System		
*Antianxiety Agents - Misc.*** - Drugs For Anxiety		
<i>buspirone hcl oral tablet 10 mg</i>	Covered	QL (180 EA per 30 days); AL (Min 6 Years)
<i>buspirone hcl oral tablet 15 mg</i>	Covered	QL (120 EA per 30 days); AL (Min 6 Years)
<i>buspirone hcl oral tablet 5 mg</i>	Covered	QL (360 EA per 30 days); AL (Min 6 Years)
<i>buspirone hcl oral tablet 7.5 mg</i>	Covered	QL (240 EA per 30 days); AL (Min 6 Years)
<i>hydroxyzine hcl oral syrup</i>	Covered	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	Covered	QL (4 EA per 1 day)
<i>hydroxyzine hcl oral tablet 50 mg</i>	Covered	QL (8 EA per 1 day)
<i>hydroxyzine pamoate</i>	Covered	QL (4 EA per 1 day)

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>alprazolam er</i>	Covered	QL (2 EA per 1 day); AL (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	Covered	QL (4 EA per 1 day); AL (Min 18 Years)
<i>alprazolam oral tablet 1 mg</i>	Covered	QL (6 EA per 1 day); AL (Min 18 Years)
<i>alprazolam oral tablet 2 mg</i>	Covered	QL (5 EA per 1 day); AL (Min 18 Years)
<i>alprazolam xr</i>	Covered	QL (2 EA per 1 day); AL (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>	Covered	QL (4 EA per 1 day); AL (Min 6 Years)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	Covered	QL (12 EA per 1 day); AL (Min 6 Years)
<i>diazepam oral solution</i>	Covered	QL (10 ML per 1 day)
<i>diazepam oral tablet</i>	Covered	QL (4 EA per 1 day)
<i>lorazepam oral concentrate</i>	Covered	QL (2 ML per 1 day); AL (Min 12 Years)
<i>lorazepam oral tablet 0.5 mg</i>	Covered	QL (4 EA per 1 day)
<i>lorazepam oral tablet 1 mg</i>	Covered	QL (6 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	Covered	QL (5 EA per 1 day)
<i>oxazepam</i>	Covered	QL (4 EA per 1 day); AL (Min 6 Years)
Antiarrhythmics - Drugs For The Heart		
*Antiarrhythmics Type I-A*** - Drugs For Abnormal Heart Rhythms		
<i>disopyramide phosphate</i>	Covered	
<i>quinidine sulfate</i>	Covered	
*Antiarrhythmics Type I-B*** - Drugs For Abnormal Heart Rhythms		
<i>mexiletine hcl</i>	Covered	
*Antiarrhythmics Type I-C*** - Drugs For Abnormal Heart Rhythms		
<i>flecainide acetate</i>	Covered	
<i>propafenone hcl</i>	Covered	
*Antiarrhythmics Type Iii*** - Drugs For Abnormal Heart Rhythms		
<i>amiodarone hcl</i>	Covered	
MULTAQ (dronedarone hcl)	Covered	PA; QL (2 EA per 1 day)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amiodarone hcl</i> (Pacerone)	Covered	
Antiasthmatic And Bronchodilator Agents - Drugs For The Lungs		
*Adrenergic Combinations*** - Drugs For Asthma/Copd		
<i>budesonide-formoterol fumarate</i>	Covered	QL (10.2 GM per 30 days)
<i>fluticasone-salmeterol</i>	Covered	QL (1 EA per 30 days)
<i>ipratropium-albuterol</i>	Covered	QL (6 Nebules per 1 day)
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>)	Covered	QL (60 EA per 30 days)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	Covered	QL (60 EA per 30 days); AL (Min 18 Years)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>)	Covered	QL (8 GM per 30 days)
TRELEGY ELLIPTA (<i>fluticasone-umeclidin-vilant</i>)	Covered	ST; QL (2 EA per 1 day)
*Anti-Ige Monoclonal Antibodies*** - Drugs For Asthma/Copd		
XOLAIR (<i>omalizumab</i>)	Covered	PA
*Anti-Inflammatory Agents*** - Drugs For Asthma/Copd		
<i>cromolyn sodium</i>	Covered	
*Beta Adrenergics*** - Drugs For Asthma/Copd		
<i>albuterol sulfate hfa</i>	Covered	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%</i>	Covered	QL (360 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	Covered	ST; QL (12 Nebules per 1 day); AL (Max 18 Years)
<i>albuterol sulfate oral</i>	Covered	
<i>levalbuterol tartrate</i>	Covered	ST; QL (30 GM per 30 days)
<i>metaproterenol sulfate</i>	Covered	
ARCAPTA NEOHALER (<i>indacaterol maleate</i>)	Covered	
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>)	Covered	QL (4 GM per 30 days)
VENTOLIN HFA (<i>albuterol sulfate</i>)	Covered	QL (2 Inhaler per 30 days)
*Bronchodilators - Anticholinergics*** - Drugs For Asthma/Copd		
<i>ipratropium bromide</i>	Covered	
ATROVENT HFA (<i>ipratropium bromide hfa</i>)	Covered	QL (26 GM per 30 days)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>)	Covered	QL (30 EA per 30 days)
*Leukotriene Receptor Antagonists*** - Drugs For Asthma/Copd		
<i>montelukast sodium oral packet</i>	Covered	PA; QL (1 EA per 1 day); AL (Min 1 Years and Max 2 Years)
<i>montelukast sodium oral tablet</i>	Covered	QL (30 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>montelukast sodium oral tablet chewable</i>	Covered	QL (30 EA per 30 days)
<i>zafirlukast</i>	Covered	ST; QL (60 EA per 30 days)
*Steroid Inhalants*** - Drugs For Asthma/Copd		
<i>budesonide</i>	Covered	QL (120 ML per 30 days); AL (Max 5 Years)
ARNUITY ELLIPTA (<i>fluticasone furoate</i>)	Covered	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	Covered	QL (12 GM per 30 days); AL (Max 12 Years)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	Covered	QL (10.6 GM per 30 days); AL (Max 12 Years)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Covered	QL (10.6 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Covered	QL (21.2 GM per 30 days)
*Xanthines*** - Drugs For Asthma/Copd		
<i>theophylline</i>	Covered	
<i>theophylline er</i>	Covered	
THEOCHRON (<i>theophylline</i>)	Covered	
Anticoagulants - Drugs For The Blood		
*Coumarin Anticoagulants*** - Drugs To Prevent Blood Clots		
<i>warfarin sodium</i>	Covered	
<i>warfarin sodium</i> (Jantoven)	Covered	
*Direct Factor Xa Inhibitors*** - Drugs To Prevent Blood Clots		
ELIQUIS (<i>apixaban</i>)	Covered	PA; QL (2 EA per 1 day)
XARELTO (<i>rivaroxaban</i>)	Covered	PA; QL (1 EA per 1 day)
XARELTO STARTER PACK (<i>rivaroxaban</i>)	Covered	PA; QL (51 EA per 30 days)
*Heparins And Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots		
<i>heparin sodium (porcine)</i>	Covered	
<i>heparin sodium (porcine) pf</i>	Covered	
*Low Molecular Weight Heparins*** - Drugs To Prevent Blood Clots		
<i>enoxaparin sodium</i>	Covered	QL (21 days per 168 days)
Anticonvulsants - Drugs For The Nervous System		
*Anticonvulsants - Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>clonazepam</i>	Covered	

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam</i>	Covered	QL (2 EA per 1 Fill)
DIASTAT ACUDIAL (<i>diazepam</i>)	Covered	QL (2 EA per 1 Fill)
DIASTAT PEDIATRIC (<i>diazepam</i>)	Covered	QL (2 EA per 1 Fill)
*Anticonvulsants - Misc.*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine</i>	Covered	
<i>carbamazepine er oral capsule extended release 12 hour</i>	Covered	QL (120 EA per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	Covered	QL (300 EA per 30 days); AL (Min 6 Years)
<i>carbamazepine er oral tablet extended release 12 hour 200 mg</i>	Covered	QL (150 EA per 30 days); AL (Min 6 Years)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	Covered	QL (75 EA per 30 days); AL (Min 6 Years)
<i>gabapentin</i>	Covered	QL (3600 MG per 1 day)
<i>lamotrigine oral tablet 100 mg, 200 mg</i>	Covered	QL (60 EA per 30 days)
<i>lamotrigine oral tablet 150 mg</i>	Covered	QL (90 EA per 30 days)
<i>lamotrigine oral tablet 25 mg</i>	Covered	QL (180 EA per 30 days)
<i>lamotrigine oral tablet chewable 25 mg</i>	Covered	QL (6 EA per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	Covered	QL (8 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Covered	QL (6 EA per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Covered	QL (4 EA per 1 day)
<i>levetiracetam oral solution</i>	Covered	
<i>levetiracetam oral tablet 1000 mg</i>	Covered	QL (90 EA per 30 days)
<i>levetiracetam oral tablet 250 mg</i>	Covered	QL (60 EA per 30 days)
<i>levetiracetam oral tablet 500 mg</i>	Covered	QL (180 EA per 30 days)
<i>levetiracetam oral tablet 750 mg</i>	Covered	QL (120 EA per 30 days)
<i>oxcarbazepine</i>	Covered	
<i>primidone</i>	Covered	
<i>topiramate oral capsule sprinkle</i>	Covered	QL (120 EA per 30 days)
<i>topiramate oral tablet 100 mg</i>	Covered	QL (90 EA per 30 days)
<i>topiramate oral tablet 200 mg</i>	Covered	QL (60 EA per 30 days)
<i>topiramate oral tablet 25 mg, 50 mg</i>	Covered	QL (120 EA per 30 days)
<i>zonisamide</i>	Covered	QL (180 EA per 30 days)
<i>carbamazepine</i> (Epitol)	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Carbamates*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>felbamate</i>	Covered	
*Gaba Modulators*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>tiagabine hcl oral tablet 2 mg</i>	Covered	QL (30 EA per 30 days)
<i>tiagabine hcl oral tablet 4 mg</i>	Covered	QL (120 EA per 30 days)
<i>vigabatrin</i>	Covered	
GABITRIL ORAL TABLET 12 MG (<i>tiagabine hcl</i>)	Covered	QL (120 EA per 30 days)
GABITRIL ORAL TABLET 16 MG (<i>tiagabine hcl</i>)	Covered	QL (90 EA per 30 days)
*Hydantoins*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>phenytoin</i>	Covered	
<i>phenytoin sodium extended</i>	Covered	
DILANTIN (<i>phenytoin sodium extended</i>)	Covered	
<i>phenytoin</i> (Phenytoin Infatabs)	Covered	
*Succinimides*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>ethosuximide</i>	Covered	
CELONTIN (<i>methsuximide</i>)	Covered	
*Valproic Acid*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>divalproex sodium</i>	Covered	
<i>divalproex sodium er</i>	Covered	PA
<i>valproic acid</i>	Covered	
Antidepressants - Drugs For The Nervous System		
*Alpha-2 Receptor Antagonists (Tetracyclics)*** - Drugs For Depression		
<i>mirtazapine oral tablet</i>	Covered	QL (30 EA per 30 days)
<i>mirtazapine oral tablet dispersible</i>	Covered	QL (1 EA per 1 day)
*Antidepressants - Misc.*** - Drugs For Depression		
<i>bupropion hcl</i>	Covered	QL (90 EA per 30 days)
<i>bupropion hcl er (sr)</i>	Covered	QL (2 EA per 1 day)
<i>bupropion hcl er (xl)</i>	Covered	QL (1 EA per 1 day)
<i>maprotiline hcl</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>*Modified Cyclics*** - Drugs For Depression</i>		
<i>trazodone hcl</i>	Covered	
<i>*Monoamine Oxidase Inhibitors (Maois)*** - Drugs For Depression</i>		
<i>phenelzine sulfate</i>	State Carve Out	
<i>tranylcypromine sulfate</i>	State Carve Out	
EMSAM (selegiline)	State Carve Out	
MARPLAN (isocarboxazid)	State Carve Out	
<i>*Selective Serotonin Reuptake Inhibitors (Ssris)*** - Drugs For Depression</i>		
<i>citalopram hydrobromide oral solution</i>	Covered	QL (300 ML per 30 days); AL (Max 12 Years)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Covered	QL (45 EA per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	Covered	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution</i>	Covered	QL (300 ML per 30 days); AL (Max 12 Years)
<i>escitalopram oxalate oral tablet</i>	Covered	QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Covered	QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule 20 mg, 40 mg</i>	Covered	QL (60 EA per 30 days)
<i>fluoxetine hcl oral solution</i>	Covered	QL (150 ML per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>	Covered	QL (90 EA per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Covered	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Covered	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	Covered	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	Covered	QL (45 EA per 30 days)
<i>sertraline hcl oral concentrate</i>	Covered	QL (75 ML per 30 days); AL (Max 12 Years)
<i>sertraline hcl oral tablet 100 mg</i>	Covered	QL (2 EA per 1 day)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	Covered	QL (45 EA per 30 days)
LEXAPRO (escitalopram oxalate)	Covered	QL (300 ML per 30 days); AL (Max 12 Years)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*** - Drugs For Depression		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Covered	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Covered	QL (1 EA per 1 day)
<i>venlafaxine hcl</i>	Covered	
<i>venlafaxine hcl er</i>	Covered	QL (30 EA per 30 days)
*Tricyclic Agents*** - Drugs For Depression		
<i>amitriptyline hcl</i>	Covered	
<i>amoxapine</i>	Covered	
<i>doxepin hcl</i>	Covered	
<i>imipramine hcl</i>	Covered	
<i>nortriptyline hcl oral capsule</i>	Covered	
<i>nortriptyline hcl oral solution</i>	Covered	AL (Max 12 Years)
Antidiabetics - Hormones		
*Alpha-Glucosidase Inhibitors*** - Drugs For Diabetes		
<i>acarbose</i>	Covered	QL (90 EA per 30 days)
*Antidiabetic - Amylin Analogs*** - Drugs For Diabetes		
SYMLINPEN 60 (pramlintide acetate)	Covered	PA
*Biguanides*** - Drugs For Diabetes		
<i>metformin hcl</i>	Covered	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	Covered	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	Covered	QL (60 EA per 30 days)
*Diabetic Other - Combinations*** - Drugs For Diabetes		
<i>cvs glucose</i>	Covered	OTC
<i>glucose</i>	Covered	OTC
<i>gnp glucose</i>	Covered	OTC
<i>hm glucose</i>	Covered	OTC
<i>hy-vee glucose</i>	Covered	OTC
<i> kroger glucose</i>	Covered	OTC
<i>leader glucose</i>	Covered	OTC
<i>longs glucose</i>	Covered	OTC
<i>meijer glucose</i>	Covered	OTC
<i>preferred plus glucose</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>px glucose</i>	Covered	OTC
<i>ra glucose</i>	Covered	OTC
<i>sm glucose</i>	Covered	OTC
<i>tgt glucose</i>	Covered	OTC
<i>up & up glucose</i>	Covered	OTC
<i>value plus glucose</i>	Covered	OTC
<i>walgreens glucose</i>	Covered	OTC
DEX4 (glucose-vitamin c)	Covered	OTC
DEX4 GLUCOSE (glucose-vitamin c)	Covered	OTC
DEX4 NATURALS (glucose-vitamin c)	Covered	OTC
DEX4 POUCH PACK (glucose-vitamin c)	Covered	OTC
RELION GLUCOSE (glucose-vitamin c)	Covered	OTC
SMART SENSE GLUCOSE (glucose-vitamin c)	Covered	OTC
<i>*Diabetic Other*** - Drugs For Diabetes</i>		
<i>cvs glucose</i>	Covered	OTC
<i>cvs glucose shot</i>	Covered	OTC
<i>glucose</i>	Covered	OTC
<i>gnp glucose</i>	Covered	OTC
<i>gnp quick dissolve glucose</i>	Covered	OTC
<i>leader quick dissolve glucose</i>	Covered	OTC
<i>ra glucose</i>	Covered	OTC
<i>sm glucose</i>	Covered	OTC
<i>value plus glucose</i>	Covered	OTC
<i>walgreens glucose</i>	Covered	OTC
BD GLUCOSE (dextrose (diabetic use))	Covered	OTC
DEX4 QUICK DISSOLVE GLUCOSE (dextrose (diabetic use))	Covered	OTC
GLUCAGEN HYPOKIT (glucagon hcl (rdna))	Covered	QL (1 Unit Max Qty Per Fill Retail)
GLUCAGON EMERGENCY (glucagon (rdna))	Covered	QL (1 Unit Max Qty Per Fill Retail)
GLUCO BURST (dextrose (diabetic use))	Covered	OTC
GVOKE HYPOPEN (glucagon)	Covered	QL (2 pens Max Qty Per Fill Retail)
GVOKE PFS (glucagon)	Covered	QL (0.2 ML Max Qty Per Fill Retail)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSTA-GLUCOSE (<i>dextrose (diabetic use)</i>)	Covered	OTC
RELION GLUCOSE (<i>dextrose (diabetic use)</i>)	Covered	OTC
RELION GLUCOSE DRINK (<i>dextrose (diabetic use)</i>)	Covered	OTC
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** - Drugs For Diabetes		
<i>alogliptin benzoate</i>	Covered	QL (1 EA per 1 Day)
JANUVIA (<i>sitagliptin phosphate</i>)	Covered	ST; QL (1 EA per 1 day)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** - Drugs For Diabetes		
<i>alogliptin-metformin hcl</i>	Covered	QL (2 EA per 1 Day)
JANUMET (<i>sitagliptin-metformin hcl</i>)	Covered	ST; QL (2 EA per 1 day)
JANUMET XR (<i>sitagliptin-metformin hcl</i>)	Covered	ST; QL (1 EA per 1 day)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations*** - Drugs For Diabetes		
<i>alogliptin-pioglitazone</i>	Covered	QL (1 EA per 1 Day)
*Human Insulin*** - Drugs For Diabetes		
<i>insulin lispro subcutaneous solution</i>	Covered	
<i>insulin lispro subcutaneous solution pen-injector</i>	Covered	AL (Max 18 Years)
ADMELOG (<i>insulin lispro</i>)	Covered	
ADMELOG SOLOSTAR (<i>insulin lispro</i>)	Covered	AL (Max 18 Years)
BASAGLAR KWIKPEN (<i>insulin glargine</i>)	Covered	
HUMALOG (<i>insulin lispro</i>)	Covered	
HUMALOG KWIKPEN (<i>insulin lispro</i>)	Covered	AL (Max 18 Years)
HUMALOG MIX 50/50 (<i>insulin lispro prot & lispro</i>)	Covered	
HUMALOG MIX 50/50 KWIKPEN (<i>insulin lispro prot & lispro</i>)	Covered	AL (Max 18 Years)
HUMALOG MIX 75/25 (<i>insulin lispro prot & lispro</i>)	Covered	
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro prot & lispro</i>)	Covered	AL (Max 18 Years)
HUMULIN 70/30 (<i>insulin nph isophane & regular</i>)	Covered	OTC
HUMULIN 70/30 KWIKPEN (<i>insulin nph isophane & regular</i>)	Covered	OTC; AL (Max 18 Years)
HUMULIN N (<i>insulin nph human (isophane)</i>)	Covered	OTC
HUMULIN N KWIKPEN (<i>insulin nph human (isophane)</i>)	Covered	OTC; AL (Max 18 Years)
HUMULIN R (<i>insulin regular human</i>)	Covered	OTC
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular human</i>)	Covered	
HUMULIN R U-500 KWIKPEN (<i>insulin regular human</i>)	Covered	AL (Max 18 Years)
NOVOLIN 70/30 (<i>insulin nph isophane & regular</i>)	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 RELION (<i>insulin nph isophane & regular</i>)	Covered	OTC
NOVOLIN N (<i>insulin nph human (isophane)</i>)	Covered	OTC
NOVOLIN N RELION (<i>insulin nph human (isophane)</i>)	Covered	OTC
NOVOLIN R (<i>insulin regular human</i>)	Covered	OTC
NOVOLIN R FLEXPEN (<i>insulin regular human</i>)	Covered	OTC
NOVOLIN R RELION (<i>insulin regular human</i>)	Covered	OTC
NOVOLOG MIX 70/30 (<i>insulin aspart prot & aspart</i>)	Covered	
NOVOLOG MIX 70/30 FLEXPEN (<i>insulin aspart prot & aspart</i>)	Covered	AL (Max 18 Years)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** - Drugs For Diabetes		
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>)	Covered	ST; QL (0.05 ML per 1 day)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>)	Covered	ST; QL (0.1071 ML per 1 day)
VICTOZA (<i>liraglutide</i>)	Covered	ST; QL (0.6 ML per 1 day)
*Meglitinide Analogues*** - Drugs For Diabetes		
<i>nateglinide</i>	Covered	QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Covered	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	Covered	QL (240 EA per 30 days)
*Meglitinide-Biguanide Combinations*** - Drugs For Diabetes		
<i>repaglinide-metformin hcl</i>	Covered	
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** - Drugs For Diabetes		
JARDIANCE (<i>empagliflozin</i>)	Covered	PA; QL (1 EA per 1 day)
STEGLATRO (<i>ertugliflozin l-pyrogutamicac</i>)	Covered	ST; QL (1 EA per 1 day)
*Sulfonylurea-Biguanide Combinations*** - Drugs For Diabetes		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg</i>	Covered	QL (2 EA per 1 day)
<i>glipizide-metformin hcl oral tablet 5-500 mg</i>	Covered	QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Covered	QL (60 EA per 30 days)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Covered	QL (120 EA per 30 days)
*Sulfonylureas*** - Drugs For Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	Covered	QL (30 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	Covered	QL (60 EA per 30 days)
<i>glipizide</i>	Covered	
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Covered	QL (2 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Covered	QL (1 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	Covered	QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Covered	QL (1 EA per 1 day)
<i>glyburide</i>	Covered	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	Covered	QL (30 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	Covered	QL (60 EA per 30 days)
*Thiazolidinediones*** - Drugs For Diabetes		
<i>pioglitazone hcl</i>	Covered	QL (1 EA per 1 day)
AVANDIA (rosiglitazone maleate)	Covered	ST; QL (30 EA per 30 days)
Antidiarrheals - Drugs For The Stomach		
*Antiperistaltic Agents*** - Drugs For Diarrhea		
<i>anti-diarrheal</i>	Covered	OTC
<i>cvs anti-diarrheal</i>	Covered	OTC
<i>diphenoxylate-atropine</i>	Covered	
<i>eq anti-diarrheal</i>	Covered	OTC
<i>gnp anti-diarrheal</i>	Covered	OTC
<i>hm loperamide hcl</i>	Covered	OTC
<i>loperamide hcl oral capsule</i>	Covered	
<i>loperamide hcl oral liquid</i>	Covered	OTC
<i>ra anti-diarrheal</i>	Covered	OTC
<i>sm anti-diarrheal</i>	Covered	OTC
<i>tgt loperamide hcl</i>	Covered	OTC
Antidotes - Drugs For Overdose Or Poisoning		
*Antidotes - Chelating Agents*** - Drugs For Overdose Or Poisoning		
CHEMET (succimer)	Covered	
*Opioid Antagonists*** - Drugs For Overdose Or Poisoning		
<i>naloxone hcl</i>	State Carve Out	
<i>naltrexone hcl</i>	State Carve Out	
EVZIO (naloxone hcl)	State Carve Out	
NARCAN (naloxone hcl)	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVITROL (<i>naltrexone</i>)	State Carve Out	
Antiemetics - Drugs For The Stomach		
*5-Ht3 Receptor Antagonists*** - Drugs For Vomiting And Nausea		
<i>granisetron hcl</i>	Covered	ST; QL (8 EA per 30 days)
<i>ondansetron</i>	Covered	QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Covered	QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Covered	QL (3 EA per 1 day)
*Antiemetics - Anticholinergic*** - Drugs For Vomiting And Nausea		
<i>cvs motion sickness ii</i>	Covered	OTC
<i>cvs motion sickness relief</i>	Covered	OTC
<i>eq motion sickness relief</i>	Covered	OTC
<i>gnp motion sickness relief</i>	Covered	OTC
<i>hm motion relief</i>	Covered	OTC
<i>meclizine hcl</i>	Covered	
<i>motion sickness relief</i>	Covered	OTC
<i>motion-time</i>	Covered	OTC
<i>ra motion sickness relief</i>	Covered	OTC
<i>sm motion sickness</i>	Covered	OTC
<i>travel sickness</i>	Covered	OTC
DRAMAMINE LESS DROWSY (<i>meclizine hcl</i>)	Covered	OTC
WAL-DRAM II (<i>meclizine hcl</i>)	Covered	OTC
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** - Drugs For Vomiting And Nausea		
<i>aprepitant</i>	Covered	QL (3 EA per 30 days)
Antifungals - Drugs For Infections		
*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)*** - Drugs For Fungus		
<i>caspofungin acetate</i>	Covered	PA
ERAXIS (<i>anidulafungin</i>)	Covered	PA
MYCAMINE (<i>micafungin sodium</i>)	Covered	PA
*Antifungals*** - Drugs For Fungus		
<i>bio-statin</i>	Covered	
<i>griseofulvin microsize</i>	Covered	ST
<i>griseofulvin ultramicrosize</i>	Covered	ST

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin</i>	Covered	
<i>terbinafine hcl</i>	Covered	QL (1 EA per 1 day)
ABELCET (<i>amphotericin b lipid</i>)	Covered	PA
AMBISOME (<i>amphotericin b liposome</i>)	Covered	PA
*Imidazoles*** - Drugs For Fungus		
<i>ketoconazole</i>	Covered	QL (30 EA per 30 days)
*Triazoles*** - Drugs For Fungus		
<i>fluconazole in dextrose</i>	Covered	PA
<i>fluconazole in sodium chloride</i>	Covered	PA
<i>fluconazole oral suspension reconstituted</i>	Covered	
<i>fluconazole oral tablet</i>	Covered	QL (60 EA per 30 days)
<i>itraconazole</i>	Covered	QL (120 EA per 30 days)
<i>voriconazole</i>	Covered	PA
CRESEMBA (<i>isavuconazonium sulfate</i>)	Covered	PA
NOXAFIL (<i>posaconazole</i>)	Covered	PA
*Antihemophilic Products - Monoclonal Antibodies*** - Drugs For The Blood		
*Antihemophilic Products - Monoclonal Antibodies*** - Drugs For The Blood		
HEMLIBRA (<i>emicizumab-kxwh</i>)	State Carve Out	
Antihistamines - Drugs For The Lungs		
*Antihistamines - Alkylamines*** - Drugs For Allergies		
<i>brompheniramine tannate</i>	Covered	
<i>chlorpheniramine maleate</i>	Covered	OTC
<i>ed chlorped jr</i>	Covered	OTC; QL (120 mL per 30 days)
DIABETIC TUSSIN ALLERGY (<i>chlorpheniramine maleate</i>)	Covered	OTC; QL (120 mL per 30 days)
*Antihistamines - Ethanolamines*** - Drugs For Allergies		
<i>allergy childrens</i>	Covered	OTC; QL (120 mL per 30 days)
<i>allergy relief childrens oral liquid</i>	Covered	OTC; QL (120 mL per 30 days)
<i>allergy relief childrens oral tablet dispersible</i>	Covered	OTC
<i>carbinoxamine maleate</i>	Covered	
<i>childrens allergy</i>	Covered	OTC; QL (120 mL per 30 days)
<i>clemastine fumarate</i>	Covered	
<i>cvs allergy relief</i>	Covered	OTC; QL (120 mL per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs allergy relief adult</i>	Covered	OTC; QL (120 mL per 30 days)
<i>cvs childrens allergy</i>	Covered	OTC; QL (120 mL per 30 days)
<i>diphenhist</i>	Covered	OTC; QL (120 mL per 30 days)
<i>diphenhydramine hcl oral capsule</i>	Covered	
<i>diphenhydramine hcl oral elixir</i>	Covered	QL (120 mL per 30 days)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Covered	OTC; QL (120 ML per 30 days)
<i>diphenhydramine hcl oral liquid 6.25 mg/ml</i>	Covered	OTC
<i>eq allergy relief childrens oral elixir</i>	Covered	OTC; QL (120 mL per 30 days)
<i>eq allergy relief childrens oral liquid</i>	Covered	OTC; QL (120 mL per 30 days)
<i>eq allergy relief childrens oral tablet dispersible</i>	Covered	OTC
<i>eqi childrens allergy</i>	Covered	OTC; QL (120 mL per 30 days)
<i>gnp childrens allergy</i>	Covered	OTC; QL (120 mL per 30 days)
<i>hm allergy relief childrens</i>	Covered	OTC; QL (120 mL per 30 days)
<i>kp diphenhydramine hcl</i>	Covered	OTC
<i>pharbedryl</i>	Covered	OTC
<i>px allergy</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra allergy</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra allergy medication</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra allergy relief childrens oral liquid</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra allergy relief childrens oral tablet dispersible</i>	Covered	OTC
<i>sb allergy medicine</i>	Covered	OTC; QL (120 mL per 30 days)
<i>siladryl allergy</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sm allergy relief</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sm allergy relief childrens</i>	Covered	OTC; QL (120 mL per 30 days)
<i>tgt allergy melts childrens</i>	Covered	OTC
<i>tgt allergy relief childrens</i>	Covered	OTC; QL (120 mL per 30 days)
BANOPHEN ORAL CAPSULE (<i>diphenhydramine hcl</i>)	Covered	OTC
BANOPHEN ORAL LIQUID (<i>diphenhydramine hcl</i>)	Covered	OTC; QL (120 mL per 30 days)
NARAMIN (<i>diphenhydramine hcl</i>)	Covered	OTC; QL (120 mL per 30 days)
PEDIACARE CHILDRENS ALLERGY (<i>diphenhydramine hcl</i>)	Covered	OTC; QL (120 mL per 30 days)
RA DIPHEDRYL ALLERGY (<i>diphenhydramine hcl</i>)	Covered	OTC; QL (120 mL per 30 days)
TOTAL ALLERGY MEDICINE (<i>diphenhydramine hcl</i>)	Covered	OTC; QL (120 mL per 30 days)
WAL-DRYL ALLERGY (<i>diphenhydramine hcl</i>)	Covered	OTC; QL (120 mL per 30 days)
WAL-DRYL ALLERGY CHILDRENS (<i>diphenhydramine hcl</i>)	Covered	OTC; QL (120 mL per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-DRYL ALLERGY REL CHILDRENS (<i>diphenhydramine hcl</i>)	Covered	OTC
*Antihistamines - Non-Sedating*** - Drugs For Allergies		
<i>all day allergy</i>	Covered	OTC; QL (30 EA per 30 days)
<i>all day allergy childrens</i>	Covered	OTC; QL (150 ML per 30 days)
<i>allergy</i>	Covered	OTC; QL (30 EA per 30 days)
<i>allergy childrens</i>	Covered	OTC; QL (240 ML per 30 days)
<i>allergy relief child</i>	Covered	OTC; QL (240 ML per 30 days)
<i>allergy relief childrens oral solution</i>	Covered	OTC; QL (150 ML per 30 days)
<i>allergy relief childrens oral syrup</i>	Covered	OTC; QL (240 ML per 30 days)
<i>allergy relief oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>allergy relief oral tablet dispersible</i>	Covered	OTC; QL (1 EA per 1 day)
<i>cetirizine hcl allergy child</i>	Covered	QL (150 ML per 30 days)
<i>cetirizine hcl childrens</i>	Covered	OTC; QL (150 ML per 30 days)
<i>cetirizine hcl hives relief</i>	Covered	OTC; QL (150 ML per 30 days)
<i>cetirizine hcl oral solution</i>	Covered	QL (150 ML per 30 days)
<i>cetirizine hcl oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>childrens loratadine</i>	Covered	OTC; QL (240 ML per 30 days)
<i>cvs allergy relief childrens oral solution</i>	Covered	OTC; QL (150 ML per 30 days)
<i>cvs allergy relief childrens oral syrup</i>	Covered	OTC; QL (240 ML per 30 days)
<i>cvs allergy relief oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>cvs allergy relief oral tablet dispersible</i>	Covered	OTC; QL (1 EA per 1 day)
<i>cvs indoor/outdoor allergy rlf</i>	Covered	OTC; QL (30 EA per 30 days)
<i>eq allergy relief</i>	Covered	OTC; QL (30 EA per 30 days)
<i>eq allergy relief (cetirizine) oral solution</i>	Covered	OTC; QL (150 ML per 30 days)
<i>eq allergy relief (cetirizine) oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>eq allergy relief childrens oral solution</i>	Covered	OTC; QL (150 ML per 30 days)
<i>eq allergy relief childrens oral syrup</i>	Covered	OTC; QL (240 ML per 30 days)
<i>eq childrens loratadine</i>	Covered	OTC; QL (240 ML per 30 days)
<i>eq loratadine</i>	Covered	OTC; QL (30 EA per 30 days)
<i>eq all day allergy</i>	Covered	OTC; QL (30 EA per 30 days)
<i>eq all day allergy childrens</i>	Covered	OTC; QL (150 ML per 30 days)
<i>eq allergy relief</i>	Covered	OTC; QL (30 EA per 30 days)
<i>gnp all day allergy</i>	Covered	OTC; QL (30 EA per 30 days)
<i>gnp all day allergy childrens</i>	Covered	OTC; QL (150 ML per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp allergy relief</i>	Covered	OTC; QL (1 EA per 1 day)
<i>gnp loratadine oral syrup</i>	Covered	OTC; QL (240 ML per 30 days)
<i>gnp loratadine oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>goodsense all day allergy</i>	Covered	OTC; QL (30 EA per 30 days)
<i>hm all day allergy</i>	Covered	OTC; QL (30 EA per 30 days)
<i>hm allergy relief</i>	Covered	OTC; QL (1 EA per 1 day)
<i>hm cetirizine hcl childrens</i>	Covered	OTC; QL (150 ML per 30 days)
<i>hm loratadine</i>	Covered	OTC; QL (30 EA per 30 days)
<i>hm loratadine childrens</i>	Covered	OTC; QL (240 ML per 30 days)
<i>kp cetirizine hcl</i>	Covered	OTC; QL (30 EA per 30 days)
<i>kp loratadine</i>	Covered	OTC; QL (30 EA per 30 days)
<i>loradamed</i>	Covered	OTC; QL (30 EA per 30 days)
<i>loratadine childrens</i>	Covered	OTC; QL (240 ML per 30 days)
<i>loratadine oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>loratadine oral tablet chewable</i>	Covered	OTC; QL (2 EA per 1 day)
<i>meijer allergy relief oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>meijer allergy relief oral tablet dispersible</i>	Covered	OTC; QL (1 EA per 1 day)
<i>meijer loratadine</i>	Covered	OTC; QL (240 ML per 30 days)
<i>px allergy relief</i>	Covered	OTC; QL (1 EA per 1 day)
<i>px allergy relief cetirizine</i>	Covered	OTC; QL (30 EA per 30 days)
<i>px allergy relief loratadine</i>	Covered	OTC; QL (30 EA per 30 days)
<i>px childrens allergy</i>	Covered	OTC; QL (150 ML per 30 days)
<i>qc all day allergy</i>	Covered	OTC; QL (30 EA per 30 days)
<i>qc allergy relief</i>	Covered	OTC; QL (1 EA per 1 day)
<i>qc allergy relief childrens oral syrup 1 mg/ml</i>	Covered	OTC; QL (150 ML per 30 days)
<i>qc allergy relief childrens oral syrup 5 mg/5ml</i>	Covered	OTC; QL (240 ML per 30 days)
<i>qc loratadine allergy relief</i>	Covered	OTC; QL (30 EA per 30 days)
<i>ra allergy relief childrens</i>	Covered	OTC; QL (150 ML per 30 days)
<i>ra allergy relief oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>ra allergy relief oral tablet dispersible</i>	Covered	OTC; QL (1 EA per 1 day)
<i>ra cetirizine</i>	Covered	OTC; QL (30 EA per 30 days)
<i>ra loratadine childrens</i>	Covered	OTC; QL (240 ML per 30 days)
<i>ra loratadine oral syrup</i>	Covered	OTC; QL (240 ML per 30 days)
<i>ra loratadine oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra loratadine oral tablet dispersible</i>	Covered	OTC; QL (1 EA per 1 day)
<i>sb allergy</i>	Covered	OTC; QL (30 EA per 30 days)
<i>sb allergy relief</i>	Covered	OTC; QL (1 EA per 1 day)
<i>sb loratadine allergy relief</i>	Covered	OTC; QL (30 EA per 30 days)
<i>sb loratadine oral syrup</i>	Covered	OTC; QL (240 ML per 30 days)
<i>sb loratadine oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>sm all day allergy</i>	Covered	OTC; QL (30 EA per 30 days)
<i>sm all day allergy childrens</i>	Covered	OTC; QL (150 ML per 30 days)
<i>sm allergy relief</i>	Covered	OTC; QL (1 EA per 1 day)
<i>sm allergy relief loratadine</i>	Covered	OTC; QL (30 EA per 30 days)
<i>sm childrens loratadine</i>	Covered	OTC; QL (240 ML per 30 days)
<i>sm loratadine allergy relief</i>	Covered	OTC; QL (1 EA per 1 day)
<i>sm loratadine oral syrup</i>	Covered	OTC; QL (240 ML per 30 days)
<i>sm loratadine oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>tgt all day allergy relief</i>	Covered	OTC; QL (30 EA per 30 days)
<i>tgt allergy relief oral tablet</i>	Covered	OTC; QL (30 EA per 30 days)
<i>tgt allergy relief oral tablet dispersible</i>	Covered	OTC; QL (1 EA per 1 day)
<i>tgt loratadine childrens</i>	Covered	OTC; QL (240 ML per 30 days)
ALAVERT (loratadine)	Covered	OTC; QL (1 EA per 1 day)
KLS ALLERCLEAR (loratadine)	Covered	OTC; QL (30 EA per 30 days)
KLS ALLER-TEC (cetirizine hcl)	Covered	OTC; QL (30 EA per 30 days)
TRIAMINIC ALLERCHEWS (loratadine)	Covered	OTC; QL (1 EA per 1 day)
WAL-ITIN (loratadine)	Covered	OTC; QL (30 EA per 30 days)
WAL-ITIN ALLERGY REDITABS (loratadine)	Covered	OTC; QL (1 EA per 1 day)
WAL-ITIN ALLER-MELTS (loratadine)	Covered	OTC; QL (1 EA per 1 day)
WAL-VERT (loratadine)	Covered	OTC; QL (1 EA per 1 day)
WAL-ZYR (cetirizine hcl)	Covered	OTC; QL (30 EA per 30 days)
WAL-ZYR ALL DAY ALLERGY CHILD (cetirizine hcl)	Covered	OTC; QL (150 ML per 30 days)
WAL-ZYR CHILDRENS (cetirizine hcl)	Covered	OTC; QL (150 ML per 30 days)
*Antihistamines - Phenothiazines*** - Drugs For Allergies		
<i>promethazine hcl oral solution</i>	Covered	QL (180 mL per 30 days)
<i>promethazine hcl oral syrup</i>	Covered	QL (180 mL per 30 days)
<i>promethazine hcl oral tablet</i>	Covered	
<i>promethazine hcl rectal</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine hcl</i> (Phenadoz)	Covered	
PROMETHEGAN (<i>promethazine hcl</i>)	Covered	
*Antihistamines - Piperidines*** - Drugs For Allergies		
<i>cyproheptadine hcl</i>	Covered	
Antihyperlipidemics - Drugs For The Heart		
*Antihyperlipidemics - Misc.*** - Drugs For Cholesterol		
<i>omega-3-acid ethyl esters</i>	Covered	ST; QL (4 EA per 1 day)
*Bile Acid Sequestrants*** - Drugs For Cholesterol		
<i>cholestyramine</i>	Covered	
<i>cholestyramine light</i>	Covered	
<i>colestipol hcl</i>	Covered	
*Fibric Acid Derivatives*** - Drugs For Cholesterol		
<i>fenofibrate</i>	Covered	
<i>fenofibrate micronized</i>	Covered	
<i>gemfibrozil</i>	Covered	QL (60 EA per 30 days)
*Hmg Coa Reductase Inhibitors*** - Drugs For Cholesterol		
<i>atorvastatin calcium</i>	Covered	QL (30 EA per 30 days)
<i>fluvastatin sodium</i>	Covered	ST; QL (1 EA per 1 day)
<i>fluvastatin sodium er</i>	Covered	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Covered	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	Covered	QL (60 EA per 30 days)
<i>pravastatin sodium</i>	Covered	QL (1 EA per 1 day)
<i>rosuvastatin calcium</i>	Covered	ST
<i>simvastatin</i>	Covered	QL (30 EA per 30 days)
*Intestinal Cholesterol Absorption Inhibitors*** - Drugs For Cholesterol		
<i>ezetimibe</i>	Covered	ST; QL (1 EA per 1 day)
Antihypertensives - Drugs For The Heart		
*Ace Inhibitor & Calcium Channel Blocker Combinations*** - Drugs For High Blood Pressure		
<i>amlodipine besy-benazepril hcl</i>	Covered	QL (30 EA per 30 days)
*Ace Inhibitors & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure		
<i>benazepril-hydrochlorothiazide</i>	Covered	QL (1 EA per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Covered	QL (60 EA per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Covered	QL (30 EA per 30 days)
<i>fosinopril sodium-hctz</i>	Covered	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Covered	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	Covered	QL (60 EA per 30 days)
<i>moexipril-hydrochlorothiazide</i>	Covered	QL (30 EA per 30 days)
<i>quinapril-hydrochlorothiazide</i>	Covered	QL (30 EA per 30 days)
*Ace Inhibitors*** - Drugs For High Blood Pressure		
<i>benazepril hcl</i>	Covered	QL (2 EA per 1 day)
<i>enalapril maleate</i>	Covered	QL (2 EA per 1 day)
<i>fosinopril sodium</i>	Covered	QL (2 EA per 1 day)
<i>lisinopril</i>	Covered	QL (2 EA per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	Covered	QL (1 EA per 1 day)
<i>perindopril erbumine oral tablet 8 mg</i>	Covered	QL (2 EA per 1 day)
<i>quinapril hcl</i>	Covered	QL (2 EA per 1 day)
<i>ramipril</i>	Covered	QL (2 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	Covered	QL (30 EA per 30 days)
<i>trandolapril oral tablet 4 mg</i>	Covered	QL (60 EA per 30 days)
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb*** - Drugs For High Blood Pressure		
<i>methyldopa-hydrochlorothiazide</i>	Covered	
*Angiotensin li Receptor Antag & Ca Channel Blocker Comb*** - Drugs For High Blood Pressure		
<i>amlodipine besylate-valsartan</i>	Covered	QL (1 EA per 1 day)
*Angiotensin li Receptor Antag & Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure		
<i>candesartan cilexetil-hctz</i>	Covered	ST; QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	Covered	QL (30 EA per 30 days)
<i>losartan potassium-hctz</i>	Covered	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide</i>	Covered	QL (30 EA per 30 days)
*Angiotensin li Receptor Antagonists*** - Drugs For High Blood Pressure		
<i>candesartan cilexetil</i>	Covered	ST; QL (30 EA per 30 days)
<i>irbesartan</i>	Covered	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg</i>	Covered	QL (1 EA per 1 day)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Covered	QL (2 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>telmisartan</i>	Covered	QL (1 EA per 1 day)
<i>valsartan</i>	Covered	QL (1 EA per 1 day)
*Antiadrenergics - Centrally Acting*** - Drugs For High Blood Pressure		
<i>clonidine hcl</i>	Covered	
<i>guanfacine hcl oral tablet 1 mg</i>	Covered	QL (240 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>	Covered	QL (120 EA per 30 days)
<i>methyldopa</i>	Covered	
*Antiadrenergics - Peripherally Acting*** - Drugs For High Blood Pressure		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Covered	QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	Covered	QL (60 EA per 30 days)
<i>prazosin hcl</i>	Covered	QL (120 EA per 30 days)
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	Covered	QL (30 EA per 30 days)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	Covered	QL (60 EA per 30 days)
*Beta Blocker & Diuretic Combinations*** - Drugs For High Blood Pressure		
<i>atenolol-chlorthalidone</i>	Covered	
<i>bisoprolol-hydrochlorothiazide</i>	Covered	
<i>metoprolol-hydrochlorothiazide</i>	Covered	
<i>nadolol-bendroflumethiazide</i>	Covered	
<i>propranolol-hctz</i>	Covered	
*Vasodilators*** - Drugs For High Blood Pressure		
<i>hydralazine hcl</i>	Covered	
<i>minoxidil</i>	Covered	
Anti-Infective Agents - Misc. - Drugs For Infections		
*Anti-Infective Agents - Misc.*** - Drugs For Infections		
<i>metronidazole in nacl</i>	Covered	PA
<i>metronidazole intravenous</i>	Covered	PA
<i>metronidazole oral</i>	Covered	
<i>trimethoprim</i>	Covered	
*Anti-Infective Misc. - Combinations*** - Antibiotics		
<i>sulfamethoxazole-trimethoprim intravenous</i>	Covered	PA
<i>sulfamethoxazole-trimethoprim oral</i>	Covered	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric)</i>	Covered	

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Carbapenem Combinations*** - Antibiotics		
<i>imipenem-cilastatin</i>	Covered	PA
*Carbapenems*** - Antibiotics		
<i>doripenem</i>	Covered	PA
<i>meropenem</i>	Covered	PA
*Chloramphenicals*** - Antibiotics		
<i>chloramphenicol sod succinate</i>	Covered	PA
*Cyclic Lipopeptides*** - Antibiotics		
<i>daptomycin</i>	Covered	PA
*Glycylcyclines*** - Antibiotics		
<i>tigecycline</i>	Covered	PA
*Leprostics*** - Antibiotics		
<i>dapsone</i>	Covered	
*Lincosamides*** - Antibiotics		
<i>clindamycin hcl</i>	Covered	
<i>clindamycin palmitate hcl</i>	Covered	
<i>clindamycin phosphate</i>	Covered	PA
<i>clindamycin phosphate in d5w</i>	Covered	PA
<i>clindamycin phosphate in nacl</i>	Covered	PA
*Oxazolidinones*** - Antibiotics		
<i>linezolid</i>	Covered	PA
<i>linezolid in sodium chloride</i>	Covered	PA
SIVEXTRO (tedizolid phosphate)	Covered	PA
ZYVOX (linezolid)	Covered	PA
*Streptogramin Combinations*** - Antibiotics		
SYNERCID (quinupristin-dalfopristin)	Covered	PA
Antimalarials - Drugs For Infections		
*Antimalarial Combinations*** - Drugs For Parasites		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	Covered	QL (1 EA per 1 day)
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	Covered	QL (3 EA per 1 day)
*Antimalarials*** - Drugs For Parasites		
<i>chloroquine phosphate</i>	Covered	
<i>hydroxychloroquine sulfate</i>	Covered	
<i>mefloquine hcl</i>	Covered	

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>primaquine phosphate</i>	Covered	QL (2 EA per 1 day)
<i>pyrimethamine</i>	Covered	PA
Antimyasthenic Agents - Drugs For Nerves And Muscles		
*Antimyasthenic Agents*** - Drugs For Nerves And Muscles		
<i>pyridostigmine bromide</i>	Covered	
*Antimyasthenic/Cholinergic Agents*** - Drugs For Nerves And Muscles		
<i>pyridostigmine bromide</i>	Covered	
Antimyasthenic/Cholinergic Agents - Drugs For Nerves And Muscles		
<i>pyridostigmine bromide</i>	Covered	
Antimycobacterial Agents - Drugs For Infections		
*Antimycobacterial Agents*** - Antibiotics		
<i>ethambutol hcl</i>	Covered	
<i>isoniazid</i>	Covered	
<i>pyrazinamide</i>	Covered	
<i>rifabutin</i>	Covered	
<i>rifampin intravenous</i>	Covered	PA
<i>rifampin oral</i>	Covered	
PRIFTIN (rifapentine)	Covered	
*Antineoplastic - Bcl-2 Inhibitors*** - Drugs For Cancer		
*Antineoplastic - Bcl-2 Inhibitors*** - Drugs For Cancer		
VENCLEXTA (venetoclax)	Covered	PA
VENCLEXTA STARTING PACK (venetoclax)	Covered	PA
Antineoplastics And Adjunctive Therapies - Drugs For Cancer		
*Alkylating Agents*** - Drugs For Cancer		
MYLERAN (busulfan)	Covered	
*Androgen Biosynthesis Inhibitors*** - Drugs For Cancer		
<i>abiraterone acetate</i>	Covered	PA
*Antiadrenals*** - Drugs For Cancer		
LYSODREN (mitotane)	Covered	
*Antiandrogens*** - Drugs For Cancer		
<i>bicalutamide</i>	Covered	QL (30 EA per 30 days)
<i>flutamide</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Antiestrogens*** - Drugs For Cancer		
<i>tamoxifen citrate</i>	Covered	
<i>toremifene citrate</i>	Covered	
SOLTAMOX (<i>tamoxifen citrate</i>)	Covered	
*Antimetabolites*** - Drugs For Cancer		
<i>capecitabine oral tablet 150 mg</i>	Covered	PA; QL (140 EA per 21 days)
<i>capecitabine oral tablet 500 mg</i>	Covered	PA; QL (154 EA per 21 days)
<i>mercaptopurine</i>	Covered	
<i>methotrexate</i>	Covered	
<i>methotrexate sodium (pf)</i>	Covered	
TABLOID (<i>thioguanine</i>)	Covered	
*Antineoplastic - Braf Kinase Inhibitors*** - Drugs For Cancer		
TAFINLAR (<i>dabrafenib mesylate</i>)	Covered	PA
*Antineoplastic - Hedgehog Pathway Inhibitors*** - Drugs For Cancer		
ERIVEDGE (<i>vismodegib</i>)	Covered	PA
*Antineoplastic - Mek Inhibitors*** - Drugs For Cancer		
MEKINIST (<i>trametinib dimethyl sulfoxide</i>)	Covered	PA
*Antineoplastic - Monoclonal Antibodies*** - Drugs For Cancer		
DARZALEX (<i>daratumumab</i>)	Covered	PA
HERCEPTIN (<i>trastuzumab</i>)	Covered	PA
LARTRUVO (<i>olatumab</i>)	Covered	PA
OPDIVO (<i>nivolumab</i>)	Covered	PA
RITUXAN (<i>rituximab</i>)	Covered	PA
*Antineoplastic - Mtor Kinase Inhibitors*** - Drugs For Cancer		
<i>everolimus</i>	Covered	PA; QL (1 EA per 1 day)
AFINITOR (<i>everolimus</i>)	Covered	PA; QL (1 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors*** - Drugs For Cancer		
NEXAVAR (<i>sorafenib tosylate</i>)	Covered	PA; QL (4 EA per 1 day)
RYDAPT (<i>midostaurin</i>)	Covered	PA
SUTENT (<i>sunitinib malate</i>)	Covered	PA; QL (1 EA per 1 day)
*Antineoplastic - Tyrosine Kinase Inhibitors*** - Drugs For Cancer		
<i>erlotinib hcl</i>	Covered	QL (1 EA per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	Covered	PA; QL (3 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imatinib mesylate oral tablet 400 mg</i>	Covered	PA; QL (2 EA per 1 day)
ALECENSA (<i>alectinib hcl</i>)	Covered	PA
CABOMETYX (<i>cabozantinib s-malate</i>)	Covered	PA; QL (1 EA per 1 day)
GILOTRIF (<i>afatinib dimaleate</i>)	Covered	PA
IMBRUVICA ORAL CAPSULE (<i>ibrutinib</i>)	Covered	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	Covered	PA; QL (4 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	Covered	PA
LENVIMA (12 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	Covered	PA
LENVIMA (14 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	Covered	PA
LENVIMA (18 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	Covered	PA
LENVIMA (20 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	Covered	PA
LENVIMA (24 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	Covered	PA
LENVIMA (4 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	Covered	PA
LENVIMA (8 MG DAILY DOSE) (<i>lenvatinib mesylate</i>)	Covered	PA
SPRYCEL (<i>dasatinib</i>)	Covered	QL (1 EA per 1 day)
TASIGNA (<i>nilotinib hcl</i>)	Covered	PA; QL (4 EA per 1 day)
TYKERB (<i>lapatinib ditosylate</i>)	Covered	PA; QL (6 EA per 1 day)
VOTRIENT (<i>pazopanib hcl</i>)	Covered	PA; QL (4 EA per 1 day)
ZYKADIA (<i>ceritinib</i>)	Covered	PA
*Antineoplastic Antibiotics*** - Drugs For Cancer		
doxorubicin hcl	Covered	PA
doxorubicin hcl (Adriamycin)	Covered	PA
*Antineoplastics Misc.*** - Drugs For Cancer		
hydroxyurea	Covered	
ACTIMMUNE (<i>interferon gamma-1b</i>)	Covered	PA
INTRON A (<i>interferon alfa-2b</i>)	Covered	PA
MATULANE (<i>procarbazine hcl</i>)	Covered	
*Aromatase Inhibitors*** - Drugs For Cancer		
anastrozole	Covered	QL (30 EA per 30 days)
exemestane	Covered	QL (30 EA per 30 days)
letrozole	Covered	QL (30 EA per 30 days)
*Estrogens-Antineoplastic*** - Drugs For Cancer		
EMCYT (<i>estramustine phosphate sodium</i>)	Covered	

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Folic Acid Antagonists Rescue Agents*** - Drugs For Cancer		
<i>leucovorin calcium</i>	Covered	
*Imidazotetrazines*** - Drugs For Cancer		
<i>temozolomide</i>	Covered	
*Janus Associated Kinase (Jak) Inhibitors*** - Drugs For Cancer		
JAKAFI (ruxolitinib phosphate)	Covered	PA
*Lhrh Analogs*** - Drugs For Cancer		
<i>leuprolide acetate</i>	Covered	PA
ELIGARD (leuprolide acetate (3 month))	Covered	PA
LUPRON DEPOT (3-MONTH) (leuprolide acetate (3 month))	Covered	PA
ZOLADEX (goserelin acetate)	Covered	PA
*Mitotic Inhibitors*** - Drugs For Cancer		
<i>docetaxel</i>	Covered	PA
<i>etoposide</i>	Covered	
<i>vincristine sulfate</i>	Covered	PA
<i>vincristine sulfate</i> (Vincasar Pfs)	Covered	PA
*Nitrogen Mustards*** - Drugs For Cancer		
<i>cyclophosphamide</i>	Covered	
<i>melphalan</i>	Covered	
LEUKERAN (chlorambucil)	Covered	
*Progestins-Antineoplastic*** - Drugs For Cancer		
<i>megestrol acetate</i>	Covered	
*Retinoids*** - Drugs For Cancer		
<i>tretinoin</i>	Covered	
*Urinary Tract Protective Agents*** - Drugs For Cancer		
MESNEX (mesna)	Covered	
*Anti-Obesity Agent Combinations** - Drugs For Eating Disorders		
*Anti-Obesity Agent Combinations** - Drugs For Eating Disorders		
CONTRACE (naltrexone-bupropion hcl)	Covered	PA; QL (4 EA per 1 day); AL (Min 18 Years)
Antiparkinson Agents - Drugs For The Nervous System		
*Antiparkinson Anticholinergics*** - Drugs For Parkinson		
<i>benztropine mesylate</i>	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trihexyphenidyl hcl</i>	State Carve Out	
COGENTIN (<i>benztropine mesylate</i>)	State Carve Out	
*Antiparkinson Dopaminergics*** - Drugs For Parkinson		
<i>amantadine hcl</i>	State Carve Out	
<i>bromocriptine mesylate</i>	Covered	
GOCOVRI (<i>amantadine hcl</i>)	State Carve Out	
*Antiparkinson Monoamine Oxidase Inhibitors*** - Drugs For Parkinson		
<i>selegiline hcl</i>	Covered	
*Levodopa Combinations*** - Drugs For Parkinson		
<i>carbidopa-levodopa</i>	Covered	
<i>carbidopa-levodopa er</i>	Covered	
<i>carbidopa-levodopa-entacapone</i>	Covered	QL (9 EA per 1 day)
*Nonergoline Dopamine Receptor Agonists*** - Drugs For Parkinson		
<i>pramipexole dihydrochloride</i>	Covered	
<i>ropinirole hcl</i>	Covered	QL (90 EA per 30 days)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	Covered	ST; QL (2 EA per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg, 8 mg</i>	Covered	ST; QL (1 EA per 1 day)
*Peripheral Comt Inhibitors*** - Drugs For Parkinson		
<i>entacapone</i>	Covered	QL (120 EA per 30 days)
Antipsychotics/Antimanic Agents - Drugs For The Nervous System		
*Antimanic Agents*** - Drugs For Severe Mental Disorders		
<i>lithium</i>	State Carve Out	
<i>lithium carbonate</i>	State Carve Out	
<i>lithium carbonate er</i>	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Antipsychotics - Misc.*** - Drugs For Severe Mental Disorders		
<i>ziprasidone hcl</i>	State Carve Out	
GEODON (<i>ziprasidone mesylate</i>)	State Carve Out	
LATUDA (<i>lurasidone hcl</i>)	State Carve Out	
NUPLAZID (<i>pimavanserin tartrate</i>)	State Carve Out	
VRAYLAR (<i>cariprazine hcl</i>)	State Carve Out	
*Benzisoxazoles*** - Drugs For Severe Mental Disorders		
<i>paliperidone er</i>	State Carve Out	
<i>risperidone</i>	State Carve Out	
FANAPT (<i>iloperidone</i>)	State Carve Out	
FANAPT TITRATION PACK (<i>iloperidone</i>)	State Carve Out	
INVEGA (<i>paliperidone</i>)	State Carve Out	
INVEGA SUSTENNA (<i>paliperidone palmitate</i>)	State Carve Out	
INVEGA TRINZA (<i>paliperidone palmitate</i>)	State Carve Out	
PERSERIS (<i>risperidone</i>)	State Carve Out	
RISPERDAL (<i>risperidone</i>)	State Carve Out	
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	State Carve Out	
<i>risperidone</i> (Risperidone M-Tab)	State Carve Out	QL (2 EA per 1 day); AL (Min 18 Years)
*Butyrophenones*** - Drugs For Severe Mental Disorders		
<i>haloperidol</i>	State Carve Out	
<i>haloperidol decanoate</i>	State Carve Out	

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>haloperidol lactate</i>	State Carve Out	
<i>*Dibenzodiazepines*** - Drugs For Severe Mental Disorders</i>		
<i>clozapine</i>	State Carve Out	
<i>*Dibenzo-Oxepino Pyrroles*** - Drugs For Severe Mental Disorders</i>		
SAPHRIS (<i>asenapine maleate</i>)	State Carve Out	
<i>*Dibenzothiazepines*** - Drugs For Severe Mental Disorders</i>		
<i>quetiapine fumarate</i>	State Carve Out	
<i>quetiapine fumarate er</i>	State Carve Out	
SEROQUEL XR (<i>quetiapine fumarate</i>)	State Carve Out	
<i>*Dibenzoxazepines*** - Drugs For Severe Mental Disorders</i>		
<i>loxapine succinate</i>	State Carve Out	
<i>*Phenothiazines*** - Drugs For Severe Mental Disorders</i>		
<i>chlorpromazine hcl</i>	State Carve Out	
<i>fluphenazine decanoate</i>	State Carve Out	
<i>fluphenazine hcl</i>	State Carve Out	
<i>perphenazine</i>	State Carve Out	
<i>prochlorperazine</i>	Covered	
<i>prochlorperazine maleate</i>	Covered	
<i>thioridazine hcl</i>	State Carve Out	
<i>trifluoperazine hcl</i>	State Carve Out	
<i>prochlorperazine</i> (Compro)	Covered	
<i>*Quinolinone Derivatives*** - Drugs For Severe Mental Disorders</i>		
<i>aripiprazole</i>	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABILIFY (<i>aripiprazole</i>)	State Carve Out	
ABILIFY MAINTENA (<i>aripiprazole</i>)	State Carve Out	
ARISTADA (<i>aripiprazole lauroxil</i>)	State Carve Out	
ARISTADA INITIO (<i>aripiprazole lauroxil</i>)	State Carve Out	
REXULTI (<i>brexpiprazole</i>)	State Carve Out	
*Thienbenzodiazepines*** - Drugs For Severe Mental Disorders		
<i>olanzapine</i>	State Carve Out	
ZYPREXA RELPREVV (<i>olanzapine pamoate</i>)	State Carve Out	
*Thioxanthenes*** - Drugs For Severe Mental Disorders		
<i>thiothixene</i>	State Carve Out	
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor*** - Drugs For Infections		
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor*** - Drugs For Infections		
TROGARZO (<i>ibalizumab-uiyk</i>)	Covered	PA
*Antiretrovirals Adjuvants*** - Drugs That Alter Metabolism		
*Antiretrovirals Adjuvants*** - Drugs That Alter Metabolism		
TYBOST (<i>cobicistat</i>)	State Carve Out	
Antiseptics & Disinfectants - Antiseptics And Disinfectants		
*Antiseptic Combinations*** - Antiseptics And Disinfectants		
<i>antiseptic skin cleanser</i>	Covered	OTC; QL (64 ML per 1 day)
ALCO-GEL (<i>antiseptic products, misc.</i>)	Covered	OTC; QL (53.33 ML per 1 day)
DURAPREP (<i>antiseptic products, misc.</i>)	Covered	OTC; QL (64 EA per 1 day)
ISAGEL (<i>antiseptic products, misc.</i>)	Covered	OTC; QL (53.33 ML per 1 day)
*Chlorine Antiseptics*** - Antiseptics And Disinfectants		
<i>chlorhexidine gluconate</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antivirals - Drugs For Infections		
*Antiretroviral Combinations*** - Drugs For Viral Infections		
<i>abacavir sulfate-lamivudine</i>	State Carve Out	
<i>abacavir-lamivudine-zidovudine</i>	State Carve Out	
<i>lamivudine-zidovudine</i>	State Carve Out	
<i>lopinavir-ritonavir</i>	State Carve Out	
ATRIPLA (<i>efavirenz-emtricitab-tenofovir</i>)	State Carve Out	
BIKTARVY (<i>bictegravir-emtricitab-tenofov</i>)	State Carve Out	
CIMDUO (<i>lamivudine-tenofovir</i>)	State Carve Out	
COMBIVIR (<i>lamivudine-zidovudine</i>)	State Carve Out	
COMPLERA (<i>emtricitab-rilpivir-tenofovir</i>)	State Carve Out	
DELSTRIGO (<i>doravirin-lamivudin-tenofov df</i>)	State Carve Out	
DESCOVY (<i>emtricitabine-tenofovir af</i>)	State Carve Out	
DOVATO (<i>dolutegravir-lamivudine</i>)	State Carve Out	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	State Carve Out	
EVOTAZ (<i>atazanavir-cobicistat</i>)	State Carve Out	
GENVOYA (<i>elviteg-cobic-emtricit-tenofaf</i>)	State Carve Out	
JULUCA (<i>dolutegravir-rilpivirine</i>)	State Carve Out	
KALETRA (<i>lopinavir-ritonavir</i>)	State Carve Out	
ODEFSEY (<i>emtricitab-rilpivir-tenofov af</i>)	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX (<i>darunavir-cobicistat</i>)	State Carve Out	
STRIBILD (<i>elviteg-cobic-emtricit-tenofdf</i>)	State Carve Out	
SYMFI (<i>efavirenz-lamivudine-tenofovir</i>)	State Carve Out	
SYMFI LO (<i>efavirenz-lamivudine-tenofovir</i>)	State Carve Out	
SYMTUZA (<i>darun-cobic-emtricit-tenofaf</i>)	State Carve Out	
TRIUMEQ (<i>abacavir-dolutegravir-lamivud</i>)	State Carve Out	
TRIZIVIR (<i>abacavir-lamivudine-zidovudine</i>)	State Carve Out	
TRUVADA (<i>emtricitabine-tenofovir df</i>)	State Carve Out	
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** - Drugs For Viral Infections		
SELZENTRY (<i>maraviroc</i>)	State Carve Out	
*Antiretrovirals - Fusion Inhibitors*** - Drugs For Viral Infections		
FUZEON (<i>enfuvirtide</i>)	State Carve Out	
*Antiretrovirals - Integrase Inhibitors*** - Drugs For Viral Infections		
ISENTRESS (<i>raltegravir potassium</i>)	State Carve Out	
ISENTRESS HD (<i>raltegravir potassium</i>)	State Carve Out	
TIVICAY (<i>dolutegravir sodium</i>)	State Carve Out	
*Antiretrovirals - Protease Inhibitors*** - Drugs For Viral Infections		
<i>atazanavir sulfate</i>	State Carve Out	
<i>fosamprenavir calcium</i>	State Carve Out	
<i>ritonavir</i>	State Carve Out	
APTIVUS (<i>tipranavir</i>)	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRIXIVAN (<i>indinavir sulfate</i>)	State Carve Out	
INVIRASE (<i>saquinavir mesylate</i>)	State Carve Out	
LEXIVA (<i>fosamprenavir calcium</i>)	State Carve Out	
NORVIR (<i>ritonavir</i>)	State Carve Out	
PREZISTA (<i>darunavir ethanolate</i>)	State Carve Out	
REYATAZ (<i>atazanavir sulfate</i>)	State Carve Out	
VIRACEPT (<i>nelfinavir mesylate</i>)	State Carve Out	
*Antiretrovirals - Rti-Non-Nucleoside Analogues*** - Drugs For Viral Infections		
<i>efavirenz</i>	State Carve Out	
<i>nevirapine</i>	State Carve Out	
<i>nevirapine er</i>	State Carve Out	
EDURANT (<i>rilpivirine hcl</i>)	State Carve Out	
INTELENCE (<i>etravirine</i>)	State Carve Out	
PIFELTRO (<i>doravirine</i>)	State Carve Out	
RESCRIPTOR (<i>delavirdine mesylate</i>)	State Carve Out	
SUSTIVA (<i>efavirenz</i>)	State Carve Out	
VIRAMUNE (<i>nevirapine</i>)	State Carve Out	
VIRAMUNE XR (<i>nevirapine</i>)	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Antiretrovirals - Rti-Nucleoside Analogues-Purines*** - Drugs For Viral Infections		
<i>abacavir sulfate</i>	State Carve Out	
<i>didanosine</i>	State Carve Out	
VIDEX EC (<i>didanosine</i>)	State Carve Out	
ZIAGEN (<i>abacavir sulfate</i>)	State Carve Out	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** - Drugs For Viral Infections		
<i>lamivudine</i>	State Carve Out	
EMTRIVA (<i>emtricitabine</i>)	State Carve Out	
EPIVIR (<i>lamivudine</i>)	State Carve Out	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** - Drugs For Viral Infections		
<i>stavudine</i>	State Carve Out	
<i>zidovudine</i>	State Carve Out	
RETROVIR INTRAVENOUS (<i>zidovudine</i>)	Covered	PA
RETROVIR ORAL (<i>zidovudine</i>)	State Carve Out	
ZERIT (<i>stavudine</i>)	State Carve Out	
*Antiretrovirals - Rti-Nucleotide Analogues*** - Drugs For Viral Infections		
<i>tenofovir disoproxil fumarate</i>	State Carve Out	
VIREAD (<i>tenofovir disoproxil fumarate</i>)	State Carve Out	
*Cmv Agents*** - Drugs For Viral Infections		
<i>cidofovir</i>	Covered	PA
<i>ganciclovir</i>	Covered	PA

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ganciclovir sodium</i>	Covered	PA
<i>valganciclovir hcl</i>	Covered	QL (2 EA per 1 day)
FOSCAVIR (foscarnet sodium)	Covered	PA
PREVYMIS (letermovir)	Covered	PA
*Hepatitis B Agents*** - Drugs For Viral Infections		
<i>entecavir</i>	Covered	QL (1 EA per 1 day)
<i>lamivudine</i>	State Carve Out	
EPIVIR HBV (lamivudine)	State Carve Out	
VEMLIDY (tenofovir alafenamide fumarate)	State Carve Out	
*Hepatitis C Agents*** - Drugs For Viral Infections		
PEGASYS (peginterferon alfa-2a)	Covered	PA; QL (4 Units per 28 days)
PEGASYS PROCLICK (peginterferon alfa-2a)	Covered	PA; QL (4 Units per 28 days)
PEGINTRON (peginterferon alfa-2b)	Covered	PA; QL (4 Units per 28 days)
<i>ribavirin</i> (Ribasphere)	Covered	ST
*Herpes Agents - Purine Analogues*** - Drugs For Viral Infections		
<i>acyclovir oral capsule</i>	Covered	QL (60 EA per 30 days)
<i>acyclovir oral suspension</i>	Covered	AL (Max 12 Years)
<i>acyclovir oral tablet</i>	Covered	QL (60 EA per 30 days)
<i>acyclovir sodium</i>	Covered	PA
<i>valacyclovir hcl oral tablet 1 gm</i>	Covered	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Covered	QL (60 EA per 30 days)
*Herpes Agents - Thymidine Analogues*** - Drugs For Viral Infections		
<i>famciclovir</i>	Covered	QL (21 EA Max Qty Per Fill Retail)
*Influenza Agents*** - Drugs For Viral Infections		
<i>rimantadine hcl</i>	Covered	QL (14 EA Max Qty Per Fill Retail)
*Neuraminidase Inhibitors*** - Drugs For Viral Infections		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Covered	QL (10 EA per 1 fill); AL (Max 12 Years)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Covered	QL (10 EA per 1 fill)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oseltamivir phosphate oral suspension reconstituted</i>	Covered	QL (180 ML per 1 fill); AL (Max 12 Years)
RAPIVAB (<i>peramivir</i>)	Covered	PA
TAMIFLU (<i>oseltamivir phosphate</i>)	Covered	QL (10 EA per 1 fill)
Assorted Classes - Vitamins And Minerals		
*Chelating Agents*** - Vitamins And Minerals		
<i>penicillamine</i>	Covered	PA; QL (8 EA per 1 day)
*Cyclosporine Analogs*** - Vitamins And Minerals		
<i>cyclosporine</i>	Covered	
<i>cyclosporine modified</i>	Covered	
*Immunomodulators For Myelodysplastic Syndromes*** - Vitamins And Minerals		
REVLIMID (<i>lenalidomide</i>)	Covered	PA; QL (1 EA per 1 day)
*Inosine Monophosphate Dehydrogenase Inhibitors*** - Vitamins And Minerals		
<i>mycophenolate mofetil</i>	Covered	
*Irrigation Solutions*** - Vitamins And Minerals		
<i>sterile water for irrigation</i>	Covered	
<i>water for irrigation, sterile</i> (Argyle Sterile Water)	Covered	
*Macrolide Immunosuppressants*** - Vitamins And Minerals		
<i>sirolimus</i>	Covered	
<i>tacrolimus</i>	Covered	
*Potassium Removing Resins*** - Vitamins And Minerals		
<i>sodium polystyrene sulfonate</i>	Covered	
<i>sodium polystyrene sulfonate</i> (Kionex)	Covered	
<i>sodium polystyrene sulfonate</i> (Sps)	Covered	
*Purine Analogs*** - Vitamins And Minerals		
<i>azathioprine</i>	Covered	
Beta Blockers - Drugs For The Heart		
*Alpha-Beta Blockers*** - Drugs For High Blood Pressure		
<i>carvedilol</i>	Covered	QL (60 EA per 30 days)
<i>labetalol hcl</i>	Covered	
*Beta Blockers Cardio-Selective*** - Drugs For High Blood Pressure		
<i>acebutolol hcl</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atenolol</i>	Covered	
<i>bisoprolol fumarate oral tablet 10 mg</i>	Covered	QL (120 EA per 30 days)
<i>bisoprolol fumarate oral tablet 5 mg</i>	Covered	QL (30 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Covered	QL (45 EA per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Covered	QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	Covered	QL (1 EA per 1 day)
<i>metoprolol tartrate</i>	Covered	
*Beta Blockers Non-Selective*** - Drugs For High Blood Pressure		
<i>propranolol hcl</i>	Covered	
<i>propranolol hcl er</i>	Covered	QL (1 EA per 1 day)
<i>sotalol hcl</i>	Covered	
<i>sotalol hcl (af)</i>	Covered	
<i>timolol maleate</i>	Covered	
<i>sotalol hcl</i> (Sorine)	Covered	
Calcium Channel Blockers - Drugs For The Heart		
*Calcium Channel Blockers*** - Drugs For High Blood Pressure		
<i>amlodipine besylate oral tablet 10 mg</i>	Covered	QL (1 EA per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Covered	QL (2 EA per 1 day)
<i>diltiazem hcl</i>	Covered	QL (120 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg, 420 mg</i>	Covered	QL (30 EA per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Covered	QL (3 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Covered	QL (60 EA per 30 days)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	Covered	QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Covered	QL (3 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	Covered	QL (2 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i>	Covered	QL (30 EA per 30 days)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	Covered	QL (1 EA per 1 day)

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	Covered	QL (3 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	Covered	QL (2 EA per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	Covered	QL (1 EA per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	Covered	QL (2 EA per 1 day)
<i>felodipine er</i>	Covered	QL (30 EA per 30 days)
<i>isradipine</i>	Covered	
<i>nicardipine hcl</i>	Covered	
<i>nifedipine</i>	Covered	
<i>nifedipine er</i>	Covered	QL (30 EA per 30 days)
<i>nifedipine er osmotic release</i>	Covered	QL (30 EA per 30 days)
<i>verapamil hcl</i>	Covered	QL (120 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i>	Covered	QL (30 EA per 30 days)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Covered	QL (60 EA per 30 days)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	Covered	QL (2 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	Covered	QL (60 EA per 30 days)
<i>nifedipine</i> (Afeditab Cr)	Covered	QL (30 EA per 30 days)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg)	Covered	QL (1 EA per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Covered	QL (2 EA per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 300 Mg)	Covered	QL (30 EA per 30 days)
<i>nifedipine</i> (Nifedical XI)	Covered	QL (30 EA per 30 days)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 300 Mg, 360 Mg)	Covered	QL (30 EA per 30 days)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Covered	QL (60 EA per 30 days)
Cardiotonics - Drugs For The Heart		
*Cardiac Glycosides*** - Drugs For The Heart		
<i>digoxin</i>	Covered	
<i>digoxin</i> (Digitek)	Covered	
<i>digoxin</i> (Digox)	Covered	
LANOXIN (<i>digoxin</i>)	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiovascular Agents - Misc. - Drugs For The Heart		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb*** - Drugs For Cholesterol		
<i>amlodipine-atorvastatin</i>	Covered	QL (1 EA per 1 day)
*Prostaglandin Vasodilators*** - Drugs For High Blood Pressure		
<i>epoprostenol sodium</i>	Covered	PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists*** - Drugs For High Blood Pressure		
<i>ambrisentan</i>	Covered	PA; QL (1 EA per 1 day)
<i>bosentan</i>	Covered	PA; QL (2 EA per 1 day)
OPSUMIT (macitentan)	Covered	PA; QL (1 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors*** - Drugs For High Blood Pressure		
<i>sildenafil citrate</i>	Covered	PA; QL (3 EA per 1 day)
<i>tadalafil (pah)</i>	Covered	ST; QL (2 EA per 1 day)
*Cephalosporin Combinations*** - Drugs For Infections		
*Cephalosporin Combinations*** - Drugs For Infections		
AVYCAZ (ceftazidime-avibactam)	Covered	PA
ZERBAXA (ceftolozane-tazobactam)	Covered	PA
Cephalosporins - Drugs For Infections		
*Cephalosporins - 1St Generation*** - Antibiotics		
<i>cefadroxil</i>	Covered	
<i>cefazolin in sodium chloride</i>	Covered	PA
<i>cefazolin sodium</i>	Covered	PA
<i>cefazolin sodium-dextrose</i>	Covered	PA
<i>cefazolin sodium-nacl</i>	Covered	PA
<i>cephalexin</i>	Covered	
*Cephalosporins - 2Nd Generation*** - Antibiotics		
<i>cefaclor oral capsule 250 mg</i>	Covered	
<i>cefaclor oral capsule 500 mg</i>	Covered	QL (14 EA Max Qty Per Fill Retail)
<i>cefaclor oral suspension reconstituted</i>	Covered	
<i>cefoxitin sodium</i>	Covered	PA
<i>cefoxitin sodium-dextrose</i>	Covered	PA
<i>cefprozil</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefuroxime axetil</i>	Covered	
<i>cefuroxime sodium</i>	Covered	PA
*Cephalosporins - 3Rd Generation*** - Antibiotics		
<i>cefdinir</i>	Covered	
<i>cefixime</i>	Covered	QL (1 EA Max Qty Per Fill Retail)
<i>cefprozime proxetil</i>	Covered	
<i>ceftriaxone sodium injection</i>	Covered	QL (2 Grams Max Qty Per Fill Retail)
<i>ceftriaxone sodium intravenous</i>	Covered	PA
TAZICEF (<i>ceftazidime</i>)	Covered	PA
*Cephalosporins - 4Th Generation*** - Antibiotics		
<i>cefepime hcl</i>	Covered	PA
*Cephalosporins - 5Th Generation*** - Antibiotics		
TEFLARO (<i>ceftaroline fosamil</i>)	Covered	PA
Chemicals		
*Bulk Chemicals - Am's***		
<i>amantadine hcl</i>	State Carve Out	
<i>aminocaproic acid</i>	State Carve Out	
*Bulk Chemicals - Ca's***		
<i>carbazochrome</i>	State Carve Out	
*Bulk Chemicals - Ch's***		
<i>chlorpromazine hcl</i>	State Carve Out	
*Bulk Chemicals - Et's***		
<i>ethyl oleate</i>	Covered	
*Bulk Chemicals - Fe's***		
<i>ferric chloride hexahydrate</i>	State Carve Out	
<i>ferric subsulfate powder</i>	State Carve Out	OTC
<i>ferric subsulfate solution</i>	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Bulk Chemicals - Fl's***		
<i>fluphenazine decanoate</i>	State Carve Out	
*Bulk Chemicals - Ha's***		
<i>haloperidol</i>	State Carve Out	
<i>haloperidol decanoate</i>	State Carve Out	
*Bulk Chemicals - La's***		
<i>acidophilus lactobacillus</i>	Covered	
*Bulk Chemicals - Le's***		
<i>calcium folinate</i>	Covered	
<i>leucovorin calcium</i>	Covered	
*Bulk Chemicals - Li***		
<i>lithium citrate tetrahydrate</i>	State Carve Out	
*Bulk Chemicals - Na's***		
<i>naloxone hcl</i>	State Carve Out	
<i>naloxone hcl dihydrate</i>	State Carve Out	
*Bulk Chemicals - Pe's***		
<i>perphenazine</i>	State Carve Out	
*Bulk Chemicals - Ph's***		
<i>phenelzine sulfate</i>	State Carve Out	
<i>phytonadione</i>	Covered	
<i>vitamin k1</i>	Covered	OTC
*Bulk Chemicals - Py's***		
<i>pyrimethamine</i>	Covered	
*Bulk Chemicals - Ra***		
<i>racepinephrine hcl</i>	State Carve Out	
*Bulk Chemicals - St's***		
<i>stevia extract</i>	Covered	

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>steviol glycosides</i>	Covered	
<i>stevioside</i>	Covered	
*Bulk Chemicals - Th***		
<i>thioridazine hcl</i>	State Carve Out	
*Bulk Chemicals - Tr's***		
<i>tranexamic acid</i>	State Carve Out	
*Fixed Oils***		
<i>castor oil</i>	Covered	
<i>cottonseed oil</i>	Covered	
<i>hm castor oil</i>	Covered	OTC
<i>olive oil</i>	Covered	
<i>qc castor oil</i>	Covered	OTC
<i>qc sweet oil</i>	Covered	OTC
<i>sesame oil</i>	Covered	
<i>sm sweet oil</i>	Covered	OTC
<i>sweet oil</i>	Covered	OTC
*Liquids***		
<i>benzyl benzoate</i>	Covered	
<i>chlorhexidine gluconate</i>	Covered	
<i>glycerin</i>	Covered	
<i>glycerine</i>	Covered	
<i>glycerol formal</i>	Covered	
*Solids***		
<i>sorbitol</i>	Covered	
*Solvents***		
<i>alcohol (rubbing)</i>	Covered	OTC; QL (64 ML per 1 day)
<i>cvs ethyl alcohol</i>	Covered	OTC; QL (64 ML per 1 day)
<i>eql ethyl alcohol (rubbing)</i>	Covered	OTC; QL (64 ML per 1 day)
<i>ethyl alcohol (rubbing)</i>	Covered	OTC; QL (64 ML per 1 day)
<i>gnp ethyl rubbing alcohol</i>	Covered	OTC; QL (64 ML per 1 day)
<i>gnp rubbing alcohol</i>	Covered	OTC; QL (64 ML per 1 day)
<i>hm ethyl rubbing alcohol</i>	Covered	OTC; QL (64 ML per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra ethyl alcohol</i>	Covered	OTC; QL (64 ML per 1 day)
<i>ra ethyl rubbing alcohol</i>	Covered	OTC; QL (64 ML per 1 day)
<i>sm alcohol</i>	Covered	OTC; QL (64 ML per 1 day)
<i>sm ethyl alcohol (rubbing)</i>	Covered	OTC; QL (64 ML per 1 day)
Contraceptives - Drugs For Women		
*Biphasic Contraceptives - Oral*** - Birth Control Pills		
<i>desogestrel-ethinyl estradiol</i>	Covered	
<i>viorele</i>	Covered	
<i>desogestrel-ethinyl estradiol</i> (Azurette)	Covered	
<i>desogestrel-ethinyl estradiol</i> (Bekyree)	Covered	
<i>desogestrel-ethinyl estradiol</i> (Kariva)	Covered	
<i>desogestrel-ethinyl estradiol</i> (Pimtreea)	Covered	
*Combination Contraceptives - Oral*** - Birth Control Pills		
<i>alyacen 1/35</i>	Covered	
<i>briellyn</i>	Covered	
<i>desogestrel-ethinyl estradiol</i>	Covered	
<i>drospirenone-ethinyl estradiol</i>	Covered	
<i>ethynodiol diac-eth estradiol</i>	Covered	
<i>levonorgestrel-ethinyl estrad</i>	Covered	
<i>marlissa</i>	Covered	
<i>norethin ace-eth estrad-fe</i>	Covered	
<i>norethindrone acet-ethinyl est</i>	Covered	
<i>norgestimate-eth estradiol</i>	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Altavera)	Covered	
<i>desogestrel-ethinyl estradiol</i> (Apri)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Aubra)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Aviane)	Covered	
<i>norethindrone-eth estradiol</i> (Balziva)	Covered	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30)	Covered	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Chateal)	Covered	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28)	Covered	
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35)	Covered	
<i>desogestrel-ethinyl estradiol</i> (Cyred)	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i> (Dasetta 1/35)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Delyla)	Covered	
<i>norgestrel-ethinyl estradiol</i> (Elinest)	Covered	
<i>desogestrel-ethinyl estradiol</i> (Emoquette)	Covered	
<i>desogestrel-ethinyl estradiol</i> (Enskyce)	Covered	
<i>norgestimate-eth estradiol</i> (Estarylla)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Falmina)	Covered	
<i>drospirenone-ethinyl estradiol</i> (Gianvi)	Covered	
<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1.5/30)	Covered	
<i>norethin ace-eth estrad-fe</i> (Gildess Fe 1/20)	Covered	
<i>desogestrel-ethinyl estradiol</i> (Juleber)	Covered	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30)	Covered	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20)	Covered	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30)	Covered	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20)	Covered	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo)	Covered	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30)	Covered	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20)	Covered	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30)	Covered	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Lessina)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28))	Covered	
<i>drospirenone-ethinyl estradiol</i> (Loryna)	Covered	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Lutera)	Covered	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30)	Covered	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20)	Covered	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30)	Covered	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20)	Covered	
<i>norgestimate-eth estradiol</i> (Mono-Linyah)	Covered	
<i>norgestimate-eth estradiol</i> (Mononessa)	Covered	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28))	Covered	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28))	Covered	

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>drospirenone-ethinyl estradiol</i> (Nikki)	Covered	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28))	Covered	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21))	Covered	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28))	Covered	
<i>drospirenone-ethinyl estradiol</i> (Ocella)	Covered	
OGESTREL (<i>norgestrel-ethinyl estradiol</i>)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia)	Covered	
<i>norethindrone-eth estradiol</i> (Philith)	Covered	
<i>norethindrone-eth estradiol</i> (Pirmella 1/35)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28)	Covered	
<i>norgestimate-eth estradiol</i> (Previfem)	Covered	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen)	Covered	
<i>norgestimate-eth estradiol</i> (Sprintec 28)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx)	Covered	
<i>drospirenone-ethinyl estradiol</i> (Syeda)	Covered	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20)	Covered	
<i>drospirenone-ethinyl estradiol</i> (Vestura)	Covered	
<i>levonorgestrel-ethinyl estrad</i> (Vienva)	Covered	
<i>norethindrone-eth estradiol</i> (Vyfemla)	Covered	
<i>norethindrone-eth estradiol</i> (Wera)	Covered	
<i>drospirenone-ethinyl estradiol</i> (Zarah)	Covered	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28))	Covered	
*Combination Contraceptives - Transdermal*** - Birth Control Pills		
XULANE (<i>norelgestromin-eth estradiol</i>)	Covered	
*Combination Contraceptives - Vaginal*** - Birth Control Pills		
etonogestrel-ethinyl estradiol	Covered	QL (1 EA per 30 days)
*Continuous Contraceptives - Oral*** - Birth Control Pills		
levonorgestrel-ethinyl estrad	Covered	
*Emergency Contraceptives*** - Birth Control Pills		
ELLA (<i>ulipristal acetate</i>)	Covered	
NEXT CHOICE ONE DOSE (<i>levonorgestrel</i>)	Covered	OTC; QL (3 Packages per 1 Year)
*Extended-Cycle Contraceptives - Oral*** - Birth Control Pills		
levonorgest-eth estrad 91-day	Covered	

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Introvale)	Covered	
<i>levonorgest-eth estrad 91-day</i> (Jolessa)	Covered	
<i>levonorgest-eth estrad 91-day</i> (Quasense)	Covered	
<i>levonorgest-eth estrad 91-day</i> (Setlakin)	Covered	
*Progestin Contraceptives - Implants*** - Birth Control Pills		
NEXPLANON (<i>etonogestrel</i>)	Covered	
*Progestin Contraceptives - Injectable*** - Birth Control Pills		
<i>medroxyprogesterone acetate</i>	Covered	
DEPO-SUBQ PROVERA 104 (<i>medroxyprogesterone acetate</i>)	Covered	
*Progestin Contraceptives - Oral*** - Birth Control Pills		
<i>norethindrone</i>	Covered	
<i>norethindrone</i> (Camila)	Covered	
<i>norethindrone</i> (Deblitane)	Covered	
<i>norethindrone</i> (Errin)	Covered	
<i>norethindrone</i> (Heather)	Covered	
<i>norethindrone</i> (Jencycla)	Covered	
<i>norethindrone</i> (Jolivette)	Covered	
<i>norethindrone</i> (Lyza)	Covered	
<i>norethindrone</i> (Nora-Be)	Covered	
<i>norethindrone</i> (Norlyroc)	Covered	
<i>norethindrone</i> (Sharobel)	Covered	
*Triphasic Contraceptives - Oral*** - Birth Control Pills		
<i>alyacen 7/7/7</i>	Covered	
<i>levonorg-eth estrad triphasic</i>	Covered	
<i>norgestim-eth estrad triphasic</i>	Covered	
<i>norethin-eth estrad triphasic</i> (Aranelle)	Covered	
<i>desogestrel-ethinyl estradiol</i> (Caziant)	Covered	
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7)	Covered	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7)	Covered	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28)	Covered	
<i>norethin-eth estrad triphasic</i> (Leena)	Covered	
<i>levonorg-eth estrad triphasic</i> (Levonest)	Covered	
<i>levonorg-eth estrad triphasic</i> (Myzilra)	Covered	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7)	Covered	

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7)	Covered	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe)	Covered	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla)	Covered	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe)	Covered	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah)	Covered	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec)	Covered	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28))	Covered	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem)	Covered	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec)	Covered	
<i>levonorg-eth estrad triphasic</i> (Trivora (28))	Covered	
<i>desogestrel-ethinyl estradiol</i> (Velivet)	Covered	
Corticosteroids - Hormones		
*Glucocorticosteroids*** - Drugs For Inflammation		
<i>cortisone acetate</i>	Covered	
<i>dexamethasone</i>	Covered	
<i>dexamethasone sodium phosphate</i>	Covered	
<i>hydrocortisone</i>	Covered	
<i>methylprednisolone oral tablet</i>	Covered	
<i>methylprednisolone oral tablet therapy pack</i>	Covered	QL (21 EA per 1 Fill)
<i>prednisolone</i>	Covered	
<i>prednisolone sodium phosphate</i>	Covered	
<i>prednisone oral solution</i>	Covered	AL (Max 12 Years)
<i>prednisone oral tablet</i>	Covered	
DEXAMETHASONE INTENSOL (<i>dexamethasone</i>)	Covered	
SOLU-CORTEF (<i>hydrocortisone sod succinate</i>)	Covered	
*Mineralocorticoids*** - Drugs For Inflammation		
<i>fludrocortisone acetate</i>	Covered	
Cough/Cold/Allergy - Drugs For The Lungs		
*Antitussive - Nonnarcotic*** - Drugs For Allergies		
<i>benzonatate oral capsule 100 mg</i>	Covered	QL (6 EA per 1 day); AL (Min 10 Years)
<i>benzonatate oral capsule 200 mg</i>	Covered	QL (3 EA per 1 day); AL (Min 10 Years)
<i>cvs tussin cough</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs tussin maximum strength</i>	Covered	OTC; QL (120 mL per 30 days)
<i>eql tussin cough long-acting</i>	Covered	OTC; QL (120 mL per 30 days)
<i>father johns medicine</i>	Covered	OTC
<i>gnp cough relief</i>	Covered	OTC; QL (120 mL per 30 days)
<i>gnp tussin cough long acting</i>	Covered	OTC; QL (120 mL per 30 days)
<i>hm cough relief</i>	Covered	OTC; QL (120 mL per 30 days)
<i>px tussin max</i>	Covered	OTC; QL (120 mL per 30 days)
<i>qc cough relief</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra tussin cough</i>	Covered	OTC
<i>ra tussin cough adult</i>	Covered	OTC
<i>ra tussin long acting cough</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra tussin maximum strength</i>	Covered	OTC; QL (120 mL per 30 days)
<i>robafen cough</i>	Covered	OTC
<i>silphen dm cough</i>	Covered	OTC
<i>sm cough relief</i>	Covered	OTC; QL (120 mL per 30 days)
<i>tussin cough oral capsule</i>	Covered	OTC
<i>tussin cough oral syrup</i>	Covered	OTC; QL (120 mL per 30 days)
ROBITUSSIN LINGERING LA COUGH (<i>dextromethorphan hbr</i>)	Covered	OTC; QL (120 mL per 30 days)
WAL-TUSSIN COUGH LONG ACTING (<i>dextromethorphan hbr</i>)	Covered	OTC; QL (120 mL per 30 days)
WAL-TUSSIN COUGH ORAL CAPSULE (<i>dextromethorphan hbr</i>)	Covered	OTC
WAL-TUSSIN COUGH ORAL SYRUP (<i>dextromethorphan hbr</i>)	Covered	OTC; QL (120 mL per 30 days)
*Antitussive - Opioid*** - Drugs For Cough And Cold		
<i>hydrocodone-homatropine oral syrup</i>	Covered	QL (30 ML per 1 day); AL (Min 18 Years)
<i>hydrocodone-homatropine oral tablet</i>	Covered	QL (6 EA per 1 day); AL (Min 18 Years)
*Antitussive-Expectorant*** - Drugs For Cough And Cold		
<i>altarussin dm</i>	Covered	OTC; QL (120 mL per 30 days)
<i>biocotron</i>	Covered	OTC; QL (120 mL per 30 days)
<i>cheratussin ac</i>	Covered	OTC; QL (180 mL per 30 days); AL (Min 18 Years)
<i>chest congestion/cough relief</i>	Covered	OTC
<i>childrens cough</i>	Covered	OTC; QL (120 mL per 30 days)
<i>childrens mucus relief cough</i>	Covered	OTC; QL (120 mL per 30 days)
<i>cvs chest congest/cough child</i>	Covered	OTC; QL (120 mL per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mucus relief dm max</i>	Covered	OTC; QL (120 mL per 30 days)
<i>pediatric formula cough/congst</i>	Covered	OTC; QL (120 mL per 30 days)
<i>px tussin dm</i>	Covered	OTC; QL (120 mL per 30 days)
<i>qc medifin dm</i>	Covered	OTC
<i>ra tussin cgh/chest congest dm</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra tussin cough</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra tussin cough dm sugar free</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra tussin cough/chest dm max</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra tussin dm</i>	Covered	OTC; QL (120 mL per 30 days)
<i>recofen d</i>	Covered	OTC; QL (120 mL per 30 days)
<i>refenesen dm</i>	Covered	OTC
<i>robafen dm</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sb cough control dm</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sb cough control dm max</i>	Covered	OTC; QL (120 mL per 30 days)
<i>siltussin dm das</i>	Covered	OTC; QL (120 mL per 30 days)
<i>siltussin-dm alcohol free</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sm chest congestion relief dm</i>	Covered	OTC
<i>sm mucus relief cough children</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sm tussin cough/chest congest</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sm tussin dm</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sm tussin dm max</i>	Covered	OTC; QL (120 mL per 30 days)
<i>tgt cough formula dm</i>	Covered	OTC; QL (120 mL per 30 days)
<i>tgt mucus/cough relief</i>	Covered	OTC
<i>tusnel diabetic</i>	Covered	OTC; QL (120 mL per 30 days)
<i>tussin dm</i>	Covered	OTC; QL (120 mL per 30 days)
<i>tussin dm max</i>	Covered	OTC; QL (120 mL per 30 days)
<i>tussin dm max adult</i>	Covered	OTC; QL (120 mL per 30 days)
<i>virtussin a/c</i>	Covered	OTC; QL (180 mL per 30 days); AL (Min 18 Years)
<i>wal-tussin dm</i>	Covered	OTC; QL (120 mL per 30 days)
DELSYM CGH/CHEST CONG DM CHILD (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
DELSYM COUGH/CHEST CONGEST DM (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
DIABETIC TUSSIN DM (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIABETIC TUSSIN FOR CHILDREN (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
DIABETIC TUSSIN MAX ST (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
FENESIN DM IR (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC
G-TRON (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
MUCINEX COUGH CHILDRENS (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
MUCINEX FAST-MAX DM MAX (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
ROBAFEN DM CGH/CHEST CONGEST (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
ROBAFEN DM COUGH CLEAR (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
ROBITUSSIN COLD COUGH+ CHEST (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
ROBITUSSIN COUGH+CHEST CONG DM (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
ROBITUSSIN TO GO CGH/CHEST DM (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
SAFE TUSSIN DM (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
SORBUGEN NR (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
WAL-TUSSIN COUGH/CHEST DM (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
WAL-TUSSIN COUGH/CHEST DM MAX (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
WAL-TUSSIN DM CGH/CHEST CONG (<i>dextromethorphan-guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
*Antitussive-Expectorants-Decongestant*** - Drugs For Cough And Cold		
TUSNEL C (<i>pseudoephedrine-codeine-gg</i>)	Covered	OTC
*Decongestant & Antihistamine*** - Drugs For Cough And Cold		
<i>all day allergy d</i>	Covered	OTC; QL (2 EA per 1 day)
<i>all day allergy d-12</i>	Covered	OTC; QL (2 EA per 1 day)
<i>all day allergy-d</i>	Covered	OTC; QL (2 EA per 1 day)
<i>allergy d-12</i>	Covered	OTC; QL (2 EA per 1 day)
<i>cetirizine-pseudoephedrine er</i>	Covered	OTC; QL (2 EA per 1 day)
<i>cvs allergy relief-d</i>	Covered	OTC; QL (2 EA per 1 day)
<i>eqi all day allergy-d</i>	Covered	OTC; QL (2 EA per 1 day)
<i>gnp all day allergy-d</i>	Covered	OTC; QL (2 EA per 1 day)
<i>hm allergy complete-d</i>	Covered	OTC; QL (2 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine-phenylephrine</i>	Covered	
<i>px allergy relief d</i>	Covered	OTC; QL (2 EA per 1 day)
<i>ra cetiri-d</i>	Covered	OTC; QL (2 EA per 1 day)
<i>sm all day allergy-d</i>	Covered	OTC; QL (2 EA per 1 day)
<i>sw allergy relief-d</i>	Covered	OTC; QL (2 EA per 1 day)
<i>tgt all day allergy-d</i>	Covered	OTC; QL (2 EA per 1 day)
<i>tgt allergy+ congestion relief</i>	Covered	OTC; QL (2 EA per 1 day)
ALAHIST D (pheniramine-phenylephrine)	Covered	OTC
KLS ALLER-TEC D (cetirizine-pseudoephedrine)	Covered	OTC; QL (2 EA per 1 day)
SHOPKO ALLERGY RELIEF-D (CETI) (cetirizine-pseudoephedrine)	Covered	OTC; QL (2 EA per 1 day)
WAL-ZYR D (cetirizine-pseudoephedrine)	Covered	OTC; QL (2 EA per 1 day)
*Expectorants*** - Drugs For Cough And Cold		
<i>altarussin</i>	Covered	OTC; QL (120 mL per 30 days)
<i>chest congestion childrens</i>	Covered	OTC; QL (120 mL per 30 days)
<i>childrens mucus relief expect</i>	Covered	OTC; QL (120 mL per 30 days)
<i>cough syrup</i>	Covered	OTC; QL (120 mL per 30 days)
<i>cvs chest congestion childrens</i>	Covered	OTC; QL (120 mL per 30 days)
<i>cvs tussin adult chest congest</i>	Covered	OTC; QL (120 mL per 30 days)
<i>diabetic siltussin das-na</i>	Covered	OTC; QL (120 mL per 30 days)
<i>geri-tussin</i>	Covered	OTC; QL (120 mL per 30 days)
<i>gnp mucus relief childrens</i>	Covered	OTC; QL (120 mL per 30 days)
<i>guaifenesin er</i>	Covered	
<i>guaifenesin oral liquid</i>	Covered	OTC
<i>guaifenesin oral solution 100 mg/5ml</i>	Covered	OTC; QL (120 ML per 30 days)
<i>guaifenesin oral solution 200 mg/10ml, 300 mg/15ml</i>	Covered	OTC; QL (120 mL per 30 days)
<i>guaifenesin oral syrup</i>	Covered	OTC; QL (120 mL per 30 days)
<i>hm tussin adult</i>	Covered	OTC; QL (120 mL per 30 days)
<i>mucus relief chest congestion</i>	Covered	OTC; QL (120 mL per 30 days)
<i>mucus relief er</i>	Covered	OTC
<i>pa mucus relief</i>	Covered	OTC
<i>px tussin</i>	Covered	OTC; QL (120 mL per 30 days)
<i>qc medifin mucus relief child</i>	Covered	OTC; QL (120 mL per 30 days)
<i>ra mucus relief</i>	Covered	OTC
<i>ra tussin</i>	Covered	OTC; QL (120 mL per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra tussin chest congestion</i>	Covered	OTC; QL (120 mL per 30 days)
<i>robafen</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sb cough control</i>	Covered	OTC; QL (120 mL per 30 days)
<i>scot-tussin expectorant</i>	Covered	OTC; QL (120 mL per 30 days)
<i>siltussin das</i>	Covered	OTC; QL (120 mL per 30 days)
<i>siltussin sa</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sm mucus relief childrens</i>	Covered	OTC; QL (120 mL per 30 days)
<i>sm tussin mucus+chest congest</i>	Covered	OTC; QL (120 mL per 30 days)
<i>tussin</i>	Covered	OTC; QL (120 mL per 30 days)
<i>tussin mucus+chest congestion</i>	Covered	OTC; QL (120 mL per 30 days)
<i>wal-tussin</i>	Covered	OTC; QL (120 mL per 30 days)
BUCKLEYS CHEST CONGESTION (<i>guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
DIABETIC TUSSIN (<i>guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
DIABETIC TUSSIN EX (<i>guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
EQ MUCUS ER (<i>guaifenesin</i>)	Covered	OTC
MUCINEX CHEST CONGESTION CHILD (<i>guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
ROBITUSSIN MUCUS+CHEST CONGEST (<i>guaifenesin</i>)	Covered	OTC; QL (120 mL per 30 days)
*Misc. Respiratory Inhalants*** - Drugs For Allergies		
<i>nasal mist</i>	Covered	OTC
<i>sodium chloride</i>	Covered	
HYPERSAL (<i>sodium chloride</i>)	Covered	
NEBUSAL (<i>sodium chloride</i>)	Covered	
<i>sodium chloride</i> (Pulmosal)	Covered	
SIMPLY SALINE BABY (<i>sodium chloride</i>)	Covered	OTC
*Mucolytics*** - Drugs For The Lungs		
<i>acetylcysteine</i>	Covered	
*Non-Narc Antitussive-Antihistamine*** - Drugs For Cough And Cold		
<i>promethazine-dm</i>	Covered	QL (180 mL per 30 days)
*Non-Narc Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold		
<i>lohist-dm</i>	Covered	OTC
*Opioid Antitussive-Antihistamine*** - Drugs For Cough And Cold		
<i>promethazine-codeine</i>	Covered	QL (180 mL per 30 days); AL (Min 18 Years)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Z-TUSS AC (<i>chlorpheniramine-codeine</i>)	Covered	OTC; AL (Min 18 Years)
*Opioid Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold		
<i>promethazine vclcodeine</i>	Covered	QL (180 mL per 30 days); AL (Min 18 Years)
*Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer		
*Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer		
IBRANCE (<i>palbociclib</i>)	Covered	PA; QL (1 EA per 1 day)
VERZENIO (<i>abemaciclib</i>)	Covered	PA; QL (2 EA per 1 day)
*Cystic Fibrosis Agent - Combinations*** - Drugs For The Lungs		
*Cystic Fibrosis Agent - Combinations*** - Drugs For The Lungs		
ORKAMBI (<i>lumacaftor-ivacaftor</i>)	Covered	PA
SYMDEKO (<i>tezacaftor-ivacaftor</i>)	Covered	PA
Dermatologicals - Drugs For The Skin		
*Acne Antibiotics*** - Drugs For The Skin		
<i>clindamycin phosphate external gel</i>	Covered	QL (1 GM per 1 day)
<i>clindamycin phosphate external lotion</i>	Covered	QL (2 ML per 1 day)
<i>clindamycin phosphate external solution</i>	Covered	QL (2 ML per 1 day)
<i>clindamycin phosphate external swab</i>	Covered	QL (2 EA per 1 day)
<i>ery</i>	Covered	QL (2 EA per 1 day)
<i>erythromycin external gel</i>	Covered	QL (1 GM per 1 day)
<i>erythromycin external pad</i>	Covered	QL (2 EA per 1 day)
<i>erythromycin external solution</i>	Covered	QL (2 ML per 1 day)
<i>sulfacetamide sodium (acne)</i>	Covered	QL (118 ML per 30 days)
<i>clindamycin phosphate</i> (Clindacin Etz)	Covered	QL (2 EA per 1 day)
<i>clindamycin phosphate</i> (Clindacin-P)	Covered	QL (2 EA per 1 day)
*Acne Products*** - Drugs For The Skin		
<i>acne foaming wash</i>	Covered	OTC
<i>acne medication 10</i>	Covered	OTC
<i>acne medication 5</i>	Covered	OTC
<i>acne-clear</i>	Covered	OTC
<i>adapalene</i>	Covered	ST; QL (45 GM per 30 days); AL (Max 35 Years)
<i>benzoyl peroxide cleanser</i>	Covered	
<i>benzoyl peroxide external gel 10 %</i>	Covered	

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benzoyl peroxide external gel 2.5 %</i>	Covered	OTC
<i>benzoyl peroxide external lotion</i>	Covered	OTC
<i>benzoyl peroxide wash external liquid 10 %</i>	Covered	
<i>benzoyl peroxide wash external liquid 5 %</i>	Covered	OTC
<i>bp gel</i>	Covered	OTC
<i>bp wash</i>	Covered	OTC
<i>cvs acne foaming face wash</i>	Covered	OTC
<i>cvs acne treatment</i>	Covered	OTC
<i>cvs advanced 3-in-1 cleanser</i>	Covered	OTC
<i>cvs creamy acne face wash</i>	Covered	OTC
<i>cvs foaming acne face wash</i>	Covered	OTC
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg</i>	Covered	ST; QL (2 EA per 1 day)
<i>isotretinoin oral capsule 40 mg</i>	Covered	ST
<i>kp benzoyl peroxide</i>	Covered	OTC
<i>kp benzoyl peroxide wash</i>	Covered	OTC
<i>tretinoin</i>	Covered	ST; QL (45 GM per 30 days); AL (Max 35 Years)
BENZIQ WASH (<i>benzoyl peroxide</i>)	Covered	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg)	Covered	ST; QL (2 EA per 1 day)
<i>isotretinoin</i> (Claravis Oral Capsule 40 Mg)	Covered	ST
CLEAN & CLEAR PERSA-GEL MAX ST (<i>benzoyl peroxide</i>)	Covered	OTC
DIFFERIN (<i>adapalene</i>)	Covered	QL (45 GM per 30 days); AL (Max 35 Years)
PANOXYL WASH (<i>benzoyl peroxide</i>)	Covered	OTC
RA RENEWAL ACNE TREATMENT (<i>benzoyl peroxide</i>)	Covered	OTC
*Antibiotic Mixtures Topical*** - Drugs For The Skin		
<i>cvs antibiotic plus</i>	Covered	OTC
<i>eq antibiotic + pain relief</i>	Covered	OTC
<i>eq antibiotic + pain relief</i>	Covered	OTC
<i>gnp antibiotic plus pramoxine</i>	Covered	OTC
<i>gnp triple antibiotic plus</i>	Covered	OTC
<i>hm triple antibiotic max st</i>	Covered	OTC
<i>multi antibiotic plus</i>	Covered	OTC
<i>ra antibiotic plus</i>	Covered	OTC

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra antibiotic/pain relief</i>	Covered	OTC
<i>ra triple antibiotic plus</i>	Covered	OTC
<i>sm antibiotic plus pain relief</i>	Covered	OTC
<i>sm triple antibiotic max st</i>	Covered	OTC
<i>tgt first aid antibiotic</i>	Covered	OTC
<i>tri-biozene</i>	Covered	OTC
<i>triple antibiotic pain relief</i>	Covered	OTC
<i>triple antibiotic plus</i>	Covered	OTC
<i>triple antibiotic plus max st</i>	Covered	OTC
NEOSPORIN + PAIN RELIEF MAX ST (<i>neomy-bacit-polymyx-pramoxine</i>)	Covered	OTC
*Antibiotics - Topical*** - Drugs For The Skin		
<i>bacitracin</i>	Covered	OTC
<i>bacitracin zinc</i>	Covered	
<i>cvs bacitracin</i>	Covered	OTC
<i>eql bacitracin zinc</i>	Covered	OTC
<i>gentamicin sulfate</i>	Covered	
<i>gnp bacitracin zinc</i>	Covered	OTC
<i>hm bacitracin</i>	Covered	OTC
<i>kp bacitracin zinc</i>	Covered	OTC
<i>mupirocin</i>	Covered	QL (110 GM per 30 days)
<i>qc bacitracin</i>	Covered	OTC
<i>ra bacitracin</i>	Covered	OTC
<i>sb bacitracin</i>	Covered	OTC
BACITRAYCIN PLUS (<i>bacitracin</i>)	Covered	OTC
*Antifungals - Topical Combinations*** - Drugs For The Skin		
<i>clotrimazole-betamethasone</i>	Covered	QL (60 GM per 30 days)
*Antifungals - Topical*** - Drugs For The Skin		
<i>antifungal</i>	Covered	OTC; QL (133 GM per 30 days)
<i>athletes foot spray</i>	Covered	OTC; QL (133 GM per 30 days)
<i>butenafine hcl</i>	Covered	OTC; QL (30 GM per 30 days)
<i>ciclopirox external shampoo</i>	Covered	ST; QL (120 ML per 30 days)
<i>ciclopirox external solution</i>	Covered	QL (6.6 ML per 30 days)
<i>ciclopirox olamine external cream</i>	Covered	ST; QL (60 GM per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciclopirox olamine external suspension</i>	Covered	ST; QL (30 ML per 30 days)
<i>nystatin</i>	Covered	QL (60 GM per 30 days)
<i>terbinafine hcl</i>	Covered	OTC; QL (60 GM per 30 days)
<i>tolnaftate external aerosol powder</i>	Covered	OTC; QL (133 GM per 30 days)
<i>tolnaftate external cream</i>	Covered	OTC; QL (90 GM per 30 days)
<i>tolnaftate external powder</i>	Covered	OTC; QL (45 GM per 30 days)
<i>ciclopirox</i> (Ciclodan)	Covered	QL (6.6 ML per 30 days)
<i>nystatin</i> (Nyamyc)	Covered	QL (60 GM per 30 days)
<i>nystatin</i> (Nystop)	Covered	QL (60 GM per 30 days)
*Anti-Inflammatory Agents - Topical*** - Drugs For The Skin		
<i>diclofenac sodium transdermal gel</i>	Covered	QL (6.6667 GM per 1 day)
<i>diclofenac sodium transdermal solution</i>	Covered	ST; QL (10 ML per 1 day)
*Antineoplastic Antimetabolites - Topical*** - Drugs For The Skin		
<i>fluorouracil</i>	Covered	
FLUOROPLEX (<i>fluorouracil</i>)	Covered	
*Antipsoriatics - Systemic*** - Drugs For The Skin		
<i>methoxsalen rapid</i>	Covered	
*Antipsoriatics*** - Drugs For The Skin		
<i>calcipotriene external cream</i>	Covered	PA; QL (4 GM per 1 day)
<i>calcipotriene external ointment</i>	Covered	PA; QL (4 GM per 1 day)
<i>calcipotriene external solution</i>	Covered	PA; QL (2 ML per 1 day)
<i>tazarotene</i>	Covered	ST; QL (3 GM per 1 day)
*Antiseborrheic Products*** - Drugs For The Skin		
<i>selenium sulfide</i>	Covered	
<i>sulfacetamide sodium</i>	Covered	
*Antivirals - Topical*** - Drugs For The Skin		
<i>acyclovir</i>	Covered	ST; QL (15 GM per 30 days)
<i>docosanol</i>	Covered	OTC; QL (2 GM per 30 days)
*Astringents*** - Drugs For The Skin		
<i>cvs diaper rash</i>	Covered	OTC
<i>cvs zinc oxide</i>	Covered	OTC
<i>diaper rash</i>	Covered	OTC
<i>gnp zinc oxide</i>	Covered	OTC
<i>meijer zinc oxide</i>	Covered	OTC

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra diaper rash</i>	Covered	OTC
<i>ra zinc oxide</i>	Covered	OTC
<i>zinc oxide</i>	Covered	OTC
BOUDREAUXS BUTT PASTE (zinc oxide)	Covered	OTC
*Burn Products*** - Drugs For The Skin		
<i>silver sulfadiazine</i>	Covered	
<i>silver sulfadiazine</i> (Ssd)	Covered	
<i>silver sulfadiazine</i> (Thermazene)	Covered	
*Cauterizing Agent Combinations*** - Drugs For The Skin		
<i>silver nitrate-pot nitrate</i> (Arzol Silver Nit Applicators)	Covered	
*Corticosteroids - Topical*** - Drugs For The Skin		
<i>ala-cort</i>	Covered	QL (90 GM per 30 days)
<i>alclometasone dipropionate</i>	Covered	QL (60 GM per 30 days)
<i>anti-itch maximum strength</i>	Covered	OTC; QL (90 GM per 30 days)
<i>beta hc</i>	Covered	OTC
<i>betamethasone dipropionate aug external cream</i>	Covered	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Covered	QL (60 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Covered	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Covered	QL (60 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	Covered	QL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion</i>	Covered	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	Covered	QL (2 GM per 1 day)
<i>betamethasone valerate external cream</i>	Covered	QL (60 GM per 30 days)
<i>betamethasone valerate external lotion</i>	Covered	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment</i>	Covered	QL (45 GM per 30 days)
<i>clobetasol propionate e</i>	Covered	QL (60 GM per 30 days)
<i>clobetasol propionate external cream</i>	Covered	ST; QL (60 GM per 30 days)
<i>clobetasol propionate external gel</i>	Covered	ST; QL (60 GM per 30 days)
<i>clobetasol propionate external ointment</i>	Covered	ST; QL (60 GM per 30 days)
<i>clobetasol propionate external solution</i>	Covered	QL (60 ML per 30 days)
<i>cvs anti-itch maximum strength</i>	Covered	OTC; QL (90 GM per 30 days)
<i>cvs cortisone intense healing</i>	Covered	OTC; QL (90 GM per 30 days)
<i>cvs cortisone maximum strength</i>	Covered	OTC; QL (90 GM per 30 days)
<i>cvs eczema anti-itch</i>	Covered	OTC; QL (90 GM per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs hydrocortisone anti-itch</i>	Covered	OTC; QL (90 GM per 30 days)
<i>cvs hydrocortisone max st</i>	Covered	OTC; QL (90 GM per 30 days)
<i>desoximetasone</i>	Covered	
<i>eq hydrocortisone max st</i>	Covered	OTC; QL (90 GM per 30 days)
<i>eq hydrocortisone plus</i>	Covered	OTC; QL (90 GM per 30 days)
<i>eq anti-itch intensive heal</i>	Covered	OTC; QL (90 GM per 30 days)
<i>eq anti-itch maximum strength</i>	Covered	OTC; QL (90 GM per 30 days)
<i>fluocinolone acetonide</i>	Covered	
<i>fluocinolone acetonide external cream 0.01 %</i>	Covered	
<i>fluocinolone acetonide external cream 0.025 %</i>	Covered	QL (2 GM per 1 day)
<i>fluocinolone acetonide external ointment</i>	Covered	QL (2 GM per 1 day)
<i>fluocinonide</i>	Covered	QL (60 GM per 30 days)
<i>fluticasone propionate</i>	Covered	QL (60 GM per 30 days)
<i>gnp hydrocortisone</i>	Covered	OTC; QL (90 GM per 30 days)
<i>gnp hydrocortisone max st</i>	Covered	OTC; QL (90 GM per 30 days)
<i>gnp hydrocortisone plus</i>	Covered	OTC; QL (90 GM per 30 days)
<i>halobetasol propionate</i>	Covered	QL (50 GM per 30 days)
<i>hydrocortisone</i>	Covered	
<i>hydrocortisone acetate</i>	Covered	
<i>hydrocortisone external cream 0.5 %</i>	Covered	OTC; QL (90 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Covered	QL (90 GM per 30 days)
<i>hydrocortisone external lotion 1 %</i>	Covered	OTC; QL (120 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Covered	QL (120 ML per 30 days)
<i>hydrocortisone external ointment 0.5 %</i>	Covered	OTC; QL (90 GM per 30 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Covered	QL (90 GM per 30 days)
<i>hydrocortisone intensive heal</i>	Covered	OTC; QL (90 GM per 30 days)
<i>hydrocortisone max st</i>	Covered	OTC; QL (90 GM per 30 days)
<i>hydrocortisone max st/12 moist</i>	Covered	OTC; QL (90 GM per 30 days)
<i>hydrocortisone micronized</i>	Covered	
<i>hydrocortisone plus</i>	Covered	OTC; QL (90 GM per 30 days)
<i>instacort 5</i>	Covered	OTC; QL (90 GM per 30 days)
<i>kp hydrocortisone</i>	Covered	OTC; QL (90 GM per 30 days)
<i>kp hydrocortisone max st</i>	Covered	OTC; QL (90 GM per 30 days)
<i>meijer hydrocortisone</i>	Covered	OTC; QL (90 GM per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone furoate external cream</i>	Covered	QL (45 GM per 30 days)
<i>mometasone furoate external ointment</i>	Covered	QL (45 GM per 30 days)
<i>mometasone furoate external solution</i>	Covered	QL (60 ML per 30 days)
<i>prednicarbate</i>	Covered	QL (60 GM per 30 days)
<i>px hydrocream</i>	Covered	OTC; QL (90 GM per 30 days)
<i>qc hydrocortisone</i>	Covered	OTC; QL (90 GM per 30 days)
<i>qc hydrocortisone max st</i>	Covered	OTC; QL (90 GM per 30 days)
<i>ra anti-itch maximum strength</i>	Covered	OTC; QL (90 GM per 30 days)
<i>ra hydrocortisone max st</i>	Covered	OTC; QL (90 GM per 30 days)
<i>ra hydrocortisone plus 12</i>	Covered	OTC; QL (90 GM per 30 days)
<i>recort plus</i>	Covered	OTC; QL (90 GM per 30 days)
<i>sb hydrocortisone</i>	Covered	OTC; QL (90 GM per 30 days)
<i>sb hydrocortisone max st</i>	Covered	OTC; QL (90 GM per 30 days)
<i>scalp relief maximum strength</i>	Covered	OTC; QL (75 ML per 30 days)
<i>sm hydrocortisone</i>	Covered	OTC; QL (90 GM per 30 days)
<i>sm hydrocortisone max st</i>	Covered	OTC; QL (90 GM per 30 days)
<i>tgt anti-itch plus oatmeal</i>	Covered	OTC; QL (90 GM per 30 days)
<i>tgt anti-itch/laloelvit e</i>	Covered	OTC; QL (90 GM per 30 days)
<i>triamcinolone acetonide</i>	Covered	
<i>triamcinolone acetonide external cream</i>	Covered	QL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion</i>	Covered	QL (120 ML per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	Covered	QL (90 GM per 30 days)
<i>triamcinolone acetonide external ointment 0.1 %</i>	Covered	
AVEENO ANTI-ITCH MAX ST (hydrocortisone)	Covered	OTC; QL (90 GM per 30 days)
CORTAID MAXIMUM STRENGTH (hydrocortisone)	Covered	OTC; QL (90 GM per 30 days)
CORTIZONE-10 (hydrocortisone)	Covered	OTC; QL (90 GM per 30 days)
GYNECORT 10 (hydrocortisone acetate)	Covered	OTC
KERICORT 10 (hydrocortisone)	Covered	OTC; QL (90 GM per 30 days)
LANACORT 10 (hydrocortisone acetate)	Covered	OTC
NOBLE FORMULA HC EXTERNAL CREAM (hydrocortisone)	Covered	OTC; QL (90 GM per 30 days)
NOBLE FORMULA HC EXTERNAL SOLUTION (hydrocortisone)	Covered	OTC; QL (75 ML per 30 days)
PREPARATION H (hydrocortisone)	Covered	OTC; QL (90 GM per 30 days)
SCALPICIN MAXIMUM STRENGTH (hydrocortisone)	Covered	OTC; QL (75 ML per 30 days)
<i>triamcinolone acetonide</i> (Triderm)	Covered	QL (90 GM per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Diaper Rash Products*** - Drugs For The Skin		
<i>cv's all-purpose skin protect</i>	Covered	OTC
<i>cv's pediatric ointment</i>	Covered	OTC
A+D PREVENT (diaper rash products)	Covered	OTC
MEDI-PASTE (diaper rash products)	Covered	OTC
PALADIN (diaper rash products)	Covered	OTC
PINXAV (diaper rash products)	Covered	OTC
*Emollient Combinations*** - Drugs For The Skin		
<i>mineral oil-hydrophil petrolat</i>	Covered	OTC
*Emollient/Keratolytic Agents*** - Drugs For The Skin		
LANAPHILIC/UREA (urea)	Covered	OTC
*Emollients*** - Drugs For The Skin		
<i>advanced healing/baby</i>	Covered	OTC
<i>ammonium lactate</i>	Covered	
<i>beauty lotion</i>	Covered	OTC
<i>beta care</i>	Covered	OTC
<i>cocoa butter</i>	Covered	OTC
<i>cocoa butter hand & body</i>	Covered	OTC
<i>cocoa butter skin</i>	Covered	OTC
<i>coconut oil beauty</i>	Covered	OTC
<i>collagen</i>	Covered	OTC
<i>complete moisture</i>	Covered	OTC
<i>cv's advanced healing</i>	Covered	OTC
<i>cv's daily ultra moisture</i>	Covered	OTC
<i>cv's dry skin care</i>	Covered	OTC
<i>cv's extra moisturizing</i>	Covered	OTC
<i>cv's gentle skin cleanser</i>	Covered	OTC
<i>cv's hydrating skin treatment</i>	Covered	OTC
<i>cv's moisturizing</i>	Covered	OTC
<i>cv's moisturizing extra dry</i>	Covered	OTC
<i>cv's pure glycerin</i>	Covered	OTC
<i>cv's skin treatment</i>	Covered	OTC
<i>cv's special care</i>	Covered	OTC
<i>dermaide aloe</i>	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dhea</i>	Covered	OTC
<i>dmae</i>	Covered	OTC
<i>dry skin treatment</i>	Covered	OTC
<i>dry skin treatment adv therapy</i>	Covered	OTC
<i>e-ointment</i>	Covered	OTC
<i>eq therapeutic moisturizing</i>	Covered	OTC
<i>gentle</i>	Covered	OTC
<i>glycerin</i>	Covered	OTC
<i>gnp advanced recovery</i>	Covered	OTC
<i>gnp glycerin</i>	Covered	OTC
<i>gordomatic</i>	Covered	OTC
<i>hm glycerin</i>	Covered	OTC
<i>hydrophor</i>	Covered	OTC
<i>leader finger cream</i>	Covered	OTC
<i>lubricating lotion</i>	Covered	OTC
<i>moisture</i>	Covered	OTC
<i>moisture recovery</i>	Covered	OTC
<i>moisturizing cream</i>	Covered	OTC
<i>moisturizing lotion</i>	Covered	OTC
<i>moisturizing sensitive skin</i>	Covered	OTC
<i>msm skin</i>	Covered	OTC
<i>ointment base</i>	Covered	OTC
<i>qc glycerin</i>	Covered	OTC
<i>ra advanced recovery</i>	Covered	OTC
<i>ra calming daily moisturizing</i>	Covered	OTC
<i>ra derma</i>	Covered	OTC
<i>ra gentle skin</i>	Covered	OTC
<i>ra glycerin</i>	Covered	OTC
<i>ra hydrating healing</i>	Covered	OTC
<i>ra moisturizing oatmeal</i>	Covered	OTC
<i>ra moisturizing therapy</i>	Covered	OTC
<i>ra renewal dry skin therapy</i>	Covered	OTC
<i>ra renewal moisturizing</i>	Covered	OTC
<i>ra total moisture</i>	Covered	OTC

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>radiaguard advanced</i>	Covered	OTC
<i>refreshing aloe</i>	Covered	OTC
<i>sm dry skin therapy</i>	Covered	OTC
<i>sm glycerin</i>	Covered	OTC
<i>special care</i>	Covered	OTC
<i>thera-derm</i>	Covered	OTC
<i>therapeutic moisturizing</i>	Covered	OTC
<i>vitamin e with panthenol</i>	Covered	OTC
AL12 (ammonium lactate)	Covered	OTC
AMLACTION (ammonium lactate)	Covered	OTC
GERI-HYDROLAC 12 (ammonium lactate)	Covered	OTC
*Enzymes - Topical*** - Drugs For The Skin		
SANTYL (collagenase)	Covered	
*Imidazole-Related Antifungals - Topical*** - Drugs For The Skin		
<i>anti-fungal</i>	Covered	OTC; QL (60 GM per 30 days)
<i>athletes foot</i>	Covered	OTC; QL (90 GM per 30 days)
<i>clotrimazole</i>	Covered	QL (30 ML per 30 days)
<i>clotrimazole af</i>	Covered	OTC; QL (60 GM per 30 days)
<i>cvs anti-fungal</i>	Covered	OTC; QL (90 GM per 30 days)
<i>cvs clotrimazole</i>	Covered	OTC; QL (60 GM per 30 days)
<i>cvs itch relief</i>	Covered	OTC; QL (60 GM per 30 days)
<i>cvs ringworm</i>	Covered	OTC; QL (60 GM per 30 days)
<i>eq antifungal</i>	Covered	OTC; QL (60 GM per 30 days)
<i>eq athletes foot</i>	Covered	OTC; QL (60 GM per 30 days)
<i>eq athletes foot spray</i>	Covered	OTC; QL (133 GM per 30 days)
<i>eq jock itch</i>	Covered	OTC; QL (60 GM per 30 days)
<i>eq antifungal</i>	Covered	OTC; QL (60 GM per 30 days)
<i>eq athletes foot</i>	Covered	OTC; QL (60 GM per 30 days)
<i>gnp athletes foot</i>	Covered	OTC; QL (60 GM per 30 days)
<i>gnp miconazole nitrate</i>	Covered	OTC; QL (133 GM per 30 days)
<i>gnp miconazorb af</i>	Covered	OTC; QL (90 GM per 30 days)
<i>jock itch</i>	Covered	OTC; QL (60 GM per 30 days)
<i>jock itch relief</i>	Covered	OTC; QL (60 GM per 30 days)
<i>ketoconazole external cream</i>	Covered	ST; QL (60 GM per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketoconazole external shampoo</i>	Covered	QL (120 ML per 30 days)
<i>kp clotrimazole</i>	Covered	OTC; QL (60 GM per 30 days)
<i>miconazole nitrate</i>	Covered	QL (90 GM per 30 days)
<i>pro-ex antifungal</i>	Covered	OTC; QL (60 GM per 30 days)
<i>px athletic foot</i>	Covered	OTC; QL (60 GM per 30 days)
<i>qc clotrimazole</i>	Covered	OTC; QL (60 GM per 30 days)
<i>ra atheletes foot</i>	Covered	OTC; QL (133 GM per 30 days)
<i>ra athletes foot</i>	Covered	OTC; QL (60 GM per 30 days)
<i>ra clotrimazole</i>	Covered	OTC; QL (60 GM per 30 days)
<i>ra jock itch</i>	Covered	OTC; QL (60 GM per 30 days)
<i>sb clotrimazole foot</i>	Covered	OTC; QL (60 GM per 30 days)
<i>sm antifungal clotrimazole</i>	Covered	OTC; QL (60 GM per 30 days)
<i>tgt clotrimazole</i>	Covered	OTC; QL (60 GM per 30 days)
CRUEX PRESCRIPTION STRENGTH (<i>miconazole nitrate</i>)	Covered	OTC; QL (133 GM per 30 days)
DESENEX (<i>miconazole nitrate</i>)	Covered	OTC; QL (90 GM per 30 days)
DESENEX JOCK ITCH (<i>miconazole nitrate</i>)	Covered	OTC; QL (133 GM per 30 days)
FUNGICURE INTENSIVE/NAILGUARD (<i>clotrimazole</i>)	Covered	OTC; QL (30 ML per 30 days)
LOTRIMIN AF (<i>miconazole nitrate</i>)	Covered	OTC; QL (90 GM per 30 days)
LOTRIMIN AF DEODORANT POWDER (<i>miconazole nitrate</i>)	Covered	OTC; QL (133 GM per 30 days)
LOTRIMIN AF JOCK ITCH POWDER (<i>miconazole nitrate</i>)	Covered	OTC; QL (133 GM per 30 days)
LOTRIMIN AF POWDER (<i>miconazole nitrate</i>)	Covered	OTC; QL (133 GM per 30 days)
MICRO GUARD (<i>miconazole nitrate</i>)	Covered	OTC; QL (90 GM per 30 days)
REMEDY ANTIFUNGAL (<i>miconazole nitrate</i>)	Covered	OTC; QL (90 GM per 30 days)
REMEDY PHYTOPLEX ANTIFUNGAL (<i>miconazole nitrate</i>)	Covered	OTC; QL (90 GM per 30 days)
ZEASORB-AF (<i>miconazole nitrate</i>)	Covered	OTC; QL (90 GM per 30 days)
<i>*Immunomodulators Imidazoquinolinamines - Topical*** - Drugs For The Skin</i>		
<i>imiquimod</i>	Covered	QL (12 Packets per 30 days)
<i>*Keratolytic/Antimitotic Agents*** - Drugs For The Skin</i>		
<i>gnp scalp relief</i>	Covered	OTC
<i>podofilox</i>	Covered	
<i>ra scalp itch/dandruff relief</i>	Covered	OTC
<i>salicylic acid</i>	Covered	
PSORIASIN (<i>salicylic acid</i>)	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCALPICIN (<i>salicylic acid</i>)	Covered	OTC
SCALPICIN 2 IN 1 (<i>salicylic acid</i>)	Covered	OTC
*Local Anesthetics - Topical*** - Drugs For The Skin		
<i>arthritis pain relieving</i>	Covered	OTC; QL (114 GM per 30 days)
<i>capsaicin</i>	Covered	OTC
<i>gnp lidocaine pain relief</i>	Covered	OTC; QL (1 EA per 1 day)
<i>lc-4 lidocaine</i>	Covered	OTC; QL (2 Tubes per 30 days)
<i>lidocaine external cream</i>	Covered	OTC; QL (2 Tubes per 30 days)
<i>lidocaine external ointment</i>	Covered	PA; QL (50 GM per 30 days)
<i>lidocaine external patch</i>	Covered	PA; QL (90 EA per 30 days); AL (Min 18 Years)
<i>lidocaine hcl</i>	Covered	
<i>qc lidocaine pain relief</i>	Covered	OTC; QL (1 EA per 1 day)
ANECREAM (<i>lidocaine</i>)	Covered	OTC; QL (2 Tubes per 30 days)
<i>lidocaine hcl</i> (Glydo)	Covered	
REGENECARE HA (<i>lidocaine hcl</i>)	Covered	OTC; QL (2 GM per 1 day)
*Macrolide Immunosuppressants - Topical*** - Drugs For The Skin		
<i>tacrolimus</i>	Covered	ST; QL (30 GM per 30 days)
*Powders*** - Drugs For The Skin		
<i>cvs baby powder</i>	Covered	OTC
JOHNSONS BABY POWDER (<i>talc</i>)	Covered	OTC
*Prostaglandins - Topical*** - Drugs For The Skin		
<i>bimatoprost</i>	Covered	ST
*Rosacea Agents*** - Drugs For The Skin		
<i>metronidazole</i>	Covered	
<i>metronidazole</i> (Rosadan)	Covered	
*Scabicide Combinations*** - Drugs For The Skin		
<i>cvs lice killing</i>	Covered	OTC; QL (240 ML per 30 days)
<i>eq lice killing max st</i>	Covered	OTC; QL (240 ML per 30 days)
<i>lice killing maximum strength</i>	Covered	OTC; QL (240 ML per 30 days)
<i>sm lice killing</i>	Covered	OTC; QL (118 ML per 30 days)
<i>stop lice maximum strength</i>	Covered	OTC; QL (118 ML per 30 days)
LICIDE (<i>pyrethrins-piperonyl butoxide</i>)	Covered	OTC; QL (240 ML per 30 days)
LICIDE MAXIMUM STRENGTH (<i>pyrethrins-piperonyl butoxide</i>)	Covered	OTC; QL (118 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RID LICE KILLING SHAMPOO (<i>pyrethrins-piperonyl butoxide</i>)	Covered	OTC; QL (240 ML per 30 days)
*Scabicides & Pediculicides*** - Drugs For The Skin		
<i>lice treatment</i>	Covered	OTC; QL (120 ML per 30 days)
<i>malathion</i>	Covered	ST; QL (59 ML per 180 days)
<i>permethrin</i>	Covered	QL (60 GM per 30 days)
<i>sm lice treatment</i>	Covered	OTC; QL (120 ML per 30 days)
<i>spinosad</i>	Covered	ST
*Skin Cleansers*** - Drugs For The Skin		
<i>advanced hand sanitizer</i>	Covered	OTC; QL (31.46 ML per 1 day)
<i>advanced hand sanitizer/aloe</i>	Covered	OTC; QL (31.46 ML per 1 day)
<i>cvs instant hand sanitizer</i>	Covered	OTC; QL (53.3 ML per 1 day)
<i>cvs isopropyl alcohol wipes</i>	Covered	OTC
<i>eql hand sanitizer</i>	Covered	OTC; QL (31.46 ML per 1 day)
<i>eql hand sanitizer advanced</i>	Covered	OTC; QL (31.46 ML per 1 day)
<i>eql hand sanitizer/aloe</i>	Covered	OTC; QL (31.46 ML per 1 day)
<i>essentra wipes 9x9"</i>	Covered	
<i>gnp isopropyl alcohol wipes</i>	Covered	OTC
<i>instant hand sanitizer</i>	Covered	OTC; QL (53.3 ML per 1 day)
<i>isopropyl alcohol external</i>	Covered	OTC
<i>isopropyl alcohol external liquid</i>	Covered	OTC; QL (31.6 ML per 1 day)
<i>isopropyl alcohol wipes</i>	Covered	OTC
<i>ra instant hand sanitizer</i>	Covered	OTC; QL (53.3 ML per 1 day)
<i>ra instant hand sanitizer/aloe</i>	Covered	OTC; QL (53.3 ML per 1 day)
<i>ra isopropyl alcohol wipes</i>	Covered	OTC
<i>ra renewal hand sanitizer</i>	Covered	OTC; QL (53.3 ML per 1 day)
<i>sm advanced hand sanitizer</i>	Covered	OTC; QL (31.46 ML per 1 day)
ANTISEPTIC HAND RINSE (<i>ethyl alcohol (skin cleanser)</i>)	Covered	OTC; QL (53.33 ML per 1 day)
GELRITE HAND SANITIZER (<i>ethyl alcohol (skin cleanser)</i>)	Covered	OTC; QL (53.3 ML per 1 day)
MEDI-FIRST ANTISEPTIC CLEANER (<i>ethyl alcohol (skin cleanser)</i>)	Covered	OTC; QL (5.6 ML per 1 day)
PREVACARE ANTIMICROBIAL (<i>ethyl alcohol (skin cleanser)</i>)	Covered	OTC; QL (53.33 ML per 1 day)
PROTECTEAV (<i>ethyl alcohol (skin cleanser)</i>)	Covered	OTC; QL (31.46 ML per 1 day)
RA GERM DEFENSE (<i>ethyl alcohol (skin cleanser)</i>)	Covered	OTC; QL (53.3 ML per 1 day)
*Soaps*** - Drugs For The Skin		
<i>gentle skin cleanser</i>	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Tar Products*** - Drugs For The Skin		
<i>cvs therapeutic</i>	Covered	OTC
<i>eql therapeutic</i>	Covered	OTC
<i>pc-tar</i>	Covered	OTC
<i>ra therapeutic</i>	Covered	OTC
<i>sm anti-dandruff coal tar</i>	Covered	OTC
<i>therapeutic</i>	Covered	OTC
BETA CARE BETATAR GEL (<i>coal tar extract</i>)	Covered	OTC
IONIL-T (<i>coal tar extract</i>)	Covered	OTC
TERA-GEL TAR (<i>coal tar extract</i>)	Covered	OTC
THERAPEUTIC T+PLUS (<i>coal tar extract</i>)	Covered	OTC
X-SEB T PEARL (<i>coal tar extract</i>)	Covered	OTC
X-SEB T PLUS (<i>coal tar extract</i>)	Covered	OTC
*Topical Anesthetic Combinations*** - Drugs For The Skin		
<i>lidocaine-prilocaine</i>	Covered	QL (30 GM per 30 days)
*Topical Steroid Combinations*** - Drugs For The Skin		
<i>gnp hydrocortisonelaloe</i>	Covered	OTC
<i>hm hydrocortisone plus</i>	Covered	OTC
<i>hm hydrocortisone-aloe max st</i>	Covered	OTC
<i>hydrocortisone-aloe</i>	Covered	OTC
<i>kls hydrocortisone plus</i>	Covered	OTC
<i>ra hydrocortisone plus</i>	Covered	OTC
<i>sm hydrocortisone plus</i>	Covered	OTC
<i>sm hydrocortisone-aloe max st</i>	Covered	OTC
<i>tgt anti-itch/laloe max st</i>	Covered	OTC
CORTIZONE-10 INTENSIVE HEALING (<i>hydrocortisone-aloe vera</i>)	Covered	OTC
CORTIZONE-10 PLUS (<i>hydrocortisone-aloe vera</i>)	Covered	OTC
CORTIZONE-10/ALOE (<i>hydrocortisone-aloe vera</i>)	Covered	OTC
*Wound Dressings*** - Drugs For The Skin		
CARRACOLLOID 4"X4" (<i>wound dressings</i>)	Covered	OTC
CARRACOLLOID 6"X6" (<i>wound dressings</i>)	Covered	OTC
DRS CHOICE BLISTER CARE (<i>wound dressings</i>)	Covered	OTC
HYDROCOL (<i>wound dressings</i>)	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diagnostic Products		
<i>*Diagnostic Tests***</i>		
<i>ketone test</i>	Covered	OTC
<i>universal ph</i>	Covered	OTC
CHEMSTRIP 2 (<i>ph test</i>)	Covered	OTC
CHEMSTRIP K (<i>acetone (urine) test</i>)	Covered	OTC
CHEMSTRIP MICRAL (<i>albumin (urine) test</i>)	Covered	OTC
DIASTIX (<i>glucose urine test-glucose ox</i>)	Covered	OTC
KETOCARE (<i>acetone (urine) test</i>)	Covered	OTC
KETOSTIX (<i>acetone (urine) test</i>)	Covered	OTC
NITRATEST PAPER (<i>ph test</i>)	Covered	OTC
NOVA MAX PLUS KETONE TEST (<i>ketone blood test</i>)	Covered	OTC
ONETOUCH ULTRA BLUE (<i>glucose blood</i>)	Covered	OTC; QL (5 EA per 1 day)
ONETOUCH VERIO (<i>glucose blood</i>)	Covered	OTC; QL (5 EA per 1 day)
PRECISION XTRA KETONE (<i>ketone blood test</i>)	Covered	OTC
PTS PANELS KETONE TEST (<i>ketone blood test</i>)	Covered	OTC
RELION KETONE (<i>acetone (urine) test</i>)	Covered	OTC
RELION KETONE TEST (<i>acetone (urine) test</i>)	Covered	OTC
<i>*Multiple Urine Tests***</i>		
CHEMSTRIP 10 MD (<i>multiple urine tests</i>)	Covered	OTC
CHEMSTRIP 10/SG (<i>multiple urine tests</i>)	Covered	OTC
CHEMSTRIP 2 GP (<i>multiple urine tests</i>)	Covered	OTC
CHEMSTRIP 5 OB (<i>multiple urine tests</i>)	Covered	OTC
CHEMSTRIP 7 (<i>multiple urine tests</i>)	Covered	OTC
CHEMSTRIP 9 (<i>multiple urine tests</i>)	Covered	OTC
CHEMSTRIP UGK (<i>urine glucose-ketones test</i>)	Covered	OTC
CVS KETONE CARE (<i>urine glucose-ketones test</i>)	Covered	OTC
KETO-DIASTIX (<i>urine glucose-ketones test</i>)	Covered	OTC
Dietary Products/Dietary Management Products - Drugs For Nutrition		
<i>*Nutritional Supplements*** - Drugs For Nutrition</i>		
<i>antioxidant formula</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Digestive Aids - Drugs For The Stomach		
<i>*Digestive Enzymes*** - Drugs For The Stomach</i>		
CREON (<i>pancrelipase (lip-prot-amyl)</i>)	Covered	
VIOKACE (<i>pancrelipase (lip-prot-amyl)</i>)	Covered	
ZENPEP (<i>pancrelipase (lip-prot-amyl)</i>)	Covered	
Diuretics - Drugs For The Heart		
<i>*Carbonic Anhydrase Inhibitors*** - Drugs For High Blood Pressure</i>		
acetazolamide	Covered	
acetazolamide er	Covered	
methazolamide	Covered	ST
<i>*Diuretic Combinations*** - Drugs For High Blood Pressure</i>		
amiloride-hydrochlorothiazide	Covered	
spironolactone-hctz	Covered	
triamterene-hctz	Covered	
<i>*Loop Diuretics*** - Drugs For High Blood Pressure</i>		
bumetanide	Covered	
furosemide	Covered	
torsemide	Covered	
<i>*Potassium Sparing Diuretics*** - Drugs For High Blood Pressure</i>		
amiloride hcl	Covered	
spironolactone	Covered	
<i>*Thiazides And Thiazide-Like Diuretics*** - Drugs For High Blood Pressure</i>		
chlorthalidone	Covered	
hydrochlorothiazide	Covered	
indapamide	Covered	
metolazone	Covered	
Endocrine And Metabolic Agents - Misc. - Hormones		
<i>*Bisphosphonates*** - Drugs For Menopause And Bone Loss</i>		
alendronate sodium oral solution	Covered	QL (300 Bottles per 28 days)
alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	Covered	QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	Covered	QL (4 EA per 28 days)
etidronate disodium oral tablet 200 mg	Covered	QL (90 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etidronate disodium oral tablet 400 mg</i>	Covered	QL (150 EA per 30 days)
<i>ibandronate sodium intravenous</i>	Covered	QL (3 ML per 84 days)
<i>ibandronate sodium oral</i>	Covered	QL (1 EA per 30 days)
<i>pamidronate disodium</i>	Covered	
*Calcimimetic Agents*** - Drugs For Menopause And Bone Loss		
SENSIPAR (cinacalcet hcl)	Covered	
*Calcitonins*** - Drugs For Menopause And Bone Loss		
<i>calcitonin (salmon)</i>	Covered	QL (3.7 ML per 30 days)
*Carnitine Replenisher - Agents*** - Drugs For Menopause And Bone Loss		
<i>levocarnitine</i>	Covered	
*Dopamine Receptor Agonists*** - Drugs For Women		
<i>cabergoline</i>	Covered	QL (16 EA per 30 days)
*Growth Hormones*** - Drugs For Growth		
OMNITROPE (somatropin)	Covered	PA
*Hyperparathyroid Treatment - Vitamin D Analogs*** - Drugs For Menopause And Bone Loss		
<i>calcitriol</i>	Covered	
<i>paricalcitol</i>	Covered	ST; QL (1 EA per 1 day)
*Parathyroid Hormone And Derivatives*** - Drugs For Menopause And Bone Loss		
TYMLOS (abaloparatide)	Covered	PA; QL (1.56 ML per 30 days)
*Selective Estrogen Receptor Modulators (Serms)*** - Drugs For Menopause And Bone Loss		
<i>raloxifene hcl</i>	Covered	QL (30 EA per 30 days)
*Somatostatic Agents*** - Drugs For Growth		
<i>octreotide acetate</i>	Covered	PA
SANDOSTATIN LAR DEPOT (octreotide acetate)	Covered	PA
*Vasopressin*** - Hormones		
<i>desmopressin ace spray refrig</i>	Covered	QL (150 ML per 30 days)
<i>desmopressin acetate</i>	Covered	QL (90 EA per 30 days)
<i>desmopressin acetate spray</i>	Covered	QL (5 ML per 30 days)
Estrogens - Hormones		
*Estrogen & Progestin*** - Drugs For Women		
<i>estradiol-norethindrone acet</i>	Covered	QL (30 EA per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>jevantique lo</i>	Covered	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Covered	
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Covered	QL (30 EA per 30 days)
COMBIPATCH (estradiol-norethindrone acet)	Covered	QL (8 Patches per 28 days)
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg)	Covered	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 1-5 Mg-Mcg)	Covered	QL (30 EA per 30 days)
<i>norethindrone-eth estradiol</i> (Jinteli)	Covered	QL (30 EA per 30 days)
<i>estradiol-norethindrone acet</i> (Mimvey)	Covered	QL (30 EA per 30 days)
<i>estradiol-norethindrone acet</i> (Mimvey Lo)	Covered	QL (30 EA per 30 days)
*Estrogens*** - Drugs For Women		
<i>estradiol oral</i>	Covered	
<i>estradiol transdermal</i>	Covered	QL (4 EA per 28 days)
Fluoroquinolones - Drugs For Infections		
*Fluoroquinolones*** - Antibiotics		
<i>ciprofloxacin</i>	Covered	
<i>ciprofloxacin hcl</i>	Covered	QL (28 EA per 30 days)
<i>ciprofloxacin in d5w</i>	Covered	PA
<i>levofloxacin in d5w</i>	Covered	PA
<i>levofloxacin intravenous</i>	Covered	PA
<i>levofloxacin oral solution</i>	Covered	QL (280 mL Max Qty Per Fill Retail)
<i>levofloxacin oral tablet</i>	Covered	QL (14 EA Max Qty Per Fill Retail)
<i>moxifloxacin hcl</i>	Covered	PA
<i>moxifloxacin hcl in nacl</i>	Covered	PA
BAXDELA (delafloxacin meglumine)	Covered	PA
Gastrointestinal Agents - Misc. - Drugs For The Stomach		
*Antiflatulents*** - Drugs For The Stomach		
<i>cvs gas relief</i>	Covered	OTC
<i>cvs gas relief drops ex st</i>	Covered	OTC
<i>cvs infants gas relief</i>	Covered	OTC
<i>eq gas relief</i>	Covered	OTC
<i>eq infants gas relief</i>	Covered	OTC
<i>eql gas relief</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eql infants gas relief</i>	Covered	OTC
<i>gas relief</i>	Covered	OTC
<i>gas relief extra strength</i>	Covered	OTC
<i>gnp gas relief extra strength</i>	Covered	OTC
<i>gnp infants gas relief</i>	Covered	OTC
<i>hm gas relief infants drops</i>	Covered	OTC
<i>infants gas relief</i>	Covered	OTC
<i>infants simethicone</i>	Covered	OTC
<i>px gas relief extra strength</i>	Covered	OTC
<i>px gas relief infants</i>	Covered	OTC
<i>qc gas relief</i>	Covered	OTC
<i>ra gas relief</i>	Covered	OTC
<i>ra gas relief extra strength</i>	Covered	OTC
<i>ra gas relief/infants</i>	Covered	OTC
<i>sb gas relief</i>	Covered	OTC
<i>simeped</i>	Covered	OTC
<i>simethicone</i>	Covered	OTC
<i>sm gas relief extra strength</i>	Covered	OTC
<i>sm gas relief infants</i>	Covered	OTC
<i>sm gas relief infants drops</i>	Covered	OTC
<i>tgt gas relief extra strength</i>	Covered	OTC
<i>tgt gas relief infants</i>	Covered	OTC
GAS-X EXTRA STRENGTH (<i>simethicone</i>)	Covered	OTC
GAS-X INFANT DROPS (<i>simethicone</i>)	Covered	OTC
LITTLE REMEDIES FOR TUMMYS (<i>simethicone</i>)	Covered	OTC
LITTLE TUMMYS GAS RELIEF (<i>simethicone</i>)	Covered	OTC
PEDIACARE INFANTS GAS RELIEF (<i>simethicone</i>)	Covered	OTC
*Gallstone Solubilizing Agents*** - Drugs For The Stomach		
<i>ursodiol</i>	Covered	
*Gastrointestinal Chloride Channel Activators*** - Drugs For Irritable Bowel Syndrome		
AMITIZA (<i>lubiprostone</i>)	Covered	PA; QL (2 EA per 1 day); AL (Min 18 Years)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Gastrointestinal Stimulants*** - Drugs For The Stomach		
<i>metoclopramide hcl</i>	Covered	
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Irritable Bowel Syndrome		
LINZESS (<i>linacotide</i>)	Covered	PA; QL (1 EA per 1 day)
*Inflammatory Bowel Agents*** - Drugs For Inflammatory Bowel Disease		
<i>balsalazide disodium</i>	Covered	
<i>mesalamine oral capsule delayed release</i>	Covered	QL (6 EA per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Covered	QL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	Covered	QL (6 EA per 1 day)
<i>mesalamine rectal enema</i>	Covered	
<i>mesalamine rectal suppository</i>	Covered	QL (42 EA per 30 days)
<i>sulfasalazine</i>	Covered	
APRISO (<i>mesalamine</i>)	Covered	QL (4 EA per 1 day)
*Intestinal Acidifiers*** - Drugs For The Stomach		
<i>enulose</i>	Covered	
<i>generlac</i>	Covered	
<i>lactulose encephalopathy</i>	Covered	
*Peripheral Opioid Receptor Antagonists*** - Drugs For The Stomach		
MOVANTIK (<i>naloxegol oxalate</i>)	Covered	PA; QL (1 EA per 1 day)
SYMPROIC (<i>naldemedine tosylate</i>)	Covered	PA; QL (1 EA per 1 day)
*Phosphate Binder Agents*** - Drugs For The Stomach		
<i>calcium acetate (phos binder)</i>	Covered	
<i>sevelamer carbonate</i>	Covered	ST
AURYXIA (<i>ferric citrate</i>)	Covered	ST; QL (12 EA per 1 day)
CALPHRON (<i>calcium acetate (phos binder)</i>)	Covered	OTC
Genitourinary Agents - Miscellaneous - Drugs For The Urinary System		
*5-Alpha Reductase Inhibitors*** - Drugs For The Prostate		
<i>finasteride</i>	Covered	QL (30 EA per 30 days)
*Alpha 1-Adrenoceptor Antagonists*** - Drugs For The Prostate		
<i>alfuzosin hcl er</i>	Covered	QL (1 EA per 1 day)
<i>tamsulosin hcl</i>	Covered	QL (2 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Citrates*** - Drugs For Infections		
<i>cytra k crystals</i>	Covered	
<i>potassium citrate er</i>	Covered	
<i>potassium citrate-citric acid</i>	Covered	
<i>potassium citrate-citric acid</i> (Taron-Crystals)	Covered	
*Genitourinary Irrigants*** - Drugs For The Urinary System		
<i>sodium chloride</i>	Covered	
<i>sodium chloride (gu irrigant)</i> (Argyle Sterile Saline)	Covered	
<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline)	Covered	
*Interstitial Cystitis Agents*** - Drugs For The Urinary System		
ELMIRON (<i>pentosan polysulfate sodium</i>)	Covered	PA
*Phosphates*** - Drugs For Infections		
K-PHOS NO 2 (<i>pot & sod ac phosphates</i>)	Covered	
*Urinary Analgesics*** - Drugs For Infections		
<i>cvs urinary pain relief</i>	Covered	OTC
<i>eq urinary pain relief</i>	Covered	OTC
<i>phenazopyridine hcl</i>	Covered	
<i>phenazopyridine hcl</i> (Phenazo)	Covered	
*Glycopeptides*** - Drugs For Infections		
*Glycopeptides*** - Drugs For Infections		
<i>vancomycin hcl intravenous solution</i>	Covered	
<i>vancomycin hcl intravenous solution reconstituted 10 gm</i>	Covered	
<i>vancomycin hcl intravenous solution reconstituted 500 mg, 750 mg</i>	Covered	PA
FIRVANQ (<i>vancomycin hcl</i>)	Covered	
Gout Agents - Drugs For Pain And Fever		
*Gout Agent Combinations*** - Gout Drugs		
<i>colchicine-probenecid</i>	Covered	
*Gout Agents*** - Gout Drugs		
<i>allopurinol</i>	Covered	
<i>colchicine</i>	Covered	QL (9 EA per 30 days)
<i>febuxostat</i>	Covered	ST; QL (1 EA per 1 day)
*Uricosurics*** - Gout Drugs		
<i>probenecid</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hematological Agents - Misc. - Drugs For The Blood		
*Antihemophilic Products*** - Drugs To Prevent Bleeding		
<i>adynovate</i>	State Carve Out	
<i>obizur</i>	State Carve Out	
<i>rixubis</i>	State Carve Out	
ADVATE (<i>antihemophil factor (rahf-pfm)</i>)	State Carve Out	
AFSTYLA (<i>antihemophil fact single chain</i>)	State Carve Out	
ALPHANATE/VWF COMPLEX/HUMAN (<i>antihemophilic factor-vwf</i>)	State Carve Out	
ALPHANINE SD (<i>coagulation factor ix</i>)	State Carve Out	
ALPROLIX (<i>coagulation factor ix (rfixfc)</i>)	State Carve Out	
BENEFIX (<i>coagulation factor ix (recomb)</i>)	State Carve Out	
COAGADEX (<i>coagulation factor x (human)</i>)	State Carve Out	
CORIFACT (<i>factor xiii concentrate human</i>)	State Carve Out	
ELOCTATE (<i>antihem fact (bdd-rfviiiifc)</i>)	State Carve Out	
FEIBA (<i>antiinhibitor coagulant cmplx</i>)	State Carve Out	
HELIXATE FS (<i>antihemophilic factor (recomb)</i>)	State Carve Out	
HEMOFIL M (<i>antihemophilic factor</i>)	State Carve Out	
HUMATE-P (<i>antihemophilic factor-vwf</i>)	State Carve Out	
IDELVION (<i>coagulation factor ix (rix-fp)</i>)	State Carve Out	
IXINITY (<i>coagulation factor ix (recomb)</i>)	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JIVI (<i>ahf (bdd-rfviii peg-aucl)</i>)	State Carve Out	
KCENTRA (<i>prothrombin complex conc human</i>)	State Carve Out	
KOATE (<i>antihemophilic factor</i>)	State Carve Out	
KOATE-DVI (<i>antihemophilic factor</i>)	State Carve Out	
KOGENATE FS (<i>antihemophilic factor (recomb)</i>)	State Carve Out	
KOVALTRY (<i>antihemophil factor (rahf-pfm)</i>)	State Carve Out	
MONOCLATE-P (<i>antihemophilic factor</i>)	State Carve Out	
MONONINE (<i>coagulation factor ix</i>)	State Carve Out	
NOVOEIGHT (<i>antihemophil fact bd truncated</i>)	State Carve Out	
NOVOSEVEN RT (<i>coagulation factor viia recomb</i>)	State Carve Out	
NUWIQ (<i>antihem fact (bdd-rfviii,sim)</i>)	State Carve Out	
PROFILNINE (<i>factor ix complex</i>)	State Carve Out	
REBINYN (<i>coagulation factor ix glycopeg</i>)	State Carve Out	
RECOMBINATE (<i>antihemophilic factor (recomb)</i>)	State Carve Out	
RIASTAP (<i>fibrinogen concentrate (human)</i>)	State Carve Out	
TRETEN (<i>coagulation factor xiii a-sub</i>)	State Carve Out	
VONVENDI (<i>von willebrand factor (recomb)</i>)	State Carve Out	
WILATE (<i>antihemophilic factor-vwf</i>)	State Carve Out	
XYNTHA (<i>antihem fact (bdd-rfviii,mor)</i>)	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYNTHA SOLOFUSE (<i>antihem fact (bdd-rfviii,mor)</i>)	State Carve Out	
*Complement Inhibitors*** - Drugs For The Blood		
SOLIRIS (<i>eculizumab</i>)	Covered	PA
*Hematorheologic Agents*** - Drugs For The Blood		
<i>pentoxifylline er</i>	Covered	
*Phosphodiesterase Iii Inhibitors*** - Drugs For The Blood		
<i>cilostazol</i>	Covered	
*Platelet Aggregation Inhibitors*** - Drugs For The Blood		
<i>dipyridamole</i>	Covered	
*Quinazoline Agents*** - Drugs For The Blood		
<i>anagrelide hcl</i>	Covered	
*Thienopyridine Derivatives*** - Drugs For The Blood		
<i>clopidogrel bisulfate</i>	Covered	QL (30 EA per 30 days)
<i>prasugrel hcl</i>	Covered	QL (1 EA per 1 day)
Hematopoietic Agents - Drugs For Nutrition		
*Cobalamins*** - Drugs For Nutrition		
<i>cyanocobalamin</i>	Covered	
*Cytotoxic Agents*** - Drugs For Nutrition		
DROXIA (<i>hydroxyurea</i>)	Covered	
*Erythropoiesis-Stimulating Agents (Esas)*** - Drugs For Nutrition		
EPOGEN (<i>epoetin alfa</i>)	Covered	PA
RETACRIT (<i>epoetin alfa-epbx</i>)	Covered	PA
*Erythropoietins*** - Drugs For Nutrition		
EPOGEN (<i>epoetin alfa</i>)	Covered	PA
RETACRIT (<i>epoetin alfa-epbx</i>)	Covered	PA
*Folic Acid/Folate Combinations*** - Drugs For Nutrition		
<i>fa-vitamin b-6-vitamin b-12</i>	Covered	
<i>folplex 2.2</i>	Covered	
*Folic Acid/Folates*** - Drugs For Nutrition		
<i>folic acid</i>	Covered	
*Granulocyte Colony-Stimulating Factors (G-Csf)*** - Drugs For Nutrition		
FULPHILA (<i>pegfilgrastim-jmdb</i>)	Covered	PA

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRANIX (<i>tbo-filgrastim</i>)	Covered	PA
NIVESTYM (<i>filgrastim-aafi</i>)	Covered	PA
UDENYCA (<i>pegfilgrastim-cbqv</i>)	Covered	PA
ZARXIO (<i>filgrastim-sndz</i>)	Covered	PA
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)*** - Drugs For Nutrition		
LEUKINE (<i>sargramostim</i>)	Covered	PA
*Iron Combinations*** - Drugs For Nutrition		
<i>fe c tab plus</i>	Covered	OTC
<i>iron 100 plus</i>	Covered	OTC
*Iron*** - Drugs For Nutrition		
<i>cvs iron</i>	Covered	OTC
<i>cvs slow release iron</i>	Covered	OTC
<i>eql iron supplement therapy</i>	Covered	OTC
<i>fe tabs</i>	Covered	OTC
<i>ferrous gluconate</i>	Covered	OTC
<i>ferrous sulfate</i>	Covered	OTC
<i>ferrousul</i>	Covered	OTC
<i>gnp iron</i>	Covered	OTC
<i>gnp slow release iron</i>	Covered	OTC
<i>iron</i>	Covered	OTC
<i>kp ferrous gluconate</i>	Covered	OTC
<i>kp ferrous sulfate</i>	Covered	OTC
<i>meijer ferrous sulfate</i>	Covered	OTC
<i>px iron</i>	Covered	OTC
<i>qc ferrous sulfate</i>	Covered	OTC
<i>ra high potency iron</i>	Covered	OTC
<i>ra iron</i>	Covered	OTC
<i>ra slow release iron</i>	Covered	OTC
<i>slow release iron</i>	Covered	OTC
<i>sm iron</i>	Covered	OTC
<i>sm slow release iron</i>	Covered	OTC
FEROSUL (<i>ferrous sulfate</i>)	Covered	OTC
INJECTAFER (<i>ferric carboxymaltose</i>)	Covered	PA

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENOFER (<i>iron sucrose</i>)	Covered	PA
*Thrombopoietin (Tpo) Receptor Agonists*** - Drugs For Nutrition		
PROMACTA (<i>eltrombopag olamine</i>)	Covered	PA; QL (1 EA per 1 day)
Hemostatics - Drugs For The Blood		
*Hemostatic Combinations - Topical*** - Drugs To Prevent Bleeding		
GELFOAM-JMI POWDER (<i>gelatin absorb-thrombin</i>)	State Carve Out	
GELFOAM-JMI SPONGE (<i>gelatin absorb-thrombin</i>)	State Carve Out	
THROMBI-GEL 10 (<i>thrombin-cmc-cacl-gelatin</i>)	State Carve Out	
THROMBI-PAD (<i>thrombin-cmc-cacl</i>)	State Carve Out	
*Hemostatics - Systemic*** - Drugs To Prevent Bleeding		
<i>aminocaproic acid</i>	State Carve Out	
AMICAR (<i>aminocaproic acid</i>)	State Carve Out	
CYKLOKAPRON (<i>tranexamic acid</i>)	State Carve Out	
*Hemostatics - Topical*** - Drugs To Prevent Bleeding		
<i>monsels ferric subsulfate</i>	State Carve Out	
ACTIFOAM COLLAGEN SPONGE (<i>absorbable collagen hemostat</i>)	State Carve Out	
AVITENE (<i>microfibrillar coll hemostat</i>)	State Carve Out	
AVITENE FLOUR (<i>microfibrillar coll hemostat</i>)	State Carve Out	
GELFILM (<i>gelatin absorbable</i>)	State Carve Out	
GEL-FLOW NT (<i>gelatin absorbable</i>)	State Carve Out	
GELFOAM (<i>gelatin absorbable</i>)	State Carve Out	
GELFOAM COMPRESSED SIZE 100 (<i>gelatin absorbable</i>)	State Carve Out	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELFOAM DENTAL PACK SIZE 4 (<i>gelatin absorbable</i>)	State Carve Out	
GELFOAM SPONGE (<i>gelatin absorbable</i>)	State Carve Out	
GELFOAM SPONGE SIZE 100 (<i>gelatin absorbable</i>)	State Carve Out	
GELFOAM SPONGE SIZE 200 (<i>gelatin absorbable</i>)	State Carve Out	
GELFOAM SPONGE SIZE 50 (<i>gelatin absorbable</i>)	State Carve Out	
INSTAT (<i>absorbable collagen hemostat</i>)	State Carve Out	
NASALCEASE (<i>calcium alginate (hemostatic)</i>)	State Carve Out	OTC
NOSEBLEEDQR (<i>hydrophilic polymer</i>)	State Carve Out	OTC
RECOTHROM (<i>thrombin (recombinant)</i>)	State Carve Out	
THROMBIN-JMI (<i>thrombin</i>)	State Carve Out	
THROMBIN-JMI EPISTAXIS (<i>thrombin</i>)	State Carve Out	
THROMBOGEN (<i>thrombin</i>)	State Carve Out	
ULTRAFOAM SPONGE 2X6.25X7CM (<i>microfibrillar coll hemostat</i>)	State Carve Out	
ULTRAFOAM SPONGE 8X12.5X1CM (<i>microfibrillar coll hemostat</i>)	State Carve Out	
ULTRAFOAM SPONGE 8X12.5X3CM (<i>microfibrillar coll hemostat</i>)	State Carve Out	
ULTRAFOAM SPONGE 8X25X1CM (<i>microfibrillar coll hemostat</i>)	State Carve Out	
ULTRAFOAM SPONGE 8X6.25X1CM (<i>microfibrillar coll hemostat</i>)	State Carve Out	
WOUNDSEAL (<i>hydrophilic polymer</i>)	State Carve Out	OTC
*Hepatitis C Agent - Combinations*** - Drugs For Infections		
*Hepatitis C Agent - Combinations*** - Drugs For Infections		
MAVYRET (<i>glecaprevir-pibrentasvir</i>)	Covered	PA

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hypnotics - Drugs For The Nervous System		
*Antihistamine Hypnotics*** - Drugs For Insomnia		
<i>compoz</i>	Covered	OTC
<i>cvs sleep aid</i>	Covered	OTC
<i>cvs sleep aid nighttime</i>	Covered	OTC
<i>cvs sleep-aid nighttime</i>	Covered	OTC
<i>cvs ultra sleep</i>	Covered	OTC
<i>eq nighttime sleep aid</i>	Covered	OTC
<i>eq nighttime sleep aid max st</i>	Covered	OTC
<i>eql nighttime sleep aid</i>	Covered	OTC
<i>eql sleep aid</i>	Covered	OTC
<i>gnp nighttime sleep aid</i>	Covered	OTC
<i>gnp sleep aid</i>	Covered	OTC
<i>hm nighttime sleep aid</i>	Covered	OTC
<i>hm sleep aid</i>	Covered	OTC
<i>night time sleep aid</i>	Covered	OTC
<i>nighttime sleep aid</i>	Covered	OTC
<i>ormir</i>	Covered	OTC
<i>qc rest simply</i>	Covered	OTC
<i>qc sleep aid max st</i>	Covered	OTC
<i>ra night sleep aid</i>	Covered	OTC
<i>ra nighttime sleep aid</i>	Covered	OTC
<i>ra sleep aid</i>	Covered	OTC
<i>ra sleep aid (diphenhydramine)</i>	Covered	OTC
<i>sb sleep</i>	Covered	OTC
<i>sleep aid</i>	Covered	OTC
<i>sleep aid (diphenhydramine)</i>	Covered	OTC
<i>sleep ii</i>	Covered	OTC
<i>sleep tabs</i>	Covered	OTC
<i>sleep-tabs</i>	Covered	OTC
<i>sm sleep aid</i>	Covered	OTC
<i>sm sleep aid maximum strength</i>	Covered	OTC
<i>sm sleep aid night time</i>	Covered	OTC
<i>tgt nighttime sleep aid</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tgt sleep aid max strength</i>	Covered	OTC
<i>wal-som</i>	Covered	OTC
<i>wal-som maximum strength</i>	Covered	OTC
NYTOL (<i>diphenhydramine hcl (sleep)</i>)	Covered	OTC
SIMPLY SLEEP (<i>diphenhydramine hcl (sleep)</i>)	Covered	OTC
*Barbiturate Hypnotics*** - Drugs For Insomnia		
<i>phenobarbital</i>	Covered	
*Benzodiazepine Hypnotics*** - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>estazolam</i>	Covered	QL (30 EA per 30 days); AL (Min 18 Years)
<i>flurazepam hcl</i>	Covered	QL (30 EA per 30 days); AL (Min 15 Years)
<i>temazepam</i>	Covered	QL (30 EA per 30 days); AL (Min 18 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators*** - Drugs For Insomnia		
<i>zaleplon</i>	Covered	QL (30 EA per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate</i>	Covered	QL (1 EA per 1 day); AL (Min 18 Years)
*Selective Melatonin Receptor Agonists*** - Drugs For Insomnia		
ROZEREM (<i>ramelteon</i>)	Covered	ST; QL (1 EA per 1 day)
*In Vitro Anticoagulant Combinations*** - Drugs For Infections		
*In Vitro Anticoagulant Combinations*** - Drugs For Infections		
<i>sodium citrate-gentamicin sulf</i>	Covered	PA
*In Vitro/Lock Anticoagulant Combinations*** - Drugs For Infections		
*In Vitro/Lock Anticoagulant Combinations*** - Drugs For Infections		
<i>sodium citrate-gentamicin sulf</i>	Covered	PA
Laxatives - Drugs For The Stomach		
*Bowel Evacuant Combinations*** - Drugs To Prevent Constipation		
<i>peg 3350/electrolytes</i>	Covered	QL (4000 ML per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i>	Covered	
<i>peg-3350/electrolytes</i>	Covered	QL (4000 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAVILYTE-C (peg 3350-kcl-nabcb-nacl-nasulf)	Covered	QL (4000 ML per 30 days)
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G)	Covered	QL (4000 ML per 30 days)
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack)	Covered	
peg 3350-kcl-na bicarb-nacl (Trilyte)	Covered	
*Bulk Laxatives*** - Drugs To Prevent Constipation		
cvs natural daily fiber	Covered	OTC
eq natural fiber laxative	Covered	OTC
eq1 natural fiber	Covered	OTC
gnp natural fiber	Covered	OTC
goodsense natural fiber	Covered	OTC
hm fiber	Covered	OTC
kls natural psyllium fiber	Covered	OTC
konsyl daily fiber	Covered	OTC
natural fiber	Covered	OTC
natural fiber laxative	Covered	OTC
ra fiber	Covered	OTC
ra fiber supplement	Covered	OTC
sm fiber	Covered	OTC
tgt fiber therapy	Covered	OTC
METAMUCIL SMOOTH TEXTURE (psyllium)	Covered	OTC
REGULOID (psyllium)	Covered	OTC
WAL-MUCIL (psyllium)	Covered	OTC
*Laxatives - Miscellaneous*** - Drugs To Prevent Constipation		
constulose	Covered	
cvs glycerin adult	Covered	OTC
glycerin (adult)	Covered	OTC
glycerin (infants & children)	Covered	OTC
glycerin (pediatric)	Covered	OTC
gnp glycerin (adult)	Covered	OTC
gnp glycerin (infant)	Covered	OTC
gnp glycerin child	Covered	OTC
lactulose	Covered	
peg 3350	Covered	OTC; QL (30 EA per 30 days)
polyethylene glycol 3350 oral packet	Covered	QL (1 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>polyethylene glycol 3350 oral powder</i>	Covered	QL (17 GM per 1 day)
<i>px glycerin</i>	Covered	OTC
<i>ra glycerin adult</i>	Covered	OTC
<i>ra glycerin child</i>	Covered	OTC
<i>ra laxative</i>	Covered	OTC; QL (30 EA per 30 days)
<i>sb glycerin adult</i>	Covered	OTC
<i>sb glycerin pediatric</i>	Covered	OTC
<i>sm glycerin pediatric</i>	Covered	OTC
<i>sorbitol</i>	Covered	OTC
CVS PURELAX (<i>polyethylene glycol 3350</i>)	Covered	OTC; QL (30 EA per 30 days)
HEALTHYLAX (<i>polyethylene glycol 3350</i>)	Covered	OTC; QL (30 EA per 30 days)
SMOOTH LAX (<i>polyethylene glycol 3350</i>)	Covered	OTC; QL (30 EA per 30 days)
*Lubricant Laxatives*** - Drugs To Prevent Constipation		
<i>mineral oil heavy</i>	Covered	
<i>mineral oil light</i>	Covered	
*Saline Laxatives*** - Drugs To Prevent Constipation		
<i>milk of magnesia concentrate</i>	Covered	OTC
*Stimulant Laxatives*** - Drugs To Prevent Constipation		
<i>castor oil stimulant laxative</i>	Covered	OTC
<i>gnp castor oil</i>	Covered	OTC
<i>senexon</i>	Covered	OTC
<i>senna</i>	Covered	OTC
<i>senna-grx</i>	Covered	OTC
<i>sennazon</i>	Covered	OTC
<i>sm castor oil</i>	Covered	OTC
FLEET BISACODYL (<i>bisacodyl</i>)	Covered	OTC
LITTLE TUMMYS LAXATIVE (<i>sennosides</i>)	Covered	OTC
*Surfactant Laxatives*** - Drugs To Prevent Constipation		
<i>cvs stool softener</i>	Covered	OTC
<i>diocto</i>	Covered	OTC
<i>docu</i>	Covered	OTC
<i>docuprene</i>	Covered	OTC
<i>docusate sodium</i>	Covered	OTC
<i>dss</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp stool softener</i>	Covered	OTC
<i>hm stool softener</i>	Covered	OTC
<i>ra col-rite</i>	Covered	OTC
<i>silace</i>	Covered	OTC
<i>sm stool softener</i>	Covered	OTC
<i>stool softener</i>	Covered	OTC
DOCUSOL PLUS MINI-ENEMA (<i>benzocaine-docusate sodium</i>)	Covered	OTC
DOK (<i>docusate sodium</i>)	Covered	OTC
ENEMEEZ PLUS (<i>benzocaine-docusate sodium</i>)	Covered	OTC
HEALTHY MAMA MOVE IT ALONG (<i>docusate sodium</i>)	Covered	OTC
PEDIA-LAX (<i>docusate sodium</i>)	Covered	OTC
PROMOLAXIN (<i>docusate sodium</i>)	Covered	OTC
Macrolides - Drugs For Infections		
*Azithromycin*** - Antibiotics		
<i>azithromycin intravenous</i>	Covered	PA
<i>azithromycin oral packet</i>	Covered	
<i>azithromycin oral suspension reconstituted</i>	Covered	QL (30 mL Max Qty Per Fill Retail)
<i>azithromycin oral tablet 250 mg</i>	Covered	QL (12 EA per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Covered	QL (3 EA per 30 days)
<i>azithromycin oral tablet 600 mg</i>	Covered	QL (8 EA per 30 days)
*Clarithromycin*** - Antibiotics		
<i>clarithromycin er</i>	Covered	QL (14 EA per 30 days)
<i>clarithromycin oral suspension reconstituted</i>	Covered	QL (150 mL Max Qty Per Fill Retail)
<i>clarithromycin oral tablet</i>	Covered	QL (28 EA per 30 days)
Medical Devices - Medical Supplies And Durable Medical Equipment		
*Applicators,Cotton Balls,Etc*** - Medical Supplies And Durable Medical Equipment		
<i>alcohol pads</i>	Covered	OTC
<i>alcohol prep</i>	Covered	OTC
<i>alcohol swabs</i>	Covered	OTC
<i>alcohol wipes</i>	Covered	OTC
<i>cvs prep</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>global alcohol prep ease</i>	Covered	OTC
<i>gnp alcohol swabs</i>	Covered	OTC
<i>hm sterile alcohol prep</i>	Covered	OTC
<i>meijer alcohol swabs</i>	Covered	OTC
<i>qc alcohol swabs</i>	Covered	OTC
<i>ra alcohol swabs</i>	Covered	OTC
<i>reality swabs</i>	Covered	OTC
<i>sb alcohol prep</i>	Covered	OTC
<i>sm alcohol prep</i>	Covered	OTC
<i>sure comfort alcohol prep</i>	Covered	OTC
<i>tgt alcohol swabs</i>	Covered	OTC
<i>true comfort alcohol prep pads</i>	Covered	OTC
BD SWAB SINGLE USE REGULAR (<i>alcohol swabs</i>)	Covered	OTC
BD SWABS SINGLE USE BUTTERFLY (<i>alcohol swabs</i>)	Covered	OTC
CURITY ALCOHOL PREPS (<i>alcohol swabs</i>)	Covered	OTC
CURITY ALCOHOL SWABS (<i>alcohol swabs</i>)	Covered	OTC
EASY TOUCH ALCOHOL PREP MEDIUM (<i>alcohol swabs</i>)	Covered	OTC
FIFTY50 ALCOHOL PREP (<i>alcohol swabs</i>)	Covered	OTC
RELION ALCOHOL SWABS (<i>alcohol swabs</i>)	Covered	OTC
SHOPKO ALCOHOL SWABS (<i>alcohol swabs</i>)	Covered	OTC
SURE-PREP ALCOHOL PREP (<i>alcohol swabs</i>)	Covered	OTC
WEBCOL ALCOHOL PREP LARGE (<i>alcohol swabs</i>)	Covered	OTC
WEBCOL ALCOHOL PREP MEDIUM (<i>alcohol swabs</i>)	Covered	OTC
*Cervical Caps*** - Medical Supplies And Durable Medical Equipment		
FEMCAP (<i>cervical caps</i>)	Covered	
*Condoms - Male*** - Medical Supplies And Durable Medical Equipment		
aimsco lubricated	Covered	OTC
kimono	Covered	OTC
kimono micro thin	Covered	OTC
kimono micro thin plus	Covered	OTC
kimono plus	Covered	OTC
kimono ps	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kimono ps plus</i>	Covered	OTC
<i>kimono sensation</i>	Covered	OTC
<i>kimono sensation plus</i>	Covered	OTC
<i>maxx</i>	Covered	OTC
<i>maxx plus</i>	Covered	OTC
<i>premium condoms lubricated</i>	Covered	OTC
DUREX EXTRA SENSITIVE (<i>condoms latex lubricated</i>)	Covered	OTC
FANTASY LUBRICATED (<i>condoms latex lubricated</i>)	Covered	OTC
FANTASY LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Covered	OTC
KAMELEON LUBRICATED (<i>condoms latex lubricated</i>)	Covered	OTC
KIMONO COLORS (<i>condoms latex lubricated</i>)	Covered	OTC
KIMONO SPECIAL (<i>condoms latex lubricated</i>)	Covered	OTC
REALITY LATEX CONDOMS (<i>condoms latex lubricated</i>)	Covered	OTC
REALITY LATEX/ULTRA TEXTURED (<i>condoms latex lubricated</i>)	Covered	OTC
REALITY LATEX/ULTRA THIN (<i>condoms latex lubricated</i>)	Covered	OTC
TRUSTEX COLOR CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Covered	OTC
TRUSTEX LUB/RIBBED/STUDDER (<i>condoms latex lubricated</i>)	Covered	OTC
TRUSTEX LUB/SPERMICIDE EX ST (<i>condoms latex lubricated</i>)	Covered	OTC
TRUSTEX LUB/SPERMICIDE XL (<i>condoms latex lubricated</i>)	Covered	OTC
TRUSTEX LUBRICATED (<i>condoms latex lubricated</i>)	Covered	OTC
TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>)	Covered	OTC
TRUSTEX LUBRICATED EXTRA ST (<i>condoms latex lubricated</i>)	Covered	OTC
TRUSTEX LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Covered	OTC; QL (12 EA per 30 days)
TRUSTEX NATURAL CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Covered	OTC; QL (12 EA per 30 days)
TRUSTEX NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Covered	OTC
TRUSTEX RIA LUB/SPERMICIDE (<i>condoms latex lubricated</i>)	Covered	OTC; QL (12 EA per 30 days)
TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>)	Covered	OTC; QL (12 EA per 30 days)
TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Covered	OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>condoms latex lubricated</i>)	Covered	OTC; QL (12 EA per 30 days)
*Diaphragms*** - Medical Supplies And Durable Medical Equipment		
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	Covered	
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	Covered	

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	Covered	
WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>)	Covered	
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	Covered	
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	Covered	
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	Covered	
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	Covered	
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	Covered	
*Disposable Gloves*** - Medical Supplies And Durable Medical Equipment		
<i>cvs nyplex gloves</i>	Covered	OTC; QL (50 EA per 30 days)
<i>cvs super-soft vinyl gloves</i>	Covered	OTC; QL (50 EA per 30 days)
<i>nitrile gloves/size 10</i>	Covered	QL (50 EA per 30 days)
<i>nitrile gloves/size 6</i>	Covered	QL (50 EA per 30 days)
<i>nitrile gloves/size 6.5</i>	Covered	QL (50 EA per 30 days)
<i>nitrile gloves/size 7</i>	Covered	QL (50 EA per 30 days)
<i>nitrile gloves/size 7.5</i>	Covered	QL (50 EA per 30 days)
<i>nitrile gloves/size 8</i>	Covered	QL (50 EA per 30 days)
<i>nitrile gloves/size 9</i>	Covered	QL (50 EA per 30 days)
<i>ra extended cuff nitrile glove</i>	Covered	OTC; QL (50 EA per 30 days)
<i>ra vinyl gloves</i>	Covered	OTC; QL (50 EA per 30 days)
<i>ra vinyl medical gloves</i>	Covered	OTC; QL (50 EA per 30 days)
<i>ultra-soft gloves</i>	Covered	OTC; QL (50 EA per 30 days)
<i>vinyl gloves</i>	Covered	OTC; QL (50 EA per 30 days)
<i>vinyl gloves one size</i>	Covered	OTC; QL (50 EA per 30 days)
*Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment		
<i>1st tier unilet comfortouch</i>	Covered	OTC
<i>acti-lance 28g</i>	Covered	OTC
<i>acti-lance lite lancets 28g</i>	Covered	OTC
<i>acti-lance special lancets 17g</i>	Covered	OTC
<i>acti-lance universal 23g</i>	Covered	OTC
<i>adjustable lancing device</i>	Covered	OTC
<i>alternate site lancing device</i>	Covered	OTC
<i>aqua lance adjustable lancing</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>assure comfort lancets 28g</i>	Covered	OTC
<i>aurora lancet super thin 30g</i>	Covered	OTC
<i>aurora lancet thin 23g</i>	Covered	OTC
<i>bullseye mini safety lancets</i>	Covered	OTC
<i>careone advanced lancing dev</i>	Covered	OTC
<i>careone lancet thin 23g</i>	Covered	OTC
<i>careone lancet ultra thin 28g</i>	Covered	OTC
<i>comfort assured lancets 28g</i>	Covered	OTC
<i>comfort assured lancets 33g</i>	Covered	OTC
<i>comfort lancets</i>	Covered	OTC
<i>control</i>	Covered	OTC
<i>cvs lancets 21g</i>	Covered	OTC
<i>cvs lancets micro thin 33g</i>	Covered	OTC
<i>cvs lancets original</i>	Covered	OTC
<i>cvs lancets thin 26g</i>	Covered	OTC
<i>cvs lancets ultra thin 30g</i>	Covered	OTC
<i>cvs lancing device</i>	Covered	OTC
<i>cvs ultra thin lancets</i>	Covered	OTC
<i>diatruue control level 1</i>	Covered	OTC
<i>diatruue control level 2</i>	Covered	OTC
<i>diatruue control level 3</i>	Covered	OTC
<i>drug mart lancets thin 26g</i>	Covered	OTC
<i>easy comfort lancets</i>	Covered	OTC
<i>easy mini eject lancing device</i>	Covered	OTC
<i>easy mini lancing device</i>	Covered	OTC
<i>easy plus ii control</i>	Covered	OTC
<i>easy talk control</i>	Covered	OTC
<i>easy trak control</i>	Covered	OTC
<i>element compact control 2</i>	Covered	OTC
<i>element compact control 3</i>	Covered	OTC
<i>eql color lancets 21g</i>	Covered	OTC
<i>eql color lancets micro 33g</i>	Covered	OTC
<i>eql super thin lancets 30g</i>	Covered	OTC
<i>eql thin lancets 26g</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>freds pharmacy autolet lancing</i>	Covered	OTC
<i>freds pharmacy unilet lanc 28g</i>	Covered	OTC
<i>freds pharmacy unilet lanc 30g</i>	Covered	OTC
<i>ge100 control</i>	Covered	OTC
<i>global inject ease lancets 28g</i>	Covered	OTC
<i>global inject ease lancets 30g</i>	Covered	OTC
<i>global lancing device</i>	Covered	OTC
<i>glucose control</i>	Covered	OTC
<i>gnp lancets</i>	Covered	OTC
<i>gnp lancets 21g</i>	Covered	OTC
<i>gnp lancets micro thin 33g</i>	Covered	OTC
<i>gnp lancets super thin 30g</i>	Covered	OTC
<i>gnp lancets thin</i>	Covered	OTC
<i>gnp lancets thin 26g</i>	Covered	OTC
<i>gnp micro thin lancets 33g</i>	Covered	OTC
<i>gnp super thin lancets 30g</i>	Covered	OTC
<i>healthy accents lancing device</i>	Covered	OTC
<i>healthy accents unilet lancets</i>	Covered	OTC
<i>h-e-b incontrol adv lancing</i>	Covered	OTC
<i>h-e-b incontrol lancets 28g</i>	Covered	OTC
<i>h-e-b incontrol lancets 30g</i>	Covered	OTC
<i>h-e-b incontrol lancets 33g</i>	Covered	OTC
<i>hy-vee thin lancets</i>	Covered	OTC
<i>kinney lancets</i>	Covered	OTC
<i>kinney thin lancets</i>	Covered	OTC
<i>kroger lancets</i>	Covered	OTC
<i>kroger lancets 21g</i>	Covered	OTC
<i>kroger lancets micro thin 33g</i>	Covered	OTC
<i>kroger lancets super thin</i>	Covered	OTC
<i>kroger lancets thin</i>	Covered	OTC
<i>kroger lancets thin 26g</i>	Covered	OTC
<i>kroger lancets ultrathin 30g</i>	Covered	OTC
<i>kroger lancing device</i>	Covered	OTC
<i>lancet device</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lancet device with ejector</i>	Covered	OTC
<i>lancet transporter case</i>	Covered	OTC
<i>lancets</i>	Covered	OTC
<i>lancets 28g</i>	Covered	OTC
<i>lancets 30g</i>	Covered	OTC
<i>lancets micro thin 33g</i>	Covered	OTC
<i>lancets super thin 28g</i>	Covered	OTC
<i>lancets thin</i>	Covered	OTC
<i>lancets ultra thin 30g</i>	Covered	OTC
<i>lancing device</i>	Covered	OTC
<i>leader advanced lancing device</i>	Covered	OTC
<i>lite touch lancets</i>	Covered	OTC
<i>longs lancets standard</i>	Covered	OTC
<i>longs lancets thin</i>	Covered	OTC
<i>longs lancets ultra thin</i>	Covered	OTC
<i>medichoice safety lancet</i>	Covered	OTC
<i>medichoice safety lancet extra</i>	Covered	OTC
<i>medichoice safety lancet norm</i>	Covered	OTC
<i>mini lancing device</i>	Covered	OTC
<i>multi-lancet device</i>	Covered	OTC
<i>pc lancets super thin 30g</i>	Covered	OTC
<i>preferred plus lancets colored</i>	Covered	OTC
<i>preferred plus lancets thin</i>	Covered	OTC
<i>px advanced lancing device</i>	Covered	OTC
<i>px lancet auto injector</i>	Covered	OTC
<i>px lancets ultra thin</i>	Covered	OTC
<i>qc advanced lancing device</i>	Covered	OTC
<i>qc lancets super thin 30g</i>	Covered	OTC
<i>qc lancets ultra thin</i>	Covered	OTC
<i>qc unilet lancets micro thin</i>	Covered	OTC
<i>ra lancing device</i>	Covered	OTC
<i>reality lancets</i>	Covered	OTC
<i>reality trigger lancets</i>	Covered	OTC
<i>safety lancet 21g/pressure act</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>safety lancet 28g/pressure act</i>	Covered	OTC
<i>safety lancets 28g</i>	Covered	OTC
<i>sapscare twist top lancets</i>	Covered	OTC
<i>sb lancets thin</i>	Covered	OTC
<i>sb lancets ultra thin</i>	Covered	OTC
<i>select-lite devicellancets</i>	Covered	OTC
<i>select-lite lancing device</i>	Covered	OTC
<i>sm lancets 33g</i>	Covered	OTC
<i>super thin lancets</i>	Covered	OTC
<i>supreme ii confidence paddles</i>	Covered	OTC
<i>supreme ii high/low control</i>	Covered	OTC
<i>sure comfort lancets 28g</i>	Covered	OTC
<i>sure comfort lancets 30g</i>	Covered	OTC
<i>sure comfort lancing pen</i>	Covered	OTC
<i>tgt lancet micro thin 33g</i>	Covered	OTC
<i>tgt lancet thin 26g</i>	Covered	OTC
<i>tgt lancet ultra thin 30g</i>	Covered	OTC
<i>tgt lancing device</i>	Covered	OTC
<i>todays health lancing device</i>	Covered	OTC
<i>todays health thin lancets 28g</i>	Covered	OTC
<i>todays health thin lancets 30g</i>	Covered	OTC
<i>travel lancets</i>	Covered	OTC
<i>value plus lancet standard 21g</i>	Covered	OTC
<i>value plus lancets super thin</i>	Covered	OTC
<i>value plus lancets thin 26g</i>	Covered	OTC
<i>value plus lancing device</i>	Covered	OTC
<i>valumark lancet super thin 30g</i>	Covered	OTC
<i>valumark lancet ultra thin 28g</i>	Covered	OTC
<i>walgreens adv travel lancets</i>	Covered	OTC
<i>walgreens lancets micro thin</i>	Covered	OTC
<i>walgreens lancets super thin</i>	Covered	OTC
ACCU-CHEK AVIVA (blood glucose calibration)	Covered	OTC
ACCU-CHEK COMPACT PLUS CONTROL (blood glucose calibration)	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK FASTCLIX LANCET (<i>lancets misc.</i>)	Covered	OTC
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	Covered	OTC
ACCU-CHEK MULTICLIX LANCET DEV (<i>lancets misc.</i>)	Covered	OTC
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	Covered	OTC
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	Covered	OTC
ACCU-CHEK SMARTVIEW CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ACCU-CHEK SOFT TOUCH LANCETS (<i>lancets</i>)	Covered	OTC
ACCU-CHEK SOFTCLIX LANCET DEV (<i>lancets misc.</i>)	Covered	OTC
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Covered	OTC
ACCUTREND GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ADVANCE INTUITION CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ADVANCE MICRO-DRAW CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ADVANCE MICRO-DRAW NORMAL (<i>blood glucose calibration</i>)	Covered	OTC
ADVOCATE CONTROL SOLUTION (<i>blood glucose calibration</i>)	Covered	OTC
ADVOCATE LANCETS (<i>lancets</i>)	Covered	OTC
ADVOCATE LANCETS 30G (<i>lancets</i>)	Covered	OTC
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	Covered	OTC
ADVOCATE REDI-CODE+ CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	Covered	OTC
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	Covered	OTC
AGAMATRIX CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	Covered	OTC
ASSURE 3 CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ASSURE 4 CONTROL LEVEL 1 & 2 (<i>blood glucose calibration</i>)	Covered	OTC
ASSURE DOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ASSURE DOSE NORM/HIGH CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ASSURE HAEMOLANCE PLUS HIGH (<i>lancets</i>)	Covered	OTC
ASSURE HAEMOLANCE PLUS LOW (<i>lancets</i>)	Covered	OTC
ASSURE HAEMOLANCE PLUS MICRO (<i>lancets</i>)	Covered	OTC
ASSURE HAEMOLANCE PLUS NORMAL (<i>lancets</i>)	Covered	OTC
ASSURE HAEMOLANCE PLUS PED (<i>lancets</i>)	Covered	OTC
ASSURE II CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ASSURE II CONTROL LEVEL 1 & 2 (<i>blood glucose calibration</i>)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE LANCE LANCETS (<i>lancets</i>)	Covered	OTC
ASSURE LANCE LANCETS 21G (<i>lancets</i>)	Covered	OTC
ASSURE LANCE PLUS SAFETY 25G (<i>lancets</i>)	Covered	OTC
ASSURE LANCE PLUS SAFETY 30G (<i>lancets</i>)	Covered	OTC
ASSURE LANCETS (<i>lancets</i>)	Covered	OTC
ASSURE PRISM CONTROL LEVEL 1&2 (<i>blood glucose calibration</i>)	Covered	OTC
ASSURE PRO CONTROL LEVEL 1 & 2 (<i>blood glucose calibration</i>)	Covered	OTC
AUTO-LANCET (<i>lancet devices</i>)	Covered	OTC
AUTO-LANCET MINI (<i>lancet devices</i>)	Covered	OTC
AUTOLET II CLINISAFE (<i>lancets misc.</i>)	Covered	OTC
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
AUTOLET LITE CLINISAFE (<i>lancets misc.</i>)	Covered	OTC
AUTOLET LITE STARTER PACK (<i>lancets misc.</i>)	Covered	OTC
AUTOLET MINI (<i>lancet devices</i>)	Covered	OTC
AUTOLET PLATFORMS (<i>lancets misc.</i>)	Covered	OTC
BAYER BREEZE 2 CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
BAYER CONTOUR (<i>blood glucose calibration</i>)	Covered	OTC
BAYER MICROLET 2 LANCING DEVIC (<i>lancet devices</i>)	Covered	OTC
BAYER MICROLET LANCETS (<i>lancets</i>)	Covered	OTC
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	Covered	OTC
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	Covered	OTC
BD MICROTAINER LANCETS (<i>lancets</i>)	Covered	OTC
BULLSEYE SAFETY LANCETS (<i>lancets</i>)	Covered	OTC
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
CARESENS CONTROL A (<i>blood glucose calibration</i>)	Covered	OTC
CHEMSTRIP BG LOG BOOK (<i>blood glucose monitoring suppl</i>)	Covered	OTC
CLEANLET LANCETS 28G (<i>lancets</i>)	Covered	OTC
CLEVER CHEK LANCETS (<i>lancets</i>)	Covered	OTC
CLEVER CHOICE GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
COAGUCHEK LANCETS (<i>lancets</i>)	Covered	OTC
COOL CONTROL A (<i>blood glucose calibration</i>)	Covered	OTC
COOL CONTROL B (<i>blood glucose calibration</i>)	Covered	OTC
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	Covered	OTC
DROPLET LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRUG MART LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	Covered	OTC
DRUG MART UNILET LANCETS 28G (<i>lancets</i>)	Covered	OTC
DRUG MART UNILET LANCETS 30G (<i>lancets</i>)	Covered	OTC
DUO-CARE CONTROL SOLUTION (<i>blood glucose calibration</i>)	Covered	OTC
EASY STEP CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EASY TOUCH CONTROL HIGH & LOW (<i>blood glucose calibration</i>)	Covered	OTC
EASY TOUCH HEALTHPRO CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EASY TOUCH LANCETS 21G (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCETS 23G (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCETS 26G (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCETS 26G/TWIST (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCETS 28G (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCETS 30G (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCETS 32G (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	Covered	OTC
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	Covered	OTC
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	Covered	OTC
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	Covered	OTC
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	Covered	OTC
EASY TWIST & CAP LANCETS (<i>lancets</i>)	Covered	OTC
EASYGLUCO CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EASYMAX 15 LEVEL 1 CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EASYMAX 15 LEVEL 2 CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EASYMAX CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ELEMENT CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EMBRACE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EMBRACE EVO CONTROL LEVEL 1 (<i>blood glucose calibration</i>)	Covered	OTC
EMBRACE EVO CONTROL LEVEL 2 (<i>blood glucose calibration</i>)	Covered	OTC
EMBRACE GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	Covered	OTC
EMBRACE PRO GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EVENCARE CONTROL LOW/HIGH (<i>blood glucose calibration</i>)	Covered	OTC
EVENCARE G2 LOW/HIGH CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EVENCARE G3 LOW/HIGH CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EVENCARE MINI CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
EVOLUTION CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	Covered	OTC
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	Covered	OTC
E-Z JECT LANCETS (<i>lancets</i>)	Covered	OTC
E-Z JECT LANCETS 21G (<i>lancets</i>)	Covered	OTC
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	Covered	OTC
EZ SMART BLOOD GLUCOSE LANCETS (<i>lancets</i>)	Covered	OTC
EZ-LETS LANCETS 21G (<i>lancets</i>)	Covered	OTC
EZ-LETS LANCETS 23G (<i>lancets</i>)	Covered	OTC
EZ-LETS LANCETS 26G (<i>lancets</i>)	Covered	OTC
EZ-LETS LANCETS 28G (<i>lancets</i>)	Covered	OTC
EZ-LETS LANCETS 30G (<i>lancets</i>)	Covered	OTC
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	Covered	OTC
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	Covered	OTC
FINE 30 (<i>lancets</i>)	Covered	OTC
FINGERSTIX LANCETS (<i>lancets</i>)	Covered	OTC
FORA CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
FORA LANCETS (<i>lancets</i>)	Covered	OTC
FORA LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
FORACARE GDH CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
FORTISCARE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
FREESTYLE CONTROL SOLUTION (<i>blood glucose calibration</i>)	Covered	OTC
FREESTYLE LANCETS (<i>lancets</i>)	Covered	OTC
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	Covered	OTC
GENTLE-LET GP LANCETS (<i>lancets</i>)	Covered	OTC
GENTLE-LET LANCETS (<i>lancets</i>)	Covered	OTC
GENTLE-LET PLATFORMS (<i>lancets misc.</i>)	Covered	OTC
GLUCOCARD 01 CONTROL (<i>blood glucose calibration</i>)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD EXPRESSION CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
GLUCOCARD SHINE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
GLUCOCARD X-SENSOR CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
GLUCOCOM AUTOLINK TELEMONITOR (<i>blood glucose monitoring suppl</i>)	Covered	OTC
GLUCOCOM CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
GLUCOCOM LANCETS 28G (<i>lancets</i>)	Covered	OTC
GLUCOCOM LANCETS 30G (<i>lancets</i>)	Covered	OTC
GLUCOCOM LANCETS 33G (<i>lancets</i>)	Covered	OTC
HAEMOLANCE (<i>lancets</i>)	Covered	OTC
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	Covered	OTC
HAEMOLANCE PLUS (<i>lancets</i>)	Covered	OTC
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	Covered	OTC
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	Covered	OTC
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	Covered	OTC
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	Covered	OTC
HEALTH CARE LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
HYPOLANCE AST LANCING (<i>lancets misc.</i>)	Covered	OTC
HY-VEE LANCETS (<i>lancets</i>)	Covered	OTC
IN TOUCH (<i>blood glucose monitoring suppl</i>)	Covered	OTC
IN TOUCH GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	Covered	OTC
INFINITY CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
LANCETS ULTRA FINE (<i>lancets</i>)	Covered	OTC
LANCETS ULTRA THIN (<i>lancets</i>)	Covered	OTC
LANZO (<i>lancet devices</i>)	Covered	OTC
LIBERTY GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
LIBERTY GLUCOSE CONTROL MID (<i>blood glucose calibration</i>)	Covered	OTC
LIBERTY MEDICAL LANCETS (<i>lancets</i>)	Covered	OTC
LIBERTY MINI LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
LIFESCAN UNISTIK 2 (<i>lancets</i>)	Covered	OTC
LIFESCAN UNISTIK II LANCETS (<i>lancets</i>)	Covered	OTC
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITETOUCH LANCETS (<i>lancets</i>)	Covered	OTC
MEDISENSE GLUCOSE KETONE CONTR (<i>blood glucose calibration</i>)	Covered	OTC
MEDISENSE HI/MID/LOW CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
MEDISENSE HIGH/LOW CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
MEDISENSE MID CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
MEDISENSE THIN LANCETS (<i>lancets</i>)	Covered	OTC
MEDLANCE EXTRA 21G (<i>lancets</i>)	Covered	OTC
MEDLANCE LITE 25G (<i>lancets</i>)	Covered	OTC
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	Covered	OTC
MEDLANCE PLUS LANCETS (<i>lancets</i>)	Covered	OTC
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	Covered	OTC
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	Covered	OTC
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	Covered	OTC
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	Covered	OTC
MEDLANCE UNIVERSAL 21G (<i>lancets</i>)	Covered	OTC
MEIJER LANCETS (<i>lancets</i>)	Covered	OTC
MEIJER LANCETS THIN (<i>lancets</i>)	Covered	OTC
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	Covered	OTC
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	Covered	OTC
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	Covered	OTC
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	Covered	OTC
MICRODOT CONTROL HIGH/LOW (<i>blood glucose calibration</i>)	Covered	OTC
MICROLET LANCETS (<i>lancets</i>)	Covered	OTC
MICROTAINER SAFETY FLOW LANCET (<i>lancets</i>)	Covered	OTC
MONOJECTOR END CAPS (<i>lancets misc.</i>)	Covered	OTC
MONOJECTOR OPD END CAPS (<i>lancets misc.</i>)	Covered	OTC
MONOLET LANCETS (<i>lancets</i>)	Covered	OTC
MONOLET OPD LANCETS (<i>lancets</i>)	Covered	OTC
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	Covered	OTC
MULTI-LANCET DEVICE 2 (<i>lancets misc.</i>)	Covered	OTC
MYGLUCOHEALTH CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	Covered	OTC
NEUTEK 2TEK CONTROL (<i>blood glucose calibration</i>)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA MAX PLUS GLU/KET CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	Covered	OTC
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	Covered	OTC
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Covered	OTC
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
ON CALL EXPRESS GLUCOSE CONTR (<i>blood glucose calibration</i>)	Covered	OTC
ON CALL LANCETS (<i>lancets</i>)	Covered	OTC
ON CALL LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
ON CALL PLUS GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ON CALL PLUS LANCETS (<i>lancets</i>)	Covered	OTC
ON CALL PLUS LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
ON CALL VIVID GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ONETOUCH CLUB LANCETS FINE PT (<i>lancets</i>)	Covered	OTC
ONETOUCH COMBO PACK (<i>lancets</i>)	Covered	OTC
ONETOUCH DELICA LANCETS 33G (<i>lancets</i>)	Covered	OTC
ONETOUCH DELICA LANCETS FINE (<i>lancets</i>)	Covered	OTC
ONETOUCH DELICA LANCING DEV (<i>lancet devices</i>)	Covered	OTC
ONETOUCH FINEPOINT LANCETS (<i>lancets</i>)	Covered	OTC
ONETOUCH SURESOFT LANCING DEV (<i>lancets misc.</i>)	Covered	OTC
ONETOUCH ULTRA 2 (<i>blood glucose monitoring suppl</i>)	Covered	OTC
ONETOUCH ULTRA CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ONETOUCH ULTRA MINI (<i>blood glucose monitoring suppl</i>)	Covered	OTC
ONETOUCH ULTRALINK (<i>blood glucose monitoring suppl</i>)	Covered	OTC
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	Covered	OTC
ONETOUCH VERIO (<i>blood glucose calibration</i>)	Covered	OTC
ONETOUCH VERIO IQ SYSTEM (<i>blood glucose monitoring suppl</i>)	Covered	OTC
OPTUMRX GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
PENLET II BLOOD SAMPLER (<i>lancets misc.</i>)	Covered	OTC
PENLET II REPLACEMENT CAP (<i>lancets misc.</i>)	Covered	OTC
PERFECT LANCETS 28G (<i>lancets</i>)	Covered	OTC
PERFECT LANCETS 30G (<i>lancets</i>)	Covered	OTC
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	Covered	OTC
PHARMACY COUNTER LANCETS (<i>lancets</i>)	Covered	OTC
POCKETCHEM EZ CONTROL (<i>blood glucose calibration</i>)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
PRECISION GLUCOSE CONTROL SOLN (<i>blood glucose calibration</i>)	Covered	OTC
PRECISION GLUCOSE KETONE CONTR (<i>blood glucose calibration</i>)	Covered	OTC
PRECISION GLUCOSE/KETONE CONTR (<i>blood glucose calibration</i>)	Covered	OTC
PRECISION THINS GP LANCETS (<i>lancets</i>)	Covered	OTC
PRODIGY CONTROL SOLUTION (<i>blood glucose calibration</i>)	Covered	OTC
PRODIGY LANCETS 28G (<i>lancets</i>)	Covered	OTC
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	Covered	OTC
PSS SELECT GP LANCETS (<i>lancets</i>)	Covered	OTC
PSS SELECT PLATFORMS (<i>lancets misc.</i>)	Covered	OTC
PSS SELECT SAFETY LANCETS (<i>lancets</i>)	Covered	OTC
QUICKTEK CONTROL SOLUTION (<i>blood glucose calibration</i>)	Covered	OTC
QUINTET CONTROL HIGH/NORMAL (<i>blood glucose calibration</i>)	Covered	OTC
RA E-ZJECT COLOR LANCETS 33G (<i>lancets</i>)	Covered	OTC
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	Covered	OTC
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	Covered	OTC
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	Covered	OTC
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	Covered	OTC
REFUAH PLUS GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	Covered	OTC
RELION LANCETS STANDARD 21G (<i>lancets</i>)	Covered	OTC
RELION LANCETS THIN 26G (<i>lancets</i>)	Covered	OTC
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	Covered	OTC
RELION LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	Covered	OTC
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Covered	OTC
REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>)	Covered	OTC
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	Covered	OTC
RIGHTEST GC300 CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
RIGHTEST GL300 LANCETS (<i>lancets</i>)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFE-T-LANCE (<i>lancets</i>)	Covered	OTC
SAFE-T-LANCE PLUS (<i>lancets</i>)	Covered	OTC
SAFETY LANCETS (<i>lancets</i>)	Covered	OTC
SAFETY LANCETS 21G (<i>lancets</i>)	Covered	OTC
SAFETY LET LANCETS (<i>lancets</i>)	Covered	OTC
SAFETY SEAL LANCETS (<i>lancets</i>)	Covered	OTC
SHOPKO AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
SHOPKO ON-THE-GO LANCETS 30G (<i>lancets</i>)	Covered	OTC
SHOPKO UNILET LANCETS 28G (<i>lancets</i>)	Covered	OTC
SHOPKO UNILET LANCETS 30G (<i>lancets</i>)	Covered	OTC
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	Covered	OTC
SINGLE-LET (<i>lancets</i>)	Covered	OTC
SMART DIABETES VANTAGE LANCING (<i>lancet devices</i>)	Covered	OTC
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	Covered	OTC
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	Covered	OTC
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	Covered	OTC
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	Covered	OTC
SMARTEST CONTROL MEDIUM (<i>blood glucose calibration</i>)	Covered	OTC
SMARTEST LANCETS 28G (<i>lancets</i>)	Covered	OTC
SOLARTEK GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
SOLUS V2 CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
SOLUS V2 LANCETS 28G (<i>lancets</i>)	Covered	OTC
SOLUS V2 LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	Covered	OTC
STERILANCE PA (<i>lancets misc.</i>)	Covered	OTC
STERILANCE TL (<i>lancets</i>)	Covered	OTC
SURE-LANCE FLAT LANCETS (<i>lancets</i>)	Covered	OTC
SURE-LANCE LANCETS 26G (<i>lancets</i>)	Covered	OTC
SURE-LANCE THIN LANCETS 28G (<i>lancets</i>)	Covered	OTC
SURE-LANCE ULTRA THIN LANCETS (<i>lancets</i>)	Covered	OTC
SURELITE LANCETS (<i>lancets</i>)	Covered	OTC
SURE-PEN (<i>lancet devices</i>)	Covered	OTC
SURESTEP GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
SURESTEP PRO HIGH GLUCOSE (<i>blood glucose calibration</i>)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURESTEP PRO LINEARITY (<i>blood glucose monitoring suppl</i>)	Covered	OTC
SURESTEP PRO LOW GLUCOSE (<i>blood glucose calibration</i>)	Covered	OTC
SURESTEP PRO NORMAL GLUCOSE (<i>blood glucose calibration</i>)	Covered	OTC
SURE-TOUCH LANCETS UNIVERSAL (<i>lancets</i>)	Covered	OTC
TAI DOC CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
TECHLITE AST LANCETS (<i>lancets</i>)	Covered	OTC
TECHLITE LANCETS (<i>lancets</i>)	Covered	OTC
TECHLITE LANCETS 30G (<i>lancets</i>)	Covered	OTC
TELCARE GLUCOSE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
THINLETS GP LANCETS (<i>lancets</i>)	Covered	OTC
TRACER II 3 VOLT BATTERY (<i>blood glucose monitoring suppl</i>)	Covered	OTC
TRUE METRIX LEVEL 1 (<i>blood glucose calibration</i>)	Covered	OTC
TRUE METRIX LEVEL 2 (<i>blood glucose calibration</i>)	Covered	OTC
TRUE METRIX LEVEL 3 (<i>blood glucose calibration</i>)	Covered	OTC
TRUECONTROL GLUCOSE CONT LEV 0 (<i>blood glucose calibration</i>)	Covered	OTC
TRUECONTROL GLUCOSE CONT LEV 1 (<i>blood glucose calibration</i>)	Covered	OTC
TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	Covered	OTC
TRUEPLUS LANCETS 26G (<i>lancets</i>)	Covered	OTC
TRUEPLUS LANCETS 28G (<i>lancets</i>)	Covered	OTC
TRUEPLUS LANCETS 30G (<i>lancets</i>)	Covered	OTC
TRUEPLUS LANCETS 33G (<i>lancets</i>)	Covered	OTC
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	Covered	OTC
ULTI-LANCE AUTOMATIC (<i>lancet devices</i>)	Covered	OTC
ULTILET CLASSIC LANCETS (<i>lancets</i>)	Covered	OTC
ULTILET LANCETS (<i>lancets</i>)	Covered	OTC
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	Covered	OTC
ULTRALANCE (<i>lancets misc.</i>)	Covered	OTC
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	Covered	OTC
ULTRA-THIN II LANCETS (<i>lancets</i>)	Covered	OTC
ULTRATRAK PRO CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
ULTRATRAK ULTIMATE CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET EXCELITE (<i>lancets</i>)	Covered	OTC
UNILET EXCELITE II (<i>lancets</i>)	Covered	OTC
UNILET G.P. LANCET (<i>lancets</i>)	Covered	OTC
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	Covered	OTC
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	Covered	OTC
UNILET LANCET (<i>lancets</i>)	Covered	OTC
UNILET MICRO-THIN 33G (<i>lancets</i>)	Covered	OTC
UNILET SUPERLITE LANCET (<i>lancets</i>)	Covered	OTC
UNILET SUPER-THIN 30G (<i>lancets</i>)	Covered	OTC
UNILET ULTRA-THIN 28G (<i>lancets</i>)	Covered	OTC
UNISTIK 1 (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 2 (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 2 COMFORT (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 2 EXTRA (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 2 NEONATAL (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 2 NORMAL (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 2 SUPER (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 3 (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 3 GENTLE (<i>lancets</i>)	Covered	OTC
UNISTIK 3 NEONATAL (<i>lancets misc.</i>)	Covered	OTC
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	Covered	OTC
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	Covered	OTC
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	Covered	OTC
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	Covered	OTC
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	Covered	OTC
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	Covered	OTC
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	Covered	OTC
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	Covered	OTC
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	Covered	OTC
UNISTRIP CONTROL (<i>blood glucose calibration</i>)	Covered	OTC
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	Covered	OTC
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VICTORY CONTROL LEVEL 1/2 (<i>blood glucose calibration</i>)	Covered	OTC
VIDA MIA AUTOLET LANCING DEV (<i>lancet devices</i>)	Covered	OTC
VIDA MIA UNILET LANCETS 28G (<i>lancets</i>)	Covered	OTC
VIDA MIA UNILET LANCETS 30G (<i>lancets</i>)	Covered	OTC
VITALET PRO LANCETS (<i>lancets</i>)	Covered	OTC
VITALET PRO PLUS LANCETS (<i>lancets</i>)	Covered	OTC
WALGREENS LANCETS (<i>lancets</i>)	Covered	OTC
WALGREENS THIN LANCETS (<i>lancets</i>)	Covered	OTC
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	Covered	OTC
*Needles & Syringes*** - Medical Supplies And Durable Medical Equipment		
<i>careone insulin syringe</i>	Covered	OTC
<i>easy comfort insulin syringe</i>	Covered	OTC
<i>elite-thin insulin syringe</i>	Covered	OTC
<i>eql insulin syringe</i>	Covered	OTC
<i>global inject ease insulin syr</i>	Covered	OTC
<i>gnp insulin syringe</i>	Covered	OTC
<i>gnp ultra com insulin syringe</i>	Covered	OTC
<i>insulin syringe</i>	Covered	OTC
<i>insulin syringeneedle</i>	Covered	OTC
<i>kinray insulin syringe</i>	Covered	OTC
<i>kmart valu insulin syringe 29g</i>	Covered	OTC
<i>kmart valu insulin syringe 30g</i>	Covered	OTC
<i>kroger insulin syringe</i>	Covered	OTC
<i>leader insulin syringe</i>	Covered	OTC
<i>longs insulin syringe</i>	Covered	OTC
<i>medic insulin syringe</i>	Covered	OTC
<i>ms insulin syringe</i>	Covered	OTC
<i>preferred plus insulin syringe</i>	Covered	OTC
<i>px insulin syringe</i>	Covered	OTC
<i>ra insulin syringe</i>	Covered	OTC
<i>reality insulin syringe</i>	Covered	OTC
<i>sb insulin syringe</i>	Covered	OTC
<i>sure comfort insulin syringe</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>syringe</i>	Covered	OTC
<i>syringe luer slip</i>	Covered	OTC
<i>topcare ultra comfort ins syr</i>	Covered	OTC; QL (100 EA per 30 days)
<i>ultra comfort insulin syringe</i>	Covered	OTC
<i>ultra-comfort insulin syringe</i>	Covered	OTC
<i>value health insulin syringe</i>	Covered	OTC
<i>vp insulin syringe</i>	Covered	OTC
ADVOCATE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
ASSURE ID INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Covered	
BD AUTOSHIELD (<i>insulin pen needle</i>)	Covered	ST; OTC
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	Covered	ST; OTC
BD ECLIPSE SYRINGE (<i>syringe/needle (disp)</i>)	Covered	OTC
BD INSULIN SYR ULTRAFINE II (<i>insulin syringe-needle u-100</i>)	Covered	ST; OTC
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Covered	OTC
BD INSULIN SYRINGE 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Covered	ST; OTC
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	Covered	OTC
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Covered	ST; OTC
BD INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	Covered	OTC
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Covered	ST; OTC
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Covered	OTC
BD LUER-LOK SYRINGE (<i>syringe/needle (disp)</i>)	Covered	OTC
BD PEN NEEDLE MICRO U/F (<i>insulin pen needle</i>)	Covered	ST; OTC
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	Covered	ST; OTC
BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	Covered	ST
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	Covered	ST; OTC
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	Covered	ST; OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Covered	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	Covered	ST; OTC
BD SAFETYGLIDE SYRINGE/NEEDLE (<i>syringeneedle (disp)</i>)	Covered	OTC
BD SAFETY-LOK INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	ST; OTC
BD SYRINGE/NEEDLE (<i>syringeneedle (disp)</i>)	Covered	OTC
BD SYRINGE/NEEDLE SLIP TIP (<i>syringeneedle (disp)</i>)	Covered	OTC
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
COMFORT EZ INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
EASY TOUCH FLIPLOCK INSULIN SY (<i>insulin syringe-needle u-100</i>)	Covered	OTC
EASY TOUCH FLIPLOCK SAFETY SYR (<i>syringeneedle (disp)</i>)	Covered	OTC
EASY TOUCH FLURINGE (<i>syringeneedle (disp)</i>)	Covered	OTC
EASY TOUCH FLURINGE FLIPLOCK (<i>syringeneedle (disp)</i>)	Covered	OTC
EASY TOUCH FLURINGE SHEATHLOCK (<i>syringeneedle (disp)</i>)	Covered	OTC
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Covered	OTC
EASY TOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
EASY TOUCH SAFETY SYRINGE (<i>syringeneedle (disp)</i>)	Covered	OTC
EASY TOUCH SHEATHLOCK SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC; QL (100 EA per 30 days)
EASY TOUCH TB SHEATHLOCK SYR (<i>syringeneedle (disp)</i>)	Covered	OTC
EXEL COMFORT POINT INSULIN SYR (<i>insulin syringe-needle u-100</i>)	Covered	OTC
FIFTY50 SUPERIOR COMFORT SYR (<i>insulin syringe-needle u-100</i>)	Covered	OTC; QL (100 EA per 30 days)
FREESTYLE PRECISION INS SYR (<i>insulin syringe-needle u-100</i>)	Covered	OTC; QL (100 EA per 30 days)
GLUCOPRO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
HM ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
LITETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
MAGELLAN INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Covered	
MAXI-COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Covered	OTC

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	Covered	
MONOJECT INSULIN SYRINGE U-100 1 ML (<i>insulin syringes (disposable)</i>)	Covered	
MONOJECT LIFESHIELD SYRINGE (<i>syringe/needle (disp)</i>)	Covered	
MONOJECT MAGELLAN SYRINGE (<i>syringe/needle (disp)</i>)	Covered	
MONOJECT SYRINGE (<i>syringe/needle (disp)</i>)	Covered	
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Covered	QL (100 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	Covered	OTC; QL (100 EA per 30 days)
PRECISION SUREDOSE PLUS SYR (<i>insulin syringe-needle u-100</i>)	Covered	OTC; QL (100 EA per 30 days)
PRECISION SURE-DOSE SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC; QL (100 EA per 30 days)
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
RELI-ON INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
SAFESNAP INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
SURE-JECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Covered	
ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
ULTICARE SYRINGE (<i>syringe/needle (disp)</i>)	Covered	OTC
ULTILET INSULIN SYRINGE SHORT (<i>insulin syringe-needle u-100</i>)	Covered	OTC
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	Covered	OTC; QL (100 EA per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
VANISHPOINT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Covered	OTC
VANISHPOINT SYRINGE (<i>syringe/needle (disp)</i>)	Covered	OTC
*Peak Flow Meters*** - Medical Supplies And Durable Medical Equipment		
<i>peak flow meter universal rang</i>	Covered	OTC; QL (2 EA per 1 Year)
AIRZONE PEAK FLOW METER (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
ASSESS FULL RANGE PEAK METER (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSESS LOW RANGE PEAK METER (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
ASSESS PEAK FLOW METER (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
ASTHMA CHECK METER-ZONE SYSTEM (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
ASTHMAMENTOR (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
MICROLIFE DIGITAL PEAK FLOW (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
MINI WRIGHT PEAK FLOW METER (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
PEAK AIR PEAK FLOW METER (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
PERSONAL BEST FULL RANGE (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
PERSONAL BEST LOW RANGE (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
PIKO 1 (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
POCKET PEAK FLOW METER (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
POCKETPEAK PEAK FLOW METER (<i>peak flow meter</i>)	Covered	OTC; QL (2 EA per 1 Year)
TRUZONE PEAK FLOW METER (<i>peak flow meter</i>)	Covered	QL (2 EA per 1 Year)
*Respiratory Therapy Supplies*** - Medical Supplies And Durable Medical Equipment		
BREATHRITE VALVED MDI CHAMBER (<i>respiratory therapy supplies</i>)	Covered	QL (2 EA per 1 year)
PRIMEAIRE HOLDING CHAMBER (<i>respiratory therapy supplies</i>)	Covered	QL (2 EA per 1 year)
VORTEX HOLDING CHAMBER/MASK (<i>respiratory therapy supplies</i>)	Covered	QL (2 EA per 1 year)
*Spacer/Aerosol-Holding Chambers & Supplies*** - Medical Supplies And Durable Medical Equipment		
<i>valved holding chamber</i>	Covered	QL (2 EA per 1 year)
AEROCHAMBER MINI CHAMBER (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER MV (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER PLUS (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER PLUS FLO-VU (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER PLUS FLO-VU LARGE (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER PLUS FLO-VU MEDIUM (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER PLUS FLO-VU SMALL (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER PLUS FLO-VU W/MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER PLUS FLOW VU (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS W/MASK SMALL (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER W/FLOWSIGNAL (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER Z-STAT PLUS (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER Z-STAT PLUS CHAMBR (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER Z-STAT PLUS/MEDIUM (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
AEROVENT PLUS (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
ARIAL CHAMBER (<i>spacer/aero-holding chambers</i>)	Covered	OTC; QL (2 EA per 1 year)
BREATHERITE (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
BREATHERITE COLL SPACER ADULT (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
BREATHERITE COLL SPACER CHILD (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
BREATHERITE COLL SPACER INFANT (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
BREATHERITE RIGID SPACER/MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
BREATHERITE SPACER NEONATE (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
BREATHERITE SPACER SMALL CHILD (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
BREATHERITE/LARGE MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
BREATHERITE/MEDIUM MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
BREATHERITE/SMALL MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
COMPACT SPACE CHAMBER (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/LG MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/SM MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
EASIVENT (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASIVENT MASK LARGE (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
EASIVENT MASK MEDIUM (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
EASIVENT MASK SMALL (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
FLEXICHAMBER (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	Covered	QL (2 EA per 1 year)
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	Covered	QL (2 EA per 1 year)
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	Covered	QL (2 EA per 1 year)
INSPIRACHAMBER/LARGE (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
INSPIRACHAMBER/MEDIUM (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
INSPIRACHAMBER/MOUTHPIECE (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
INSPIRACHAMBER/SMALL (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
INSPIREASE (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
LITEAIRE (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
MICROCHAMBER (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
MICROSPACER (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-LG MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-MED MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-SM MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
OPTICHAMBER DIAMOND (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-LG MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-LARGE (<i>spacer/aero-holding chambers</i>)	Covered	OTC; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-MEDIUM (<i>spacer/aero-holding chambers</i>)	Covered	OTC; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-SMALL (<i>spacer/aero-holding chambers</i>)	Covered	OTC; QL (2 EA per 1 year)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIHALER (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
POCKET CHAMBER (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
POCKET SPACER (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
RITEFLO (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
VORTEX VALVED HOLDING CHAMBER (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 year)
WATCHHALER (<i>spacer/aero-holding chambers</i>)	Covered	QL (2 EA per 1 Year)
Migraine Products - Drugs For The Nervous System		
*Selective Serotonin Agonists 5-Ht(1)*** - Drugs For Migraine Headaches		
<i>naratriptan hcl</i>	Covered	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	Covered	QL (9 EA per 30 days)
<i>sumatriptan</i>	Covered	QL (6 EA per 30 days)
<i>sumatriptan succinate oral</i>	Covered	QL (9 EA per 30 days)
<i>sumatriptan succinate refill</i>	Covered	QL (4 Vials per 30 days)
<i>sumatriptan succinate subcutaneous</i>	Covered	QL (4 Vials per 30 days)
Minerals & Electrolytes - Drugs For Nutrition		
*Bicarbonates*** - Drugs For Nutrition		
<i>sodium acetate</i>	Covered	PA
<i>sodium bicarbonate</i>	Covered	
*Calcium Combinations*** - Drugs For Nutrition		
<i>calcium</i>	Covered	OTC
<i>calcium + d3</i>	Covered	OTC
<i>calcium 500 + d</i>	Covered	OTC
<i>calcium 500 +d</i>	Covered	OTC
<i>calcium 500/d</i>	Covered	OTC
<i>calcium 500/vitamin d</i>	Covered	OTC
<i>calcium 500+d</i>	Covered	OTC
<i>calcium 500+d high potency</i>	Covered	OTC
<i>calcium 600 + d</i>	Covered	OTC
<i>calcium 600 + minerals</i>	Covered	OTC
<i>calcium 600/vitamin d</i>	Covered	OTC
<i>calcium 600+d</i>	Covered	OTC
<i>calcium 600+d high potency</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium 600+d plus minerals</i>	Covered	OTC
<i>calcium 600+d3</i>	Covered	OTC
<i>calcium 600-d</i>	Covered	OTC
<i>calcium carbonate-vitamin d</i>	Covered	OTC
<i>calcium carbonate-vitamin d3</i>	Covered	OTC
<i>calcium high potency/vitamin d</i>	Covered	OTC
<i>calcium-vitamin d</i>	Covered	OTC
<i>calcium-vitamin d3</i>	Covered	OTC
<i>calcium-vitamin d-minerals</i>	Covered	OTC
<i>cvs oyster shell calcium+vit d</i>	Covered	OTC
<i>eq calcium 500+d</i>	Covered	OTC
<i>eql calcium/vitamin d</i>	Covered	OTC
<i>gnp calcium 500/d</i>	Covered	OTC
<i>gnp calcium 600 plus d/mineral</i>	Covered	OTC
<i>gnp calcium 600/d</i>	Covered	OTC
<i>gnp calcium plus 600 +d</i>	Covered	OTC
<i>gnp calcium/vitamin d/minerals</i>	Covered	OTC
<i>hm calcium-vitamin d</i>	Covered	OTC
<i>hm calcium-vitamin d-minerals</i>	Covered	OTC
<i>kp calcium 600+d</i>	Covered	OTC
<i>oscal 500/200 d-3</i>	Covered	OTC
<i>oyster calcium + d</i>	Covered	OTC
<i>oyster shell calcium</i>	Covered	OTC
<i>oyster shell calcium + d</i>	Covered	OTC
<i>oyster shell calcium + d3</i>	Covered	OTC
<i>oyster shell calcium 250+d</i>	Covered	OTC
<i>oyster shell calcium 500 + d</i>	Covered	OTC
<i>oyster shell calcium 500+d</i>	Covered	OTC
<i>oyster shell calcium plus d</i>	Covered	OTC
<i>oyster shell calcium/d</i>	Covered	OTC
<i>oyster shell calcium/d3</i>	Covered	OTC
<i>oyster shell calcium/vitamin d</i>	Covered	OTC
<i>oyster shell/vitamin d</i>	Covered	OTC
<i>pa calcium/vitamin d</i>	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pa oyster shell calcium</i>	Covered	OTC
<i>px calcium&d</i>	Covered	OTC
<i>qc calcium/minerals/vitamin d</i>	Covered	OTC
<i>ra calcium 600/vit d/minerals</i>	Covered	OTC
<i>ra calcium 600/vitamin d-3</i>	Covered	OTC
<i>ra calcium plus vitamin d</i>	Covered	OTC
<i>ra calcium plus vitamin d3</i>	Covered	OTC
<i>ra calcium/vitamin d/minerals</i>	Covered	OTC
<i>ra oyster shell calcium/d</i>	Covered	OTC
<i>risacal-d</i>	Covered	OTC
<i>sb calcium + d</i>	Covered	OTC
<i>sm calcium 500/vitamin d3</i>	Covered	OTC
<i>sm calcium 600/vitamin d</i>	Covered	OTC
<i>sm calcium-vitamin d</i>	Covered	OTC
<i>sm oyster shell calcium/vit d</i>	Covered	OTC
<i>sm oyster shell calcium/vit d3</i>	Covered	OTC
<i>super calcium 600 + d 400</i>	Covered	OTC
<i>super calcium 600 + d3</i>	Covered	OTC
OS-CAL CALCIUM + D3 (<i>calcium carb-cholecalciferol</i>)	Covered	OTC
OYSCO 500+D (<i>calcium carb-cholecalciferol</i>)	Covered	OTC
OYSTERCAL-D (<i>calcium carb-cholecalciferol</i>)	Covered	OTC
RA HI CAL (<i>calcium carbonate-vitamin d</i>)	Covered	OTC
RA HI-CAL PLUS VITAMIN D (<i>calcium carbonate-vitamin d</i>)	Covered	OTC
*Calcium*** - Drugs For Nutrition		
<i>calcium</i>	Covered	OTC
<i>calcium 600</i>	Covered	OTC
<i>calcium 600 high potency</i>	Covered	OTC
<i>calcium carbonate</i>	Covered	
<i>calcium carbonate extra light</i>	Covered	OTC
<i>calcium carbonate light</i>	Covered	
<i>calcium carbonate oral</i>	Covered	OTC
<i>calcium chloride</i>	Covered	PA
<i>calcium citrate</i>	Covered	OTC
<i>calcium high potency</i>	Covered	OTC

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium oyster shell</i>	Covered	OTC
<i>cvs calcium carbonate</i>	Covered	OTC
<i>gnp calcium</i>	Covered	OTC
<i>oyster shell calcium</i>	Covered	OTC
<i>qc calcium fast dissolution</i>	Covered	OTC
<i>ra calcium</i>	Covered	OTC
<i>ra calcium 600</i>	Covered	OTC
<i>ra calcium hi-cal</i>	Covered	OTC
<i>ra calcium high potency</i>	Covered	OTC
<i>ra oyster shell calcium</i>	Covered	OTC
<i>sb oyster shell calcium</i>	Covered	OTC
<i>super calcium</i>	Covered	OTC
CAL-CARB FORTE (<i>calcium carbonate</i>)	Covered	OTC
CALCITRATE (<i>calcium citrate</i>)	Covered	OTC
CALTRATE 600 (<i>calcium carbonate</i>)	Covered	OTC
HIGH POTENCY CALCIUM (<i>calcium carbonate</i>)	Covered	OTC
OYSCO 500 (<i>oyster shell</i>)	Covered	OTC
OYSTERCAL (<i>oyster shell</i>)	Covered	OTC
RA HI-CAL (<i>oyster shell</i>)	Covered	OTC
*Electrolytes & Dextrose*** - Drugs For Nutrition		
dextrose 5%electrolyte #48	Covered	
dextrose in lactated ringers	Covered	
dextrose-nacl	Covered	
kcl in d5w lactated ringers	Covered	
kcl in dextrose-nacl	Covered	
kcl-lactated ringers-d5w	Covered	
kcl-lidocaine in d5w	Covered	
potassium chloride in dextrose	Covered	
IONOSOL-MB IN D5W (<i>electrolyte-mb in dextrose</i>)	Covered	
ISOLYTE-P IN D5W (<i>electrolyte-p in dextrose</i>)	Covered	
NORMOSOL-M IN D5W (<i>electrolyte-m in dextrose</i>)	Covered	
NORMOSOL-R IN D5W (<i>electrolyte-r in dextrose</i>)	Covered	
*Electrolytes Oral*** - Drugs For Nutrition		
cvs electrolyte solution	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs ped electrolyte freeze pop</i>	Covered	OTC
<i>cvs pediatric electrolyte</i>	Covered	OTC
<i>gnp pediatric electrolyte</i>	Covered	OTC
<i>h-e-b oral electrolyte</i>	Covered	OTC
<i>hm pediatric electrolyte</i>	Covered	OTC
<i>oral electrolyte freezer pops</i>	Covered	OTC
<i>oral electrolytes</i>	Covered	OTC
<i>ped electrolyte freeze pops</i>	Covered	OTC
<i>ped electrolyte freezer pops</i>	Covered	OTC
<i>pediatric electrolyte</i>	Covered	OTC
<i>pediatric electrolyte-zinc</i>	Covered	OTC
<i>ra ped electrolyte freezer pop</i>	Covered	OTC
<i>ra pediatric electrolyte</i>	Covered	OTC
<i>sb pediatric electrolyte</i>	Covered	OTC
<i>sm pediatric electrolyte</i>	Covered	OTC
ADVANTAGE CARE ELECTROLYTE PED (<i>oral electrolytes</i>)	Covered	OTC
CERALYTE 70 (<i>oral electrolytes</i>)	Covered	OTC
ORALYTE (<i>oral electrolytes</i>)	Covered	OTC
ORALYTE FREEZER POPS (<i>oral electrolytes</i>)	Covered	OTC
PEDIA VANCE (<i>oral electrolytes</i>)	Covered	OTC
REHYDRALYTE (<i>oral electrolytes</i>)	Covered	OTC
<i>*Electrolytes Parenteral*** - Drugs For Nutrition</i>		
<i>kcl-lidocaine-nacl</i>	Covered	
<i>lactated ringers</i>	Covered	
<i>potassium chloride in nacl</i>	Covered	
<i>ringers</i>	Covered	
HYPERLYTE-CR (<i>parenteral electrolytes</i>)	Covered	
ISOLYTE-S (<i>electrolyte-s</i>)	Covered	
ISOLYTE-S PH 7.4 (<i>electrolyte-s (ph 7.4)</i>)	Covered	
NORMOSOL-R (<i>electrolyte-r</i>)	Covered	
NORMOSOL-R PH 7.4 (<i>electrolyte-r (ph 7.4)</i>)	Covered	
PLASMA-LYTE 148 (<i>electrolyte-148</i>)	Covered	
PLASMA-LYTE A (<i>electrolyte-a</i>)	Covered	
TPN ELECTROLYTES (<i>parenteral electrolytes</i>)	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Fluoride*** - Drugs For Nutrition		
<i>fluoritab</i>	Covered	
<i>sodium fluoride</i>	Covered	
<i>sodium fluoride</i> (Ludent)	Covered	
<i>sodium fluoride</i> (Nafrinse)	Covered	
*Magnesium*** - Drugs For Nutrition		
<i>cvs magnesium</i>	Covered	OTC
<i>cvs magnesium oxide</i>	Covered	OTC
<i>essential magnesium</i>	Covered	OTC
<i>gnp magnesium</i>	Covered	OTC
<i>magnesium</i>	Covered	OTC
<i>magnesium oxide</i>	Covered	OTC
<i>magnesium oxide -mg supplement</i>	Covered	OTC
<i>ra magnesium</i>	Covered	OTC
<i>ra natural magnesium</i>	Covered	OTC
<i>sm magnesium</i>	Covered	OTC
*Phosphate*** - Drugs For Nutrition		
<i>av-phos 250 neutral</i>	Covered	
<i>virt-phos 250 neutral</i>	Covered	
K-PHOS (potassium phosphate monobasic)	Covered	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral)	Covered	
*Potassium Combinations*** - Drugs For Nutrition		
<i>effervescent pot chloride</i>	Covered	
<i>pot bicarb-pot chloride</i>	Covered	
*Potassium*** - Drugs For Nutrition		
<i>k-effervescent</i>	Covered	
<i>k-vescent</i>	Covered	
<i>potassium bicarbonate</i>	Covered	
<i>potassium chloride crys er</i>	Covered	
<i>potassium chloride er</i>	Covered	
<i>potassium bicarbonate</i> (Effer-K)	Covered	
<i>potassium chloride</i> (Klor-Con 10)	Covered	
<i>potassium chloride crys er</i> (Klor-Con M10)	Covered	
KLOR-CON M15 (potassium chloride crys er)	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride crys er</i> (Klor-Con M20)	Covered	
<i>potassium chloride</i> (Klor-Con Sprinkle)	Covered	
<i>potassium bicarbonate</i> (Klor-Con/Ef)	Covered	
<i>potassium bicarbonate</i> (K-Prime)	Covered	
*Sodium*** - Drugs For Nutrition		
<i>sodium chloride</i>	Covered	
*Trace Mineral Combinations*** - Drugs For Nutrition		
<i>multitrace-4 concentrate</i>	Covered	PA
<i>multitrace-5 concentrate</i>	Covered	PA
MULTITRACE-4 (<i>trace minerals cr-cu-mn-zn</i>)	Covered	PA
MULTITRACE-4 NEONATAL (<i>trace minerals cr-cu-mn-zn</i>)	Covered	PA
MULTITRACE-4 PEDIATRIC (<i>trace minerals cr-cu-mn-zn</i>)	Covered	PA
MULTITRACE-5 (<i>trace minerals cr-cu-mn-se-zn</i>)	Covered	PA
THE LIQUILIFT TRACE (<i>trace minerals cr-cu-mn-se-zn</i>)	Covered	PA
TRACE ELEMENTS 4/PEDIATRIC (<i>trace minerals cr-cu-mn-zn</i>)	Covered	PA
*Trace Minerals*** - Drugs For Nutrition		
<i>copper chloride</i>	Covered	PA
<i>selenium</i>	Covered	PA
*Monobactams*** - Drugs For Infections		
*Monobactams*** - Drugs For Infections		
AZACTAM IN DEXTROSE (<i>aztreonam-dextrose</i>)	Covered	PA
Mouth/Throat/Dental Agents - Drugs For The Mouth And Throat		
*Anesthetics Topical Oral*** - Drugs For The Mouth And Throat		
<i>lidocaine hcl</i>	Covered	
<i>lidocaine viscous</i>	Covered	
*Anti-Infectives - Throat*** - Drugs For The Mouth And Throat		
<i>clotrimazole</i>	Covered	
<i>nystatin</i>	Covered	
*Antiseptics - Mouth/Throat*** - Drugs For The Mouth And Throat		
<i>chlorhexidine gluconate</i>	Covered	
<i>chlorhexidine gluconate</i> (Paroex)	Covered	
*Fluoride Dental Products*** - Drugs For The Mouth And Throat		
<i>sf</i>	Covered	
<i>sf 5000 plus</i>	Covered	

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride</i> (Cavarest)	Covered	
<i>sodium fluoride</i> (Denta 5000 Plus)	Covered	
<i>sodium fluoride</i> (Dentagel)	Covered	
PERIOMED (<i>stannous fluoride</i>)	Covered	OTC
*Saliva Stimulants*** - Drugs For The Mouth And Throat		
<i>pilocarpine hcl</i>	Covered	
*Steroids - Mouth/Throat*** - Drugs For The Mouth And Throat		
<i>triamcinolone acetonide</i>	Covered	
<i>triamcinolone acetonide</i> (Oralene)	Covered	
Multivitamins - Drugs For Nutrition		
*B-Complex W/ C & E + Zn*** - Drugs For Nutrition		
<i>stress formulazinc</i>	Covered	OTC
*B-Complex W/ C & Folic Acid*** - Drugs For Nutrition		
<i>stress formula</i>	Covered	OTC
*B-Complex W/ Minerals*** - Drugs For Nutrition		
<i>geriaton</i>	Covered	OTC
<i>rabano yodado</i>	Covered	OTC
*Multiple Vitamins W/ Iron*** - Drugs For Nutrition		
<i>daily multiple vitaminsliron</i>	Covered	OTC
<i>daily vitamin formula+iron</i>	Covered	OTC
<i>daily-vitaminliron</i>	Covered	OTC
<i>daily-viteliron/beta-carotene</i>	Covered	OTC
<i>gnp one daily plus iron</i>	Covered	OTC
<i>hm one dailyliron</i>	Covered	OTC
<i>multi-day plus iron</i>	Covered	OTC
<i>multiple vitaminsliron</i>	Covered	OTC
<i>multi-vitaminliron</i>	Covered	OTC
<i>once dailyliron</i>	Covered	OTC
<i>one daily multivitaminliron</i>	Covered	OTC
<i>one-dailyliron</i>	Covered	OTC
<i>qc daily multivitaminsliron</i>	Covered	OTC
<i>ra one daily multi-vit plus fe</i>	Covered	OTC
<i>sm multiple vitaminsliron</i>	Covered	OTC
<i>stress b complexliron</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>stress formulaliron</i>	Covered	OTC
<i>tab-a-viteliron</i>	Covered	OTC
*Multiple Vitamins W/ Minerals*** - Drugs For Nutrition		
<i>50+ adult eye health</i>	Covered	OTC
<i>a thru z advanced</i>	Covered	OTC
<i>a thru z high potency</i>	Covered	OTC
<i>a thru z select</i>	Covered	OTC
<i>a thru z select 50+ advanced</i>	Covered	OTC
<i>a thru z select 50+ mens</i>	Covered	OTC
<i>a thru z select advanced</i>	Covered	OTC
<i>a thru z select ultimate women</i>	Covered	OTC
<i>a thru z ultimate mens</i>	Covered	OTC
<i>abc plus</i>	Covered	OTC
<i>actical</i>	Covered	OTC
<i>adult gummy</i>	Covered	OTC
<i>adult one daily gummies</i>	Covered	OTC
<i>antioxidant</i>	Covered	OTC
<i>antioxidant alc/el/selenium</i>	Covered	OTC
<i>antioxidant formula</i>	Covered	OTC
<i>anti-oxidant formula</i>	Covered	OTC
<i>antioxidant formula/minerals</i>	Covered	OTC
<i>antioxidant protection formula</i>	Covered	OTC
<i>antioxidant vitamins</i>	Covered	OTC
<i>biosupp</i>	Covered	OTC
<i>biotin plus/calcium/vit d3</i>	Covered	OTC
<i>body/hair/skin/nails</i>	Covered	OTC
<i>b-redilred hearts/red roosters</i>	Covered	OTC
<i>centavite a-z complete-mineral</i>	Covered	OTC
<i>centravites</i>	Covered	OTC
<i>centravites 50 plus</i>	Covered	OTC
<i>century</i>	Covered	OTC
<i>century mature</i>	Covered	OTC
<i>certa plus</i>	Covered	OTC
<i>certagen</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>companion</i>	Covered	OTC
<i>complere</i>	Covered	OTC
<i>complete</i>	Covered	OTC
<i>complete daily/lutein</i>	Covered	OTC
<i>complete energy</i>	Covered	OTC
<i>complete pms support complex</i>	Covered	OTC
<i>complete senior</i>	Covered	OTC
<i>complete womens</i>	Covered	OTC
<i>coral calcium plus</i>	Covered	OTC
<i>cvs daily gummies</i>	Covered	OTC
<i>cvs daily multiple for men</i>	Covered	OTC
<i>cvs daily multiple for women</i>	Covered	OTC
<i>cvs daily multiple women 50+</i>	Covered	OTC
<i>cvs mens daily gummies</i>	Covered	OTC
<i>cvs spectravite adult 50+</i>	Covered	OTC
<i>cvs spectravite advanced</i>	Covered	OTC
<i>cvs spectravite senior</i>	Covered	OTC
<i>cvs spectravite ultra mens</i>	Covered	OTC
<i>cvs spectravite womens senior</i>	Covered	OTC
<i>cvs womens active daily</i>	Covered	OTC
<i>cvs womens daily gummies</i>	Covered	OTC
<i>daily betic</i>	Covered	OTC
<i>daily combo multi vitamins</i>	Covered	OTC
<i>daily mens health formula</i>	Covered	OTC
<i>daily multi</i>	Covered	OTC
<i>daily multi 50+</i>	Covered	OTC
<i>daily multiple vitamins/min</i>	Covered	OTC
<i>daily multivitamin</i>	Covered	OTC
<i>daily vitamin formula+minerals</i>	Covered	OTC
<i>daily vitamin plus</i>	Covered	OTC
<i>daily womens health formula</i>	Covered	OTC
<i>daily-vitamin maximum formula</i>	Covered	OTC
<i>diabetes health formula</i>	Covered	OTC
<i>dialyvite 800ultra d</i>	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eq complete multivit adult 50+</i>	Covered	OTC
<i>eq one daily womens health</i>	Covered	OTC
<i>eql century</i>	Covered	OTC
<i>eql century mature</i>	Covered	OTC
<i>eql one daily mens health</i>	Covered	OTC
<i>eql vision formula</i>	Covered	OTC
<i>essential balance</i>	Covered	OTC
<i>eyeprotect</i>	Covered	OTC
<i>gerivite complete</i>	Covered	OTC
<i>glucoten</i>	Covered	OTC
<i>gnp century</i>	Covered	OTC
<i>gnp century adults 50+ senior</i>	Covered	OTC
<i>gnp century cardio health</i>	Covered	OTC
<i>gnp century mature</i>	Covered	OTC
<i>gnp century ultimate mens</i>	Covered	OTC
<i>gnp century ultimate womens</i>	Covered	OTC
<i>gnp diabetic support formula</i>	Covered	OTC
<i>gnp hair/skin/nails</i>	Covered	OTC
<i>gnp healthy eyes</i>	Covered	OTC
<i>gnp healthy eyes supervision</i>	Covered	OTC
<i>gnp maximum one daily</i>	Covered	OTC
<i>gnp mega multi for men</i>	Covered	OTC
<i>gnp mega multi for women</i>	Covered	OTC
<i>gnp one daily maximum</i>	Covered	OTC
<i>gnp one daily mens 50+advanced</i>	Covered	OTC
<i>gnp one daily mens health 50+</i>	Covered	OTC
<i>gnp one daily mens/lycopene</i>	Covered	OTC
<i>gnp one daily womens</i>	Covered	OTC
<i>gnp one daily womens 50+</i>	Covered	OTC
<i>gnp opti-vitamins</i>	Covered	OTC
<i>gnp therapeutic-m</i>	Covered	OTC
<i>gnp womens one daily</i>	Covered	OTC
<i>hair formula extra strength</i>	Covered	OTC
<i>hair vitamins</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hair/skin/nails</i>	Covered	OTC
<i>hair/skin/nails/biotin</i>	Covered	OTC
<i>healthy eyes</i>	Covered	OTC
<i>hi-kovite 2-part formula</i>	Covered	OTC
<i>hi-potency multi-vitamin</i>	Covered	OTC
<i>hm antioxidant vitamins</i>	Covered	OTC
<i>hm complete</i>	Covered	OTC
<i>hm complete 50+</i>	Covered	OTC
<i>hm multivitamin adult gummy</i>	Covered	OTC
<i>i-vite</i>	Covered	OTC
<i>i-vite protect</i>	Covered	OTC
<i>kp adults 50+ daily formula</i>	Covered	OTC
<i>kp adults daily formula</i>	Covered	OTC
<i>kp mens 50+ daily formula</i>	Covered	OTC
<i>kp mens daily formula</i>	Covered	OTC
<i>kp womens 50+ daily formula</i>	Covered	OTC
<i>kp womens daily formula</i>	Covered	OTC
<i>magnum-75</i>	Covered	OTC
<i>maximum daily green</i>	Covered	OTC
<i>mega vm-80</i>	Covered	OTC
<i>mega-marathon 100 tr</i>	Covered	OTC
<i>meijer advanced formula</i>	Covered	OTC
<i>mens daily formulalycopene</i>	Covered	OTC
<i>multi + omega-3 adult gummies</i>	Covered	OTC
<i>multi adult gummies</i>	Covered	OTC
<i>multi completeliron</i>	Covered	OTC
<i>multi for her</i>	Covered	OTC
<i>multi for her 50+</i>	Covered	OTC
<i>multi for him 50+</i>	Covered	OTC
<i>multi vitamin/minerals</i>	Covered	OTC
<i>multi-day plus minerals</i>	Covered	OTC
<i>multilex</i>	Covered	OTC
<i>multilex-t&m</i>	Covered	OTC
<i>multimineral plus</i>	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>multiple vit/minerals/no iron</i>	Covered	OTC
<i>multiple vitamins/womens</i>	Covered	OTC
<i>multivitamin adults 50+</i>	Covered	OTC
<i>multi-vitamin gummies</i>	Covered	OTC
<i>multivitamin gummies adult</i>	Covered	OTC
<i>multivitamin gummies mens</i>	Covered	OTC
<i>multivitamin gummies womens</i>	Covered	OTC
<i>multi-vitamin menopausal</i>	Covered	OTC
<i>multi-vitamin/minerals</i>	Covered	OTC
<i>myamulti</i>	Covered	OTC
<i>my-vitalife</i>	Covered	OTC
<i>ocutabs</i>	Covered	OTC
<i>ocutabs-lutein</i>	Covered	OTC
<i>one daily 50 plus</i>	Covered	OTC
<i>one daily adults 50+</i>	Covered	OTC
<i>one daily calciumliron</i>	Covered	OTC
<i>one daily complete</i>	Covered	OTC
<i>one daily for men 50+ advanced</i>	Covered	OTC
<i>one daily for men/lycopene</i>	Covered	OTC
<i>one daily for women</i>	Covered	OTC
<i>one daily for women 50+ adv</i>	Covered	OTC
<i>one daily healthy weight</i>	Covered	OTC
<i>one daily healthy weight adv</i>	Covered	OTC
<i>one daily maximum</i>	Covered	OTC
<i>one daily mens</i>	Covered	OTC
<i>one daily mens health</i>	Covered	OTC
<i>one daily multivitamin men</i>	Covered	OTC
<i>one daily multivitamin women</i>	Covered	OTC
<i>one daily plus minerals</i>	Covered	OTC
<i>one daily womens</i>	Covered	OTC
<i>one daily womens 50 plus</i>	Covered	OTC
<i>one daily womens 50+</i>	Covered	OTC
<i>one daily/minerals</i>	Covered	OTC
<i>optic-vites</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>optimum airvites</i>	Covered	OTC
<i>optimum pms</i>	Covered	OTC
<i>prevent</i>	Covered	OTC
<i>px advanced formula multivits</i>	Covered	OTC
<i>px complete senior multivits</i>	Covered	OTC
<i>px mens multivitamins</i>	Covered	OTC
<i>qc daily multivit/multimineral</i>	Covered	OTC
<i>qc mens daily multivitamin</i>	Covered	OTC
<i>qc multi-vite</i>	Covered	OTC
<i>qc multi-vite 50 & over</i>	Covered	OTC
<i>qc therin-m</i>	Covered	OTC
<i>qc womens daily multivitamin</i>	Covered	OTC
<i>quintabs-m</i>	Covered	OTC
<i>ra central-vite energy</i>	Covered	OTC
<i>ra central-vite mens mature</i>	Covered	OTC
<i>ra central-vite senior</i>	Covered	OTC
<i>ra central-vite womens mature</i>	Covered	OTC
<i>ra hair/skin/nails</i>	Covered	OTC
<i>ra mature womens dietary supp</i>	Covered	OTC
<i>ra one daily energy formula</i>	Covered	OTC
<i>ra one daily gummy vites</i>	Covered	OTC
<i>ra one daily maximum</i>	Covered	OTC
<i>ra one daily mens 50+ w/vit d3</i>	Covered	OTC
<i>ra one daily mens multi</i>	Covered	OTC
<i>ra one daily mens/vit d-3</i>	Covered	OTC
<i>ra one daily womens</i>	Covered	OTC
<i>ra stress formula advanced</i>	Covered	OTC
<i>ra stress formula energy</i>	Covered	OTC
<i>ra therapeutic m plus beta car</i>	Covered	OTC
<i>ra vision vite plus zinc</i>	Covered	OTC
<i>senior tabs</i>	Covered	OTC
<i>sentry</i>	Covered	OTC
<i>sentry adult</i>	Covered	OTC
<i>sentry senior</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm antioxidant vitamins</i>	Covered	OTC
<i>sm complete</i>	Covered	OTC
<i>sm complete 50+</i>	Covered	OTC
<i>sm complete 50+ ultimate mens</i>	Covered	OTC
<i>sm complete 50+ ultimate women</i>	Covered	OTC
<i>sm complete advanced formula</i>	Covered	OTC
<i>sm complete senior formula</i>	Covered	OTC
<i>sm daily diet support</i>	Covered	OTC
<i>sm hair/skin/nails</i>	Covered	OTC
<i>sm opti-vitamins</i>	Covered	OTC
<i>stress b-complex/c/zinc</i>	Covered	OTC
<i>super 28 formula</i>	Covered	OTC
<i>super antioxidants protector</i>	Covered	OTC
<i>super aytinal</i>	Covered	OTC
<i>super aytinal 50 plus</i>	Covered	OTC
<i>super multiple</i>	Covered	OTC
<i>super natrul-100</i>	Covered	OTC
<i>super thera vite m</i>	Covered	OTC
<i>super vikaps</i>	Covered	OTC
<i>super vita-mins</i>	Covered	OTC
<i>superior 35</i>	Covered	OTC
<i>support</i>	Covered	
<i>tgt multivitamin/multimineral</i>	Covered	OTC
<i>thera vital m</i>	Covered	OTC
<i>therabasic-m</i>	Covered	OTC
<i>thera-m</i>	Covered	OTC
<i>therapeutic formula/hematinics</i>	Covered	OTC
<i>therapeutic m</i>	Covered	OTC
<i>therapeutic-m</i>	Covered	OTC
<i>therapeutic-m/lutein</i>	Covered	OTC
<i>theravim-m</i>	Covered	OTC
<i>totalday multiple</i>	Covered	OTC
<i>ultra antioxidant formula</i>	Covered	OTC
<i>ultra freeda</i>	Covered	OTC

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ultra freedaliron</i>	Covered	OTC
<i>ultra multi formulaliron</i>	Covered	OTC
<i>ultra-mega</i>	Covered	OTC
<i>vision formulallutein</i>	Covered	OTC
<i>vision plus</i>	Covered	OTC
<i>vision vitamins</i>	Covered	OTC
<i>visivites</i>	Covered	OTC
<i>visivites/lutein</i>	Covered	OTC
<i>vita hair</i>	Covered	OTC
<i>vitabasic complete</i>	Covered	OTC
<i>vitabasic senior</i>	Covered	OTC
<i>vitabex</i>	Covered	OTC
<i>vitamins a-d-e/selenium</i>	Covered	OTC
<i>vitamins/minerals</i>	Covered	OTC
<i>vitatrum</i>	Covered	OTC
<i>womens 50+ advanced</i>	Covered	OTC
<i>womens daily form/falcalfe</i>	Covered	OTC
<i>womens daily formula</i>	Covered	OTC
<i>womens multi</i>	Covered	OTC
<i>womens one daily</i>	Covered	OTC
BIOTECT PLUS (<i>multiple vitamins-minerals</i>)	Covered	OTC
BURIED TREASURE ACTIVE 55 PLUS (<i>multiple vitamins-minerals</i>)	Covered	OTC
CENTRUM (<i>multiple vitamins-minerals</i>)	Covered	OTC
FORTAVIT (<i>multiple vitamins-minerals</i>)	Covered	OTC
PROTECT PLUS NF (<i>multiple vitamins-minerals</i>)	Covered	OTC
*Multivitamins*** - Drugs For Nutrition		
<i>antioxidant formula</i>	Covered	OTC
<i>multivitamins</i>	Covered	OTC
<i>mv-one</i>	Covered	OTC
<i>vitamin elfolic acid/b-6/b-12</i>	Covered	OTC
INFUVITE ADULT (<i>multiple vitamin</i>)	Covered	PA
M.V.I. ADULT (<i>multiple vitamin</i>)	Covered	PA
M.V.I.-12 (WITHOUT VITAMIN K) (<i>multiple vitamin</i>)	Covered	PA

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Ped Multiple Vitamins W/ Minerals & C*** - Drugs For Nutrition		
<i>childrens animal shapes</i>	Covered	OTC
<i>cvs childrens complete</i>	Covered	OTC
<i>eq complete multivitamin child</i>	Covered	OTC
<i>eq1 child multivitlminerals</i>	Covered	OTC
<i>hm animal shapes</i>	Covered	OTC
<i>polyvitaminliron</i>	Covered	OTC
<i>qc childrens complete</i>	Covered	OTC
<i>ra vitamins complete childrens</i>	Covered	OTC
<i>sm animal shapes complete</i>	Covered	OTC
<i>zoo friends</i>	Covered	OTC
<i>zoo friends gummies</i>	Covered	OTC
ALIVE MULTI-VITAMIN CHILDRENS (<i>pediatric multivit-minerals-c</i>)	Covered	OTC
CENTRUM KIDS COMPLETE (<i>pediatric multivit-minerals-c</i>)	Covered	OTC
CEROVITE JR (<i>pediatric multivit-minerals-c</i>)	Covered	OTC
FLINTSTONES COMPLETE (<i>pediatric multivit-minerals-c</i>)	Covered	OTC
FLINTSTONES GUMMIES BONE BUILD (<i>pediatric multivit-minerals-c</i>)	Covered	OTC
PX CHILDRENS VITAMIN (<i>pediatric multivit-minerals-c</i>)	Covered	OTC
SEA BUDDIES DAILY MULTIPLE (<i>pediatric multivit-minerals-c</i>)	Covered	OTC
*Ped Mv W/ Fluoride*** - Drugs For Nutrition		
<i>multi-vit/fluoride</i>	Covered	
<i>multivitamin/fluoride</i>	Covered	
<i>multi-vitamin/fluoride</i>	Covered	
<i>multivitamins/fluoride</i>	Covered	
*Ped Mv W/ Iron*** - Drugs For Nutrition		
<i>bite-a-minsliron</i>	Covered	OTC
<i>chewable viteliron childrens</i>	Covered	OTC
<i>child chewable vitaminsliron</i>	Covered	OTC
<i>childrens multivitaminliron</i>	Covered	OTC
<i>childrens vitaminsliron</i>	Covered	OTC
<i>fruity chewsliron</i>	Covered	OTC
<i>gnp animal shapes plus iron</i>	Covered	OTC
<i>gnp childrens chewablesliron</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>little animals plus iron</i>	Covered	OTC
<i>multivitamin drops</i>	Covered	OTC
<i>qc childrens vitamins</i>	Covered	OTC
<i>ra childrens chewable vitamins</i>	Covered	OTC
<i>zoo friends plus iron</i>	Covered	OTC
BPROTECTED PEDIA POLY-VITE/FE (<i>pediatric multivitamins-iron</i>)	Covered	OTC
FLINTSTONES PLUS IRON (<i>pediatric multivitamins-iron</i>)	Covered	OTC
LAND BEFORE TIME MULTIVITAMIN (<i>pediatric multivitamins-iron</i>)	Covered	OTC
*Ped Vitamins Acd W/ Fluoride*** - Drugs For Nutrition		
<i>tri-vitamin/fluoride</i>	Covered	
<i>vitamins acd-fluoride</i>	Covered	
*Pediatric Multiple Vitamins W/ C & Fa*** - Drugs For Nutrition		
<i>animal chews</i>	Covered	OTC
<i>bite-a-mins</i>	Covered	OTC
<i>chewable vite childrens</i>	Covered	OTC
<i>childrens chewable vitamins</i>	Covered	OTC
<i>fruity chews</i>	Covered	OTC
<i>gnp animal shapes</i>	Covered	OTC
<i>gnp little ones childrens</i>	Covered	OTC
<i>little animals</i>	Covered	OTC
<i>poly vitamin</i>	Covered	OTC
<i>sm animal shapes kids first</i>	Covered	OTC
ANIMAL SHAPES (<i>pediatric multiple vit-c-fa</i>)	Covered	OTC
BOUNTY BEARS/C (<i>pediatric multiple vit-c-fa</i>)	Covered	OTC
DINO-LIFE (<i>pediatric multiple vit-c-fa</i>)	Covered	OTC
FLINSTONES GUMMIES OMEGA-3 DHA (<i>pediatric multiple vit-c-fa</i>)	Covered	OTC
FLINTSTONES PLUS CALCIUM (<i>pediatric multiple vit-c-fa</i>)	Covered	OTC
FLINTSTONES/MY FIRST (<i>pediatric multiple vit-c-fa</i>)	Covered	OTC
*Pediatric Multiple Vitamins W/ C*** - Drugs For Nutrition		
<i>polyvitamin</i>	Covered	OTC
BPROTECTED PEDIA POLY-VITE (<i>pediatric multiple vit-vit c</i>)	Covered	OTC
*Pediatric Multiple Vitamins W/ Extra C & Fa*** - Drugs For Nutrition		
<i>gnp animal shapes plus extra c</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp childrens chewables/lex c</i>	Covered	OTC
<i>qc childrens vitamins/extra c</i>	Covered	OTC
<i>zoo friends plus extra c</i>	Covered	OTC
DINO-LIFE W/EXTRA C (<i>pediatric multi vit-extra c-fa</i>)	Covered	OTC
FLINTSTONES/EXTRA C (<i>pediatric multi vit-extra c-fa</i>)	Covered	OTC
LAND BEFORE TIME MULTIVITAMIN (<i>pediatric multi vit-extra c-fa</i>)	Covered	OTC
ZOO FRIENDS/EXTRA C (<i>pediatric multi vit-extra c-fa</i>)	Covered	OTC
*Pediatric Multiple Vitamins*** - Drugs For Nutrition		
<i>multi-delyn</i>	Covered	OTC
INFUVITE PEDIATRIC (<i>pediatric multiple vitamins</i>)	Covered	PA
PEDIAVIT (<i>pediatric multiple vitamins</i>)	Covered	OTC
*Prenatal Mv & Min W/Fe-Fa*** - Drugs For Nutrition		
<i>completenate</i>	Covered	QL (100 EA per 90 days)
<i>kp prenatal multivitamins</i>	Covered	OTC; QL (100 EA per 90 days)
<i>pnv folic acid + iron</i>	Covered	QL (100 EA per 90 days)
<i>pnv prenatal plus multivitamin</i>	Covered	QL (100 EA per 90 days)
<i>prenatal</i>	Covered	QL (100 EA per 90 days)
<i>prenatal 19 oral tablet</i>	Covered	OTC; QL (100 EA per 90 days)
<i>prenatal 19 oral tablet chewable</i>	Covered	QL (100 EA per 90 days)
<i>prenatal plus</i>	Covered	QL (100 EA per 90 days)
<i>prenatal vitamin plus low iron</i>	Covered	QL (100 EA per 90 days)
<i>preplus</i>	Covered	QL (100 EA per 90 days)
<i>pretab</i>	Covered	QL (100 EA per 90 days)
<i>se-natal 19</i>	Covered	QL (100 EA per 90 days)
<i>trinatal rx 1</i>	Covered	QL (100 EA per 90 days)
<i>vol-nate</i>	Covered	QL (100 EA per 90 days)
<i>vol-plus</i>	Covered	QL (100 EA per 90 days)
<i>vol-tab rx</i>	Covered	QL (100 EA per 90 days)
CO-NATAL FA (<i>prenatal vit-fe fumarate-fa</i>)	Covered	QL (100 EA per 90 days)
CONCEPT DHA (<i>prenat-fefum-fepo-fa-omega 3</i>)	Covered	QL (100 EA per 90 days)
CONCEPT OB (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Covered	QL (100 EA per 90 days)
FOLIVANE-OB (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Covered	QL (100 EA per 90 days)
INATAL GT (<i>prenatal vit-dss-fe cbn-fa</i>)	Covered	QL (100 EA per 90 days)
M-VIT (<i>prenatal vit-fe fumarate-fa</i>)	Covered	QL (100 EA per 90 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIVA-PLUS (<i>prenatal vit-fe fumarate-fa</i>)	Covered	QL (100 EA per 90 days)
O-CAL FA (<i>prenatal vit-fe fumarate-fa</i>)	Covered	QL (100 EA per 90 days)
PRENATABS RX (<i>prenatal vit-iron carbonyl-fa</i>)	Covered	QL (100 EA per 90 days)
PRENATAL-U (<i>prenatal w/o a vit-fe fum-fa</i>)	Covered	QL (100 EA per 90 days)
PROVIDA OB (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Covered	QL (100 EA per 90 days)
THERANATAL CORE NUTRITION (<i>prenatal vit-fe fumarate-fa</i>)	Covered	OTC; QL (100 EA per 90 days)
TRINATE (<i>prenatal vit-fe fumarate-fa</i>)	Covered	QL (100 EA per 90 days)
VINATE II (<i>prenatal vit w/ fe bisg-fa</i>)	Covered	QL (100 EA per 90 days)
VINATE M (<i>prenatal vit-sel-fe fum-fa</i>)	Covered	QL (100 EA per 90 days)
VINATE ONE (<i>prenatal vit-fe fumarate-fa</i>)	Covered	QL (100 EA per 90 days)
*Prenatal Mv & Min WFe-Fa-Ca-Omega 3 Fish Oil*** - Drugs For Nutrition		
<i>complete natal dha</i>	Covered	QL (100 EA per 90 days)
*Prenatal Mv & Min WFe-Fa-Dha*** - Drugs For Nutrition		
ENFAMIL EXPECTA (<i>prenatal mv-min-fe fum-fa-dha</i>)	Covered	OTC; QL (100 EA per 90 days)
*Specialty Vitamins Products*** - Drugs For Nutrition		
<i>a thru z advantage</i>	Covered	OTC
<i>cvs hair/skin/nails</i>	Covered	OTC
<i>cvs menopause support</i>	Covered	OTC
<i>ra central-vite cardio</i>	Covered	OTC
<i>ra central-vite performance</i>	Covered	OTC
<i>ra menopause support</i>	Covered	OTC
<i>ultimate fat burner</i>	Covered	OTC
<i>varisan vitality</i>	Covered	OTC
<i>vitamins for hair</i>	Covered	OTC
<i>weight loss daily multi</i>	Covered	OTC
Musculoskeletal Therapy Agents - Drugs For Muscles, Ligaments, Tendons, And Bones		
*Central Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Covered	QL (120 EA per 30 days)
<i>baclofen oral tablet 5 mg</i>	Covered	QL (4 EA per 1 day)
<i>carisoprodol</i>	Covered	QL (90 EA per 30 days)
<i>chlorzoxazone</i>	Covered	QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	Covered	QL (90 EA per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	Covered	QL (3 EA per 1 day)
<i>methocarbamol</i>	Covered	QL (120 EA per 30 days)
<i>orphenadrine citrate er</i>	Covered	QL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Covered	QL (3 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Covered	QL (6 EA per 1 day)
*Direct Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>dantrolene sodium</i>	Covered	QL (120 EA per 30 days)
*Muscle Relaxant Combinations*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin</i>	Covered	QL (120 EA per 30 days)
<i>carisoprodol-aspirin-codeine</i>	Covered	QL (4 EA per 1 day); AL (Min 18 Years)
*Viscosupplements*** - Drugs For Muscles, Ligaments, Tendons, And Bones		
GEL-ONE (cross-linked hyaluronate)	Covered	PA
HYALGAN (sodium hyaluronate (viscosup))	Covered	PA
Nasal Agents - Systemic And Topical - Drugs For The Nose		
*Nasal Anticholinergics*** - Allergy		
<i>ipratropium bromide nasal solution 0.03 %</i>	Covered	QL (30 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	Covered	QL (15 ML per 30 days)
*Nasal Antihistamines*** - Allergy		
<i>azelastine hcl</i>	Covered	QL (1 EA per 30 days)
*Nasal Mast Cell Stabilizers*** - Allergy		
<i>cromolyn sodium</i>	Covered	OTC; QL (52 ML per 30 days)
*Nasal Steroids*** - Allergy		
<i>budesonide</i>	Covered	QL (8.6 ML per 30 days)
<i>cvs fluticasone propionate</i>	Covered	OTC; QL (16 ML per 30 days)
<i>eql fluticasone propionate</i>	Covered	OTC; QL (16 ML per 30 days)
<i>flunisolide</i>	Covered	ST; QL (50 ML per 30 days)
<i>fluticasone propionate</i>	Covered	ST; QL (16 GM per 30 days)
<i>gnp fluticasone propionate</i>	Covered	OTC; QL (16 ML per 30 days)
<i>mometasone furoate</i>	Covered	ST; QL (34 GM per 30 days)
<i>nasal allergy 24 hour</i>	Covered	OTC; QL (17 ML per 30 days)
RHINOCORT ALLERGY (budesonide)	Covered	OTC; QL (8.6 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Systemic Decongestants*** - Allergy		
<i>kp pseudoephedrine hcl</i>	Covered	OTC
<i>pseudoephedrine hcl</i>	Covered	
SUDOGEST (<i>pseudoephedrine hcl</i>)	Covered	OTC
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** - Drugs For The Heart		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** - Drugs For The Heart		
ENTRESTO (<i>sacubitril-valsartan</i>)	Covered	PA; QL (2 EA per 1 day)
Neuromuscular Agents - Drugs For Nerves And Muscles		
*Benzothiazoles*** - Drugs For Nerves And Muscles		
<i>riluzole</i>	Covered	
Nutrients - Drugs For Nutrition		
*Amino Acid Mixtures*** - Drugs For Nutrition		
<i>amino acid</i>	Covered	PA
AMINOSYN (<i>amino acid infusion</i>)	Covered	PA
AMINOSYN II (<i>amino acid infusion</i>)	Covered	PA
<i>amino acid electrolyte infusion</i> (Aminosyn Ii/Electrolytes)	Covered	PA
AMINOSYN M (<i>amino acid electrolyte infusion</i>)	Covered	PA
AMINOSYN/ELECTROLYTES (<i>amino acid electrolyte infusion</i>)	Covered	PA
AMINOSYN-HBC (<i>amino acid infusion</i>)	Covered	PA
AMINOSYN-PF (<i>amino acid infusion</i>)	Covered	PA
AMINOSYN-RF (<i>amino acid infusion</i>)	Covered	PA
CLINIMIX E/DEXTROSE (2.75/10) (<i>amino acid elect-calc in d10w</i>)	Covered	PA
CLINIMIX E/DEXTROSE (2.75/5) (<i>amino acid elect-calc in d5w</i>)	Covered	PA
CLINIMIX E/DEXTROSE (4.25/10) (<i>amino acid elect-calc in d10w</i>)	Covered	PA
CLINIMIX E/DEXTROSE (4.25/25) (<i>amino acid elect-calc in d25w</i>)	Covered	PA
CLINIMIX E/DEXTROSE (4.25/5) (<i>amino acid elect-calc in d5w</i>)	Covered	PA
CLINIMIX E/DEXTROSE (5/15) (<i>amino acid elect-calc in d15w</i>)	Covered	PA
CLINIMIX E/DEXTROSE (5/20) (<i>amino acid elect-calc in d20w</i>)	Covered	PA
CLINIMIX E/DEXTROSE (5/25) (<i>amino acid elect-calc in d25w</i>)	Covered	PA
CLINIMIX N14G30E (<i>amino acid elect-calc in d15w</i>)	Covered	PA
CLINIMIX N9G15E (<i>amino acid elect-calc in d7.5w</i>)	Covered	PA
CLINIMIX N9G20E (<i>amino acid elect-calc in d10w</i>)	Covered	PA

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINIMIX/DEXTROSE (2.75/5) (<i>amino acid infusion in d5w</i>)	Covered	PA
CLINIMIX/DEXTROSE (4.25/10) (<i>amino acid infusion in d10w</i>)	Covered	PA
CLINIMIX/DEXTROSE (4.25/20) (<i>amino acid infusion in d20w</i>)	Covered	PA
CLINIMIX/DEXTROSE (4.25/25) (<i>amino acid infusion in d25w</i>)	Covered	PA
CLINIMIX/DEXTROSE (4.25/5) (<i>amino acid infusion in d5w</i>)	Covered	PA
CLINIMIX/DEXTROSE (5/15) (<i>amino acid infusion in d15w</i>)	Covered	PA
CLINIMIX/DEXTROSE (5/20) (<i>amino acid infusion in d20w</i>)	Covered	PA
CLINIMIX/DEXTROSE (5/25) (<i>amino acid infusion in d25w</i>)	Covered	PA
<i>amino acid infusion</i> (Clinisol Sf)	Covered	PA
COMPLETE AMINO ACID MIX (<i>amino acids</i>)	Covered	PA; OTC
COMPLEX ESSENTIAL MSD (<i>amino acids</i>)	Covered	PA; OTC
COMPLEX JUNIOR MSD (<i>amino acids</i>)	Covered	PA; OTC
COMPLEX MSUD (<i>amino acids</i>)	Covered	PA; OTC
ESSENTIAL AMINO ACID MIX (<i>amino acids</i>)	Covered	PA; OTC
FREAMINE HBC (<i>amino acid infusion</i>)	Covered	PA
FREAMINE III (<i>amino acid infusion</i>)	Covered	PA
GLUTARADE AMINO ACID BLEND (<i>amino acids</i>)	Covered	PA; OTC
GLUTARADE ESSENTIAL GA-1 (<i>amino acids</i>)	Covered	PA; OTC
GLUTARADE JUNIOR GA-1 (<i>amino acids</i>)	Covered	PA; OTC
HEPATAMINE (<i>amino acid infusion</i>)	Covered	PA
NEPHRAMINE (<i>amino acid infusion</i>)	Covered	PA
PERIFLEX LQ PKU (<i>amino acids</i>)	Covered	PA; OTC
PHENYLADE (<i>amino acids</i>)	Covered	PA; OTC
PHENYLADE MTE (<i>amino acids</i>)	Covered	PA; OTC
PHENYLADE PHEBLOC (<i>amino acids</i>)	Covered	PA; OTC
<i>amino acid infusion</i> (Plenamine)	Covered	PA
<i>amino acid infusion</i> (Premasol)	Covered	PA
PROCALAMINE (<i>amino acid electrolyte infusion</i>)	Covered	PA
PROSOL (<i>amino acid infusion</i>)	Covered	PA
SYNTHAMIN 17 (<i>amino acid infusion</i>)	Covered	PA
TRAVASOL (<i>amino acid infusion</i>)	Covered	PA
TROPHAMINE (<i>amino acid infusion</i>)	Covered	PA
XPHE MAXAMUM (<i>amino acids</i>)	Covered	PA; OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Amino Acids-Single*** - Drugs For Nutrition		
<i>l-cysteine hcl</i>	Covered	PA
*Carbohydrates*** - Drugs For Nutrition		
<i>dextrose intravenous solution 10 %, 250 mg/ml, 30 %, 5 %, 50 %, 70 %</i>	Covered	
<i>dextrose intravenous solution 20 %, 40 %</i>	Covered	PA
<i>glucose</i>	Covered	
*Lipids*** - Drugs For Nutrition		
BETAQUIK (<i>medium chain triglycerides</i>)	Covered	PA; OTC
INTRALIPID (<i>fat emulsion plant based</i>)	Covered	PA
LIQUIGEN (<i>medium chain triglycerides</i>)	Covered	PA; OTC
MCT OIL (<i>medium chain triglycerides</i>)	Covered	PA; OTC
NUTRILIPID (<i>fat emulsion plant based</i>)	Covered	PA
*Misc. Nutritional Substances*** - Drugs For Nutrition		
<i>cvs fish oil</i>	Covered	OTC
<i>cvs natural fish oil</i>	Covered	OTC
<i>epa</i>	Covered	OTC
<i>eq1 fish oil</i>	Covered	OTC
<i>eq1 omega 3 fish oil</i>	Covered	OTC
<i>fish oil</i>	Covered	OTC
<i>fish oil burp-less</i>	Covered	OTC
<i>fish oil concentrate</i>	Covered	OTC
<i>fish oil double strength</i>	Covered	OTC
<i>fish oil extra strength</i>	Covered	OTC
<i>fish oil maximum strength</i>	Covered	OTC
<i>fish oil triple strength</i>	Covered	OTC
<i>fish oil/super potent/no burp</i>	Covered	OTC
<i>gnp fish oil</i>	Covered	OTC
<i>gnp fish oil max st</i>	Covered	OTC
<i>hm fish oil</i>	Covered	OTC
<i>kp fish oil</i>	Covered	OTC
<i>kp omega-3 fish oil</i>	Covered	OTC
<i>maxepa</i>	Covered	OTC
<i>norwegian salmon oil</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omega 3</i>	Covered	OTC
<i>omega iii epa+dha</i>	Covered	OTC
<i>omega-3</i>	Covered	OTC
<i>omega-3 cf</i>	Covered	OTC
<i>omega-3 fish oil</i>	Covered	OTC
<i>omega-3 plus</i>	Covered	OTC
<i>pa fish oil</i>	Covered	OTC
<i>px fish oil</i>	Covered	OTC
<i>ra fish oil</i>	Covered	OTC
<i>sb omega-3 fish oil</i>	Covered	OTC
<i>sm fish oil</i>	Covered	OTC
<i>sm omega-3 fish oil</i>	Covered	OTC
<i>super omega 3 epaldha</i>	Covered	OTC
<i>ultra omega-3 fish oil</i>	Covered	OTC
ESKIMO PUREFA (omega-3 fatty acids)	Covered	OTC
FISH OIL PEARLS (omega-3 fatty acids)	Covered	OTC
MAXIMUM EPA (omega-3 fatty acids)	Covered	OTC
OMERA (omega-3 fatty acids)	Covered	OTC
SEA-OMEGA 30 (omega-3 fatty acids)	Covered	OTC
SUPER DHA GEMS (omega-3 fatty acids)	Covered	OTC
SUPER OMEGA-3 (omega-3 fatty acids)	Covered	OTC
THERAGRAN-M FISH OIL CONC (omega-3 fatty acids)	Covered	OTC
THEROMEGA (omega-3 fatty acids)	Covered	OTC
*Protein Products*** - Drugs For Nutrition		
BENEPROTEIN (protein)	Covered	PA; OTC
Ophthalmic Agents - Drugs For The Eye		
*Artificial Tear And Lubricant Combinations*** - Drugs For The Eye		
cvs natural tears	Covered	OTC; QL (15 mL per 30 days)
tears pure	Covered	OTC; QL (15 mL per 30 days)
tgt lubricant eye drops	Covered	OTC; QL (15 mL per 30 days)
SYSTANE (polyethyl glycol-propyl glycol)	Covered	OTC
TEARS NATURALE FREE (dextran 70-hypromellose)	Covered	OTC; QL (15 mL per 30 days)
*Artificial Tear Solutions*** - Drugs For The Eye		
just tears eye drops	Covered	OTC; QL (15 mL per 30 days)

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm artificial tears</i>	Covered	OTC; QL (15 mL per 30 days)
<i>tears again</i>	Covered	OTC; QL (15 mL per 30 days)
SOOTHE HYDRATION (<i>artificial tear solution</i>)	Covered	OTC; QL (15 mL per 30 days)
SOOTHE XP (<i>artificial tear solution</i>)	Covered	OTC; QL (15 mL per 30 days)
SYSTANE CONTACTS (<i>artificial tear solution</i>)	Covered	OTC; QL (15 mL per 30 days)
TEARS AGAIN ADVANCED EYELID (<i>artificial tear solution</i>)	Covered	OTC; QL (15 mL per 30 days)
*Artificial Tears And Lubricants*** - Drugs For The Eye		
<i>artificial tears</i>	Covered	OTC; QL (15 mL per 30 days)
<i>cvs lubricant eye drops</i>	Covered	OTC
<i>eq restore tears</i>	Covered	OTC; QL (15 mL per 30 days)
<i>liquitears</i>	Covered	OTC; QL (15 mL per 30 days)
<i>lubricant eye drops</i>	Covered	OTC
<i>polyvinyl alcohol</i>	Covered	QL (15 ML per 30 days)
SYSTANE BALANCE (<i>propylene glycol</i>)	Covered	OTC; QL (10 mL per 30 days)
*Beta-Blockers - Ophthalmic Combinations*** - Drugs For Glaucoma		
<i>dorzolamide hcl-timolol mal</i>	Covered	ST; QL (10 mL per 30 days)
COMBIGAN (<i>brimonidine tartrate-timolol</i>)	Covered	ST; QL (5 mL per 30 days)
*Beta-Blockers - Ophthalmic*** - Drugs For Glaucoma		
<i>betaxolol hcl</i>	Covered	QL (10 ML per 30 days)
<i>carteolol hcl</i>	Covered	QL (10 ML per 30 days)
<i>levobunolol hcl</i>	Covered	QL (10 ML per 30 days)
<i>metipranolol</i>	Covered	QL (10 ML per 30 days)
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i>	Covered	ST; QL (5 ML per 30 days)
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	Covered	ST; QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	Covered	QL (10 ML per 30 days)
*Cycloplegic Mydriatics*** - Drugs For The Eye		
<i>atropine sulfate</i>	Covered	QL (3.5 GM per 30 days)
<i>cyclopentolate hcl</i>	Covered	QL (3 ML per 30 days)
<i>phenylephrine hcl</i>	Covered	
<i>tropicamide</i>	Covered	QL (15 mL per 30 days)
<i>phenylephrine hcl</i> (Altafrin)	Covered	
ISOPTO ATROPINE (<i>atropine sulfate</i>)	Covered	QL (5 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Miotics - Direct Acting*** - Drugs For Glaucoma		
<i>pilocarpine hcl</i>	Covered	QL (15 mL per 30 days)
*Ophthalmic Antiallergic*** - Drugs For Itchy Eye		
<i>allergy eye drops</i>	Covered	OTC; QL (10 mL per 30 days)
<i>azelastine hcl</i>	Covered	ST; QL (6 ML per 30 days)
<i>cromolyn sodium</i>	Covered	QL (10 mL per 30 days)
<i>cvs allergy eye drops</i>	Covered	OTC; QL (10 mL per 30 days)
<i>cvs eye itch relief</i>	Covered	OTC; QL (10 mL per 30 days)
<i>eye itch relief</i>	Covered	OTC; QL (10 mL per 30 days)
<i>gnp eye itch relief</i>	Covered	OTC; QL (10 mL per 30 days)
<i>gnp itchy eye</i>	Covered	OTC; QL (10 mL per 30 days)
<i>hm eye itch relief</i>	Covered	OTC; QL (10 mL per 30 days)
<i>ketotifen fumarate</i>	Covered	QL (10 ML per 30 days)
<i>kp ketotifen fumarate</i>	Covered	OTC; QL (10 mL per 30 days)
<i>olopatadine hcl</i>	Covered	ST; QL (5 ML per 30 days)
<i>ra antihistamine eye drops</i>	Covered	OTC; QL (10 mL per 30 days)
<i>ra eye itch relief</i>	Covered	OTC; QL (10 mL per 30 days)
<i>sm eye itch relief</i>	Covered	OTC; QL (10 mL per 30 days)
ALAWAY (ketotifen fumarate)	Covered	OTC; QL (10 ML per 30 days)
ALAWAY CHILDRENS ALLERGY (ketotifen fumarate)	Covered	OTC; QL (10 ML per 30 days)
CLARITIN EYE (ketotifen fumarate)	Covered	OTC; QL (10 ML per 30 days)
THERATEARS ALLERGY (ketotifen fumarate)	Covered	OTC; QL (10 ML per 30 days)
*Ophthalmic Antibiotics*** - Anti-Infective/Anti-Inflammatories		
<i>bacitracin</i>	Covered	
<i>ciprofloxacin hcl</i>	Covered	QL (5 mL per 30 days)
<i>erythromycin</i>	Covered	
<i>gentamicin sulfate</i>	Covered	QL (5 mL per 30 days)
<i>levofloxacin</i>	Covered	QL (5 ML per 30 days)
<i>ofloxacin</i>	Covered	QL (5 mL per 30 days)
<i>tobramycin</i>	Covered	QL (5 mL per 30 days)
GENTAK (gentamicin sulfate)	Covered	
*Ophthalmic Antifungal*** - Drugs For The Eye		
NATACYN (natamycin)	Covered	QL (15 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Ophthalmic Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories		
<i>bacitracin-polymyxin b</i>	Covered	
<i>neomycin-bacitracin zn-polymyx</i>	Covered	QL (5 mL per 30 days)
<i>neomycin-polymyxin-gramicidin</i>	Covered	QL (10 mL per 30 days)
<i>polymyxin b-trimethoprim</i>	Covered	QL (10 mL per 30 days)
<i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin)	Covered	QL (5 mL per 30 days)
<i>bacitracin-polymyxin b</i> (Polycin)	Covered	
*Ophthalmic Antivirals*** - Anti-Infective/Anti-Inflammatories		
<i>trifluridine</i>	Covered	QL (7.5 ML per 30 days)
*Ophthalmic Carbonic Anhydrase Inhibitors*** - Drugs For Glaucoma		
<i>dorzolamide hcl</i>	Covered	QL (10 mL per 30 days)
AZOPT (<i>brinzolamide</i>)	Covered	ST; QL (10 ML per 30 days)
*Ophthalmic Local Anesthetics*** - Drugs For The Eye		
<i>proparacaine hcl</i>	Covered	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** - Anti-Infective/Anti-Inflammatories		
<i>diclofenac sodium</i>	Covered	QL (5 mL per 30 days)
<i>flurbiprofen sodium</i>	Covered	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Covered	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Covered	
*Ophthalmic Selective Alpha Adrenergic Agonists*** - Drugs For Glaucoma		
<i>brimonidine tartrate</i>	Covered	QL (10 ML per 30 days)
*Ophthalmic Steroid Combinations*** - Anti-Infective/Anti-Inflammatories		
<i>bacitra-neomycin-polymyxin-hc</i>	Covered	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Covered	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Covered	QL (5 mL per 30 days)
<i>sulfacetamide-prednisolone</i>	Covered	QL (5 mL per 30 days)
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc)	Covered	
*Ophthalmic Steroids*** - Anti-Infective/Anti-Inflammatories		
<i>dexamethasone sodium phosphate</i>	Covered	QL (5 mL per 30 days)
<i>fluorometholone</i>	Covered	QL (10 mL per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone acetate</i>	Covered	QL (10 mL per 30 days)
<i>prednisolone sodium phosphate</i>	Covered	QL (10 mL per 30 days)
*Ophthalmic Sulfonamides*** - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic ointment</i>	Covered	
<i>sulfacetamide sodium ophthalmic solution</i>	Covered	QL (15 mL per 30 days)
*Ophthalmic Surgical Aids*** - Drugs For The Eye		
GELFILM (<i>gelatin adsorbable</i>)	State Carve Out	
*Prostaglandins - Ophthalmic*** - Drugs For Glaucoma		
<i>latanoprost</i>	Covered	QL (2.5 ML per 25 days)
*Ophthalmic Rho Kinase Inhibitors*** - Drugs For The Eye		
*Ophthalmic Rho Kinase Inhibitors*** - Drugs For The Eye		
RHOPRESSA (<i>netarsudil dimesylate</i>)	Covered	
Otic Agents - Drugs For The Ear		
*Otic Agents - Miscellaneous*** - Wax Removal		
<i>acetic acid</i>	Covered	
<i>auraphene-b</i>	Covered	OTC; QL (15 ML per 30 days)
<i>cvs ear drops</i>	Covered	OTC; QL (15 ML per 30 days)
<i>cvs ear wax removal system</i>	Covered	OTC; QL (15 ML per 30 days)
<i>cvs earwax removal kit</i>	Covered	OTC; QL (15 ML per 30 days)
<i>ear drops</i>	Covered	OTC; QL (15 ML per 30 days)
<i>ear drops earwax aid</i>	Covered	OTC; QL (15 ML per 30 days)
<i>ear wax drops</i>	Covered	OTC; QL (15 ML per 30 days)
<i>ear wax removal drops</i>	Covered	OTC; QL (15 ML per 30 days)
<i>earwax removal</i>	Covered	OTC; QL (15 ML per 30 days)
<i>earwax removal kit</i>	Covered	OTC; QL (15 ML per 30 days)
<i>earwax treatment drops</i>	Covered	OTC; QL (15 ML per 30 days)
<i>eq ear drops</i>	Covered	OTC; QL (15 ML per 30 days)
<i>eq ear wax removal aid</i>	Covered	OTC; QL (15 ML per 30 days)
<i>gnp ear drops</i>	Covered	OTC; QL (15 ML per 30 days)
<i>gnp ear systems</i>	Covered	OTC; QL (15 ML per 30 days)
<i>gnp earwax removal drops</i>	Covered	OTC; QL (15 ML per 30 days)
<i>gnp earwax removal kit</i>	Covered	OTC; QL (15 ML per 30 days)
<i>goodsense ear wax kit</i>	Covered	OTC; QL (15 ML per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>goodsense ear wax removal</i>	Covered	OTC; QL (15 ML per 30 days)
<i>hm earwax removal aid</i>	Covered	OTC; QL (15 ML per 30 days)
<i>hm earwax removal kit</i>	Covered	OTC; QL (15 ML per 30 days)
<i>qc ear wax removal</i>	Covered	OTC; QL (15 ML per 30 days)
<i>qc earwax removal</i>	Covered	OTC; QL (15 ML per 30 days)
<i>qc earwax removal kit</i>	Covered	OTC; QL (15 ML per 30 days)
<i>ra ear drops</i>	Covered	OTC; QL (15 ML per 30 days)
CLEARCANAL EARWAX SOFTENER (carbamide peroxide)	Covered	OTC; QL (15 ML per 30 days)
MURINE EAR (carbamide peroxide)	Covered	OTC; QL (15 ML per 30 days)
MURINE EAR WAX REMOVAL SYSTEM (carbamide peroxide)	Covered	OTC; QL (15 ML per 30 days)
OTIX (carbamide peroxide)	Covered	OTC; QL (15 ML per 30 days)
*Otic Anti-Infectives*** - Antibiotics		
<i>ciprofloxacin hcl</i>	Covered	QL (28 EA per 30 days)
<i>ofloxacin</i>	Covered	QL (15 ML per 30 days)
*Otic Steroid-Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories		
<i>neomycin-polymyxin-hc</i>	Covered	QL (15 ML per 30 days)
*Otic Steroids*** - Anti-Infective/Anti-Inflammatories		
<i>hydrocortisone-acetic acid</i>	Covered	QL (10 ML per 30 days)
<i>hydrocortisone-acetic acid (Acetasol Hc)</i>	Covered	QL (10 ML per 30 days)
Oxytocics - Hormones		
*Oxytocics*** - Drugs For Women		
<i>methylergonovine maleate</i>	Covered	
Passive Immunizing Agents - Biological Agents		
*Antiviral Monoclonal Antibodies*** - Biological Agents		
SYNAGIS (palivizumab)	Covered	PA; QL (1 Vial per 26 days)
*Immune Serums*** - Biological Agents		
CYTOGAM (cytomegalovirus immune glob)	Covered	PA
GAMMAGARD (immune globulin (human))	Covered	PA
GAMUNEX-C (immune globulin (human))	Covered	PA
HEPAGAM B (hepatitis b immune globulin)	Covered	
HYPERHEP B S/D (hepatitis b immune globulin)	Covered	
HYPERRHO S/D (rho d immune globulin)	Covered	
MICRHOGAM ULTRA-FILTERED PLUS (rho d immune globulin)	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NABI-HB (<i>hepatitis b immune globulin</i>)	Covered	
PRIVIGEN (<i>immune globulin (human)</i>)	Covered	PA
RHOGAM ULTRA-FILTERED PLUS (<i>rho d immune globulin</i>)	Covered	
RHOPHYLAC (<i>rho d immune globulin</i>)	Covered	QL (2 mL per 1 Year)
*Pcsk9 Inhibitors*** - Drugs For The Heart		
<i>*Pcsk9 Inhibitors*** - Drugs For The Heart</i>		
REPATHA (<i>evolocumab</i>)	Covered	PA
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>)	Covered	PA
REPATHA SURECLICK (<i>evolocumab</i>)	Covered	PA
Penicillins - Drugs For Infections		
<i>*Aminopenicillins*** - Antibiotics</i>		
<i>amoxicillin</i>	Covered	
<i>ampicillin</i>	Covered	
<i>ampicillin sodium</i>	Covered	PA
<i>*Natural Penicillins*** - Antibiotics</i>		
<i>penicillin g pot in dextrose</i>	Covered	PA
<i>penicillin g procaine</i>	Covered	
<i>penicillin v potassium</i>	Covered	
<i>*Penicillin Combinations*** - Antibiotics</i>		
<i>amoxicillin-pot clavulanate er</i>	Covered	QL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Covered	
<i>amoxicillin-pot clavulanate oral tablet</i>	Covered	QL (28 EA per 30 days)
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Covered	QL (28 EA per 30 days)
<i>ampicillin-sulbactam sodium</i>	Covered	PA
<i>piperacillin sod-tazobactam so</i>	Covered	PA
ZOSYN (<i>piperacillin-tazobactam in dex</i>)	Covered	PA
<i>*Penicillinase-Resistant Penicillins*** - Antibiotics</i>		
<i>dicloxacillin sodium</i>	Covered	
<i>nafcillin sodium</i>	Covered	PA
<i>nafcillin sodium in dextrose</i>	Covered	PA
BACTOCILL IN DEXTROSE (<i>oxacillin sodium in dextrose</i>)	Covered	PA
Pharmaceutical Adjuvants		
<i>*Antimicrobial Agents***</i>		
<i>benzyl alcohol</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*External Vehicle Ingredients***		
<i>gelatin</i>	State Carve Out	
*Flavoring Agents***		
<i>almond oil bitter flavor</i>	Covered	
<i>anise extract</i>	Covered	
<i>apple flavor</i>	Covered	
<i>apricot flavor</i>	Covered	
<i>bacon flavor</i>	Covered	
<i>banana concentrate</i>	Covered	
<i>banana cream flavor</i>	Covered	
<i>banana creme flavor</i>	Covered	
<i>banana flavor</i>	Covered	
<i>beef (grilled) flavor oil sol</i>	Covered	OTC
<i>beef flavor</i>	Covered	
<i>beef type flavor natural</i>	Covered	
<i>bitter stop flavor</i>	Covered	
<i>bitterness mask flavor</i>	Covered	
<i>blackberry flavor</i>	Covered	
<i>blueberry flavor</i>	Covered	
<i>bubble gum concentrate</i>	Covered	
<i>bubble gum flavor</i>	Covered	
<i>butter flavor</i>	Covered	
<i>butter rum flavor</i>	Covered	
<i>butterscotch flavor</i>	Covered	
<i>caramel flavor</i>	Covered	
<i>cheesecake flavor</i>	Covered	
<i>cherry flavor</i>	Covered	
<i>chicken (grilled) flavor</i>	Covered	OTC
<i>chicken flavor</i>	Covered	OTC
<i>chicken flavor oil miscible</i>	Covered	OTC
<i>chicken flavor oil soluble</i>	Covered	
<i>chicken flavor water miscible</i>	Covered	
<i>chocolate flavor</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chocolate hazelnut flavor</i>	Covered	
<i>coconut flavor</i>	Covered	
<i>coffee flavor</i>	Covered	
<i>cola flavor</i>	Covered	
<i>cotton candy flavor</i>	Covered	
<i>cran-raspberry flavor</i>	Covered	
<i>creme dementhe flavor</i>	Covered	
<i>english toffee flavor</i>	Covered	
<i>eugenol flavor</i>	Covered	
<i>fish flavor</i>	Covered	
<i>grape flavor</i>	Covered	
<i>guava flavor</i>	Covered	
<i>ham flavor</i>	Covered	
<i>honey flavor</i>	Covered	
<i>kahlua flavor</i>	Covered	
<i>lemon extract</i>	Covered	
<i>lemon flavor</i>	Covered	OTC
<i>licorice flavor</i>	Covered	
<i>liver flavor</i>	Covered	
<i>mango flavor</i>	Covered	
<i>maple flavor</i>	Covered	
<i>marshmallow flavor</i>	Covered	
<i>mint chocolate chip flavor</i>	Covered	
<i>orange concentrate</i>	Covered	OTC
<i>orange cream flavor</i>	Covered	
<i>orange flavor</i>	Covered	
<i>orange oil flavor</i>	Covered	
<i>peach flavor</i>	Covered	
<i>peanut butter flavor</i>	Covered	
<i>pina colada flavor</i>	Covered	
<i>pineapple flavor</i>	Covered	
<i>pralines and cream flavor</i>	Covered	
<i>pumpkin flavor</i>	Covered	
<i>raspberry flavor</i>	Covered	

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>root beer flavor</i>	Covered	
<i>sardine flavor</i>	Covered	OTC
<i>shrimp flavor</i>	Covered	
<i>stevia glycerite extract</i>	Covered	
<i>strawberry flavor</i>	Covered	
<i>sweetening enhancer</i>	Covered	
<i>tropical punch flavor</i>	Covered	
<i>tuna flavor</i>	Covered	OTC
<i>tutti frutti flavor</i>	Covered	
<i>tutti-frutti flavor</i>	Covered	
<i>vanilla butternut flavor</i>	Covered	
<i>vanilla flavor</i>	Covered	
<i>watermelon flavor</i>	Covered	
<i>wild cherry flavor</i>	Covered	
FLAVORX (flavoring agent)	Covered	OTC
PCCA SWEETNESS ENHANCER (flavoring agent)	Covered	
*Gelatin Capsules (Empty)***		
<i>capsule coni-snap #0 blulwhite</i>	Covered	
<i>capsule coni-snap #0 clear</i>	Covered	
<i>capsule coni-snap #0 dark blue</i>	Covered	
<i>capsule coni-snap #0 green/clr</i>	Covered	
<i>capsule coni-snap #0 pink</i>	Covered	
<i>capsule coni-snap #0 red/white</i>	Covered	
<i>capsule coni-snap #0 white</i>	Covered	
<i>capsule coni-snap #00 clear</i>	Covered	
<i>capsule coni-snap #00 white</i>	Covered	
<i>capsule coni-snap #000 clear</i>	Covered	
<i>capsule coni-snap #1 aqua blue</i>	Covered	
<i>capsule coni-snap #1 blue</i>	Covered	
<i>capsule coni-snap #1 blue/pink</i>	Covered	
<i>capsule coni-snap #1 blue/wht</i>	Covered	
<i>capsule coni-snap #1 brown</i>	Covered	
<i>capsule coni-snap #1 brwn/lvry</i>	Covered	
<i>capsule coni-snap #1 clear</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>capsule coni-snap #1 dk grn/or</i>	Covered	
<i>capsule coni-snap #1 drk green</i>	Covered	
<i>capsule coni-snap #1 grey/pink</i>	Covered	
<i>capsule coni-snap #1 grnlylw</i>	Covered	
<i>capsule coni-snap #1 orange</i>	Covered	
<i>capsule coni-snap #1 pink</i>	Covered	
<i>capsule coni-snap #1 pink/blue</i>	Covered	
<i>capsule coni-snap #1 pink/clr</i>	Covered	
<i>capsule coni-snap #1 pink/whit</i>	Covered	
<i>capsule coni-snap #1 pinklylw</i>	Covered	
<i>capsule coni-snap #1 purple</i>	Covered	
<i>capsule coni-snap #1 red/blue</i>	Covered	
<i>capsule coni-snap #1 red/white</i>	Covered	
<i>capsule coni-snap #1 white</i>	Covered	
<i>capsule coni-snap #1 white/grn</i>	Covered	
<i>capsule coni-snap #1 wht/clr</i>	Covered	
<i>capsule coni-snap #1 yellow</i>	Covered	
<i>capsule coni-snap #1 yellow/gr</i>	Covered	
<i>capsule coni-snap #2 clear</i>	Covered	
<i>capsule coni-snap #2 white</i>	Covered	
<i>capsule coni-snap #3 blulclear</i>	Covered	
<i>capsule coni-snap #3 brn/blue</i>	Covered	
<i>capsule coni-snap #3 graylylw</i>	Covered	
<i>capsule coni-snap #3 green/blu</i>	Covered	
<i>capsule coni-snap #3 grey/pink</i>	Covered	
<i>capsule coni-snap #3 maron/blu</i>	Covered	
<i>capsule coni-snap #3 mint grn</i>	Covered	
<i>capsule coni-snap #3 olivelclr</i>	Covered	
<i>capsule coni-snap #3 orange</i>	Covered	
<i>capsule coni-snap #3 pink/pink</i>	Covered	
<i>capsule coni-snap #3 pnk/clear</i>	Covered	
<i>capsule coni-snap #3 red/clear</i>	Covered	
<i>capsule coni-snap #3 red/red</i>	Covered	
<i>capsule coni-snap #3 white</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>capsule coni-snap #3 wht/clr</i>	Covered	
<i>capsule coni-snap #3 yellow</i>	Covered	
<i>capsule coni-snap #4 black/grn</i>	Covered	
<i>capsule coni-snap #4 clear</i>	Covered	
<i>capsule coni-snap #4 white</i>	Covered	
<i>capsule size 1 lactose</i>	Covered	OTC
<i>empty capsule</i>	Covered	OTC
<i>empty capsule #0 red/white</i>	Covered	OTC
<i>empty capsule #00 black/red</i>	Covered	OTC
<i>empty capsule #00 blue/white</i>	Covered	OTC
<i>empty capsule #00 pink/pink</i>	Covered	OTC
<i>empty capsule #00 purple</i>	Covered	OTC
<i>empty capsule #00 purple/white</i>	Covered	OTC
<i>empty capsule #00 red/white</i>	Covered	OTC
<i>empty capsule #00 yellow/yello</i>	Covered	OTC
<i>empty capsule size 0</i>	Covered	OTC
<i>empty capsule size 0 blue</i>	Covered	OTC
<i>empty capsule size 0 blue/wht</i>	Covered	OTC
<i>empty capsule size 0 clear</i>	Covered	
<i>empty capsule size 0 fun caps</i>	Covered	OTC
<i>empty capsule size 0 green</i>	Covered	OTC
<i>empty capsule size 0 green/clr</i>	Covered	OTC
<i>empty capsule size 0 grn/clear</i>	Covered	OTC
<i>empty capsule size 0 maroon</i>	Covered	OTC
<i>empty capsule size 0 orange</i>	Covered	OTC
<i>empty capsule size 0 pink</i>	Covered	
<i>empty capsule size 0 purpl/wht</i>	Covered	
<i>empty capsule size 0 purple</i>	Covered	
<i>empty capsule size 0 red</i>	Covered	OTC
<i>empty capsule size 0 red/clear</i>	Covered	OTC
<i>empty capsule size 0 red/white</i>	Covered	OTC
<i>empty capsule size 0 white</i>	Covered	OTC
<i>empty capsule size 0 white/clr</i>	Covered	OTC
<i>empty capsule size 0 yellow</i>	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>empty capsule size 00 blue</i>	Covered	OTC
<i>empty capsule size 00 blue opq</i>	Covered	
<i>empty capsule size 00 clear</i>	Covered	
<i>empty capsule size 00 drk grn</i>	Covered	OTC
<i>empty capsule size 00 green</i>	Covered	OTC
<i>empty capsule size 00 orange</i>	Covered	OTC
<i>empty capsule size 00 red</i>	Covered	OTC
<i>empty capsule size 00 white</i>	Covered	OTC
<i>empty capsule size 000 clear</i>	Covered	OTC
<i>empty capsule size 000 white</i>	Covered	OTC
<i>empty capsule size 1 aqua blue</i>	Covered	OTC
<i>empty capsule size 1 blue</i>	Covered	OTC
<i>empty capsule size 1 blue/pink</i>	Covered	OTC
<i>empty capsule size 1 blue/red</i>	Covered	OTC
<i>empty capsule size 1 blue/wht</i>	Covered	OTC
<i>empty capsule size 1 blue/clear</i>	Covered	OTC
<i>empty capsule size 1 brn/ivory</i>	Covered	
<i>empty capsule size 1 clear</i>	Covered	
<i>empty capsule size 1 drk green</i>	Covered	
<i>empty capsule size 1 green</i>	Covered	OTC
<i>empty capsule size 1 grey/pink</i>	Covered	
<i>empty capsule size 1 grn/orange</i>	Covered	
<i>empty capsule size 1 grn/white</i>	Covered	
<i>empty capsule size 1 grn/ylw</i>	Covered	
<i>empty capsule size 1 ivory</i>	Covered	
<i>empty capsule size 1 lght blue</i>	Covered	OTC
<i>empty capsule size 1 maroon/cl</i>	Covered	
<i>empty capsule size 1 mint grn</i>	Covered	
<i>empty capsule size 1 orange</i>	Covered	
<i>empty capsule size 1 orgel/clr</i>	Covered	
<i>empty capsule size 1 orgelyllw</i>	Covered	
<i>empty capsule size 1 orange/wht</i>	Covered	OTC
<i>empty capsule size 1 pink</i>	Covered	
<i>empty capsule size 1 pink/blue</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>empty capsule size 1 pink/clr</i>	Covered	
<i>empty capsule size 1 pink/yllw</i>	Covered	
<i>empty capsule size 1 pnkl/white</i>	Covered	
<i>empty capsule size 1 purple</i>	Covered	OTC
<i>empty capsule size 1 pwdr blue</i>	Covered	
<i>empty capsule size 1 red</i>	Covered	
<i>empty capsule size 1 red/blue</i>	Covered	
<i>empty capsule size 1 red/white</i>	Covered	
<i>empty capsule size 1 white</i>	Covered	
<i>empty capsule size 1 whtl/clear</i>	Covered	
<i>empty capsule size 1 yellow</i>	Covered	
<i>empty capsule size 10 clear</i>	Covered	OTC
<i>empty capsule size 11 clear</i>	Covered	OTC
<i>empty capsule size 13 clear</i>	Covered	OTC
<i>empty capsule size 2 blue</i>	Covered	OTC
<i>empty capsule size 2 clear</i>	Covered	
<i>empty capsule size 2 green</i>	Covered	OTC
<i>empty capsule size 2 white</i>	Covered	OTC
<i>empty capsule size 3 black/grn</i>	Covered	
<i>empty capsule size 3 blue</i>	Covered	OTC
<i>empty capsule size 3 blue opq</i>	Covered	
<i>empty capsule size 3 blue/clr</i>	Covered	
<i>empty capsule size 3 blue/wht</i>	Covered	
<i>empty capsule size 3 clear</i>	Covered	
<i>empty capsule size 3 dark grn</i>	Covered	
<i>empty capsule size 3 gray/pink</i>	Covered	OTC
<i>empty capsule size 3 gray/yllw</i>	Covered	OTC
<i>empty capsule size 3 green</i>	Covered	OTC
<i>empty capsule size 3 grey/pink</i>	Covered	
<i>empty capsule size 3 grey/yllw</i>	Covered	
<i>empty capsule size 3 grn/blue</i>	Covered	
<i>empty capsule size 3 marn/blue</i>	Covered	
<i>empty capsule size 3 marn/clr</i>	Covered	
<i>empty capsule size 3 maroon</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>empty capsule size 3 mint grn</i>	Covered	
<i>empty capsule size 3 olive</i>	Covered	OTC
<i>empty capsule size 3 olivelclr</i>	Covered	
<i>empty capsule size 3 orange</i>	Covered	
<i>empty capsule size 3 orange/wh</i>	Covered	
<i>empty capsule size 3 pink</i>	Covered	
<i>empty capsule size 3 pink/blue</i>	Covered	
<i>empty capsule size 3 pink/wh</i>	Covered	
<i>empty capsule size 3 pinklyllw</i>	Covered	
<i>empty capsule size 3 pnklclear</i>	Covered	
<i>empty capsule size 3 prpleclr</i>	Covered	
<i>empty capsule size 3 purple</i>	Covered	
<i>empty capsule size 3 pwdr blue</i>	Covered	
<i>empty capsule size 3 red</i>	Covered	
<i>empty capsule size 3 red/clear</i>	Covered	
<i>empty capsule size 3 red/white</i>	Covered	
<i>empty capsule size 3 white</i>	Covered	
<i>empty capsule size 3 white/cclr</i>	Covered	
<i>empty capsule size 3 yellow</i>	Covered	
<i>empty capsule size 3 yellw/cclr</i>	Covered	
<i>empty capsule size 4 black</i>	Covered	OTC
<i>empty capsule size 4 blue/whit</i>	Covered	OTC
<i>empty capsule size 4 clear</i>	Covered	
<i>empty capsule size 4 dark blue</i>	Covered	OTC
<i>empty capsule size 4 purple</i>	Covered	
<i>empty capsule size 4 red/white</i>	Covered	
<i>empty capsule size 4 white</i>	Covered	
<i>empty capsule size 4 yellow</i>	Covered	
<i>empty capsule size 5 clear</i>	Covered	
<i>empty capsule size 7 clear</i>	Covered	
DRCAPS SIZE 0 (gelatin capsules (empty))	Covered	
DRCAPS SIZE 00 (gelatin capsules (empty))	Covered	
DRCAPS SIZE 1 (gelatin capsules (empty))	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Non Gelatin Capsules (Empty)***		
<i>capsule coni-snap #3 clear</i>	Covered	
*Oral Vehicles***		
<i>cherry</i>	Covered	
<i>flavor plus</i>	Covered	
<i>flavor sweet</i>	Covered	
<i>grape syrup</i>	Covered	OTC
<i>oral suspend</i>	Covered	OTC
<i>raspberry syrup</i>	Covered	
<i>simple syrup</i>	Covered	
<i>sorbitol</i>	Covered	
<i>suspension vehicle</i>	Covered	
<i>syrpalta</i>	Covered	
<i>syrup vehicle</i>	Covered	
<i>syrup vehicle sf</i>	Covered	
FLAVOR BLEND (oral vehicles)	Covered	
GERBER GOOD START WATER (sterile water)	Covered	OTC
GOOD START STERILE WATER (sterile water)	Covered	OTC
MX-SOL (oral vehicles)	Covered	OTC
MX-SOL BLEND (oral vehicles)	Covered	OTC
MX-SOL BLEND SF (oral vehicles)	Covered	OTC
MX-SOL SF (oral vehicles)	Covered	OTC
MX-SOL SUSPEND (oral vehicles)	Covered	OTC
ORA-BLEND (oral vehicles)	Covered	
ORA-BLEND SF (oral vehicles)	Covered	
ORA-PLUS (oral vehicles)	Covered	
ORA-SWEET (oral vehicles)	Covered	
ORA-SWEET SF (oral vehicles)	Covered	
PCCA SWEET-SF (oral vehicles)	Covered	
PCCA SYRUP VEHICLE (oral vehicles)	Covered	
PCCA-PLUS (oral vehicles)	Covered	
SIMILAC STERILIZED WATER (sterile water)	Covered	OTC
SYRPALTA (RED) (oral vehicles)	Covered	
SYRSPEND SF ALKA (oral vehicles)	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRSPEND SF ORAL LIQUID (<i>oral vehicles</i>)	Covered	
SYRSPEND SF ORAL SUSPENSION RECONSTITUTED (<i>oral vehicles</i>)	Covered	OTC
SYRSPEND SF PH4 (<i>oral vehicles</i>)	Covered	
VERSAFREE (<i>oral vehicles</i>)	Covered	
VERSAPLUS (<i>oral vehicles</i>)	Covered	
*Parenteral Vehicles***		
<i>sterile diluent/lepoprostenol</i>	Covered	
<i>sterile water for injection</i>	Covered	
*Pharmaceutical Excipients***		
<i>lactose monohydrate</i>	Covered	
<i>xanthan gum</i>	Covered	
PCCA SORBITOL LOLLIPOP BASE (<i>sorbitol lollipop base</i>)	Covered	
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors** - Drugs For Cancer		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors** - Drugs For Cancer		
LYNPARZA (<i>olaparib</i>)	Covered	PA; QL (4 EA per 1 day)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer		
LYNPARZA (<i>olaparib</i>)	Covered	PA; QL (4 EA per 1 day)
*Potassium Removing Agents*** - Drugs For Nutrition		
*Potassium Removing Agents*** - Drugs For Nutrition		
<i>sodium polystyrene sulfonate</i>	Covered	
<i>sodium polystyrene sulfonate</i> (Kionex)	Covered	
<i>sodium polystyrene sulfonate</i> (Sps)	Covered	
Progestins - Hormones		
*Progestins*** - Drugs For Women		
<i>hydroxyprogesterone caproate</i>	Covered	PA
<i>medroxyprogesterone acetate</i>	Covered	
<i>megestrol acetate</i>	Covered	
<i>norethindrone acetate</i>	Covered	ST
<i>progesterone micronized</i>	Covered	QL (60 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Protein-Carbohydrate-Lipid With Electrolyte Combinations*** - Drugs For Nutrition		
<i>*Protein-Carbohydrate-Lipid With Electrolyte Combinations*** - Drugs For Nutrition</i>		
KABIVEN (<i>amino ac-dext-lipid-electrolyt</i>)	Covered	PA
PERIKABIVEN (<i>amino ac-dext-lipid-electrolyt</i>)	Covered	PA
Psychotherapeutic And Neurological Agents - Misc. - Drugs For The Nervous System		
<i>*Alcohol Deterrents*** - Drugs For The Nervous System</i>		
<i>acamprosate calcium</i>	State Carve Out	
<i>disulfiram</i>	Covered	
<i>*Benzodiazepines & Tricyclic Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain</i>		
<i>chlordiazepoxide-amitriptyline</i>	Covered	
<i>*Cholinomimetics - Ache Inhibitors*** - Drugs For Alzheimer's Disease</i>		
<i>donepezil hcl oral tablet</i>	Covered	QL (30 EA per 30 days); AL (Min 40 Years)
<i>donepezil hcl oral tablet dispersible</i>	Covered	QL (1 EA per 1 day); AL (Min 40 Years)
<i>galantamine hydrobromide</i>	Covered	QL (2 EA per 1 day); AL (Min 40 Years)
<i>galantamine hydrobromide er</i>	Covered	QL (1 EA per 1 day); AL (Min 40 Years)
<i>rivastigmine tartrate</i>	Covered	QL (60 EA per 30 days); AL (Min 40 Years)
<i>*Fibromyalgia Agent - Snris*** - Drugs For Seizures /Personality Disorder/Nerve Pain</i>		
SAVELLA (<i>milnacipran hcl</i>)	Covered	ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK (<i>milnacipran hcl</i>)	Covered	ST; QL (55 EA per 90 days)
<i>*Movement Disorder Drug Therapy*** - Drugs For The Nervous System</i>		
AUSTEDO (<i>deutetrabenazine</i>)	Covered	PA
<i>*Ms Agents - Pyrimidine Synthesis Inhibitors*** - Drugs For Multiple Sclerosis</i>		
AUBAGIO (<i>teriflunomide</i>)	Covered	PA; QL (1 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>*Multiple Sclerosis Agents - Interferons*** - Drugs For Multiple Sclerosis</i>		
AVONEX (<i>interferon beta-1a</i>)	Covered	PA; QL (4 EA per 28 days)
AVONEX PEN (<i>interferon beta-1a</i>)	Covered	PA; QL (1 KIT per 28 days)
AVONEX PREFILLED (<i>interferon beta-1a</i>)	Covered	PA; QL (1 KIT per 28 days)
EXTAVIA (<i>interferon beta-1b</i>)	Covered	PA; QL (15 Vials per 30 days)
REBIF (<i>interferon beta-1a</i>)	Covered	PA; QL (12 ML per 30 days)
REBIF REBIDOSE (<i>interferon beta-1a</i>)	Covered	PA; QL (12 ML per 30 days)
REBIF REBIDOSE TITRATION PACK (<i>interferon beta-1a</i>)	Covered	PA; QL (12 ML per 30 days)
REBIF TITRATION PACK (<i>interferon beta-1a</i>)	Covered	PA; QL (12 ML per 30 days)
<i>*Multiple Sclerosis Agents - Nrf2 Pathway Activators*** - Drugs For Multiple Sclerosis</i>		
<i>dimethyl fumarate</i>	Covered	PA; QL (2 EA per 1 day)
<i>dimethyl fumarate starter pack</i>	Covered	PA; QL (60 EA per 90 days)
<i>*Multiple Sclerosis Agents*** - Drugs For Multiple Sclerosis</i>		
<i>glatiramer acetate</i>	Covered	PA; QL (12 Syringes per 30 days)
COPAXONE (<i>glatiramer acetate</i>)	Covered	PA; QL (12 Syringes per 30 days)
<i>glatiramer acetate</i> (Glatopa)	Covered	PA; QL (30 ML Max Qty Per Fill Retail)
<i>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** - Drugs For Alzheimer's Disease</i>		
<i>memantine hcl oral solution</i>	Covered	AL (Min 40 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Covered	QL (1 EA per 1 day); AL (Min 40 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Covered	AL (Min 40 Years)
<i>*Phenothiazines & Tricyclic Agents*** - Drugs For Depression</i>		
<i>perphenazine-amitriptyline</i>	Covered	
<i>*Premenstrual Dysphoric Disorder (Pmdd) Agents - SsrIs*** - Drugs For Depression</i>		
<i>fluoxetine hcl (pmdd)</i>	Covered	
<i>*Psychotherapeutic And Neurological Agents - Misc.*** - Drugs For Severe Mental Disorders</i>		
<i>pimozide</i>	State Carve Out	

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Smoking Deterrents*** - Drugs For Depression		
<i>bupropion hcl er (smoking det)</i>	Covered	QL (2 EA per 1 day)
<i>cvs nicotine mouth/throat</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>cvs nicotine polacrilex</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>cvs nicotine transdermal</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>eq nicotine mouth/throat</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>eq nicotine polacrilex</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>eq nicotine step 3</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>eq nicotine transdermal</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>eq nicotine polacrilex</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>gnp nicotine mini</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>gnp nicotine polacrilex</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>goodsense nicotine</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>hm nicotine</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>hm nicotine polacrilex</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>nicotine mini</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>nicotine polacrilex</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>nicotine step 1</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>nicotine step 2</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>nicotine step 3</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>nicotine transdermal kit</i>	Covered	OTC; QL (1 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	Covered	OTC; QL (1 EA per 1 day); AL (Min 18 Years)
<i>px stop smoking aid</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>ra mini nicotine</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>ra nicotine mouth/throat</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>ra nicotine polacrilex</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>ra nicotine transdermal</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>sm nicotine mouth/throat</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>sm nicotine polacrilex</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>sm nicotine transdermal</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>sr nicotine</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>tgt nicotine</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>tgt nicotine polacrilex</i>	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
<i>tgt nicotine step one</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>tgt nicotine step three</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
<i>tgt nicotine step two</i>	Covered	OTC; QL (30 EA per 30 days); AL (Min 18 Years)
CHANTIX (varenicline tartrate)	Covered	
CHANTIX CONTINUING MONTH PAK (varenicline tartrate)	Covered	
CHANTIX STARTING MONTH PAK (varenicline tartrate)	Covered	
KLS QUIT2 (nicotine polacrilex)	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
KLS QUIT4 (nicotine polacrilex)	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICORELIEF (<i>nicotine polacrilex</i>)	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
NICOTROL (<i>nicotine</i>)	Covered	
NICOTROL NS (<i>nicotine</i>)	Covered	
THRIVE (<i>nicotine polacrilex</i>)	Covered	OTC; QL (200 EA per 30 days); AL (Min 18 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators*** - Drugs For Multiple Sclerosis		
GILENYA (<i>fingolimod hcl</i>)	Covered	PA; QL (1 EA per 1 day)
*Thienbenzodiazepines & Ssrís*** - Drugs For Severe Mental Disorders		
olanzapine-fluoxetine hcl	State Carve Out	
*Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For Cancer		
*Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For Cancer		
OFEV (<i>nintedanib esylate</i>)	Covered	PA
Respiratory Agents - Misc. - Drugs For The Lungs		
*Cftr Potentiators*** - Drugs For Cystic Fibrosis		
KALYDECO (<i>ivacaftor</i>)	Covered	PA
*Hydrolytic Enzymes*** - Drugs For The Lungs		
PULMOZYME (<i>dornase alfa</i>)	Covered	PA; QL (5 ML per 1 day)
*Serotonin Modulators*** - Drugs For The Nervous System		
*Serotonin Modulators*** - Drugs For The Nervous System		
trazodone hcl	Covered	
*Sinus Node Inhibitors** - Drugs For The Heart		
*Sinus Node Inhibitors** - Drugs For The Heart		
CORLANOR (<i>ivabradine hcl</i>)	Covered	PA; QL (2 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Hormones		
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Hormones		
SEGLUROMET (<i>ertugliflozin-metformin hcl</i>)	Covered	ST; QL (2 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat		
*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat		
<i>triamcinolone acetonide</i>	Covered	
<i>triamcinolone acetonide</i> (Oralene)	Covered	
Sulfonamides - Drugs For Infections		
*Sulfonamides*** - Antibiotics		
<i>sulfadiazine</i>	Covered	
Tetracyclines - Drugs For Infections		
*Tetracyclines*** - Antibiotics		
<i>avidoxy</i>	Covered	
<i>doxycycline hyclate intravenous</i>	Covered	PA
<i>doxycycline hyclate oral</i>	Covered	
<i>doxycycline monohydrate oral capsule</i>	Covered	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Covered	AL (Max 12 Years)
<i>doxycycline monohydrate oral tablet</i>	Covered	
<i>minocycline hcl</i>	Covered	
<i>doxycycline hyclate</i> (Doxy 100)	Covered	PA
Thyroid Agents - Hormones		
*Antithyroid Agents*** - Drugs For Thyroid		
<i>methimazole</i>	Covered	
<i>propylthiouracil</i>	Covered	
*Thyroid Hormones*** - Drugs For Thyroid		
<i>levothyroxine sodium</i>	Covered	QL (30 EA per 30 days)
<i>liothyronine sodium oral tablet 25 mcg, 50 mcg</i>	Covered	QL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 5 mcg</i>	Covered	QL (4 EA per 1 day)
<i>np thyroid</i>	Covered	QL (1 EA per 1 day)
ARMOUR THYROID (thyroid)	Covered	QL (1 EA per 1 day)
<i>levothyroxine sodium</i> (Levo-T)	Covered	QL (30 EA per 30 days)
<i>levothyroxine sodium</i> (Levoxyl)	Covered	QL (30 EA per 30 days)
<i>levothyroxine sodium</i> (Unithroid)	Covered	QL (30 EA per 30 days)
<i>levothyroxine sodium</i> (Unithroid Direct)	Covered	QL (30 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Toxoids - Biological Agents		
*Toxoid Combinations*** - Vaccines		
<i>diphtheria-tetanus toxoids dt</i>	Covered	AL (Min 19 Years)
<i>tetanus-diphtheria toxoids td</i>	Covered	
ADACEL (tetanus-diphth-acell pertussis)	Covered	AL (Min 19 Years)
DECAVAC (tetanus-diphtheria toxoids td)	Covered	
DIPHTHERIA-TETANUS TOXOIDS (tetanus-diphtheria toxoids td)	Covered	
TDVAX (tetanus-diphtheria toxoids td)	Covered	
TENIVAC (tetanus-diphtheria toxoids td)	Covered	
Ulcer Drugs - Drugs For The Stomach		
*Antispasmodics*** - Drugs For Stomach Cramps		
<i>dicyclomine hcl oral capsule</i>	Covered	
<i>dicyclomine hcl oral solution</i>	Covered	AL (Max 12 Years)
<i>dicyclomine hcl oral tablet</i>	Covered	
*Belladonna Alkaloids*** - Drugs For Stomach Cramps		
<i>ed-spaz</i>	Covered	
<i>hyoscyamine sulfate</i>	Covered	
<i>hyoscyamine sulfate er</i>	Covered	
<i>hyosyne</i>	Covered	
<i>oscimin</i>	Covered	
<i>oscimin sr</i>	Covered	
<i>hyoscyamine sulfate</i> (Nulev)	Covered	
<i>hyoscyamine sulfate</i> (Symax-SI)	Covered	
<i>hyoscyamine sulfate</i> (Symax-Sr)	Covered	
*H-2 Antagonists*** - Drugs For Ulcers And Stomach Acid		
<i>acid control maximum strength</i>	Covered	OTC
<i>acid controller</i>	Covered	OTC; QL (60 EA per 30 days)
<i>acid controller max st</i>	Covered	OTC
<i>acid reducer maximum strength</i>	Covered	OTC
<i>acid reducer oral tablet 10 mg</i>	Covered	OTC; QL (60 EA per 30 days)
<i>acid reducer oral tablet 150 mg</i>	Covered	OTC
<i>cimetidine 200</i>	Covered	OTC
<i>cimetidine acid reducer</i>	Covered	OTC
<i>cimetidine hcl</i>	Covered	

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cimetidine oral tablet 200 mg</i>	Covered	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Covered	QL (60 EA per 30 days)
<i>cvs acid controller max st</i>	Covered	OTC
<i>cvs acid reducer max st</i>	Covered	OTC
<i>cvs heartburn relief</i>	Covered	OTC
<i>eq acid reducer max st</i>	Covered	OTC
<i>eq acid reducer oral tablet 10 mg</i>	Covered	OTC; QL (60 EA per 30 days)
<i>eq acid reducer oral tablet 150 mg, 200 mg</i>	Covered	OTC
<i>eq heartburn relief</i>	Covered	OTC
<i>eq heartburn prevention oral tablet 10 mg</i>	Covered	OTC; QL (60 EA per 30 days)
<i>eq heartburn prevention oral tablet 20 mg</i>	Covered	OTC
<i>famotidine oral suspension reconstituted</i>	Covered	AL (Max 12 Years)
<i>famotidine oral tablet 10 mg</i>	Covered	OTC; QL (60 EA per 30 days)
<i>famotidine oral tablet 20 mg</i>	Covered	
<i>famotidine oral tablet 40 mg</i>	Covered	QL (2 EA per 1 day)
<i>gnp acid control 150 max st</i>	Covered	OTC
<i>gnp acid reducer</i>	Covered	OTC; QL (60 EA per 30 days)
<i>gnp acid reducer max st</i>	Covered	OTC
<i>gnp heartburn relief</i>	Covered	OTC
<i>gnp heartburn relief 200</i>	Covered	OTC
<i>goodsense acid reducer</i>	Covered	OTC
<i>heartburn relief 150 max st</i>	Covered	OTC
<i>heartburn relief max st</i>	Covered	OTC
<i>heartburn relief oral tablet 10 mg</i>	Covered	OTC; QL (60 EA per 30 days)
<i>heartburn relief oral tablet 200 mg</i>	Covered	OTC
<i>hm acid reducer</i>	Covered	OTC
<i>hm famotidine oral tablet 10 mg</i>	Covered	OTC; QL (60 EA per 30 days)
<i>hm famotidine oral tablet 20 mg</i>	Covered	OTC
<i>kls acid controller max st</i>	Covered	OTC
<i>kls acid reducer max st</i>	Covered	OTC
<i>nizatidine oral capsule 150 mg</i>	Covered	QL (60 EA per 30 days)
<i>nizatidine oral capsule 300 mg</i>	Covered	QL (30 EA per 30 days)
<i>px acid reducer max st</i>	Covered	OTC
<i>px acid reducer oral tablet 10 mg</i>	Covered	OTC; QL (60 EA per 30 days)

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>px acid reducer oral tablet 200 mg</i>	Covered	OTC
<i>qc acid controller</i>	Covered	OTC; QL (60 EA per 30 days)
<i>qc acid controller max st</i>	Covered	OTC
<i>ra acid reducer max st</i>	Covered	OTC
<i>ra acid reducer oral tablet 10 mg</i>	Covered	OTC; QL (60 EA per 30 days)
<i>ra acid reducer oral tablet 200 mg</i>	Covered	OTC
<i>ranitidine hcl oral syrup</i>	Covered	
<i>ranitidine hcl oral tablet 150 mg</i>	Covered	
<i>ranitidine hcl oral tablet 300 mg</i>	Covered	QL (2 EA per 1 day)
<i>sb acid controller</i>	Covered	OTC; QL (60 EA per 30 days)
<i>sb acid controller max st</i>	Covered	OTC
<i>sb acid reducer</i>	Covered	OTC; QL (60 EA per 30 days)
<i>sb cimetidine</i>	Covered	OTC
<i>sm acid reducer max st</i>	Covered	OTC
<i>sm acid reducer oral tablet 10 mg</i>	Covered	OTC; QL (60 EA per 30 days)
<i>sm acid reducer oral tablet 200 mg</i>	Covered	OTC
WAL-ZAN 150 MAXIMUM STRENGTH (<i>ranitidine hcl</i>)	Covered	OTC
*Misc. Anti-Ulcer*** - Drugs For Ulcers And Stomach Acid		
<i>sucalfate oral suspension</i>	Covered	AL (Max 12 Years)
<i>sucalfate oral tablet</i>	Covered	
*Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid		
<i>cvs lansoprazole</i>	Covered	OTC; QL (60 EA per 30 days)
<i>cvs omeprazole oral capsule delayed release</i>	Covered	OTC
<i>cvs omeprazole oral tablet delayed release</i>	Covered	OTC; QL (2 EA per 1 day)
<i>eq lansoprazole</i>	Covered	OTC; QL (60 EA per 30 days)
<i>eq omeprazole</i>	Covered	OTC; QL (2 EA per 1 day)
<i>eq omeprazole magnesium</i>	Covered	OTC
<i>eq lansoprazole</i>	Covered	OTC; QL (60 EA per 30 days)
<i>eq omeprazole</i>	Covered	OTC; QL (2 EA per 1 day)
<i>gnp lansoprazole</i>	Covered	OTC; QL (60 EA per 30 days)
<i>gnp omeprazole</i>	Covered	OTC; QL (2 EA per 1 day)
<i>goodsense lansoprazole</i>	Covered	OTC; QL (60 EA per 30 days)
<i>heartburn treatment 24 hour</i>	Covered	OTC; QL (60 EA per 30 days)
<i>hm lansoprazole</i>	Covered	OTC; QL (60 EA per 30 days)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hm omeprazole</i>	Covered	OTC; QL (2 EA per 1 day)
<i>kls lansoprazole</i>	Covered	OTC; QL (60 EA per 30 days)
<i>kls omeprazole</i>	Covered	OTC; QL (2 EA per 1 day)
<i>kp omeprazole magnesium</i>	Covered	OTC
<i>lansoprazole oral capsule delayed release 15 mg</i>	Covered	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Covered	
<i>omeprazole magnesium</i>	Covered	OTC
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	Covered	
<i>omeprazole oral capsule delayed release 20 mg</i>	Covered	QL (60 EA per 30 days)
<i>omeprazole oral tablet delayed release</i>	Covered	OTC; QL (2 EA per 1 day)
<i>omeprazole oral tablet delayed release dispersible</i>	Covered	OTC; QL (2 EA per 1 day)
<i>pantoprazole sodium</i>	Covered	QL (30 EA per 30 days)
<i>px omeprazole</i>	Covered	OTC; QL (2 EA per 1 day)
<i>qc omeprazole magnesium</i>	Covered	OTC
<i>ra lansoprazole</i>	Covered	OTC; QL (60 EA per 30 days)
<i>ra omeprazole</i>	Covered	OTC; QL (2 EA per 1 day)
<i>sb omeprazole</i>	Covered	OTC; QL (2 EA per 1 day)
<i>sm lansoprazole</i>	Covered	OTC; QL (60 EA per 30 days)
<i>sm omeprazole</i>	Covered	OTC; QL (2 EA per 1 day)
<i>tgt omeprazole</i>	Covered	OTC; QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE (<i>lansoprazole</i>)	Covered	AL (Max 12 Years)
FIRST-OMEPRAZOLE (<i>omeprazole</i>)	Covered	AL (Max 12 Years)
NEXIUM 24HR (<i>esomeprazole magnesium</i>)	Covered	OTC; QL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA (<i>omeprazole</i>)	Covered	AL (Max 12 Years)
*Quaternary Anticholinergics*** - Drugs For Stomach Cramps		
<i>glycopyrrolate</i>	Covered	
*Ulcer Drugs - Prostaglandins*** - Drugs For Ulcers And Stomach Acid		
<i>misoprostol</i>	Covered	
Urinary Anti-Infectives - Drugs For The Urinary System		
*Urinary Anti-Infectives*** - Drugs For Infections		
<i>methenamine hippurate</i>	Covered	
<i>methenamine mandelate</i>	Covered	
<i>nitrofurantoin</i>	Covered	AL (Max 12 Years)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitrofurantoin macrocrystal</i>	Covered	
<i>nitrofurantoin monohyd macro</i>	Covered	
Urinary Antispasmodics - Drugs For The Urinary System		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** - Drugs For The Bladder		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i>	Covered	QL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	Covered	QL (2 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Covered	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup</i>	Covered	QL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet</i>	Covered	QL (4 EA per 1 day)
<i>tolterodine tartrate</i>	Covered	ST; QL (2 EA per 1 day)
<i>tolterodine tartrate er</i>	Covered	ST; QL (1 EA per 1 day)
<i>trospium chloride</i>	Covered	ST; QL (2 EA per 1 day)
<i>trospium chloride er</i>	Covered	ST; QL (1 EA per 1 day)
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New) - Drugs For The Bladder		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i>	Covered	QL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	Covered	QL (2 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Covered	QL (30 EA per 30 days)
<i>oxybutynin chloride oral syrup</i>	Covered	QL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet</i>	Covered	QL (4 EA per 1 day)
<i>solifenacin succinate</i>	Covered	ST; QL (1 EA per 1 day)
<i>tolterodine tartrate</i>	Covered	ST; QL (2 EA per 1 day)
<i>tolterodine tartrate er</i>	Covered	ST; QL (1 EA per 1 day)
<i>trospium chloride</i>	Covered	ST; QL (2 EA per 1 day)
<i>trospium chloride er</i>	Covered	ST; QL (1 EA per 1 day)
*Urinary Antispasmodics - Cholinergic Agonists*** - Drugs For The Bladder		
<i>bethanechol chloride</i>	Covered	
*Urinary Antispasmodics - Cholinergic Agonists*** (New) - Drugs For The Bladder		
<i>bethanechol chloride</i>	Covered	
*Urinary Antispasmodics - Direct Muscle Relaxants*** - Drugs For The Bladder		
<i>flavoxate hcl</i>	Covered	QL (8 EA per 1 day)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*Urinary Antispasmodics - Direct Muscle Relaxants*** (New) - Drugs For The Bladder		
<i>flavoxate hcl</i>	Covered	QL (240 EA per 30 days)
Vaccines - Biological Agents		
*Bacterial Vaccines*** - Vaccines		
ACTHIB (<i>haemophilus b polysac conj vac</i>)	Covered	PA; AL (Min 19 Years)
BEXSERO (<i>meningococcal b recomb omv adj</i>)	Covered	QL (2 EA per 1 Lifetime); AL (Min 19 Years)
HIBERIX (<i>haemophilus b polysac conj vac</i>)	Covered	
MENACTRA (<i>meningococcal a c y&w-135 conj</i>)	Covered	AL (Min 19 Years)
MENVEO (<i>meningococcal a c y&w-135 olig</i>)	Covered	QL (1 EA per 1 Lifetime); AL (Min 19 Years)
PEDVAX HIB (<i>haemophilus b polysac conj vac</i>)	Covered	
PNEUMOVAX 23 (<i>pneumococcal vac polyvalent</i>)	Covered	QL (2 doses per 1 Lifetime); AL (Min 19 Years)
PREVNAR 13 (<i>pneumococcal 13-val conj vacc</i>)	Covered	QL (1 dose per 1 Lifetime); AL (Min 19 Years)
TRUMENBA (<i>meningococcal b vac (recomb)</i>)	Covered	QL (3 EA per 1 Lifetime); AL (Min 19 Years)
*Viral Vaccine Combinations*** - Vaccines		
M-M-R II (<i>measles, mumps & rubella vac</i>)	Covered	QL (2 EA per 1 Lifetime)
TWINRIX (<i>hepatitis a-hep b recomb vac</i>)	Covered	AL (Min 19 Years)
*Viral Vaccines*** - Vaccines		
AFLURIA (<i>influenza virus vaccine split</i>)	Covered	AL (Min 19 Years)
AFLURIA PRESERVATIVE FREE (<i>influenza virus vacc split pf</i>)	Covered	AL (Min 19 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML (<i>influenza vac split quad</i>)	Covered	AL (Min 19 Years and Max 64 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Covered	
ENGRIX-B (<i>hepatitis b vac recombinant</i>)	Covered	AL (Min 19 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Covered	AL (Min 19 Years and Max 64 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Covered	
FLUBLOK QUADRIVALENT (<i>influenza vac recomb ha quad</i>)	Covered	AL (Min 19 Years and Max 64 Years)

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUCELVAX QUADRIVALENT (<i>influenza vac subunit quad</i>)	Covered	AL (Min 19 Years and Max 64 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Covered	AL (Min 19 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML (<i>influenza vac split quad</i>)	Covered	AL (Min 19 Years and Max 64 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Covered	
FLUMIST QUADRIVALENT (<i>influenza virus vac live quad</i>)	Covered	AL (Min 19 Years and Max 64 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Covered	AL (Min 19 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML (<i>influenza vac split quad</i>)	Covered	AL (Min 19 Years and Max 64 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML (<i>influenza vac split quad</i>)	Covered	AL (Min 19 Years and Max 64 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	Covered	
GARDASIL 9 (<i>hvp 9-valent recomb vaccine</i>)	Covered	QL (3 doses per 1 Lifetime); AL (Min 19 Years and Max 26 Years)
HAVRIX (<i>hepatitis a vaccine</i>)	Covered	QL (2 doses per 1 Lifetime); AL (Min 19 Years)
HEPLISAV-B (<i>hepatitis b vac recomb adj</i>)	Covered	AL (Min 19 Years)
IMOVAX RABIES (<i>rabies virus vaccine, hdc</i>)	Covered	
RABAVERT (<i>rabies vaccine, pcec</i>)	Covered	AL (Min 19 Years)
RECOMBIVAX HB (<i>hepatitis b vac recombinant</i>)	Covered	AL (Min 19 Years)
VAQTA (<i>hepatitis a vaccine</i>)	Covered	QL (2 doses per 1 Lifetime); AL (Min 19 Years)
VARIVAX (<i>varicella virus vaccine live</i>)	Covered	QL (2 EA per 1 Lifetime); AL (Min 19 Years)
ZOSTAVAX (<i>zoster vaccine live</i>)	Covered	AL (Min 50 Years)
Vaginal Products - Drugs For Women		
*Imidazole-Related Antifungals*** - Drugs For Infections		
<i>cvs miconazole 3 combo pack</i>	Covered	OTC
<i>eq miconazole 3 combo pack</i>	Covered	OTC
<i>eq miconazole 3</i>	Covered	OTC
<i>gnp miconazole 3</i>	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>miconazole 3 combo pack</i>	Covered	OTC
<i>miconazole 3 combo pack app</i>	Covered	OTC
<i>px miconazole 3-day combo</i>	Covered	OTC
<i>ra miconazole 3 combo pack</i>	Covered	OTC
<i>ra miconazole 3 combo pack app</i>	Covered	OTC
<i>sm miconazole 3</i>	Covered	OTC
<i>sm miconazole 3 applicator</i>	Covered	OTC
<i>terconazole</i>	Covered	
<i>tgt miconazole 3 combo pack</i>	Covered	OTC
MONISTAT 7 COMBO PACK APP (<i>miconazole nitrate</i>)	Covered	OTC
*Spermicides*** - Birth Control Pills		
TODAY SPONGE (<i>nonoxynol-9</i>)	Covered	OTC; QL (3 Sponges per 30 days)
VCF VAGINAL CONTRACEPTIVE (<i>nonoxynol-9</i>)	Covered	OTC; QL (12 Films per 30 days)
*Vaginal Anti-Infectives*** - Drugs For Infections		
<i>clindamycin phosphate</i>	Covered	
<i>metronidazole</i>	Covered	
<i>metronidazole</i> (Vandazole)	Covered	
*Vaginal Estrogens*** - Drugs For Women		
<i>estradiol</i>	Covered	PA
ESTRING (<i>estradiol</i>)	Covered	QL (1 EA per 90 days)
Vasopressors - Drugs For The Heart		
*Anaphylaxis Therapy Agents*** - Drugs For Serious Allergic Reaction		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Covered	QL (4 Units per 365 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	Covered	QL (4 EA per 365 days)
*Vasopressors*** - Drugs For Serious Allergic Reaction		
<i>midodrine hcl</i>	Covered	
Vitamins - Drugs For Nutrition		
*Vitamin B-1*** - Drugs For Nutrition		
<i>b-1</i>	Covered	OTC
<i>b1 natural</i>	Covered	OTC
<i>ra vitamin b-1</i>	Covered	OTC
<i>thiamine</i>	Covered	OTC

Coverage Requirements and Limits

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>thiamine hcl</i>	Covered	OTC
<i>vitamin b-1</i>	Covered	OTC
*Vitamin B-3*** - Drugs For Nutrition		
<i>gnp niacin</i>	Covered	OTC
<i>gnp niacin tr</i>	Covered	OTC
<i>hm niacin</i>	Covered	OTC
<i>niacin</i>	Covered	OTC
<i>niacin er</i>	Covered	OTC
<i>niacin-50</i>	Covered	OTC
<i>px niacin</i>	Covered	OTC
<i>ra niacin</i>	Covered	OTC
<i>ra no flush niacin</i>	Covered	OTC
<i>sm niacin cr</i>	Covered	OTC
ENDUR-ACIN (<i>niacin</i>)	Covered	OTC
SLO-NIACIN (<i>niacin</i>)	Covered	OTC
*Vitamin B-6*** - Drugs For Nutrition		
<i>b-6</i>	Covered	OTC
<i>b6 natural</i>	Covered	OTC
<i>eql b-6</i>	Covered	OTC
<i>gnp vitamin b-6</i>	Covered	OTC
<i>hm vitamin b6</i>	Covered	OTC
<i>neuro-k-50</i>	Covered	OTC
<i>pyridoxine hcl</i>	Covered	OTC
<i>ra vitamin b-6</i>	Covered	OTC
<i>sm vitamin b-6</i>	Covered	OTC
<i>vitamin b6</i>	Covered	OTC
<i>vitamin b-6</i>	Covered	OTC
<i>yl vitamin b-6</i>	Covered	OTC
*Vitamin C*** - Drugs For Nutrition		
ASCOR (<i>ascorbic acid</i>)	Covered	PA
*Vitamin D*** - Drugs For Nutrition		
<i>cvs d3</i>	Covered	OTC
<i>cvs vitamin d3</i>	Covered	OTC
<i>d 1000</i>	Covered	OTC

lowercase italics = Generic drugs
UPPERCASE BOLD = Brand name drugs
Drug Tier
Covered = Covered Medications
Not Covered = Not Covered Medications

Coverage Requirements and Limits
AL = Age Restrictions
OTC = OTC Medications
PA = Prior Authorization May Applies
QL = Quantity Limits
ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>d 2000</i>	Covered	OTC
<i>d 400</i>	Covered	OTC
<i>d 5000</i>	Covered	OTC
<i>d-1000</i>	Covered	OTC
<i>d-1000 extra strength</i>	Covered	OTC
<i>d-2000 maximum strength</i>	Covered	OTC
<i>d2000 ultra strength</i>	Covered	OTC
<i>d3 adult</i>	Covered	OTC
<i>d3 high potency</i>	Covered	OTC
<i>d3 kids</i>	Covered	OTC
<i>d3 maximum strength</i>	Covered	OTC
<i>d3 super strength</i>	Covered	OTC
<i>d3-1000</i>	Covered	OTC
<i>d-3-5</i>	Covered	OTC
<i>d-400</i>	Covered	OTC
<i>d-5000</i>	Covered	OTC
<i>delta d3</i>	Covered	OTC
<i>ergocal</i>	Covered	QL (1 EA per 1 day)
<i>ergocalciferol oral capsule</i>	Covered	
<i>ergocalciferol oral solution</i>	Covered	OTC
<i>gnp vitamin d</i>	Covered	OTC
<i>gnp vitamin d maximum strength</i>	Covered	OTC
<i>gnp vitamin d super strength</i>	Covered	OTC
<i>gnp vitamin d3 extra strength</i>	Covered	OTC
<i>hm vitamin d</i>	Covered	OTC
<i>hm vitamin d3</i>	Covered	OTC
<i>kp vitamin d</i>	Covered	OTC
<i>nat-rul vitamin d</i>	Covered	OTC
<i>natural vitamin d-3</i>	Covered	OTC
<i>pa vitamin d-3</i>	Covered	OTC
<i>pa vitamin d-3 gummy</i>	Covered	OTC
<i>ra vitamin d-3</i>	Covered	OTC
<i>sm vitamin d</i>	Covered	OTC
<i>sm vitamin d3</i>	Covered	OTC

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin d</i>	Covered	OTC
<i>vitamin d (cholecalciferol)</i>	Covered	OTC
<i>vitamin d (ergocalciferol)</i>	Covered	
<i>vitamin d2</i>	Covered	OTC
<i>vitamin d3</i>	Covered	OTC
<i>vitamin d-3</i>	Covered	OTC
<i>vitamin d3 adult gummies</i>	Covered	OTC
<i>vitamin d3 maximum strength</i>	Covered	OTC
<i>vitamin d3 super strength</i>	Covered	OTC
<i>vitamin d-400</i>	Covered	OTC
CALCIDOL (<i>ergocalciferol</i>)	Covered	OTC
CALCIFEROL (<i>ergocalciferol</i>)	Covered	OTC
D3 DOTS (<i>cholecalciferol</i>)	Covered	OTC
DIALYVITE VITAMIN D 5000 (<i>cholecalciferol</i>)	Covered	OTC
HEALTHY KIDS VITAMIN D3 (<i>cholecalciferol</i>)	Covered	OTC
PRONUTRIENTS VITAMIN D3 (<i>cholecalciferol</i>)	Covered	OTC
REPLESTA (<i>cholecalciferol</i>)	Covered	OTC
THERA-D 2000 (<i>cholecalciferol</i>)	Covered	OTC
THERA-D RAPID REPLETION (<i>cholecalciferol</i>)	Covered	OTC
VITAJOY DAILY D GUMMIES (<i>cholecalciferol</i>)	Covered	OTC
VITAMIN D-1000 MAX ST (<i>cholecalciferol</i>)	Covered	OTC
*Vitamin K*** - Drugs For Nutrition		
<i>phytonadione</i>	Covered	

lowercase italics = Generic drugs

UPPERCASE BOLD = Brand name drugs

Drug Tier

Covered = Covered Medications

Not Covered = Not Covered Medications

Coverage Requirements and Limits

AL = Age Restrictions

OTC = OTC Medications

PA = Prior Authorization May Applies

QL = Quantity Limits

ST = Step Therapy May Applies

Index of Drugs

<i>1st tier unilet comfortouch</i>	118	<i>acetylcysteine</i>	83	AEROCHAMBER MINI CHAMBER	
<i>50+ adult eye health</i>	149	<i>acid control maximum strength</i>	188	.....	138
<i>8 hour pain reliever</i>	21	<i>acid controller</i>	188	AEROCHAMBER MV	138
<i>a thru z advanced</i>	149	<i>acid controller max st</i>	188	AEROCHAMBER PLUS	138
<i>a thru z advantage</i>	160	<i>acid reducer</i>	188	AEROCHAMBER PLUS FLO-VU	138
<i>a thru z high potency</i>	149	<i>acid reducer maximum strength</i>	188	AEROCHAMBER PLUS FLO-VU	
<i>a thru z select</i>	149	<i>acidophilus lactobacillus</i>	71	LARGE	138
<i>a thru z select 50+ advanced</i>	149	<i>acne foaming wash</i>	84	AEROCHAMBER PLUS FLO-VU	
<i>a thru z select 50+ mens</i>	149	<i>acne medication 10</i>	84	MEDIUM	138
<i>a thru z select advanced</i>	149	<i>acne medication 5</i>	84	AEROCHAMBER PLUS FLO-VU	
<i>a thru z select ultimate women</i>	149	<i>acne-clear</i>	84	SMALL	138
<i>a thru z ultimate mens</i>	149	ACTHIB	193	AEROCHAMBER PLUS FLO-VU	
A+D PREVENT	91	<i>actical</i>	149	W/MASK	138
<i>abacavir sulfate</i>	64	ACTIFOAM COLLAGEN SPONGE		AEROCHAMBER PLUS FLOW	
<i>abacavir sulfate-lamivudine</i>	61	.....	109	VU	138
<i>abacavir-lamivudine-zidovudine</i> ..	61	<i>acti-lance 28g</i>	118	AEROCHAMBER PLUS W/MASK	
<i>abc plus</i>	149	<i>acti-lance lite lancets 28g</i>	118	SMALL	139
ABELCET	44	<i>acti-lance special lancets 17g</i>	118	AEROCHAMBER	
ABILIFY	60	<i>acti-lance universal 23g</i>	118	W/FLOWSIGNAL	139
ABILIFY MAINTENA	60	ACTIMMUNE	55	AEROCHAMBER Z-STAT PLUS ..	139
<i>abiraterone acetate</i>	53	<i>acyclovir</i>	65, 87	AEROCHAMBER Z-STAT PLUS	
<i>acamprosate calcium</i>	182	<i>acyclovir sodium</i>	65	CHAMBR	139
<i>acarbose</i>	38	ADACEL	188	AEROCHAMBER Z-STAT	
ACCU-CHEK AVIVA	122	<i>adapalene</i>	84	PLUS/LARGE	139
ACCU-CHEK COMPACT PLUS		ADDAPRIN	21	AEROCHAMBER Z-STAT	
CONTROL	122	<i>adjustable lancing device</i>	118	PLUS/MEDIUM	139
ACCU-CHEK FASTCLIX LANCET		ADMELOG	40	AEROCHAMBER Z-STAT	
.....	123	ADMELOG SOLOSTAR	40	PLUS/SMALL	139
ACCU-CHEK FASTCLIX		<i>Adriamycin</i>	55	AEROVENT PLUS	139
LANCETS	123	<i>adult gummy</i>	149	<i>Afeditab Cr</i>	68
ACCU-CHEK MULTICLIX		<i>adult one daily gummies</i>	149	AFINITOR	54
LANCET DEV	123	ADVANCE INTUITION CONTROL	123	AFLURIA	193
ACCU-CHEK MULTICLIX		ADVANCE MICRO-DRAW		AFLURIA PRESERVATIVE FREE	193
LANCETS	123	CONTROL	123	AFLURIA QUADRIVALENT	193
ACCU-CHEK SAFE-T PRO		ADVANCE MICRO-DRAW		AFSTYLA	105
LANCETS	123	NORMAL	123	AGAMATRIX CONTROL	123
ACCU-CHEK SMARTVIEW		<i>advanced hand sanitizer</i>	96	AGAMATRIX ULTRA-THIN	
CONTROL	123	<i>advanced hand sanitizer/aloe</i>	96	LANCETS	123
ACCU-CHEK SOFT TOUCH		<i>advanced healing/baby</i>	91	<i>aimSCO lubricated</i>	116
LANCETS	123	ADVANTAGE CARE		AIRZONE PEAK FLOW METER	137
ACCU-CHEK SOFTCLIX LANCET		ELECTROLYTE PED	145	AL12	93
DEV	123	ADVATE	105	<i>ala-cort</i>	88
ACCU-CHEK SOFTCLIX		ADVIL JUNIOR STRENGTH	21	ALAHIST D	82
LANCETS	123	ADVOCATE CONTROL		ALAVERT	48
ACCUTREND GLUCOSE		SOLUTION	123	ALAWAY	167
CONTROL	123	ADVOCATE INSULIN SYRINGE ..	135	ALAWAY CHILDRENS ALLERGY	
<i>acebutolol hcl</i>	66	ADVOCATE LANCETS	123	.....	167
ACEPHEN	23	ADVOCATE LANCETS 30G	123	<i>albendazole</i>	31
<i>acetaminophen</i>	21	ADVOCATE LANCING DEVICE ...	123	<i>albuterol sulfate</i>	33
<i>acetaminophen er</i>	21	ADVOCATE RAPID-SAFE		<i>albuterol sulfate hfa</i>	33
<i>acetaminophen extra strength</i>	21	LANCING	123	<i>alclometasone dipropionate</i>	88
<i>acetaminophen-codeine</i>	26	ADVOCATE REDI-CODE+		ALCO-GEL	60
<i>acetaminophen-codeine #2</i>	26	CONTROL	123	<i>alcohol (rubbing)</i>	72
<i>acetaminophen-codeine #3</i>	26	ADVOCATE SAFETY LANCETS ..	123	<i>alcohol pads</i>	115
<i>acetaminophen-codeine #4</i>	26	ADVOCATE SAFETY LANCETS		<i>alcohol prep</i>	115
<i>Acetasol Hc</i>	170	26G	123	<i>alcohol swabs</i>	115
<i>acetazolamide</i>	99	<i>adynovate</i>	105	<i>alcohol wipes</i>	115
<i>acetazolamide er</i>	99			ALECENSA	55
<i>acetic acid</i>	169			<i>alendronate sodium</i>	99

<i>alfuzosin hcl er</i>	103	<i>amlodipine besylate</i>	67	<i>arthritis pain relief</i>	21
ALIVE MULTI-VITAMIN		<i>amlodipine besylate-valsartan</i>	50	<i>arthritis pain relieving</i>	95
CHILDRENS	157	<i>amlodipine-atorvastatin</i>	69	<i>artificial tears</i>	166
<i>all day allergy</i>	46	<i>ammonium lactate</i>	91	Arzol Silver Nit Applicators.....	88
<i>all day allergy childrens</i>	46	<i>amoxapine</i>	38	Ascomp-Codeine.....	26
<i>all day allergy d</i>	81	<i>amoxicillin</i>	171	ASCOR	196
<i>all day allergy d-12</i>	81	<i>amoxicillin-pot clavulanate</i>	171	<i>aspirin</i>	24
<i>all day allergy-d</i>	81	<i>amoxicillin-pot clavulanate er</i>	171	<i>aspirin 81</i>	24
<i>all day pain relief</i>	18	<i>amphetamine-dextroamphet er</i>	14	<i>aspirin adult low dose</i>	24
<i>all day relief</i>	18	<i>amphetamine-</i>		<i>aspirin adult low strength</i>	24
<i>allergy</i>	46	<i>dextroamphetamine</i>	14	<i>aspirin childrens</i>	24
<i>allergy childrens</i>	44, 46	<i>ampicillin</i>	171	<i>aspirin ec</i>	24
<i>allergy d-12</i>	81	<i>ampicillin sodium</i>	171	<i>aspirin ec low dose</i>	24
<i>allergy eye drops</i>	167	<i>ampicillin-sulbactam sodium</i>	171	<i>aspirin ec low strength</i>	24
<i>allergy relief</i>	46	<i>anagrelide hcl</i>	107	<i>aspirin low dose</i>	24
<i>allergy relief child</i>	46	<i>anastrozole</i>	55	<i>aspirin low strength</i>	24
<i>allergy relief childrens</i>	44, 46	ANECREAM	95	ASPIR-LOW	25
<i>allopurinol</i>	104	<i>animal chews</i>	158	<i>aspirin maximum strength</i>	24
ALMACONE DOUBLE		ANIMAL SHAPES	158	ASSESS FULL RANGE PEAK	
STRENGTH	30	<i>anise extract</i>	172	METER	137
<i>almond oil bitter flavor</i>	172	ANORO ELLIPTA	33	ASSESS LOW RANGE PEAK	
<i>alogliptin benzoate</i>	40	<i>antacid</i>	29	METER	138
<i>alogliptin-metformin hcl</i>	40	<i>antacid anti-gas max strength</i>	29	ASSESS PEAK FLOW METER	138
<i>alogliptin-pioglitazone</i>	40	<i>antacid extra strength</i>	29	ASSURE 3 CONTROL	123
ALPHANATE/VWF		<i>antacid iii</i>	29	ASSURE 4 CONTROL LEVEL 1 &	
COMPLEX/HUMAN	105	<i>antacid maximum strength</i>	29	2	123
ALPHANINE SD	105	<i>antacid plus anti-gas relief</i>	29	<i>assure comfort lancets 28g</i>	119
<i>alprazolam</i>	32	<i>antacid/simethicone ds</i>	29	ASSURE DOSE CONTROL	123
<i>alprazolam er</i>	32	<i>anti-diarrheal</i>	42	ASSURE DOSE NORM/HIGH	
<i>alprazolam xr</i>	32	<i>antifungal</i>	86	CONTROL	123
ALPROLIX	105	<i>anti-fungal</i>	93	ASSURE HAEMOLANCE PLUS	
Altafrin.....	166	<i>anti-itch maximum strength</i>	88	HIGH	123
<i>altarussin</i>	82	<i>antioxidant</i>	149	ASSURE HAEMOLANCE PLUS	
<i>altarussin dm</i>	78	<i>antioxidant alc/el/selenium</i>	149	LOW	123
Altavera.....	73	<i>antioxidant formula</i>	98, 149, 156	ASSURE HAEMOLANCE PLUS	
<i>alternate site lancing device</i>	118	<i>anti-oxidant formula</i>	149	MICRO	123
<i>alyacen 1/35</i>	73	<i>antioxidant formulalminerals</i>	149	ASSURE HAEMOLANCE PLUS	
<i>alyacen 7/17</i>	76	<i>antioxidant protection formula</i>	149	NORMAL	123
<i>amantadine hcl</i>	57, 70	<i>antioxidant vitamins</i>	149	ASSURE HAEMOLANCE PLUS	
AMBISOME	44	ANTISEPTIC HAND RINSE	96	PED	123
<i>ambrisentan</i>	69	<i>antiseptic skin cleanser</i>	60	ASSURE ID INSULIN SAFETY	
AMICAR	109	<i>apple flavor</i>	172	SYR	135
<i>amiloride hcl</i>	99	<i>apra</i>	21	ASSURE II CONTROL	123
<i>amiloride-hydrochlorothiazide</i>	99	<i>aprepitant</i>	43	ASSURE II CONTROL LEVEL 1 &	
<i>amino acid</i>	162	Apri.....	73	2	123
<i>aminocaproic acid</i>	70, 109	<i>apricot flavor</i>	172	ASSURE LANCE LANCETS	124
<i>aminofen</i>	21	APRISO	103	ASSURE LANCE LANCETS 21G ..	124
AMINOSYN	162	APTIVUS	62	ASSURE LANCE PLUS SAFETY	
AMINOSYN II	162	<i>aqua lance adjustable lancing</i>	118	25G	124
Aminosyn Ii/Electrolytes.....	162	Aranelle.....	76	ASSURE LANCE PLUS SAFETY	
AMINOSYN M	162	ARCAPTA NEOHALER	33	30G	124
AMINOSYN/ELECTROLYTES	162	Argyle Sterile Saline.....	104	ASSURE LANCETS	124
AMINOSYN-HBC	162	Argyle Sterile Water.....	66	ASSURE PRISM CONTROL	
AMINOSYN-PF	162	ARIAL CHAMBER	139	LEVEL 1	124
AMINOSYN-RF	162	<i>aripiprazole</i>	59	ASSURE PRO CONTROL LEVEL	
<i>amiodarone hcl</i>	32	ARISTADA	60	1 & 2	124
AMITIZA	102	<i>ARISTADA INITIO</i>	60	ASTHMA CHECK METER-ZONE	
<i>amitriptyline hcl</i>	38	<i>armodafinil</i>	15	SYSTEM	138
AMLACTIN	93	ARMOUR THYROID	187	ASTHMAMENTOR	138
<i>amlodipine besy-benazepril hcl</i>	49	ARNUITY ELLIPTA	34	<i>atazanavir sulfate</i>	62

<i>atenolol</i>	67	BASAGLAR KWIKPEN	40	BENZIQUASH	85
<i>atenolol-chlorthalidone</i>	51	BAXDELA	101	<i>benzonatate</i>	77
<i>athletes foot</i>	93	BAYER ADVANCED ASPIRIN EX		<i>benzoyl peroxide</i>	84, 85
<i>athletes foot spray</i>	86	ST	25	<i>benzoyl peroxide cleanser</i>	84
<i>atorvastatin calcium</i>	49	BAYER ADVANCED ASPIRIN		<i>benzoyl peroxide wash</i>	85
<i>atovaquone-proguanil hcl</i>	52	REG ST	25	<i>benzphetamine hcl</i>	14
ATRIPLA	61	BAYER ASPIRIN	25	<i>benztropine mesylate</i>	56
<i>atropine sulfate</i>	166	BAYER ASPIRIN EC LOW DOSE ..	25	<i>benzyl alcohol</i>	171
ATROVENT HFA	33	BAYER ASPIRIN EXTRA		<i>benzyl benzoate</i>	72
AUBAGIO	182	STRENGTH	25	<i>beta care</i>	91
Aubra.....	73	BAYER BREEZE 2 CONTROL	124	BETA CARE BETATAR GEL	97
<i>auraphene-b</i>	169	BAYER CONTOUR	124	<i>beta hc</i>	88
<i>aurora lancet super thin 30g</i>	119	BAYER LOW DOSE	25	<i>betamethasone dipropionate</i>	88
<i>aurora lancet thin 23g</i>	119	BAYER MICROLET 2 LANCING		<i>betamethasone dipropionate aug</i>	88
AURYXIA	103	DEVIC	124	<i>betamethasone valerate</i>	88
AUSTEDO	182	BAYER MICROLET LANCETS	124	BETAQUIK	164
AUTO-LANCET	124	BD AUTOSHIELD	135	<i>betaxolol hcl</i>	166
AUTO-LANCET MINI	124	BD AUTOSHIELD DUO	135	<i>bethanechol chloride</i>	192
AUTOLET II CLINISAFE	124	BD ECLIPSE SYRINGE	135	BEXSERO	193
AUTOLET LANCING DEVICE	124	BD GLUCOSE	39	<i>bicalutamide</i>	53
AUTOLET LITE CLINISAFE	124	BD INSULIN SYR ULTRAFINE II ..	135	BIKTARVY	61
AUTOLET LITE STARTER PACK	124	BD INSULIN SYRINGE	135	<i>bimatoprost</i>	95
AUTOLET MINI	124	BD INSULIN SYRINGE		<i>biocotron</i>	78
AUTOLET PLATFORMS	124	MICROFINE	135	<i>bio-statin</i>	43
AVANDIA	42	BD INSULIN SYRINGE U/F	135	<i>biosupp</i>	149
AVEENO ANTI-ITCH MAX ST	90	BD INSULIN SYRINGE		BIOTECT PLUS	156
Aviane.....	73	ULTRAFINE	135	<i>biotin plus/calcium/vit d3</i>	149
<i>avidoxy</i>	187	BD LANCET ULTRAFINE 30G	124	<i>bisoprolol fumarate</i>	67
AVITENE	109	BD LANCET ULTRAFINE 33G	124	<i>bisoprolol-hydrochlorothiazide</i> ...	51
AVITENE FLOUR	109	BD LUER-LOK SYRINGE	135	<i>bite-a-mins</i>	158
AVONEX	183	BD MICROTAINER LANCETS	124	<i>bite-a-mins/iron</i>	157
AVONEX PEN	183	BD PEN NEEDLE MICRO U/F	135	<i>bitter stop flavor</i>	172
AVONEX PREFILLED	183	BD PEN NEEDLE MINI U/F	135	<i>bitterness mask flavor</i>	172
<i>av-phos 250 neutral</i>	146	BD PEN NEEDLE NANO U/F	135	<i>blackberry flavor</i>	172
AVYCAZ	69	BD PEN NEEDLE ORIGINAL U/F	135	Blisovi Fe 1.5/30.....	73
AZACTAM IN DEXTROSE	147	BD PEN NEEDLE SHORT U/F	135	Blisovi Fe 1/20.....	73
<i>azathioprine</i>	66	BD SAFETYGLIDE INSULIN		<i>blueberry flavor</i>	172
<i>azelastine hcl</i>	161, 167	SYRINGE	136	<i>body/hair/skin/nails</i>	149
<i>azithromycin</i>	115	BD SAFETYGLIDE		<i>bosentan</i>	69
AZOPT	168	SYRINGE/NEEDLE	136	BOUDREAUXS BUTT PASTE	88
Azurette.....	73	BD SAFETY-LOK INSULIN		BOUNTY BEARS/C	158
b-1	195	SYRINGE	136	<i>bp gel</i>	85
b1 natural	195	BD SWAB SINGLE USE		<i>bp wash</i>	85
b-6	196	REGULAR	116	BPROTECTED PEDIA POLY-VITE	
b6 natural	196	BD SWABS SINGLE USE		.....	158
<i>bacitracin</i>	86, 167	BUTTERFLY	116	BPROTECTED PEDIA POLY-	
<i>bacitracin zinc</i>	86	BD SYRINGE/NEEDLE	136	VITE/FE	158
<i>bacitracin-polymyxin b</i>	168	BD SYRINGE/NEEDLE SLIP TIP ..	136	BREATHERITE	139
<i>bacitra-neomycin-polymyxin-hc</i> ..	168	<i>beauty lotion</i>	91	BREATHERITE COLL SPACER	
BACITRAYCIN PLUS	86	<i>beef (grilled) flavor oil sol</i>	172	ADULT	139
<i>baclofen</i>	160	<i>beef flavor</i>	172	BREATHERITE COLL SPACER	
<i>bacon flavor</i>	172	<i>beef type flavor natural</i>	172	CHILD	139
BACTOCILL IN DEXTROSE	171	Bekyree.....	73	BREATHERITE COLL SPACER	
<i>balsalazide disodium</i>	103	BELBUCA	28	INFANT	139
Balziva.....	73	BELVIQ	15	BREATHERITE RIGID	
<i>banana concentrate</i>	172	BELVIQ XR	15	SPACER/MASK	139
<i>banana cream flavor</i>	172	<i>benazepril hcl</i>	50	BREATHERITE SPACER	
<i>banana creme flavor</i>	172	<i>benazepril-hydrochlorothiazide</i> ..	49	NEONATE	139
<i>banana flavor</i>	172	BENEFIX	105	BREATHERITE SPACER SMALL	
BANOPHEN	45	BENEPROTEIN	165	CHILD	139

BREATHERITE VALVED MDI			
CHAMBER.....	138	calcium 500+d high potency.....	141
BREATHERITE/LARGE MASK....	139	calcium 600.....	143
BREATHERITE/MEDIUM MASK..	139	calcium 600 + d.....	141
BREATHERITE/SMALL MASK....	139	calcium 600 + minerals.....	141
b-redilred hearts/red roosters.....	149	calcium 600 high potency.....	143
BREO ELLIPTA.....	33	calcium 600/vitamin d.....	141
briellyn.....	73	calcium 600+d.....	141
brimonidine tartrate.....	168	calcium 600+d high potency.....	141
bromocriptine mesylate.....	57	calcium 600+d plus minerals.....	142
brompheniramine tannate.....	44	calcium 600+d3.....	142
bubble gum concentrate.....	172	calcium 600-d.....	142
bubble gum flavor.....	172	calcium acetate (phos binder)....	103
BUCKLEYS CHEST		calcium carbonate.....	143
CONGESTION.....	83	calcium carbonate extra light.....	143
budesonide.....	34, 161	calcium carbonate light.....	143
budesonide-formoterol fumarate.	33	calcium carbonate-vitamin d.....	142
bullseye mini safety lancets.....	119	calcium carbonate-vitamin d3....	142
BULLSEYE SAFETY LANCETS....	124	calcium chloride.....	143
bumetanide.....	99	calcium citrate.....	143
BUNAVAIL.....	28	calcium folinate.....	71
buprenorphine hcl.....	28	calcium high potency.....	143
buprenorphine hcl-naloxone hcl..	28	calcium high potency/vitamin d.	142
bupropion hcl.....	36	calcium oyster shell.....	144
bupropion hcl er (smoking det) ..	184	calcium-vitamin d.....	142
bupropion hcl er (sr).....	36	calcium-vitamin d3.....	142
bupropion hcl er (xl).....	36	calcium-vitamin d-minerals.....	142
BURIED TREASURE ACTIVE 55		CALPHRON.....	103
PLUS.....	156	CALTRATE 600.....	144
buspirone hcl.....	31	Camila.....	76
butalbital-acetaminophen.....	23	candesartan cilexetil.....	50
butalbital-apap-caff-cod.....	26	candesartan cilexetil-hctz.....	50
butalbital-apap-cafeine.....	23	capecitabine.....	54
butalbital-asa-caff-codeine.....	26	capsaicin.....	95
butalbital-aspirin-cafeine.....	23	capsule coni-snap #0 blu/white..	174
butenafine hcl.....	86	capsule coni-snap #0 clear.....	174
butorphanol tartrate.....	28	capsule coni-snap #0 dark blue..	174
BUTRANS.....	28	capsule coni-snap #0 green/clr..	174
butter flavor.....	172	capsule coni-snap #0 pink.....	174
butter rum flavor.....	172	capsule coni-snap #0 red/white..	174
butterscotch flavor.....	172	capsule coni-snap #0 white.....	174
cabergoline.....	100	capsule coni-snap #00 clear.....	174
CABOMETYX.....	55	capsule coni-snap #00 white.....	174
caffeine anhydrous.....	14	capsule coni-snap #000 clear....	174
caffeine citrate.....	14	capsule coni-snap #1 aqua blue..	174
caffeine citrated.....	14	capsule coni-snap #1 blue.....	174
CAL-CARB FORTE.....	144	capsule coni-snap #1 blue/pink..	174
CALCIDOL.....	198	capsule coni-snap #1 blue/wht...	174
CALCIFEROL.....	198	capsule coni-snap #1 brown.....	174
calcipotriene.....	87	capsule coni-snap #1 brwnlivry..	174
calcitonin (salmon).....	100	capsule coni-snap #1 clear.....	174
CALCITRATE.....	144	capsule coni-snap #1 dk grnlor..	175
calcitriol.....	100	capsule coni-snap #1 drk green..	175
calcium.....	141, 143	capsule coni-snap #1 grey/pink..	175
calcium + d3.....	141	capsule coni-snap #1 grnlylw....	175
calcium 500 + d.....	141	capsule coni-snap #1 orange.....	175
calcium 500 +d.....	141	capsule coni-snap #1 pink.....	175
calcium 500/d.....	141	capsule coni-snap #1 pink/blue..	175
calcium 500/vitamin d.....	141	capsule coni-snap #1 pink/clr....	175
calcium 500+d.....	141	capsule coni-snap #1 pink/whit..	175
		capsule coni-snap #1 pinklyllw..	175
		capsule coni-snap #1 purple.....	175
		capsule coni-snap #1 red/blue....	175
		capsule coni-snap #1 red/white..	175
		capsule coni-snap #1 white.....	175
		capsule coni-snap #1 white/grn..	175
		capsule coni-snap #1 wht/clr.....	175
		capsule coni-snap #1 yellow.....	175
		capsule coni-snap #1 yellowlgr..	175
		capsule coni-snap #2 clear.....	175
		capsule coni-snap #2 white.....	175
		capsule coni-snap #3 blu/clear...	175
		capsule coni-snap #3 brn/blue...	175
		capsule coni-snap #3 clear.....	180
		capsule coni-snap #3 graylylw...	175
		capsule coni-snap #3 green/blu..	175
		capsule coni-snap #3 grey/pink..	175
		capsule coni-snap #3 maron/blu..	175
		capsule coni-snap #3 mint grn...	175
		capsule coni-snap #3 olive/clr....	175
		capsule coni-snap #3 orange.....	175
		capsule coni-snap #3 pink/pink..	175
		capsule coni-snap #3 pnk/clear..	175
		capsule coni-snap #3 red/clear...	175
		capsule coni-snap #3 red/red....	175
		capsule coni-snap #3 white.....	175
		capsule coni-snap #3 wht/clr.....	176
		capsule coni-snap #3 yellow.....	176
		capsule coni-snap #4 black/grn..	176
		capsule coni-snap #4 clear.....	176
		capsule coni-snap #4 white.....	176
		capsule size 1 lactose.....	176
		caramel flavor.....	172
		carbamazepine.....	35
		carbamazepine er.....	35
		carbazochrome.....	70
		carbidopa-levodopa.....	57
		carbidopa-levodopa er.....	57
		carbidopa-levodopa-entacapone..	57
		carbinoxamine maleate.....	44
		CARDIOCOM LANCING DEVICE..	124
		careone advanced lancing dev...	119
		careone insulin syringe.....	134
		careone lancet thin 23g.....	119
		careone lancet ultra thin 28g....	119
		CARESENS CONTROL A.....	124
		carisoprodol.....	160
		carisoprodol-aspirin.....	161
		carisoprodol-aspirin-codeine....	161
		CARRACOLLOID 4"X4".....	97
		CARRACOLLOID 6"X6".....	97
		carteolol hcl.....	166
		Cartia Xt.....	68
		carvedilol.....	66
		caspofungin acetate.....	43
		castor oil.....	72
		castor oil stimulant laxative....	114
		Cavarest.....	148
		Caziant.....	76
		cefaclor.....	69
		cefadroxil.....	69

<i>cefazolin in sodium chloride</i>	69	<i>chicken flavor</i>	172	CLEAN & CLEAR PERSA-GEL	
<i>cefazolin sodium</i>	69	<i>chicken flavor oil miscible</i>	172	MAX ST	85
<i>cefazolin sodium-dextrose</i>	69	<i>chicken flavor oil soluble</i>	172	CLEANLET LANCETS 28G	124
<i>cefazolin sodium-nacl</i>	69	<i>chicken flavor water miscible</i>	172	CLEARCANAL EARWAX	
<i>cefdinir</i>	70	<i>child chewable vitaminsliron</i>	157	SOFTENER	170
<i>cefepime hcl</i>	70	<i>childrens acetaminophen</i>	21	<i>clemastine fumarate</i>	44
<i>cefixime</i>	70	<i>childrens allergy</i>	44	CLEVER CHEK LANCETS	124
<i>cefoxitin sodium</i>	69	<i>childrens animal shapes</i>	157	CLEVER CHOICE GLUCOSE	
<i>cefoxitin sodium-dextrose</i>	69	<i>childrens aspirin</i>	24	CONTROL	124
<i>cefpodoxime proxetil</i>	70	<i>childrens aspirin free</i>	21	<i>Clindacin Etz</i>	84
<i>cefprozil</i>	69	<i>childrens aspirin low strength</i>	24	<i>Clindacin-P</i>	84
<i>ceftriaxone sodium</i>	70	<i>childrens chewable vitamins</i>	158	<i>clindamycin hcl</i>	52
<i>cefuroxime axetil</i>	70	<i>childrens cough</i>	78	<i>clindamycin palmitate hcl</i>	52
<i>cefuroxime sodium</i>	70	<i>childrens ibuprofen</i>	18	<i>clindamycin phosphate</i> ... 52, 84, 195	
<i>celecoxib</i>	18	<i>childrens ibuprofen 100</i>	18	<i>clindamycin phosphate in d5w</i>	52
CELONTIN	36	<i>childrens loratadine</i>	46	<i>clindamycin phosphate in nacl</i>	52
<i>centavite a-z complete-mineral</i> ... 149		CHILDRENS MEDI-TABS	23	CLINIMIX E/DEXTROSE (2.75/10) 162	
<i>centravites</i>	149	<i>childrens mucus relief cough</i>	78	CLINIMIX E/DEXTROSE (2.75/5) .. 162	
<i>centravites 50 plus</i>	149	<i>childrens mucus relief expect</i>	82	CLINIMIX E/DEXTROSE (4.25/10) 162	
CENTRUM	156	<i>childrens multivitaminliron</i>	157	CLINIMIX E/DEXTROSE (4.25/25) 162	
CENTRUM KIDS COMPLETE	157	<i>childrens non-aspirin</i>	21	CLINIMIX E/DEXTROSE (4.25/5) .. 162	
<i>century</i>	149	<i>childrens pain reliever</i>	21	CLINIMIX E/DEXTROSE (5/15) 162	
<i>century mature</i>	149	<i>childrens pepto</i>	30	CLINIMIX E/DEXTROSE (5/20) 162	
<i>cephalexin</i>	69	<i>childrens silapap</i>	21	CLINIMIX E/DEXTROSE (5/25) 162	
CERALYTE 70	145	CHILDRENS SOOTHE	30	CLINIMIX N14G30E	162
CEROVITE JR	157	<i>childrens tactual</i>	22	CLINIMIX N9G15E	162
<i>certa plus</i>	149	<i>childrens vitaminsliron</i>	157	CLINIMIX N9G20E	162
<i>certagen</i>	149	<i>chloramphenicol sod succinate</i> ... 52		CLINIMIX/DEXTROSE (2.75/5) 163	
<i>cetirizine hcl</i>	46	CHLORASEPTIC SORE THROAT .. 23		CLINIMIX/DEXTROSE (4.25/10) ... 163	
<i>cetirizine hcl allergy child</i>	46	<i>chlordiazepoxide hcl</i>	32	CLINIMIX/DEXTROSE (4.25/20) ... 163	
<i>cetirizine hcl childrens</i>	46	<i>chlordiazepoxide-amitriptyline</i> ... 182		CLINIMIX/DEXTROSE (4.25/25) ... 163	
<i>cetirizine hcl hives relief</i>	46	<i>chlorhexidine gluconate</i> ..60, 72, 147		CLINIMIX/DEXTROSE (4.25/5) 163	
<i>cetirizine-pseudoephedrine er</i>	81	<i>chloroquine phosphate</i>	52	CLINIMIX/DEXTROSE (5/15) 163	
CHANTIX	185	<i>chlorpheniramine maleate</i>	44	CLINIMIX/DEXTROSE (5/20) 163	
CHANTIX CONTINUING MONTH		<i>chlorpromazine hcl</i>	59, 70	CLINIMIX/DEXTROSE (5/25) 163	
PAK	185	<i>chlorthalidone</i>	99	<i>Clinisol Sf</i>	163
CHANTIX STARTING MONTH		<i>chlorzoxazone</i>	160	<i>clobetasol propionate</i>	88
PAK	185	<i>chocolate flavor</i>	172	<i>clobetasol propionate e</i>	88
<i>Chateal</i>	73	<i>chocolate hazelnut flavor</i>	173	<i>clonazepam</i>	34
<i>cheesecake flavor</i>	172	<i>cholestyramine</i>	49	<i>clonidine hcl</i>	51
CHEMET	42	<i>cholestyramine light</i>	49	<i>clopidogrel bisulfate</i>	107
CHEMSTRIP 10 MD	98	<i>choline-mag trisalicylate</i>	24	<i>clotrimazole</i>	93, 147
CHEMSTRIP 10/SG	98	<i>Ciclodan</i>	87	<i>clotrimazole af</i>	93
CHEMSTRIP 2	98	<i>ciclopirox</i>	86	<i>clotrimazole-betamethasone</i>	86
CHEMSTRIP 2 GP	98	<i>ciclopirox olamine</i>	86, 87	<i>clozapine</i>	59
CHEMSTRIP 5 OB	98	<i>cidofovir</i>	64	COAGADEX	105
CHEMSTRIP 7	98	<i>cilostazol</i>	107	COAGUCHEK LANCETS	124
CHEMSTRIP 9	98	CIMDUO	61	<i>cocoa butter</i>	91
CHEMSTRIP BG LOG BOOK	124	<i>cimetidine</i>	189	<i>cocoa butter hand & body</i>	91
CHEMSTRIP K	98	<i>cimetidine 200</i>	188	<i>cocoa butter skin</i>	91
CHEMSTRIP MICRAL	98	<i>cimetidine acid reducer</i>	188	<i>coconut flavor</i>	173
CHEMSTRIP UGK	98	<i>cimetidine hcl</i>	188	<i>coconut oil beauty</i>	91
<i>cheratussin ac</i>	78	<i>ciprofloxacin</i>	101	<i>codeine sulfate</i>	26
<i>cherry</i>	180	<i>ciprofloxacin hcl</i>	101, 167, 170	<i>coffee flavor</i>	173
<i>cherry flavor</i>	172	<i>ciprofloxacin in d5w</i>	101	COGENTIN	57
<i>chest congestion childrens</i>	82	<i>citalopram hydrobromide</i>	37	<i>cola flavor</i>	173
<i>chest congestion/cough relief</i>	78	<i>Claravis</i>	85	<i>colchicine</i>	104
<i>chewable vite childrens</i>	158	<i>clarithromycin</i>	115	<i>colchicine-probenecid</i>	104
<i>chewable viteliron childrens</i>	157	<i>clarithromycin er</i>	115	<i>colestipol hcl</i>	49
<i>chicken (grilled) flavor</i>	172	CLARITIN EYE	167	<i>collagen</i>	91

Colocort.....	29	<i>cough syrup</i>	82	<i>cvs ear drops</i>	169
COMBIGAN.....	166	<i>cran-raspberry flavor</i>	173	<i>cvs ear wax removal system</i>	169
COMBIPATCH.....	101	<i>creme dementhe flavor</i>	173	<i>cvs earwax removal kit</i>	169
COMBIVENT RESPIMAT.....	33	CREON.....	99	<i>cvs eczema anti-itch</i>	88
COMBIVIR.....	61	CRESEMBA.....	44	<i>cvs electrolyte solution</i>	144
COMFORT ASSIST INSULIN		CRIVAN.....	63	<i>cvs ethyl alcohol</i>	72
SYRINGE.....	136	<i>cromolyn sodium</i>	33, 161, 167	<i>cvs extra moisturizing</i>	91
<i>comfort assured lancets 28g</i>	119	CRUEX PRESCRIPTION		<i>cvs eye itch relief</i>	167
<i>comfort assured lancets 33g</i>	119	STRENGTH.....	94	<i>cvs fever reducing childrens</i>	22
COMFORT EZ INSULIN SYRINGE		Cryselle-28.....	73	<i>cvs fish oil</i>	164
.....	136	CURITY ALCOHOL PREPS.....	116	<i>cvs fluticasone propionate</i>	161
<i>comfort gel antacid anti-gas</i>	29	CURITY ALCOHOL SWABS.....	116	<i>cvs foaming acne face wash</i>	85
<i>comfort lancets</i>	119	Curity Sterile Saline.....	104	<i>cvs gas relief</i>	101
COMPACT SPACE CHAMBER.....	139	<i>cvs acid controller max st</i>	189	<i>cvs gas relief drops ex st</i>	101
COMPACT SPACE		<i>cvs acid reducer max st</i>	189	<i>cvs gentle skin cleanser</i>	91
CHAMBER/LG MASK.....	139	<i>cvs acne foaming face wash</i>	85	<i>cvs glucose</i>	38, 39
COMPACT SPACE		<i>cvs acne treatment</i>	85	<i>cvs glucose shot</i>	39
CHAMBER/MED MASK.....	139	<i>cvs advanced 3-in-1 cleanser</i>	85	<i>cvs glycerin adult</i>	113
COMPACT SPACE		<i>cvs advanced healing</i>	91	<i>cvs hair/skin/nails</i>	160
CHAMBER/SM MASK.....	139	<i>cvs all day pain relief</i>	18	<i>cvs heartburn relief</i>	189
<i>companion</i>	150	<i>cvs allergy eye drops</i>	167	<i>cvs hydrating skin treatment</i>	91
COMPLERA.....	61	<i>cvs allergy relief</i>	44, 46	<i>cvs hydrocortisone anti-itch</i>	89
<i>compre</i>	150	<i>cvs allergy relief adult</i>	45	<i>cvs hydrocortisone max st</i>	89
<i>complete</i>	150	<i>cvs allergy relief childrens</i>	46	<i>cvs ibuprofen</i>	18
COMPLETE AMINO ACID MIX.....	163	<i>cvs allergy relief-d</i>	81	<i>cvs indoor/outdoor allergy rlf</i>	46
<i>complete daily/lutein</i>	150	<i>cvs all-purpose skin protect</i>	91	<i>cvs infants gas relief</i>	101
<i>complete energy</i>	150	<i>cvs antacid plus antigas</i>	29	<i>cvs instant hand sanitizer</i>	96
<i>complete moisture</i>	91	<i>cvs antacid/anti-gas</i>	29	<i>cvs iron</i>	108
<i>complete natal dha</i>	160	<i>cvs antibiotic plus</i>	85	<i>cvs isopropyl alcohol wipes</i>	96
<i>complete pms support complex</i>	150	<i>cvs anti-diarrheal</i>	42	<i>cvs itch relief</i>	93
<i>complete senior</i>	150	<i>cvs anti-fungal</i>	93	CVS KETONE CARE.....	98
<i>complete womens</i>	150	<i>cvs anti-itch maximum strength</i>	88	<i>cvs lancets 21g</i>	119
<i>completenate</i>	159	<i>cvs aspirin</i>	24	<i>cvs lancets micro thin 33g</i>	119
COMPLEX ESSENTIAL MSD.....	163	<i>cvs aspirin adult low dose</i>	24	<i>cvs lancets original</i>	119
COMPLEX JUNIOR MSD.....	163	<i>cvs aspirin adult low strength</i>	24	<i>cvs lancets thin 26g</i>	119
COMPLEX MSUD.....	163	<i>cvs aspirin ec</i>	24	<i>cvs lancets ultra thin 30g</i>	119
<i>compoz</i>	111	<i>cvs aspirin low dose</i>	24	<i>cvs lancing device</i>	119
Compro.....	59	<i>cvs baby powder</i>	95	<i>cvs lansoprazole</i>	190
CO-NATAL FA.....	159	<i>cvs bacitracin</i>	86	<i>cvs lice killing</i>	95
CONCEPT DHA.....	159	<i>cvs calcium carbonate</i>	144	<i>cvs lubricant eye drops</i>	166
CONCEPT OB.....	159	<i>cvs chest congest/cough child</i>	78	<i>cvs magnesium</i>	146
<i>constulose</i>	113	<i>cvs chest congestion childrens</i>	82	<i>cvs magnesium oxide</i>	146
CONTRAVE.....	56	<i>cvs chest congestion relief dm</i>	79	<i>cvs menopause support</i>	160
<i>control</i>	119	<i>cvs childrens allergy</i>	45	<i>cvs mens daily gummies</i>	150
COOL CONTROL A.....	124	<i>cvs childrens complete</i>	157	<i>cvs miconazole 3 combo pack</i>	194
COOL CONTROL B.....	124	<i>cvs childrens ibuprofen</i>	18	<i>cvs moisturizing</i>	91
COPAXONE.....	183	<i>cvs child non-aspirin</i>	22	<i>cvs moisturizing extra dry</i>	91
<i>copper chloride</i>	147	<i>cvs clotrimazole</i>	93	<i>cvs motion sickness ii</i>	43
<i>coral calcium plus</i>	150	<i>cvs cortisone intense healing</i>	88	<i>cvs motion sickness relief</i>	43
CORIFACT.....	105	<i>cvs cortisone maximum strength</i>	88	<i>cvs naproxen sodium</i>	18
CORLANOR.....	186	<i>cvs creamy acne face wash</i>	85	<i>cvs natural daily fiber</i>	113
CORTAID MAXIMUM STRENGTH.....	90	<i>cvs d3</i>	196	<i>cvs natural fish oil</i>	164
<i>cortisone acetate</i>	77	<i>cvs daily gummies</i>	150	<i>cvs natural tears</i>	165
CORTIZONE-10.....	90	<i>cvs daily multiple for men</i>	150	<i>cvs nicotine</i>	184
CORTIZONE-10 INTENSIVE		<i>cvs daily multiple for women</i>	150	<i>cvs nicotine polacrilex</i>	184
HEALING.....	97	<i>cvs daily multiple women 50+</i>	150	<i>cvs non-aspirin childrens</i>	22
CORTIZONE-10 PLUS.....	97	<i>cvs daily ultra moisture</i>	91	<i>cvs non-aspirin extra strength</i>	22
CORTIZONE-10/ALOE.....	97	<i>cvs diaper rash</i>	87	<i>cvs nyplex gloves</i>	118
<i>cotton candy flavor</i>	173	<i>cvs dm maximum adult</i>	79	<i>cvs omeprazole</i>	190
<i>cottonseed oil</i>	72	<i>cvs dry skin care</i>	91	<i>cvs oyster shell calcium+vit d</i>	142

<i>cvs pain relief extra strength</i>	22	<i>d-3-5</i>	197	<i>dextrose</i>	164
<i>cvs ped electrolyte freeze pop</i>	145	<i>d-400</i>	197	<i>dextrose 5%/electrolyte #48</i>	144
<i>cvs pediatric electrolyte</i>	145	<i>d-5000</i>	197	<i>dextrose in lactated ringers</i>	144
<i>cvs pediatric ointment</i>	91	<i>daily betic</i>	150	<i>dextrose-nacl</i>	144
<i>cvs prep</i>	115	<i>daily combo multi vitamins</i>	150	<i>dhea</i>	92
<i>cvs pure glycerin</i>	91	<i>daily mens health formula</i>	150	<i>diabetes health formula</i>	150
CVS PURELAX	114	<i>daily multi</i>	150	<i>diabetic siltussin das-na</i>	82
<i>cvs ringworm</i>	93	<i>daily multi 50+</i>	150	<i>diabetic siltussin-dm</i>	79
<i>cvs skin treatment</i>	91	<i>daily multiple vitaminsliron</i>	148	<i>diabetic siltussin-dm max st</i>	79
<i>cvs sleep aid</i>	111	<i>daily multiple vitaminslmin</i>	150	DIABETIC TUSSIN	83
<i>cvs sleep aid nighttime</i>	111	<i>daily multivitamin</i>	150	DIABETIC TUSSIN ALLERGY	44
<i>cvs sleep-aid nighttime</i>	111	<i>daily vitamin formula+iron</i>	148	DIABETIC TUSSIN DM	80
<i>cvs slow release iron</i>	108	<i>daily vitamin formula+minerals</i> ..	150	DIABETIC TUSSIN EX	83
<i>cvs special care</i>	91	<i>daily vitamin plus</i>	150	DIABETIC TUSSIN FOR	
<i>cvs spectravite adult 50+</i>	150	<i>daily womens health formula</i>	150	CHILDREN	81
<i>cvs spectravite advanced</i>	150	<i>daily-vitamin maximum formula</i> ..	150	DIABETIC TUSSIN MAX ST	81
<i>cvs spectravite senior</i>	150	<i>daily-vitaminliron</i>	148	<i>dialyvite 800/ultra d</i>	150
<i>cvs spectravite ultra mens</i>	150	<i>daily-viteliron/beta-carotene</i>	148	DIALYVITE VITAMIN D 5000	198
<i>cvs spectravite womens senior</i> ..	150	<i>danazol</i>	28	<i>diaper rash</i>	87
<i>cvs stool softener</i>	114	<i>dantrolene sodium</i>	161	DIASTAT ACUDIAL	35
<i>cvs super-soft vinyl gloves</i>	118	<i>dapsone</i>	52	DIASTAT PEDIATRIC	35
<i>cvs therapeutic</i>	97	<i>daptomycin</i>	52	DIASTIX	98
<i>cvs tussin adult chest congest</i>	82	DARZALEX	54	<i>diatruer control level 1</i>	119
<i>cvs tussin cough</i>	77	<i>Dasetta 1/35</i>	74	<i>diatruer control level 2</i>	119
<i>cvs tussin maximum strength</i>	78	<i>Dasetta 7/7/7</i>	76	<i>diatruer control level 3</i>	119
<i>cvs ultra sleep</i>	111	<i>Deblitane</i>	76	<i>diazepam</i>	32, 35
<i>cvs ultra thin lancets</i>	119	DECAVAC	188	<i>diclofenac potassium</i>	18
<i>cvs urinary pain relief</i>	104	DELSTRIGO	61	<i>diclofenac sodium</i>	18, 87, 168
<i>cvs vitamin d3</i>	196	DELSYM CGH/CHEST CONG DM		<i>diclofenac sodium er</i>	18
<i>cvs womens active daily</i>	150	CHILD	80	<i>dicloxacillin sodium</i>	171
<i>cvs womens daily gummies</i>	150	DELSYM COUGH/CHEST		<i>dicyclomine hcl</i>	188
<i>cvs zinc oxide</i>	87	CONGEST DM	80	<i>didanosine</i>	64
<i>cyanocobalamin</i>	107	<i>delta d3</i>	197	<i>diethylpropion hcl</i>	14
<i>Cyclafem 1/35</i>	73	<i>Delyla</i>	74	<i>diethylpropion hcl er</i>	15
<i>Cyclafem 7/7/7</i>	76	<i>Denta 5000 Plus</i>	148	DIFFERIN	85
<i>cyclobenzaprine hcl</i>	160, 161	<i>Dentagel</i>	148	<i>diflunisal</i>	24
<i>cyclopentolate hcl</i>	166	DEPO-SUBQ PROVERA 104	76	<i>Digitek</i>	68
<i>cyclophosphamide</i>	56	<i>dermaide aloe</i>	91	<i>Digox</i>	68
<i>cyclosporine</i>	66	DESCOVY	61	<i>digoxin</i>	68
<i>cyclosporine modified</i>	66	DESENEX	94	DILANTIN	36
CYKLOKAPRON	109	DESENEX JOCK ITCH	94	<i>diltiazem hcl</i>	67
<i>cyproheptadine hcl</i>	49	<i>desmopressin ace spray refrig</i> ...	100	<i>diltiazem hcl er</i>	67, 68
<i>Cyred</i>	73	<i>desmopressin acetate</i>	100	<i>diltiazem hcl er beads</i>	67
CYTOGAM	170	<i>desmopressin acetate spray</i>	100	<i>diltiazem hcl er coated beads</i>	67
<i>cytra k crystals</i>	104	<i>desogestrel-ethinyl estradiol</i>	73	<i>dilt-xr</i>	68
<i>d 1000</i>	196	<i>desoximetasone</i>	89	<i>dimethyl fumarate</i>	183
<i>d 2000</i>	197	DEX4	39	<i>dimethyl fumarate starter pack</i> ...	183
<i>d 400</i>	197	DEX4 GLUCOSE	39	DINO-LIFE	158
<i>d 5000</i>	197	DEX4 NATURALS	39	DINO-LIFE W/EXTRA C	159
<i>d-1000</i>	197	DEX4 POUCH PACK	39	<i>dioceto</i>	114
<i>d-1000 extra strength</i>	197	DEX4 QUICK DISSOLVE		<i>diphenhist</i>	45
<i>d-2000 maximum strength</i>	197	GLUCOSE	39	<i>diphenhydramine hcl</i>	45
<i>d2000 ultra strength</i>	197	<i>dexamethasone</i>	77	<i>diphenoxylate-atropine</i>	42
<i>d3 adult</i>	197	DEXAMETHASONE INTENSOL	77	DIPHTHERIA-TETANUS	
D3 DOTS	198	<i>dexamethasone sodium</i>		TOXOIDS	188
<i>d3 high potency</i>	197	<i>phosphate</i>	77, 168	<i>diphtheria-tetanus toxoids dt</i>	188
<i>d3 kids</i>	197	<i>dexmethylphenidate hcl</i>	15	<i>dipyridamole</i>	107
<i>d3 maximum strength</i>	197	<i>dexmethylphenidate hcl er</i>	15	<i>disopyramide phosphate</i>	32
<i>d3 super strength</i>	197	<i>dextroamphetamine sulfate</i>	14	<i>disulfiram</i>	182
<i>d3-1000</i>	197	<i>dextroamphetamine sulfate er</i>	14	<i>divalproex sodium</i>	36

<i>divalproex sodium er</i>	36	<i>easy mini eject lancing device</i>	119	EASYMAX 15 LEVEL 2	
<i>dmae</i>	92	<i>easy mini lancing device</i>	119	CONTROL	125
<i>docetaxel</i>	56	<i>easy plus ii control</i>	119	EASYMAX CONTROL	125
<i>docosanol</i>	87	EASY STEP CONTROL	125	<i>ec-81 aspirin</i>	24
<i>docu</i>	114	<i>easy talk control</i>	119	ECOTRIN LOW STRENGTH	26
<i>docuprene</i>	114	EASY TOUCH ALCOHOL PREP		<i>ed chlorped jr</i>	44
<i>docusate sodium</i>	114	MEDIUM	116	<i>ed-apap</i>	22
DOCUSOL PLUS MINI-ENEMA	115	EASY TOUCH CONTROL HIGH &		<i>ed-spaz</i>	188
DOK	115	LOW	125	EDURANT	63
<i>donepezil hcl</i>	182	EASY TOUCH FLIPLOCK		<i>efavirenz</i>	63
<i>doripenem</i>	52	INSULIN SY	136	Effer-K.....	146
<i>dorzolamide hcl</i>	168	EASY TOUCH FLIPLOCK		<i>effervescent pot chloride</i>	146
<i>dorzolamide hcl-timolol mal</i>	166	SAFETY SYR	136	<i>element compact control 2</i>	119
DOVATO	61	EASY TOUCH FLURINGE	136	<i>element compact control 3</i>	119
<i>doxazosin mesylate</i>	51	EASY TOUCH FLURINGE		ELEMENT CONTROL	125
<i>doxepin hcl</i>	38	FLIPLOCK	136	ELIGARD	56
<i>doxorubicin hcl</i>	55	EASY TOUCH FLURINGE		Elinest.....	74
Doxy 100.....	187	SHEATHLOCK	136	ELIQUIS	34
<i>doxycycline hyclate</i>	187	EASY TOUCH HEALTHPRO		<i>elite-thin insulin syringe</i>	134
<i>doxycycline monohydrate</i>	187	CONTROL	125	ELLA	75
DRAMAMINE LESS DROWSY	43	EASY TOUCH INSULIN SAFETY		ELMIRON	104
DRCAPS SIZE 0	179	SYR	136	ELOCTATE	105
DRCAPS SIZE 00	179	EASY TOUCH INSULIN SYRINGE		EMBEDA	27
DRCAPS SIZE 1	179	.....	136	EMBRACE CONTROL	125
DROPLET LANCETS ULTRA		EASY TOUCH LANCETS 21G	125	EMBRACE EVO CONTROL	
THIN 30G	124	EASY TOUCH LANCETS 23G	125	LEVEL 1	125
DROPLET LANCING DEVICE	124	EASY TOUCH LANCETS 26G	125	EMBRACE EVO CONTROL	
<i>drospirenone-ethinyl estradiol</i>	73	EASY TOUCH LANCETS		LEVEL 2	125
DROXIA	107	26G/TWIST	125	EMBRACE GLUCOSE CONTROL	125
DRS CHOICE BLISTER CARE	97	EASY TOUCH LANCETS 28G	125	EMBRACE LANCETS ULTRA	
<i>drug mart lancets thin 26g</i>	119	EASY TOUCH LANCETS		THIN 30G	126
DRUG MART LANCING DEVICE	125	28G/TWIST	125	EMBRACE PRO GLUCOSE	
DRUG MART ON-THE-GO		EASY TOUCH LANCETS 30G	125	CONTROL	126
LANCET 30G	125	EASY TOUCH LANCETS		EMCYT	55
DRUG MART UNILET LANCETS		30G/TWIST	125	Emoquette.....	74
28G	125	EASY TOUCH LANCETS 32G	125	<i>empty capsule</i>	176
DRUG MART UNILET LANCETS		EASY TOUCH LANCETS		<i>empty capsule #0 red/white</i>	176
30G	125	32G/TWIST	125	<i>empty capsule #00 black/red</i>	176
<i>dry skin treatment</i>	92	EASY TOUCH LANCETS		<i>empty capsule #00 blue/white</i>	176
<i>dry skin treatment adv therapy</i>	92	33G/TWIST	125	<i>empty capsule #00 pink/pink</i>	176
<i>dss</i>	114	EASY TOUCH LANCING DEVICE	125	<i>empty capsule #00 purple</i>	176
<i>duloxetine hcl</i>	38	EASY TOUCH SAFETY LANCETS		<i>empty capsule #00 purple/white</i>	176
DUO-CARE CONTROL		21G	125	<i>empty capsule #00 red/white</i>	176
SOLUTION	125	EASY TOUCH SAFETY LANCETS		<i>empty capsule #00 yellow/yello</i>	176
DURAPREP	60	23G	125	<i>empty capsule size 0</i>	176
DUREX EXTRA SENSITIVE	117	EASY TOUCH SAFETY LANCETS		<i>empty capsule size 0 blue</i>	176
<i>dyspel</i>	18	26G	125	<i>empty capsule size 0 blue/wht</i>	176
<i>ear drops</i>	169	EASY TOUCH SAFETY LANCETS		<i>empty capsule size 0 clear</i>	176
<i>ear drops earwax aid</i>	169	28G	125	<i>empty capsule size 0 fun caps</i>	176
<i>ear wax drops</i>	169	EASY TOUCH SAFETY SYRINGE		<i>empty capsule size 0 green</i>	176
<i>ear wax removal drops</i>	169	.....	136	<i>empty capsule size 0 green/cclr</i>	176
<i>earwax removal</i>	169	EASY TOUCH SHEATHLOCK		<i>empty capsule size 0 grn/clear</i>	176
<i>earwax removal kit</i>	169	SYRINGE	136	<i>empty capsule size 0 maroon</i>	176
<i>earwax treatment drops</i>	169	EASY TOUCH TB SHEATHLOCK		<i>empty capsule size 0 orange</i>	176
EASIVENT	139	SYR	136	<i>empty capsule size 0 pink</i>	176
EASIVENT MASK LARGE	140	<i>easy trak control</i>	119	<i>empty capsule size 0 purpl/wht</i>	176
EASIVENT MASK MEDIUM	140	EASY TWIST & CAP LANCETS	125	<i>empty capsule size 0 purple</i>	176
EASIVENT MASK SMALL	140	EASYGLUCO CONTROL	125	<i>empty capsule size 0 red</i>	176
<i>easy comfort insulin syringe</i>	134	EASYMAX 15 LEVEL 1		<i>empty capsule size 0 red/clear</i>	176
<i>easy comfort lancets</i>	119	CONTROL	125	<i>empty capsule size 0 red/white</i>	176

<i>empty capsule size 0 white</i>	176	<i>empty capsule size 3 clear</i>	178	<i>e-ointment</i>	92
<i>empty capsule size 0 whitelclr</i>	176	<i>empty capsule size 3 dark grn</i>	178	<i>epa</i>	164
<i>empty capsule size 0 yellow</i>	176	<i>empty capsule size 3 graylpink</i> ..	178	<i>epinephrine</i>	195
<i>empty capsule size 00 blue</i>	177	<i>empty capsule size 3 graylyllw</i>	178	<i>Epitol</i>	35
<i>empty capsule size 00 blue opq</i>	177	<i>empty capsule size 3 green</i>	178	EPIVIR	64
<i>empty capsule size 00 clear</i>	177	<i>empty capsule size 3 greylpink</i> ..	178	EPIVIR HBV	65
<i>empty capsule size 00 drk grn</i>	177	<i>empty capsule size 3 greylyllw</i>	178	EPOGEN	107
<i>empty capsule size 00 green</i>	177	<i>empty capsule size 3 grn/blue</i>	178	<i>epoprostenol sodium</i>	69
<i>empty capsule size 00 orange</i>	177	<i>empty capsule size 3 marn/blue</i> ..	178	EPZICOM	61
<i>empty capsule size 00 red</i>	177	<i>empty capsule size 3 marn/clr</i>	178	<i>eq acetaminophen</i>	22
<i>empty capsule size 00 white</i>	177	<i>empty capsule size 3 maroon</i>	178	<i>eq acetaminophen childrens</i>	22
<i>empty capsule size 000 clear</i>	177	<i>empty capsule size 3 mint grn</i>	179	<i>eq acid reducer</i>	189
<i>empty capsule size 000 white</i>	177	<i>empty capsule size 3 olive</i>	179	<i>eq acid reducer max st</i>	189
<i>empty capsule size 1 aqua blue</i>	177	<i>empty capsule size 3 olive/clr</i>	179	<i>eq adult aspirin low strength</i>	24
<i>empty capsule size 1 blue</i>	177	<i>empty capsule size 3 orange</i>	179	<i>eq allergy relief</i>	46
<i>empty capsule size 1 blue/pink</i> ..	177	<i>empty capsule size 3 orange/wh</i>	179	<i>eq allergy relief (cetirizine)</i>	46
<i>empty capsule size 1 blue/red</i>	177	<i>empty capsule size 3 pink</i>	179	<i>eq allergy relief childrens</i>	45, 46
<i>empty capsule size 1 blue/wht</i>	177	<i>empty capsule size 3 pink/blue</i> ..	179	<i>eq antacid maximum strength</i>	29
<i>empty capsule size 1 blue/clear</i> ..	177	<i>empty capsule size 3 pink/wh</i>	179	<i>eq antibiotic + pain relief</i>	85
<i>empty capsule size 1 brnlivory</i>	177	<i>empty capsule size 3 pinklyllw</i>	179	<i>eq anti-diarrheal</i>	42
<i>empty capsule size 1 clear</i>	177	<i>empty capsule size 3 pnk/clear</i> ..	179	<i>eq antifungal</i>	93
<i>empty capsule size 1 drk green</i> ..	177	<i>empty capsule size 3 prple/clr</i>	179	<i>eq aspirin</i>	24
<i>empty capsule size 1 green</i>	177	<i>empty capsule size 3 purple</i>	179	<i>eq aspirin adult low dose</i>	24
<i>empty capsule size 1 greylpink</i> ..	177	<i>empty capsule size 3 pwdr blue</i> ..	179	<i>eq aspirin low dose</i>	24
<i>empty capsule size 1 grn/orng</i> ..	177	<i>empty capsule size 3 red</i>	179	<i>eq athletes foot</i>	93
<i>empty capsule size 1 grn/white</i> ..	177	<i>empty capsule size 3 red/clear</i>	179	<i>eq athletes foot spray</i>	93
<i>empty capsule size 1 grnlyllw</i>	177	<i>empty capsule size 3 red/white</i> ..	179	<i>eq calcium 500+d</i>	142
<i>empty capsule size 1 ivory</i>	177	<i>empty capsule size 3 white</i>	179	<i>eq childrens aspirin</i>	24
<i>empty capsule size 1 lght blue</i>	177	<i>empty capsule size 3 whitelclr</i>	179	<i>eq childrens loratadine</i>	46
<i>empty capsule size 1 maroon/cl</i> ..	177	<i>empty capsule size 3 yellow</i>	179	<i>eq childrens pain reliever</i>	22
<i>empty capsule size 1 mint grn</i>	177	<i>empty capsule size 3 yellw/clr</i>	179	<i>eq complete multivit adult 50+</i> ...	151
<i>empty capsule size 1 orange</i>	177	<i>empty capsule size 4 black</i>	179	<i>eq complete multivitamin child</i> ..	157
<i>empty capsule size 1 orgelclr</i>	177	<i>empty capsule size 4 blue/whit</i>	179	<i>eq cough childrens</i>	79
<i>empty capsule size 1 orgelyllw</i>	177	<i>empty capsule size 4 clear</i>	179	<i>eq ear drops</i>	169
<i>empty capsule size 1 orngelwht</i> ..	177	<i>empty capsule size 4 dark blue</i> ..	179	<i>eq ear wax removal aid</i>	169
<i>empty capsule size 1 pink</i>	177	<i>empty capsule size 4 purple</i>	179	<i>eq gas relief</i>	101
<i>empty capsule size 1 pink/blue</i> ..	177	<i>empty capsule size 4 red/white</i> ..	179	<i>eq heartburn relief</i>	189
<i>empty capsule size 1 pink/clr</i>	178	<i>empty capsule size 4 white</i>	179	<i>eq hemorrhoidal max st</i>	29
<i>empty capsule size 1 pinklyllw</i>	178	<i>empty capsule size 4 yellow</i>	179	<i>eq hydrocortisone max st</i>	89
<i>empty capsule size 1 pnk/white</i> ..	178	<i>empty capsule size 5 clear</i>	179	<i>eq hydrocortisone plus</i>	89
<i>empty capsule size 1 purple</i>	178	<i>empty capsule size 7 clear</i>	179	<i>eq ibuprofen</i>	18
<i>empty capsule size 1 pwdr blue</i> ..	178	EMSAM	37	<i>eq ibuprofen childrens</i>	18
<i>empty capsule size 1 red</i>	178	EMTRIVA	64	<i>eq infants gas relief</i>	101
<i>empty capsule size 1 red/blue</i>	178	<i>enalapril maleate</i>	50	<i>eq jock itch</i>	93
<i>empty capsule size 1 red/white</i> ..	178	<i>enalapril-hydrochlorothiazide</i> ..	49, 50	<i>eq lansoprazole</i>	190
<i>empty capsule size 1 white</i>	178	ENBREL	21	<i>eq lice killing max st</i>	95
<i>empty capsule size 1 wht/clear</i>	178	ENBREL MINI	21	<i>eq loratadine</i>	46
<i>empty capsule size 1 yellow</i>	178	ENBREL SURECLICK	21	<i>eq miconazole 3 combo pack</i>	194
<i>empty capsule size 10 clear</i>	178	ENDUR-ACIN	196	<i>eq motion sickness relief</i>	43
<i>empty capsule size 11 clear</i>	178	ENEMEEZ PLUS	115	EQ MUCUS ER	83
<i>empty capsule size 13 clear</i>	178	ENFAMIL EXPECTA	160	<i>eq naproxen sodium</i>	18
<i>empty capsule size 2 blue</i>	178	ENGERIX-B	193	<i>eq natural fiber laxative</i>	113
<i>empty capsule size 2 clear</i>	178	<i>english toffee flavor</i>	173	<i>eq nicotine</i>	184
<i>empty capsule size 2 green</i>	178	<i>enoxaparin sodium</i>	34	<i>eq nicotine polacrilex</i>	184
<i>empty capsule size 2 white</i>	178	<i>Enpresse-28</i>	76	<i>eq nicotine step 3</i>	184
<i>empty capsule size 3 black/grn</i> ..	178	<i>Enskyce</i>	74	<i>eq nighttime sleep aid</i>	111
<i>empty capsule size 3 blue</i>	178	<i>entacapone</i>	57	<i>eq nighttime sleep aid max st</i>	111
<i>empty capsule size 3 blue opq</i>	178	<i>entecavir</i>	65	<i>eq omeprazole</i>	190
<i>empty capsule size 3 blue/clr</i>	178	ENTRESTO	162	<i>eq omeprazole magnesium</i>	190
<i>empty capsule size 3 blue/wht</i>	178	<i>enulose</i>	103	<i>eq one daily womens health</i>	151

<i>eq pain reliever</i>	22	<i>ergocal</i>	197	EZ-LETS LANCETS 30G	126
<i>eq pain reliever junior</i>	22	<i>ergocalciferol</i>	197	Falmina.....	74
<i>eq restore tears</i>	166	ERIVEDGE	54	<i>famciclovir</i>	65
<i>eq therapeutic moisturizing</i>	92	<i>erlotinib hcl</i>	54	<i>famotidine</i>	189
<i>eq tussin dm cough/chest</i>	79	Errin.....	76	FANAPT	58
<i>eq tussin dm max</i>	79	<i>ery</i>	84	FANAPT TITRATION PACK	58
<i>eq urinary pain relief</i>	104	<i>erythromycin</i>	84, 167	FANTASY LUBRICATED	117
<i>eq acetaminophen ex st</i>	22	<i>escitalopram oxalate</i>	37	FANTASY	
<i>eq all day allergy</i>	46	ESKIMO PUREFA	165	LUBRICATED/SPERMICIDE	117
<i>eq all day allergy childrens</i>	46	ESSENTIAL AMINO ACID MIX	163	<i>fast acting antacid/anti-gas</i>	29
<i>eq all day allergy-d</i>	81	<i>essential balance</i>	151	<i>father johns medicine</i>	78
<i>eq allergy relief</i>	46	<i>essential magnesium</i>	146	<i>fa-vitamin b-6-vitamin b-12</i>	107
<i>eq antacid advanced max st</i>	29	<i>essentra wipes 9x9"</i>	96	<i>fe c tab plus</i>	108
<i>eq antibiotic + pain relief</i>	85	Estaylla.....	74	<i>fe tabs</i>	108
<i>eq antifungal</i>	93	<i>estazolam</i>	112	<i>febuxostat</i>	104
<i>eq anti-itch intensive heal</i>	89	<i>estradiol</i>	101, 195	FEIBA	105
<i>eq anti-itch maximum strength</i>	89	<i>estradiol-norethindrone acet</i>	100	<i>felbamate</i>	36
<i>eq aspirin low dose</i>	24	ESTRING	195	<i>felodipine er</i>	68
<i>eq athletes foot</i>	93	<i>ethambutol hcl</i>	53	FEMCAP	116
<i>eq b-6</i>	196	<i>ethosuximide</i>	36	FENESIN DM IR	81
<i>eq bacitracin zinc</i>	86	<i>ethyl alcohol (rubbing)</i>	72	<i>fenofibrate</i>	49
<i>eq calcium/vitamin d</i>	142	<i>ethyl oleate</i>	70	<i>fenofibrate micronized</i>	49
<i>eq century</i>	151	<i>ethynodiol diac-eth estradiol</i>	73	<i>fentanyl</i>	26
<i>eq century mature</i>	151	<i>etidronate disodium</i>	99, 100	<i>fentanyl citrate</i>	26
<i>eq child multivit/minerals</i>	157	<i>etodolac</i>	19	FEROSUL	108
<i>eq childrens allergy</i>	45	<i>etonogestrel-ethinyl estradiol</i>	75	<i>ferric chloride hexahydrate</i>	70
<i>eq childrens ibuprofen</i>	18	<i>etoposide</i>	56	<i>ferric subsulfate</i>	70
<i>eq color lancets 21g</i>	119	<i>eugenol flavor</i>	173	<i>ferrous gluconate</i>	108
<i>eq color lancets micro 33g</i>	119	EVENCARE CONTROL		<i>ferrous sulfate</i>	108
<i>eq ethyl alcohol (rubbing)</i>	72	LOW/HIGH	126	<i>ferrousul</i>	108
<i>eq fish oil</i>	164	EVENCARE G2 LOW/HIGH		<i>fever reducer childrens</i>	22
<i>eq fluticasone propionate</i>	161	CONTROL	126	FEVERALL ADULTS	23
<i>eq gas relief</i>	101	EVENCARE G3 LOW/HIGH		FEVERALL CHILDRENS	23
<i>eq hand sanitizer</i>	96	CONTROL	126	FEVERALL JUNIOR STRENGTH	23
<i>eq hand sanitizer advanced</i>	96	EVENCARE MINI CONTROL	126	FIFTY50 ALCOHOL PREP	116
<i>eq hand sanitizer/aloe</i>	96	<i>everolimus</i>	54	FIFTY50 SAFETY SEAL	
<i>eq heartburn prevention</i>	189	EVOLUTION CONTROL	126	LANCETS	126
<i>eq hemorrhoidal</i>	29	EVOTAZ	61	FIFTY50 SUPERIOR COMFORT	
<i>eq ibuprofen</i>	18, 19	EVZIO	42	SYR	136
<i>eq infants gas relief</i>	102	EXEL COMFORT POINT INSULIN		FIFTY50 UNILET LANCETS 33G	126
<i>eq insulin syringe</i>	134	SYR	136	<i>finasteride</i>	103
<i>eq iron supplement therapy</i>	108	<i>exemestane</i>	55	FINE 30	126
<i>eq lansoprazole</i>	190	EXTAVIA	183	FINGERSTIX LANCETS	126
<i>eq miconazole 3</i>	194	<i>extra action cough</i>	79	FIRST-LANSOPRAZOLE	191
<i>eq naproxen sodium</i>	19	<i>eye itch relief</i>	167	FIRST-OMEPRAZOLE	191
<i>eq natural fiber</i>	113	<i>eyeprotect</i>	151	FIRVANQ	104
<i>eq nicotine polacrilex</i>	184	E-Z JECT LANCET MICRO-THIN		<i>fish flavor</i>	173
<i>eq nighttime sleep aid</i>	111	33G	126	<i>fish oil</i>	164
<i>eq omega 3 fish oil</i>	164	E-Z JECT LANCET SUPER THIN		<i>fish oil burp-less</i>	164
<i>eq omeprazole</i>	190	30G	126	<i>fish oil concentrate</i>	164
<i>eq one daily mens health</i>	151	E-Z JECT LANCETS	126	<i>fish oil double strength</i>	164
<i>eq sleep aid</i>	111	E-Z JECT LANCETS 21G	126	<i>fish oil extra strength</i>	164
<i>eq super thin lancets 30g</i>	119	E-Z JECT LANCETS THIN 26G	126	<i>fish oil maximum strength</i>	164
<i>eq therapeutic</i>	97	EZ SMART BLOOD GLUCOSE		FISH OIL PEARLS	165
<i>eq thin lancets 26g</i>	119	LANCETS	126	<i>fish oil triple strength</i>	164
<i>eq tussin cough long-acting</i>	78	<i>ezetimibe</i>	49	<i>fish oilsuper potent/no burp</i>	164
<i>eq tussin cough/chest dm max</i>	79	EZ-LETS LANCETS 21G	126	FLAVOR BLEND	180
<i>eq tussin dm cough/chest cong</i>	79	EZ-LETS LANCETS 23G	126	<i>flavor plus</i>	180
<i>eq vision formula</i>	151	EZ-LETS LANCETS 26G	126	<i>flavor sweet</i>	180
ERAXIS	43	EZ-LETS LANCETS 28G	126	FLAVORX	174

<i>flavoxate hcl</i>	192, 193	FOSCAVIR	65	<i>gentamicin in saline</i>	16
<i>flecainide acetate</i>	32	<i>fosinopril sodium</i>	50	<i>gentamicin sulfate</i>	86, 167
FLEET BISACODYL	114	<i>fosinopril sodium-hctz</i>	50	<i>gentle</i>	92
FLEXICHAMBER	140	FREAMINE HBC	163	<i>gentle skin cleanser</i>	96
FLEXICHAMBER ADULT		FREAMINE III	163	GENTLE-LET GP LANCETS	126
MASK/SMALL	140	<i>freds pharmacy autolet lancing</i> ..	120	GENTLE-LET LANCETS	126
FLEXICHAMBER CHILD		<i>freds pharmacy unilet lanc 28g</i> ..	120	GENTLE-LET PLATFORMS	126
MASK/LARGE	140	<i>freds pharmacy unilet lanc 30g</i> ..	120	GENVOYA	61
FLEXICHAMBER CHILD		FREESTYLE CONTROL		GEODON	58
MASK/SMALL	140	SOLUTION	126	GERBER GOOD START WATER	180
FLINSTONES GUMMIES OMEGA-		FREESTYLE LANCETS	126	<i>geriaton</i>	148
3 DHA	158	FREESTYLE PRECISION INS		GERI-HYDROLAC 12	93
FLINTSTONES COMPLETE	157	SYR	136	<i>geri-tussin</i>	82
FLINTSTONES GUMMIES BONE		FREESTYLE UNISTICK II		<i>geri-tussin dm</i>	79
BUILD	157	LANCETS	126	<i>gerivite complete</i>	151
FLINTSTONES PLUS CALCIUM ..	158	<i>fruity chews</i>	158	<i>g-fen dm</i>	79
FLINTSTONES PLUS IRON	158	<i>fruity chews/liron</i>	157	Gianvi.....	74
FLINTSTONES/EXTRA C	159	FULPHILA	107	Gildess Fe 1.5/30.....	74
FLINTSTONES/MY FIRST	158	FUNGICURE		Gildess Fe 1/20.....	74
FLOVENT HFA	34	INTENSIVE/NAILGUARD	94	GILENYA	186
FLUARIX QUADRIVALENT	193	<i>furosemide</i>	99	GILOTTRIF	55
FLUBLOK QUADRIVALENT	193	FUZEON	62	<i>glatiramer acetate</i>	183
FLUCELVAX QUADRIVALENT ...	194	Fyavolv.....	101	Glatopa.....	183
<i>fluconazole</i>	44	<i>gabapentin</i>	35	<i>glimepiride</i>	41
<i>fluconazole in dextrose</i>	44	GABITRIL	36	<i>glipizide</i>	41
<i>fluconazole in sodium chloride</i> ...	44	<i>galantamine hydrobromide</i>	182	<i>glipizide er</i>	41
<i>fludrocortisone acetate</i>	77	<i>galantamine hydrobromide er</i>	182	<i>glipizide xl</i>	42
FLULAVAL QUADRIVALENT	194	GAMMAGARD	170	<i>glipizide-metformin hcl</i>	41
FLUMIST QUADRIVALENT	194	GAMUNEX-C	170	<i>global alcohol prep ease</i>	116
<i>flunisolide</i>	161	<i>ganciclovir</i>	64	<i>global inject ease insulin syr</i>	134
<i>fluocinolone acetonide</i>	89	<i>ganciclovir sodium</i>	65	<i>global inject ease lancets 28g</i>	120
<i>fluocinonide</i>	89	GARDASIL 9	194	<i>global inject ease lancets 30g</i>	120
<i>fluoritab</i>	146	<i>gas relief</i>	102	<i>global lancing device</i>	120
<i>fluorometholone</i>	168	<i>gas relief extra strength</i>	102	GLUCAGEN HYPOKIT	39
FLUOROPLEX	87	GAS-X EXTRA STRENGTH	102	GLUCAGON EMERGENCY	39
<i>fluorouracil</i>	87	GAS-X INFANT DROPS	102	GLUCO BURST	39
<i>fluoxetine hcl</i>	37	GAVILYTE-C	113	GLUCOCARD 01 CONTROL	126
<i>fluoxetine hcl (pmdd)</i>	183	Gavilyte-G.....	113	GLUCOCARD EXPRESSION	
<i>fluphenazine decanoate</i>	59, 71	Gavilyte-N With Flavor Pack.....	113	CONTROL	127
<i>fluphenazine hcl</i>	59	<i>ge100 control</i>	120	GLUCOCARD SHINE CONTROL ..	127
<i>flurazepam hcl</i>	112	<i>gelatin</i>	172	GLUCOCARD X-SENSOR	
<i>flurbiprofen</i>	19	GELFILM	109, 169	CONTROL	127
<i>flurbiprofen sodium</i>	168	GEL-FLOW NT	109	GLUCOCOM AUTOLINK	
<i>flutamide</i>	53	GELFOAM	109	TELEMONITOR	127
<i>fluticasone propionate</i>	89, 161	GELFOAM COMPRESSED SIZE		GLUCOCOM CONTROL	127
<i>fluticasone-salmeterol</i>	33	100	109	GLUCOCOM LANCETS 28G	127
<i>fluvastatin sodium</i>	49	GELFOAM DENTAL PACK SIZE 4		GLUCOCOM LANCETS 30G	127
<i>fluvastatin sodium er</i>	49	.....	110	GLUCOCOM LANCETS 33G	127
<i>fluvoxamine maleate</i>	37	GELFOAM SPONGE	110	GLUCOPRO INSULIN SYRINGE ..	136
FLUZONE QUADRIVALENT	194	GELFOAM SPONGE SIZE 100	110	<i>glucose</i>	38, 39, 164
<i>folic acid</i>	107	GELFOAM SPONGE SIZE 200	110	<i>glucose control</i>	120
FOLIVANE-OB	159	GELFOAM SPONGE SIZE 50	110	<i>glucoten</i>	151
<i>folplex 2.2</i>	107	GELFOAM-JMI POWDER	109	GLUTARADE AMINO ACID	
FORA CONTROL	126	GELFOAM-JMI SPONGE	109	BLEND	163
FORA LANCETS	126	GEL-ONE	161	GLUTARADE ESSENTIAL GA-1 ..	163
FORA LANCING DEVICE	126	GELRITE HAND SANITIZER	96	GLUTARADE JUNIOR GA-1	163
FORACARE GDH CONTROL	126	<i>gemfibrozil</i>	49	<i>glyburide</i>	42
FORTAVIT	156	<i>generlac</i>	103	<i>glyburide micronized</i>	42
FORTISCARE CONTROL	126	<i>genpril</i>	19	<i>glyburide-metformin</i>	41
<i>fosamprenavir calcium</i>	62	GENTAK	167	<i>glycerin</i>	72, 92

<i>glycerin (adult)</i>	113	<i>gnp glycerin</i>	92	<i>gnp opti-vitamins</i>	151
<i>glycerin (infants & children)</i>	113	<i>gnp glycerin (adult)</i>	113	<i>gnp pain relief extra strength</i>	22
<i>glycerin (pediatric)</i>	113	<i>gnp glycerin (infant)</i>	113	<i>gnp pediatric electrolyte</i>	145
<i>glycerine</i>	72	<i>gnp glycerin child</i>	113	<i>gnp quick dissolve glucose</i>	39
<i>glycerol formal</i>	72	<i>gnp hair/skin/nails</i>	151	<i>gnp rubbing alcohol</i>	72
<i>glycopyrrolate</i>	191	<i>gnp healthy eyes</i>	151	<i>gnp scalp relief</i>	94
Glydo.....	95	<i>gnp healthy eyes supervision</i>	151	<i>gnp sleep aid</i>	111
<i>gnp acid control 150 max st</i>	189	<i>gnp heartburn relief</i>	189	<i>gnp slow release iron</i>	108
<i>gnp acid reducer</i>	189	<i>gnp heartburn relief 200</i>	189	<i>gnp stool softener</i>	115
<i>gnp acid reducer max st</i>	189	<i>gnp hydrocortisone</i>	89	<i>gnp super thin lancets 30g</i>	120
<i>gnp adult aspirin low strength</i>	24	<i>gnp hydrocortisone max st</i>	89	<i>gnp tab tussin dm</i>	79
<i>gnp advanced recovery</i>	92	<i>gnp hydrocortisone plus</i>	89	<i>gnp therapeutic-m</i>	151
<i>gnp alcohol swabs</i>	116	<i>gnp hydrocortisonelaloe</i>	97	<i>gnp triple antibiotic plus</i>	85
<i>gnp all day allergy</i>	46	<i>gnp ibuprofen</i>	19	<i>gnp tussin cough long acting</i>	78
<i>gnp all day allergy childrens</i>	46	<i>gnp infants gas relief</i>	102	<i>gnp tussin dm</i>	79
<i>gnp all day allergy-d</i>	81	<i>gnp insulin syringe</i>	134	<i>gnp tussin dm cough</i>	79
<i>gnp all day pain relief</i>	19	<i>gnp iron</i>	108	<i>gnp tussin dm max</i>	79
<i>gnp allergy relief</i>	47	<i>gnp isopropyl alcohol wipes</i>	96	<i>gnp ultra com insulin syringe</i>	134
<i>gnp animal shapes</i>	158	<i>gnp itchy eye</i>	167	<i>gnp vitamin b-6</i>	196
<i>gnp animal shapes plus extra c</i>	158	<i>gnp lancets</i>	120	<i>gnp vitamin d</i>	197
<i>gnp animal shapes plus iron</i>	157	<i>gnp lancets 21g</i>	120	<i>gnp vitamin d maximum strength</i> -	
<i>gnp antacid maximum strength</i>	29	<i>gnp lancets micro thin 33g</i>	120	.....	197
<i>gnp antibiotic plus pramoxine</i>	85	<i>gnp lancets super thin 30g</i>	120	<i>gnp vitamin d super strength</i>	197
<i>gnp anti-diarrheal</i>	42	<i>gnp lancets thin</i>	120	<i>gnp vitamin d3 extra strength</i>	197
<i>gnp aspirin</i>	24	<i>gnp lancets thin 26g</i>	120	<i>gnp womens one daily</i>	151
<i>gnp aspirin low dose</i>	24	<i>gnp lansoprazole</i>	190	<i>gnp zinc oxide</i>	87
<i>gnp athletes foot</i>	93	<i>gnp lidocaine pain relief</i>	95	GOCOVRI.....	57
<i>gnp bacitracin zinc</i>	86	<i>gnp little ones childrens</i>	158	GOOD START STERILE WATER.....	180
<i>gnp calcium</i>	144	<i>gnp loratadine</i>	47	<i>goodsense acid reducer</i>	189
<i>gnp calcium 500/d</i>	142	<i>gnp magnesium</i>	146	<i>goodsense all day allergy</i>	47
<i>gnp calcium 600 plus dl mineral</i>	142	<i>gnp magnesium oxide</i>	30	<i>goodsense aspirin low dose</i>	24
<i>gnp calcium 600/d</i>	142	GNP MASANTI MAXIMUM		<i>goodsense ear wax kit</i>	169
<i>gnp calcium plus 600 +d</i>	142	STRENGTH.....	30	<i>goodsense ear wax removal</i>	170
<i>gnp calcium/vitamin dl minerals</i>	142	<i>gnp maximum one daily</i>	151	<i>goodsense ibuprofen</i>	19
<i>gnp castor oil</i>	114	<i>gnp mega multi for men</i>	151	<i>goodsense lansoprazole</i>	190
<i>gnp century</i>	151	<i>gnp mega multi for women</i>	151	<i>goodsense naproxen sodium</i>	19
<i>gnp century adults 50+ senior</i>	151	<i>gnp miconazole 3</i>	194	<i>goodsense natural fiber</i>	113
<i>gnp century cardio health</i>	151	<i>gnp miconazole nitrate</i>	93	<i>goodsense nicotine</i>	184
<i>gnp century mature</i>	151	<i>gnp miconazorb af</i>	93	<i>goodsense pain relief extra st</i>	22
<i>gnp century ultimate mens</i>	151	<i>gnp micro thin lancets 33g</i>	120	<i>gordomatic</i>	92
<i>gnp century ultimate womens</i>	151	<i>gnp motion sickness relief</i>	43	<i>granisetron hcl</i>	43
<i>gnp childrens allergy</i>	45	<i>gnp mucus relief childrens</i>	82	GRANIX.....	108
<i>gnp childrens chewables/lex c</i>	159	<i>gnp mucus relief cough child</i>	79	<i>grape flavor</i>	173
<i>gnp childrens chewables/liron</i>	157	<i>gnp mucus relief dm</i>	79	<i>grape syrup</i>	180
<i>gnp childrens easy-melts</i>	22	<i>gnp naproxen sodium</i>	19	<i>griseofulvin microsize</i>	43
<i>gnp childrens ibuprofen</i>	19	<i>gnp natural fiber</i>	113	<i>griseofulvin ultramicrosize</i>	43
<i>gnp cough relief</i>	78	<i>gnp niacin</i>	196	G-TRON.....	81
<i>gnp diabetic support formula</i>	151	<i>gnp niacin tr</i>	196	<i>guaiaisorb dm</i>	79
<i>gnp ear drops</i>	169	<i>gnp nicotine mini</i>	184	<i>guaiaitussin ac</i>	79
<i>gnp ear systems</i>	169	<i>gnp nicotine polacrilex</i>	184	<i>guaicon dms</i>	79
<i>gnp earwax removal drops</i>	169	<i>gnp nighttime sleep aid</i>	111	<i>guaifenesin</i>	82
<i>gnp earwax removal kit</i>	169	<i>gnp omeprazole</i>	190	<i>guaifenesin ac</i>	79
<i>gnp ethyl rubbing alcohol</i>	72	<i>gnp one daily maximum</i>	151	<i>guaifenesin dm</i>	79
<i>gnp eye itch relief</i>	167	<i>gnp one daily mens</i>		<i>guaifenesin er</i>	82
<i>gnp fish oil</i>	164	50+advanced.....	151	<i>guaifenesin-codeine</i>	79
<i>gnp fish oil max st</i>	164	<i>gnp one daily mens health 50+</i>	151	<i>guaifenesin-dm</i>	79
<i>gnp fluticasone propionate</i>	161	<i>gnp one daily mens/lycopene</i>	151	<i>guanfacine hcl</i>	51
<i>gnp foaming antacid</i>	30	<i>gnp one daily plus iron</i>	148	<i>guanfacine hcl er</i>	14
<i>gnp gas relief extra strength</i>	102	<i>gnp one daily womens</i>	151	<i>guava flavor</i>	173
<i>gnp glucose</i>	38, 39	<i>gnp one daily womens 50+</i>	151	GVOKE HYPOPEN.....	39

GVOKE PFS.....	39	<i>hm all day allergy.....</i>	47	<i>honey flavor.....</i>	173
GYNECORT 10.....	90	<i>hm allergy complete-d.....</i>	81	HUMALOG.....	40
HAEMOLANCE.....	127	<i>hm allergy relief.....</i>	47	HUMALOG KWIKPEN.....	40
HAEMOLANCE LOW FLOW		<i>hm allergy relief childrens.....</i>	45	HUMALOG MIX 50/50.....	40
LANCETS.....	127	<i>hm animal shapes.....</i>	157	HUMALOG MIX 50/50 KWIKPEN...	40
HAEMOLANCE PLUS.....	127	<i>hm antacid anti-gas ex st.....</i>	29	HUMALOG MIX 75/25.....	40
HAEMOLANCE PLUS HIGH		<i>hm antioxidant vitamins.....</i>	152	HUMALOG MIX 75/25 KWIKPEN...	40
FLOW.....	127	<i>hm aspirin.....</i>	24	HUMATE-P.....	105
HAEMOLANCE PLUS LOW		<i>hm aspirin ec low dose.....</i>	25	HUMIRA.....	17, 18
FLOW.....	127	<i>hm bacitracin.....</i>	86	HUMIRA PEDIATRIC CROHNS	
HAEMOLANCE PLUS MAX		<i>hm calcium-vitamin d.....</i>	142	START.....	16, 17
FLOW.....	127	<i>hm calcium-vitamin d-minerals..</i>	142	HUMIRA PEN.....	16, 17
HAEMOLANCE PLUS PEDIATRIC		<i>hm castor oil.....</i>	72	HUMIRA PEN-CD/UC/HS	
FLOW.....	127	<i>hm cetirizine hcl childrens.....</i>	47	STARTER.....	17
<i>hair formula extra strength.....</i>	151	<i>hm chest congestion relief dm....</i>	79	HUMIRA PEN-PS/UV/ADOL HS	
<i>hair vitamins.....</i>	151	<i>hm complete.....</i>	152	START.....	17
<i>hair/skin/nails.....</i>	152	<i>hm complete 50+.....</i>	152	HUMULIN 70/30.....	40
<i>hair/skin/nails/biotin.....</i>	152	<i>hm cough relief.....</i>	78	HUMULIN 70/30 KWIKPEN.....	40
<i>halobetasol propionate.....</i>	89	<i>hm earwax removal aid.....</i>	170	HUMULIN N.....	40
<i>haloperidol.....</i>	58, 71	<i>hm earwax removal kit.....</i>	170	HUMULIN N KWIKPEN.....	40
<i>haloperidol decanoate.....</i>	58, 71	<i>hm ethyl rubbing alcohol.....</i>	72	HUMULIN R.....	40
<i>haloperidol lactate.....</i>	59	<i>hm eye itch relief.....</i>	167	HUMULIN R U-500	
<i>ham flavor.....</i>	173	<i>hm famotidine.....</i>	189	(CONCENTRATED).....	40
HAVRIX.....	194	<i>hm fiber.....</i>	113	HUMULIN R U-500 KWIKPEN.....	40
HEALTH CARE LANCING		<i>hm fish oil.....</i>	164	HYALGAN.....	161
DEVICE.....	127	<i>hm gas relief infants drops.....</i>	102	<i>hydralazine hcl.....</i>	51
<i>healthy accents lancing device..</i>	120	<i>hm glucose.....</i>	38	<i>hydrochlorothiazide.....</i>	99
<i>healthy accents unilet lancets...</i>	120	<i>hm glycerin.....</i>	92	<i>hydrocodone-acetaminophen.....</i>	26
<i>healthy eyes.....</i>	152	<i>hm hydrocortisone plus.....</i>	97	<i>hydrocodone-homatropine.....</i>	78
HEALTHY KIDS VITAMIN D3.....	198	<i>hm hydrocortisone-aloe max st....</i>	97	<i>hydrocodone-ibuprofen.....</i>	26
HEALTHY MAMA MOVE IT		<i>hm ibuprofen.....</i>	19	HYDROCOL.....	97
ALONG.....	115	<i>hm ibuprofen childrens.....</i>	19	<i>hydrocortisone.....</i>	28, 29, 77, 89
HEALTHYLAX.....	114	<i>hm ibuprofen ib.....</i>	19	<i>hydrocortisone acetate.....</i>	89
<i>heartburn relief.....</i>	189	<i>hm lansoprazole.....</i>	190	<i>hydrocortisone intensive heal.....</i>	89
<i>heartburn relief 150 max st.....</i>	189	<i>hm loperamide hcl.....</i>	42	<i>hydrocortisone max st.....</i>	89
<i>heartburn relief max st.....</i>	189	<i>hm loratadine.....</i>	47	<i>hydrocortisone max st/12 moist...</i>	89
<i>heartburn treatment 24 hour.....</i>	190	<i>hm loratadine childrens.....</i>	47	<i>hydrocortisone micronized.....</i>	89
Heather.....	76	<i>hm magnesium.....</i>	30	<i>hydrocortisone plus.....</i>	89
<i>h-e-b incontrol adv lancing.....</i>	120	<i>hm motion relief.....</i>	43	<i>hydrocortisone-acetic acid.....</i>	170
<i>h-e-b incontrol lancets 28g.....</i>	120	<i>hm multivitamin adult gummy....</i>	152	<i>hydrocortisone-aloe.....</i>	97
<i>h-e-b incontrol lancets 30g.....</i>	120	<i>hm naproxen sodium.....</i>	19	<i>hydromorphone hcl.....</i>	26, 27
<i>h-e-b incontrol lancets 33g.....</i>	120	<i>hm niacin.....</i>	196	<i>hydrophor.....</i>	92
<i>h-e-b oral electrolyte.....</i>	145	<i>hm nicotine.....</i>	184	<i>hydroxychloroquine sulfate.....</i>	52
HELIXATE FS.....	105	<i>hm nicotine polacrilex.....</i>	184	<i>hydroxyprogesterone caproate..</i>	181
HEMLIBRA.....	44	<i>hm nighttime sleep aid.....</i>	111	<i>hydroxyurea.....</i>	55
HEMOFIL M.....	105	<i>hm omeprazole.....</i>	191	<i>hydroxyzine hcl.....</i>	31
<i>hemorrhoidal.....</i>	29	<i>hm one dailyiron.....</i>	148	<i>hydroxyzine pamoate.....</i>	31
<i>hemorrhoidal max st/aloe.....</i>	29	<i>hm pain relief extra strength.....</i>	22	<i>hyoscyamine sulfate.....</i>	188
HEPAGAM B.....	170	<i>hm pediatric electrolyte.....</i>	145	<i>hyoscyamine sulfate er.....</i>	188
<i>heparin sodium (porcine).....</i>	34	<i>hm sleep aid.....</i>	111	<i>hyosyne.....</i>	188
<i>heparin sodium (porcine) pf.....</i>	34	<i>hm sterile alcohol prep.....</i>	116	HYPERHEP B S/D.....	170
HEPATAMINE.....	163	<i>hm stool softener.....</i>	115	HYPERLYTE-CR.....	145
HEPLISAV-B.....	194	<i>hm triple antibiotic max st.....</i>	85	HYPERRHO S/D.....	170
HERCEPTIN.....	54	<i>hm tussin adult.....</i>	82	HYPERSAL.....	83
HIBERIX.....	193	<i>hm tussin adult dm.....</i>	79	HYPOLANCE AST LANCING.....	127
HIGH POTENCY CALCIUM.....	144	HM ULTICARE INSULIN		<i>hy-vee all day relief.....</i>	19
<i>hi-kovite 2-part formula.....</i>	152	SYRINGE.....	136	<i>hy-vee glucose.....</i>	38
<i>hi-potency multi-vitamin.....</i>	152	<i>hm vitamin b6.....</i>	196	HY-VEE LANCETS.....	127
<i>hm acid reducer.....</i>	189	<i>hm vitamin d.....</i>	197	<i>hy-vee thin lancets.....</i>	120
<i>hm advanced antacid max st.....</i>	29	<i>hm vitamin d3.....</i>	197	<i>ibandronate sodium.....</i>	100

IBRANCE.....	84	ISOLYTE-S.....	145	ketotifen fumarate.....	167
ibu-200.....	19	ISOLYTE-S PH 7.4.....	145	kimono.....	116
ibuprofen.....	19	isoniazid.....	53	KIMONO COLORS.....	117
ibuprofen childrens.....	19	isopropyl alcohol.....	96	kimono micro thin.....	116
IDELVION.....	105	isopropyl alcohol wipes.....	96	kimono micro thin plus.....	116
imatinib mesylate.....	54, 55	ISOPTO ATROPINE.....	166	kimono plus.....	116
IMBRUVICA.....	55	isosorbide dinitrate.....	31	kimono ps.....	116
imipenem-cilastatin.....	52	isosorbide dinitrate er.....	31	kimono ps plus.....	117
imipramine hcl.....	38	isosorbide mononitrate.....	31	kimono sensation.....	117
imiquimod.....	94	isosorbide mononitrate er.....	31	kimono sensation plus.....	117
IMOVAX RABIES.....	194	isotretinoin.....	85	KIMONO SPECIAL.....	117
IN TOUCH.....	127	isradipine.....	68	kinney lancets.....	120
IN TOUCH GLUCOSE CONTROL.....	127	itraconazole.....	44	kinney thin lancets.....	120
IN TOUCH LANCING DEVICE.....	127	ivermectin.....	31	kinray insulin syringe.....	134
IN TOUCH STERILE LANCETS.....		i-vite.....	152	Kionex.....	66, 181
30G.....	127	i-vite protect.....	152	Klor-Con 10.....	146
INATAL GT.....	159	IXINITY.....	105	Klor-Con M10.....	146
INCRUSE ELLIPTA.....	33	JAKAFI.....	56	Klor-Con M15.....	146
indapamide.....	99	Jantoven.....	34	Klor-Con M20.....	147
indomethacin.....	19	JANUMET.....	40	Klor-Con Sprinkle.....	147
indomethacin er.....	19	JANUMET XR.....	40	Klor-Con/Ef.....	147
infants gas relief.....	102	JANUVIA.....	40	kls acetaminophen ex st.....	22
infants simethicone.....	102	JARDIANCE.....	41	kls acid controller max st.....	189
INFINITY CONTROL.....	127	Jencycla.....	76	kls acid reducer max st.....	189
INFUVITE ADULT.....	156	jevantique lo.....	101	KLS ALLERCLEAR.....	48
INFUVITE PEDIATRIC.....	159	Jinteli.....	101	KLS ALLER-TEC.....	48
INJECTAFER.....	108	JIVI.....	106	KLS ALLER-TEC D.....	82
INSPIRACHAMBER/LARGE.....	140	jock itch.....	93	kls aspirin low dose.....	25
INSPIRACHAMBER/MEDIUM.....	140	jock itch relief.....	93	kls hydrocortisone plus.....	97
INSPIRACHAMBER/MOUTHPIEC.....		JOHNSONS BABY POWDER.....	95	kls ibuprofen.....	19
E.....	140	Jolessa.....	76	kls lansoprazole.....	191
INSPIRACHAMBER/SMALL.....	140	Jolivet.....	76	kls naproxen sodium.....	19
INSPIREASE.....	140	Juleber.....	74	kls natural psyllium fiber.....	113
instacort 5.....	89	JULUCA.....	61	kls omeprazole.....	191
INSTA-GLUCOSE.....	40	Junel 1.5/30.....	74	KLS QUIT2.....	185
instant hand sanitizer.....	96	Junel 1/20.....	74	KLS QUIT4.....	185
INSTAT.....	110	Junel Fe 1.5/30.....	74	kls rapid release pain.....	22
insulin lispro.....	40	Junel Fe 1/20.....	74	kmart valu insulin syringe 29g...	134
insulin syringe.....	134	just tears eye drops.....	165	kmart valu insulin syringe 30g...	134
insulin syringe/needle.....	134	KABIVEN.....	182	KOATE.....	106
INTELENCE.....	63	kahlua flavor.....	173	KOATE-DVI.....	106
INTRALIPID.....	164	KALETRA.....	61	KOGENATE FS.....	106
INTRON A.....	55	KALYDECO.....	186	konsyl daily fiber.....	113
Introvale.....	76	KAMELEON LUBRICATED.....	117	KOVALTRY.....	106
INVEGA.....	58	Kariva.....	73	kp adults 50+ daily formula.....	152
INVEGA SUSTENNA.....	58	KCENTRA.....	106	kp adults daily formula.....	152
INVEGA TRINZA.....	58	kcl in d5w lactated ringers.....	144	kp aspirin.....	25
INVIRASE.....	63	kcl in dextrose-nacl.....	144	kp bacitracin zinc.....	86
IONIL-T.....	97	kcl-lactated ringers-d5w.....	144	kp benzoyl peroxide.....	85
IONOSOL-MB IN D5W.....	144	kcl-lidocaine in d5w.....	144	kp benzoyl peroxide wash.....	85
ipratropium bromide.....	33, 161	kcl-lidocaine-nacl.....	145	kp calcium 600+d.....	142
ipratropium-albuterol.....	33	k-effervescent.....	146	kp cetirizine hcl.....	47
irbesartan.....	50	Kelnor 1/35.....	74	kp clotrimazole.....	94
irbesartan-hydrochlorothiazide.....	50	KERICORT 10.....	90	kp diphenhydramine hcl.....	45
iron.....	108	KETOCARE.....	98	kp ferrous gluconate.....	108
iron 100 plus.....	108	ketoconazole.....	44, 93, 94	kp ferrous sulfate.....	108
ISAGEL.....	60	KETO-DIASTIX.....	98	kp fish oil.....	164
ISENTRESS.....	62	ketone test.....	98	kp hydrocortisone.....	89
ISENTRESS HD.....	62	ketorolac tromethamine.....	19, 168	kp hydrocortisone max st.....	89
ISOLYTE-P IN D5W.....	144	KETOSTIX.....	98	kp ketotifen fumarate.....	167

<i>kp loratadine</i>	47	LATUDA	58	<i>linezolid</i>	52
<i>kp mens 50+ daily formula</i>	152	<i>lc-4 lidocaine</i>	95	<i>linezolid in sodium chloride</i>	52
<i>kp mens daily formula</i>	152	<i>l-cysteine hcl</i>	164	LINZESS	103
<i>kp omega-3 fish oil</i>	164	<i>leader advanced lancing device</i>	121	<i>liothyronine sodium</i>	187
<i>kp omeprazole magnesium</i>	191	<i>leader finger cream</i>	92	<i>liquid pain relief</i>	22
<i>kp prenatal multivitamins</i>	159	<i>leader glucose</i>	38	LIQUIGEN	164
<i>kp pseudoephedrine hcl</i>	162	<i>leader insulin syringe</i>	134	<i>liquitears</i>	166
<i>kp vitamin d</i>	197	<i>leader quick dissolve glucose</i>	39	<i>lisinopril</i>	50
<i>kp womens 50+ daily formula</i>	152	Leena.....	76	<i>lisinopril-hydrochlorothiazide</i>	50
<i>kp womens daily formula</i>	152	<i>leflunomide</i>	21	<i>lite touch lancets</i>	121
K-PHOS	146	<i>lemon extract</i>	173	LITE TOUCH LANCING PEN	127
K-PHOS NO 2	104	<i>lemon flavor</i>	173	LITEAIRE	140
K-Prime	147	LENVIMA (10 MG DAILY DOSE)	55	LITETOUCH INSULIN SYRINGE	136
<i>kreger glucose</i>	38	LENVIMA (12 MG DAILY DOSE)	55	LITETOUCH LANCETS	128
<i>kreger insulin syringe</i>	134	LENVIMA (14 MG DAILY DOSE)	55	<i>lithium</i>	57
<i>kreger lancets</i>	120	LENVIMA (18 MG DAILY DOSE)	55	<i>lithium carbonate</i>	57
<i>kreger lancets 21g</i>	120	LENVIMA (20 MG DAILY DOSE)	55	<i>lithium carbonate er</i>	57
<i>kreger lancets micro thin 33g</i>	120	LENVIMA (24 MG DAILY DOSE)	55	<i>lithium citrate tetrahydrate</i>	71
<i>kreger lancets super thin</i>	120	LENVIMA (4 MG DAILY DOSE)	55	<i>little animals</i>	158
<i>kreger lancets thin</i>	120	LENVIMA (8 MG DAILY DOSE)	55	<i>little animals plus iron</i>	158
<i>kreger lancets thin 26g</i>	120	Lessina.....	74	LITTLE REMEDIES FOR FEVER ... 23	
<i>kreger lancets ultrathin 30g</i>	120	<i>letrozole</i>	55	LITTLE REMEDIES FOR	
<i>kreger lancing device</i>	120	<i>leucovorin calcium</i>	56, 71	TUMMYS	102
<i>ks ibuprofen</i>	19	LEUKERAN	56	LITTLE TUMMYS GAS RELIEF	102
Kurvelo.....	74	LEUKINE	108	LITTLE TUMMYS LAXATIVE	114
<i>k-vescent</i>	146	<i>leuprolide acetate</i>	56	<i>liver flavor</i>	173
<i>labetalol hcl</i>	66	<i>levabuterol tartrate</i>	33	<i>lohist-dm</i>	83
<i>lactated ringers</i>	145	<i>levetiracetam</i>	35	<i>longs glucose</i>	38
<i>lactose monohydrate</i>	181	<i>levetiracetam er</i>	35	<i>longs insulin syringe</i>	134
<i>lactulose</i>	113	<i>levobunolol hcl</i>	166	<i>longs lancets standard</i>	121
<i>lactulose encephalopathy</i>	103	<i>levocarnitine</i>	100	<i>longs lancets thin</i>	121
<i>lamivudine</i>	64, 65	<i>levofloxacin</i>	101, 167	<i>longs lancets ultra thin</i>	121
<i>lamivudine-zidovudine</i>	61	<i>levofloxacin in d5w</i>	101	<i>loperamide hcl</i>	42
<i>lamotrigine</i>	35	Levonest.....	76	<i>lopinavir-ritonavir</i>	61
LANACORT 10	90	<i>levonorgest-eth estrad 91-day</i>	75	<i>loradamed</i>	47
LANAPHILIC/UREA	91	<i>levonorgestrel-ethinyl estrad</i> ..73, 75		<i>loratadine</i>	47
<i>lancet device</i>	120	<i>levonorg-eth estrad triphasic</i>	76	<i>loratadine childrens</i>	47
<i>lancet device with ejector</i>	121	Levora 0.15/30 (28).....	74	<i>lorazepam</i>	32
<i>lancet transporter case</i>	121	Levo-T.....	187	Loryna.....	74
<i>lancets</i>	121	<i>levothyroxine sodium</i>	187	<i>losartan potassium</i>	50
<i>lancets 28g</i>	121	Levoxyl.....	187	<i>losartan potassium-hctz</i>	50
<i>lancets 30g</i>	121	LEXAPRO	37	LOTRIMIN AF	94
<i>lancets micro thin 33g</i>	121	LEXIVA	63	LOTRIMIN AF DEODORANT	
<i>lancets super thin 28g</i>	121	LIBERTY GLUCOSE CONTROL ..	127	POWDER	94
<i>lancets thin</i>	121	LIBERTY GLUCOSE CONTROL		LOTRIMIN AF JOCK ITCH	
LANCETS ULTRA FINE	127	MID	127	POWDER	94
LANCETS ULTRA THIN	127	LIBERTY MEDICAL LANCETS ...	127	LOTRIMIN AF POWDER	94
<i>lancets ultra thin 30g</i>	121	LIBERTY MINI LANCING DEVICE	127	<i>lovastatin</i>	49
<i>lancing device</i>	121	<i>lice killing maximum strength</i>	95	Low-Ogestrel.....	74
LAND BEFORE TIME		<i>lice treatment</i>	96	<i>loxapine succinate</i>	59
MULTIVITAMIN	158, 159	LICIDE	95	<i>lubricant eye drops</i>	166
LANOXIN	68	LICIDE MAXIMUM STRENGTH	95	<i>lubricating lotion</i>	92
<i>lansoprazole</i>	191	<i>licorice flavor</i>	173	LUCEMYRA	16
LANZO	127	<i>lidocaine</i>	95	Ludent.....	146
Larin 1.5/30.....	74	<i>lidocaine hcl</i>	95, 147	LUPRON DEPOT (3-MONTH)	56
Larin 1/20.....	74	<i>lidocaine viscous</i>	147	Lutera.....	74
Larin Fe 1.5/30.....	74	<i>lidocaine-hydrocortisone ace</i>	29	LYNPARZA	181
Larin Fe 1/20.....	74	<i>lidocaine-prilocaine</i>	97	LYSODREN	53
LARTRUVO	54	LIFESCAN UNISTIK 2	127	Lyza.....	76
<i>latanoprost</i>	169	LIFESCAN UNISTIK II LANCETS ..	127	M.V.I. ADULT	156

M.V.I.-12 (WITHOUT VITAMIN K)	156	MEDLANCE PLUS SPECIAL		<i>methyldopa</i>	51
MAALOX CHILDRENS	30	0.8MM	128	<i>methyldopa-hydrochlorothiazide</i>	50
MAALOX MAX	30	MEDLANCE PLUS SUPERLITE		<i>methylergonovine maleate</i>	170
MAALOX MULTI SYMPTOM MAX		30G	128	<i>methylphenidate hcl</i>	15, 16
ST	30	MEDLANCE PLUS UNIVERSAL		<i>methylphenidate hcl er</i>	15
<i>mag-al plus xs</i>	30	21G	128	<i>methylphenidate hcl er (cd)</i>	15
MAGELLAN INSULIN SAFETY		MEDLANCE UNIVERSAL 21G	128	<i>methylphenidate hcl er (la)</i>	15
SYR	136	<i>medroxyprogesterone acetate</i>		<i>methylprednisolone</i>	77
<i>magnesium</i>	146		76, 181	<i>metipranolol</i>	166
<i>magnesium oxide</i>	30, 146	<i>mefloquine hcl</i>	52	<i>metoclopramide hcl</i>	103
<i>magnesium oxide -mg</i>		<i>mega vm-80</i>	152	<i>metolazone</i>	99
<i>supplement</i>	146	<i>mega-marathon 100 tr</i>	152	<i>metoprolol succinate er</i>	67
<i>magnum-75</i>	152	<i>megestrol acetate</i>	56, 181	<i>metoprolol tartrate</i>	67
<i>malathion</i>	96	<i>meijer advanced formula</i>	152	<i>metoprolol-hydrochlorothiazide</i>	51
<i>mango flavor</i>	173	<i>meijer alcohol swabs</i>	116	<i>metronidazole</i>	51, 95, 195
MAOX	31	<i>meijer allergy relief</i>	47	<i>metronidazole in nacl</i>	51
<i>mapap</i>	22	<i>meijer antacid</i>	30	<i>mexiletine hcl</i>	32
MAPAP ACETAMINOPHEN		<i>meijer aspirin free</i>	22	MI-ACID	30
EXTRA STR	23	<i>meijer ferrous sulfate</i>	108	<i>mi-acid maximum strength</i>	30
MAPAP CHILDRENS	23	<i>meijer glucose</i>	38	<i>miconazole 3 combo pack</i>	195
<i>maple flavor</i>	173	<i>meijer hydrocortisone</i>	89	<i>miconazole 3 combo pack app</i>	195
<i>maprotiline hcl</i>	36	<i>meijer ibuprofen</i>	20	<i>miconazole nitrate</i>	94
<i>marlissa</i>	73	<i>meijer jr st aspirin free</i>	22	MICRHOGAM ULTRA-FILTERED	
MARPLAN	37	MEIJER LANCETS	128	PLUS	170
<i>marshmallow flavor</i>	173	MEIJER LANCETS THIN	128	MICRO GUARD	94
MATULANE	55	MEIJER LANCETS UNIVERSAL		MICROCHAMBER	140
MAVYRET	110	21G	128	MICRODOT CONTROL	
<i>maxepa</i>	164	MEIJER LANCETS UNIVERSAL		HIGH/LOW	128
MAXI-COMFORT INSULIN		30G	128	Microgestin 1.5/30	74
SYRINGE	136	MEIJER LANCETS UNIVERSAL		Microgestin 1/20	74
<i>maximum daily green</i>	152	33G	128	Microgestin Fe 1.5/30	74
MAXIMUM EPA	165	<i>meijer loratadine</i>	47	Microgestin Fe 1/20	74
<i>maxx</i>	117	MEIJER SUPER THIN LANCETS	128	MICROLET LANCETS	128
<i>maxx plus</i>	117	<i>meijer zinc oxide</i>	87	MICROLIFE DIGITAL PEAK	
MCT OIL	164	MEKINIST	54	FLOW	138
<i>meclizine hcl</i>	43	<i>meloxicam</i>	20	MICROSPACER	140
<i>medic insulin syringe</i>	134	<i>melfhalan</i>	56	MICROTAINER SAFETY FLOW	
<i>medichoice safety lancet</i>	121	<i>memantine hcl</i>	183	LANCET	128
<i>medichoice safety lancet extra</i>	121	MENACTRA	193	<i>midodrine hcl</i>	195
<i>medichoice safety lancet norm</i>	121	<i>mens daily formulallycopen</i>	152	<i>milantex extra strength</i>	30
MEDI-FIRST ANTISEPTIC		MENVEO	193	<i>milk of magnesia concentrate</i>	114
CLEANER	96	<i>mercaptopurine</i>	54	Mimvey	101
MEDI-PASTE	91	<i>meropenem</i>	52	Mimvey Lo	101
MEDISENSE GLUCOSE KETONE		<i>mesalamine</i>	103	<i>mineral oil heavy</i>	114
CONTR	128	MESNEX	56	<i>mineral oil light</i>	114
MEDISENSE HI/MID/LOW		METAMUCIL SMOOTH TEXTURE		<i>mineral oil-hydrophil petrolat</i>	91
CONTROL	128		113	<i>mini lancing device</i>	121
MEDISENSE HIGH/LOW		<i>metaproterenol sulfate</i>	33	MINI WRIGHT PEAK FLOW	
CONTROL	128	<i>metformin hcl</i>	38	METER	138
MEDISENSE MID CONTROL	128	<i>metformin hcl er</i>	38	MINIPRIN LOW DOSE	26
MEDISENSE THIN LANCETS	128	<i>methadone hcl</i>	27	Minitran	31
MEDI-TABS CHILDRENS	23	Methadone Hcl Intensol	27	<i>minocycline hcl</i>	187
MEDI-TABS JUNIOR STRENGTH	23	<i>methazolamide</i>	99	<i>minoxidil</i>	51
<i>medi-tussin dm</i>	79	<i>methenamine hippurate</i>	191	<i>mint chocolate chip flavor</i>	173
MEDLANCE EXTRA 21G	128	<i>methenamine mandelate</i>	191	<i>mintox maximum strength</i>	30
MEDLANCE LITE 25G	128	<i>methimazole</i>	187	<i>mirtazapine</i>	36
MEDLANCE PLUS EXTRA 21G	128	<i>methocarbamol</i>	161	<i>misoprostol</i>	191
MEDLANCE PLUS LANCETS	128	<i>methotrexate</i>	54	<i>mm aspirin</i>	25
MEDLANCE PLUS LITE 25G	128	<i>methotrexate sodium (pf)</i>	54	M-M-R II	193
		<i>methoxsalen rapid</i>	87	<i>moexipril-hydrochlorothiazide</i>	50

<i>moisture</i>	92	<i>multi-day plus minerals</i>	152	<i>naproxen dr</i>	20
<i>moisture recovery</i>	92	<i>multi-delyn</i>	159	<i>naproxen sodium</i>	20
<i>moisturizing cream</i>	92	<i>multi-lancet device</i>	121	NARAMIN	45
<i>moisturizing lotion</i>	92	MULTI-LANCET DEVICE 2	128	<i>naratriptan hcl</i>	141
<i>moisturizing sensitive skin</i>	92	<i>multilex</i>	152	NARCAN	42
<i>mometasone furoate</i>	90, 161	<i>multilex-t&m</i>	152	<i>nasal allergy 24 hour</i>	161
MONISTAT 7 COMBO PACK APP	195	<i>multimineral plus</i>	152	<i>nasal mist</i>	83
MONOCLATE-P	106	<i>multiple vit/minerals/no iron</i>	153	NASALCEASE	110
MONOJECT INSULIN SYRINGE	136, 137	<i>multiple vitamins/liron</i>	148	NATACYN	167
MONOJECT LIFESHIELD SYRINGE	137	<i>multiple vitamins/womens</i>	153	<i>nateglinide</i>	41
MONOJECT MAGELLAN SYRINGE	137	MULTITRACE-4	147	<i>nat-rul vitamin d</i>	197
MONOJECT SYRINGE	137	<i>multitrace-4 concentrate</i>	147	<i>natural fiber</i>	113
MONOJECT ULTRA COMFORT SYRINGE	137	MULTITRACE-4 NEONATAL	147	<i>natural fiber laxative</i>	113
MONOJECTOR END CAPS	128	MULTITRACE-4 PEDIATRIC	147	<i>natural vitamin d-3</i>	197
MONOJECTOR OPD END CAPS	128	MULTITRACE-5	147	NEBUSAL	83
MONOLET LANCETS	128	<i>multitrace-5 concentrate</i>	147	Necon 0.5/35 (28).....	74
MONOLET OPD LANCETS	128	<i>multi-vit/fluoride</i>	157	Necon 1/35 (28).....	74
MONOLETTOR SAFETY LANCETS	128	<i>multivitamin adults 50+</i>	153	<i>neomycin sulfate</i>	16
Mono-Linyah.....	74	<i>multivitamin drops/liron</i>	158	<i>neomycin-bacitracin zn-polymyx</i>	168
Mononessa.....	74	<i>multi-vitamin gummies</i>	153	<i>neomycin-polymyxin-dexameth</i>	168
MONONINE	106	<i>multivitamin gummies adult</i>	153	<i>neomycin-polymyxin-gramicidin</i>	168
<i>monsels ferric subsulfate</i>	109	<i>multivitamin gummies mens</i>	153	<i>neomycin-polymyxin-hc</i>	170
<i>montelukast sodium</i>	33, 34	<i>multivitamin gummies womens</i>	153	Neo-Polycin.....	168
<i>morphine sulfate</i>	27	<i>multi-vitamin menopausal</i>	153	Neo-Polycin Hc.....	168
<i>morphine sulfate (concentrate)</i>	27	<i>multivitamin/fluoride</i>	157	NEOSPORIN + PAIN RELIEF MAX ST	86
<i>morphine sulfate er</i>	27	<i>multi-vitamin/fluoride</i>	157	NEPHRAMINE	163
<i>motion sickness relief</i>	43	<i>multi-vitamin/liron</i>	148	<i>neuro-k-50</i>	196
<i>motion-time</i>	43	<i>multi-vitamin/minerals</i>	153	NEUTEK 2TEK CONTROL	128
MOVANTIK	103	<i>multivitamins</i>	156	<i>nevirapine</i>	63
<i>moxifloxacin hcl</i>	101	<i>multivitamins/fluoride</i>	157	<i>nevirapine er</i>	63
<i>moxifloxacin hcl in nacl</i>	101	<i>mupirocin</i>	86	NEXAVAR	54
<i>ms insulin syringe</i>	134	MURINE EAR	170	NEXIUM 24HR	191
<i>msm skin</i>	92	MURINE EAR WAX REMOVAL SYSTEM	170	NEXPLANON	76
MUCINEX CHEST CONGESTION CHILD	83	M-VIT	159	NEXT CHOICE ONE DOSE	75
MUCINEX COUGH CHILDRENS	81	<i>mv-one</i>	156	<i>niacin</i>	196
MUCINEX FAST-MAX DM MAX	81	MX-SOL	180	<i>niacin er</i>	196
<i>mucosa dm</i>	79	MX-SOL BLEND	180	<i>niacin-50</i>	196
<i>mucus relief chest congestion</i>	82	MX-SOL BLEND SF	180	<i>nicardipine hcl</i>	68
<i>mucus relief cough childrens</i>	79	MX-SOL SF	180	NICORELIEF	186
<i>mucus relief dm</i>	79	MX-SOL SUSPEND	180	<i>nicotine</i>	184, 185
<i>mucus relief dm cough</i>	79	<i>myamulti</i>	153	<i>nicotine mini</i>	184
<i>mucus relief dm max</i>	80	MYCAMINE	43	<i>nicotine polacrilex</i>	184
<i>mucus relief er</i>	82	<i>mycophenolate mofetil</i>	66	<i>nicotine step 1</i>	184
MULTAQ	32	MYGLUCOHEALTH CONTROL	128	<i>nicotine step 2</i>	184
<i>multi + omega-3 adult gummies</i>	152	MYGLUCOHEALTH LANCETS	128	<i>nicotine step 3</i>	184
<i>multi adult gummies</i>	152	30G	128	NICOTROL	186
<i>multi antibiotic plus</i>	85	MYLERAN	53	NICOTROL NS	186
<i>multi completeliron</i>	152	<i>my-vitalife</i>	153	Nifedical XI.....	68
<i>multi for her</i>	152	Myzilra.....	76	<i>nifedipine</i>	68
<i>multi for her 50+</i>	152	NABI-HB	171	<i>nifedipine er</i>	68
<i>multi for him 50+</i>	152	<i>nabumetone</i>	20	<i>nifedipine er osmotic release</i>	68
<i>multi vitamin/minerals</i>	152	<i>nadolol-bendroflumethiazide</i>	51	<i>night time sleep aid</i>	111
<i>multi-day plus iron</i>	148	<i>nafcillin sodium</i>	171	<i>nighttime sleep aid</i>	111
		<i>nafcillin sodium in dextrose</i>	171	Nikki.....	75
		Naftrinse.....	146	NITRATEST PAPER	98
		<i>naloxone hcl</i>	42, 71	<i>nitrite gloves/size 10</i>	118
		<i>naloxone hcl dihydrate</i>	71	<i>nitrite gloves/size 6</i>	118
		<i>naltrexone hcl</i>	42	<i>nitrite gloves/size 6.5</i>	118
		<i>naproxen</i>	20	<i>nitrite gloves/size 7</i>	118

<i>nitrile gloves/size 7.5</i>	118	Nulev	188	<i>one daily healthy weight adv</i>	153
<i>nitrile gloves/size 8</i>	118	NUPLAZID	58	<i>one daily maximum</i>	153
<i>nitrile gloves/size 9</i>	118	NUTRILIPID	164	<i>one daily mens</i>	153
<i>nitrofurantoin</i>	191	NUWIQ	106	<i>one daily mens health</i>	153
<i>nitrofurantoin macrocrystal</i>	192	Nyamyc.....	87	<i>one daily multivitamin men</i>	153
<i>nitrofurantoin monohyd macro</i> ..	192	<i>nystatin</i>	44, 87, 147	<i>one daily multivitamin women</i>	153
<i>nitroglycerin</i>	31	Nystop	87	<i>one daily multivitaminliron</i>	148
<i>nitroglycerin er</i>	31	NYTOL	112	<i>one daily plus minerals</i>	153
NITRO-TIME	31	<i>obizur</i>	105	<i>one daily womens</i>	153
NIVA-PLUS	160	O-CAL FA	160	<i>one daily womens 50 plus</i>	153
NIVESTYM	108	Ocella	75	<i>one daily womens 50+</i>	153
<i>nizatidine</i>	189	<i>octreotide acetate</i>	100	<i>one daily/minerals</i>	153
NOBLE FORMULA HC	90	<i>ocutabs</i>	153	<i>one-dailyliron</i>	148
<i>non-aspirin extra strength</i>	22	<i>ocutabs-lutein</i>	153	ONETOUCH CLUB LANCETS	
<i>non-aspirin jr strength</i>	22	ODEFSEY	61	FINE PT	129
Nora-Be.....	76	OFEV	186	ONETOUCH COMBO PACK	129
NORCO	26	<i>ofloxacin</i>	167, 170	ONETOUCH DELICA LANCETS	
<i>norethin ace-eth estrad-fe</i>	73	OGESTREL	75	33G	129
<i>norethindrone</i>	76	<i>ointment base</i>	92	ONETOUCH DELICA LANCETS	
<i>norethindrone acetate</i>	181	<i>olanzapine</i>	60	FINE	129
<i>norethindrone acet-ethinyl est</i>	73	<i>olanzapine-fluoxetine hcl</i>	186	ONETOUCH DELICA LANCING	
<i>norethindrone-eth estradiol</i>	101	<i>olive oil</i>	72	DEV	129
<i>norgestimate-eth estradiol</i>	73	<i>olopatadine hcl</i>	167	ONETOUCH FINEPOINT	
<i>norgestim-eth estrad triphasic</i>	76	<i>omega 3</i>	165	LANCETS	129
Norlyroc.....	76	<i>omega iii epa+dha</i>	165	ONETOUCH SURESOFT	
NORMOSOL-M IN D5W	144	<i>omega-3</i>	165	LANCING DEV	129
NORMOSOL-R	145	<i>omega-3 cf</i>	165	ONETOUCH ULTRA 2	129
NORMOSOL-R IN D5W	144	<i>omega-3 fish oil</i>	165	ONETOUCH ULTRA BLUE	98
NORMOSOL-R PH 7.4	145	<i>omega-3 plus</i>	165	ONETOUCH ULTRA CONTROL ..	129
<i>nortemp infants</i>	22	<i>omega-3-acid ethyl esters</i>	49	ONETOUCH ULTRA MINI	129
Nortrel 0.5/35 (28).....	75	<i>omeprazole</i>	191	ONETOUCH ULTRALINK	129
Nortrel 1/35 (21).....	75	<i>omeprazole magnesium</i>	191	ONETOUCH ULTRASOFT	
Nortrel 1/35 (28).....	75	OMEPRAZOLE+SYRSPEND SF		LANCETS	129
Nortrel 7/7/7.....	76	ALKA	191	ONETOUCH VERIO	98, 129
<i>nortriptyline hcl</i>	38	OMERA	165	ONETOUCH VERIO IQ SYSTEM ..	129
NORVIR	63	OMNIFLEX DIAPHRAGM	117	OPDIVO	54
<i>norwegian salmon oil</i>	164	OMNITROPE	100	OPSUMIT	69
NORWICH ASPIRIN	26	ON CALL EXPRESS GLUCOSE		OPTICHAMBER ADVANTAGE-LG	
NOSEBLEEDQR	110	CONTR	129	MASK	140
NOVA MAX PLUS GLU/KET		ON CALL LANCETS	129	OPTICHAMBER ADVANTAGE-	
CONTROL	129	ON CALL LANCING DEVICE	129	MED MASK	140
NOVA MAX PLUS KETONE TEST	98	ON CALL PLUS GLUCOSE		OPTICHAMBER ADVANTAGE-	
NOVA SAFETY LANCETS 23G	129	CONTROL	129	SM MASK	140
NOVA SAFETY LANCETS 28G	129	ON CALL PLUS LANCETS	129	OPTICHAMBER DIAMOND	140
NOVA SUREFLEX LANCETS	129	ON CALL PLUS LANCING		OPTICHAMBER DIAMOND-LG	
NOVA SUREFLEX LANCING		DEVICE	129	MASK	140
DEVICE	129	ON CALL VIVID GLUCOSE		OPTICHAMBER DIAMOND-MD	
NOVOEIGHT	106	CONTROL	129	MASK	140
NOVOLIN 70/30	40	<i>once dailyliron</i>	148	OPTICHAMBER DIAMOND-SM	
NOVOLIN 70/30 RELION	41	<i>ondansetron</i>	43	MASK	140
NOVOLIN N	41	<i>ondansetron hcl</i>	43	OPTICHAMBER FACE MASK-	
NOVOLIN N RELION	41	<i>one daily 50 plus</i>	153	LARGE	140
NOVOLIN R	41	<i>one daily adults 50+</i>	153	OPTICHAMBER FACE MASK-	
NOVOLIN R FLEXPEN	41	<i>one daily calciumliron</i>	153	MEDIUM	140
NOVOLIN R RELION	41	<i>one daily complete</i>	153	OPTICHAMBER FACE MASK-	
NOVOLOG MIX 70/30	41	<i>one daily for men 50+ advanced</i>	153	SMALL	140
NOVOLOG MIX 70/30 FLEXPEN	41	<i>one daily for menllycopene</i>	153	<i>optic-vites</i>	153
NOVOSEVEN RT	106	<i>one daily for women</i>	153	OPTIHALER	141
NOXAFIL	44	<i>one daily for women 50+ adv</i>	153	<i>optimum airvites</i>	154
<i>np thyroid</i>	187	<i>one daily healthy weight</i>	153	<i>optimum pms</i>	154

OPTUMRX GLUCOSE CONTROL	129	<i>pain & fever childrens</i>	22	PERIOMED	148
ORA-BLEND	180	<i>pain & fever extra strength</i>	22	<i>permethrin</i>	96
ORA-BLEND SF	180	<i>pain relief extra strength</i>	22	<i>perphenazine</i>	59, 71
<i>oral electrolyte freezer pops</i>	145	<i>pain reliever</i>	22	<i>perphenazine-amitriptyline</i>	183
<i>oral electrolytes</i>	145	<i>pain reliever extra strength</i>	23	PERSERIS	58
<i>oral suspend</i>	180	<i>pain reliever/fever reducer</i>	23	PERSONAL BEST FULL RANGE	138
Oralene	148, 187	PALADIN	91	PERSONAL BEST LOW RANGE	138
ORALYTE	145	<i>paliperidone er</i>	58	<i>pharbedryl</i>	45
ORALYTE FREEZER POPS	145	<i>pamidronate disodium</i>	100	PHARMACIST CHOICE	
<i>orange concentrate</i>	173	PANOXYL WASH	85	LANCETS	129
<i>orange cream flavor</i>	173	<i>pantoprazole sodium</i>	191	PHARMACY COUNTER	
<i>orange flavor</i>	173	<i>paricalcitol</i>	100	LANCETS	129
<i>orange oil flavor</i>	173	Paroex	147	Phenadoz	49
ORA-PLUS	180	<i>paromomycin sulfate</i>	16	Phenazo	104
ORA-SWEET	180	<i>paroxetine hcl</i>	37	<i>phenazopyridine hcl</i>	104
ORA-SWEET SF	180	<i>pc lancets super thin 30g</i>	121	<i>phendimetrazine tartrate</i>	15
ORKAMBI	84	PCCA SORBITOL LOLLIPOP		<i>phendimetrazine tartrate er</i>	15
<i>ormir</i>	111	BASE	181	<i>phenelzine sulfate</i>	37, 71
<i>orphenadrine citrate er</i>	161	PCCA SWEETNESS ENHANCER	174	<i>phenobarbital</i>	112
Orsythia	75	PCCA SWEET-SF	180	<i>phentermine hcl</i>	15
<i>oscal 500/200 d-3</i>	142	PCCA SYRUP VEHICLE	180	PHENYLADE	163
OS-CAL CALCIUM + D3	143	PCCA-PLUS	180	PHENYLADE MTE	163
<i>oscimin</i>	188	<i>pc-tar</i>	97	PHENYLADE PHEBLOC	163
<i>oscimin sr</i>	188	<i>peach flavor</i>	173	<i>phenylephrine hcl</i>	166
<i>oseltamivir phosphate</i>	65, 66	PEAK AIR PEAK FLOW METER	138	<i>phenytoin</i>	36
OTIX	170	<i>peak flow meter universal rang</i>	137	Phenytoin Infatabs	36
<i>oxazepam</i>	32	<i>peanut butter flavor</i>	173	<i>phenytoin sodium extended</i>	36
<i>oxcarbazepine</i>	35	<i>ped electrolyte freeze pops</i>	145	Philith	75
<i>oxybutynin chloride</i>	192	<i>ped electrolyte freezer pops</i>	145	Phospha 250 Neutral	146
<i>oxybutynin chloride er</i>	192	PEDIA VANCE	145	<i>phytonadione</i>	71, 198
<i>oxycodone hcl</i>	27	PEDIACARE CHILDRENS		PIFELTRO	63
<i>oxycodone-acetaminophen</i>	27	ALLERGY	45	PIKO 1	138
<i>oxycodone-aspirin</i>	27	PEDIACARE INFANTS GAS		<i>pilocarpine hcl</i>	148, 167
<i>oxymorphone hcl er</i>	27	RELIEF	102	<i>pimozide</i>	183
OYSCO 500	144	PEDIA-LAX	115	Pimtrea	73
OYSCO 500+D	143	<i>pediatric electrolyte</i>	145	<i>pina colada flavor</i>	173
<i>oyster calcium + d</i>	142	<i>pediatric electrolyte-zinc</i>	145	<i>pineapple flavor</i>	173
<i>oyster shell calcium</i>	142, 144	<i>pediatric formula cough/congst</i>	80	PINXAV	91
<i>oyster shell calcium + d</i>	142	PEDIAVIT	159	<i>pioglitazone hcl</i>	42
<i>oyster shell calcium + d3</i>	142	PEDVAX HIB	193	<i>piperacillin sod-tazobactam so</i>	171
<i>oyster shell calcium 250+d</i>	142	<i>peg 3350</i>	113	Pirmella 1/35	75
<i>oyster shell calcium 500 + d</i>	142	<i>peg 3350/electrolytes</i>	112	Pirmella 7/7/7	77
<i>oyster shell calcium 500+d</i>	142	<i>peg 3350-kcl-na bicarb-nacl</i>	112	<i>piroxicam</i>	20
<i>oyster shell calcium plus d</i>	142	<i>peg-3350/electrolytes</i>	112	PLASMA-LYTE 148	145
<i>oyster shell calcium/d</i>	142	PEGASYS	65	PLASMA-LYTE A	145
<i>oyster shell calcium/d3</i>	142	PEGASYS PROCLICK	65	Plenamaine	163
<i>oyster shell calcium/vitamin d</i>	142	PEGINTRON	65	PNEUMOVAX 23	193
<i>oyster shell/vitamin d</i>	142	<i>penicillamine</i>	66	<i>pnv folic acid + iron</i>	159
OYSTERCAL	144	<i>penicillin g pot in dextrose</i>	171	<i>pnv prenatal plus multivitamin</i>	159
OYSTERCAL-D	143	<i>penicillin g procaine</i>	171	POCKET CHAMBER	141
OZEMPIC (0.25 OR 0.5		<i>penicillin v potassium</i>	171	POCKET PEAK FLOW METER	138
MG/DOSE)	41	PENLET II BLOOD SAMPLER	129	POCKET SPACER	141
OZEMPIC (1 MG/DOSE)	41	PENLET II REPLACEMENT CAP	129	POCKETCHEM EZ CONTROL	129
<i>pa calcium/vitamin d</i>	142	<i>pentazocine-naloxone hcl</i>	28	POCKETPEAK PEAK FLOW	
<i>pa fish oil</i>	165	<i>pentoxifylline er</i>	107	METER	138
<i>pa mucus relief</i>	82	PERFECT LANCETS 28G	129	<i>podofilox</i>	94
<i>pa oyster shell calcium</i>	143	PERFECT LANCETS 30G	129	<i>poly vitamin</i>	158
<i>pa vitamin d-3</i>	197	PERIFLEX LQ PKU	163	Polycin	168
<i>pa vitamin d-3 gummy</i>	197	PERIKABIVEN	182	<i>polyethylene glycol 3350</i>	113, 114
Pacerone	33	<i>perindopril erbumine</i>	50	<i>polymyxin b-trimethoprim</i>	168

<i>polyvinyl alcohol</i>	166	PRIFTIN	53	<i>px aspirin</i>	25
<i>polyvitamin</i>	158	<i>primaquine phosphate</i>	53	<i>px athletic foot</i>	94
<i>polyvitaminliron</i>	157	PRIMEAIRE HOLDING		<i>px calcium&d</i>	143
Portia-28.....	75	CHAMBER	138	<i>px childrens allergy</i>	47
<i>pot bicarb-pot chloride</i>	146	<i>primidone</i>	35	<i>px childrens profen ib</i>	20
<i>potassium bicarbonate</i>	146	PRIVIGEN	171	PX CHILDRENS VITAMIN	157
<i>potassium chloride crys er</i>	146	<i>probenecid</i>	104	<i>px complete senior multivits</i>	154
<i>potassium chloride er</i>	146	PROBUPHINE IMPLANT KIT	28	<i>px enteric aspirin</i>	25
<i>potassium chloride in dextrose</i>	144	PROCALAMINE	163	<i>px fish oil</i>	165
<i>potassium chloride in nacl</i>	145	<i>prochlorperazine</i>	59	<i>px gas relief extra strength</i>	102
<i>potassium citrate er</i>	104	<i>prochlorperazine maleate</i>	59	<i>px gas relief infants</i>	102
<i>potassium citrate-citric acid</i>	104	PROCTOFOAM HC	29	<i>px glucose</i>	39
<i>pralines and cream flavor</i>	173	PRODIGY CONTROL SOLUTION	130	<i>px glycerin</i>	114
<i>pramipexole dihydrochloride</i>	57	PRODIGY INSULIN SYRINGE	137	<i>px hemorrhoidal</i>	29
<i>prasugrel hcl</i>	107	PRODIGY LANCETS 28G	130	<i>px hydrocream</i>	90
<i>pravastatin sodium</i>	49	PRODIGY LANCING DEVICE	130	<i>px ibuprofen</i>	20
<i>praziquantel</i>	31	PRODIGY TWIST TOP LANCETS		<i>px insulin syringe</i>	134
<i>prazosin hcl</i>	51	28G	130	<i>px iron</i>	108
PRECISION GLUCOSE		<i>pro-ex antifungal</i>	94	<i>px lancet auto injector</i>	121
CONTROL	130	PROFILNINE	106	<i>px lancets ultra thin</i>	121
PRECISION GLUCOSE		<i>progesterone micronized</i>	181	<i>px mens multivitamins</i>	154
CONTROL SOLN	130	PROMACTA	109	<i>px miconazole 3-day combo</i>	195
PRECISION GLUCOSE KETONE		<i>promethazine hcl</i>	48	<i>px niacin</i>	196
CONTR	130	<i>promethazine vclcodeine</i>	84	<i>px omeprazole</i>	191
PRECISION GLUCOSE/KETONE		<i>promethazine-codeine</i>	83	<i>px pain relief extra strength</i>	23
CONTR	130	<i>promethazine-dm</i>	83	<i>px stop smoking aid</i>	185
PRECISION SUREDOSE PLUS		<i>promethazine-phenylephrine</i>	82	<i>px tussin</i>	82
SYR	137	PROMETHEGAN	49	<i>px tussin dm</i>	80
PRECISION SURE-DOSE		PROMOLAXIN	115	<i>px tussin max</i>	78
SYRINGE	137	PRONUTRIENTS VITAMIN D3	198	<i>pyrazinamide</i>	53
PRECISION THINS GP LANCETS	130	<i>propafenone hcl</i>	32	<i>pyridostigmine bromide</i>	53
PRECISION XTRA KETONE	98	<i>proparacaine hcl</i>	168	<i>pyridoxine hcl</i>	196
<i>prednicarbate</i>	90	<i>propranolol hcl</i>	67	<i>pyrimethamine</i>	53, 71
<i>prednisolone</i>	77	<i>propranolol hcl er</i>	67	<i>qc acid controller</i>	190
<i>prednisolone acetate</i>	169	<i>propranolol-hctz</i>	51	<i>qc acid controller max st</i>	190
<i>prednisolone sodium phosphate</i>		<i>propylthiouracil</i>	187	<i>qc advanced lancing device</i>	121
..... 77, 169		PROSOL	163	<i>qc alcohol swabs</i>	116
<i>prednisone</i>	77	PROTECT PLUS NF	156	<i>qc all day allergy</i>	47
<i>preferred plus glucose</i>	38	PROTECTEAV	96	<i>qc allergy relief</i>	47
<i>preferred plus insulin syringe</i>	134	PROVIDA OB	160	<i>qc allergy relief childrens</i>	47
<i>preferred plus lancets colored</i>	121	<i>pseudoephedrine hcl</i>	162	<i>qc antacidlanti-gas</i>	30
<i>preferred plus lancets thin</i>	121	PSORIASIN	94	<i>qc aspirin</i>	25
Premasol.....	163	PSS SELECT GP LANCETS	130	<i>qc aspirin low dose</i>	25
<i>premium condoms lubricated</i>	117	PSS SELECT PLATFORMS	130	<i>qc bacitracin</i>	86
PRENATABS RX	160	PSS SELECT SAFETY LANCETS	130	<i>qc calcium fast dissolution</i>	144
<i>prenatal</i>	159	PTS PANELS KETONE TEST	98	<i>qc calcium/minerals/vitamin d</i>	143
<i>prenatal 19</i>	159	Pulmosal.....	83	<i>qc castor oil</i>	72
<i>prenatal plus</i>	159	PULMOZYME	186	<i>qc childrens aspirin</i>	25
<i>prenatal vitamin plus low iron</i>	159	<i>pumpkin flavor</i>	173	<i>qc childrens complete</i>	157
PRENATAL-U	160	<i>px acid reducer</i>	189, 190	<i>qc childrens ibuprofen</i>	20
PREPARATION H	90	<i>px acid reducer max st</i>	189	<i>qc childrens vitaminslextra c</i>	159
<i>preplus</i>	159	<i>px advanced formula multivits</i>	154	<i>qc childrens vitaminsliron</i>	158
<i>pretab</i>	159	<i>px advanced lancing device</i>	121	<i>qc clotrimazole</i>	94
PREVACARE ANTIMICROBIAL	96	<i>px all day relief</i>	20	<i>qc cough relief</i>	78
<i>prevent</i>	154	<i>px allergy</i>	45	<i>qc daily multivit/multimineral</i>	154
Previfem.....	75	<i>px allergy relief</i>	47	<i>qc daily multivitaminsliron</i>	148
PREVNAR 13	193	<i>px allergy relief cetirizine</i>	47	<i>qc ear wax removal</i>	170
PREVYMIS	65	<i>px allergy relief d</i>	82	<i>qc earwax removal</i>	170
PREZCOBIX	62	<i>px allergy relief loratadine</i>	47	<i>qc earwax removal kit</i>	170
PREZISTA	63	<i>px antacid maximum strength</i>	30	<i>qc ferrous sulfate</i>	108

<i>qc gas relief</i>	102	<i>ra aspirin ec adult low st</i>	25	<i>ra high potency iron</i>	108
<i>qc glycerin</i>	92	<i>ra atheletes foot</i>	94	<i>ra hydrating healing</i>	92
<i>qc hydrocortisone</i>	90	<i>ra athletes foot</i>	94	<i>ra hydrocortisone max st</i>	90
<i>qc hydrocortisone max st</i>	90	<i>ra bacitracin</i>	86	<i>ra hydrocortisone plus</i>	97
<i>qc ibuprofen</i>	20	<i>ra calcium</i>	144	<i>ra hydrocortisone plus 12</i>	90
<i>qc ibuprofen ib</i>	20	<i>ra calcium 600</i>	144	<i>ra ibuprofen</i>	20
<i>qc lancets super thin 30g</i>	121	<i>ra calcium 600/vit d/minerals</i>	143	<i>ra ibuprofen childrens</i>	20
<i>qc lancets ultra thin</i>	121	<i>ra calcium 600/vitamin d-3</i>	143	<i>ra instant hand sanitizer</i>	96
<i>qc lidocaine pain relief</i>	95	<i>ra calcium hi-cal</i>	144	<i>ra instant hand sanitizer/aloe</i>	96
<i>qc loratadine allergy relief</i>	47	<i>ra calcium high potency</i>	144	<i>ra insulin syringe</i>	134
<i>qc medifin dm</i>	80	<i>ra calcium plus vitamin d</i>	143	<i>ra iron</i>	108
<i>qc medifin mucus relief child</i>	82	<i>ra calcium plus vitamin d3</i>	143	<i>ra isopropyl alcohol wipes</i>	96
<i>qc mens daily multivitamin</i>	154	<i>ra calcium/vitamin d/minerals</i>	143	<i>ra jock itch</i>	94
<i>qc multi-vite</i>	154	<i>ra calming daily moisturizing</i>	92	<i>ra lancing device</i>	121
<i>qc multi-vite 50 & over</i>	154	<i>ra central-vite cardio</i>	160	<i>ra lansoprazole</i>	191
<i>qc naproxen sodium</i>	20	<i>ra central-vite energy</i>	154	<i>ra laxative</i>	114
<i>qc non-aspirin extra strength</i>	23	<i>ra central-vite mens mature</i>	154	<i>ra loratadine</i>	47, 48
<i>qc omeprazole magnesium</i>	191	<i>ra central-vite performance</i>	160	<i>ra loratadine childrens</i>	47
<i>qc pain relief extra strength</i>	23	<i>ra central-vite senior</i>	154	<i>ra magnesium</i>	146
<i>qc rest simply</i>	111	<i>ra central-vite womens mature</i>	154	<i>ra mature womens dietary supp</i>	154
<i>qc sleep aid max st</i>	111	<i>ra cetiri-d</i>	82	<i>ra menopause support</i>	160
<i>qc sweet oil</i>	72	<i>ra cetirizine</i>	47	<i>ra miconazole 3 combo pack</i>	195
<i>qc therin-m</i>	154	<i>ra childrens aspirin</i>	25	<i>ra miconazole 3 combo pack app</i>	
<i>qc unilet lancets micro thin</i>	121	<i>ra childrens chewable vitliron</i>	158		195
<i>qc womens daily multivitamin</i>	154	<i>ra clotrimazole</i>	94	<i>ra mini nicotine</i>	185
QSYMIA	14	<i>ra col-rite</i>	115	<i>ra moisturizing oatmeal</i>	92
<i>Quasense</i>	76	<i>ra derma</i>	92	<i>ra moisturizing therapy</i>	92
<i>quetiapine fumarate</i>	59	<i>ra diaper rash</i>	88	<i>ra motion sickness relief</i>	43
<i>quetiapine fumarate er</i>	59	RA DIPHEDRYL ALLERGY	45	<i>ra mucus relief</i>	82
QUICKTEK CONTROL		<i>ra ear drops</i>	170	<i>ra naproxen sodium</i>	20
SOLUTION	130	<i>ra ethyl alcohol</i>	73	<i>ra natural magnesium</i>	146
<i>quinapril hcl</i>	50	<i>ra ethyl rubbing alcohol</i>	73	<i>ra niacin</i>	196
<i>quinapril-hydrochlorothiazide</i>	50	<i>ra extended cuff nitrile glove</i>	118	<i>ra nicotine</i>	185
<i>quinidine sulfate</i>	32	<i>ra eye itch relief</i>	167	<i>ra nicotine polacrilex</i>	185
<i>quintabs-m</i>	154	RA E-ZJECT COLOR LANCETS		<i>ra night sleep aid</i>	111
QUINTET CONTROL		33G	130	<i>ra nighttime sleep aid</i>	111
HIGH/NORMAL	130	RA E-ZJECT LANCETS 28G	130	<i>ra no flush niacin</i>	196
QVAR REDIHALER	34	RA E-ZJECT LANCETS THIN 26G		<i>ra omeprazole</i>	191
<i>ra acetaminophen ex st</i>	23		130	<i>ra one daily energy formula</i>	154
<i>ra acetaminophen rapid melts</i>	23	RA E-ZJECT LANCETS THIN 28G		<i>ra one daily gummy vites</i>	154
<i>ra acid reducer</i>	190		130	<i>ra one daily maximum</i>	154
<i>ra acid reducer max st</i>	190	RA E-ZJECT LANCETS ULTRA		<i>ra one daily mens 50+ w/vit d3</i>	154
<i>ra advanced recovery</i>	92	THIN	130	<i>ra one daily mens multi</i>	154
<i>ra alcohol swabs</i>	116	<i>ra fiber</i>	113	<i>ra one daily mens/vit d-3</i>	154
<i>ra allergy</i>	45	<i>ra fiber supplement</i>	113	<i>ra one daily multi-vit plus fe</i>	148
<i>ra allergy medication</i>	45	<i>ra fish oil</i>	165	<i>ra one daily womens</i>	154
<i>ra allergy relief</i>	47	<i>ra gas relief</i>	102	<i>ra oyster shell calcium</i>	144
<i>ra allergy relief childrens</i>	45, 47	<i>ra gas relief extra strength</i>	102	<i>ra oyster shell calcium/d</i>	143
<i>ra antacid/anti-gas max st</i>	30	<i>ra gas relief/infants</i>	102	<i>ra ped electrolyte freezer pop</i>	145
<i>ra antacid/gas relief max st</i>	30	<i>ra gentle skin</i>	92	<i>ra pediatric electrolyte</i>	145
<i>ra antibiotic plus</i>	85	RA GERM DEFENSE	96	RA RENEWAL ACNE	
<i>ra antibiotic/pain relief</i>	86	<i>ra glucose</i>	39	TREATMENT	85
<i>ra anti-diarrheal</i>	42	<i>ra glycerin</i>	92	<i>ra renewal dry skin therapy</i>	92
<i>ra antihistamine eye drops</i>	167	<i>ra glycerin adult</i>	114	<i>ra renewal hand sanitizer</i>	96
<i>ra anti-itch maximum strength</i>	90	<i>ra glycerin child</i>	114	<i>ra renewal moisturizing</i>	92
<i>ra aspirin</i>	25	<i>ra hair/skin/nails</i>	154	<i>ra scalp itch/dandruff relief</i>	94
<i>ra aspirin adult low dose</i>	25	<i>ra hemorrhoidal</i>	29	<i>ra sleep aid</i>	111
<i>ra aspirin adult low strength</i>	25	RA HI CAL	143	<i>ra sleep aid (diphenhydramine)</i>	111
<i>ra aspirin childrens</i>	25	RA HI-CAL	144	<i>ra slow release iron</i>	108
<i>ra aspirin ec</i>	25	RA HI-CAL PLUS VITAMIN D	143	<i>ra stomach relief kids</i>	30

<i>ra stress formula advanced</i>	154	REGENECARE HA.....	95	<i>risacal-d</i>	143
<i>ra stress formula energy</i>	154	REGULOID.....	113	RISPERDAL.....	58
<i>ra therapeutic</i>	97	REHYDRALYTE.....	145	RISPERDAL CONSTA.....	58
<i>ra therapeutic m plus beta car</i>	154	RELION ALCOHOL SWABS.....	116	<i>risperidone</i>	58
<i>ra total moisture</i>	92	RELION GLUCOSE.....	39, 40	Risperidone M-Tab.....	58
<i>ra triple antibiotic plus</i>	86	RELION GLUCOSE DRINK.....	40	RITEFLO.....	141
<i>ra tussin</i>	82	RELION INSULIN SYRINGE.....	137	<i>ritonavir</i>	62
<i>ra tussin cgh/chest congest dm</i> ...	80	RELI-ON INSULIN SYRINGE.....	137	RITUXAN.....	54
<i>ra tussin chest congestion</i>	83	RELION KETONE.....	98	<i>rivastigmine tartrate</i>	182
<i>ra tussin cough</i>	78, 80	RELION KETONE TEST.....	98	<i>rixubis</i>	105
<i>ra tussin cough adult</i>	78	RELION LANCETS MICRO-THIN		<i>rizatriptan benzoate</i>	141
<i>ra tussin cough dm sugar free</i>	80	33G.....	130	<i>robafen</i>	83
<i>ra tussin cough/chest dm max</i>	80	RELION LANCETS STANDARD		<i>robafen cough</i>	78
<i>ra tussin dm</i>	80	21G.....	130	<i>robafen dm</i>	80
<i>ra tussin long acting cough</i>	78	RELION LANCETS THIN 26G.....	130	ROBAFEN DM CGH/CHEST	
<i>ra tussin maximum strength</i>	78	RELION LANCETS ULTRA-THIN		CONGEST.....	81
<i>ra vinyl gloves</i>	118	30G.....	130	ROBAFEN DM COUGH CLEAR.....	81
<i>ra vinyl medical gloves</i>	118	RELION LANCING DEVICE.....	130	ROBITUSSIN COLD COUGH+	
<i>ra vision vite plus zinc</i>	154	RELION ULTRA THIN LANCETS		CHEST.....	81
<i>ra vitamin b-1</i>	195	30G.....	130	ROBITUSSIN COUGH+CHEST	
<i>ra vitamin b-6</i>	196	RELION ULTRA THIN PLUS		CONG DM.....	81
<i>ra vitamin d-3</i>	197	LANCETS.....	130	ROBITUSSIN LINGERING LA	
<i>ra vitamins complete childrens</i> ..	157	REMEDY ANTIFUNGAL.....	94	COUGH.....	78
<i>ra zinc oxide</i>	88	REMEDY PHYTOPLEX		ROBITUSSIN MUCUS+CHEST	
<i>rabano yodado</i>	148	ANTIFUNGAL.....	94	CONGEST.....	83
RABAVERT.....	194	<i>repaglinide</i>	41	ROBITUSSIN TO GO	
<i>racepinephrine hcl</i>	71	<i>repaglinide-metformin hcl</i>	41	CGH/CHEST DM.....	81
<i>radiaguard advanced</i>	93	REPATHA.....	171	<i>root beer flavor</i>	174
<i>raloxifene hcl</i>	100	REPATHA PUSHTRONEX		<i>ropinirole hcl</i>	57
<i>ramipril</i>	50	SYSTEM.....	171	<i>ropinirole hcl er</i>	57
<i>ranitidine hcl</i>	190	REPATHA SURECLICK.....	171	Rosadan.....	95
RAPIVAB.....	66	REPLESTA.....	198	<i>rosuvastatin calcium</i>	49
<i>raspberry flavor</i>	173	RESCRIPTOR.....	63	ROZEREM.....	112
<i>raspberry syrup</i>	180	RETACRIT.....	107	RYDAPT.....	54
<i>reality insulin syringe</i>	134	RETROVIR.....	64	SAFE TUSSIN DM.....	81
<i>reality lancets</i>	121	REVLIMID.....	66	SAFESNAP INSULIN SYRINGE...137	
REALITY LATEX CONDOMS.....	117	REXALL LANCETS ULTRA THIN		SAFE-T-LANCE.....	131
REALITY LATEX/ULTRA		30G.....	130	SAFE-T-LANCE PLUS.....	131
TEXTURED.....	117	REXULTI.....	60	<i>safety lancet 21gl/pressure act</i>....121	
REALITY LATEX/ULTRA THIN....	117	REYATAZ.....	63	<i>safety lancet 28gl/pressure act</i>....122	
<i>reality swabs</i>	116	RHINOCORT ALLERGY.....	161	SAFETY LANCETS.....	131
<i>reality trigger lancets</i>	121	RHOGAM ULTRA-FILTERED		SAFETY LANCETS 21G.....	131
REBIF.....	183	PLUS.....	171	<i>safety lancets 28g</i>	122
REBIF REBIDOSE.....	183	RHOPHYLAC.....	171	SAFETY LET LANCETS.....	131
REBIF REBIDOSE TITRATION		RHOPRESSA.....	169	SAFETY SEAL LANCETS.....	131
PACK.....	183	RIASTAP.....	106	<i>salicylic acid</i>	94
REBIF TITRATION PACK.....	183	Ribasphere.....	65	<i>salsalate</i>	25
REBINYN.....	106	RID LICE KILLING SHAMPOO.....	96	SANDOSTATIN LAR DEPOT.....	100
Reclipsen.....	75	RIDAURA.....	18	SANTYL.....	93
<i>recofen d</i>	80	<i>rifabutin</i>	53	SAPHRIS.....	59
RECOMBINATE.....	106	<i>rifampin</i>	53	<i>sapscare twist top lancets</i>	122
RECOMBIVAX HB.....	194	RIGHTEST ALTERNATE SITE		<i>sardine flavor</i>	174
<i>recort plus</i>	90	ADAPT.....	130	SAVELLA.....	182
RECOTHROM.....	110	RIGHTEST GC300 CONTROL.....	130	SAVELLA TITRATION PACK.....	182
RECTIV.....	29	RIGHTEST GD500 LANCING		<i>sb acid controller</i>	190
<i>reeses pinworm medicine</i>	31	DEVICE.....	130	<i>sb acid controller max st</i>	190
<i>refenesen dm</i>	80	RIGHTEST GL300 LANCETS.....	130	<i>sb acid reducer</i>	190
<i>refreshing aloe</i>	93	<i>riluzole</i>	162	<i>sb alcohol prep</i>	116
REFUAH PLUS GLUCOSE		<i>rimantadine hcl</i>	65	<i>sb allergy</i>	48
CONTROL.....	130	<i>ringers</i>	145	<i>sb allergy medicine</i>	45

<i>sb allergy relief</i>	48	Setlakin.....	76	<i>sm anti-diarrheal</i>	42
<i>sb aspirin</i>	25	<i>sevelamer carbonate</i>	103	<i>sm antifungal clotrimazole</i>	94
<i>sb bacitracin</i>	86	<i>sf</i>	147	<i>sm antioxidant vitamins</i>	155
<i>sb calcium + d</i>	143	<i>sf 5000 plus</i>	147	<i>sm artificial tears</i>	166
<i>sb childrens aspirin</i>	25	Sharobel.....	76	<i>sm aspirin</i>	25
<i>sb childrens non-aspirin</i>	23	SHOPKO ALCOHOL SWABS.....	116	<i>sm aspirin adult low strength</i>	25
<i>sb cimetidine</i>	190	SHOPKO ALLERGY RELIEF-D		<i>sm aspirin ec low strength</i>	25
<i>sb clotrimazole foot</i>	94	(CETI).....	82	<i>sm calcium 500/vitamin d3</i>	143
<i>sb cough control</i>	83	SHOPKO AUTOLET LANCING		<i>sm calcium 600/vitamin d</i>	143
<i>sb cough control dm</i>	80	DEVICE.....	131	<i>sm calcium-vitamin d</i>	143
<i>sb cough control dm max</i>	80	SHOPKO ON-THE-GO LANCETS		<i>sm castor oil</i>	114
<i>sb gas relief</i>	102	30G.....	131	<i>sm chest congestion relief dm</i>	80
<i>sb glycerin adult</i>	114	SHOPKO UNILET LANCETS 28G	131	<i>sm childrens aspirin</i>	25
<i>sb glycerin pediatric</i>	114	SHOPKO UNILET LANCETS 30G	131	<i>sm childrens ibuprofen</i>	20
<i>sb hydrocortisone</i>	90	<i>shrimp flavor</i>	174	<i>sm childrens loratadine</i>	48
<i>sb hydrocortisone max st</i>	90	<i>silace</i>	115	<i>sm complete</i>	155
<i>sb ibuprofen</i>	20	<i>siladryl allergy</i>	45	<i>sm complete 50+</i>	155
<i>sb insulin syringe</i>	134	<i>sildenafil citrate</i>	69	<i>sm complete 50+ ultimate mens</i>	155
<i>sb lancets thin</i>	122	<i>silphen dm cough</i>	78	<i>sm complete 50+ ultimate</i>	
<i>sb lancets ultra thin</i>	122	<i>siltussin das</i>	83	<i>women</i>	155
<i>sb loratadine</i>	48	<i>siltussin dm das</i>	80	<i>sm complete advanced formula</i>	155
<i>sb loratadine allergy relief</i>	48	<i>siltussin sa</i>	83	<i>sm complete senior formula</i>	155
<i>sb low dose asa ec</i>	25	<i>siltussin-dm alcohol free</i>	80	<i>sm cough relief</i>	78
<i>sb naproxen sodium</i>	20	<i>silver sulfadiazine</i>	88	<i>sm daily diet support</i>	155
<i>sb non-aspirin</i>	23	<i>simeped</i>	102	<i>sm dry skin therapy</i>	93
<i>sb non-aspirin extra strength</i>	23	<i>simethicone</i>	102	<i>sm ethyl alcohol (rubbing)</i>	73
<i>sb omega-3 fish oil</i>	165	SIMILAC STERILIZED WATER.....	180	<i>sm eye itch relief</i>	167
<i>sb omeprazole</i>	191	SIMPLE DIAGNOSTICS LANCING		<i>sm fiber</i>	113
<i>sb oyster shell calcium</i>	144	DEV.....	131	<i>sm fish oil</i>	165
<i>sb pain reliever ex st</i>	23	<i>simple syrup</i>	180	<i>sm foaming antacid</i>	30
<i>sb pediatric electrolyte</i>	145	SIMPLY SALINE BABY.....	83	<i>sm gas relief extra strength</i>	102
<i>sb sleep</i>	111	SIMPLY SLEEP.....	112	<i>sm gas relief infants</i>	102
<i>scalp relief maximum strength</i>	90	<i>simvastatin</i>	49	<i>sm gas relief infants drops</i>	102
SCALPICIN.....	95	SINGLE-LET.....	131	<i>sm glucose</i>	39
SCALPICIN 2 IN 1.....	95	<i>sirolimus</i>	66	<i>sm glycerin</i>	93
SCALPICIN MAXIMUM		SIVEXTRO.....	52	<i>sm glycerin pediatric</i>	114
STRENGTH.....	90	<i>sleep aid</i>	111	<i>sm hair/skin/nails</i>	155
<i>scot-tussin expectorant</i>	83	<i>sleep aid (diphenhydramine)</i>	111	<i>sm hydrocortisone</i>	90
SEA BUDDIES DAILY MULTIPLE	157	<i>sleep ii</i>	111	<i>sm hydrocortisone max st</i>	90
SEA-OMEGA 30.....	165	<i>sleep tabs</i>	111	<i>sm hydrocortisone plus</i>	97
SEGLUROMET.....	186	<i>sleep-tabs</i>	111	<i>sm hydrocortisone-aloe max st</i>	97
<i>select-lite devicellancets</i>	122	SLO-NIACIN.....	196	<i>sm ibuprofen</i>	20
<i>select-lite lancing device</i>	122	<i>slow release iron</i>	108	<i>sm ibuprofen ib</i>	20
<i>selegiline hcl</i>	57	<i>sm acid reducer</i>	190	<i>sm iron</i>	108
<i>selenium</i>	147	<i>sm acid reducer max st</i>	190	<i>sm lancets 33g</i>	122
<i>selenium sulfide</i>	87	<i>sm advanced hand sanitizer</i>	96	<i>sm lansoprazole</i>	191
SELZENTRY.....	62	<i>sm alcohol</i>	73	<i>sm lice killing</i>	95
<i>se-natal 19</i>	159	<i>sm alcohol prep</i>	116	<i>sm lice treatment</i>	96
<i>senexon</i>	114	<i>sm all day allergy</i>	48	<i>sm loratadine</i>	48
<i>senior tabs</i>	154	<i>sm all day allergy childrens</i>	48	<i>sm loratadine allergy relief</i>	48
<i>senna</i>	114	<i>sm all day allergy-d</i>	82	<i>sm magnesium</i>	146
<i>senna-grx</i>	114	<i>sm allergy relief</i>	45, 48	<i>sm miconazole 3</i>	195
<i>sennazon</i>	114	<i>sm allergy relief childrens</i>	45	<i>sm miconazole 3 applicator</i>	195
SENSIPAR.....	100	<i>sm allergy relief loratadine</i>	48	<i>sm motion sickness</i>	43
<i>sentry</i>	154	<i>sm animal shapes complete</i>	157	<i>sm mucus relief childrens</i>	83
<i>sentry adult</i>	154	<i>sm animal shapes kids first</i>	158	<i>sm mucus relief cough children</i>	80
<i>sentry senior</i>	154	<i>sm antacid advanced max st</i>	30	<i>sm multiple vitamins/liron</i>	148
SEROQUEL XR.....	59	<i>sm antacid maximum strength</i>	30	<i>sm naproxen sodium</i>	20
<i>sertraline hcl</i>	37	<i>sm antibiotic plus pain relief</i>	86	<i>sm niacin cr</i>	196
<i>sesame oil</i>	72	<i>sm anti-dandruff coal tar</i>	97	<i>sm nicotine</i>	185

<i>sm nicotine polacrilex</i>	185	<i>sotalol hcl</i>	67	<i>super omega 3 epaldha</i>	165
<i>sm omega-3 fish oil</i>	165	<i>sotalol hcl (af)</i>	67	SUPER OMEGA-3	165
<i>sm omeprazole</i>	191	<i>special care</i>	93	<i>super thera vite m</i>	155
<i>sm opti-vitamins</i>	155	<i>spinosad</i>	96	<i>super thin lancets</i>	122
<i>sm oyster shell calcium/vit d</i>	143	<i>spironolactone</i>	99	<i>super vikaps</i>	155
<i>sm oyster shell calcium/vit d3</i>	143	<i>spironolactone-hctz</i>	99	<i>super vita-mins</i>	155
<i>sm pain relief extra strength</i>	23	Sprintec 28.....	75	<i>superior 35</i>	155
<i>sm pain reliever</i>	23	SPRYCEL	55	<i>support</i>	155
<i>sm pain reliever ex st</i>	23	Sps.....	66, 181	<i>supreme ii confidence paddles</i> ..	122
<i>sm pediatric electrolyte</i>	145	<i>sr nicotine</i>	185	<i>supreme ii highlow control</i>	122
<i>sm sleep aid</i>	111	Sronyx.....	75	<i>sure comfort alcohol prep</i>	116
<i>sm sleep aid maximum strength</i>	111	Ssd.....	88	<i>sure comfort insulin syringe</i>	134
<i>sm sleep aid night time</i>	111	ST JOSEPH ASPIRIN	26	<i>sure comfort lancets 28g</i>	122
<i>sm slow release iron</i>	108	<i>stavudine</i>	64	<i>sure comfort lancets 30g</i>	122
<i>sm stool softener</i>	115	STEGLATRO	41	<i>sure comfort lancing pen</i>	122
<i>sm sweet oil</i>	72	STERILANCE PA	131	SURE-JECT INSULIN SYRINGE ..	137
<i>sm triple antibiotic max st</i>	86	STERILANCE TL	131	SURE-LANCE FLAT LANCETS ...	131
<i>sm tussin cough/chest congest</i> ...	80	<i>sterile diluent/lepoprostenol</i>	181	SURE-LANCE LANCETS 26G	131
<i>sm tussin dm</i>	80	<i>sterile water for injection</i>	181	SURE-LANCE THIN LANCETS	
<i>sm tussin dm max</i>	80	<i>sterile water for irrigation</i>	66	28G	131
<i>sm tussin mucus+chest congest</i> ..	83	<i>stevia</i>	16	SURE-LANCE ULTRA THIN	
<i>sm vitamin b-6</i>	196	<i>stevia extract</i>	71	LANCETS	131
<i>sm vitamin d</i>	197	<i>stevia glycerite extract</i>	174	SURELITE LANCETS	131
<i>sm vitamin d3</i>	197	<i>steviol glycosides</i>	72	SURE-PEN	131
SMART DIABETES VANTAGE		<i>stevioside</i>	72	SURE-PREP ALCOHOL PREP ...	116
LANCING	131	<i>stool softener</i>	115	SURESTEP GLUCOSE	
SMART SENSE COLOR		<i>stop lice maximum strength</i>	95	CONTROL	131
LANCETS 33G	131	<i>strawberry flavor</i>	174	SURESTEP PRO HIGH	
SMART SENSE GLUCOSE	39	<i>stress b complex/liron</i>	148	GLUCOSE	131
SMART SENSE STANDARD		<i>stress b-complex/clzinc</i>	155	SURESTEP PRO LINEARITY	132
LANCETS	131	<i>stress formula</i>	148	SURESTEP PRO LOW GLUCOSE	
SMART SENSE SUPER THIN		<i>stress formulaliron</i>	149	.....	132
LANCETS	131	<i>stress formulalzinc</i>	148	SURESTEP PRO NORMAL	
SMART SENSE THIN LANCETS		STRIBILD	62	GLUCOSE	132
26G	131	STRIVERDI RESPIMAT	33	SURE-TOUCH LANCETS	
SMARTEST CONTROL MEDIUM ..	131	SUBLOCADE	28	UNIVERSAL	132
SMARTEST LANCETS 28G	131	SUBOXONE	28	<i>suspension vehicle</i>	180
SMOOTH LAX	114	<i>sucralfate</i>	190	SUSTIVA	63
<i>sodium acetate</i>	141	SUDOGEST	162	SUTENT	54
<i>sodium bicarbonate</i>	30, 141	<i>sulfacetamide sodium</i>	87, 169	<i>sw allergy relief-d</i>	82
<i>sodium chloride</i>	83, 104, 147	<i>sulfacetamide sodium (acne)</i>	84	<i>sweet oil</i>	72
<i>sodium citrate-gentamicin sulf</i> ...	112	<i>sulfacetamide-prednisolone</i>	168	<i>sweetening enhancer</i>	174
<i>sodium fluoride</i>	146	<i>sulfadiazine</i>	187	Syeda.....	75
<i>sodium polystyrene sulfonate</i>		<i>sulfamethoxazole-trimethoprim</i> ...	51	Symax-SI.....	188
.....	66, 181	<i>sulfasalazine</i>	103	Symax-Sr.....	188
SOLARTEK GLUCOSE		Sulfatrim Pediatric.....	51	SYMDEKO	84
CONTROL	131	<i>sulindac</i>	20	SYMFI	62
<i>solifenacin succinate</i>	192	<i>sumatriptan</i>	141	SYMFI LO	62
SOLIRIS	107	<i>sumatriptan succinate</i>	141	SYMLINPEN 60	38
SOLTAMOX	54	<i>sumatriptan succinate refill</i>	141	SYMPROIC	103
SOLU-CORTEF	77	<i>super 28 formula</i>	155	SYMTUZA	62
SOLUS V2 CONTROL	131	<i>super antioxidants protector</i>	155	SYNAGIS	170
SOLUS V2 LANCETS 28G	131	<i>super aytinal</i>	155	SYNERCID	52
SOLUS V2 LANCING DEVICE	131	<i>super aytinal 50 plus</i>	155	SYNTHAMIN 17	163
SOLUS V2 TWIST LANCETS 30G ..	131	<i>super calcium</i>	144	<i>syringe</i>	135
SOOTHE HYDRATION	166	<i>super calcium 600 + d 400</i>	143	<i>syringe luer slip</i>	135
SOOTHE XP	166	<i>super calcium 600 + d3</i>	143	<i>syrpalta</i>	180
<i>sorbitol</i>	72, 114, 180	SUPER DHA GEMS	165	SYRPALTA (RED)	180
SORBUGEN NR	81	<i>super multiple</i>	155	SYRSPEND SF	181
Sorine.....	67	<i>super natrul-100</i>	155	SYRSPEND SF ALKA	180

SYRSPEND SF PH4.....	181	<i>tgt childrens ibuprofen</i>	20	THROMBI-GEL 10.....	109
<i>syrup vehicle</i>	180	<i>tgt clotrimazole</i>	94	THROMBIN-JMI.....	110
<i>syrup vehicle sf</i>	180	<i>tgt cough formula dm</i>	80	THROMBIN-JMI EPISTAXIS.....	110
SYSTANE.....	165	<i>tgt fiber therapy</i>	113	THROMBI-PAD.....	109
SYSTANE BALANCE.....	166	<i>tgt first aid antibiotic</i>	86	THROMBOGEN.....	110
SYSTANE CONTACTS.....	166	<i>tgt gas relief extra strength</i>	102	<i>tiagabine hcl</i>	36
<i>tab-a-viteliron</i>	149	<i>tgt gas relief infants</i>	102	<i>tigecycline</i>	52
TABLOID.....	54	<i>tgt glucose</i>	39	Tilia Fe.....	77
<i>tacrolimus</i>	66, 95	<i>tgt hemorrhoidal</i>	29	<i>timolol maleate</i>	67, 166
<i>tactinal extra strength</i>	23	<i>tgt ibuprofen</i>	20, 21	TITRALAC.....	30
<i>tadalafil (pah)</i>	69	<i>tgt ibuprofen childrens</i>	20	TIVICAY.....	62
TAFINLAR.....	54	<i>tgt lancet micro thin 33g</i>	122	<i>tizanidine hcl</i>	161
TAI DOC CONTROL.....	132	<i>tgt lancet thin 26g</i>	122	<i>tobramycin</i>	16, 167
TAMIFLU.....	66	<i>tgt lancet ultra thin 30g</i>	122	TODAY SPONGE.....	195
<i>tamoxifen citrate</i>	54	<i>tgt lancing device</i>	122	<i>todays health lancing device</i>	122
<i>tamsulosin hcl</i>	103	<i>tgt loperamide hcl</i>	42	<i>todays health thin lancets 28g</i>	122
Tarina Fe 1/20.....	75	<i>tgt loratadine childrens</i>	48	<i>todays health thin lancets 30g</i>	122
Taron-Crystals.....	104	<i>tgt lubricant eye drops</i>	165	<i>tolnaftate</i>	87
TASIGNA.....	55	<i>tgt miconazole 3 combo pack</i>	195	<i>tolterodine tartrate</i>	192
<i>tazarotene</i>	87	<i>tgt mucus/cough relief</i>	80	<i>tolterodine tartrate er</i>	192
TAZICEF.....	70	<i>tgt multivitamin/multimineral</i>	155	<i>topcare ultra comfort ins syr</i>	135
Taztia Xt.....	68	<i>tgt naproxen sodium</i>	21	<i>topiramate</i>	35
TDVAX.....	188	<i>tgt nicotine</i>	185	<i>toremifene citrate</i>	54
<i>tears again</i>	166	<i>tgt nicotine polacrilex</i>	185	<i>torsemide</i>	99
TEARS AGAIN ADVANCED		<i>tgt nicotine step one</i>	185	TOTAL ALLERGY MEDICINE.....	45
EYELID.....	166	<i>tgt nicotine step three</i>	185	<i>totalday multiple</i>	155
TEARS NATURALE FREE.....	165	<i>tgt nicotine step two</i>	185	TPN ELECTROLYTES.....	145
<i>tears pure</i>	165	<i>tgt nighttime sleep aid</i>	111	TRACE ELEMENTS 4/PEDIATRIC	
TECHLITE AST LANCETS.....	132	<i>tgt omeprazole</i>	191	.....	147
TECHLITE LANCETS.....	132	<i>tgt sleep aid max strength</i>	112	TRACER II 3 VOLT BATTERY.....	132
TECHLITE LANCETS 30G.....	132	THE LIQUILIFT TRACE.....	147	<i>tramadol hcl</i>	27
TEFLARO.....	70	THEOCHRON.....	34	<i>tramadol-acetaminophen</i>	28
TELCARE GLUCOSE CONTROL.....	132	<i>theophylline</i>	34	<i>trandolapril</i>	50
<i>telmisartan</i>	51	<i>theophylline er</i>	34	<i>tranexamic acid</i>	72
<i>temazepam</i>	112	<i>thera vital m</i>	155	<i>tranylcypromine sulfate</i>	37
<i>temozolomide</i>	56	<i>therabasic-m</i>	155	TRAVASOL.....	163
TENIVAC.....	188	THERA-D 2000.....	198	<i>travel lancets</i>	122
<i>tenofovir disoproxil fumarate</i>	64	THERA-D RAPID REPLETION.....	198	<i>travel sickness</i>	43
TERA-GEL TAR.....	97	<i>thera-derm</i>	93	<i>trazodone hcl</i>	37, 186
<i>terazosin hcl</i>	51	THERAGRAN-M FISH OIL CONC.....	165	TRELEGY ELLIPTA.....	33
<i>terbinafine hcl</i>	44, 87	<i>thera-m</i>	155	<i>tretinoin</i>	56, 85
<i>terconazole</i>	195	THERANATAL CORE NUTRITION		TRETEN.....	106
<i>testosterone</i>	28	.....	160	<i>triamcinolone acetonide</i>	90, 148, 187
<i>testosterone cypionate</i>	28	<i>therapeutic</i>	97	TRIAMINIC ALLERCHEWS.....	48
<i>testosterone enanthate</i>	28	<i>therapeutic formula/hematinics</i>	155	TRIAMINIC FEVER REDUCER.....	23
<i>tetanus-diphtheria toxoids td</i>	188	<i>therapeutic m</i>	155	<i>triamterene-hctz</i>	99
<i>tgt acetaminophen ex st</i>	23	<i>therapeutic moisturizing</i>	93	<i>tri-biozene</i>	86
<i>tgt alcohol swabs</i>	116	THERAPEUTIC T+PLUS.....	97	Triderm.....	90
<i>tgt all day allergy relief</i>	48	<i>therapeutic-m</i>	155	Tri-Estarylla.....	77
<i>tgt all day allergy-d</i>	82	<i>therapeutic-m/lutein</i>	155	<i>trifluoperazine hcl</i>	59
<i>tgt allergy melts childrens</i>	45	THERATEARS ALLERGY.....	167	<i>trifluridine</i>	168
<i>tgt allergy relief</i>	48	<i>theravim-m</i>	155	<i>trihexyphenidyl hcl</i>	57
<i>tgt allergy relief childrens</i>	45	Thermazene.....	88	Tri-Legest Fe.....	77
<i>tgt allergy+ congestion relief</i>	82	THEROMEGA.....	165	Tri-Linyah.....	77
<i>tgt anti-itch plus oatmeal</i>	90	<i>thiamine</i>	195	Tri-Lo-Sprintec.....	77
<i>tgt anti-itch/aloe max st</i>	97	<i>thiamine hcl</i>	196	Trilyte.....	113
<i>tgt anti-itch/aloe/vit e</i>	90	THINLETS GP LANCETS.....	132	<i>trimethoprim</i>	51
<i>tgt aspirin</i>	25	<i>thioridazine hcl</i>	59, 72	<i>trinatal rx 1</i>	159
<i>tgt aspirin low dose</i>	25	<i>thiothixene</i>	60	TRINATE.....	160
<i>tgt childrens aspirin</i>	25	THRIVE.....	186	Trinessa (28).....	77

<i>triple antibiotic pain relief</i>	86	<i>tussin</i>	83	UNILET LANCET	133
<i>triple antibiotic plus</i>	86	<i>tussin cough</i>	78	UNILET MICRO-THIN 33G	133
<i>triple antibiotic plus max st</i>	86	<i>tussin dm</i>	80	UNILET SUPERLITE LANCET	133
Tri-Previfem.....	77	<i>tussin dm max</i>	80	UNILET SUPER-THIN 30G	133
Tri-Sprintec.....	77	<i>tussin dm max adult</i>	80	UNILET ULTRA-THIN 28G	133
TRIUMEQ.....	62	<i>tussin mucus+chest congestion</i> ..	83	UNISTIK 1	133
<i>tri-vitamin/fluoride</i>	158	<i>tutti frutti flavor</i>	174	UNISTIK 2	133
Trivora (28).....	77	<i>tutti-frutti flavor</i>	174	UNISTIK 2 COMFORT	133
TRIZIVIR.....	62	TWINRIX.....	193	UNISTIK 2 EXTRA	133
TROGARZO.....	60	TYBOST.....	60	UNISTIK 2 NEONATAL	133
TROPHAMINE.....	163	TYKERB.....	55	UNISTIK 2 NORMAL	133
<i>tropical punch flavor</i>	174	TYMLOS.....	100	UNISTIK 2 SUPER	133
<i>tropicamide</i>	166	UDENYCA.....	108	UNISTIK 3	133
<i>tropium chloride</i>	192	ULTICARE INSULIN SAFETY		UNISTIK 3 COMFORT	133
<i>tropium chloride er</i>	192	SYR.....	137	UNISTIK 3 EXTRA	133
<i>true comfort alcohol prep pads</i> ..	116	ULTICARE INSULIN SYRINGE....	137	UNISTIK 3 GENTLE	133
TRUE METRIX LEVEL 1	132	ULTICARE SYRINGE	137	UNISTIK 3 NEONATAL	133
TRUE METRIX LEVEL 2	132	ULTI-LANCE AUTOMATIC	132	UNISTIK 3 NORMAL	133
TRUE METRIX LEVEL 3	132	ULTILET CLASSIC LANCETS	132	UNISTIK CZT COMFORT	133
TRUECONTROL GLUCOSE		ULTILET INSULIN SYRINGE		UNISTIK CZT NORMAL	133
CONT LEV 0	132	SHORT	137	UNISTIK SAFETY LANCETS 28G	133
TRUECONTROL GLUCOSE		ULTILET LANCETS	132	UNISTIK SAFETY LANCETS 30G	133
CONT LEV 1	132	ULTILET SAFETY LANCETS 23G	132	UNISTIK TOUCH SAFETY LANC	
TRUEDRAW LANCING DEVICE..	132	<i>ultimate fat burner</i>	160	21G	133
TRUEPLUS INSULIN SYRINGE...	137	<i>ultra antioxidant formula</i>	155	UNISTIK TOUCH SAFETY LANC	
TRUEPLUS LANCETS 26G	132	<i>ultra comfort insulin syringe</i>	135	23G	133
TRUEPLUS LANCETS 28G	132	<i>ultra freeda</i>	155	UNISTIK TOUCH SAFETY LANC	
TRUEPLUS LANCETS 30G	132	<i>ultra freedaliron</i>	156	28G	133
TRUEPLUS LANCETS 33G	132	<i>ultra multi formulaliron</i>	156	UNISTIK TOUCH SAFETY LANC	
TRUEPLUS SAFETY LANCETS		<i>ultra omega-3 fish oil</i>	165	30G	133
28G	132	<i>ultra-comfort insulin syringe</i>	135	UNISTRIP CONTROL	133
TRUMENBA.....	193	ULTRAFOAM SPONGE		Unithroid	187
TRUSTEX COLOR CONDOMS +		2X6.25X7CM	110	Unithroid Direct.....	187
LUBE	117	ULTRAFOAM SPONGE		UNIVERSAL 1 LANCETS THIN	
TRUSTEX		8X12.5X1CM	110	26G	133
LUB/RIBBED/STUDDED	117	ULTRAFOAM SPONGE		UNIVERSAL 1 LANCETS ULTRA	
TRUSTEX LUB/SPERMICIDE EX		8X12.5X3CM	110	THIN	133
ST	117	ULTRAFOAM SPONGE		<i>universal ph</i>	98
TRUSTEX LUB/SPERMICIDE XL	117	8X25X1CM	110	<i>up & up glucose</i>	39
TRUSTEX LUBRICATED	117	ULTRAFOAM SPONGE		<i>ursodiol</i>	102
TRUSTEX LUBRICATED EX		8X6.25X1CM	110	<i>valacyclovir hcl</i>	65
LARGE	117	ULTRALANCE	132	<i>valganciclovir hcl</i>	65
TRUSTEX LUBRICATED EXTRA		<i>ultra-mega</i>	156	<i>valproic acid</i>	36
ST	117	<i>ultra-soft gloves</i>	118	<i>valsartan</i>	51
TRUSTEX		ULTRA-THIN II AUTO LANCET ...	132	<i>valsartan-hydrochlorothiazide</i>	50
LUBRICATED/SPERMICIDE	117	ULTRA-THIN II INS SYR SHORT .	137	<i>value health insulin syringe</i>	135
TRUSTEX NATURAL CONDOMS		ULTRA-THIN II INSULIN		<i>value plus glucose</i>	39
+ LUBE	117	SYRINGE	137	<i>value plus lancet standard 21g</i> ...	122
TRUSTEX NON-LUBRICATED	117	ULTRA-THIN II LANCETS	132	<i>value plus lancets super thin</i>	122
TRUSTEX RIA LUB/SPERMICIDE	117	ULTRATRAK PRO CONTROL	132	<i>value plus lancets thin 26g</i>	122
TRUSTEX RIA LUBRICATED	117	ULTRATRAK ULTIMATE		<i>value plus lancing device</i>	122
TRUSTEX RIA NON-		CONTROL	132	<i>valumark lancet super thin 30g</i> ..	122
LUBRICATED	117	UNILET COMFORTOUCH		<i>valumark lancet ultra thin 28g</i>	122
TRUSTEX-NONOXYNOL-		LANCET	132	<i>valved holding chamber</i>	138
9/RIB/STUD	117	UNILET EXCELITE	133	<i>vancomycin hcl</i>	104
TRUVADA.....	62	UNILET EXCELITE II.....	133	Vandazole.....	195
TRUZONE PEAK FLOW METER.	138	UNILET G.P. LANCET	133	<i>vanilla butternut flavor</i>	174
<i>tuna flavor</i>	174	UNILET G.P. SUPERLITE		<i>vanilla flavor</i>	174
TUSNEL C	81	LANCET	133	VANISHPOINT INSULIN	
<i>tusnel diabetic</i>	80	UNILET GP 28 ULTRA THIN	133	SYRINGE	137

VANISHPOINT SYRINGE	137	<i>vitamin b-6</i>	196	WAL-TUSSIN COUGH/CHEST DM	
VAQTA	194	<i>vitamin d</i>	198	MAX	81
<i>varisan vitality</i>	160	<i>vitamin d (cholecalciferol)</i>	198	<i>wal-tussin dm</i>	80
VARIVAX	194	<i>vitamin d (ergocalciferol)</i>	198	WAL-TUSSIN DM CGH/CHEST	
VCF VAGINAL CONTRACEPTIVE		VITAMIN D-1000 MAX ST	198	CONG	81
.....	195	<i>vitamin d2</i>	198	WAL-VERT	48
Velivet.....	77	<i>vitamin d3</i>	198	WAL-ZAN 150 MAXIMUM	
VEMLIDY	65	<i>vitamin d-3</i>	198	STRENGTH	190
VENCLEXTA	53	<i>vitamin d3 adult gummies</i>	198	WAL-ZYR	48
VENCLEXTA STARTING PACK	53	<i>vitamin d3 maximum strength</i>	198	WAL-ZYR ALL DAY ALLERGY	
<i>venlafaxine hcl</i>	38	<i>vitamin d3 super strength</i>	198	CHILD	48
<i>venlafaxine hcl er</i>	38	<i>vitamin d-400</i>	198	WAL-ZYR CHILDRENS	48
VENOFER	109	<i>vitamin e with panthenol</i>	93	WAL-ZYR D	82
VENTOLIN HFA	33	<i>vitamin elfolic acid/b-6/b-12</i>	156	<i>warfarin sodium</i>	34
<i>verapamil hcl</i>	68	<i>vitamin k1</i>	71	WATCHHALER	141
<i>verapamil hcl er</i>	68	<i>vitamins acd-fluoride</i>	158	<i>watermelon flavor</i>	174
VERSAFREE	181	<i>vitamins a-d-el-selenium</i>	156	WEBCOL ALCOHOL PREP	
VERSAPLUS	181	<i>vitamins for hair</i>	160	LARGE	116
VERZENIO	84	<i>vitamins/minerals</i>	156	WEBCOL ALCOHOL PREP	
Vestura.....	75	<i>vitatrum</i>	156	MEDIUM	116
VICTORY CONTROL LEVEL 1/2	134	VIVITROL	43	<i>weight loss daily multi</i>	160
VICTOZA	41	<i>vol-nate</i>	159	Wera.....	75
VIDA MIA AUTOLET LANCING		<i>vol-plus</i>	159	WIDE-SEAL DIAPHRAGM 60	117
DEV	134	<i>vol-tab rx</i>	159	WIDE-SEAL DIAPHRAGM 65	118
VIDA MIA UNILET LANCETS 28G		VONVENDI	106	WIDE-SEAL DIAPHRAGM 70	118
.....	134	<i>voriconazole</i>	44	WIDE-SEAL DIAPHRAGM 75	118
VIDA MIA UNILET LANCETS 30G		VORTEX HOLDING		WIDE-SEAL DIAPHRAGM 80	118
.....	134	CHAMBER/MASK	138	WIDE-SEAL DIAPHRAGM 85	118
VIDEX EC	64	VORTEX VALVED HOLDING		WIDE-SEAL DIAPHRAGM 90	118
Vienva.....	75	CHAMBER	141	WIDE-SEAL DIAPHRAGM 95	118
<i>vigabatrin</i>	36	VOTRIENT	55	WILATE	106
VINATE II	160	<i>vp insulin syringe</i>	135	<i>wild cherry flavor</i>	174
VINATE M	160	VRAYLAR	58	<i>womens 50+ advanced</i>	156
VINATE ONE	160	Vyfemla.....	75	<i>womens daily form/falcalfe</i>	156
Vincasar Pfs.....	56	WAL-DRAM II	43	<i>womens daily formula</i>	156
<i>vincristine sulfate</i>	56	WAL-DRYL ALLERGY	45	<i>womens multi</i>	156
<i>vinyl gloves</i>	118	WAL-DRYL ALLERGY		<i>womens one daily</i>	156
<i>vinyl gloves one size</i>	118	CHILDRENS	45	WOUNDSEAL	110
VIOKACE	99	WAL-DRYL ALLERGY REL		<i>xanthan gum</i>	181
<i>viorele</i>	73	CHILDRENS	46	XARELTO	34
VIRACEPT	63	<i>walgreens adv travel lancets</i>	122	XARELTO STARTER PACK	34
VIRAMUNE	63	<i>walgreens glucose</i>	39	XOLAIR	33
VIRAMUNE XR	63	WALGREENS LANCETS	134	XPHE MAXAMUM	163
VIREAD	64	<i>walgreens lancets micro thin</i>	122	X-SEB T PEARL	97
<i>virt-phos 250 neutral</i>	146	<i>walgreens lancets super thin</i>	122	X-SEB T PLUS	97
<i>virtussin alc</i>	80	WALGREENS THIN LANCETS	134	XULANE	75
<i>vision formulallutein</i>	156	WALGREENS ULTRA THIN		XYNTHA	106
<i>vision plus</i>	156	LANCETS	134	XYNTHA SOLOFUSE	107
<i>vision vitamins</i>	156	WAL-ITIN	48	<i>yl vitamin b-6</i>	196
<i>visivites</i>	156	WAL-ITIN ALLERGY REDITABS	48	<i>zafirlukast</i>	34
<i>visivites/lutein</i>	156	WAL-ITIN ALLER-MELTS	48	<i>zaleplon</i>	112
<i>vita hair</i>	156	WAL-MUCIL	113	Zarah.....	75
<i>vitabasic complete</i>	156	<i>wal-som</i>	112	ZARXIO	108
<i>vitabasic senior</i>	156	<i>wal-som maximum strength</i>	112	ZEASORB-AF	94
<i>vitabex</i>	156	<i>wal-tussin</i>	83	ZEMDRI	16
VITAJoy DAILY D GUMMIES	198	WAL-TUSSIN COUGH	78	ZENPEP	99
VITALET PRO LANCETS	134	WAL-TUSSIN COUGH LONG		ZERBAXA	69
VITALET PRO PLUS LANCETS	134	ACTING	78	ZERIT	64
<i>vitamin b-1</i>	196	WAL-TUSSIN COUGH/CHEST DM	81	ZIAGEN	64
<i>vitamin b6</i>	196			<i>zidovudine</i>	64

<i>zinc oxide</i>	88
<i>ziprasidone hcl</i>	58
ZOLADEX	56
<i>zolpidem tartrate</i>	112
<i>zonisamide</i>	35
<i>zoo friends</i>	157
<i>zoo friends gummies</i>	157
<i>zoo friends plus extra c</i>	159
<i>zoo friends plus iron</i>	158
ZOO FRIENDS/EXTRA C	159
ZOSTAVAX	194
ZOSYN	171
Zovia 1/35E (28).....	75
Z-TUSS AC	84
ZYKADIA	55
ZYPREXA RELPREVV	60
ZYVOX	52