

California

Ambetter by Health Net Drug List

For Ambetter by Health Net Individual & Family Plans

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 All previous versions are no longer in effect.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

For California Individual & Family Plans:

https://ifp.healthnetcalifornia.com/Pharmacy_Information/drug_lists.html

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

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

This information is not intended as a substitute for professional medical care. Please always follow your health care provider's instructions.

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

Tier Descriptions

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

Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.
- Specialty or drugs over \$600 (net of rebates) are placed at Tier 4.

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

Are there any limits on my drug coverage?

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AC	Anti-cancer	Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$600 maximum for a three-month supply through mail order, if applicable).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons: The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over the Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.

How often does the Drug List change?

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

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

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

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

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

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

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

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

If a drug is not on the drug list, and is not specifically excluded from coverage, your doctor can ask for an exception. To request an exception, your doctor can submit a prior authorization request along with a supporting statement explaining why you need the drug. Requests for prior

authorization may be submitted electronically or by telephone or fax. If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

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

Step Therapy Exception:

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

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

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

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

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

- Pose a significant barrier to adherence to, or compliance with, the member's drug regimen or plan of care.
- The member is stable on a prescription drug selected by the member's prescribing provider for the medical condition under consideration while covered by their current or previous health coverage.

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

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

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

Are all contraceptives covered?

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

What blood glucose supplies covered?

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

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

Are preventive drugs covered?

Yes, preventive drugs on the Drug List, with "A" and "B" grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives, male condoms, and preexposure prophylaxis (PrEP). Office administered injectable medications are provided

under the medical benefit. There is no member cost share for preventive drugs on the Drug List, excluding grandfathered plans.

What drugs are under my medical benefit?

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

Can I go to any pharmacy?

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

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

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

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines					
(Dextroamphetamine Sulfate) PROCENTRA SOLN PO	1		DEXEDRINE CP24 PO 10 MG, 15 MG <i>(dextroamphetamine sulfate)</i>	NF	
(Dextroamphetamine Sulfate) ZENZEDI TABS PO 5 MG	1		<i>dextroamphetamine sulfate CP24 PO</i>	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS PO 10 MG	1		<i>dextroamphetamine sulfate SOLN PO</i>	1	
ADDERALL XR CP24 PO <i>(amphetamine-dextroamphetamine)</i>	NF	QL(2 EA daily; 90 Day(s) limit)	<i>dextroamphetamine sulfate TABS PO 10 MG</i>	1	
ADDERALL TABS PO 7.5 MG, 15 MG <i>(amphetamine-dextroamphetamine)</i>	NF	QL(90 EA per fill retail)	<i>dextroamphetamine sulfate TABS PO 5 MG</i>	1	
ADDERALL TABS PO 10 MG <i>(amphetamine-dextroamphetamine)</i>	NF		<i>lisdexamfetamine dimesylate CAPS PO</i>	2	QL(1 EA daily)
ADDERALL TABS PO 5 MG, 12.5 MG, 20 MG, 30 MG <i>(amphetamine-dextroamphetamine)</i>	NF		<i>lisdexamfetamine dimesylate CHEW</i>	1	Limited to 1 per day; QL(1 EA daily)
<i>amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)	<i>methamphetamine hcl PO</i>	2	PA
<i>amphetamine-dextroamphetamine TABS PO 5 MG, 12.5 MG, 20 MG, 30 MG</i>	1		VYVANSE CHEW	2	Limited to 1 per day; QL(1 EA daily)
<i>amphetamine-dextroamphetamine TABS PO 7.5 MG, 15 MG</i>	1	QL(90 EA per fill retail)	Analeptics		
<i>amphetamine-dextroamphetamine TABS PO 10 MG</i>	1		<i>caffeine citrate SOLN PO</i>	1	
DESOXYN PO <i>(methamphetamine hcl)</i>	NF	PA	Anorexiant Non-Amphetamine		
			<i>benzphetamine hcl PO 25 MG</i>	SP	Check Plan Documents for coverage; PA
			Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
			<i>atomoxetine hcl PO 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)
			<i>atomoxetine hcl PO 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 EA daily)
			<i>clonidine hcl (adhd) TB12 PO</i>	1	QL(4 EA daily)
			<i>guanfacine hcl (adhd) PO</i>	1	QL(1 EA daily)
			INTUNIV PO <i>(guanfacine hcl (adhd))</i>	NF	QL(1 EA daily)
			KAPVAY TB12 PO <i>(clonidine hcl (adhd))</i>	NF	QL(4 EA daily)

Updated January 1, 2025

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STRATTERA PO 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	NF	QL(2 EA daily)	<i>methylphenidate hcl CP24 PO</i>	1	QL(1 EA daily)
STRATTERA PO 60 MG, 80 MG, 100 MG (atomoxetine hcl)	NF	QL(1 EA daily)	<i>methylphenidate hcl CP24 PO 60 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
Stimulants - Misc.			<i>methylphenidate hcl CPCR PO 10 MG, 40 MG, 50 MG, 60 MG</i>	1	
APTENSIO XR CP24 PO (methylphenidate hcl)	NF	QL(1 EA daily)	<i>methylphenidate hcl CPCR PO 20 MG, 30 MG</i>	1	QL(2 EA daily)
<i>armodafinil PO 150 MG, 200 MG, 250 MG</i>	1	PA	<i>methylphenidate hcl SOLN PO</i>	1	
<i>armodafinil PO 50 MG</i>	1	PA	<i>methylphenidate hcl TABS PO 20 MG</i>	1	QL(3 EA daily)
CONCERTA TBCR PO 18 MG (methylphenidate hcl)	NF	QL(1 EA daily; 90 EA per fill retail)	<i>methylphenidate hcl TABS PO 5 MG, 10 MG</i>	1	
CONCERTA TBCR PO 54 MG (methylphenidate hcl)	NF	QL(2 EA daily; 180 EA per fill retail)	<i>methylphenidate hcl TB24 PO 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)
CONCERTA TBCR PO 27 MG, 36 MG (methylphenidate hcl)	NF	QL(1 EA daily; 90 Day(s) limit; 90 EA per fill retail)	<i>methylphenidate hcl TB24 PO 36 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
DAYTRANA PTCH (methylphenidate)	NF	QL(1 EA daily)	<i>methylphenidate hcl TBCR PO 10 MG, 20 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>dexmethylphenidate hcl CP24 PO</i>	1	QL(1 EA daily; 90 EA per 90 day(s) retail)	<i>methylphenidate hcl TBCR PO 54 MG</i>	2	QL(2 EA daily; 180 EA per fill retail)
<i>dexmethylphenidate hcl TABS PO</i>	1	QL(2 EA daily)	<i>methylphenidate hcl TBCR PO 54 MG</i>	1	QL(2 EA daily; 180 EA per fill retail)
FOCALIN XR CP24 PO (dexmethylphenidate hcl)	NF	QL(1 EA daily; 90 EA per 90 day(s) retail)	<i>methylphenidate hcl TBCR PO 18 MG, 27 MG, 36 MG</i>	2	QL(1 EA daily; 90 Day(s) limit; 90 EA per fill retail)
FOCALIN TABS PO (dexmethylphenidate hcl)	NF	QL(2 EA daily)	<i>methylphenidate hcl TBCR PO 18 MG, 27 MG, 36 MG</i>	1	QL(1 EA daily; 90 Day(s) limit; 90 EA per fill retail)
METADATE CD CPCR PO 20 MG, 30 MG (methylphenidate hcl)	NF	QL(2 EA daily)	<i>methylphenidate PTCH</i>	1	QL(1 EA daily)
METADATE CD CPCR PO 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	NF		<i>modafinil PO</i>	1	QL(1 EA daily); ST
METHYLIN SOLN PO (methylphenidate hcl)	NF		NUVIGIL PO 150 MG, 200 MG, 250 MG (armodafinil)	NF	PA
<i>methylphenidate hcl CHEW PO</i>	1		NUVIGIL PO 50 MG (armodafinil)	NF	PA

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Drug Name	Drug Tier	Requirements/ Limits
PROVIGIL PO (<i>modafinil</i>)	NF	QL(1 EA daily); ST
QUILLICHEW ER CHER PO 20 MG, 40 MG	3	QL(1 EA daily); PA
QUILLICHEW ER CHER PO 30 MG	3	QL(2 EA daily); PA
QUILLIVANT XR SRER PO	3	QL(12 ML daily); PA
RELEXXII TBCR PO 54 MG (<i>methylphenidate hcl</i>)	NF	QL(2 EA daily; 180 EA per fill retail)
RELEXXII TBCR PO 27 MG, 36 MG (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)
RELEXXII TBCR PO 18 MG (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily; 90 EA per fill retail)
RITALIN LA CP24 PO (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily)
RITALIN TABS PO 5 MG, 10 MG (<i>methylphenidate hcl</i>)	NF	
RITALIN TABS PO 20 MG (<i>methylphenidate hcl</i>)	NF	QL(3 EA daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	SP	PA
BETHKIS NEBU (<i>tobramycin</i>)	SP	PA
HUMATIN PO	2	
KITABIS PAK NEBU (<i>tobramycin</i>)	NF	
<i>neomycin sulfate TABS PO</i>	1	
<i>paromomycin sulfate PO</i>	1	
<i>streptomycin sulfate SOLR</i>	SP	PA
TOBI PODHALER CAPS	SP	PA
TOBI NEBU (<i>tobramycin</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	SP	PA
<i>tobramycin NEBU</i>	SP	PA
<i>tobramycin NEBU</i>	2	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ LQ SOLN	SP	QL(12 ML daily); PA
RINVOQ TB24 PO	SP	QL(1 EA daily); PA
XELJANZ XR TB24 PO	SP	QL(1 EA daily); SP; PA
XELJANZ SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); PA
XELJANZ TABS 5 MG	SP	QL(2 EA daily); PA
XELJANZ TABS 10 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	SP	PA
OTREXUP SOAJ 10 MG/0.4ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
RASUVO SOAJ 20 MG/0.4ML	SP	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	HUMIRA-PED<40KG CROHNS STARTER PSKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
Anti-TNF-alpha - Monoclonal Antibodies			HUMIRA-PED>=40KG CROHNS START PSKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
ADALIMUMAB-ADAZ SOAJ	SP	QL(0.143 ML daily); PA	HUMIRA-PED>=40KG UC STARTER AJKT	SP	Check plan documents for coverage; QL(0.072 EA daily); PA
ADALIMUMAB-ADAZ SOSY	SP	QL(0.143 ML daily); PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA
HADLIMA PUSHTOUCH SOAJ	SP	QL(0.143 ML daily); PA	HUMIRA-PSORIASIS/UEVIT STARTER AJKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
HADLIMA SOSY	SP	QL(0.143 ML daily); PA	Gold Compounds		
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA	RIDAURA PO	SP	
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 EA daily); PA	Interleukin-1 Blockers		
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	SP	Check plan documents for coverage; QL(0.143 EA daily); PA	ARCALYST	SP	PA;ST; Must Use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMIRA (2 SYRINGE) PSKT	SP	Check plan documents for coverage; QL(0.143 EA daily); PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 EA daily); PA	KEVZARA SOAJ	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KEVZARA SOSY	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA	<i>ibuprofen TABS PO 400 MG, 600 MG, 800 MG</i>	1	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			INDOCIN SUSP PO (<i>indomethacin</i>)	NF	
(Ibuprofen) IBU TABS PO 400 MG, 600 MG, 800 MG	1		<i>indomethacin CAPS PO 25 MG, 50 MG</i>	1	
(Indomethacin) INDOCIN SUPP PR	SP		<i>indomethacin CPCR PO</i>	1	
ANAPROX DS TABS PO (<i>naproxen sodium</i>)	NF		<i>indomethacin SUPP PR</i>	SP	
ARTHROTEC TBEC PO (<i>diclofenac w/ misoprostol</i>)	NF		<i>indomethacin SUSP PO</i>	2	
CELEBREX PO 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	NF	QL(2 EA daily)	<i>ketoprofen CP24 PO</i>	1	
CELEBREX PO 400 MG (<i>celecoxib</i>)	NF	QL(2 EA daily); PA	<i>ketorolac tromethamine TABS PO</i>	1	QL(20 EA per fill retail)
<i>celecoxib PO 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)	LODINE TABS PO (<i>etodolac</i>)	NF	
<i>celecoxib PO 400 MG</i>	1	QL(2 EA daily); PA	<i>meclofenamate sodium CAPS PO</i>	1	
DAYPRO TABS PO (<i>oxaprozin</i>)	NF		<i>mefenamic acid CAPS PO</i>	1	
<i>diclofenac potassium TABS PO 50 MG</i>	1		<i>meloxicam TABS PO 15 MG</i>	1	QL(1 EA daily)
<i>diclofenac sodium TB24 PO</i>	1		<i>meloxicam TABS PO 7.5 MG</i>	1	QL(2 EA daily)
<i>diclofenac sodium TBEC PO</i>	1		<i>nabumetone PO 750 MG</i>	1	QL(3 EA daily)
<i>diclofenac w/ misoprostol TBEC PO</i>	1		<i>nabumetone PO 500 MG</i>	1	QL(4 EA daily)
<i>etodolac CAPS PO</i>	1		NAPROSYN SUSP PO (<i>naproxen</i>)	NF	
<i>etodolac TABS PO</i>	1		NAPROSYN TABS PO 500 MG (<i>naproxen</i>)	NF	
<i>etodolac TB24 PO</i>	1	QL(2 EA daily)	<i>naproxen sodium TABS PO 275 MG, 550 MG</i>	1	
FELDENE CAPS PO 10 MG (<i>piroxicam</i>)	NF		<i>naproxen SUSP PO</i>	1	
FELDENE CAPS PO 20 MG (<i>piroxicam</i>)	NF	QL(1 EA daily)	<i>naproxen TABS PO</i>	1	
<i>flurbiprofen TABS PO</i>	1		<i>oxaprozin TABS PO</i>	1	
			<i>piroxicam CAPS PO 10 MG</i>	1	
			<i>piroxicam CAPS PO 20 MG</i>	1	QL(1 EA daily)
			<i>sulindac TABS PO 150 MG</i>	1	QL(2 EA daily)
			<i>sulindac TABS PO 200 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Phosphodiesterase 4 (PDE4) Inhibitors			ENBREL SOSY 25 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); PA
OTEZLA TABS PO	SP	QL(2 EA daily); SP; PA			
OTEZLA TBPK PO	SP	QL(2 EA daily); SP; PA			
OTEZLA TBPK PO	SP	QL(55 EA per 365 day(s) retail); SP; PA	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Pyrimidine Synthesis Inhibitors			Analgesic Combinations		
ARAVA PO 10 MG (<i>leflunomide</i>)	NF	QL(2 EA daily)	(Butalbital-Acetaminophen) BUPAP TABS PO 50 MG-300 MG	2	
ARAVA PO 20 MG (<i>leflunomide</i>)	NF	QL(1 EA daily)	(Butalbital-Acetaminophen) TENCON TABS PO 50 MG-325 MG	1	
<i>leflunomide PO 10 MG</i>	1	QL(2 EA daily)	(Butalbital-Acetaminophen-Caffeine) BAC TABS PO 40 MG-50 MG-325 MG	1	
<i>leflunomide PO 20 MG</i>	1	QL(1 EA daily)	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS PO 40 MG-50 MG-325 MG	1	
Soluble Tumor Necrosis Factor Receptor Agents			<i>butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
ENBREL MINI SOCT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); SP; PA	<i>butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG</i>	1	
ENBREL SURECLICK SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); PA	<i>butalbital-acetaminophen CAPS PO 50 MG-300 MG</i>	2	
ENBREL SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); PA	<i>butalbital-acetaminophen TABS PO 50 MG-300 MG</i>	2	
ENBREL SOSY 50 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ML daily); PA	<i>butalbital-acetaminophen TABS PO 50 MG-325 MG</i>	1	
			<i>butalbital-aspirin-caffeine CAPS PO</i>	1	
			ESGIC TABS PO (<i>butalbital-acetaminophen-caffeine</i>)	NF	
			FIORICET CAPS PO (<i>butalbital-acetaminophen-caffeine</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Salicylates			(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW PO	PV	PV
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC PO 81 MG	PV	PV	<i>aspirin CHEW PO</i>	PV	PV
			<i>aspirin TBEC PO 81 MG</i>	PV	PV
			<i>diflunisal TABS PO</i>	1	
			<i>salsalate PO</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
			(Methadone Hcl) METHADONE HCL INTENSOL CONC PO	1	
			(Methadone Hcl) METHADOSE TBSO PO	1	
			ACTIQ LPOP 1600 MCG (<i>fentanyl citrate</i>)	NF	QL(4 EA daily); PA
			ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (<i>fentanyl citrate</i>)	NF	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>codeine sulfate TABS PO</i>	1	First fill opioids limited to 7 days.	<i>methadone hcl SOLN PO</i>	1	
CONZIP CP24 PO (<i>tramadol hcl</i>)	3		<i>methadone hcl TABS PO</i>	1	QL(12 EA daily)
DILAUDID LIQD PO (<i>hydromorphone hcl</i>)	NF	First fill opioids limited to 7 days.	<i>methadone hcl TBSO PO</i>	1	
DILAUDID TABS PO (<i>hydromorphone hcl</i>)	NF	First fill opioids limited to 7 days.	METHADOSE SUGAR-FREE CONC PO (<i>methadone hcl</i>)	NF	
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA	METHADOSE CONC PO (<i>methadone hcl</i>)	NF	
<i>fentanyl citrate LPOP 1600 MCG</i>	2	QL(4 EA daily); PA	<i>morphine sulfate beads PO</i>	2	QL(1 EA daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 EA daily)	<i>morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 EA daily)
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 EA daily)	<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	First fill opioids limited to 7 days.
<i>hydromorphone hcl LIQD PO</i>	1	First fill opioids limited to 7 days.	<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
<i>hydromorphone hcl TABS PO</i>	1	First fill opioids limited to 7 days.	<i>morphine sulfate SUPP PR</i>	2	First fill opioids limited to 7 days.
<i>hydromorphone hcl TB24 PO 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)	<i>morphine sulfate TABS PO 15 MG</i>	1	First fill opioids limited to 7 days.
<i>hydromorphone hcl TB24 PO 32 MG</i>	1	QL(2 EA daily)	<i>morphine sulfate TABS PO 30 MG</i>	1	
<i>levorphanol tartrate TABS PO 3 MG</i>	SP	PA	<i>morphine sulfate TBCR PO</i>	1	QL(3 EA daily)
<i>levorphanol tartrate TABS PO 2 MG</i>	SP	First fill opioids limited to 7 days.; PA	MS CONTIN TBCR PO (<i>morphine sulfate</i>)	NF	QL(3 EA daily)
<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	First fill opioids limited to 7 days.	OXAYDO TABS PO 5 MG	2	First fill opioids limited to 7 days.
<i>meperidine hcl TABS PO 50 MG</i>	1	First fill opioids limited to 7 days.	OXAYDO TABS PO 7.5 MG	3	First fill opioids limited to 7 days.; QL(4 EA daily)
<i>methadone hcl CONC PO</i>	1		<i>oxycodone hcl CAPS PO</i>	1	First fill opioids limited to 7 days.
			<i>oxycodone hcl CONC PO 100 MG/5ML</i>	1	First fill opioids limited to 7 days.

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl SOLN PO</i>	1	First fill opioids limited to 7 days.	(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-5 MG	1	First fill opioids limited to 7 days.; QL(6 EA daily)
<i>oxycodone hcl TABS PO 5 MG, 10 MG, 15 MG, 20 MG</i>	1	First fill opioids limited to 7 days.	(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-2.5 MG	1	First fill opioids limited to 7 days.
<i>oxycodone hcl TABS PO 30 MG</i>	1	First fill opioids limited to 7 days.; QL(4 EA daily)	(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-10 MG, 325 MG-7.5 MG	1	First fill opioids limited to 7 days.; QL(4 EA daily)
<i>oxymorphone hcl TABS PO 5 MG</i>	2	First fill opioids limited to 7 days.	<i>acetaminophen w/ codeine SOLN PO</i>	1	First fill opioids limited to 7 days.
<i>oxymorphone hcl TABS PO 10 MG</i>	2	First fill opioids limited to 7 days.; QL(8 EA daily)	<i>acetaminophen w/ codeine TABS PO 60 MG-300 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)
<i>oxymorphone hcl TB12 PO</i>	2	QL(2 EA daily)	<i>acetaminophen w/ codeine TABS PO 15 MG-300 MG, 30 MG-300 MG</i>	1	First fill opioids limited to 7 days.
ROXICODONE TABS PO 15 MG (<i>oxycodone hcl</i>)	NF	First fill opioids limited to 7 days.	<i>butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG</i>	1	First fill opioids limited to 7 days.
ROXICODONE TABS PO 30 MG (<i>oxycodone hcl</i>)	NF	First fill opioids limited to 7 days.; QL(4 EA daily)	<i>butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-300 MG</i>	1	First fill opioids limited to 7 days.; PA
<i>tramadol hcl CP24 PO 100 MG, 200 MG, 300 MG</i>	1		<i>butalbital-aspirin-caffeine w/cod PO</i>	1	First fill opioids limited to 7 days.
<i>tramadol hcl TABS PO 50 MG</i>	1	First fill opioids limited to 7 days.; QL(8 EA daily)	FIORICET/CODEINE PO 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	First fill opioids limited to 7 days.; PA
<i>tramadol hcl TABS PO 100 MG</i>	1		<i>hydrocodone-acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	First fill opioids limited to 7 days.
<i>tramadol hcl TB24 PO</i>	1				
<i>tramadol hcl TB24 PO 200 MG</i>	1	QL(1 EA daily)			
<i>tramadol hcl TB24 PO 100 MG</i>	1	QL(3 EA daily)			
Opioid Combinations					
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE PO	1	First fill opioids limited to 7 days.			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(240 EA per fill retail)	PERCO CET TABS PO 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.; QL(4 EA daily)
<i>hydrocodone-acetaminophen TABS PO 300 MG-10 MG, 300 MG-5 MG</i>	1	First fill opioids limited to 7 days.	PROLATE TABS PO	3	First fill opioids limited to 7 days.
<i>hydrocodone-acetaminophen TABS PO 300 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)	<i>tramadol-acetaminophen PO</i>	1	First fill opioids limited to 7 days.; QL(8 EA daily)
<i>hydrocodone-ibuprofen PO 10 MG-200 MG, 7.5 MG-200 MG</i>	1	First fill opioids limited to 7 days.	Opioid Partial Agonists		
<i>hydrocodone-ibuprofen PO 5 MG-200 MG</i>	2	First fill opioids limited to 7 days.	<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)
NALOCET TABS PO	3		<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 EA daily)
<i>oxycodone w/ acetaminophen TABS PO 325 MG-2.5 MG</i>	1	First fill opioids limited to 7 days.	<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	
<i>oxycodone w/ acetaminophen TABS PO 325 MG-5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)	<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
<i>oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(4 EA daily)	<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
OXYCODONE-ACETAMINOPHEN TABS PO 300 MG-2.5 MG	3		<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	2	QL(4 EA per 28 day(s) retail)
OXYCODONE-ACETAMINOPHEN TABS PO 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	3	First fill opioids limited to 7 days.	<i>buprenorphine PTWK 7.5 MCG/HR</i>	2	QL(4 EA per 28 day(s) retail)
PERCO CET TABS PO 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.	<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
PERCO CET TABS PO 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.; QL(6 EA daily)	BUTRANS PTWK 7.5 MCG/HR (<i>buprenorphine</i>)	NF	QL(4 EA per 28 day(s) retail)
			BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (<i>buprenorphine</i>)	NF	QL(4 EA per 28 day(s) retail)
			<i>pentazocine w/ naloxone hcl PO</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE SOSY	SP	Covered under Medical Benefit; PA	<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 1.62 %</i>	1	Limited to 300 gms per month; QL(10 GM daily)
SUBOXONE FILM SL 3 MG-12 MG <i>(buprenorphine hcl-naloxone hcl dihydrate)</i>	NF	QL(2 EA daily)	<i>testosterone GEL TD 1 %</i>	1	QL(10 GM daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG <i>(buprenorphine hcl-naloxone hcl dihydrate)</i>	NF	QL(3 EA daily)	<i>testosterone SOLN</i>	1	QL(6 ML daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			VOGELXO PUMP GEL TD <i>(testosterone)</i>	NF	QL(10 GM daily)
Androgens			VOGELXO GEL TD <i>(testosterone)</i>	NF	QL(10 GM daily)
(Methyltestosterone) METHITEST TABS	SP		ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML daily)	Intra-rectal Steroids		
ANDROGEL PUMP GEL TD <i>(testosterone)</i>	NF	Limited to 300 gms per month; QL(10 GM daily)	<i>budesonide (intra-rectal)</i>	2	PA
ANDROGEL GEL TD 25 MG/2.5GM <i>(testosterone)</i>	NF	QL(10 GM daily)	CORTENEMA PR <i>(hydrocortisone intra-rectal))</i>	NF	QL(60 ML daily)
<i>danazol CAPS PO</i>	1		CORTIFOAM EX 10 %	2	
FORTESTA GEL TD <i>(testosterone)</i>	NF	QL(4 GM daily)	<i>hydrocortisone (intra-rectal) PR</i>	1	QL(60 ML daily)
<i>methyltestosterone CAPS PO</i>	1		UCERIS <i>(budesonide intra-rectal))</i>	NF	PA
TESTIM GEL TD <i>(testosterone)</i>	3	QL(10 GM daily); PA	Rectal Combinations		
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML daily)	ANALPRAM-HC LOTN EX	3	
<i>testosterone enanthate SOLN IM</i>	1		PROCTOFOAM HC FOAM EX	2	
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)	Rectal Steroids		
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	Limited to 300 gms per month	(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
			ANUSOL-HC EX <i>(hydrocortisone (rectal))</i>	NF	
			<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
			Vasodilating Agents		
			<i>nitroglycerin (intra-anal) PR</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
RECTIV PR (<i>nitroglycerin (intra-anal)</i>)	NF	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole PO</i>	SP	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE PO (<i>praziquantel</i>)	NF	
<i>ivermectin PO</i>	1	
<i>praziquantel PO</i>	2	
STROMEKTOL PO (<i>ivermectin</i>)	NF	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 PO 500 MG (<i>ranolazine</i>)	NF	QL(4 EA daily)
RANEXA TB12 PO 1000 MG (<i>ranolazine</i>)	NF	
<i>ranolazine TB12 PO 1000 MG</i>	1	
<i>ranolazine TB12 PO 500 MG</i>	1	QL(4 EA daily)
Nitrates		
(Nitroglycerin) NITROLINGUAL SOLN TL 0.4 MG/SPRAY	1	
GONITRO PACK	3	PA
ISORDIL TITRADOSE TABS PO (<i>isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate TABS PO 40 MG</i>	2	
<i>isosorbide dinitrate TABS PO 5 MG, 10 MG, 20 MG, 30 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate TABS PO</i>	1	
<i>isosorbide mononitrate TB24 PO</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NF	QL(1 EA daily)
NITRO-DUR PT24	2	QL(1 EA daily)
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	NF	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NF	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl PO</i>	1	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	SP	PA
<i>hydroxyzine hcl SYRP PO</i>	1	
<i>hydroxyzine hcl TABS PO</i>	1	
<i>hydroxyzine pamoate CAPS PO</i>	1	
VISTARIL CAPS PO (<i>hydroxyzine pamoate</i>)	NF	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24 PO	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC PO	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS PO</i>	1	
<i>alprazolam TB24 PO</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam TBDP PO</i>	2	
ATIVAN TABS PO (<i>lorazepam</i>)	NF	
<i>chlordiazepoxide hcl CAPS PO</i>	1	
<i>clorazepate dipotassium TABS PO</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>diazepam TABS PO 10 MG</i>	1	QL(4 EA daily)
<i>diazepam TABS PO 2 MG, 5 MG</i>	1	
<i>lorazepam CONC PO</i>	1	
<i>lorazepam TABS PO</i>	1	
<i>oxazepam CAPS PO 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS PO 30 MG</i>	1	QL(2 EA daily)
TRANXENE-T TABS PO (<i>clorazepate dipotassium</i>)	NF	
VALIUM TABS PO 10 MG (<i>diazepam</i>)	NF	QL(4 EA daily)
VALIUM TABS PO 2 MG, 5 MG (<i>diazepam</i>)	NF	
XANAX XR TB24 PO (<i>alprazolam</i>)	NF	
XANAX TABS PO (<i>alprazolam</i>)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS PO</i>	2	
NORPACE CR CP12 PO	3	
NORPACE CAPS PO (<i>disopyramide phosphate</i>)	NF	
<i>quinidine gluconate TBCR PO</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics Type I-B		
<i>mexiletine hcl PO</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate PO</i>	1	
<i>propafenone hcl CP12 PO</i>	2	
<i>propafenone hcl TABS PO 225 MG, 300 MG</i>	1	QL(3 EA daily)
<i>propafenone hcl TABS PO 150 MG</i>	1	QL(6 EA daily)
RYTHMOL SR CP12 PO (<i>propafenone hcl</i>)	NF	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS PO	1	
<i>amiodarone hcl TABS PO</i>	1	
<i>dofetilide PO</i>	2	
TIKOSYN PO (<i>dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
FASENRA SOSY 30 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
FASENRA SOSY 10 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUCALA SOAJ	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); PA	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
NUCALA SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 EA daily); PA	<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 EA daily)
NUCALA SOSY 40 MG/0.4ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0144 ML daily); PA	Leukotriene Modulators		
NUCALA SOSY 100 MG/ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); PA	ACCOLATE PO 20 MG (<i>zafirlukast</i>)	NF	QL(2 EA daily)
Anti-Inflammatory Agents			ACCOLATE PO 10 MG (<i>zafirlukast</i>)	NF	
<i>cromolyn sodium NEBU</i>	2		<i>montelukast sodium CHEW PO</i>	1	QL(1 EA daily)
Bronchodilators - Anticholinergics			<i>montelukast sodium PACK PO</i>	1	QL(1 EA daily)
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)	<i>montelukast sodium TABS PO</i>	1	QL(1 EA daily)
INCRUSE ELLIPTA	2	QL(1 EA daily)	SINGULAIR CHEW PO (<i>montelukast sodium</i>)	NF	QL(1 EA daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1		SINGULAIR PACK PO (<i>montelukast sodium</i>)	NF	QL(1 EA daily)
SPIRIVA HANDIHALER CAPS (<i>tiotropium bromide monohydrate</i>)	NF	QL(1 EA daily)	SINGULAIR TABS PO (<i>montelukast sodium</i>)	NF	QL(1 EA daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	<i>zafirlukast PO 10 MG</i>	1	
			<i>zafirlukast PO 20 MG</i>	1	QL(2 EA daily)
			<i>zileuton TB12 PO</i>	SP	ST
			ZYFLO TABS PO	3	ST
			Selective Phosphodiesterase 4 (PDE4) Inhibitors		
			DALIRESP PO (<i>roflumilast</i>)	NF	QL(1 EA daily)
			<i>roflumilast PO</i>	1	QL(1 EA daily)
			Steroid Inhalants		
			ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	2	QL(1 EA daily)
			ARNUITY ELLIPTA 50 MCG/ACT	2	Limit 1 inhaler per month; QL(1 EA daily)
			<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
			<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ML daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ML daily)	PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(4 ML daily)
FLOVENT DISKUS AEPB 50 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(40 EA daily)	QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)
FLOVENT DISKUS AEPB 250 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(8 EA daily)	QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)
FLOVENT DISKUS AEPB 100 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(20 EA daily)	Sympathomimetics		
FLOVENT DISKUS AEPB 100 MCG/ACT	3	QL(20 EA daily)	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
FLOVENT DISKUS AEPB 250 MCG/ACT	3	QL(8 EA daily)	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
FLOVENT HFA 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	NF	QL(0.36 GM daily)	ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(2 EA daily)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	NF	QL(0.8 GM daily)	ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	NF	QL(0.4 GM daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)	AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)	AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)	AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)
<i>fluticasone propionate hfa</i>	1		<i>albuterol sulfate AERS</i>	1	1 package(s) per fill retail; 2 max fill(s) per 30 day(s) retail
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)	<i>albuterol sulfate AERS</i>	1	QL(0.6 GM daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(2 ML daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(8 ML daily)	<i>albuterol sulfate NEBU</i>	1	
			ALBUTEROL SULFATE NEBU	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate SYRP PO</i>	1	
<i>albuterol sulfate TABS PO</i>	1	
ANORO ELLIPTA	2	QL(2 EA daily)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NF	
BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.16 GM daily)
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
<i>fluticasone-salmeterol AERO</i>	1	QL(0.4 GM daily)
<i>ipratropium-albuterol SOLN</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	1 inhaler per month; QL(0.6 GM daily)
PROAIR HFA AERS (<i>albuterol sulfate</i>)	NF	Limit 2 inhalers per month; QL(0.57 GM daily)
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	NF	
SEREVENT DISKUS	2	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	NF	
<i>terbutaline sulfate TABS PO</i>	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	NF	Limit 2 inhalers per month; QL(0.6 GM daily)
XOPENEX (<i>levalbuterol hcl</i>)	NF	
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	NF	
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NF	QL(0.6 GM daily)
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NF	
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX PO	1	
THEO-24 CP24 PO	2	
<i>theophylline ELIX PO</i>	1	
<i>theophylline SOLN PO</i>	1	
<i>theophylline TB12 PO 450 MG</i>	1	QL(1 EA daily)
<i>theophylline TB12 PO 300 MG</i>	1	QL(2 EA daily)
<i>theophylline TB24 PO</i>	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS PO	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>warfarin sodium TABS PO</i>	1		<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	2	Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail
Direct Factor Xa Inhibitors					
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)			
ELIQUIS TABS	2	QL(2 EA daily)			
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)	<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	2	Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail
XARELTO SUSR	2	QL(900 ML per 30 day(s) retail)			
XARELTO TABS	2	QL(1 EA daily)			
Heparins And Heparinoid-Like Agents					
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	SP	PA	<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	SP	PA
ARIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	SP	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA	<i>fondaparinux sodium 2.5 MG/0.5ML</i>	SP	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ML daily); PA	FRAGMIN SOLN 95000 UNIT/3.8ML	SP	PA
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	2	Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail	FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	SP	PA
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	2	Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail	FRAGMIN SOSY 2500 UNIT/0.2ML	SP	
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	2	Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail	<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	SP	PA
			LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NF	QL(0.1 ML daily); PA
			LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail

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LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail	PRADAXA CAPS PO 150 MG (<i>dabigatran etexilate mesylate</i>)	NF	QL(2 EA daily)
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail	ANTICONVULSANTS - Drugs to Treat Seizures		
LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail	AMPA Glutamate Receptor Antagonists		
LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail	FYCOMPA SUSP	SP	QL(24 ML daily)
Thrombin Inhibitors			FYCOMPA TABS 8 MG, 10 MG, 12 MG	SP	QL(1 EA daily)
<i>dabigatran etexilate mesylate</i> CAPS PO 75 MG, 150 MG	1	QL(2 EA daily)	FYCOMPA TABS 4 MG	SP	QL(3 EA daily)
<i>dabigatran etexilate mesylate</i> CAPS PO 110 MG	1	QL(4 EA daily)	FYCOMPA TABS 2 MG	SP	QL(6 EA daily)
PRADAXA CAPS PO 110 MG (<i>dabigatran etexilate mesylate</i>)	NF	QL(4 EA daily)	FYCOMPA TABS 6 MG	SP	QL(2 EA daily)
PRADAXA CAPS PO 75 MG (<i>dabigatran etexilate mesylate</i>)	NF		Anticonvulsants - Benzodiazepines		
			<i>clobazam</i> SUSP	2	
			<i>clobazam</i> TABS PO 20 MG	2	QL(2 EA daily)
			<i>clobazam</i> TABS PO 10 MG	2	QL(1 EA daily)
			<i>clonazepam</i> TABS PO	1	
			<i>clonazepam</i> TBDP PO	1	
			DIASTAT ACUDIAL GEL PR (<i>diazepam</i> (<i>anticonvulsant</i>))	NF	Limit 4 per month; QL(0.14 EA daily)
			DIASTAT PEDIATRIC GEL PR (<i>diazepam</i> (<i>anticonvulsant</i>))	NF	Limit 4 per month; QL(0.14 EA daily)
			<i>diazepam</i> (<i>anticonvulsant</i>) GEL PR	2	QL(0.14 EA daily)
			KLONOPIN TABS PO (<i>clonazepam</i>)	NF	
			NAYZILAM	SP	QL(10 EA per 30 day(s) retail); PA
			ONFI SUSP (<i>clobazam</i>)	NF	
			ONFI TABS PO 20 MG (<i>clobazam</i>)	NF	QL(2 EA daily)
			ONFI TABS PO 10 MG (<i>clobazam</i>)	NF	QL(1 EA daily)
			VALTOCO 10 MG DOSE LIQD	SP	QL(10 EA per 30 day(s) retail); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE LQPK	SP	QL(10 EA per 30 day(s) retail); PA	<i>carbamazepine TB12 PO 200 MG</i>	1	QL(8 EA daily)
VALTOCO 20 MG DOSE LQPK	SP	QL(10 EA per 30 day(s) retail); PA	<i>carbamazepine TB12 PO 100 MG</i>	1	
VALTOCO 5 MG DOSE LIQD	SP	QL(10 EA per 30 day(s) retail); PA	CARBATROL CP12 PO (<i>carbamazepine</i>)	3	
Anticonvulsants - Misc.			DIACOMIT CAPS 500 MG	SP	QL(6 EA daily); PA
(Carbamazepine) EPITOL TABS PO	1		DIACOMIT CAPS 250 MG	SP	QL(12 EA daily); PA
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT PO 25 MG	2		DIACOMIT PACK 250 MG	SP	QL(12 EA daily); PA
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT PO	2		DIACOMIT PACK 500 MG	SP	QL(6 EA daily); PA
(Lamotrigine) SUBVENITE TABS PO	1		EPIDIOLEX	SP	PA
(Levetiracetam) ROWEEPRA TABS PO 500 MG	1	QL(6 EA daily)	<i>gabapentin CAPS PO</i>	1	
APTIOM	3	QL(2 EA daily); PA	<i>gabapentin SOLN PO</i>	1	
BANZEL SUSP (<i>rufinamide</i>)	SP		<i>gabapentin TABS PO 600 MG, 800 MG</i>	1	
BANZEL TABS PO 200 MG (<i>rufinamide</i>)	SP		KEPPRA XR TB24 PO (<i>levetiracetam</i>)	3	QL(4 EA daily)
BANZEL TABS PO 400 MG (<i>rufinamide</i>)	SP	QL(8 EA daily)	KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	3	
<i>carbamazepine CHEW PO 100 MG</i>	1		KEPPRA TABS PO (<i>levetiracetam</i>)	3	QL(6 EA daily)
<i>carbamazepine CP12 PO</i>	1		<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)
<i>carbamazepine SUSP PO</i>	1		<i>lacosamide TABS PO</i>	1	QL(2 EA daily)
<i>carbamazepine TABS PO</i>	1		LAMICTAL ODT KIT PO (<i>lamotrigine</i>)	NF	PA
<i>carbamazepine TB12 PO 400 MG</i>	1	QL(4 EA daily)	LAMICTAL ODT TBDP PO (<i>lamotrigine</i>)	3	PA
			LAMICTAL STARTER KIT PO 25 MG (<i>lamotrigine</i>)	NF	
			LAMICTAL XR KIT PO	3	PA
			LAMICTAL XR TB24 PO 250 MG (<i>lamotrigine</i>)	NF	PA
			LAMICTAL XR TB24 PO 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>)	NF	QL(1 EA daily); PA
			LAMICTAL XR TB24 PO 300 MG (<i>lamotrigine</i>)	NF	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL CHEW PO (<i>lamotrigine</i>)	3		<i>oxcarbazepine</i> TABS PO 150 MG	1	
LAMICTAL TABS PO (<i>lamotrigine</i>)	3		<i>oxcarbazepine</i> TABS PO 300 MG	1	QL(8 EA daily)
<i>lamotrigine</i> CHEW PO	1		<i>oxcarbazepine</i> TB24 150 MG, 300 MG	1	ST
<i>lamotrigine</i> KIT PO	1	PA	<i>oxcarbazepine</i> TB24 600 MG	1	QL(4 EA daily); ST
<i>lamotrigine</i> KIT PO 25 MG	2		OXTELLAR XR TB24 150 MG, 300 MG (<i>oxcarbazepine</i>)	NF	ST
<i>lamotrigine</i> TABS PO	1		OXTELLAR XR TB24 600 MG (<i>oxcarbazepine</i>)	NF	QL(4 EA daily); ST
<i>lamotrigine</i> TB24 PO 300 MG	2	QL(2 EA daily)	<i>pregabalin</i> CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	1	QL(3 EA daily); PA
<i>lamotrigine</i> TB24 PO 25 MG, 50 MG, 100 MG, 200 MG	2	QL(1 EA daily); PA	<i>pregabalin</i> CAPS PO 225 MG, 300 MG	1	QL(2 EA daily); PA
<i>lamotrigine</i> TB24 PO 250 MG	2	PA	<i>pregabalin</i> SOLN	1	QL(30 ML daily); PA
<i>lamotrigine</i> TBDP PO	1	PA	<i>primidone</i> PO 50 MG, 250 MG	1	
<i>levetiracetam</i> SOLN PO 100 MG/ML, 500 MG/5ML	1		QUDEXY XR CS24 PO 25 MG, 50 MG (<i>topiramate</i>)	NF	QL(2 EA daily); PA
<i>levetiracetam</i> TABS PO	1	QL(6 EA daily)	QUDEXY XR CS24 PO 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	NF	QL(1 EA daily); PA
<i>levetiracetam</i> TB24 PO	1	QL(4 EA daily)	<i>rufinamide</i> SUSP	2	
LYRICA CAPS PO 225 MG, 300 MG (<i>pregabalin</i>)	NF	QL(2 EA daily); PA	<i>rufinamide</i> TABS PO 200 MG	2	
LYRICA CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	NF	QL(3 EA daily); PA	<i>rufinamide</i> TABS PO 400 MG	2	QL(8 EA daily)
LYRICA SOLN (<i>pregabalin</i>)	NF	QL(30 ML daily); PA	TEGRETOL SUSP PO (<i>carbamazepine</i>)	3	
MYSOLINE PO (<i>primidone</i>)	3		TEGRETOL TABS PO (<i>carbamazepine</i>)	3	
NEURONTIN CAPS PO (<i>gabapentin</i>)	3		TEGRETOL-XR TB12 PO 200 MG (<i>carbamazepine</i>)	NF	QL(8 EA daily)
NEURONTIN SOLN PO (<i>gabapentin</i>)	3		TEGRETOL-XR TB12 PO 400 MG (<i>carbamazepine</i>)	NF	QL(4 EA daily)
NEURONTIN TABS PO (<i>gabapentin</i>)	3		TEGRETOL-XR TB12 PO 100 MG (<i>carbamazepine</i>)	3	
<i>oxcarbazepine</i> SUSP PO	1	QL(40 ML daily)			
<i>oxcarbazepine</i> TABS PO 600 MG	1	QL(4 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX SPRINKLE CPSP PO (<i>topiramate</i>)	3		VIMPAT TABS PO (<i>lacosamide</i>)	NF	QL(2 EA daily)
TOPAMAX TABS PO 200 MG (<i>topiramate</i>)	3	QL(2 EA daily)	ZONEGRAN CAPS PO 25 MG (<i>zonisamide</i>)	3	
TOPAMAX TABS PO 25 MG (<i>topiramate</i>)	3		ZONEGRAN CAPS PO 100 MG (<i>zonisamide</i>)	3	QL(6 EA daily)
TOPAMAX TABS PO 100 MG (<i>topiramate</i>)	3	QL(4 EA daily)	<i>zonisamide</i> CAPS PO 25 MG, 50 MG	1	
TOPAMAX TABS PO 50 MG (<i>topiramate</i>)	3	QL(8 EA daily)	<i>zonisamide</i> CAPS PO 100 MG	1	QL(6 EA daily)
<i>topiramate</i> CP24 PO 25 MG, 50 MG, 100 MG	2	PA	Carbamates		
<i>topiramate</i> CP24 PO 200 MG	2	QL(2 EA daily); PA	<i>felbamate</i> SUSP	1	
<i>topiramate</i> CPSP PO	1		<i>felbamate</i> TABS PO	1	
<i>topiramate</i> CS24 PO 100 MG, 150 MG, 200 MG	2	QL(1 EA daily); PA	FELBATOL SUSP (<i>felbamate</i>)	3	
<i>topiramate</i> CS24 PO 25 MG, 50 MG	2	QL(2 EA daily); PA	FELBATOL TABS PO (<i>felbamate</i>)	NF	
<i>topiramate</i> TABS PO 50 MG	1	QL(8 EA daily)	GABA Modulators		
<i>topiramate</i> TABS PO 25 MG	1		(Vigabatrin) VIGADRONE, VIGPODER PACK	SP	QL(6 EA daily)
<i>topiramate</i> TABS PO 200 MG	1	QL(2 EA daily)	(Vigabatrin) VIGADRONE TABS	SP	
<i>topiramate</i> TABS PO 100 MG	1	QL(4 EA daily)	GABITRIL PO (<i>tiagabine hcl</i>)	NF	
TRILEPTAL SUSP PO (<i>oxcarbazepine</i>)	3	QL(40 ML daily)	SABRIL PACK (<i>vigabatrin</i>)	SP	QL(6 EA daily)
TRILEPTAL TABS PO 150 MG (<i>oxcarbazepine</i>)	3		SABRIL TABS (<i>vigabatrin</i>)	SP	
TRILEPTAL TABS PO 300 MG (<i>oxcarbazepine</i>)	3	QL(8 EA daily)	<i>tiagabine hcl</i> PO	2	
TRILEPTAL TABS PO 600 MG (<i>oxcarbazepine</i>)	3	QL(4 EA daily)	<i>vigabatrin</i> PACK	SP	QL(6 EA daily)
TROKENDI XR CP24 PO 25 MG, 50 MG, 100 MG (<i>topiramate</i>)	NF	PA	<i>vigabatrin</i> TABS	SP	
TROKENDI XR CP24 PO 200 MG (<i>topiramate</i>)	NF	QL(2 EA daily); PA	Hydantoins		
VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	NF	QL(40 ML daily)	(Phenytoin Sodium Extended) PHENYTEK PO 200 MG, 300 MG	1	
			(Phenytoin) PHENYTOIN INFATABS CHEW PO	1	
			DILANTIN PO	3	
			DILANTIN PO (<i>phenytoin sodium extended</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits
DILANTIN INFATABS CHEW PO (<i>phenytoin</i>)	3	
DILANTIN-125 SUSP PO (<i>phenytoin</i>)	3	
DILANTIN SUSP PO (<i>phenytoin</i>)	3	
<i>phenytoin sodium extended PO 100 MG, 200 MG, 300 MG</i>	1	
<i>phenytoin CHEW PO</i>	1	
<i>phenytoin SUSP PO</i>	1	
Succinimides		
CELONTIN (<i>methsuximide</i>)	3	
<i>ethosuximide CAPS PO</i>	1	
<i>ethosuximide SOLN PO</i>	1	
<i>methsuximide</i>	1	
ZARONTIN CAPS PO (<i>ethosuximide</i>)	3	
ZARONTIN SOLN PO (<i>ethosuximide</i>)	3	
Valproic Acid		
DEPAKOTE ER TB24 PO (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES CSDR PO (<i>divalproex sodium</i>)	3	
DEPAKOTE TBEC PO (<i>divalproex sodium</i>)	3	
<i>divalproex sodium CSDR PO</i>	1	
<i>divalproex sodium TB24 PO</i>	1	
<i>divalproex sodium TBEC PO</i>	1	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1	
<i>valproic acid CAPS PO</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		

Drug Name	Drug Tier	Requirements/ Limits
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS PO</i>	1	
<i>mirtazapine TBDP PO</i>	1	
REMERON SOLTAB TBDP PO (<i>mirtazapine</i>)	NF	
REMERON TABS PO 15 MG, 30 MG (<i>mirtazapine</i>)	NF	
Antidepressants - Misc.		
<i>bupropion hcl TABS PO</i>	1	
<i>bupropion hcl TB12 PO</i>	1	
<i>bupropion hcl TB24 PO 150 MG, 300 MG</i>	1	QL(1 EA daily)
<i>bupropion hcl TB24 PO 450 MG</i>	1	QL(1 EA daily); ST
FORFIVO XL TB24 PO (<i>bupropion hcl</i>)	NF	
FORFIVO XL TB24 PO (<i>bupropion hcl</i>)	3	QL(1 EA daily); ST
WELLBUTRIN SR TB12 PO (<i>bupropion hcl</i>)	NF	
WELLBUTRIN XL TB24 PO (<i>bupropion hcl</i>)	NF	QL(1 EA daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 EA daily)
MARPLAN PO	3	
NARDIL PO (<i>phenelzine sulfate</i>)	NF	
PARNATE PO (<i>tranylcypromine sulfate</i>)	NF	
<i>phenelzine sulfate PO</i>	1	
<i>tranylcypromine sulfate PO</i>	2	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO (56 MG DOSE)	SP	PA
SPRAVATO (84 MG DOSE)	SP	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>paroxetine hcl TB24 PO</i>		
CELEXA TABS PO (<i>citalopram hydrobromide</i>)	NF	QL(1 EA daily)	PAXIL CR TB24 PO (<i>paroxetine hcl</i>)	NF	
<i>citalopram hydrobromide SOLN PO</i>	1	QL(20 ML daily)	PAXIL SUSP PO (<i>paroxetine hcl</i>)	NF	
<i>citalopram hydrobromide TABS PO</i>	1	QL(1 EA daily)	PAXIL TABS PO (<i>paroxetine hcl</i>)	NF	
<i>escitalopram oxalate SOLN PO</i>	1		PROZAC CAPS PO 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NF	
<i>escitalopram oxalate TABS PO 10 MG, 20 MG</i>	1	QL(1 EA daily)	PROZAC CAPS PO 40 MG (<i>fluoxetine hcl</i>)	NF	QL(1 EA daily)
<i>escitalopram oxalate TABS PO 5 MG</i>	1	QL(2 EA daily)	<i>sertraline hcl CONC PO</i>	1	
<i>fluoxetine hcl CAPS PO 10 MG, 20 MG</i>	1		<i>sertraline hcl TABS PO</i>	1	QL(2 EA daily)
<i>fluoxetine hcl CAPS PO 40 MG</i>	1	QL(1 EA daily)	ZOLOFT CONC PO (<i>sertraline hcl</i>)	NF	
<i>fluoxetine hcl CPDR PO</i>	2		ZOLOFT TABS PO (<i>sertraline hcl</i>)	NF	QL(2 EA daily)
<i>fluoxetine hcl SOLN PO</i>	1	QL(15 ML daily)	Serotonin Modulators		
<i>fluoxetine hcl TABS PO 10 MG</i>	1		<i>nefazodone hcl PO</i>	1	
<i>fluoxetine hcl TABS PO 20 MG, 60 MG</i>	1	QL(1 EA daily)	<i>trazodone hcl TABS PO</i>	1	
FLUOXETINE HCL TABS PO (<i>fluoxetine hcl</i>)	NF	QL(1 EA daily)	TRINTELLIX PO	3	ST
<i>fluvoxamine maleate CP24 PO 150 MG</i>	2		VIIBRYD STARTER PACK KIT PO	3	PA
<i>fluvoxamine maleate CP24 PO 100 MG</i>	2	QL(3 EA daily)	VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	NF	QL(2 EA daily)
<i>fluvoxamine maleate TABS PO 100 MG</i>	1	QL(3 EA daily)	VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	NF	
<i>fluvoxamine maleate TABS PO 25 MG, 50 MG</i>	1		<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
LEXAPRO TABS PO 5 MG (<i>escitalopram oxalate</i>)	NF	QL(2 EA daily)	<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)
LEXAPRO TABS PO 10 MG, 20 MG (<i>escitalopram oxalate</i>)	NF	QL(1 EA daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>paroxetine hcl SUSP PO</i>	2		CYMBALTA CPEP PO (<i>duloxetine hcl</i>)	NF	QL(2 EA daily)
<i>paroxetine hcl TABS PO</i>	1		<i>desvenlafaxine succinate PO</i>	1	QL(1 EA daily)
			<i>duloxetine hcl CPEP PO 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR CP24 PO (<i>venlafaxine hcl</i>)	NF	QL(2 EA daily)
FETZIMA TITRATION C4PK	3	ST
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
PRISTIQ PO (<i>desvenlafaxine succinate</i>)	NF	QL(1 EA daily)
<i>venlafaxine hcl CP24 PO</i>	1	QL(2 EA daily)
<i>venlafaxine hcl TABS PO</i>	1	
<i>venlafaxine hcl TB24 PO 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)
<i>venlafaxine hcl TB24 PO 225 MG</i>	1	
Tricyclic Agents		
<i>amitriptyline hcl TABS PO</i>	1	
<i>amoxapine PO</i>	1	
ANAFRANIL PO (<i>clomipramine hcl</i>)	NF	
<i>clomipramine hcl PO</i>	2	
<i>desipramine hcl TABS PO</i>	1	
<i>doxepin hcl CAPS PO</i>	1	
<i>doxepin hcl CONC PO</i>	1	
<i>imipramine hcl TABS PO 10 MG, 25 MG</i>	1	
<i>imipramine hcl TABS PO 50 MG</i>	1	QL(4 EA daily)
<i>imipramine pamoate PO</i>	1	
NORPRAMIN TABS PO 10 MG, 25 MG (<i>desipramine hcl</i>)	NF	
<i>nortriptyline hcl CAPS PO</i>	1	
<i>nortriptyline hcl SOLN PO</i>	1	
PAMELOR CAPS PO (<i>nortriptyline hcl</i>)	NF	
<i>protriptyline hcl PO</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate CAPS PO</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose PO</i>	1	
<i>miglitol PO</i>	1	
Antidiabetic Combinations		
ACTOPLUS MET TABS PO (<i>pioglitazone hcl-metformin hcl</i>)	NF	
<i>dapagliflozin propanediol-metformin hcl PO 1000 MG-10 MG</i>	2	QL(1 EA daily)
<i>dapagliflozin propanediol-metformin hcl PO 1000 MG-5 MG</i>	2	QL(2 EA daily)
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NF	
<i>glipizide-metformin hcl PO</i>	1	
<i>glyburide-metformin PO</i>	1	
GLYXAMBI PO	2	
JANUMET XR TB24 PO 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
JANUMET XR TB24 PO 1000 MG-100 MG	2	QL(1 EA daily)
JANUMET TABS PO	2	QL(2 EA daily)
KOMBIGLYZE XR PO (<i>saxagliptin-metformin hcl</i>)	NF	QL(1 EA daily)
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl TABS PO</i>	1	
<i>saxagliptin-metformin hcl PO</i>	2	QL(1 EA daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)	GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>)	NF	Use NDC 00548-5850- 00; QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
SYNJARDY TABS	2	QL(2 EA daily)			
TRIJARDY XR	2				
XIGDUO XR PO (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)	PROGLYCEM (<i>diazoxide</i>)	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors					
XIGDUO XR PO 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)	<i>alogliptin benzoate</i>	2	QL(2 EA daily)
XIGDUO XR PO (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)	JANUVIA PO	2	QL(1 EA daily)
XIGDUO XR PO 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)	NESINA (<i>alogliptin benzoate</i>)	NF	QL(2 EA daily)
Incretin Mimetic Agents					
Biguanides			ONGLYZA PO (<i>saxagliptin hcl</i>)	NF	
<i>metformin hcl SOLN PO</i>	2		<i>saxagliptin hcl PO</i>	1	QL(2 EA daily)
<i>metformin hcl TABS PO 500 MG, 850 MG, 1000 MG</i>	PV	Only Covered Ca On/Off Exchange Plans Covered at PV Tier- Student Plans and all others at Tier 1 for generic			
<i>metformin hcl TB24 PO 500 MG, 750 MG</i>	1				
RIOMET SOLN PO (<i>metformin hcl</i>)	NF				
Diabetic Other					
<i>diazoxide</i>	2				
<i>glucagon (rdna)</i>	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)			
Insulin					
AFREZZA POWD				3	QL(6 EA daily)
AFREZZA POWD				3	
AFREZZA POWD				3	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)	LANTUS SOLOSTAR SOPN	2	QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(0.8 ML daily)	LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	SEMGLEE (YFGN) SOLN	2	QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)	SEMGLEE (YFGN) SOPN	2	QL(1.5 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	QL(1.5 ML daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	QL(0.9 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA SOLN	2	QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	Insulin Sensitizing Agents		
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	ACTOS PO 15 MG (<i>pioglitazone hcl</i>)	NF	
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ML daily)	ACTOS PO 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	QL(1 EA daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl PO 30 MG, 45 MG</i>	1	QL(1 EA daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl PO 15 MG</i>	1	
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)	Meglitinide Analogues		
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	<i>nateglinide PO</i>	1	
			<i>repaglinide PO</i>	1	
			Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
			<i>dapagliflozin propanediol PO</i>	2	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
FARXIGA PO (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
JARDIANCE PO	2	QL(1 EA daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24 PO	1	
AMARYL PO (<i>glimepiride</i>)	NF	
<i>glimepiride PO 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS PO</i>	1	
<i>glipizide TB24 PO</i>	1	
GLUCOTROL XL TB24 PO (<i>glipizide</i>)	NF	
<i>glyburide micronized PO 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS PO</i>	1	
GLYNASE PO (<i>glyburide micronized</i>)	NF	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI PO	3	QL(2 EA daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS PO	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD PO</i>	2	
<i>diphenoxylate w/ atropine TABS PO</i>	1	
IMODIUM A-D CAPS PO (<i>loperamide hcl</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
LOMOTIL TABS PO (<i>diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl CAPS PO</i>	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET PO	3	
<i>deferasirox PACK</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>deferasirox TABS PO</i>	SP	PA
<i>deferasirox TBSO</i>	SP	PA
<i>deferiprone TABS 500 MG</i>	SP	PA
EXJADE TBSO (<i>deferasirox</i>)	SP	PA
FERRIPROX SOLN	SP	PA
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	SP	PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JADENU TABS PO (<i>deferasirox</i>)	SP	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	SP	PA
VISTOGARD	SP	
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl PO</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NARCAN LIQD (<i>naloxone hcl</i>)	NF	QL(4 EA per 30 day(s) retail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS PO 50 MG	3	Limit 2 per month; QL(0.07 EA daily); PA
<i>granisetron hcl</i> TABS PO	1	Limit 2 tablets per day; QL(2 EA daily); PA
<i>ondansetron hcl</i> SOLN PO 4 MG/5ML	1	Limit 50mls per month; QL(1.67 ML daily)
<i>ondansetron hcl</i> TABS PO 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 EA daily)
<i>ondansetron TBDP</i> PO 4 MG, 8 MG	1	Limit 20 per month; QL(0.67 EA daily)
SANCUSO PTCH	SP	Limit 1 patch per month; QL(0.04 EA daily); PA
Antiemetics - Anticholinergic		
ANTIVERT TABS PO 50 MG (<i>meclizine hcl</i>)	NF	
<i>meclizine hcl</i> TABS PO 50 MG	1	
<i>scopolamine</i>	1	
TRANSDERM-SCOP (<i>scopolamine</i>)	NF	
<i>trimethobenzamide hcl</i> CAPS PO	1	
Antiemetics - Miscellaneous		
AKYNZEO PO	3	QL(2 EA per 28 day(s) retail)
DICLEGIS TBEC PO (<i>doxylamine-pyridoxine</i>)	NF	QL(4 EA daily)
<i>doxylamine-pyridoxine</i> TBEC PO	1	QL(4 EA daily)
<i>dronabinol</i> CAPS PO	2	PA

Drug Name	Drug Tier	Requirements/Limits
MARINOL CAPS PO (<i>dronabinol</i>)	NF	PA
SYNDROS SOLN	SP	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant</i> CAPS PO 80 MG, 125 MG	1	Limit 1 per year; QL(0.04 EA daily)
<i>aprepitant</i> CAPS PO	1	Limit 3 per month; QL(0.1 EA daily)
<i>aprepitant</i> CAPS PO 40 MG	1	Limit 2 per month; QL(0.07 EA daily)
<i>aprepitant</i> MISC PO	1	Limit 3 per month; QL(0.1 EA daily)
EMEND TRI-PACK CAPS PO (<i>aprepitant</i>)	NF	Limit 3 per month; QL(0.1 EA daily)
EMEND CAPS PO 80 MG (<i>aprepitant</i>)	NF	Limit 1 per year; QL(0.04 EA daily)
EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
VARUBI (180 MG DOSE) TBPK PO	3	QL(4 EA per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
ANCOBON PO (<i>flucytosine</i>)	SP	
<i>flucytosine</i> PO	SP	
<i>griseofulvin microsize</i> SUSP PO	1	
<i>griseofulvin microsize</i> TABS PO	1	
<i>griseofulvin ultramicrosize</i> PO	1	
<i>nystatin</i> TABS PO	1	
<i>terbinafine hcl</i> TABS PO	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
Imidazole-Related Antifungals		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CRESEMBA CAPS 186 MG	3	Not available through mail order	CARBINOXAMINE MALEATE TABS PO	3	
DIFLUCAN SUSR PO (<i>fluconazole</i>)	NF		<i>clemastine fumarate</i> TABS PO 2.68 MG	1	
DIFLUCAN TABS PO (<i>fluconazole</i>)	NF		<i>diphenhydramine hcl</i> SOLN 50 MG/ML	SP	PA
<i>fluconazole</i> SUSR PO	1		RYVENT TABS PO	3	
<i>fluconazole</i> TABS PO	1		Antihistamines - Non-Sedating		
<i>itraconazole</i> CAPS PO	1	PA	(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS PO	1	QL(1 EA daily); RX/OTC
<i>itraconazole</i> SOLN	1	PA	CLARINEX TABS PO (<i>desloratadine</i>)	NF	QL(1 EA daily); PA
<i>ketoconazole</i> PO	1		<i>desloratadine</i> TABS PO	1	QL(1 EA daily); PA
NOXAFIL SUSP (<i>posaconazole</i>)	NF		<i>desloratadine</i> TBDP PO	1	PA
NOXAFIL TBEC (<i>posaconazole</i>)	NF		<i>levocetirizine dihydrochloride</i> SOLN PO	1	PA; RX/OTC
<i>posaconazole</i> SUSP	1		<i>levocetirizine dihydrochloride</i> TABS PO	1	QL(1 EA daily); RX/OTC
<i>posaconazole</i> TBEC	1		XYZAL ALLERGY 24HR CHILDRENS SOLN PO (<i>levocetirizine dihydrochloride</i>)	NF	PA; RX/OTC
SPORANOX CAPS PO (<i>itraconazole</i>)	NF	PA	XYZAL ALLERGY 24HR TABS PO (<i>levocetirizine dihydrochloride</i>)	NF	QL(1 EA daily); RX/OTC
SPORANOX SOLN (<i>itraconazole</i>)	NF	PA	Antihistamines - Phenothiazines		
TOLSURA CAPS PO	SP	PA	(Promethazine Hcl) PROMETHEGAN SUPP PR 12.5 MG, 25 MG	2	
VFEND SUSR PO (<i>voriconazole</i>)	NF		(Promethazine Hcl) PROMETHEGAN SUPP PR 50 MG	2	QL(3 EA daily)
VFEND TABS PO (<i>voriconazole</i>)	NF	QL(2 EA daily)	PHENERGAN SOLN IJ (<i>promethazine hcl</i>)	SP	PA
<i>voriconazole</i> SUSR PO	1		<i>promethazine hcl</i> SOLN IJ 25 MG/ML, 50 MG/ML	SP	PA
<i>voriconazole</i> TABS PO	1	QL(2 EA daily)			
ANTIHISTAMINES - Drugs to Treat Allergies					
Antihistamines - Alkylamines					
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1				
Antihistamines - Ethanolamines					
<i>carbinoxamine maleate</i> SOLN PO	1				
<i>carbinoxamine maleate</i> TABS PO 4 MG	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl SOLN PO 6.25 MG/5ML</i>	1		<i>cholestyramine POWD PO</i>	1	
<i>promethazine hcl SUPP PR 12.5 MG, 25 MG</i>	2		<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)
<i>promethazine hcl TABS PO 50 MG</i>	1	QL(3 EA daily)	<i>colesevelam hcl TABS PO</i>	1	QL(6 EA daily)
<i>promethazine hcl TABS PO 12.5 MG</i>	1		COLESTID FLAVORED GRAN PO (<i>colestipol hcl</i>)	NF	
<i>promethazine hcl TABS PO 25 MG</i>	1	QL(6 EA daily)	COLESTID FLAVORED PACK PO (<i>colestipol hcl</i>)	NF	
Antihistamines - Piperidines			COLESTID GRAN PO (<i>colestipol hcl</i>)	NF	
<i>cyproheptadine hcl SYRP PO</i>	1		COLESTID PACK PO (<i>colestipol hcl</i>)	NF	
<i>cyproheptadine hcl TABS PO</i>	1		COLESTID TABS PO (<i>colestipol hcl</i>)	NF	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>colestipol hcl GRAN PO</i>	1	
Antihyperlipidemics - Combinations			<i>colestipol hcl PACK PO</i>	2	
<i>ezetimibe-simvastatin PO</i>	1	QL(1 EA daily)	<i>colestipol hcl TABS PO</i>	1	
VYTORIN PO (<i>ezetimibe-simvastatin</i>)	NF	QL(1 EA daily)	QUESTRAN LIGHT POWD PO (<i>cholestyramine light</i>)	NF	
Antihyperlipidemics - Misc.			QUESTRAN PACK PO (<i>cholestyramine</i>)	NF	
<i>icosapent ethyl</i>	2	PA	QUESTRAN POWD PO (<i>cholestyramine</i>)	NF	
LOVAZA PO (<i>omega-3-acid ethyl esters</i>)	NF	QL(4 EA daily)	WELCHOL PACK (<i>colesevelam hcl</i>)	NF	QL(1 EA daily)
<i>omega-3-acid ethyl esters PO</i>	1	QL(4 EA daily)	WELCHOL TABS PO (<i>colesevelam hcl</i>)	NF	QL(6 EA daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA	Fibric Acid Derivatives		
Bile Acid Sequestrants			ANTARA PO 30 MG, 90 MG (<i>fenofibrate micronized</i>)	NF	
(Cholestyramine Light) PREVALITE PACK PO	1		<i>choline fenofibrate PO 45 MG</i>	1	
(Cholestyramine Light) PREVALITE POWD PO	1		<i>choline fenofibrate PO 135 MG</i>	1	QL(1 EA daily)
<i>cholestyramine light PACK PO</i>	1		<i>fenofibrate micronized PO 67 MG, 90 MG, 134 MG</i>	1	
<i>cholestyramine light POWD PO</i>	1		<i>fenofibrate micronized PO 130 MG, 200 MG</i>	1	QL(1 EA daily)
<i>cholestyramine PACK PO</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate CAPS PO</i>	1	
<i>fenofibrate TABS PO 48 MG, 160 MG</i>	1	
<i>fenofibrate TABS PO 54 MG</i>	1	QL(2 EA daily)
<i>fenofibrate TABS PO 145 MG</i>	1	QL(1 EA daily)
<i>fenofibric acid PO 105 MG</i>	2	
FENOGLIDE TABS PO (<i>fenofibrate</i>)	NF	
FIBRICOR PO 105 MG (<i>fenofibric acid</i>)	NF	
FIBRICOR PO 35 MG (<i>fenofibric acid</i>)	2	
<i>gemfibrozil TABS PO</i>	1	
LIPOFEN CAPS PO 50 MG (<i>fenofibrate</i>)	3	
LIPOFEN CAPS PO (<i>fenofibrate</i>)	NF	
LOPID TABS PO (<i>gemfibrozil</i>)	NF	
TRICOR TABS PO 48 MG (<i>fenofibrate</i>)	NF	
TRICOR TABS PO 145 MG (<i>fenofibrate</i>)	NF	QL(1 EA daily)
TRILIPIX PO 135 MG (<i>choline fenofibrate</i>)	NF	QL(1 EA daily)
TRILIPIX PO 45 MG (<i>choline fenofibrate</i>)	NF	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS PO</i>	1	QL(1 EA daily)
CRESTOR TABS PO (<i>rosuvastatin calcium</i>)	NF	QL(1 EA daily)
<i>fluvastatin sodium CAPS PO</i>	1	QL(1 EA daily)
<i>fluvastatin sodium TB24 PO</i>	1	QL(1 EA daily)
LESCOL XL TB24 PO (<i>fluvastatin sodium</i>)	NF	QL(1 EA daily)

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACE Inhibitors			ATACAND PO 32 MG (<i>candesartan cilexetil</i>)	NF	QL(1 EA daily)
ACCUPRIL PO (<i>quinapril hcl</i>)	NF		ATACAND PO 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	NF	
ALTACE CAPS PO 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NF	QL(2 EA daily)	AVAPRO PO (<i>irbesartan</i>)	NF	
<i>benazepril hcl PO</i>	1		BENICAR PO 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	NF	
<i>captopril PO</i>	1		BENICAR PO 40 MG (<i>olmesartan medoxomil</i>)	NF	QL(1 EA daily)
<i>enalapril maleate TABS PO</i>	1	QL(2 EA daily)	<i>candesartan cilexetil PO 4 MG, 8 MG, 16 MG</i>	1	
<i>fosinopril sodium PO</i>	1		<i>candesartan cilexetil PO 32 MG</i>	1	QL(1 EA daily)
<i>lisinopril TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		COZAAR PO (<i>losartan potassium</i>)	NF	
<i>lisinopril TABS PO 40 MG</i>	1	QL(2 EA daily)	DIOVAN TABS PO 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	NF	
LOTENSIN PO 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NF		DIOVAN TABS PO 160 MG (<i>valsartan</i>)	NF	QL(2 EA daily)
<i>moexipril hcl PO</i>	1		EDARBI PO 40 MG	3	
<i>perindopril erbumine PO</i>	1		EDARBI PO 80 MG	3	QL(1 EA daily)
QBRELIS SOLN	3	QL(5 ML daily)	<i>irbesartan PO</i>	1	
<i>quinapril hcl PO</i>	1		<i>losartan potassium PO</i>	1	
<i>ramipril CAPS PO</i>	1	QL(2 EA daily)	MICARDIS PO 20 MG, 40 MG (<i>telmisartan</i>)	NF	
<i>trandolapril PO</i>	1		MICARDIS PO 80 MG (<i>telmisartan</i>)	NF	QL(1 EA daily)
VASOTEC TABS PO (<i>enalapril maleate</i>)	NF	QL(2 EA daily)	<i>olmesartan medoxomil PO 5 MG, 20 MG</i>	1	
ZESTRIL TABS PO 40 MG (<i>lisinopril</i>)	NF	QL(2 EA daily)	<i>olmesartan medoxomil PO 40 MG</i>	1	QL(1 EA daily)
ZESTRIL TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	NF		<i>telmisartan PO 20 MG, 40 MG</i>	1	
Agents for Pheochromocytoma			<i>telmisartan PO 80 MG</i>	1	QL(1 EA daily)
DEMSER PO (<i>metyrosine</i>)	SP		<i>valsartan TABS PO 160 MG</i>	1	QL(2 EA daily)
DIBENZYLIN PO (<i>phenoxybenzamine hcl</i>)	NF	Not available through mail	<i>valsartan TABS PO 40 MG, 80 MG, 320 MG</i>	1	
<i>metyrosine PO</i>	SP		Antiadrenergic Antihypertensives		
<i>phenoxybenzamine hcl PO</i>	1	Not available through mail			
Angiotensin II Receptor Antagonists					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARDURA PO (doxazosin mesylate)	NF		AVALIDE PO (<i>irbesartan-hydrochlorothiazide</i>)	NF	
<i>clonidine hcl TABS PO</i>	1		<i>benazepril & hydrochlorothiazide PO</i>	1	
<i>doxazosin mesylate PO</i>	1		BENICAR HCT PO 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF	QL(1 EA daily)
<i>guanfacine hcl PO</i>	1		BENICAR HCT PO 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF	
<i>methyldopa TABS PO</i>	1		<i>bisoprolol & hydrochlorothiazide PO</i>	1	
MINIPRESS CAPS PO (<i>prazosin hcl</i>)	NF		<i>candesartan cilexetil-hydrochlorothiazide PO</i>	1	
<i>prazosin hcl CAPS PO</i>	1		<i>captopril & hydrochlorothiazide PO</i>	1	
<i>terazosin hcl PO 1 MG, 2 MG, 5 MG</i>	1		DIOVAN HCT PO 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	QL(1 EA daily)
<i>terazosin hcl PO 10 MG</i>	1	QL(2 EA daily)	DIOVAN HCT PO 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	
Antihypertensive Combinations			EDARBYCLOR PO	3	QL(1 EA daily)
ACCURETIC PO 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NF	QL(1 EA daily)	<i>enalapril maleate & hydrochlorothiazide PO</i>	1	
ACCURETIC PO 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NF		EXFORGE PO 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	NF	QL(1 EA daily)
<i>amlodipine besylate-benazepril hcl PO 10 MG-2.5 MG</i>	1		EXFORGE PO 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
<i>amlodipine besylate-benazepril hcl PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)	EXFORGE HCT PO (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NF	
<i>amlodipine besylate-valsartan PO 10 MG-160 MG</i>	1	QL(1 EA daily)	<i>fosinopril sodium & hydrochlorothiazide PO</i>	1	
<i>amlodipine besylate-valsartan PO 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		HYZAAR PO (<i>losartan potassium & hydrochlorothiazide</i>)	NF	
<i>amlodipine-valsartan-hydrochlorothiazide PO</i>	1				
ATACAND HCT PO (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NF				
<i>atenolol & chlorthalidone PO</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>irbesartan-hydrochlorothiazide PO</i>	1		<i>telmisartan-amlodipine PO</i>	1	
<i>lisinopril & hydrochlorothiazide PO 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		<i>telmisartan-hydrochlorothiazide PO</i>	1	
<i>lisinopril & hydrochlorothiazide PO 25 MG-20 MG</i>	1	QL(2 EA daily)	TENORETIC 100 PO (<i>atenolol & chlorthalidone</i>)	NF	
<i>losartan potassium & hydrochlorothiazide PO</i>	1		TENORETIC 50 PO (<i>atenolol & chlorthalidone</i>)	NF	
LOTENSIN HCT PO 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NF		<i>trandolapril-verapamil hcl PO</i>	2	
LOTREL PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NF	QL(1 EA daily)	TRIBENZOR PO (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
<i>metoprolol & hydrochlorothiazide TABS PO</i>	1		<i>valsartan-hydrochlorothiazide PO 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
MICARDIS HCT PO (<i>telmisartan-hydrochlorothiazide</i>)	NF		<i>valsartan-hydrochlorothiazide PO 25 MG-160 MG</i>	1	QL(1 EA daily)
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide PO</i>	1	ST	VASERETIC PO 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-hydrochlorothiazide PO 12.5 MG-20 MG</i>	1		ZESTORETIC PO 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-hydrochlorothiazide PO 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)	ZESTORETIC PO 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NF	QL(2 EA daily)
<i>quinapril-hydrochlorothiazide PO 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		ZIAC PO (<i>bisoprolol & hydrochlorothiazide</i>)	NF	
<i>quinapril-hydrochlorothiazide PO 25 MG-20 MG</i>	1	QL(1 EA daily)	Antihypertensives - Misc.		
			VECAMYL PO	3	
			Direct Renin Inhibitors		
			<i>aliskiren fumarate PO</i>	1	
			TEKTURNA PO (<i>aliskiren fumarate</i>)	NF	
			Selective Aldosterone Receptor Antagonists (SARAs)		

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Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone PO</i>	1	
INSPRA PO (<i>eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl TABS PO</i>	1	
<i>minoxidil PO 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS PO (<i>metronidazole</i>)	NF	
<i>metronidazole CAPS PO</i>	2	
<i>metronidazole TABS PO</i>	1	
NEBUPENT IN (<i>pentamidine isethionate</i>)	NF	
<i>pentamidine isethionate IN</i>	2	
<i>tinidazole PO 250 MG</i>	1	PA
<i>tinidazole PO 500 MG</i>	1	
<i>trimethoprim TABS PO</i>	1	
XIFAXAN PO 200 MG	3	QL(9 EA per fill retail); PA
XIFAXAN PO 550 MG	3	QL(2 EA daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP PO	1	
BACTRIM DS TABS PO (<i>sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM TABS PO (<i>sulfamethoxazole-trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim SUSP PO</i>	1	
<i>sulfamethoxazole-trimethoprim TABS PO</i>	1	
Antiprotozoal Agents		

Drug Name	Drug Tier	Requirements/Limits
ALINIA SUSR PO	3	
ALINIA TABS PO (<i>nitazoxanide</i>)	NF	
<i>atovaquone PO</i>	2	
LAMPIT	SP	AC; PA
MEPRON PO (<i>atovaquone</i>)	NF	
<i>nitazoxanide TABS PO</i>	2	
Carbapenems		
<i>ertapenem sodium IJ</i>	SP	PA
<i>imipenem-cilastatin IV 500 MG</i>	2	PA
<i>imipenem-cilastatin IV 250 MG</i>	SP	PA
INVANZ IJ (<i>ertapenem sodium</i>)	SP	PA
<i>meropenem 500 MG</i>	SP	PA
PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	SP	PA
Glycopeptides		
VANCOCIN CAPS PO (<i>vancomycin hcl</i>)	NF	QL(2 EA daily)
<i>vancomycin hcl CAPS PO</i>	1	QL(2 EA daily)
Leprostatics		
<i>dapsone PO 25 MG</i>	1	
<i>dapsone PO 100 MG</i>	1	QL(4 EA daily)
Lincosamides		
CLEOCIN PO (<i>clindamycin palmitate hydrochloride</i>)	NF	
CLEOCIN PO (<i>clindamycin hcl</i>)	NF	
<i>clindamycin hcl PO</i>	1	
<i>clindamycin palmitate hydrochloride PO</i>	1	
Monobactams		
CAYSTON	SP	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Oxazolidinones			MALARONE PO (<i>atovaquone-proguanil hcl</i>)	NF	
<i>linezolid SUSR</i>	1	QL(210 ML per 90 day(s) retail)	Antimalarials		
<i>linezolid TABS PO</i>	1	QL(20 EA per 90 day(s) retail)	<i>chloroquine phosphate TABS PO</i>	1	
SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)	<i>hydroxychloroquine sulfate PO 200 MG</i>	1	
ZYVOX SUSR (<i>linezolid</i>)	NF	QL(210 ML per 90 day(s) retail)	KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
ZYVOX TABS PO (<i>linezolid</i>)	NF	QL(20 EA per 90 day(s) retail)	<i>mefloquine hcl PO</i>	1	QL(6 EA per fill retail; 6 per fill mail)
Urinary Anti-infectives			PLAQUENIL PO (<i>hydroxychloroquine sulfate</i>)	NF	
<i>fosfomycin tromethamine</i>	1		<i>primaquine phosphate TABS PO</i>	1	
HIPREX PO (<i>methenamine hippurate</i>)	NF		PRIMAQUINE PHOSPHATE TABS PO (<i>primaquine phosphate</i>)	NF	
MACROBID PO (<i>nitrofurantoin monohyd macro</i>)	NF		QUALAQUIN CAPS PO (<i>quinine sulfate</i>)	NF	QL(2 EA daily); PA
MACRODANTIN PO (<i>nitrofurantoin macrocrystal</i>)	NF		<i>quinine sulfate CAPS PO 324 MG</i>	1	QL(2 EA daily); PA
<i>methenamine hippurate PO</i>	1		ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>methenamine mandelate 1 GM</i>	1		Antimyasthenic/Cholinergic Agents		
MONUROL (<i>fosfomycin tromethamine</i>)	NF		FIRDAPSE	SP	PA
<i>nitrofurantoin PO</i>	1		MESTINON SOLN PO (<i>pyridostigmine bromide</i>)	SP	PA
<i>nitrofurantoin macrocrystal PO</i>	1		MESTINON TABS PO (<i>pyridostigmine bromide</i>)	NF	
<i>nitrofurantoin monohyd macro PO</i>	1		MESTINON TBCR PO (<i>pyridostigmine bromide</i>)	NF	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)			<i>neostigmine methylsulfate SOSY</i>	SP	PA
Antimalarial Combinations			NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	SP	PA
<i>atovaquone-proguanil hcl PO</i>	1		<i>pyridostigmine bromide SOLN PO</i>	SP	PA
COARTEM	2	Limit 24 doses per month; QL(0.8 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide</i> TABS PO 60 MG	1	
<i>pyridostigmine bromide</i> TBCR PO	2	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i> PO	SP	
<i>ethambutol hcl</i> TABS PO	1	
<i>isoniazid</i> SYRP PO	1	
<i>isoniazid</i> TABS PO	1	
MYAMBUTOL TABS PO 400 MG (<i>ethambutol hcl</i>)	NF	
MYCOBUTIN PO (<i>rifabutin</i>)	NF	
PRIFTIN PO	3	
<i>pyrazinamide</i> PO	1	
<i>rifabutin</i> PO	2	
<i>rifampin</i> CAPS PO	1	
TRECTOR PO	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN IV (<i>melfhalan hcl</i>)	SP	PA
ALKERAN PO (<i>melfhalan</i>)	NF	AC
<i>busulfan</i> SOLN	SP	PA
BUSULFEX SOLN (<i>busulfan</i>)	SP	PA
<i>cyclophosphamide</i> CAPS	1	
<i>cyclophosphamide</i> CAPS	1	AC
CYCLOPHOSPHAMIDE TABS PO	2	
GLEOSTINE PO 10 MG, 40 MG, 100 MG	2	
LEUKERAN PO	2	AC
<i>melfhalan</i> PO	1	AC

Drug Name	Drug Tier	Requirements/Limits
<i>melfhalan hcl</i> IV	SP	PA
MYLERAN TABS PO	2	AC
TEMODAR CAPS PO 250 MG (<i>temozolomide</i>)	NF	AC
<i>temozolomide</i> CAPS PO	2	AC
Antimetabolites		
<i>capecitabine</i> PO	2	AC
<i>fludarabine phosphate</i> SOLR	SP	PA
<i>mercaptopurine</i> TABS PO	1	AC
<i>methotrexate sodium</i> SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	1	
METHOTREXATE SODIUM SOLN 50 MG/2ML	2	
<i>methotrexate sodium</i> SOLR	1	
<i>methotrexate sodium</i> TABS PO 2.5 MG	1	AC
ONUREG TABS	SP	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID PO	2	AC
TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	SP	AC; PA
XELODA PO (<i>capecitabine</i>)	NF	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; AC; PA

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LENVIMA (10 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	LENVIMA (8 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	Antineoplastic - Anti-HER2 Agents		
LENVIMA (14 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	TRAZIMERA 420 MG	SP	Covered under Medical Benefit; PA
LENVIMA (18 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	TUKYSA	SP	PA
LENVIMA (20 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA (24 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA STARTING PACK TBPK	SP	AC; PA
LENVIMA (4 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA TABS 100 MG	SP	QL(4 EA daily); AC; PA
			VENCLEXTA TABS 10 MG	SP	QL(2 EA daily); AC; PA
			VENCLEXTA TABS 50 MG	SP	AC; PA
			Antineoplastic - EGFR Inhibitors		
			<i>erlotinib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			<i>gefitinib</i>	2	AC; PA
			GILOTRIF	SP	Must use Accredo SP pharmacy; AC; PA
			IRESSA (<i>gefitinib</i>)	NF	AC; PA
			TAGRISO	SP	AC; PA
			TARCEVA 25 MG (<i>erlotinib hcl</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661
			TARCEVA 100 MG, 150 MG (<i>erlotinib hcl</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO	SP	AC; PA	<i>flutamide PO</i>	1	AC
Antineoplastic - Hedgehog Pathway Inhibitors			<i>letrozole PO</i>	1	AC
DAURISMO	SP	AC; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA
ERIVEDGE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
ODOMZO PO	SP	AC; PA	LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	3	covered w-gender transformation diagnosis; PA required for other diagnosis
Antineoplastic - Hormonal and Related Agents			LYSODREN PO	2	AC
<i>abiraterone acetate</i>	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	<i>megestrol acetate SUSP PO</i>	1	AC
<i>anastrozole PO</i>	PV	AC	<i>megestrol acetate TABS PO</i>	1	AC
ARIMIDEX PO (<i>anastrozole</i>)	PV	AC	NILANDRON PO (<i>nilutamide</i>)	SP	AC
AROMASIN PO (<i>exemestane</i>)	PV	AC	<i>nilutamide PO</i>	SP	AC
<i>bicalutamide PO</i>	1	QL(1 EA daily); AC	NUBEQA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
CASODEX PO (<i>bicalutamide</i>)	NF	QL(1 EA daily); AC	ORGOVYX	SP	PA
ELIGARD SC	3	PA	SOLTAMOX SOLN PO	PV	PV; AC
EMCYT PO	2	AC	<i>tamoxifen citrate TABS PO</i>	PV	PV; AC
ERLEADA 240 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	<i>toremifene citrate PO</i>	2	AC
ERLEADA 60 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	XTANDI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
EULEXIN PO	2	AC	XTANDI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>exemestane PO</i>	PV	AC			
FARESTON PO (<i>toremifene citrate</i>)	NF	AC			
FEMARA PO (<i>letrozole</i>)	NF	AC			

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Drug Name	Drug Tier	Requirements/Limits
YONSA	SP	SP; AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT 100 MG, 200 MG, 300 MG	SP	QL(1 EA daily); SL; PA
AYVAKIT 25 MG, 50 MG	SP	PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) PO 50 MG	SP	PA
XPOVIO (40 MG ONCE WEEKLY) PO 40 MG	SP	PA
XPOVIO (40 MG TWICE WEEKLY) PO 40 MG	SP	PA
XPOVIO (60 MG ONCE WEEKLY) PO 60 MG	SP	PA
XPOVIO (60 MG TWICE WEEKLY) PO	SP	PA
XPOVIO (80 MG ONCE WEEKLY) PO 40 MG	SP	PA
XPOVIO (80 MG TWICE WEEKLY) PO	SP	AC; PA
Antineoplastic Antibiotics		
<i>mitoxantrone hcl 25 MG/12.5ML</i>	2	SP; PA
Antineoplastic Combinations		
INQOVI	SP	PA
KISQALI FEMARA (200 MG DOSE)	SP	AC; PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA (400 MG DOSE)	SP	AC; PA
KISQALI FEMARA (600 MG DOSE)	SP	AC; PA
LONSURF	SP	AC; PA
Antineoplastic Enzyme Inhibitors		
(Everolimus) TORPENZ TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
AFINITOR TABS (<i>everolimus</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
ALECENSA	SP	AC; PA
ALUNBRIG TABS PO	SP	AC; PA
ALUNBRIG TBPk	SP	AC; PA
BALVERSA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>bortezomib SOLR IJ</i>	SP	PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	SP	PA
BOSULIF CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 500 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	<i>everolimus TBSO</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
BOSULIF TABS 100 MG, 400 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	GLEEVEC PO 400 MG (<i>imatinib mesylate</i>)	NF	QL(2 EA daily); AC
BRAFTOVI PO 75 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	GLEEVEC PO 400 MG (<i>imatinib mesylate</i>)	NF	
BRUKINSA	SP	AC; PA	GLEEVEC PO 100 MG (<i>imatinib mesylate</i>)	NF	QL(3 EA daily); AC
CABOMETYX TABS PO	SP	QL(1 EA daily); AC; PA	IBRANCE CAPS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
CALQUENCE	SP	QL(2 EA daily); AC; PA	IBRANCE TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
CALQUENCE	SP	QL(2 EA daily); AC; PA	ICLUSIG PO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
CAPRELSA PO	SP	AC; PA	IDHIFA	SP	AC; PA
COMETRIQ (100 MG DAILY DOSE) KIT	SP	AC; PA	<i>imatinib mesylate PO 400 MG</i>	SP	QL(2 EA daily); AC; PA
COMETRIQ (140 MG DAILY DOSE) KIT	SP	AC; PA	<i>imatinib mesylate PO 100 MG</i>	SP	QL(3 EA daily); AC; PA
COMETRIQ (60 MG DAILY DOSE) KIT	SP	AC; PA	IMBRUVICA CAPS 70 MG	SP	QL(1 EA daily); AC; PA
COPIKTRA PO	SP	SP; AC; PA	IMBRUVICA CAPS 140 MG	SP	QL(3 EA daily); AC; PA
COTELLIC	SP	AC; PA	IMBRUVICA SUSP	SP	QL(8 ML daily); AC; PA
<i>dasatinib 80 MG</i>	SP	LA; AC; PA	IMBRUVICA TABS	SP	QL(1 EA daily); AC; PA
<i>dasatinib 20 MG, 50 MG, 70 MG, 100 MG, 140 MG</i>	SP	SP; AC; PA	INREBIC	SP	AC; PA
<i>everolimus TABS</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA	ISTODAX SOLR (<i>romidepsin</i>)	SP	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JAKAFI	SP	QL(2 EA daily); AC; PA	NINLARO	SP	Limited to 3 capsules per month;; QL(0.1 EA daily); AC; PA
KISQALI (200 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>pazopanib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
KISQALI (400 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	PIQRAY (200 MG DAILY DOSE)	SP	AC; PA
KISQALI (600 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	PIQRAY (250 MG DAILY DOSE)	SP	AC; PA
KOSELUGO	SP	PA	PIQRAY (300 MG DAILY DOSE)	SP	AC; PA
<i>lapatinib ditosylate</i>	SP	AC; PA	QINLOCK	SP	PA
LORBRENA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	RETEVMO CAPS	SP	PA
LYNPARZA TABS PO	SP	Refer to Accredo SP Rx; QL(4 EA daily); AC; PA	<i>romidepsin SOLR</i>	SP	PA
MEKINIST SOLR	SP	PA	ROZLYTREK CAPS	SP	AC; PA
MEKINIST TABS PO	SP	AC; PA	RUBRACA	SP	AC; PA
MEKTOVI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	RYDAPT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
NERLYNX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	SCEMBLIX	SP	PA
NEXAVAR PO (<i>sorafenib tosylate</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	<i>sorafenib tosylate PO</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
			SPRYCEL 20 MG, 50 MG, 70 MG, 80 MG, 140 MG (<i>dasatinib</i>)	NF	SP; AC
			SPRYCEL 100 MG (<i>dasatinib</i>)	NF	SP; AC; PA
			STIVARGA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate PO 12.5 MG, 37.5 MG, 50 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA	TYKERB (<i>lapatinib ditosylate</i>)	SP	AC; PA
<i>sunitinib malate PO 25 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	VELCADE SOLR IJ (<i>bortezomib</i>)	SP	PA
SUTENT PO 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA	VERZENIO	SP	AC; PA
SUTENT PO 25 MG (<i>sunitinib malate</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	VITRAKVI CAPS PO	SP	AC; PA
TABRECTA	SP	PA	VITRAKVI SOLN	SP	AC; PA
TAFINLAR CAPS PO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	VOTRIENT (<i>pazopanib hcl</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TAFINLAR TBSO	SP	PA	XALKORI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
TALZENNA 0.25 MG, 1 MG	SP	AC; PA	XOSPATA	SP	AC; PA
TASIGNA 150 MG, 200 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	ZEJULA TABS	SP	PA
TASIGNA 50 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	ZELBORAF PO	SP	AC; PA
TAZVERIK	SP	PA	ZOLINZA	SP	AC; PA
<i>temsirolimus</i>	SP	PA	ZYDELIG	3	AC; PA
TIBSOVO	SP	AC; PA	ZYKADIA TABS	SP	SP; AC; PA
TORISEL (<i>temsirolimus</i>)	SP	PA	Antineoplastics Misc.		
TURALIO PO 200 MG	SP	AC; PA	ACTIMMUNE 100 MCG/0.5ML	SP	PA
			ALFERON N	SP	PA
			BESREMI	SP	PA
			<i>bexarotene PO</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
			HYDREA PO (<i>hydroxyurea</i>)	NF	AC
			<i>hydroxyurea PO</i>	1	AC
			MATULANE PO	SP	AC; PA

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TARGRETIN PO (<i>bexarotene</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	Antiparkinson COMT Inhibitors		
<i>tretinoin (chemotherapy) PO</i>	2	AC	COMTAN PO (<i>entacapone</i>)	NF	
Chemotherapy Rescue/Antidote/Protective Agents			<i>entacapone PO</i>	1	
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	SP	PA	TASMAR PO (<i>tolcapone</i>)	SP	
<i>leucovorin calcium TABS PO</i>	1		<i>tolcapone PO</i>	SP	
<i>leucovorin calcium TABS PO</i>	1	AC	Antiparkinson Dopaminergics		
MESNEX TABS PO	3	AC	<i>amantadine hcl CAPS PO</i>	1	
Mitotic Inhibitors			<i>amantadine hcl TABS PO</i>	1	
ETOPOPHOS	3	PA	<i>bromocriptine mesylate CAPS PO</i>	1	
<i>etoposide CAPS PO</i>	2		<i>bromocriptine mesylate TABS PO 2.5 MG</i>	1	
Topoisomerase I Inhibitors			<i>carbidopa-levodopa-entacapone PO 50 MG-12.5 MG-200 MG</i>	1	
HYCANTIN CAPS PO	SP	AC; PA	<i>carbidopa-levodopa-entacapone PO 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2	
HYCANTIN SOLR (<i>topotecan hcl</i>)	SP	PA	<i>carbidopa-levodopa TABS PO</i>	1	
<i>topotecan hcl SOLR</i>	SP	PA	<i>carbidopa-levodopa TBCR PO 200 MG-50 MG</i>	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			<i>carbidopa-levodopa TBCR PO 100 MG-25 MG</i>	1	QL(8 EA daily)
Antiparkinson Adjunctive Therapy			<i>carbidopa-levodopa TBDP PO</i>	2	
<i>carbidopa PO</i>	2		DHIVY TABS PO	2	
LODOSYN PO (<i>carbidopa</i>)	NF		DUOPA SUSP	3	PA
Antiparkinson Anticholinergics			INBRIJA CAPS	3	PA
<i>benztropine mesylate SOLN</i>	SP	PA	MIRAPEX ER TB24 PO 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	NF	
<i>benztropine mesylate TABS PO</i>	1		MIRAPEX ER TB24 PO 3 MG (<i>pramipexole dihydrochloride</i>)	NF	QL(1 EA daily)
<i>trihexyphenidyl hcl SOLN</i>	1				
<i>trihexyphenidyl hcl TABS PO</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits
NEUPRO	3	
PARLODEL CAPS PO (<i>bromocriptine mesylate</i>)	NF	
PARLODEL TABS PO (<i>bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride TABS PO 1 MG</i>	1	QL(4 EA daily)
<i>pramipexole dihydrochloride TABS PO 1.5 MG</i>	1	QL(3 EA daily)
<i>pramipexole dihydrochloride TABS PO 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TB24 PO 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i>	2	
<i>pramipexole dihydrochloride TB24 PO 3.75 MG</i>	1	
<i>pramipexole dihydrochloride TB24 PO 3 MG</i>	2	QL(1 EA daily)
<i>ropinirole hydrochloride TABS PO</i>	1	
<i>ropinirole hydrochloride TB24 PO 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
<i>ropinirole hydrochloride TB24 PO 12 MG</i>	1	QL(2 EA daily)
RYTARY CPR PO	3	QL(10 EA daily); PA
SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NF	
STALEVO 100 PO (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 PO (<i>carbidopa-levodopa-entacapone</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 150 PO (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 200 PO (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 50 PO (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 75 PO (<i>carbidopa-levodopa-entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT PO (<i>rasagiline mesylate</i>)	NF	
<i>rasagiline mesylate PO</i>	1	
<i>selegiline hcl CAPS PO</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS PO</i>	1	QL(2 EA daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium PO</i>	1	
<i>lithium carbonate CAPS PO 300 MG</i>	1	QL(6 EA daily)
<i>lithium carbonate CAPS PO 150 MG, 600 MG</i>	1	
<i>lithium carbonate TABS PO</i>	1	
<i>lithium carbonate TBCR PO</i>	1	
LITHOBID TBCR PO (<i>lithium carbonate</i>)	3	
Antipsychotics - Misc.		
EQUETRO PO	3	
GEODON PO 20 MG, 40 MG (<i>ziprasidone hcl</i>)	NF	
GEODON PO 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LATUDA PO (<i>lurasidone hcl</i>)	NF		<i>asenapine maleate</i>	2	
<i>lurasidone hcl PO</i>	2		<i>clozapine TABS PO</i>	1	
NUPLAZID CAPS	SP	QL(1 EA daily); PA	<i>clozapine TBDP PO 12.5 MG</i>	1	
NUPLAZID TABS PO 10 MG	SP	QL(1 EA daily); PA	CLOZARIL TABS PO (<i>clozapine</i>)	NF	
VRAYLAR CAPS	SP		<i>loxapine succinate PO</i>	1	
VRAYLAR CPPK	SP		<i>olanzapine TABS PO 15 MG, 20 MG</i>	1	QL(1 EA daily)
<i>ziprasidone hcl PO 20 MG, 40 MG</i>	1		<i>olanzapine TABS PO 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
<i>ziprasidone hcl PO 60 MG, 80 MG</i>	1	QL(2 EA daily)	<i>olanzapine TBDP PO</i>	1	
Benzisoxazoles			<i>quetiapine fumarate TABS PO 300 MG, 400 MG</i>	1	QL(2 EA daily)
FANAPT PO	SP	QL(2 EA daily)	<i>quetiapine fumarate TABS PO 200 MG</i>	1	QL(4 EA daily)
FANAPT TITRATION PACK PO	SP		<i>quetiapine fumarate TABS PO 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
INVEGA PO (<i>paliperidone</i>)	NF		<i>quetiapine fumarate TB24 PO</i>	1	
<i>paliperidone PO</i>	1		SAPHRIS (<i>asenapine maleate</i>)	NF	
PERSERIS PRSY	SP	PA	SECUADO	3	QL(1 EA daily)
RISPERDAL SOLN PO (<i>risperidone</i>)	NF		SEROQUEL XR TB24 PO (<i>quetiapine fumarate</i>)	NF	
RISPERDAL TABS PO 3 MG (<i>risperidone</i>)	NF	QL(2 EA daily)	SEROQUEL TABS PO 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	NF	
RISPERDAL TABS PO 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	NF		SEROQUEL TABS PO 200 MG (<i>quetiapine fumarate</i>)	NF	QL(4 EA daily)
<i>risperidone SOLN PO</i>	1		SEROQUEL TABS PO 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NF	QL(2 EA daily)
<i>risperidone TABS PO 3 MG</i>	1	QL(2 EA daily)	VERSACLOZ SUSP PO	SP	QL(18 ML daily)
<i>risperidone TABS PO 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1		ZYPREXA ZYDIS TBDP PO (<i>olanzapine</i>)	NF	
<i>risperidone TBDP PO</i>	1		ZYPREXA TABS PO 15 MG, 20 MG (<i>olanzapine</i>)	NF	QL(1 EA daily)
Butyrophenones					
<i>haloperidol lactate CONC PO</i>	1				
<i>haloperidol TABS PO</i>	1				
Dibenzapines					

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS PO 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	NF	
Dihydroindolones		
<i>molindone hcl PO</i>	1	
Phenothiazines		
(Prochlorperazine) COMPRO PR	1	QL(2 EA daily)
<i>chlorpromazine hcl TABS PO</i>	2	
<i>fluphenazine hcl CONC PO</i>	1	
<i>fluphenazine hcl ELIX PO</i>	2	
<i>fluphenazine hcl TABS PO</i>	1	
<i>perphenazine TABS PO</i>	1	
<i>prochlorperazine PR</i>	1	QL(2 EA daily)
<i>prochlorperazine maleate TABS PO</i>	1	
<i>thioridazine hcl PO 10 MG, 25 MG, 100 MG</i>	1	
<i>thioridazine hcl PO 50 MG</i>	1	QL(4 EA daily)
<i>trifluoperazine hcl TABS PO</i>	1	
Quinolinone Derivatives		
ABILIFY TABS PO 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>)	NF	
ABILIFY TABS PO 20 MG (<i>aripiprazole</i>)	NF	QL(1 EA daily)
ABILIFY TABS PO 15 MG (<i>aripiprazole</i>)	NF	QL(2 EA daily)
<i>aripiprazole SOLN PO</i>	2	
<i>aripiprazole TABS PO 20 MG</i>	1	QL(1 EA daily)
<i>aripiprazole TABS PO 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>aripiprazole TABS PO 15 MG</i>	1	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole TBDP PO</i>	1	PA
REXULTI	3	
Thioxanthenes		
<i>thiothixene PO</i>	1	
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine PO</i>	1	
<i>abacavir sulfate SOLN PO</i>	1	
<i>abacavir sulfate TABS PO</i>	1	
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS PO</i>	1	
ATRIPLA PO (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)
BIKTARVY	2	
CIMDUO	2	
COMBIVIR PO (<i>lamivudine-zidovudine</i>)	NF	
COMPLERA	2	
<i>darunavir TABS</i>	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	PV	
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS PO</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate PO</i>	1	QL(1 EA daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz TABS PO</i>	1		LEXIVA TABS PO (<i>fosamprenavir calcium</i>)	NF	
<i>emtricitabine CAPS PO</i>	1		<i>lopinavir-ritonavir SOLN PO</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 EA daily)	<i>lopinavir-ritonavir TABS PO</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate PO 200 MG-300 MG</i>	PV	QL(1 EA daily)	<i>maraviroc TABS PO</i>	1	
EMTRIVA CAPS PO (<i>emtricitabine</i>)	NF		<i>nevirapine SUSP PO</i>	1	
EMTRIVA SOLN	2		<i>nevirapine TABS PO</i>	1	
EPIVIR SOLN PO (<i>lamivudine</i>)	NF		<i>nevirapine TB24 PO</i>	1	
EPIVIR TABS PO (<i>lamivudine</i>)	NF		NORVIR PACK	3	
EPZICOM PO (<i>abacavir sulfate-lamivudine</i>)	NF		NORVIR TABS PO (<i>ritonavir</i>)	NF	
<i>etravirine PO</i>	1		ODEFSEY	2	
EVOTAZ	2		PIFELTRO	2	
<i>fosamprenavir calcium TABS PO</i>	1		PREZCOBIX	2	
FUZEON SOLR	SP	PA	PREZISTA SUSP	2	
GENVOYA	2		PREZISTA TABS (<i>darunavir</i>)	NF	
INTELENCE PO (<i>etravirine</i>)	NF		PREZISTA TABS 75 MG, 150 MG	2	
INTELENCE PO 25 MG	2		RETROVIR CAPS PO (<i>zidovudine</i>)	NF	
ISENTRESS HD TABS PO	2		RETROVIR SYRP PO (<i>zidovudine</i>)	NF	
ISENTRESS CHEW	2		REYATAZ CAPS PO 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF	
ISENTRESS PACK PO	2		REYATAZ PACK	2	
ISENTRESS TABS PO	2		<i>ritonavir TABS PO</i>	1	
JULUCA	2		RUKOBIA	SP	
KALETRA SOLN PO (<i>lopinavir-ritonavir</i>)	NF		SELZENTRY SOLN	2	
KALETRA TABS PO (<i>lopinavir-ritonavir</i>)	NF		SELZENTRY TABS PO (<i>maraviroc</i>)	NF	
<i>lamivudine SOLN PO</i>	1		STRIBILD	2	
<i>lamivudine TABS PO</i>	1		SUSTIVA CAPS PO (<i>efavirenz</i>)	NF	
<i>lamivudine-zidovudine PO</i>	1		SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF		PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
SYMTUZA	2		TPOXX (TECOVIRIMAT)	5	
<i>tenofovir disoproxil fumarate TABS PO</i>	1		CMV Agents		
TIVICAY TABS 50 MG	2		VALCYTE SOLR (<i>valganciclovir hcl</i>)	NF	Limit 630mls per month; QL(21 ML daily)
TRIUMEQ PD TBSO	2		VALCYTE TABS PO (<i>valganciclovir hcl</i>)	NF	
TRIUMEQ TABS	2		<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ML daily)
TRUVADA PO 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	PV	QL(1 EA daily)	<i>valganciclovir hcl TABS PO</i>	1	
TRUVADA PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)	Hepatitis Agents		
TYBOST	2		<i>adefovir dipivoxil PO</i>	2	
VIRACEPT TABS PO	2		BARACLUDGE TABS PO (<i>entecavir</i>)	NF	
VIREAD POWD	2		<i>entecavir TABS PO</i>	2	
VIREAD TABS PO (<i>tenofovir disoproxil fumarate</i>)	NF		EPCLUSA PACK	2	SP; PA
VIREAD TABS PO 150 MG, 200 MG, 250 MG	2		EPCLUSA TABS	2	SP; PA
ZIAGEN SOLN PO (<i>abacavir sulfate</i>)	NF		EPCLUSA TABS	2	SP; PA
ZIAGEN TABS PO (<i>abacavir sulfate</i>)	NF		EPIVIR HBV TABS PO (<i>lamivudine (hbv)</i>)	NF	
<i>zidovudine CAPS PO</i>	1		<i>lamivudine (hbv) TABS PO</i>	2	
<i>zidovudine SYRP PO</i>	1		MAVYRET TABS PO	SP	PA
<i>zidovudine TABS PO</i>	1		PEGASYS SOLN	3	SP; PA
Antiviral Combinations			<i>ribavirin (hepatitis c) CAPS PO</i>	1	PA
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)	VEMLIDY	SP	SP; ST
PAXLOVID (150/100)	PV		VOSEVI	2	SP; PA
PAXLOVID (300/100)	PV	PV	Herpes Agents		
			<i>acyclovir CAPS PO</i>	1	
			<i>acyclovir SUSP PO</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
<i>acyclovir TABS PO 400 MG</i>	1	
<i>famciclovir PO</i>	1	
<i>valacyclovir hcl PO 1 GM</i>	1	QL(4 EA daily)
<i>valacyclovir hcl PO 500 MG</i>	1	QL(8 EA daily)
VALTREX PO 500 MG (<i>valacyclovir hcl</i>)	NF	QL(8 EA daily)
VALTREX PO 1 GM (<i>valacyclovir hcl</i>)	NF	QL(4 EA daily)
ZOVIRAX SUSP PO (<i>acyclovir</i>)	NF	
Influenza Agents		
<i>oseltamivir phosphate CAPS PO 75 MG</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate CAPS PO 30 MG, 45 MG</i>	1	
<i>oseltamivir phosphate SUSR PO</i>	1	QL(75 ML daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride TABS PO</i>	1	
TAMIFLU CAPS PO 30 MG, 45 MG (<i>oseltamivir phosphate</i>)	NF	
TAMIFLU CAPS PO 75 MG (<i>oseltamivir phosphate</i>)	NF	QL(10 EA per fill retail)
TAMIFLU SUSR PO (<i>oseltamivir phosphate</i>)	NF	QL(75 ML daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	PV	
TPOXX CAPS	PV	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	1	
VIRAZOLE (<i>ribavirin</i>)	NF	

BETA BLOCKERS - Drugs to Treat High Blood

Drug Name	Drug Tier	Requirements/Limits
Pressure		
Alpha-Beta Blockers		
<i>carvedilol PO 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol PO 3.125 MG</i>	1	QL(2 EA daily)
<i>carvedilol phosphate PO</i>	1	
COREG PO 3.125 MG (<i>carvedilol</i>)	NF	QL(2 EA daily)
COREG PO 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	NF	
COREG CR PO (<i>carvedilol phosphate</i>)	NF	
<i>labetalol hcl TABS PO</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS PO</i>	1	
<i>atenolol TABS PO</i>	1	
<i>betaxolol hcl PO</i>	1	
<i>bisoprolol fumarate PO</i>	1	QL(1 EA daily)
BYSTOLIC PO (<i>nebivolol hcl</i>)	NF	
LOPRESSOR TABS PO (<i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate TB24 PO</i>	1	
<i>metoprolol tartrate TABS PO</i>	1	
<i>nebivolol hcl PO</i>	1	
TENORMIN TABS PO (<i>atenolol</i>)	NF	
TOPROL XL TB24 PO (<i>metoprolol succinate</i>)	NF	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE TABS PO	1	
BETAPACE AF PO (<i>sotalol hcl (afib/afll)</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BETAPACE TABS PO 80 MG, 120 MG, 160 MG <i>(sotalol hcl)</i>	NF		(Diltiazem Hcl) DILT-XR CP24 PO	1	
CORGARD TABS PO 20 MG, 40 MG, 80 MG <i>(nadolol)</i>	NF		(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
HEMANGEOL SOLN PO	3	AL(Up to 1 yrs old); PA	<i>amlodipine besylate TABS PO 5 MG, 10 MG</i>	1	QL(1 EA daily)
INDERAL LA CP24 PO <i>(propranolol hcl)</i>	NF		<i>amlodipine besylate TABS PO 2.5 MG</i>	1	QL(2 EA daily)
INDERAL XL PO	3		CALAN SR TBCR PO 180 MG, 240 MG (<i>verapamil hcl</i>)	NF	QL(2 EA daily)
INNOPRAN XL PO	3		CALAN SR TBCR PO 120 MG (<i>verapamil hcl</i>)	NF	
<i>nadolol TABS PO 20 MG, 40 MG, 80 MG</i>	1		CARDIZEM CD CP24 PO (<i>diltiazem hcl coated beads</i>)	NF	QL(1 EA daily)
<i>pindolol TABS PO</i>	1		CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	NF	
<i>propranolol hcl CP24 PO</i>	1		CARDIZEM TABS PO 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	NF	
<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	1		<i>diltiazem hcl coated beads CP24 PO</i>	1	QL(1 EA daily)
<i>propranolol hcl TABS PO</i>	1		<i>diltiazem hcl extended release beads PO</i>	1	
<i>sotalol hcl (afib/af) PO</i>	1		<i>diltiazem hcl CP12 PO</i>	1	
<i>sotalol hcl TABS PO</i>	1		<i>diltiazem hcl CP24 PO</i>	1	
SOTYLIZE SOLN PO	3		<i>diltiazem hcl TABS PO</i>	1	
<i>timolol maleate TABS PO 5 MG, 20 MG</i>	1	QL(2 EA daily)	<i>diltiazem hcl TB24</i>	1	
<i>timolol maleate TABS PO 10 MG</i>	1	QL(6 EA daily)	<i>felodipine PO 10 MG</i>	1	QL(1 EA daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>felodipine PO 2.5 MG, 5 MG</i>	1	
Calcium Channel Blockers			<i>isradipine CAPS PO</i>	1	
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 PO 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)	<i>nicardipine hcl CAPS PO</i>	2	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER PO 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>nifedipine CAPS PO</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER PO	1		<i>nifedipine TB24 PO 30 MG, 60 MG</i>	1	
			<i>nifedipine TB24 PO</i>	1	QL(1 EA daily)
			<i>nimodipine CAPS PO</i>	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nisoldipine PO</i>	2		<i>digoxin SOLN PO 0.05 MG/ML</i>	1	
NORVASC TABS PO 5 MG, 10 MG (<i>amlodipine besylate</i>)	NF	QL(1 EA daily)	<i>digoxin TABS PO 62.5 MCG, 125 MCG, 250 MCG</i>	1	
NORVASC TABS PO 2.5 MG (<i>amlodipine besylate</i>)	NF	QL(2 EA daily)	LANOXIN TABS PO 125 MCG, 250 MCG (<i>digoxin</i>)	3	
PROCARDIA XL TB24 PO (<i>nifedipine</i>)	NF	QL(1 EA daily)	LANOXIN TABS PO 62.5 MCG (<i>digoxin</i>)	NF	
SULAR PO 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NF		CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
TIAZAC PO (<i>diltiazem hcl extended release beads</i>)	NF		Cardiovascular Agents Misc. - Combinations		
VERAPAMIL HCL ER CP24 PO (<i>verapamil hcl</i>)	NF		<i>amlodipine besylate-atorvastatin calcium PO 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	2	
<i>verapamil hcl CP24 PO 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1		<i>amlodipine besylate-atorvastatin calcium PO 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	2	PA
<i>verapamil hcl CP24 PO 360 MG</i>	1	QL(1 EA daily)	BIDIL PO (<i>isosorbide dinitrate-hydralazine hcl</i>)	NF	
<i>verapamil hcl CP24 PO 180 MG</i>	1	QL(2 EA daily)	CADUET PO 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF	PA
<i>verapamil hcl TABS PO</i>	1		CADUET PO 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF	
<i>verapamil hcl TBCR PO 180 MG, 240 MG</i>	1	QL(2 EA daily)	ENTRESTO CPSP	3	
<i>verapamil hcl TBCR PO 120 MG</i>	1		ENTRESTO TABS PO	3	QL(2 EA daily); PA
VERELAN PM CP24 PO (<i>verapamil hcl</i>)	3		<i>isosorbide dinitrate-hydralazine hcl PO</i>	1	
VERELAN CP24 PO 180 MG (<i>verapamil hcl</i>)	NF	QL(2 EA daily)	Impotence Agents		
VERELAN CP24 PO 120 MG, 240 MG (<i>verapamil hcl</i>)	NF				
VERELAN CP24 PO 360 MG (<i>verapamil hcl</i>)	2	QL(1 EA daily)			
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					
Cardiac Glycosides					
(Digoxin) DIGITEK TABS PO 125 MCG, 250 MCG	1				

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Drug Name	Drug Tier	Requirements/Limits
CIALIS PO 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	NF	QL(0.27 EA daily); AL(At least 21 yrs old); PA
CIALIS PO 2.5 MG (<i>tadalafil</i>)	NF	QL(1 EA daily); PA
<i>sildenafil citrate PO</i>	1	QL(0.27 EA daily); PA
<i>tadalafil PO 2.5 MG</i>	1	QL(1 EA daily); PA
<i>tadalafil PO 5 MG, 10 MG, 20 MG</i>	1	QL(0.27 EA daily); AL(At least 21 yrs old); PA
VIAGRA PO (<i>sildenafil citrate</i>)	NF	QL(0.27 EA daily); PA
Prostaglandin Vasodilators		
ORENITRAM MONTH 1 TEPK	SP	PA
ORENITRAM MONTH 2 TEPK	SP	PA
ORENITRAM MONTH 3 TEPK	SP	PA
ORENITRAM TBCR	SP	PA
TYVASO DPI INSTITUTIONAL KIT POWD	SP	QL(4 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	SP	QL(8 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	SP	QL(4 EA daily); PA
TYVASO DPI TITRATION KIT POWD	SP	QL(9 EA daily); PA
TYVASO DPI TITRATION KIT POWD	SP	QL(7 EA daily); PA
TYVASO REFILL KIT SOLN IN	SP	PA
TYVASO STARTER KIT SOLN IN	SP	PA
TYVASO SOLN IN	SP	PA
VENTAVIS IN	SP	PA

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan PO</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
<i>bosentan TABS</i>	SP	PA
LETAIRIS PO (<i>ambrisentan</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
OPSUMIT	SP	PA
TRACLEER TABS 62.5 MG (<i>bosentan</i>)	NF	USE BOSENTAN TABS
TRACLEER TABS 125 MG (<i>bosentan</i>)	NF	
TRACLEER TBSO	SP	PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS PO	SP	QL(2 EA daily); PA
ADCIRCA TABS PO (<i>tadalafil (pulmonary hypertension)</i>)	SP	QL(2 EA daily); PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	SP	PA
REVATIO TABS PO (<i>sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(3 EA daily); PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	SP	PA
<i>sildenafil citrate (pulmonary hypertension) TABS PO</i>	1	QL(3 EA daily); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (pulmonary hypertension) TABS PO</i>	SP	QL(2 EA daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION TBPK	SP	PA
UPTRAVI TABS	SP	QL(2 EA daily); PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS PO	SP	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ML daily); ST
CORLANOR TABS PO (<i>ivabradine hcl</i>)	NF	QL(2 EA daily); ST
<i>ivabradine hcl TABS PO</i>	2	QL(2 EA daily); ST
Transthyretin Stabilizers		
VYNDAMAX	SP	QL(1 EA daily); PA
VYNDAQEL	SP	QL(4 EA daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS PO</i>	1	
<i>cefadroxil SUSR PO</i>	1	
<i>cefadroxil TABS PO</i>	1	
<i>cefazolin sodium SOLR IV 1 GM</i>	SP	PA
<i>cephalexin CAPS PO</i>	1	
<i>cephalexin SUSR PO</i>	1	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12 PO	3	
<i>cefaclor CAPS PO</i>	1	
<i>cefaclor SUSR PO 125 MG/5ML, 375 MG/5ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CEFOTAN IJ (<i>cefotetan disodium</i>)	SP	PA
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	SP	PA
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	SP	PA
CEFOXITIN SODIUM-DEXTROSE	SP	PA
<i>cefprozil SUSR PO</i>	1	
<i>cefprozil TABS PO</i>	1	
<i>cefuroxime axetil TABS PO</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS PO</i>	1	
<i>cefdinir SUSR PO</i>	1	
<i>cefixime CAPS PO</i>	1	
<i>cefixime SUSR PO</i>	1	
<i>cefpodoxime proxetil SUSR PO</i>	1	
<i>cefpodoxime proxetil TABS PO</i>	1	
SUPRAX CAPS PO (<i>cefixime</i>)	NF	
SUPRAX CHEW PO	3	
SUPRAX SUSR PO 500 MG/5ML	3	
SUPRAX SUSR PO 200 MG/5ML (<i>cefixime</i>)	NF	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN PO 30 MCG-0.15 MG	PV	PV

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(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN PO 0.03 MG-0.15 MG	PV	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS PO 30 MCG-0.15 MG	PV	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA PO	PV	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS PO 20 MCG-0.1 MG	PV	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET PO	PV	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS PO 0.03 MG-0.15 MG	PV	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE PO 0.02 MG-3 MG	PV	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) PO	PV	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE PO 0.03 MG-3 MG	PV	PV			
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY PO 0.03 MG-3 MG-0.451 MG	PV	PV			
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 (28) PO 50 MCG-1 MG	PV	PV			
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 (28) PO 35 MCG-1 MG	PV	PV			

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(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESE PO 0.03 MG-0.15 MG	PV	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS PO 1.5 MG-30 MCG-75 MG	PV	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESE PO	PV	PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW PO	PV	PV
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE PO	PV	PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	PV	PV
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX PO	PV	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-1 MG	PV	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS PO 1 MG-20 MCG-75 MG	PV	PV			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-0.5 MG	PV	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS PO 1.5 MG-30 MCG	PV	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-0.4 MG	PV	PV	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE PO	PV	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE PO 25 MCG-0.8 MG-75 MG	PV	PV	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 PO	PV	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE PO 35 MCG-0.4 MG	PV	PV	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA PO	PV	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS PO 1 MG-20 MCG	PV	PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA PO	PV	PV
			(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ PO 30 MCG-0.3 MG	PV	PV
			BALCOLTRA PO <i>(levonorgestrel-ethinyl estradiol-iron)</i>	PV	PV
			BEYAZ PO <i>(drospirenone-ethinyl estradiol-levomefolate calcium)</i>	PV	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel & ethinyl estradiol PO</i>	PV	PV	<i>norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	PV	PV
<i>desogestrel-ethinyl estradiol (biphasic) PO</i>	PV	PV	<i>norethindrone & ethinyl estradiol-fe PO</i>	PV	PV
<i>drospirenone-ethinyl estradiol PO</i>	PV	PV	<i>norethindrone acet & eth estra TABS PO</i>	PV	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium PO</i>	PV	PV	<i>norethindrone acetate-ethinyl estradiol-fe PO</i>	PV	PV
<i>ethynodiol diacet & eth estrad PO</i>	PV	PV	<i>norgestimate-ethinyl estradiol PO</i>	PV	PV
GENERESS FE PO (<i>norethindrone & ethinyl estradiol-fe</i>)	PV	PV	<i>norgestimate-ethinyl estradiol (triphasic) PO</i>	PV	PV
<i>levonorgestrel & eth estradiol TABS PO</i>	PV	PV	QUARTETTE PO (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	PV	PV
<i>levonorgestrel-eth estradiol (triphasic) PO</i>	PV	PV	SAFYRAL PO (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	PV	PV
<i>levonorgestrel-ethinyl estradiol (91-day) PO 0.03 MG-0.15 MG</i>	PV	PV	SEASONIQUE PO (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	PV	PV
<i>levonorgestrel-ethinyl estradiol (continuous) PO</i>	PV	PV	TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	PV	PV
<i>levonorgestrel-ethinyl estradiol-iron PO</i>	PV	PV	TYBLUME CHEW	PV	PV
LO LOESTRIN FE TABS	PV	PV	YASMIN 28 PO (<i>drospirenone-ethinyl estradiol</i>)	PV	PV
LOSEASONIQUE PO (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	PV	PV	YAZ PO (<i>drospirenone-ethinyl estradiol</i>)	PV	PV
MINASTRIN 24 FE CHEW PO (<i>norethin acet & estrad-fe</i>)	PV	PV	Combination Contraceptives - Transdermal		
MIRCETTE PO (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	PV	PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	PV	PV
NATAZIA	PV	PV	<i>norelgestromin-ethinyl estradiol</i>	PV	PV
NEXTSTELLIS	PV	PV	TWIRLA	PV	PV
<i>norethin acet & estrad-fe CAPS</i>	PV	PV	Combination Contraceptives - Vaginal		
<i>norethin acet & estrad-fe CHEW PO</i>	PV	PV			

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Drug Name	Drug Tier	Requirements/Limits
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	PV	PV
ANNOVERA	PV	PV
<i>etonogestrel-ethinyl estradiol</i>	PV	PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	PV	PV
Emergency Contraceptives		
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION PO 1.5 MG	PV	PV
ELLA PO	PV	PV
<i>levonorgestrel (emergency oc) PO 1.5 MG</i>	PV	PV
PLAN B ONE-STEP PO (<i>levonorgestrel (emergency oc)</i>)	PV	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTER ONE ACETATE 104MG/0.65ML) SUSP PEF SYR	5	Available through the Medical Benefit
DEPO-SUBQ PROVERA 104 SUSY SC	PV	Provided under the Medical Benefit; PA
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/Limits
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL PO	PV	PV
<i>norethindrone (contraceptive) PO</i>	PV	PV
OPILL PO	PV	
SLYND PO	PV	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPK PO	1	
(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPK PO	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK PO	1	
(Prednisolone) MILLIPRED TABS PO	1	
AGAMREE	SP	SP; PA
<i>budesonide CPEP PO</i>	2	QL(3 EA daily)
<i>budesonide TB24 PO</i>	1	PA
CORTEF TABS PO (<i>hydrocortisone</i>)	NF	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX PO</i>	1	
<i>dexamethasone SOLN PO</i>	1	
<i>dexamethasone TABS PO</i>	1	
<i>dexamethasone TBPK PO</i>	1	
<i>hydrocortisone TABS PO</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEDROL TABS PO	2		<i>benzonatate PO</i>	1	
MEDROL TABS PO 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	NF		HYCODAN SOLN PO (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NF	
MEDROL TBPK PO (<i>methylprednisolone</i>)	NF		HYCODAN TABS PO 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NF	
<i>methylprednisolone TABS PO</i>	1		<i>hydrocodone bitartrate-homatropine methylbromide SOLN PO</i>	1	
<i>methylprednisolone TBPK PO</i>	1		<i>hydrocodone bitartrate-homatropine methylbromide TABS PO</i>	1	
MILLIPRED TABS PO	2		Cough/Cold/Allergy Combinations		
ORAPRED ODT TBDP PO (<i>prednisolone sodium phosphate</i>)	NF		(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN PO 10 MG/5ML-100 MG/5ML	1	
PEDIAPRED SOLN PO (<i>prednisolone sodium phosphate</i>)	NF		(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP PO	1	
<i>prednisolone sodium phosphate SOLN PO</i>	1		(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE PO	1	
<i>prednisolone sodium phosphate TBDP PO</i>	1		(Pseudoephed-Bromphen-DM) BROMFED DM SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
<i>prednisolone SOLN</i>	1		ACTIDOM DMX LIQD PO	3	
<i>prednisolone TABS PO</i>	1		CODITUSSIN AC LIQD PO	3	
PREDNISON INTENSOL CONC	2		DOMETUSS-DMX LIQD PO	3	
<i>prednisone SOLN PO</i>	1		GILPHEX TR TABS PO 10 MG-388 MG	3	RX/OTC
<i>prednisone TABS PO</i>	1		GILTUSS COUGH & COLD TABS PO	3	
<i>prednisone TBPK PO</i>	1		GILTUSS SINUS & CONGESTION TABS PO	3	RX/OTC
UCERIS TB24 PO (<i>budesonide</i>)	NF	PA			
Mineralocorticoids					
<i>fludrocortisone acetate TABS PO</i>	1				
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN PO	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin-codeine SOLN PO</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER PO</i>	1	
NEOTUSS PLUS LIQD PO	3	
<i>promethazine & phenylephrine SYRP PO</i>	1	QL(30 ML daily)
<i>promethazine w/codeine SOLN PO</i>	1	QL(30 ML daily)
<i>promethazine w/codeine SYRP PO</i>	1	QL(30 ML daily)
<i>promethazine-dm SYRP PO</i>	1	
<i>promethazine-phenylephrine-codeine PO</i>	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
<i>pseudoephed-bromphen-dm SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
TUSNEL TABS PO	3	
TUSSLIN PEDIATRIC LIQD PO	3	
TUSSLIN LIQD PO	3	
Expectorants		
<i>potassium iodide (expectorant) SOLN PO</i>	1	
SSKI SOLN PO (<i>potassium iodide (expectorant)</i>)	NF	
Misc. Respiratory Inhalants		
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	2	

Drug Name	Drug Tier	Requirements/Limits
HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	NF	
HYPERSAL NEBU	3	
NEBUSAL NEBU	3	
<i>sodium chloride (inhalant) NEBU 7 %</i>	2	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1	
Mucolytics		
<i>acetylcysteine SOLN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1	
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
(Erythromycin (Acne Aid)) ERY PADS	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE PO 10 MG	1	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE PO 40 MG	1	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE PO 20 MG	1	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail	ABSORICA PO 10 MG, 25 MG (<i>isotretinoin</i>)	NF	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE PO 30 MG	1	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail	ABSORICA PO 35 MG, 40 MG (<i>isotretinoin</i>)	NF	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2		ACZONE 5 % (<i>dapsone (topical)</i>)	NF	PA
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		ACZONE 7.5 % (<i>dapsone (topical)</i>)	NF	QL(2 GM daily)
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		<i>adapalene-benzoyl peroxide GEL</i>	1	
(Tretinoin) AVITA CREA 0.025 %	1		<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)
(Tretinoin) AVITA GEL 0.025 %	1		<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
ABSORICA PO 30 MG (<i>isotretinoin</i>)	NF	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail	<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
ABSORICA PO 20 MG (<i>isotretinoin</i>)	NF	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail	ATRALIN GEL (<i>tretinoin</i>)	NF	
			BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	NF	QL(2 GM daily)
			<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 GM daily)
			CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NF	
			CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
			<i>clindamycin phosphate (topical) FOAM</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) GEL</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) LOTN</i>	1	
<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>clindamycin phosphate (topical) SWAB</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
<i>clindamycin phosphate-tretinoin</i>	1	
<i>dapsone (topical) 7.5 %</i>	1	QL(2 GM daily)
<i>dapsone (topical) 5 %</i>	1	PA
DIFFERIN CREA (<i>adapalene</i>)	NF	Limit 45gms per month; QL(1.5 GM daily)
DIFFERIN GEL 0.1 % (<i>adapalene</i>)	NF	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	NF	QL(45 GM per fill retail; 135 per fill mail)
DIFFERIN LOTN	2	
EPIDUO FORTE GEL (<i>adapalene-benzoyl peroxide</i>)	NF	
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	NF	
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	NF	
<i>erythromycin (acne aid) GEL</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	NF	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>isotretinoin PO 30 MG</i>	1	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
<i>isotretinoin PO 10 MG, 25 MG</i>	1	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
<i>isotretinoin PO 35 MG, 40 MG</i>	1	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
<i>isotretinoin PO 20 MG</i>	1	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
KLARON (<i>sulfacetamide sodium (acne)</i>)	NF	
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NF	
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	NF	PA
RETIN-A MICRO 0.04 % (<i>tretinoin microsphere</i>)	NF	Limit 45gms per month; QL(1.7 GM daily)

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Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO 0.1 % <i>(tretinoin microsphere)</i>	NF	QL(1.67 GM daily)
RETIN-A MICRO PUMP 0.04 % <i>(tretinoin microsphere)</i>	NF	Limit 45gms per month; QL(1.7 GM daily)
RETIN-A MICRO PUMP 0.1 % <i>(tretinoin microsphere)</i>	NF	QL(1.67 GM daily)
RETIN-A CREA <i>(tretinoin)</i>	NF	
RETIN-A GEL <i>(tretinoin)</i>	NF	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 GM daily)
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA
SULFACETAMIDE-SULFUR IN UREA EMUL	3	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 GM daily)
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 GM daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
VELTIN <i>(clindamycin phosphate-tretinoin)</i>	NF	
ZIANA <i>(clindamycin phosphate-tretinoin)</i>	NF	
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 GM per fill retail)
Antibiotics - Topical		

Drug Name	Drug Tier	Requirements/Limits
ALTABAX	3	
CENTANY OINT	2	
<i>gentamicin sulfate (topical) CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	1	
<i>mupirocin OINT</i>	1	
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>ciclopirox olamine CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1	
<i>ciclopirox GEL</i>	1	
<i>ciclopirox SHAM</i>	2	
<i>ciclopirox SOLN</i>	1	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 GM daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)
<i>econazole nitrate CREA</i>	1	
ERTACZO	SP	QL(1 GM daily); PA
EXELDERM CREA <i>(sulconazole nitrate)</i>	3	
EXELDERM SOLN	2	
EXODERM	3	
EXTINA FOAM <i>(ketoconazole (topical))</i>	NF	
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole (topical) CREA</i>	1	QL(2 GM daily)	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>ketoconazole (topical) FOAM</i>	2				
<i>ketoconazole (topical) SHAM 2 %</i>	1				
LOPROX CREA (<i>ciclopirox olamine</i>)	NF				
LOPROX SHAM (<i>ciclopirox</i>)	NF				
LOPROX SUSP (<i>ciclopirox olamine</i>)	NF				
<i>naftifine hcl CREA</i>	1				
<i>naftifine hcl GEL 2 %</i>	1				
NAFTIN GEL (<i>naftifine hcl</i>)	NF				
<i>nystatin (topical) CREA</i>	1				
<i>nystatin (topical) OINT</i>	1				
<i>nystatin (topical) POWD EX</i>	1				
<i>nystatin-triamcinolone CREA</i>	1				
<i>nystatin-triamcinolone OINT</i>	1				
<i>oxiconazole nitrate CREA</i>	1				
OXISTAT CREA (<i>oxiconazole nitrate</i>)	NF				
OXISTAT LOTN	3				
<i>sulconazole nitrate CREA</i>	1				
<i>sulconazole nitrate SOLN</i>	1				
VYTONE 1.9 %-1 % (<i>iodoquinol-hydrocortisone in aloe vehicle</i>)	NF				
Anti-inflammatory Agents - Topical			<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
			<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 GM daily); PA
			<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ML daily)
			PENNSAID SOLN EX 2 % (<i>diclofenac sodium (topical)</i>)	NF	QL(4 GM daily); PA
			VOLTAREN ARTHRITIS PAIN GEL EX (<i>diclofenac sodium (topical)</i>)	NF	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical					
			<i>bexarotene (topical)</i>	SP	PA
			CARAC CREA	SP	QL(1 GM daily)
			<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
EFUDEX CREA <i>(fluorouracil (topical))</i>	NF	
<i>fluorouracil (topical)</i> CREA 5 %	1	
<i>fluorouracil (topical)</i> CREA 0.5 %	SP	QL(1 GM daily)
<i>fluorouracil (topical)</i> SOLN	1	
PANRETIN	3	PA
TARGRETIN <i>(bexarotene (topical))</i>	SP	PA
VALCHLOR	SP	PA
Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	2	
PRUDOXIN <i>(doxepin hcl (antipruritic))</i>	NF	
ZONALON <i>(doxepin hcl (antipruritic))</i>	NF	
Antipsoriatics		
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)
<i>acitretin PO 10 MG</i>	2	QL(1 EA daily)
<i>acitretin PO 25 MG</i>	2	QL(2 EA daily)
<i>acitretin PO 17.5 MG</i>	2	
<i>calcipotriene CREA</i>	2	QL(5 GM daily)
<i>calcipotriene FOAM</i>	SP	PA
CALCIPOTRIENE FOAM	SP	PA
<i>calcipotriene OINT</i>	1	QL(5 GM daily)
<i>calcipotriene SOLN</i>	1	
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)
COSENTYX (300 MG DOSE) SOSY	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY (300 MG) SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA
COSENTYX SENSOREADY PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ML daily); PA
COSENTYX UNOREADY SOAJ	SP	QL(0.072 ML daily); PA
COSENTYX SOSY 150 MG/ML	SP	QL(0.036 ML daily); PA
COSENTYX SOSY 75 MG/0.5ML	SP	QL(0.18 ML daily); PA
DOVONEX CREA <i>(calcipotriene)</i>	NF	QL(5 GM daily)
<i>methoxsalen rapid PO</i>	2	
SKYRIZI (150 MG DOSE) PSKT	SP	Check Plan Documents for coverage; QL(1 EA per 84 day(s) retail); PA
SKYRIZI PEN SOAJ	SP	Check Plan Documents for coverage; QL(1 ML per 84 day(s) retail); PA
SKYRIZI SOSY	SP	Check plan documents for coverage; QL(1 ML per 84 day(s) retail); PA
SORILUX FOAM	SP	PA
STELARA SOLN 45 MG/0.5ML	SP	PA
STELARA SOSY 45 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.17 ML daily); PA

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Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 90 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.04 ML daily); PA
<i>tazarotene CREA</i>	1	
<i>tazarotene GEL</i>	1	
TAZORAC CREA (<i>tazarotene</i>)	NF	
TAZORAC GEL 0.05 %	2	
TAZORAC GEL (<i>tazarotene</i>)	NF	
TREMFYA SOAJ 100 MG/ML	SP	QL(0.018 ML daily); PA
TREMFYA SOAJ 200 MG/2ML	SP	QL(0.072 ML daily); SP; PA
TREMFYA SOSY 100 MG/ML	SP	QL(0.018 ML daily); PA
TREMFYA SOSY 200 MG/2ML	SP	QL(0.072 ML daily); SP; PA
VECTICAL (<i>calcitriol (topical)</i>)	NF	Limit 100gms per month; QL(3.4 GM daily)
Antiseborrheic Products		
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NF	
OVACE PLUS SHAM (<i>sulfacetamide sodium</i>)	NF	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NF	
<i>selenium sulfide LOTN 2.5 %</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3	
<i>sulfacetamide sodium LIQD</i>	1	
<i>sulfacetamide sodium SHAM 10 %</i>	1	
Antivirals - Topical		

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir topical CREA</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 GM daily)
ZOVIRAX CREA (<i>acyclovir topical</i>)	NF	
ZOVIRAX OINT (<i>acyclovir topical</i>)	NF	QL(1 GM daily)
Burn Products		
(Silver Sulfadiazine) SSD	1	
<i>mafenide acetate PACK</i>	1	
SILVADENE (<i>silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine</i>	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	NF	
Corticosteroids - Topical		
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
(Clobetasol Propionate Emulsion) TOVET	1	
(Clobetasol Propionate) CLODAN SHAM	1	
(Desonide) DESRX GEL	1	
(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1	
(Hydrocortisone (Topical)) ALA-CORT CREA 2.5 %	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	1	
<i>alclometasone dipropionate CREA</i>	1	
<i>alclometasone dipropionate OINT</i>	1	
<i>amcinonide LOTN</i>	1	
APEXICON E CREA	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LIQD</i>	2	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate LOTN</i>	2	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented OINT</i>	1		CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	NF	
<i>betamethasone valerate CREA</i>	1		CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>betamethasone valerate FOAM</i>	1		CLOBEX SHAM (<i>clobetasol propionate</i>)	NF	
<i>betamethasone valerate LOTN</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone valerate OINT</i>	1		CLODERM (<i>clocortolone pivalate</i>)	NF	
<i>calcipotriene-betamethasone dipropionate OINT</i>	1	ST	CORDRAN CREA (<i>flurandrenolide</i>)	NF	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 GM daily)	CORDRAN TAPE	SP	
<i>clobetasol propionate emollient base 0.05 %</i>	1		CORTANE-B	3	
<i>clobetasol propionate emulsion</i>	1		DERMA-SMOOTHIE/FS BODY OIL (<i>fluocinolone acetonide</i>)	NF	
<i>clobetasol propionate CREA 0.05 %</i>	1		DERMA-SMOOTHIE/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NF	
<i>clobetasol propionate FOAM</i>	1		<i>desonide CREA</i>	1	
			<i>desonide GEL</i>	1	
			<i>desonide LOTN</i>	1	
			<i>desonide OINT</i>	1	
			DESOWEN CREA (<i>desonide</i>)	NF	
			<i>desoximetasone CREA 0.25 %</i>	1	
			<i>desoximetasone CREA 0.05 %</i>	2	

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<i>desoximetasone GEL</i>	1		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>desoximetasone LIQD</i>	2	ST	<i>hydrocortisone (topical) SOLN 2.5 %</i>	1	
<i>desoximetasone OINT</i>	1		<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>diflorasone diacetate CREA</i>	2		<i>hydrocortisone butyrate CREA</i>	1	
<i>diflorasone diacetate OINT</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NF		<i>hydrocortisone butyrate SOLN</i>	1	
EPIFOAM FOAM	3		<i>hydrocortisone valerate CREA</i>	1	
<i>fluocinolone acetonide CREA</i>	1		<i>hydrocortisone valerate OINT</i>	1	
<i>fluocinolone acetonide OIL</i>	1		KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NF	
<i>fluocinolone acetonide OINT</i>	1		LOCOID LIPOCREAM	3	
<i>fluocinolone acetonide SOLN</i>	1		LUXIQ FOAM (<i>betamethasone valerate</i>)	NF	
<i>fluocinonide emulsified base</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinonide CREA</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinonide GEL</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinonide OINT</i>	1		NUCORT LOTN	3	
<i>fluocinonide SOLN</i>	1		OLUX-E (<i>clobetasol propionate emulsion</i>)	NF	
<i>flurandrenolide CREA</i>	1		OLUX FOAM (<i>clobetasol propionate</i>)	NF	
<i>fluticasone propionate CREA 0.05 %</i>	1		PRAMOSONE LOTN	3	
<i>fluticasone propionate LOTN</i>	1		PRAMOSONE OINT	3	
<i>fluticasone propionate OINT</i>	1		<i>prednicarbate OINT</i>	1	
<i>halobetasol propionate CREA</i>	1		SYNALAR CREA (<i>fluocinolone acetonide</i>)	NF	
<i>halobetasol propionate OINT</i>	1		SYNALAR OINT (<i>fluocinolone acetonide</i>)	NF	
HALOG SOLN	3		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NF	
<i>hydrocortisone (topical) CREA 2.5 %</i>	1				
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	NF	ST
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NF	QL(2 GM daily)
TEXACORT SOLN 2.5 %	3	
TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NF	ST
TOPICORT CREA (<i>desoximetasone</i>)	NF	
TOPICORT GEL (<i>desoximetasone</i>)	NF	
TOPICORT OINT (<i>desoximetasone</i>)	NF	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
TRIDESILON CREA 0.05 % (<i>desonide</i>)	NF	
VANOS CREA (<i>fluocinonide</i>)	NF	
Eczema Agents		
DUPIXENT SOAJ 200 MG/1.14ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
DUPIXENT SOAJ 300 MG/2ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 200 MG/1.14ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
DUPIXENT SOSY 300 MG/2ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA
DUPIXENT SOSY 100 MG/0.67ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.048 ML daily); PA
Emollient/Keratolytic Agents		
(Urea) CEROVEL LOTN 40 %	1	
<i>urea LOTN 40 %</i>	1	
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	
ZYCLARA (<i>imiquimod</i>)	NF	QL(1 EA daily)
ZYCLARA PUMP (<i>imiquimod</i>)	NF	QL(1 GM daily)
Immunosuppressive Agents - Topical		
ELIDEL (<i>pimecrolimus</i>)	NF	QL(2 GM daily)
<i>pimecrolimus</i>	1	QL(2 GM daily)
PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	NF	QL(2 GM daily); AL(At least 15 yrs old)
PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	NF	QL(2 GM daily); AL(At least 2 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
CONDYLOX GEL (<i>podofilox</i>)	NF	
MG217 PSORIASIS MULTI-SYMP TOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	2	
<i>podofilox SOLN</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)
CETACAINE AERO	3	
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 EA daily)
LIDODERM PTCH (<i>lidocaine</i>)	NF	Limited to 3 patches per day; QL(3 EA daily)
PREMIUM SCAR	3	
Misc. Topical		
DRYSOL SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	Limited to 60 gm per month; QL(2 GM daily); PA
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limit 45gms per month; QL(1.5 GM daily)
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	1	PA
<i>doxycycline (rosacea) PO</i>	1	QL(1 EA daily); PA
FINACEA FOAM	3	
FINACEA GEL (<i>azelaic acid</i>)	NF	
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
METROCREAM CREA (<i>metronidazole (topical)</i>)	NF	
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NF	
METROLOTION LOTN (<i>metronidazole (topical)</i>)	NF	QL(2 ML daily)
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NF	PA
NORITATE CREA	SP	PA

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ORACEA PO (<i>doxycycline (rosacea)</i>)	3	QL(1 EA daily); PA	COVID-19 OTC ANTIGEN 2-PACK KIT	PV	QL(8 EA per fill retail); PV
RHOFADE	3	PA	CVS COVID-19 AT HOME TEST KIT KIT	PV	QL(8 EA per fill retail); PV
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NF	QL(1.5 GM daily); PA	DIATRUST COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV
Scabicides & Pediculicides			ELLUME COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV
ELIMITE CREA (<i>permethrin</i>)	NF	QL(2 GM daily)	FASTEP COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
<i>malathion</i>	2		FLOWFLEX COVID-19 AG HOME TEST KIT	PV	QL(8 EA per fill retail); PV
OVIDE (<i>malathion</i>)	NF		FLOWFLEX PLUS COVID-19/FLU A/B	PV	
<i>permethrin CREA</i>	1	QL(2 GM daily)	FREESTYLE INSULINX TEST STRP	2	QL(6.7 EA daily); RX/OTC
Wound Care Products			FREESTYLE LITE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
REGRANEX	3	QL(0.5 GM daily)	FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
DIAGNOSTIC PRODUCTS					
Diagnostic Drugs					
METOPIRONE PO	3		FREESTYLE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
Diagnostic Tests					
ADVIN COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV	GENABIO COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
BINAXNOW COVID-19 AG HOME TEST KIT	PV	QL(8 EA per fill retail); PV	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	PV	QL(8 EA per fill retail); PV
CARESTART COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV	IHEALTH COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
CLEARDETECT COVID- 19 AG HOME KIT	PV	QL(8 EA per fill retail); PV	INDICAID COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
CLINITEST RAPID COVID-19 TEST KIT	PV	QL(8 EA per fill retail); PV	INTELISWAB COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 AT HOME ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV	OHC COVID-19 ANTIGEN SELF TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month	ON/GO COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 AT-HOME TEST KIT	PV	QL(8 EA per fill retail); PV	ON/GO ONE COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 FLU A&B 3-IN- 1 TEST	PV				
COVID-19 OTC ANTIGEN 1-PACK KIT	PV	QL(8 EA per fill retail); PV			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRA BLUE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC	ZENPEP CPEP PO 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
ONETOUCH ULTRA TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC			
ONETOUCH ULTRA STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC			
ONETOUCH VERIO STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC			
PILOT COVID-19 AT-HOME TEST KIT	PV	QL(8 EA per fill retail); PV	DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC	Carbonic Anhydrase Inhibitors		
PRECISION XTRA KETONE	2	QL(0.36 EA daily)	(Dichlorphenamide) ORMALVI PO	SP	PA
QUICKVUE AT-HOME COVID-19 TEST KIT	PV	QL(8 EA per fill retail); PV	<i>acetazolamide CP12 PO</i>	1	QL(2 EA daily)
SPEEDY SWAB COVID-19 ANTIGEN KIT	PV	QL(8 EA per fill retail); PV	<i>acetazolamide TABS PO 125 MG</i>	1	
SPEEDY SWAB COVID-19/FLU HOME	PV		<i>acetazolamide TABS PO 250 MG</i>	1	QL(4 EA daily)
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			<i>dichlorphenamide PO</i>	SP	PA
Digestive Enzymes			KEVEYIS PO (<i>dichlorphenamide</i>)	SP	PA
CREON CPEP PO	2		<i>methazolamide TABS PO</i>	1	
PANCREAZE CPEP PO 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3		Diuretic Combinations		
			ALDACTAZIDE PO (<i>spironolactone & hydrochlorothiazide</i>)	NF	
			<i>amiloride & hydrochlorothiazide PO</i>	1	
			MAXZIDE-25 TABS PO (<i>triamterene & hydrochlorothiazide</i>)	NF	QL(2 EA daily)
			MAXZIDE TABS PO (<i>triamterene & hydrochlorothiazide</i>)	NF	QL(1 EA daily)
			<i>spironolactone & hydrochlorothiazide PO</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide CAPS PO 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS PO 25 MG-37.5 MG</i>	1	QL(2 EA daily)
<i>triamterene & hydrochlorothiazide TABS PO 50 MG-75 MG</i>	1	QL(1 EA daily)
Loop Diuretics		
<i>bumetanide TABS PO 0.5 MG, 1 MG</i>	1	
<i>bumetanide TABS PO 2 MG</i>	1	QL(5 EA daily)
BUMEX TABS PO 0.5 MG (<i>bumetanide</i>)	NF	
EDECIN PO (<i>ethacrynic acid</i>)	NF	ST
<i>ethacrynic acid PO</i>	2	ST
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
<i>furosemide TABS PO</i>	1	
LASIX TABS PO (<i>furosemide</i>)	NF	
SOANZ TABS PO 20 MG	3	
<i>torseamide TABS PO 5 MG, 10 MG, 20 MG</i>	1	
<i>torseamide TABS PO 100 MG</i>	1	QL(2 EA daily)
Potassium Sparing Diuretics		
ALDACTONE TABS PO (<i>spironolactone</i>)	NF	
<i>amiloride hcl TABS PO</i>	1	
DYRENIUM CAPS PO (<i>triamterene</i>)	NF	
<i>spironolactone TABS PO</i>	1	
<i>triamterene CAPS PO</i>	2	
Thiazides and Thiazide-Like Diuretics		

Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone PO 25 MG, 50 MG</i>	1	
DIURIL SUSP PO	3	
<i>hydrochlorothiazide CAPS PO</i>	1	
<i>hydrochlorothiazide TABS PO</i>	1	
<i>indapamide TABS PO 1.25 MG, 2.5 MG</i>	1	
<i>metolazone PO</i>	1	
THALITONE PO	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS PO 35 MG (<i>risedronate sodium</i>)	NF	ST
ACTONEL TABS PO 150 MG (<i>risedronate sodium</i>)	NF	Limited to 1 per month; QL(0.04 EA daily); ST
<i>alendronate sodium SOLN PO</i>	1	
<i>alendronate sodium TABS PO 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>alendronate sodium TABS PO 35 MG</i>	1	Limit 1 tab per week; QL(0.144 EA daily)
<i>alendronate sodium TABS PO 70 MG</i>	1	Limit 1 tab per week; QL(0.15 EA daily)
<i>calcitonin (salmon) NA</i>	1	
<i>calcitonin (salmon) IJ</i>	SP	PA
FOSAMAX TABS PO 70 MG (<i>alendronate sodium</i>)	NF	Limit 1 tab per week; QL(0.15 EA daily)
<i>ibandronate sodium TABS PO</i>	1	Limit 1 per month; QL(0.04 EA daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	SP	PA
NATPARA	SP	PA

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PROLIA SOSY	SP	PA	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
<i>risedronate sodium TABS PO 150 MG</i>	1	Limited to 1 per month; QL(0.04 EA daily); ST	SYNAREL	2	
<i>risedronate sodium TABS PO 5 MG, 30 MG, 35 MG</i>	1	ST	Metabolic Modifiers		
TYMLOS	SP	PA	(Sapropterin Dihydrochloride) JAVYGTOR PACK	SP	Specialty Drug refer to Caremark SP RX
Growth Hormone Receptor Antagonists			(Sapropterin Dihydrochloride) JAVYGTOR TABS	SP	Specialty Drug refer to Caremark SP RX
SOMAVERT	SP	PA	<i>betaine PO</i>	SP	PA
Growth Hormone Releasing Hormones (GHRH)			BUPHENYL POWD PO (<i>sodium phenylbutyrate</i>)	SP	PA
EGRIFTA SV	SP	PA	BUPHENYL TABS PO (<i>sodium phenylbutyrate</i>)	SP	PA
Growth Hormones			<i>calcitriol CAPS PO 0.5 MCG</i>	1	QL(4 EA daily)
HUMATROPE CART IJ	SP	PA	<i>calcitriol CAPS PO 0.25 MCG</i>	1	
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML	SP	PA	<i>calcitriol SOLN PO</i>	1	
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML	SP	PA	CARNITOR SF SOLN PO (<i>levocarnitine (metabolic modifiers)</i>)	NF	
SEROSTIM SC 4 MG, 5 MG, 6 MG	SP	PA	CARNITOR SOLN PO 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NF	
ZOMACTON SOLR SC 10 MG	SP	PA	CARNITOR TABS PO (<i>levocarnitine (metabolic modifiers)</i>)	NF	
ZORBTIVE SC	SP	PA	<i>cinacalcet hcl PO</i>	2	PA
Hormone Receptor Modulators			CYSTADANE PO (<i>betaine</i>)	SP	PA
EVISTA PO (<i>raloxifene hcl</i>)	PV	PV	<i>doxercalciferol CAPS PO</i>	2	
OSPHENA PO	3	QL(1 EA daily)			
<i>raloxifene hcl PO</i>	PV	PV			
Insulin-Like Growth Factors (Somatomedins)					
INCRELEX	SP	PA			
LHRH/GnRH Agonist Analog Pituitary Suppressants					
FENSOLVI (6 MONTH) SC	3	PA			

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GALAFOLD	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.5 EA daily); SP; PA	<i>sodium phenylbutyrate POWD PO</i>	SP	PA
			<i>sodium phenylbutyrate TABS PO</i>	SP	PA
			STRENSIQ	SP	PA
			XURIDEN	SP	
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	SP	Specialty Drug refer to Caremark SP RX	ZEMPLAR CAPS PO 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF	
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	SP	Specialty Drug refer to Caremark SP RX	Posterior Pituitary Hormones		
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1		DDAVP TABS PO 0.1 MG (<i>desmopressin acetate</i>)	NF	
<i>levocarnitine (metabolic modifiers) TABS PO</i>	2		DDAVP TABS PO 0.2 MG (<i>desmopressin acetate</i>)	NF	QL(6 EA daily)
MYALEPT	SP	PA	<i>desmopressin acetate spray</i>	1	
<i>nitisinone CAPS PO</i>	1	PA	<i>desmopressin acetate spray refrigerated 0.01 %</i>	1	
NITYR TABS	SP	PA	DESMOPRESSIN ACETATE SOLN NA	3	
ORFADIN CAPS PO (<i>nitisinone</i>)	NF	PA	<i>desmopressin acetate TABS PO 0.1 MG</i>	1	
ORFADIN SUSP	SP	PA	<i>desmopressin acetate TABS PO 0.2 MG</i>	1	QL(6 EA daily)
PALYNZIQ	SP	SP; PA	Progesterone Receptor Antagonists		
<i>paricalcitol CAPS PO</i>	1		MIFEPREX (<i>mifepristone</i>)	PV	
ROCALTROL CAPS PO 0.5 MCG (<i>calcitriol</i>)	NF	QL(4 EA daily)	<i>mifepristone</i>	PV	
ROCALTROL CAPS PO 0.25 MCG (<i>calcitriol</i>)	NF		Prolactin Inhibitors		
ROCALTROL SOLN PO (<i>calcitriol</i>)	NF		<i>cabergoline PO</i>	1	
<i>sapropterin dihydrochloride PACK</i>	SP	Specialty Drug refer to Caremark SP RX	Somatostatic Agents		
<i>sapropterin dihydrochloride TABS</i>	SP	Specialty Drug refer to Caremark SP RX	<i>octreotide acetate SOLN</i>	SP	PA
SENSIPAR PO (<i>cinacalcet hcl</i>)	NF	PA	<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	SP	PA
			SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	SP	PA

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SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661	(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
SIGNIFOR	SP	PA	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
Vasopressin Receptor Antagonists			CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	Limit 4 patches per month; QL(0.143 EA daily)
JYNARQUE TBPK	SP	PA	DELESTROGEN (<i>estradiol valerate</i>)	NF	QL(5 ML daily)
JYNARQUE TBPK	SP	SP; PA	DIVIGEL GEL (<i>estradiol</i>)	NF	
ESTROGENS - Hormone Replacement/Modifying Drugs			ELESTRIN GEL	3	
Estrogen Combinations			ESTRACE TABS PO (<i>estradiol</i>)	NF	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS PO	1		<i>estradiol valerate</i>	1	QL(5 ML daily)
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS PO 1 MG-0.5 MG	1		<i>estradiol GEL</i>	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI PO	1		<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI PO 1 MG-5 MCG	1		<i>estradiol PTTW</i>	1	QL(0.29 EA daily)
ACTIVELLA TABS PO 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	NF		<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 EA daily)
ANGELIQ	3		<i>estradiol TABS PO</i>	1	
CLIMARA PRO	2		ESTROGEL GEL (<i>estradiol</i>)	NF	Limit 50gms per month; QL(1.67 GM daily)
COMBIPATCH PTTW	3		EVAMIST SOLN	3	
DUAVEE	3		MENEST PO	2	
<i>estradiol & norethindrone acetate TABS PO</i>	1		MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)
<i>norethindrone acetate-ethinyl estradiol PO</i>	1		MINIVELLE PTTW (<i>estradiol</i>)	NF	QL(0.29 EA daily)
ORIAHNN	SP	PA	PREMARIN TABS PO 0.9 MG	2	
PREMPHASE PO	2				
PREMPRO PO	2				
Estrogens					

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PREMARIN TABS PO 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 EA daily)	<i>lubiprostone PO</i>	1	
VIVELLE-DOT PTTW (<i>estradiol</i>)	NF	QL(0.29 EA daily)	Gastrointestinal Stimulants		
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2	
Fluoroquinolones			<i>metoclopramide hcl TABS PO</i>	1	
<i>ciprofloxacin hcl TABS PO</i>	1		<i>metoclopramide hcl TBDP PO</i>	2	
<i>ciprofloxacin SUSR PO</i>	1		REGLAN TABS PO (<i>metoclopramide hcl</i>)	NF	
CIPRO SUSR PO	2		Inflammatory Bowel Agents		
CIPRO TABS PO 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NF		APRISO CP24 (<i>mesalamine</i>)	NF	QL(4 EA daily)
<i>levofloxacin SOLN PO</i>	1		ASACOL HD TBEC PO (<i>mesalamine</i>)	NF	
<i>levofloxacin TABS PO</i>	1	QL(14 EA per fill retail)	AZULFIDINE EN-TABS TBEC PO (<i>sulfasalazine</i>)	NF	QL(8 EA daily)
<i>moxifloxacin hcl TABS PO</i>	1		AZULFIDINE TABS PO (<i>sulfasalazine</i>)	NF	QL(8 EA daily)
<i>ofloxacin PO 300 MG</i>	1		<i>balsalazide disodium CAPS PO</i>	1	Limit 280 caps per month; QL(9 EA daily)
<i>ofloxacin PO 400 MG</i>	1	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)	CANASA SUPP PR (<i>mesalamine</i>)	NF	QL(1 EA daily)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			COLAZAL CAPS PO (<i>balsalazide disodium</i>)	NF	Limit 280 caps per month; QL(9 EA daily)
Farnesoid X Receptor (FXR) Agonists			DELZICOL CPDR PO (<i>mesalamine</i>)	NF	QL(6 EA daily)
OCALIVA	SP	QL(1 EA daily); PA	DIPENTUM PO	3	
Gallstone Solubilizing Agents			INFLECTRA SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP; PA
CHENODAL PO	SP	PA	LIALDA TBEC PO (<i>mesalamine</i>)	NF	QL(4 EA daily)
URSO 250 TABS PO (<i>ursodiol</i>)	NF		<i>mesalamine CP24</i>	2	QL(4 EA daily)
URSO FORTE TABS PO (<i>ursodiol</i>)	NF		<i>mesalamine CPCR PO</i>	1	QL(8 EA daily); PA
<i>ursodiol CAPS PO</i>	2		<i>mesalamine CPDR PO</i>	2	QL(6 EA daily)
<i>ursodiol TABS PO</i>	1		Gastrointestinal Chloride Channel Activators		
Gastrointestinal Chloride Channel Activators			AMITIZA PO (<i>lubiprostone</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine ENEM PR</i>	2	QL(60 ML daily)
<i>mesalamine SUPP PR</i>	2	QL(1 EA daily)
<i>mesalamine TBEC PO 800 MG</i>	1	
<i>mesalamine TBEC PO 1.2 GM</i>	2	QL(4 EA daily)
PENTASA CPCR PO 250 MG	3	PA
PENTASA CPCR PO (<i>mesalamine</i>)	NF	QL(8 EA daily); PA
RENFLEXIS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
SFROWASA ENEM PR	2	
SKYRIZI SOCT 360 MG/2.4ML	SP	Check Plan Documents for coverage; QL(0.086 ML daily); PA
SKYRIZI SOCT 180 MG/1.2ML	SP	Check Plan Documents for coverage; QL(0.043 ML daily); PA
<i>sulfasalazine TABS PO</i>	1	QL(8 EA daily)
<i>sulfasalazine TBEC PO</i>	1	QL(8 EA daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC PO	1	
<i>lactulose (encephalopathy) PO</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl PO</i>	2	
LINZESS	2	QL(1 EA daily)
LOTRONEX PO (<i>alose tron hcl</i>)	NF	
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
<i>alvimopan PO</i>	SP	
ENTEREG PO (<i>alvimopan</i>)	SP	
MOVANTIK PO	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS PO	1	RX/OTC
<i>calcium acetate (phosphate binder) CAPS PO</i>	1	
<i>calcium acetate (phosphate binder) TABS PO</i>	1	RX/OTC
FOSRENOL CHEW PO 1000 MG (<i>lanthanum carbonate</i>)	NF	QL(3 EA daily)
FOSRENOL CHEW PO 500 MG (<i>lanthanum carbonate</i>)	NF	
FOSRENOL CHEW PO 750 MG (<i>lanthanum carbonate</i>)	NF	QL(4 EA daily)
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW PO 750 MG</i>	2	QL(4 EA daily)
<i>lanthanum carbonate CHEW PO 500 MG</i>	2	
<i>lanthanum carbonate CHEW PO 1000 MG</i>	2	QL(3 EA daily)
RENAGEL PO (<i>sevelamer hcl</i>)	NF	QL(16 EA daily)
RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	NF	
RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	NF	QL(5 EA daily)
RENVELA TABS PO (<i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	

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<i>sevelamer carbonate TABS PO</i>	1		UROCIT-K 10 TBCR PO (<i>potassium citrate (alkalinizer)</i>)	NF	
<i>sevelamer hcl PO 400 MG</i>	1		UROCIT-K 15 TBCR PO (<i>potassium citrate (alkalinizer)</i>)	NF	
<i>sevelamer hcl PO 800 MG</i>	2	QL(16 EA daily)	UROCIT-K 5 TBCR PO (<i>potassium citrate (alkalinizer)</i>)	NF	
Short Bowel Syndrome (SBS) Agents			Cystinosis Agents		
GATTEX	SP	Specialty Drug refer to Caremark SP RX; PA	CYSTAGON CAPS PO	SP	PA
Tryptophan Hydroxylase Inhibitors			PROCYSBI CPDR PO	SP	
XERMELO	SP	Not available through mail; PA	PROCYSBI PACK	SP	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			Interstitial Cystitis Agents		
Acidifiers			ELMIRON CAPS PO	3	QL(3 EA daily); PA
K-PHOS NO 2 PO	2		Prostatic Hypertrophy Agents		
Alkalinizers			<i>alfuzosin hcl PO</i>	1	QL(1 EA daily)
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK PO	1		AVODART PO (<i>dutasteride</i>)	NF	AL(At least 40 yrs old)
(Potassium Citrate-Citric Acid) CYTRA-K SOLN PO	1	RX/OTC	CARDURA XL <i>dutasteride PO</i>	3	
(Sodium Citrate & Citric Acid) CYTRA-2 PO	1	RX/OTC	<i>dutasteride-tamsulosin hcl PO</i>	1	AL(At least 40 yrs old)
CYTRA-3 SYRP PO	3		<i>finasteride PO</i>	1	QL(1 EA daily); AL(At least 40 yrs old)
ORACIT PO	3		FLOMAX PO (<i>tamsulosin hcl</i>)	NF	QL(2 EA daily)
ORAL CITRATE PO	3		JALYN PO (<i>dutasteride-tamsulosin hcl</i>)	NF	
<i>pot & sod citrates w/citric ac SOLN PO</i>	1		PROSCAR PO (<i>finasteride</i>)	NF	QL(1 EA daily); AL(At least 40 yrs old)
<i>potassium citrate (alkalinizer) TBCR PO</i>	1		RAPAFLO PO 4 MG (<i>silodosin</i>)	NF	
<i>potassium citrate-citric acid SOLN PO</i>	1	RX/OTC	RAPAFLO PO 8 MG (<i>silodosin</i>)	NF	QL(1 EA daily)
<i>sodium citrate & citric acid PO</i>	1	RX/OTC	<i>silodosin PO 4 MG</i>	1	
			<i>silodosin PO 8 MG</i>	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hcl PO</i>	1	QL(2 EA daily)
UROXATRAL PO (<i>alfuzosin hcl</i>)	NF	QL(1 EA daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC (<i>tiopronin</i>)	NF	
THIOLA TABS (<i>tiopronin</i>)	NF	
<i>tiopronin TABS</i>	1	
<i>tiopronin TBEC</i>	1	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid PO</i>	1	
Gout Agents		
<i>allopurinol PO 100 MG</i>	1	QL(3 EA daily)
<i>allopurinol PO 300 MG</i>	1	QL(2 EA daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS PO</i>	1	
COLCRYS TABS PO (<i>colchicine</i>)	NF	
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
MITIGARE CAPS (<i>colchicine</i>)	1	
ULORIC 80 MG (<i>febuxostat</i>)	NF	QL(1 EA daily)
ULORIC 40 MG (<i>febuxostat</i>)	NF	QL(2 EA daily)
ZYLOPRIM PO 300 MG (<i>allopurinol</i>)	NF	QL(2 EA daily)
ZYLOPRIM PO 100 MG (<i>allopurinol</i>)	NF	QL(3 EA daily)
Uricosurics		
<i>probenecid PO</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/Limits
Antihemophilic Products		
ADVATE	SP	PA
ADYNOVATE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	SP	PA
BENEFIX KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COAGADEX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
CORIFACT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ELOCTATE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOGENATE FS KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ESPEROCT	SP	PA	KOVALTRY	SP	PA
FEIBA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOEIGHT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOSEVEN RT	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
HUMATE-P SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	SP- Acaria Health; SP; PA
IDELVION	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IXINITY SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JIVI	SP	PA	OBIZUR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KCENTRA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	PROFILNINE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	RECOMBINATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE SOLR	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	RIXUBIS SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits
TRETTEN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
VONVENDI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
WILATE KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
XYNTHA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
XYNTHA SOLOFUSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Bradykinin B2 Receptor Antagonists		
(Icatibant Acetate) SAJAZIR SOSY	SP	PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	SP	PA
<i>icatibant acetate SOSY</i>	SP	PA
Complement Inhibitors		
FABHALTA	SP	PA
HAEGARDA SOLR SC	SP	PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	SP	QL(2 EA daily); PA
Hematorheologic Agents		
<i>pentoxifylline PO</i>	1	QL(3 EA daily)
Human Protein C		
CEPROTIN	SP	PA
Plasma Kallikrein Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ORLADEYO	SP	PA
TAKHZYRO SOLN	SP	PA
TAKHZYRO SOSY	SP	PA
Platelet Aggregation Inhibitors		
AGRYLIN PO 0.5 MG (<i>anagrelide hcl</i>)	NF	
<i>anagrelide hcl PO</i>	1	
<i>aspirin-dipyridamole PO</i>	1	
BRILINTA PO	2	QL(2 EA daily)
<i>cilostazol PO</i>	1	QL(2 EA daily)
<i>clopidogrel bisulfate PO</i>	1	QL(2 EA daily)
<i>dipyridamole PO</i>	1	
EFFIENT PO (<i>prasugrel hcl</i>)	NF	
PLAVIX PO 75 MG (<i>clopidogrel bisulfate</i>)	NF	QL(2 EA daily)
<i>prasugrel hcl PO</i>	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	SP	PA
CERDELGA	SP	PA
CEREZYME 400 UNIT	SP	PA
<i>miglustat</i>	SP	PA
ZAVESCA (<i>miglustat</i>)	SP	PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
ENDARI (<i>glutamine sickle cell</i>)	NF	PA
<i>glutamine (sickle cell)</i>	2	PA
SIKLOS TABS	SP	AC; PA
SIKLOS TABS	SP	PA
Folic Acid/Folates		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS PO 400 MCG, 800 MCG	PV	PV	RETACRIT	SP	PA
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS PO 800 MCG	PV	PV	UDENYCA ONBODY SOSY	SP	PA
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS PO 400 MCG	PV	PV	UDENYCA SOAJ	SP	PA
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS PO 1 MG	1	RX/OTC	UDENYCA SOSY	SP	PA
<i>folic acid TABS PO 400 MCG, 800 MCG</i>	PV	PV	ZARXIO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>folic acid TABS PO 1 MG</i>	1	RX/OTC	Hematopoietic Mixtures		
Hematopoietic Growth Factors			FOLIVANE-F		
DOPTELET	SP	QL(3 EA daily); PA	INTEGRA F		
MULPLETA	SP	PA	IRON FOLATE-F		
NYVEPRIA	SP	PA	HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
PROMACTA PACK	SP	QL(1 EA daily); PA	Hemostatics - Systemic		
PROMACTA TABS PO	SP	QL(1 EA daily); PA	AMICAR SOLN PO (<i>aminocaproic acid</i>)		
			AMICAR TABS PO (<i>aminocaproic acid</i>)		
			<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>		
			<i>aminocaproic acid TABS PO</i>		
			CYKLOKAPRON SOLN (<i>tranexamic acid</i>)		
			LYSTEDA TABS PO (<i>tranexamic acid</i>)		
			<i>tranexamic acid SOLN 1000 MG/10ML</i>		
			<i>tranexamic acid TABS PO</i>		
			HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
			Barbiturate Hypnotics		
			<i>phenobarbital ELIX PO</i>		
			<i>phenobarbital TABS PO</i>		
			Non-Barbiturate Hypnotics		

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Drug Name	Drug Tier	Requirements/Limits
AMBIEN CR TBCR PO (<i>zolpidem tartrate</i>)	NF	QL(1 EA daily)
AMBIEN TABS PO (<i>zolpidem tartrate</i>)	NF	QL(1 EA daily)
DORAL PO (<i>quazepam</i>)	3	
DORAL PO (<i>quazepam</i>)	NF	
<i>estazolam PO</i>	1	
<i>eszopiclone PO</i>	1	QL(1 EA daily)
HALCION PO 0.25 MG (<i>triazolam</i>)	NF	QL(1 EA daily)
LUNESTA PO (<i>eszopiclone</i>)	NF	QL(1 EA daily)
<i>midazolam hcl SYRP PO</i>	1	
<i>quazepam PO</i>	3	
RESTORIL PO 7.5 MG (<i>temazepam</i>)	NF	
RESTORIL PO 22.5 MG, 30 MG (<i>temazepam</i>)	NF	QL(1 EA daily)
RESTORIL PO 15 MG (<i>temazepam</i>)	NF	QL(2 EA daily)
<i>temazepam PO 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
<i>temazepam PO 15 MG</i>	1	QL(2 EA daily)
<i>temazepam PO 7.5 MG</i>	1	
<i>triazolam PO 0.125 MG</i>	1	
<i>triazolam PO 0.25 MG</i>	1	QL(1 EA daily)
<i>zaleplon PO</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TABS PO</i>	1	QL(1 EA daily)
<i>zolpidem tartrate TBCR PO</i>	1	QL(1 EA daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 EA daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon PO</i>	1	QL(1 EA daily); ST
ROZEREM PO (<i>ramelteon</i>)	NF	QL(1 EA daily); ST

LAXATIVES - Bowel Treatment Drugs

Drug Name	Drug Tier	Requirements/Limits
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT PO	PV	PV
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR PO 236 GM	PV	QL(4000 ML per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK PO	PV	PV
GOLYTELY SOLR PO (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	PV	QL(4000 ML per fill retail); PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid PO</i>	PV	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR PO 236 GM</i>	PV	QL(4000 ML per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride PO</i>	PV	PV
PEG-PREP PO	PV	QL(1 EA per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	PV	PV
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	PV	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN PO 10 GM/15ML	1	

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl SUPP PR</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	ZITHROMAX TABS PO 250 MG (<i>azithromycin</i>)	NF	QL(6 EA per fill retail)
<i>bisacodyl TBEC PO</i>	1		Clarithromycin		
DULCOLAX PINK LAXATIVE TBEC PO (<i>bisacodyl</i>)	NF		<i>clarithromycin SUSR PO</i>	1	
DULCOLAX SUPP PR (<i>bisacodyl</i>)	NF	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>clarithromycin TABS PO</i>	1	
DULCOLAX TBEC PO (<i>bisacodyl</i>)	NF		<i>clarithromycin TB24 PO</i>	1	QL(14 EA per fill retail)
MACROLIDES - Drugs to Treat Bacterial Infections			Erythromycins		
Azithromycin			(Erythromycin Base) ERY-TAB TBEC PO	1	
<i>azithromycin PACK PO</i>	1		(Erythromycin Ethylsuccinate) E.E.S. 400 TABS PO	2	
<i>azithromycin SUSR PO</i>	1		(Erythromycin Stearate) ERYTHROCIN STEARATE TABS PO 250 MG	1	
<i>azithromycin TABS PO 500 MG</i>	1	QL(3 EA daily)	E.E.S. GRANULES SUSR PO (<i>erythromycin ethylsuccinate</i>)	NF	
<i>azithromycin TABS PO 600 MG</i>	1	QL(10 EA per fill retail)	ERYPED 200 SUSR PO (<i>erythromycin ethylsuccinate</i>)	NF	
<i>azithromycin TABS PO 250 MG</i>	1	QL(6 EA per fill retail)	ERYPED 400 SUSR PO (<i>erythromycin ethylsuccinate</i>)	NF	
ZITHROMAX TRI-PAK TABS PO (<i>azithromycin</i>)	NF	QL(3 EA daily)	<i>erythromycin base CPEP PO</i>	2	
ZITHROMAX Z-PAK TABS PO (<i>azithromycin</i>)	NF	QL(6 EA per fill retail)	<i>erythromycin base TABS PO</i>	1	
ZITHROMAX PACK PO	3		<i>erythromycin base TBEC PO</i>	1	
ZITHROMAX SUSR PO (<i>azithromycin</i>)	NF		<i>erythromycin ethylsuccinate SUSR PO</i>	1	
ZITHROMAX TABS PO 500 MG (<i>azithromycin</i>)	NF	QL(3 EA daily)	<i>erythromycin ethylsuccinate TABS PO</i>	2	
			Fidaxomicin		
			DIFICID TABS	3	
			MEDICAL DEVICES AND SUPPLIES		
			Contraceptives		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AIMSCO LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO MICRO THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CAYA DPRH	PV	QL(1 EA per 365 day(s) retail); PV	KIMONO PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CONDOMS	PV		KIMONO PS PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO PS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO SENSATION PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX TROPICAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO SENSATION MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO SPECIAL DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FC2 FEMALE CONDOM	PV	PV	K-Y ME & YOU EXTRA LUBRICATED DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FEMCAP DEVI	PV	PV	K-Y ME & YOU INTENSE DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KAMELEON LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	MAXX PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO COLORS DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	MAXX MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MAXX-LARGE FLARE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	OMNIFLEX DIAPHRAGM	PV	PV
KIMONO MICRO THIN PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REALITY LATEX CONDOMS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUB/SPERMICIDE EX ST MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA TEXTURED DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUB/SPERMICIDE XL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA THIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED EX LARGE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ENZ MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED EXTRA ST MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN MAGNUM MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN/SPERMICIDAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX NATURAL CONDOMS + LUBE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX NON-LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ/SPERMICIDAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX RIA LUB/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUE COVER DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX RIA LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX COLOR CONDOMS + LUBE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX RIA NON-LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/RIBBED/STUDED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
			WIDE-SEAL DIAPHRAGM 60	PV	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DIAPHRAGM 65	PV	PV	ADVANCED MOBILE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 70	PV	PV	ADVOCATE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 75	PV	PV	ADVOCATE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 80	PV	PV	ADVOCATE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 85	PV	PV	ADVOCATE SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 90	PV	PV	AGAMATRIX ULTRA-THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 95	PV	PV	AIMSCO TWIST LANCETS 32G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
Diabetic Supplies			AIMSCO TWIST LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
1ST TIER UNILET COMFORTOUCH	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	AQUALANCE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE COMFORT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS LOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACTI-LANCE 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC			
ACTI-LANCE LITE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC			
ACTI-LANCE SPECIAL LANCETS 17G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC			
ACTI-LANCE UNIVERSAL 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS MICRO	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD MICROTAINER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CAREONE LANCET SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS PED	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CAREONE LANCET THIN 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARESENS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARESENS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 25G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE PLUS SAFETY 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
AURORA LANCET SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
AURORA LANCET THIN 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
BD LANCET ULTRAFINE 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CARETOUCH TWIST MC LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
BD LANCET ULTRAFINE 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CHOSEN LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHOSEN SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	COMFORT TOUCH PLUS LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEANLET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHEK LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	COMFORT TOUCH TWIST LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CVS LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CVS LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CVS LANCETS ORIGINAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHOICE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CVS LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COAGUCHEK LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CVS LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CVS LANCETS ULTRA-THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CVS ULTRA THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCET ULTRA THIN 30	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DIATHRIVE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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DROPLET LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DROPLET PERSONAL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DRUG MART LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DRUG MART ON-THE-GO LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DRUG MART UNILET LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY COMFORT LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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EMBRACE PRESSURE ACTIVATED 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EQL COLOR LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EQL COLOR LANCETS MICRO 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FIFTY50 SAFETY SEAL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EQL SUPER THIN LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FIFTY50 UNILET LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EQL THIN LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FINE 30	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
E-Z JECT LANCET MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FINGERSTIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
E-Z JECT LANCET SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FORA LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
E-Z JECT LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FREDS PHARMACY UNILET LANC 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
E-Z JECT LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FREDS PHARMACY UNILET LANC 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
E-Z JECT LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FREESTYLE FREEDOM LITE KIT	2	QL(1 EA per 365 day(s) retail); RX/OTC
EZ-LETS LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FREESTYLE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	GNP LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	GNP STERILE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FREESTYLE UNISTICK II LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GNP STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GNP STERILE LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GENTLE-LET GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GOJJI STERILE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GENTLE-LET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GOODSENSE COLOR LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GOODSENSE LANCETS 26G UNIV	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GOODSENSE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GOODSENSE LANCETS 30G UNIV	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GOODSENSE LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GOODSENSE LANCETS 33G UNIV	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GNP LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	HAEMOLANCE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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HAEMOLANCE LOW FLOW LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	IN TOUCH STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KINNEY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KINNEY THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS LOW FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KROGER HEALTHPRO LANCET 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS MAX FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HEALTHY ACCENTS UNILET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HY-VEE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KROGER LANCETS ULTRATHIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HY-VEE THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LITETOUCH LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LIVE BETTER LANCET SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LIVE BETTER LANCET ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LONGS LANCETS STANDARD	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS SUPER THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LONGS LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LONGS LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET EXTRA	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LIBERTY MEDICAL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET NORM	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LIFESCAN UNISTIK 2	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEDLANCE EXTRA 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LIFESCAN UNISTIK II LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEDLANCE LITE 25G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LITE TOUCH LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEDLANCE PLUS EXTRA 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MICROLET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS LITE 25G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MM TWIST LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MONOLET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MONOLET OPD LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MONOLETTOR SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEDLANCE UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MYGLUCOHEALTH LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER SUPER THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVA SUREFLEX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO FLEX SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ONETOUCH CLUB LANCETS FINE PT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO FLEX SYSTEM KIT	2	QL(1 EA per 365 day(s) retail); RX/OTC
ONETOUCH DELICA LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO REFLECT KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
ONETOUCH DELICA LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ONETOUCH VERIO KIT	2	QL(1 EA per 365 day(s) retail); RX/OTC
ONETOUCH DELICA PLUS LANCET30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PC LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH FINEPOINT LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PERFECT POINT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRA 2 KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	PHARMACIST CHOICE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRA MINI KIT	2	QL(1 EA per 365 day(s) retail); RX/OTC	PHARMACY COUNTER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PIP LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PIP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRECISION THINS GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRECISION XTRA-GLUCOSE/KETONE DEVI	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)	PX LANCETS MICROTHIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PREFERRED PLUS LANCETS COLORED	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PX LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PREFERRED PLUS LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PX LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	QC LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRO COMFORT LANCETS 31G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	QC LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRO COMFORT SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRODIGY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	QC UNILET LANCETS MICRO THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRODIGY SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RA E-ZJECT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRODIGY TWIST TOP LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RA E-ZJECT LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PSS SELECT GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RA E-ZJECT LANCETS THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PSS SELECT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RA E-ZJECT LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
READYLANCCE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFE-T-LANCE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
REALITY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFE-T-LANCE PLUS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
REALITY TRIGGER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCET DEVICES 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION LANCETS ULTRA-THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAPS HEALTH PLUS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAPS HEALTH TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAPS TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
REXALL LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAPSCARE TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
RIGHTEST GL300 LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SB LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SB LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SOLUS V2 TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SHOPKO ON-THE-GO LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	STERILANCE TL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SHOPKO UNILET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SUPER THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SHOPKO UNILET LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 18G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SINGLE-LET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SM LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SMART SENSE COLOR LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SMART SENSE STANDARD LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SMART SENSE SUPER THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURELITE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SMART SENSE THIN LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE AST LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SMARTTEST LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SOLUS V2 LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TECHLITE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TGT LANCET MICRO THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TGT LANCET THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TGT LANCET ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TRUEPLUS LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
THINLETS GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TRUEPLUS SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TODAYS HEALTH THIN LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ULTILET CLASSIC LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ULTILET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRAVEL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ULTILET SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ULTILET SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUE COMFORT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ULTRA THIN LANCETS 31G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUE COMFORT TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ULTRA-CARE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II AUTO LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNILET ULTRA-THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULTRA-THIN II LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 1	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 2	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET EXCELITE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 2 COMFORT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET EXCELITE II	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 2 EXTRA	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET G.P. LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 2 NEONATAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 2 NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 2 SUPER	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 3	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 3 COMFORT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET SUPERLITE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 3 EXTRA	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNILET SUPER-THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK 3 GENTLE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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UNISTIK 3 NEONATAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNIVERSAL 1 LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 3 NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNIVERSAL 1 LANCETS THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK CZT COMFORT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK CZT NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VALUE PLUS LANCET STANDARD 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VALUE PLUS LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK PRO SAFETY LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VERIFINE SAFE LANCET MINI 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERIFINE UNIVERSAL LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	WALGREENS THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	WALGREENS ULTRA THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ZEV RX TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VIDA MIA UNILET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	Parenteral Therapy Supplies		
VIDA MIA UNILET LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE ID INSULIN SAFETY SYR	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE ID INSULIN SAFETY SYR	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD AUTOSHIELD DUO	2	RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD DISP NEEDLES	2	RX/OTC
WALGREENS ADV TRAVEL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
WALGREENS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC
WALGREENS LANCETS MICRO THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE MINI U/F	2	Limit 200 per month without authorization; QL(6.67 EA daily); RX/OTC
WALGREENS LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE NANO 2ND GEN	2	QL(6.67 EA daily); RX/OTC
			BD PEN MISC	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	POLY HUB NEEDLE	2	RX/OTC
BD VEO INSULIN SYRINGE U/F	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYRINGE U/F	2	QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC	TECHLITE INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	TECHLITE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	Respiratory Therapy Supplies		
DROPLET INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	AIRZONE PEAK FLOW METER	2	RX/OTC
DROPLET INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSESS PEAK FLOW METER	2	RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BREATHE EASE PEAK FLOW METER	2	RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE PEAK FLOW METER	2	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC	LUNG PERFORM PEAK FLOW METER	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC	MICROLIFE DIGITAL PEAK FLOW	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MINI WRIGHT PEAK FLOW METER	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	QL(6.67 EA daily); RX/OTC	PEAK A-I-R FLOW METER	2	RX/OTC
HYPODERMIC NEEDLE	2	RX/OTC	PEAK AIR PEAK FLOW METER	2	RX/OTC
INSULIN SYRINGES AND PEN NEEDLES	2	MO	PEAK FLOW METER UNIVERSAL RANG	2	RX/OTC
			PERSONAL BEST FULL RANGE	2	RX/OTC
			PIKO 1	2	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
POCKET PEAK FLOW METER	2	RX/OTC	ERGOMAR SUBL	SP	
POCKETPEAK PEAK FLOW METER	2	RX/OTC	MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NF	QL(0.27 ML daily); PA
PURE COMFORT FLOW METER ADULT	2	RX/OTC	Serotonin Agonists		
PURE COMFORT FLOW METER CHILD	2	RX/OTC	(Zolmitriptan) ZOMIG TABS PO	1	Limit 6 per month; QL(0.2 EA daily)
STRIVE DUAL ZONE PEAK FLOW MTR	2	RX/OTC	<i>almotriptan malate PO</i>	1	Limit 6 per month; QL(0.2 EA daily)
TRUZONE PEAK FLOW METER	2	RX/OTC	<i>eletriptan hydrobromide PO</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			FROVA PO (<i>frovatriptan succinate</i>)	NF	Limit 9 per month; QL(0.3 EA daily)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>frovatriptan succinate PO</i>	1	Limit 9 per month; QL(0.3 EA daily)
AIMOVIG	2	QL(0.04 ML daily); PA	IMITREX 20 MG/ACT (<i>sumatriptan</i>)	NF	Limit 6 sprayers per month; QL(2 EA daily)
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA	IMITREX 5 MG/ACT (<i>sumatriptan</i>)	NF	Limit 6 per month; QL(0.2 EA daily)
EMGALITY SOAJ	2	QL(0.07 ML daily); PA	IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>)	NF	PA
EMGALITY SOSY	2	QL(0.07 ML daily); PA	IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	NF	PA
UBRELVY PO	3	QL(10 EA per 30 day(s) retail); ST	IMITREX TABS PO (<i>sumatriptan succinate</i>)	NF	Limit 9 per month; QL(2 EA daily)
Migraine Combinations			MAXALT-MLT TBDP PO 10 MG (<i>rizatriptan benzoate</i>)	NF	Limit 18 tabs per month; QL(0.6 EA daily)
(Ergotamine W/ Caffeine) MIGERGOT SUPP PR	1		MAXALT TABS PO 10 MG (<i>rizatriptan benzoate</i>)	NF	Limit 18 tabs per month; QL(0.6 EA daily)
CAFERGOT TABS PO (<i>ergotamine w/ caffeine</i>)	NF		<i>naratriptan hcl PO</i>	1	Limit 9 per month; QL(0.3 EA daily)
<i>ergotamine w/ caffeine TABS PO</i>	1				
Migraine Products					
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA			
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily); PA			

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Drug Name	Drug Tier	Requirements/ Limits
RELPAZ PO (<i>eletriptan hydrobromide</i>)	NF	Limit 6 tabs per month; QL(0.2 EA daily)
<i>rizatriptan benzoate TABS PO</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>rizatriptan benzoate TBDP PO</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>sumatriptan succinate SOAJ</i>	1	PA
<i>sumatriptan succinate SOCT</i>	1	PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	SP	Limit 2mls per month; QL(0.07 ML daily); PA
<i>sumatriptan succinate TABS PO</i>	1	Limit 9 per month; QL(2 EA daily)
<i>zolmitriptan SOLN</i>	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
<i>zolmitriptan TABS PO</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>zolmitriptan TBDP PO</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
ZOMIG SOLN (<i>zolmitriptan</i>)	NF	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
ZOMIG TABS PO 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NF	Limit 6 per month; QL(0.2 EA daily)
MINERALS & ELECTROLYTES		
Calcium		

Drug Name	Drug Tier	Requirements/ Limits
CALCIFOL PO	3	
Fluoride		
(Sodium Fluoride) NAFRINSE CHEW PO 2.2 MG	1	AL(Up to 6 yrs old)
FLORIVA	3	
<i>sodium fluoride CHEW PO 0.25 MG, 0.5 MG</i>	PV	AL(Up to 6 yrs old); PV
<i>sodium fluoride CHEW PO 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride SOLN PO 0.5 MG/ML, 0.5 MG/ML</i>	PV	AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride TABS PO</i>	PV	AL(Up to 6 yrs old); PV
SOLUVITA SOLN PO	PV	AL(Up to 6 yrs old); PV; RX/OTC
Magnesium		
<i>magnesium sulfate IJ 50 %</i>	SP	PA
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL PO	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
K-PHOS-NEUTRAL PO (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	NF	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic PO</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF PO	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 PO 10 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 PO 20 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 PO 15 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR PO 8 MEQ	1	
(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR PO 10 MEQ	1	
(Potassium Chloride) KLOR-CON PACK PO 20 MEQ	1	
EFFER-K	3	
K-TAB TBCR PO 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	NF	
<i>potassium chloride microencapsulated crystals er PO</i>	1	
<i>potassium chloride CPCR PO</i>	1	
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	SP	PA
<i>potassium chloride TBCR PO 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
Zinc		
GALZIN PO	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS PO (<i>penicillamine</i>)	SP	PA
DEPEN TITRATABS TABS PO (<i>penicillamine</i>)	SP	
<i>penicillamine CAPS PO</i>	SP	PA
<i>penicillamine TABS PO</i>	SP	
SYPRINE PO (<i>trientine hcl</i>)	SP	PA
<i>trientine hcl PO</i>	SP	PA
Immunomodulators		
<i>lenalidomide PO 2.5 MG, 20 MG</i>	1	QL(1 EA daily); PA
<i>lenalidomide PO</i>	1	QL(1 EA daily); SP; AC; PA
REVLIMID PO (<i>lenalidomide</i>)	NF	QL(1 EA daily); SP; AC; PA
THALOMID PO	SP	AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS PO 75 MG, 100 MG	2	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS PO 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN PO	1	
ASTAGRAF XL CP24	3	ST
<i>azathioprine TABS PO 75 MG, 100 MG</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>azathioprine TABS PO 50 MG</i>	1		SANDIMMUNE CAPS PO (<i>cyclosporine</i>)	NF	
CELLCEPT CAPS PO (<i>mycophenolate mofetil</i>)	NF		SANDIMMUNE SOLN PO 100 MG/ML	3	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NF		<i>sirolimus SOLN</i>	2	
CELLCEPT TABS PO (<i>mycophenolate mofetil</i>)	NF		<i>sirolimus TABS PO</i>	2	
<i>cyclosporine modified (for microemulsion) CAPS PO</i>	1		<i>tacrolimus CAPS PO</i>	2	
<i>cyclosporine modified (for microemulsion) SOLN PO</i>	1		THYMOGLOBULIN	3	PA
<i>cyclosporine CAPS PO</i>	1		ZORTRESS (<i>everolimus (immunosuppressant)</i>)	SP	
<i>everolimus (immunosuppressant)</i>	SP		Potassium Removing Agents		
IMURAN TABS PO (<i>azathioprine</i>)	NF		(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
<i>mycophenolate mofetil CAPS PO</i>	1		(Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML	1	
<i>mycophenolate mofetil SUSR</i>	1		LOKELMA	3	QL(1 EA daily)
<i>mycophenolate mofetil TABS PO</i>	1		<i>sodium polystyrene sulfonate POWD PO</i>	1	
<i>mycophenolate sodium PO</i>	2		Systemic Lupus Erythematosus Agents		
MYFORTIC PO (<i>mycophenolate sodium</i>)	NF		BENLYSTA SOAJ	SP	PA
MYHIBBIN SUSP	3		BENLYSTA SOSY	SP	PA
NEORAL CAPS PO (<i>cyclosporine modified (for microemulsion)</i>)	NF		MOUTH/THROAT/DENTAL AGENTS		
NEORAL SOLN PO (<i>cyclosporine modified (for microemulsion)</i>)	NF		Anesthetics Topical Oral		
PROGRAF CAPS PO (<i>tacrolimus</i>)	NF		<i>lidocaine hcl (mouth-throat)</i>	1	
PROGRAF PACK	SP	PA	Anti-infectives - Throat		
RAPAMUNE SOLN (<i>sirolimus</i>)	NF		<i>clotrimazole</i>	1	
RAPAMUNE TABS PO (<i>sirolimus</i>)	NF		NYSTATIN (<i>nystatin (mouth-throat)</i>)	NF	
			<i>nystatin (mouth-throat)</i>	1	
			ORAVIG	3	
			Antiseptics - Mouth/Throat		

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

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FLORAFOL PEDIATRIC SOLN PO	2	AL(Up to 6 yrs old); RX/OTC	VITAMINS ACD-FLUORIDE SOLN PO 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
FLORIVA PLUS SOLN PO	2	AL(Up to 6 yrs old); RX/OTC	Pediatric Multiple Vitamins & Minerals w/ Fluoride		
MULTIVITAMIN + FLUORIDE CHEW PO 0.25 MG	3	RX/OTC	FLORIVA	3	
MULTIVITAMIN + FLUORIDE CHEW PO 0.5 MG, 1 MG	2	RX/OTC	Prenatal Vitamins		
MULTIVITAMIN/FLUORIDE CHEW PO 0.5 MG, 1 MG	2	RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS PO	1	
MULTIVITAMIN/FLUORIDE CHEW PO 0.25 MG	3	RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW PO	1	
MULTIVITAMIN/FLUORIDE SOLN PO	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT PO	1	
MULTI-VIT-FLOR CHEW PO 0.5 MG, 1 MG	2	RX/OTC	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS PO 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
MULTI-VIT-FLOR CHEW PO 0.25 MG	3	RX/OTC	ATABEX EC TBEC PO	2	
<i>pediatric multivitamins w/fl CHEW PO</i>	1	RX/OTC	CITRANATAL 90 DHA PO 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
POLY-VI-FLOR CHEW PO 0.5 MG, 1 MG	2	RX/OTC	CITRANATAL ASSURE PO	3	
POLY-VI-FLOR CHEW PO 0.25 MG	3	RX/OTC	CITRANATAL B-CALM PO 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
POLY-VI-FLOR SUSP	2		CITRANATAL DHA PO	2	
QUFLORA GUMMIES CHEW PO	2	AL(Up to 6 yrs old)	CITRANATAL HARMONY PO 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
QUFLORA PEDIATRIC CHEW PO 0.5 MG, 1 MG	2	RX/OTC	CITRANATAL MEDLEY	3	
QUFLORA PEDIATRIC CHEW PO 0.25 MG	3	RX/OTC			
QUFLORA PEDIATRIC SOLN PO	2	AL(Up to 6 yrs old); RX/OTC			
SOLUVITA ACD WITH FLUORIDE SOLN PO	3	AL(Up to 6 yrs old); RX/OTC			
SOLUVITA WITH FLUORIDE SOLN PO	2	AL(Up to 6 yrs old); RX/OTC			
VITAMINS ACD-FLUORIDE SOLN PO 0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
C-NATE DHA CAPS PO	3		ONE VITE WOMENS PLUS TABS PO	2	RX/OTC
COMPLETENATE CHEW PO	2		PNV-DHA+DOCUSATE PO	3	
CONCEPT DHA PO	2		PNV-OMEGA PO	3	
CONCEPT OB PO	2		PRENA 1 TRUE	2	
DUET DHA 400 MISC PO	3		PRENA1	3	
FOLIVANE-OB PO	2		PRENA1 PEARL	3	
M-NATAL PLUS TABS PO	2	RX/OTC	PRENAISSANCE PO	3	
NATACHEW CHEW PO 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENAISSANCE PLUS CAPS PO	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PRENATAL 19 CHEW PO	2	
NEONATAL 19	3		PRENATAL 19 TABS PO	3	RX/OTC
NEONATAL COMPLETE TABS PO 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC	PRENATAL PLUS VITAMIN/MINERAL TABS PO	2	RX/OTC
NEONATAL PLUS TABS PO	2	RX/OTC	PRENATAL PLUS TABS PO	2	RX/OTC
NESTABS PO	3		PRENATAL VITAMIN PLUS LOW IRON TABS PO	2	RX/OTC
NESTABS DHA PO	2		PRENATAL TABS PO 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
NESTABS ONE	3		PRENATAL-U CAPS PO	2	
NIVA-PLUS TABS PO	2	RX/OTC	PRENATE	3	
OB COMPLETE ONE PO	3		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3	
OB COMPLETE PETITE	3		PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3	
OB COMPLETE PREMIER	3		PRENATE ENHANCE PO	3	
OB COMPLETE/DHA	3				
OBSTETRIX ONE (WITH DOCUSATE) PO	3				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		VITAFOL GUMMIES	3	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3		VITAFOL-NANO	3	
PRENATE PIXIE	3		VITAFOL-ONE CAPS PO	3	
PRENATE RESTORE PO	3		VITAMEDMD ONE RX/QUATREFOLIC PO	3	
PRENATRIX TABS PO	2	RX/OTC	VITAMEDMD REDICHEW RX	3	
PRENATRYL TABS PO	2	RX/OTC	VITAPEARL	3	
RELNATE DHA CAPS PO	3		VITATHELY WITH GINGER TABS PO	2	RX/OTC
SELECT-OB+DHA MISC PO	3		VITATRUE	2	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2		VIVA DHA CAPS PO	3	
SELECT-OB CHEW PO 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3		WESCAP-C DHA PO	2	
SE-NATAL 19 CHEW PO	2		WESNATE DHA CAPS PO	3	
SE-NATAL 19 TABS PO	3	RX/OTC	WESTAB PLUS TABS PO	2	RX/OTC
THERANATAL CORE NUTRITION TABS PO	2	RX/OTC	WESTGEL DHA PO	3	
THRIVITE RX TABS PO	2	RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
TRICARE TABS PO	2	RX/OTC	Central Muscle Relaxants		
TRINATAL RX 1 TABS PO	2		(Carisoprodol) VANADOM TABS PO 350 MG	1	
TRISTART DHA PO	3		(Chlorzoxazone) LORZONE TABS PO 375 MG, 750 MG	1	
VINATE DHA RF	3		<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 40000 MCG/20ML</i>	SP	Must use Accredo SP pharmacy; PA
VINATE ONE TABS PO	2		<i>baclofen TABS PO 5 MG</i>	1	
VIRT-NATE DHA CAPS PO	3		<i>baclofen TABS PO 15 MG</i>	1	QL(3 EA daily)
			<i>baclofen TABS PO 10 MG</i>	1	QL(6 EA daily)
			<i>baclofen TABS PO 20 MG</i>	1	QL(4 EA daily)
			<i>carisoprodol TABS PO</i>	1	
			<i>chlorzoxazone TABS PO</i>	1	
			<i>cyclobenzaprine hcl TABS PO 5 MG, 10 MG</i>	1	
			GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	SP	Must use Accredo SP pharmacy; PA

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Drug Name	Drug Tier	Requirements/Limits
LIORESAL SOLN IT (<i>baclofen</i>)	SP	Must use Accredo SP pharmacy; PA
LIORESAL SOLN IT	SP	Must use Accredo SP pharmacy; PA
<i>metaxalone PO 800 MG</i>	2	QL(4 EA daily)
<i>metaxalone PO 400 MG</i>	1	
<i>methocarbamol TABS PO 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12 PO</i>	1	
OZOBAX SOLN PO (<i>baclofen</i>)	NF	
SOMA TABS PO (<i>carisoprodol</i>)	NF	
<i>tizanidine hcl CAPS PO</i>	1	
<i>tizanidine hcl TABS PO 2 MG</i>	1	
<i>tizanidine hcl TABS PO 4 MG</i>	1	QL(9 EA daily)
ZANAFLEX CAPS PO (<i>tizanidine hcl</i>)	NF	
ZANAFLEX TABS PO 4 MG (<i>tizanidine hcl</i>)	NF	QL(9 EA daily)
Direct Muscle Relaxants		
DANTRIUM CAPS PO 25 MG (<i>dantrolene sodium</i>)	NF	
<i>dantrolene sodium CAPS PO</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 GM daily)
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NF	Limit 1 inhaler per month; QL(0.77 GM daily)
Nasal Antiallergy		

Drug Name	Drug Tier	Requirements/Limits
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)
<i>olopatadine hcl (nasal)</i>	1	
PATANASE (<i>olopatadine hcl (nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	
Nasal Steroids		
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, EQL FLUTICASONE PROPIONATE, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NF	
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)
XHANCE EXHU	3	QL(1.07 ML daily); ST
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RADICAVA ORS STARTER KIT SUSP	SP	PA
RADICAVA ORS SUSP	SP	PA
RELYVRIO	SP	PA

Drug Name	Drug Tier	Requirements/Limits
RILUTEK TABS PO (<i>riluzole</i>)	NF	
<i>riluzole TABS PO</i>	1	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	SP	PA
NUTRIENTS		
Lipids		
DOJOLVI	SP	PA
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Beta-blockers - Ophthalmic		
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
<i>betaxolol hcl (ophth) SOLN</i>	1	
BETIMOL	2	
BETOPTIC-S SUSP	2	
<i>brimonidine tartrate-timolol maleate</i>	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	NF	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NF	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NF	
DORZOLAMIDE HCL-TIMOLOL MAL	2	
<i>dorzolamide hcl-timolol maleate</i>	1	
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NF	
<i>levobunolol hcl 0.5 %</i>	1	
<i>timolol</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1	
<i>timolol maleate (ophth) SOLN</i>	2	

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

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<i>neomycin-polymyxin-gramicidin</i>	1		Ophthalmic Steroids		
OCUFLOX (<i>ofloxacin (ophth)</i>)	NF	QL(5 ML per fill retail; 5 per fill mail)	(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail; 5 per fill mail)	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>polymyxin b-trimethoprim</i>	1		ALREX SUSP (<i>loteprednol etabonate</i>)	NF	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	NF		<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail; 4 per fill mail)
POVIDONE-IODINE	3		<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>sulfacetamide sodium (ophth) OINT</i>	1		<i>difluprednate</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		DUREZOL (<i>difluprednate</i>)	NF	
<i>tobramycin (ophth) SOLN</i>	1		FLAREX	2	
TOBREX OINT	2		<i>fluorometholone (ophth) SUSP</i>	1	
<i>trifluridine</i>	1		FML FORTE SUSP	2	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NF		FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NF	
ZIRGAN GEL	3		FML OINT	2	
ZYMAXID (<i>gatifloxacin (ophth)</i>)	NF		Ophthalmic Immunomodulators		
Ophthalmic Immunomodulators					
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)	LOTEMAX GEL (<i>loteprednol etabonate</i>)	NF	
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	NF	Use generic Cyclosporine (Ophth) Emulsion 0.05%; QL(2 EA daily)	LOTEMAX OINT	3	
Ophthalmic Local Anesthetics					
(Tetracaine Hcl (Ophth)) ALTACAINE	1		LOTEMAX SUSP (<i>loteprednol etabonate</i>)	NF	
AKTEN	3		<i>loteprednol etabonate GEL</i>	2	
ALCAINE (<i>proparacaine hcl</i>)	NF		<i>loteprednol etabonate SUSP</i>	2	
<i>proparacaine hcl</i>	2		MAXIDEX SUSP OP	2	
<i>tetracaine hcl (ophth)</i>	1		MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	NF	
Ophthalmic Local Anesthetics					
(Tetracaine Hcl (Ophth)) ALTACAINE	1		MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NF	
AKTEN	3		<i>neomycin-polymy-dexameth OINT</i>	1	
ALCAINE (<i>proparacaine hcl</i>)	NF				
<i>proparacaine hcl</i>	2				
<i>tetracaine hcl (ophth)</i>	1				

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<i>neomycin-polymyx-dexameth SUSP</i>	1		(Olopatadine Hcl) CVS	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
<i>neomycin-polymyxin-hc (ophth)</i>	1		OLOPATADINE HCL, EQ		
PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NF		OLOPATADINE HCL, EYE ALLERGY		
PRED MILD	2		ITCH/REDNESS REL, FT		
PRED-G S.O.P. OINT	3		EYE ALLERGY ITCH & REDNESS, GNP		
<i>prednisolone acetate (ophth)</i>	1		OLOPATADINE HCL, HM		
PREDNISOLONE SODIUM PHOSPHATE	3		EYE ALLERGY ITCH/RED RELIEF 0.1 %		
PREDNISOLONE-MOXIFLOXACIN SOLN	3		<i>ACULAR (ketorolac tromethamine (ophth))</i>	NF	
<i>sulfacetamide sod-prednisolone SOLN</i>	1		<i>ACULAR LS (ketorolac tromethamine (ophth))</i>	NF	
TOBRADEX ST SUSP	3		ACUVAIL	3	
TOBRADEX OINT	3		ALOCRIAL	3	
TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	NF	QL(5 ML per fill retail)	ALOMIDE	2	
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)	<i>azelastine hcl (ophth)</i>	1	
ZYLET	3	QL(5 ML per fill retail)	AZOPT (<i>brinzolamide</i>)	NF	Limit 10mls per month; QL(0.4 ML daily)
Ophthalmic Surgical Aids			<i>bepotastine besilate</i>	1	QL(0.34 ML daily); ST
GELFILM	3		BEPREVE (<i>bepotastine besilate</i>)	NF	QL(0.34 ML daily); ST
Ophthalmics - Misc.			<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
(Olopatadine Hcl) CVS	1	QL(0.09 ML daily); RX/OTC	<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
OLOPATADINE HCL, EQ			<i>bromfenac sodium (ophth) 0.09 %</i>	1	
OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP			BROMSITE (<i>bromfenac sodium (ophth)</i>)	NF	
OLOPATADINE HCL, HM			<i>cromolyn sodium (ophth)</i>	1	
EYE ALLERGY ITCH RELIEF, QC			CYSTARAN	SP	
OLOPATADINE HCL, SM			<i>diclofenac sodium (ophth)</i>	1	
OLOPATADINE HCL 0.2 %			<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ML daily)
			DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)
			<i>epinastine hcl (ophth)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ML daily); RX/OTC
PATADAY 0.1 % (<i>olopatadine hcl</i>)	NF	Limit 10mls per month; QL(0.34 ML daily); RX/OTC
PATADAY 0.2 % (<i>olopatadine hcl</i>)	NF	QL(0.09 ML daily); RX/OTC
PROLENSA (<i>bromfenac sodium (ophth)</i>)	NF	
TRUSOPT (<i>dorzolamide hcl</i>)	NF	Limit 10mls per month; QL(0.34 ML daily)
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
<i>latanoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
<i>latanoprost SOLN</i>	1	QL(0.09 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
<i>tafluprost</i>	1	QL(1 EA daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	NF	Limit 2.5mls per month; QL(0.09 ML daily)

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
XALATAN SOLN (<i>latanoprost</i>)	NF	Limit 2.5mls per month; QL(0.09 ML daily)
XALATAN SOLN (<i>latanoprost</i>)	NF	
ZIOPTAN (<i>tafluprost</i>)	NF	QL(1 EA daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	NF	QL(14 EA per fill retail)
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 EA per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1	
CIPRO HC	3	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	NF	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS PO	1	
<i>methylergonovine maleate TABS PO</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN 5 GM/50ML	SP	PA
FLEBOGAMMA DIF SOLN	SP	PA
GAMASTAN	SP	PA
GAMMAGARD 1 GM/10ML, 2.5 GM/25ML	SP	PA
GAMMAKED 1 GM/10ML	SP	PA
GAMMAPLEX SOLN	SP	PA
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML	SP	PA
OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	SP	PA
PRIVIGEN SOLN 5 GM/50ML, 20 GM/200ML, 40 GM/400ML	SP	PA
Passive Immunizing Agents - Combinations		

Drug Name	Drug Tier	Requirements/Limits
HYQVIA	SP	Some members may obtain their medications through their Medical Group; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS PO</i>	1	
<i>amoxicillin CHEW PO 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR PO</i>	1	
AMOXICILLIN SUSR PO (<i>amoxicillin</i>)	NF	
<i>amoxicillin TABS PO</i>	1	
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	SP	PA
<i>ampicillin CAPS PO 500 MG</i>	1	
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	SP	PA
BICILLIN L-A SUSY	SP	PA
PENICILLIN G POT IN DEXTROSE	SP	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	SP	PA
PENICILLIN G PROCAINE	SP	PA
<i>penicillin g sodium</i>	SP	PA
<i>penicillin v potassium SOLR PO</i>	1	
<i>penicillin v potassium TABS PO</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW PO</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate SUSR PO</i>	1	
<i>amoxicillin & pot clavulanate TABS PO</i>	1	
<i>amoxicillin & pot clavulanate TB12 PO</i>	1	
<i>ampicillin & sulbactam sodium IJ 2 GM-1 GM</i>	SP	PA
AUGMENTIN ES-600 SUSR PO (<i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN SUSR PO 31.25 MG/5ML-125 MG/5ML	2	
AUGMENTIN TABS PO 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NF	
BICILLIN C-R	SP	PA
BICILLIN C-R 900/300	SP	PA
<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	SP	PA
UNASYN IJ 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	SP	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium PO</i>	1	
<i>nafcillin sodium IV 2 GM, 10 GM</i>	SP	PA
NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML	SP	PA
<i>oxacillin sodium IV 10 GM</i>	SP	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS PO	1	
AYGESTIN TABS PO (<i>norethindrone acetate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate PO 2.5 MG, 5 MG</i>	1	
<i>medroxyprogesterone acetate PO 10 MG</i>	1	QL(1 EA daily)
<i>megestrol acetate (appetite) PO</i>	1	AC
<i>norethindrone acetate TABS PO</i>	1	
<i>progesterone CAPS PO</i>	1	QL(1 EA daily)
<i>progesterone OIL</i>	1	PA
PROMETRIUM CAPS PO (<i>progesterone</i>)	NF	QL(1 EA daily)
PROVERA PO 5 MG (<i>medroxyprogesterone acetate</i>)	NF	
PROVERA PO 10 MG (<i>medroxyprogesterone acetate</i>)	NF	QL(1 EA daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium PO</i>	1	
<i>disulfiram PO</i>	1	
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN PO	SP	PA
XYREM SOLN PO	SP	PA
Antidementia Agents		
ARICEPT TABS PO (<i>donepezil hydrochloride</i>)	NF	QL(1 EA daily)
<i>donepezil hydrochloride TABS PO</i>	1	QL(1 EA daily)
<i>donepezil hydrochloride TBDP PO</i>	1	QL(1 EA daily)
EXELON (<i>rivastigmine</i>)	NF	
<i>galantamine hydrobromide CP24 PO</i>	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide SOLN PO</i>	2		SAVELLA TABS PO	3	QL(2 EA daily); PA
<i>galantamine hydrobromide TABS PO</i>	1		Movement Disorder Drug Therapy		
<i>memantine hcl CP24 PO</i>	1	PA	AUSTEDO XR PATIENT TITRATION TEPK	SP	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
<i>memantine hcl SOLN PO 2 MG/ML</i>	1		AUSTEDO XR TB24	SP	QL(1 EA daily); PA
<i>memantine hcl TABS PO 5 MG</i>	1	QL(4 EA daily)	AUSTEDO TABS 12 MG	SP	QL(1 EA daily); PA
<i>memantine hcl TABS PO</i>	1		AUSTEDO TABS 6 MG, 9 MG	SP	QL(2 EA daily); PA
<i>memantine hcl TABS PO 10 MG</i>	1	QL(2 EA daily)	INGREZZA CAPS	SP	QL(1 EA daily); PA
NAMENDA TITRATION PAK TABS PO (<i>memantine hcl</i>)	NF		INGREZZA CPPK	SP	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
NAMENDA XR CP24 PO (<i>memantine hcl</i>)	NF	PA	INGREZZA CPSP	SP	QL(1 EA daily); PA
NAMENDA TABS PO 5 MG (<i>memantine hcl</i>)	NF	QL(4 EA daily)	<i>tetrabenazine PO</i>	2	Specialty drug-Health Net will refer to SP Pharmacy; PA
NAMENDA TABS PO 10 MG (<i>memantine hcl</i>)	NF	QL(2 EA daily)	XENAZINE PO (<i>tetrabenazine</i>)	NF	Specialty drug-Health Net will refer to SP Pharmacy; PA
NAMZARIC C4PK	3	PA	Multiple Sclerosis Agents		
RAZADYNE ER CP24 PO (<i>galantamine hydrobromide</i>)	NF	QL(1 EA daily)	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail)
<i>rivastigmine</i>	1		(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ML daily)
<i>rivastigmine tartrate CAPS PO</i>	1		AMPYRA (<i>dalfampridine</i>)	NF	PA
Combination Psychotherapeutics			AUBAGIO PO (<i>teriflunomide</i>)	NF	QL(1 EA daily)
<i>chlordiazepoxide-amitriptyline PO</i>	1		AVONEX PEN AJKT	SP	PA
<i>olanzapine-fluoxetine hcl PO</i>	2		AVONEX PREFILLED PSKT	SP	PA
<i>perphenazine-amitriptyline PO</i>	1		BETASERON KIT	SP	PA
SYMBYAX PO 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	NF				
Fibromyalgia Agents					
SAVELLA TITRATION PACK MISC	3	QL(2 EA daily); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	NF	QL(1 ML daily)	REBIF TITRATION PACK SOSY	SP	PA
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NF	QL(12 ML per 28 day(s) retail)	REBIF SOSY	SP	PA
<i>dalfampridine</i>	2	PA	TECFIDERA CDPK (<i>dimethyl fumarate</i>)	SP	
<i>dimethyl fumarate CDPK</i>	SP		TECFIDERA CPDR (<i>dimethyl fumarate</i>)	SP	QL(2 EA daily)
<i>dimethyl fumarate CPDR</i>	SP	QL(2 EA daily)	<i>teriflunomide PO</i>	2	QL(1 EA daily)
<i> fingolimod hcl PO</i>	SP	QL(1 EA daily); SP	Premenstrual Dysphoric Disorder (PMDD) Agents		
GILENYA PO (<i>fingolimod hcl</i>)	SP	QL(1 EA daily); SP	<i>fluoxetine hcl (pmdd) TABS PO</i>	2	
<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ML per 28 day(s) retail)	Pseudobulbar Affect (PBA) Agents		
<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ML daily)	NUDEXTA	SP	PA
MAYZENT STARTER PACK TBPk 0.25 MG	SP	Not available through mail order; PA	Psychotherapeutic and Neurological Agents - Misc.		
MAYZENT STARTER PACK TBPk 0.25 MG	SP	Not available through Mail Order; QL(12 EA per 5 day(s) retail); PA	<i>ergoloid mesylates TABS PO</i>	1	
MAYZENT TABS PO 1 MG	SP	Not available through mail order; PA	<i>pimozide PO</i>	1	
MAYZENT TABS PO 2 MG	SP	Not available through Mail Order; QL(1 EA daily); PA	Smoking Deterrents		
MAYZENT TABS PO 0.25 MG	SP	Not available through mail order; QL(4 EA daily); PA	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG	PV	PV
PLEGRIDY STARTER PACK SOAJ	SP	PA			
PLEGRIDY STARTER PACK SOSY SC	SP	PA			
PLEGRIDY SOAJ	SP	PA			
PLEGRIDY SOSY SC	SP	PA			
REBIF REBIDOSE TITRATION PACK SOAJ	SP	PA			
REBIF REBIDOSE SOAJ	SP	PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	PV	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	PV	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	PV	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	PV	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	PV	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR	PV	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR	PV	PV	(Nicotine) CVS NICOTINE, EQ NICOTINE, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 21 MG/24HR	PV	
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR	PV	PV	APO-VARENICLINE TABS PO	PV	QL(2 EA daily); PV
			bupropion hcl (smoking deterrent) PO	PV	PV
			CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)	PV	PV
			NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR (nicotine)	PV	PV
			NICODERM CQ PT24 TD 21 MG/24HR (nicotine)	PV	
			NICORETTE MINI LOZG (nicotine polacrilex)	PV	PV
			NICORETTE STARTER KIT GUM (nicotine polacrilex)	PV	PV
			NICORETTE GUM (nicotine polacrilex)	PV	PV
			NICORETTE LOZG (nicotine polacrilex)	PV	PV
			nicotine polacrilex GUM	PV	PV
			nicotine polacrilex LOZG	PV	PV

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Drug Name	Drug Tier	Requirements/Limits
NICOTINE KIT	PV	PV
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR</i>	PV	PV
<i>nicotine PT24 TD 21 MG/24HR</i>	PV	
NICOTROL NS SOLN	PV	PV
NICOTROL INHA	PV	PV
<i>varenicline tartrate TABS PO</i>	PV	QL(2 EA daily); PV
<i>varenicline tartrate TBPk</i>	PV	PV
Transthyretin Amyloidosis Agents		
TEGSEDI	SP	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	SP	PA
KALYDECO TABS	SP	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ORKAMBI PACK 94 MG-75 MG	SP	PA
ORKAMBI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PULMOZYME	2	QL(5 ML daily); PA
SYMDEKO	SP	PA
TRIKAFTA TBPk 50 MG-25 MG	SP	PA
TRIKAFTA TBPk 100 MG-50 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; QL(3 EA daily); PA
TRIKAFTA THPK	SP	PA
Pulmonary Fibrosis Agents		

Drug Name	Drug Tier	Requirements/Limits
ESBRIET CAPS (<i>pirfenidone</i>)	SP	QL(3 EA daily); LA; PA
ESBRIET TABS PO (<i>pirfenidone</i>)	SP	QL(3 EA daily); LA; PA
OFEV	SP	QL(2 EA daily); PA
<i>pirfenidone CAPS</i>	SP	QL(3 EA daily); LA; PA
<i>pirfenidone TABS PO 534 MG</i>	SP	QL(3 EA daily); PA
<i>pirfenidone TABS PO 267 MG, 801 MG</i>	SP	QL(3 EA daily); LA; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS PO</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS PO 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS PO 100 MG	2	
(Doxycycline Hyclate) LYMEPAK TABS PO 100 MG	1	
ACTICLATE TABS PO (<i>doxycycline hyclate</i>)	NF	
<i>demeclocycline hcl TABS PO</i>	1	
<i>doxycycline (monohydrate) CAPS PO 50 MG, 75 MG, 100 MG</i>	2	
<i>doxycycline (monohydrate) CAPS PO 150 MG</i>	2	ST
<i>doxycycline (monohydrate) SUSR PO</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline (monohydrate) TABS PO 75 MG, 150 MG</i>	1	ST	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)
<i>doxycycline (monohydrate) TABS PO 50 MG, 100 MG</i>	1		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1	
<i>doxycycline hyclate CAPS PO</i>	1		(Levothyroxine Sodium) LEVO-T TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
<i>doxycycline hyclate TABS PO 20 MG, 100 MG</i>	1		(Thyroid) NP THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
<i>minocycline hcl CAPS PO</i>	1		ADTHYZA TABS PO 32.5 MG, 65 MG, 130 MG	3	
<i>minocycline hcl CP24</i>	3	ST	ADTHYZA TABS PO 16.25 MG, 97.5 MG	2	
<i>minocycline hcl TABS PO 75 MG</i>	1	PA	ARMOUR THYROID TABS PO	2	
<i>minocycline hcl TABS PO 50 MG, 100 MG</i>	1		ARMOUR THYROID TABS PO	2	
TARGADOX TABS PO (<i>doxycycline hyclate</i>)	NF		CYTOMEL TABS PO 5 MCG (<i>liothyronine sodium</i>)	2	
<i>tetracycline hcl CAPS PO</i>	1		CYTOMEL TABS PO 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)
VIBRAMYCIN PO	2		<i>levothyroxine sodium CAPS PO</i>	2	
VIBRAMYCIN CAPS PO (<i>doxycycline hyclate</i>)	NF		<i>levothyroxine sodium TABS PO</i>	1	
VIBRAMYCIN SUSR PO (<i>doxycycline (monohydrate)</i>)	NF		<i>levothyroxine sodium TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)
XIMINO CP24	3	ST			
XIMINO CP24 (<i>minocycline hcl</i>)	NF				
THYROID AGENTS - Drugs to Regulate Thyroid Hormones					
Antithyroid Agents					
<i>methimazole TABS PO</i>	1				
<i>propylthiouracil PO</i>	1	QL(3 EA daily)			
Thyroid Hormones					
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lithyronine sodium TABS PO 25 MCG, 50 MCG</i>	1	QL(2 EA daily)	PEDIARIX SUSY	PV	
<i>lithyronine sodium TABS PO 5 MCG</i>	1		PENTACEL	PV	
NIVA THYROID TABS PO	1		QUADRACEL SUSP	PV	
NP THYROID TABS PO	1		QUADRACEL SUSY	PV	
SYNTHROID TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2		TDVAX SUSP	PV	
SYNTHROID TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)	TENIVAC INJ	PV	
THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1		TETANUS-DIPHThERIA TOXOIDS TD SUSP	PV	
THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
TIROSINT CAPS PO 37.5 MCG, 44 MCG, 62.5 MCG	2		Antispasmodics		
TIROSINT CAPS PO 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	NF		(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP PO 0.125 MG	1	
TOXOIDS			(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1	
Toxoid Combinations			(Hyoscyamine Sulfate) OSCIMIN TABS PO 0.125 MG	1	
ADACEL SUSP	PV		ANASPAZ TBDP PO (<i>hyoscyamine sulfate</i>)	NF	
BOOSTRIX SUSP	PV		BELLADONNA ALKALOIDS-OPIUM PR	3	
BOOSTRIX SUSY	PV		<i>chlordiazepoxide hcl-clidinium bromide PO</i>	1	
DAPTACEL	PV		CUVPOSA SOLN PO (<i>glycopyrrolate</i>)	NF	
DIPHThERIA-TETANUS TOXOIDS DT SUSP	PV		<i>dicyclomine hcl CAPS PO</i>	1	
INFANRIX	PV		<i>dicyclomine hcl SOLN PO</i>	1	
KINRIX SUSY	PV		<i>dicyclomine hcl TABS PO</i>	1	
			GLYCATE TABS PO	3	
			<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1	
			<i>glycopyrrolate TABS PO 1 MG, 2 MG</i>	1	
			GLYCOPYRROLATE TABS PO	3	
			<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>hyoscyamine sulfate</i> TABS PO 0.125 MG	1		(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS PO 20 MG	1	RX/OTC	
<i>hyoscyamine sulfate</i> TB12 PO 0.375 MG	1					
<i>hyoscyamine sulfate</i> TBDP PO 0.125 MG	1					
LEVBID TB12 PO (hyoscyamine sulfate)	NF					
LEVSIN/SL SUBL (hyoscyamine sulfate)	NF					
LEVSIN TABS PO (hyoscyamine sulfate)	NF					
LIBRAX PO (chlordiazepoxide hcl-clidinium bromide)	NF					
<i>methscopolamine bromide</i> PO	1					
<i>propantheline bromide</i> TABS PO	1					
ROBINUL-FORTE TABS PO (glycopyrrolate)	NF					
ROBINUL TABS PO (glycopyrrolate)	NF					
H-2 Antagonists						
				<i>cimetidine hcl</i> PO 300 MG/5ML	1	
				<i>cimetidine</i> TABS PO 400 MG	1	QL(4 EA daily)
			<i>cimetidine</i> TABS PO 300 MG, 800 MG	1		
			<i>famotidine</i> SUSR PO	1		
			<i>famotidine</i> TABS PO 40 MG	1	QL(2 EA daily)	
			<i>famotidine</i> TABS PO 20 MG	1	RX/OTC	
			<i>nizatidine</i> CAPS PO	1		
			PEPCID AC MAXIMUM STRENGTH TABS PO (famotidine)	NF	RX/OTC	

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PEPCID TABS PO 40 MG <i>(famotidine)</i>	NF	QL(2 EA daily)	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR PO 20 MG	1	QL(1 EA daily)	
PEPCID TABS PO 20 MG <i>(famotidine)</i>	NF	RX/OTC				
Misc. Anti-Ulcer						
CARAFATE SUSP PO <i>(sucralfate)</i>	NF					
CARAFATE TABS PO <i>(sucralfate)</i>	NF	QL(4 EA daily)				
<i>sucralfate SUSP PO</i>	1					
<i>sucralfate TABS PO</i>	1	QL(4 EA daily)				
Proton Pump Inhibitors						
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR PO 15 MG	1	RX/OTC		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR PO	1	QL(1 EA daily)
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC		ACIPHEX TBEC PO <i>(rabeprazole sodium)</i>	NF	QL(1 EA daily); PA
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR PO	1	QL(1 EA daily)	<i>lansoprazole CPDR PO 30 MG</i>	1	QL(1 EA daily)	
			<i>lansoprazole CPDR PO 15 MG</i>	1	RX/OTC	
			<i>lansoprazole TBDD 15 MG</i>	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	
			<i>lansoprazole TBDD 30 MG</i>	1	QL(1 EA daily); AL(Up to 12 yrs old)	
			<i>omeprazole magnesium CPDR PO</i>	1	QL(1 EA daily)	
			<i>omeprazole CPDR PO 10 MG</i>	1		
			<i>omeprazole CPDR PO 20 MG, 40 MG</i>	1	QL(1 EA daily)	
			<i>pantoprazole sodium PACK</i>	1	QL(1 EA daily)	
			<i>pantoprazole sodium TBEC PO</i>	1	QL(1 EA daily)	

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PREVACID 24HR CPDR PO (<i>lansoprazole</i>)	NF	RX/OTC	<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>)	NF	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	<i>oxybutynin chloride TABS PO 5 MG</i>	1	QL(4 EA daily)
PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>)	NF	QL(1 EA daily); AL(Up to 12 yrs old)	<i>oxybutynin chloride TB24 PO</i>	1	
PREVACID CPDR PO 30 MG (<i>lansoprazole</i>)	NF	QL(1 EA daily)	<i>solifenacin succinate TABS PO 10 MG</i>	1	QL(1 EA daily)
PRILOSEC PACK PO	3	PA	<i>solifenacin succinate TABS PO 5 MG</i>	1	
PROTONIX PACK (<i>pantoprazole sodium</i>)	NF	QL(1 EA daily)	<i>tolterodine tartrate CP24 PO</i>	1	QL(1 EA daily)
PROTONIX TBEC PO (<i>pantoprazole sodium</i>)	NF	QL(1 EA daily)	<i>tolterodine tartrate TABS PO</i>	1	QL(2 EA daily)
RABEPRAZOLE SODIUM CPSP PO	3	PA	TOVIAZ (<i>fesoterodine fumarate</i>)	NF	QL(1 EA daily)
<i>rabeprazole sodium TBEC PO</i>	1	QL(1 EA daily); PA	<i>tropium chloride CP24 PO</i>	1	
Ulcer Drugs - Prostaglandins			<i>tropium chloride TABS PO</i>	1	QL(2 EA daily)
CYTOTEC PO (<i>misoprostol</i>)	NF		VESICARE TABS PO 10 MG (<i>solifenacin succinate</i>)	NF	QL(1 EA daily)
<i>misoprostol PO</i>	1		VESICARE TABS PO 5 MG (<i>solifenacin succinate</i>)	NF	
Ulcer Therapy Combinations			Urinary Antispasmodics - Cholinergic Agonists		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail	<i>bethanechol chloride PO</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			Urinary Antispasmodics - Direct Muscle Relaxants		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			<i>flavoxate hcl PO</i>	1	
<i>darifenacin hydrobromide PO</i>	2		VACCINES		
DETROL LA CP24 PO (<i>tolterodine tartrate</i>)	NF	QL(1 EA daily)	Bacterial Vaccines		
DETROL TABS PO (<i>tolterodine tartrate</i>)	NF	QL(2 EA daily)	ACTHIB SOLR IM	PV	
DITROPAN XL TB24 PO 5 MG, 10 MG (<i>oxybutynin chloride</i>)	NF		BEXSERO	PV	
			MENQUADFI	PV	
			MENVEO SOLR	PV	
			PEDVAX HIB SUSP	PV	
			PNEUMOVAX 23 SOLN	PV	
			PNEUMOVAX 23 SOSY	PV	
			PREVNAR 13	PV	

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Drug Name	Drug Tier	Requirements/Limits
TRUMENBA	PV	
Viral Vaccines		
AFLURIA PRESERVATIVE FREE SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA QUADRIVALENT SUSY 0.5 ML	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY SUSP	PV	
COMIRNATY SUSY	PV	
ENGERIX-B SUSP 20 MCG/ML	PV	
ENGERIX-B SUSY	PV	
FLUAD	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUAD QUADRIVALENT	PV	
FLUARIX QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/Limits
FLUARIX SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUBLOK QUADRIVALENT	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUBLOK SOSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLULAVAL QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLULAVAL SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	HAVRIX	PV	
			HEPLISAV-B SOSY	PV	
			JANSSEN COVID-19 VACCINE	PV	
			M-M-R II SOLR	PV	
FLUMIST	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	MODERNA COVID-19 BIVAL 6M-5Y	PV	
			MODERNA COVID-19 BIVALENT	PV	
FLUMIST QUADRIVALENT	PV		MODERNA COVID-19 VAC (BOOSTER) SUSP	PV	
FLUZONE HIGH-DOSE QUADRIVALENT	PV		MODERNA COVID-19 VAC 6M-11Y SUSP	PV	
FLUZONE HIGH-DOSE SUSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	MODERNA COVID-19 VAC 6M-11Y SUSY	PV	
			MODERNA COVID-19 VACC 6M-5Y SUSP	PV	
FLUZONE QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	MODERNA COVID-19 VACCINE SUSP	PV	
			NOVAVAX COVID-19 VACCINE SUSP	PV	
			NOVAVAX COVID-19 VACCINE SUSY	PV	
FLUZONE QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	PFIZER COVID-19 BIVAL 6MO-4YR	PV	
			PFIZER COVID-19 VAC BIVAL 5-11	PV	
			PFIZER COVID-19 VAC BIVALENT	PV	
			PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	PV	
FLUZONE SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	PV	
			PFIZER-BIONT COVID-19 VAC-TRIS SUSP	PV	
FLUZONE SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	PFIZER-BIONTECH COVID-19 VACC SUSP	PV	
			PROQUAD SUSR	PV	
			RECOMBIVAX HB SUSP	PV	
GARDASIL 9 SUSP	PV		RECOMBIVAX HB SUSY	PV	
GARDASIL 9 SUSY	PV		ROTARIX SUSR PO	PV	

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Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOLN PO	PV	
SHINGRIX	PV	AL(At least 50 yrs old)
SPIKEVAX COVID-19 VACCINE SUSP	PV	
SPIKEVAX SUSP	PV	
SPIKEVAX SUSY	PV	
TWINRIX SUSY	PV	
VAQTA	PV	
VARIVAX SUSR	PV	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	PV	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	PV	PV
SHUR-SEAL CONTRACEPTIVE GEL	PV	PV
TODAY SPONGE MISC	PV	PV
VCF VAGINAL CONTRACEPTIVE FILM	PV	PV
VCF VAGINAL CONTRACEPTIVE FOAM	PV	PV
VCF VAGINAL CONTRACEPTIVE GEL	PV	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	NF	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	PV	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	NF	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 per fill mail)
FEMRING	3	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PREMARIN	2	QL(2 GM daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	NF	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.1 MG/0.1ML	SP	QL(2 EA per fill retail; 4 EA per 30 day(s) retail); PA
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	2	
<i>epinephrine (anaphylaxis) SOAJ</i>	2	Limited to 2 auto-injectors per fill; QL(2 EA per fill retail; 4 EA per 30 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis)</i> SOAJ 0.3 MG/0.3ML	2	QL(2 EA per fill retail); 2 max fill(s) per 30 day(s) retail
EPIPEN 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	NF	
EPIPEN 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	NF	Must try epinephrine auto-injector ; QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
EPIPEN JR 2-PAK SOAJ <i>(epinephrine (anaphylaxis))</i>	NF	Must try epinephrine auto-injector ; QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	SP	PA
NORTHERA (<i>droxidopa</i>)	SP	PA
Vasopressors		
<i>midodrine hcl PO</i>	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS PO <i>(ergocalciferol)</i>	NF	
<i>ergocalciferol CAPS PO</i>	1	
MEPHYTON TABS PO <i>(phytonadione)</i>	NF	
<i>phytonadione TABS PO 5 MG</i>	2	

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(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %61	DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW PO7	BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC PO 86
(Alprazolam) ALPRAZOLAM XR TB24 PO 12	(Azathioprine) AZASAN TABS PO 75 MG, 100 MG 110	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP PR 86
(Amiodarone Hcl) PACERONE TABS PO 13	(AzelaStine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY 116	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA 15
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW ST, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC PO 81 MG .....7	(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN 118	(Butalbital-Acetaminophen) BUPAP TABS PO 50 MG-300 MG .....6
(Aspirin) ADULT ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW	(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC 119	(Butalbital-Acetaminophen) TENCON TABS PO 50 MG-325 MG 6
	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FEENAMINT, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB	(Butalbital-Acetaminophen-Caffeine) BAC TABS PO 40 MG-50 MG-325 MG .....6
		(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS PO 40 MG- 50 MG-325 MG .....6
		(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE PO .....9
		(Calcipotriene) CALCITRENE OINT 66
		(Calcium Acetate (Phosphate Binder)) CALPHRON TABS PO ... 79
		(Carbamazepine) EPITOL TABS PO . 19
		(Carisoprodol) VANADOM TABS PO 350 MG 115
		(Chlorhexidine Gluconate (Mouth- Throat)) PERIOGARD 112

(Chlorzoxazone) LORZONE TABS PO 375 MG, 750 MG 115	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA PO 55	EX 65
(Cholestyramine Light) PREVALITE PACK PO 30	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET PO 55	(Digoxin) DIGITEK TABS PO 125 MCG, 250 MCG 52
(Cholestyramine Light) PREVALITE POWD PO 30	(Desonide) DESRX GEL 67	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 PO 120 MG, 180 MG, 240 MG, 300 MG 51
(Ciclopirox) CICLODAN SOLN 64	(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPK PO 59	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER PO 120 MG, 180 MG, 240 MG, 300 MG, 360 MG 51
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB 61	(Dexamethasone) TAPERDEX 12- DAY, TAPERDEX 7-DAY TBPK PO 59	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER PO 51
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM 61	(Dexchlorpheniramine Maleate) RYCLORA SOLN 29	(Diltiazem Hcl) DILT-XR CP24 PO 51
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC .. 61	(Dextroamphetamine Sulfate) PROCENTRA SOLN PO 1	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 51
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 % 67	(Dextroamphetamine Sulfate) ZENZEDI TABS PO 10 MG 1	(Doxycycline (Monohydrate)) AVIDOXY TABS PO 100 MG 128
(Clobetasol Propionate Emulsion) TOVET 67	(Dextroamphetamine Sulfate) ZENZEDI TABS PO 5 MG 1	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS PO 100 MG 128
(Clobetasol Propionate) CLODAN SHAM 67	(Diazepam) DIAZEPAM INTENSOL CONC 12	(Doxycycline Hyclate) LYMEPAK TABS PO 100 MG 128
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS PO 25 MG, 100 MG 110	(Dichlorphenamide) ORMALVI PO 73	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE PO 0.02 MG-3 MG 55
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN PO 110	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE PO 0.03 MG-3 MG 55
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN PO 0.03 MG-0.15 MG 55		(Drospirenone-Ethinyl Estradiol- Levomefolate Calcium) TYDEMY PO 0.03 MG-3 MG-0.451 MG 55
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN PO 30 MCG-0.15 MG 54		(Ergotamine W/ Caffeine) MIGERGOT SUPP PR 108

(Erythromycin (Acne Aid)) ERY PADS .....61	MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAX ST, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS PO 20 MG .....131	FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS PO 400 MCG . 84
(Erythromycin Base) ERY-TAB TBEC PO .....87		(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS PO 800 MCG . 84
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS PO .....87		(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS PO 1 MG .....84
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS PO 250 MG 87		(Gentamicin Sulfate (Ophth)) GENTAK OINT 118
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS PO 1 MG-0.5 MG .....77	(Fluocinolone Acetonide (Otic)) FLAC .....121	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML 124
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS PO ....77	(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, EQL FLUTICASONE CHILDRENS, EQL FLUTICASONE PROPIONATE, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP ....116	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML 124
(Estradiol Vaginal) YUVAFEM TABS . 136		(Glipizide) GLIPIZIDE XL TB24 PO 27
(Estradiol) DOTTI, LYLLANA PTTW . 77		(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN PO 10 MG/5ML-100 MG/5ML .....60
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 (28) PO 35 MCG-1 MG 55	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 15	(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP PO 60
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 (28) PO 50 MCG-1 MG 55		(Homatropine Hbr) HOMATROPAIRE .....118
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE .....59		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN PO .....60
(Everolimus) TORPENZ TABS 40	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS PO 400 MCG, 800 MCG .....84	(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 11
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP	(Hydrocortisone (Topical)) ALA SCALP LOTN 2 % 67

(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP PO 0.125 MG 130	MG 19	LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA- 28, SRONYX, VIENVA TABS PO 20 MCG-0.1 MG 55
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG 130	(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT PO . 19	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLEA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA- 28, SRONYX, VIENVA TABS PO 30 MCG-0.15 MG 55
(Hyoscyamine Sulfate) OSCIMIN TABS PO 0.125 MG 130	(Lamotrigine) SUBVENITE TABS PO 19	
(Ibuprofen) IBU TABS PO 400 MG, 600 MG, 800 MG 5	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID	
(Icatibant Acetate) SAJAZIR SOSY 83	REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR PO 15 MG . 132	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION PO 1.5 MG 59
(Indomethacin) INDOCIN SUPP PR 5	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG . 132	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC 64	(Levetiracetam) ROWEEPRA TABS PO 500 MG 19	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE PO 10 MG . 61	(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS PO 29	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE PO 20 MG . 62	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLEA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA- 28, SRONYX, VIENVA TABS PO 0.03 MG-0.15 MG 55	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) PO ... 55
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE PO 40 MG . 61		(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE PO 0.03 MG-0.15 MG . 56
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE PO 30 MG 62		(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE PO 56
(Ketoconazole (Topical)) KETODAN FOAM 64		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC PO 79		
(Lactulose) CONSTULOSE SOLN PO 10 GM/15ML 85		
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT PO 25	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLEA, FALMINA, KURVELO, LESSINA,	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE PO 56

(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG	129	(Metronidazole (Topical)) ROSADAN GEL 0.75 %	71	NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	126
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	129	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	136	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG	125
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	129	(Miglustat) YARGESA	83	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG	126
(Levothyroxine Sodium) LEVO-T TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	129	(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP 116			
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	71	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	118		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS PO	27	(Niacin (Antihyperlipidemic)) NIACOR TABS PO	31		
(Lorazepam) LORAZEPAM INTENSOL CONC PO	12	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	126		
(Methadone Hcl) METHADONE HCL INTENSOL CONC PO	7	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	127		
(Methadone Hcl) METHADOSE TBSO PO	7	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	127		
(Methylergonovine Maleate) METHERGINE TABS PO	122			(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	126
(Methyltestosterone) METHITEST TABS	11				
(Metronidazole (Topical)) ROSADAN CREA	71				

(Nicotine Polacrilex) CVS NICOTINE, EQ CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	127		
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 14 MG/24HR	127	(Nitroglycerin) NITROLINGUAL SOLN TL 0.4 MG/SPRAY	12
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR, 14 MG/24HR	127	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	58
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, HM NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 7 MG/24HR	127	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS PO 1 MG-20 MCG-75 MG	56
(Nicotine) CVS NICOTINE, EQ NICOTINE, FT NICOTINE, GNP NICOTINE, HABITROL, HM NICOTINE, NICOTINE STEP 1, QC NICOTINE TRANSDERMAL SYSTEM, RA NICOTINE, SM NICOTINE PT24 TD 21 MG/24HR		(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW PO	56
		(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY	
		CAPS	56
		(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-0.4 MG	57
		(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-0.5 MG	57
		(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35, NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA PO 35 MCG-1 MG	56
		(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE PO 25 MCG-0.8 MG- 75 MG	57
		(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE PO 35 MCG-0.4 MG	57
		(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA- BE, NORLYROC, SHAROBEL PO	59
		(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21),	

LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS PO 1 MG-20 MCG .....57	0.3 MG 57 (Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 64 (Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, SM OLOPATADINE HCL 0.2 % 120	ENDOCET TABS PO 325 MG-5 MG . 9 (Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN PO 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML ... 112 (Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN PO 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ..112 (Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN PO 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML ... 112
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS PO 1.5 MG-30 MCG .....57	(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 120	
(Norethindrone Acetate) GALLIFREY TABS PO 123	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR PO 20 MG .....132	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI PO 1 MG-5 MCG .....77	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR PO 20 MG .....132	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI PO .77		
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE PO .....57		
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 PO 57		
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI- LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA PO .....57		
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA PO .....57	(Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-10 MG, 325 MG-7.5 MG 9 (Oxycodone W/ Acetaminophen) ENDOCET TABS PO 325 MG-2.5 MG .....9 (Oxycodone W/ Acetaminophen)	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT PO .....85 (PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR PO 236 GM 85
(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ PO 30 MCG-		

(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK PO .....85	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 PO 20 MEQ ....110	UNIT-200 MG-150 MCG-30 UNIT-29 MG .....113 (Prochlorperazine) COMPRO PR .47
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..122	(Potassium Chloride) KLOR-CON PACK PO 20 MEQ .....110	(Promethazine Hcl) PROMETHEGAN SUPP PR 12.5 MG, 25 MG .....29
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....118	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR PO 10 MEQ 110	(Promethazine Hcl) PROMETHEGAN SUPP PR 50 MG .....29
(Phenytoin Sodium Extended) PHENYTEK PO 200 MG, 300 MG .21	(Potassium Chloride) KLOR-CON, KLOR-CON 10 TBCR PO 8 MEQ 110	(Promethazine-Phenylephrine- Codeine) PROMETHAZINE VC/CODEINE PO .....60
(Phenytoin) PHENYTOIN INFATABS CHEW PO .....21		(Pseudoephed-Bromphen-DM) BROMFED DM SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML ..60
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD PO .....86	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK PO ..80	(Salicylic Acid) KERALYT SHAM 6 %71
	(Potassium Citrate-Citric Acid) CYTRA-K SOLN PO .....80	(Sapropterin Dihydrochloride) JAVYGTOR PACK .....75
	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS ....109	(Sapropterin Dihydrochloride) JAVYGTOR TABS .....75
	(Pramoxine-HC-Chloroxylenol) CORTIC-ND .....121	(Silver Sulfadiazine) SSD .....67
	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 119	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 61
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL PO ..109	(Prednisolone) MILLIPRED TABS PO.....59	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 61
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF PO . 110	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS PO .....113	(Sodium Citrate & Citric Acid) CYTRA-2 PO .....80
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 PO 10 MEQ ....110	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW PO.....113	(Sodium Fluoride) NAFRINSE CHEW PO 2.2 MG .....109
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 PO 15 MEQ ....110	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT PO .....113	(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML .....111
	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS PO 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000	(Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML .....111

(Sotalol Hcl) SORINE TABS PO ...50	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %67	14	ACCU-CHEK FASTCLIX LANCETS . 90
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %62	(Urea) CERVEL LOTN 40 %70		ACCU-CHEK SAFE-T PRO LANCETS 90
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM .....62	(Vigabatrin) VIGADRONE TABS .. 21		ACCU-CHEK SOFTCLIX LANCETS 90
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %62	(Vigabatrin) VIGADRONE, VIGPODER PACK .....21		ACCU-CHEK SOFTCLIX LANCETS 90
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP PO . 35	(Warfarin Sodium) JANTOVEN TABS PO .....16		ACCUPRIL PO (quinapril hcl) 32
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS PO .....53	(Zolmitriptan) ZOMIG TABS PO ..108		ACCURETIC PO 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide) 33
(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM .....11	1ST TIER UNILET COMFORTOUCH.....90		ACCURETIC PO 25 MG-20 MG (quinapril-hydrochlorothiazide) 33
(Tetracaine Hcl (Ophth)) ALTACAINE.....119	abacavir sulfate SOLN PO .....47		acebutolol hcl CAPS PO .....50
(Theophylline) ELIXOPHYLLIN ELIX PO .....16	abacavir sulfate TABS PO .....47		acetaminophen w/ codeine SOLN PO 9
(Thyroid) NP THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG 129	abacavir sulfate-lamivudine PO ...47		acetaminophen w/ codeine TABS PO 15 MG-300 MG, 30 MG-300 MG ...9
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 % 117	ABILIFY TABS PO 15 MG (aripiprazole) .....47		acetaminophen w/ codeine TABS PO 60 MG-300 MG .....9
(Tretinoin) AVITA CREA 0.025 % . 62	ABILIFY TABS PO 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole) .....47		acetazolamide CP12 PO .....73
(Tretinoin) AVITA GEL 0.025 % ... 62	ABILIFY TABS PO 20 MG (aripiprazole) .....47		acetazolamide TABS PO 125 MG .73
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE .....112	abiraterone acetate .....39		acetazolamide TABS PO 250 MG .73
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, RA NASAL ALLERGY AERO 117	ABSORICA PO 10 MG, 25 MG (isotretinoin) .....62		acetic acid (otic) .....121
	ABSORICA PO 20 MG (isotretinoin) . 62		acetylcysteine SOLN .....61
	ABSORICA PO 30 MG (isotretinoin) . 62		ACIPHEX TBEC PO (rabeprazole sodium) 132
	ABSORICA PO 35 MG, 40 MG (isotretinoin) .....62		acitretin PO 10 MG .....66
	acamprosate calcium PO .....123		acitretin PO 17.5 MG .....66
	acarbose PO .....24		acitretin PO 25 MG .....66
	ACCOLATE PO 10 MG (zafirlukast) 14		ACTHIB SOLR IM 133
	ACCOLATE PO 20 MG (zafirlukast)		ACTICLATE TABS PO (doxycycline hyclate) 128
			ACTIDOM DMX LIQD PO 60

ACTI-LANCE 28G	90	acyclovir topical OINT	67	ADVANCED MOBILE LANCET ...	90
ACTI-LANCE LITE LANCETS 28G 90		ACZONE 5 % (dapsone (topical)) .	62	ADVATE	81
ACTI-LANCE SPECIAL LANCETS 17G	90	ACZONE 7.5 % (dapsone (topical)) 62		ADVIN COVID-19 ANTIGEN TEST KIT	72
ACTI-LANCE UNIVERSAL 23G ..	90	ADACEL SUSP	130	ADVOCATE LANCETS	90
ACTIMMUNE 100 MCG/0.5ML	43	ADALIMUMAB-ADAZ SOAJ	4	ADVOCATE LANCETS 30G	90
ACTIQ LPOP 1600 MCG (fentanyl citrate)	7	ADALIMUMAB-ADAZ SOSY	4	ADVOCATE SAFETY LANCETS .	90
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate)	7	adapalene CREA	62	ADVOCATE SAFETY LANCETS 26G	90
ACTIVELLA TABS PO 1 MG-0.5 MG (estradiol & norethindrone acetate) 77		adapalene GEL 0.1 %	62	ADYNOVATE	81
ACTONEL TABS PO 150 MG (risedronate sodium)	74	adapalene GEL 0.3 %	62	AFINITOR DISPERZ TBSO (everolimus)	40
ACTONEL TABS PO 35 MG (risedronate sodium)	74	adapalene-benzoyl peroxide GEL .	62	AFINITOR TABS (everolimus)	40
ACTOPLUS MET TABS PO (pioglitazone hcl-metformin hcl) ...	24	ADCIRCA TABS PO (tadalafil (pulmonary hypertension))	53	AFLURIA PRESERVATIVE FREE SUSY	134
ACTOS PO 15 MG (pioglitazone hcl) 26		ADDERALL TABS PO 10 MG (amphetamine-dextroamphetamine) . 1		AFLURIA QUADRIVALENT SUSP 134	
ACTOS PO 30 MG, 45 MG (pioglitazone hcl)	26	ADDERALL TABS PO 5 MG, 12.5 MG, 20 MG, 30 MG (amphetamine- dextroamphetamine)	1	AFLURIA QUADRIVALENT SUSY 0.5 ML	134
ACULAR (ketorolac tromethamine (ophth))	120	ADDERALL TABS PO 7.5 MG, 15 MG (amphetamine- dextroamphetamine)	1	AFLURIA SUSP	134
ACULAR LS (ketorolac tromethamine (ophth))	120	ADDERALL XR CP24 PO (amphetamine-dextroamphetamine) . 1		AFREZZA POWD	25
ACUVAIL	120	adefovir dipivoxil PO	49	AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	81
acyclovir CAPS PO	49	ADEMPAS PO	54	AGAMATRIX ULTRA-THIN LANCETS	90
acyclovir SUSP PO	49	ADTHYZA TABS PO 16.25 MG, 97.5 MG	129	AGAMREE	59
acyclovir TABS PO 400 MG	50	ADTHYZA TABS PO 32.5 MG, 65 MG, 130 MG	129	AGRYLIN PO 0.5 MG (anagrelide hcl)	83
acyclovir TABS PO 800 MG	50	ADVAIR DISKUS AEPB (fluticasone- salmeterol)	15	AIMOVIG	108
acyclovir topical CREA	67	ADVAIR HFA AERO (fluticasone- salmeterol)	15	AIMSCO LUBRICATED MISC	88

AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)	15	ALINIA TABS PO (nitazoxanide) ..	35	ALUNBRIG TBPK	40
AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol)	15	aliskiren fumarate PO	34	alvimopan PO	79
AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol)	15	ALKERAN IV (melphalan hcl)	37	amantadine hcl CAPS PO	44
AIRZONE PEAK FLOW METER	107	ALKERAN PO (melphalan)	37	amantadine hcl TABS PO	44
AKTEN	119	allopurinol PO 100 MG	81	AMARYL PO (glimepiride)	27
AKYNZEO PO	28	allopurinol PO 300 MG	81	AMBIEN CR TBCR PO (zolpidem tartrate)	85
albendazole PO	12	almotriptan malate PO	108	AMBIEN TABS PO (zolpidem tartrate)	85
albuterol sulfate AERS	15	ALOCRIAL	120	ambrisentan PO	53
albuterol sulfate NEBU	15	alogliptin benzoate	25	amcinonide LOTN	67
ALBUTEROL SULFATE NEBU	15	ALOMIDE	120	AMICAR SOLN PO (aminocaproic acid)	84
albuterol sulfate SYRP PO	16	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	77	AMICAR TABS PO (aminocaproic acid)	84
albuterol sulfate TABS PO	16	alosetron hcl PO	79	AMICAR TABS PO (aminocaproic acid)	84
ALCAINE (propracaine hcl)	119	ALPHAGAN P (brimonidine tartrate) 118		amiloride & hydrochlorothiazide PO 73	
alclometasone dipropionate CREA	67	ALPHANATE SOLR	81	amiloride hcl TABS PO	74
alclometasone dipropionate OINT	.67	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	81	aminocaproic acid SOLN PO 0.25 GM/ML	84
ALDACTAZIDE PO (spironolactone & hydrochlorothiazide)	73	ALPRAZOLAM INTENSOL CONC	12	aminocaproic acid TABS PO	84
ALDACTONE TABS PO (spironolactone)	74	alprazolam TABS PO	12	amiodarone hcl TABS PO	13
ALECENSA	40	alprazolam TB24 PO	12	AMITIZA PO (lubiprostone)	78
alendronate sodium SOLN PO	74	alprazolam TBDP PO	13	amitriptyline hcl TABS PO	24
alendronate sodium TABS PO 35 MG	74	ALPROLIX	81	amlodipine besylate TABS PO 2.5 MG	51
alendronate sodium TABS PO 5 MG, 10 MG	74	ALREX SUSP (loteprednol etabonate)	119	amlodipine besylate TABS PO 5 MG, 10 MG	51
alendronate sodium TABS PO 70 MG	74	ALTABAX	64	amlodipine besylate-atorvastatin calcium PO 10 MG-10 MG, 2.5 MG- 10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG	52
ALFERON N	43	ALTACE CAPS PO 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	32	amlodipine besylate-atorvastatin	
alfuzosin hcl PO	80	ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	81		
ALINIA SUSR PO	35	ALUNBRIG TABS PO	40		

calcium PO 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG	52	amphetamine-dextroamphetamine TABS PO 10 MG	1	(meclizine hcl)	28
amlodipine besylate-benazepril hcl PO 10 MG-2.5 MG	33	amphetamine-dextroamphetamine TABS PO 5 MG, 12.5 MG, 20 MG, 30 MG	1	ANUSOL-HC EX (hydrocortisone (rectal))	11
amlodipine besylate-benazepril hcl PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	33	amphetamine-dextroamphetamine TABS PO 7.5 MG, 15 MG	1	ANZEMET TABS PO 50 MG	28
amlodipine besylate-valsartan PO 10 MG-160 MG	33	ampicillin & sulbactam sodium IJ 2 GM-1 GM	123	APEXICON E CREA	67
amlodipine besylate-valsartan PO 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	33	ampicillin CAPS PO 500 MG	122	APO-VARENICLINE TABS PO	127
amlodipine-valsartan-hydrochlorothiazide PO	33	ampicillin sodium IJ 1 GM, 125 MG 122		apraclonidine hcl	118
amoxapine PO	24	AMPYRA (dalfampridine)	124	aprepitant CAPS PO 40 MG	28
amoxicillin & pot clavulanate CHEW PO	122	ANAFRANIL PO (clomipramine hcl) 24		aprepitant CAPS PO 80 MG, 125 MG	28
amoxicillin & pot clavulanate SUSR PO	123	anagrelide hcl PO	83	aprepitant CAPS PO	28
amoxicillin & pot clavulanate TABS PO	123	ANALPRAM-HC LOTN EX	11	aprepitant MISC PO	28
amoxicillin & pot clavulanate TB12 PO	123	ANAPROX DS TABS PO (naproxen sodium)	5	APRISO CP24 (mesalamine)	78
amoxicillin CAPS PO	122	ANASPAZ TBDP PO (hyoscyamine sulfate)	130	APTENSIO XR CP24 PO (methylphenidate hcl)	2
amoxicillin CHEW PO 125 MG, 250 MG	122	anastrozole PO	39	APTIOM	19
AMOXICILLIN SUSR PO (amoxicillin)	122	ANCOBON PO (flucytosine)	28	APTIVUS CAPS	47
amoxicillin SUSR PO	122	ANDEXXA 200 MG	27	AQUALANCE LANCETS 30G	90
amoxicillin TABS PO	122	ANDROGEL GEL TD 25 MG/2.5GM (testosterone)	11	ARAVA PO 10 MG (leflunomide) ...	6
amoxicillin-clarithromycin w/ lansoprazole THPK	133	ANDROGEL PUMP GEL TD (testosterone)	11	ARAVA PO 20 MG (leflunomide) ...	6
amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	ANGELIQ	77	ARCALYST	4
		ANNOVERA	59	ARICEPT TABS PO (donepezil hydrochloride)	123
		ANORO ELLIPTA	16	ARIKAYCE	3
		ANTARA PO 30 MG, 90 MG (fenofibrate micronized)	30	ARIMIDEX PO (anastrozole)	39
		ANTIVERT TABS PO 50 MG		aripiprazole SOLN PO	47
				aripiprazole TABS PO 15 MG	47
				aripiprazole TABS PO 2 MG, 5 MG, 10 MG, 30 MG	47
				aripiprazole TABS PO 20 MG	47
				aripiprazole TBDP PO	47
				ARIXTRA 2.5 MG/0.5ML	

(fondaparinux sodium)	17	106	atropine sulfate (ophthalmic) SOLN	118
ARIXTRA 5 MG/0.4ML, 7.5		ASSURE LANCE LANCETS	91	ATROPINE SULFATE SOLN 1 %
MG/0.6ML, 10 MG/0.8ML		ASSURE LANCE LANCETS 21G	.91	118
(fondaparinux sodium)	17	ASSURE LANCE PLUS SAFETY		ATROVENT HFA
armodafinil PO 150 MG, 200 MG,		25G	91	14
250 MG	2	ASSURE LANCE PLUS SAFETY		AUBAGIO PO (teriflunomide)
armodafinil PO 50 MG	2	30G	91	124
ARMOUR THYROID TABS PO ..	129	ASSURE LANCE SAFETY LANCET		AUGMENTIN ES-600 SUSR PO
ARNUITY ELLIPTA 100 MCG/ACT,		28G	91	(amoxicillin & pot clavulanate)
200 MCG/ACT	14	ASTAGRAF XL CP24	110	123
ARNUITY ELLIPTA 50 MCG/ACT	.14	ATABEX EC TBEC PO	113	AUGMENTIN SUSR PO 31.25
AROMASIN PO (exemestane)	39	ATACAND HCT PO (candesartan		MG/5ML-125 MG/5ML
ARTHROTEC TBEC PO (diclofenac		cilexetil-hydrochlorothiazide)	33	123
w/ misoprostol)	5	ATACAND PO 32 MG (candesartan		AUGMENTIN TABS PO 125 MG-500
ASACOL HD TBEC PO		cilexetil)	32	MG (amoxicillin & pot clavulanate)
(mesalamine)	78	ATACAND PO 4 MG, 8 MG, 16 MG		123
asenapine maleate	46	(candesartan cilexetil)	32	AURORA LANCET SUPER THIN
aspirin CHEW PO	7	atazanavir sulfate CAPS PO	47	30G
aspirin TBEC PO 81 MG	7	atenolol & chlorthalidone PO	33	91
aspirin-dipyridamole PO	83	atenolol TABS PO	50	AURORA LANCET THIN 23G
ASSESS PEAK FLOW METER ..	107	ATIVAN TABS PO (lorazepam)	13	91
ASSURE COMFORT LANCETS 28G		atomoxetine hcl PO 10 MG, 18 MG,		AUSTEDO TABS 12 MG
.....	90	25 MG, 40 MG	1	124
ASSURE HAEMOLANCE PLUS		atomoxetine hcl PO 60 MG, 80 MG,		AUSTEDO TABS 6 MG, 9 MG ...
HIGH	90	100 MG	1	124
ASSURE HAEMOLANCE PLUS		atorvastatin calcium TABS PO	31	AUSTEDO XR PATIENT TITRATION
LOW	90	atovaquone PO	35	TEPK
ASSURE HAEMOLANCE PLUS		atovaquone-proguanil hcl PO	36	124
MICRO	91	ATRALIN GEL (tretinoin)	62	AUSTEDO XR TB24
ASSURE HAEMOLANCE PLUS		ATRIPLA PO (efavirenz-		124
NORMAL	91	emtricitabine-tenofovir disoproxil		AUVI-Q SOAJ 0.1 MG/0.1ML
ASSURE HAEMOLANCE PLUS PED		fumarate)	47	136
.....	91	atropine sulfate (ophthalmic) OINT		AVALIDE PO (irbesartan-
ASSURE ID INSULIN SAFETY SYR		118		hydrochlorothiazide)
				33
				AVAPRO PO (irbesartan)
				32
				AVODART PO (dutasteride)
				80
				AVONEX PEN AJKT
				124
				AVONEX PREFILLED PSKT
				124
				AYGESTIN TABS PO (norethindrone
				acetate)
				123
				AYVAKIT 100 MG, 200 MG, 300 MG
				40
				AYVAKIT 25 MG, 50 MG
				40
				AZASITE
				118

azathioprine TABS PO 50 MG ... 111	(sulfamethoxazole-trimethoprim) .. 35	benazepril & hydrochlorothiazide PO 33
azathioprine TABS PO 75 MG, 100 MG 110	BACTRIM TABS PO (sulfamethoxazole-trimethoprim) .. 35	benazepril hcl PO 32
azelaic acid GEL 71	BALCOLTRA PO (levonorgestrel-ethinyl estradiol-iron) 57	BENEFIX KIT 81
azelastine hcl (ophth) 120	balsalazide disodium CAPS PO ... 78	BENICAR HCT PO 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide) 33
azelastine hcl 0.1 %, 137 MCG/SPRAY 116	BALVERSA 40	BENICAR HCT PO 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide) ... 33
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azelastine hcl-fluticasone propionate SUSP 116	BANZEL TABS PO 200 MG (rufinamide) 19	BENICAR PO 5 MG, 20 MG (olmesartan medoxomil) 32
AZILECT PO (rasagiline mesylate) 45	BANZEL TABS PO 400 MG (rufinamide) 19	BENLYSTA SOAJ 111
azithromycin PACK PO 87	BARACLUDGE TABS PO (entecavir) 49	BENLYSTA SOSY 111
azithromycin SUSR PO 87	BD AUTOSHIELD DUO 106	BENSAL HP OINT 71
azithromycin TABS PO 250 MG ... 87	BD DISP NEEDLES 106	BENZAMYCIN GEL (benzoyl peroxide-erythromycin) 62
azithromycin TABS PO 500 MG ... 87	BD ECLIPSE LUER-LOK NEEDLE 106	BENZNIDAZOLE 12
azithromycin TABS PO 600 MG ... 87	BD LANCET ULTRAFINE 30G ... 91	benzonatate PO 60
AZOPT (brinzolamide) 120	BD LANCET ULTRAFINE 33G ... 91	benzoyl peroxide-erythromycin GEL . 62
AZULFIDINE EN-TABS TBEC PO (sulfasalazine) 78	BD MICROTAINER LANCETS ... 91	benzphetamine hcl PO 25 MG 1
AZULFIDINE TABS PO (sulfasalazine) 78	BD PEN MINI MISC 106	benztropine mesylate SOLN 44
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baclofen TABS PO 5 MG 115		
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betamethasone dipropionate (topical) LOTN	68	bicalutamide PO	39	BRILINTA PO	83
betamethasone dipropionate (topical) OINT	68	BICILLIN C-R	123	brimonidine tartrate (topical)	71
betamethasone dipropionate augmented CREA	68	BICILLIN C-R 900/300	123	brimonidine tartrate	118
betamethasone dipropionate augmented GEL 0.05 %	68	BICILLIN L-A SUSY	122	brimonidine tartrate-timolol maleate .	117
betamethasone dipropionate augmented LOTN	68	BIDIL PO (isosorbide dinitrate- hydralazine hcl)	52	brinzolamide	120
betamethasone dipropionate augmented OINT	68	BIKTARVY	47	bromfenac sodium (ophth) 0.07 %, 0.075 %	120
betamethasone valerate CREA ...	68	BILTRICIDE PO (praziquantel) ...	12	bromfenac sodium (ophth) 0.09 %	120
betamethasone valerate FOAM ...	68	bimatoprost SOLN	121	bromocriptine mesylate CAPS PO	.44
betamethasone valerate LOTN ...	68	BINAXNOW COVID-19 AG HOME TEST KIT	72	bromocriptine mesylate TABS PO 2.5 MG	44
betamethasone valerate OINT ...	68	bisacodyl SUPP PR	87	BROMSITE (bromfenac sodium (ophth))	120
BETAPACE AF PO (sotalol hcl (afib/af))	50	bisacodyl TBEC PO	87	BRUKINSA	41
BETAPACE TABS PO 80 MG, 120 MG, 160 MG (sotalol hcl)	51	bisoprolol & hydrochlorothiazide PO .	33	budesonide (inhalation) SUSP 0.25 MG/2ML	14
BETASERON KIT	124	bisoprolol fumarate PO	50	budesonide (inhalation) SUSP 0.5 MG/2ML	15
betaxolol hcl (ophth) SOLN	117	BIVIGAM SOLN 5 GM/50ML	122	budesonide (inhalation) SUSP 1 MG/2ML	14
betaxolol hcl PO	50	BOOSTRIX SUSP	130	budesonide (intrarectal)	11
bethanechol chloride PO	133	BOOSTRIX SUSY	130	budesonide CPEP PO	59
BETHKIS NEBU (tobramycin)	3	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	40	budesonide TB24 PO	59
BETIMOL	117	bortezomib SOLR IJ	40	budesonide-formoterol fumarate dihydrate	16
BETOPTIC-S SUSP	117	bosentan TABS	53	bumetanide TABS PO 0.5 MG, 1 MG	74
bexarotene (topical)	65	BOSULIF CAPS	40	bumetanide TABS PO 2 MG	74
bexarotene PO	43	BOSULIF TABS 100 MG, 400 MG	41	BUMEX TABS PO 0.5 MG	
BEXSERO	133	BOSULIF TABS 500 MG	41	(bumetanide)	74
BEYAZ PO (drospirenone-ethinyl		BRAFTOVI PO 75 MG	41	BUPHENYL POWD PO (sodium	
		BREATHE EASE PEAK FLOW METER	107		
		BREO ELLIPTA (fluticasone furoate- vilanterol)	16		

phenylbutyrate) .....75	MG-50 MG-325 MG 6	calcipotriene CREA 66
BUPHENYL TABS PO (sodium phenylbutyrate) .....75	butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG ...6	calcipotriene FOAM .....66
buprenorphine hcl SUBL 2 MG 10	butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-300 MG .....9	CALCIPOTRIENE FOAM .....66
buprenorphine hcl SUBL 8 MG 10	butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG .....9	calcipotriene OINT .....66
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....10	butalbital-aspirin-caffeine CAPS PO 6	calcipotriene SOLN 66
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...10	butalbital-aspirin-caffeine w/cod PO 9	calcipotriene-betamethasone dipropionate OINT 68
buprenorphine hcl-naloxone hcl dihydrate SUBL 10	butorphanol tartrate NA 10 MG/ML 10	calcipotriene-betamethasone dipropionate SUSP 68
buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR . 10	BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (buprenorphine) .....10	calcitonin (salmon) IJ 74
buprenorphine PTWK 7.5 MCG/HR 10	BUTRANS PTWK 7.5 MCG/HR (buprenorphine)10	calcitonin (salmon) NA74
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bupropion hcl TABS PO 22	cabergoline PO76	calcitriol CAPS PO 0.25 MCG 75
bupropion hcl TB12 PO22	CABOMETYX TABS PO41	calcitriol CAPS PO 0.5 MCG75
bupropion hcl TB24 PO 150 MG, 300 MG 22	CADUET PO 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium) .....52	calcitriol SOLN PO .....75
bupropion hcl TB24 PO 450 MG ...22	CADUET PO 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (amlodipine besylate-atorvastatin calcium) .....52	calcium acetate (phosphate binder) CAPS PO .....79
bupirone hcl PO12	CAFERGOT TABS PO (ergotamine w/ caffeine)108	calcium acetate (phosphate binder) TABS PO79
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butalbital-acetaminophen TABS PO 50 MG-300 MG6	CALCIFOL PO109	candesartan cilexetil PO 4 MG, 8 MG, 16 MG32
butalbital-acetaminophen TABS PO 50 MG-325 MG .....6		candesartan cilexetil-hydrochlorothiazide PO .....33
butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-300 MG, 40		capecitabine PO 37
		CAPRELSA PO41
		captopril & hydrochlorothiazide PO 33
		captopril PO32
		CARAC CREA 65

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CARAFATE TABS PO (sucralfate) 132	CARDIZEM TABS PO 30 MG, 60 MG, 120 MG (diltiazem hcl)51	carteolol hcl (ophth)117
carbamazepine CHEW PO 100 MG 19	CARDURA PO (doxazosin mesylate) 33	carvedilol phosphate PO50
carbamazepine CP12 PO19	CARDURA XL80	carvedilol PO 3.125 MG 50
carbamazepine SUSP PO 19	CAREONE LANCET SUPER THIN 30G91	carvedilol PO 6.25 MG, 12.5 MG, 25 MG 50
carbamazepine TABS PO 19	CAREONE LANCET THIN 23G ..91	CASODEX PO (bicalutamide) 39
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carbamazepine TB12 PO 400 MG .19	CARESENS LANCETS 30G91	cefaclor CAPS PO 54
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carbidopa-levodopa TABS PO44	CARETOUCH SAFETY LANCETS 26G91	cefadroxil CAPS PO 54
carbidopa-levodopa TBCR PO 100 MG-25 MG44	CARETOUCH TWIST LANCETS 28G91	cefadroxil SUSR PO 54
carbidopa-levodopa TBCR PO 200 MG-50 MG44	CARETOUCH TWIST LANCETS 30G91	cefadroxil TABS PO54
carbidopa-levodopa TBCR PO 200 MG-50 MG44	CARETOUCH TWIST LANCETS 33G91	cefazolin sodium SOLR IV 1 GM .. 54
carbidopa-levodopa TBCR PO 200 MG-50 MG44	CARETOUCH TWIST MC LANCETS 30G91	cefdinir CAPS PO54
carbidopa-levodopa TBCR PO 200 MG-50 MG44	CARETOUCH TWIST MC LANCETS 30G91	cefdinir SUSR PO54
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carbinoxamine maleate SOLN PO .29	CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers)) 75	CEFOTAN IJ (cefotetan disodium) 54
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CARDIZEM CD CP24 PO (diltiazem hcl coated beads)51		CEFOXITIN SODIUM-DEXTROSE 54
		cefpodoxime proxetil SUSR PO ... 54
		cefpodoxime proxetil TABS PO ...54
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CELEBREX PO 400 MG (celecoxib) .	5	chlordiazepoxide-amitriptyline PO	124	cimetidine TABS PO 300 MG, 800	MG
CELEBREX PO 50 MG, 100 MG, 200	MG (celecoxib)	5	chlorhexidine gluconate (mouth-	cimetidine TABS PO 400 MG	131
celecoxib PO 400 MG	5	throat)	112	cinacalcet hcl PO	75
celecoxib PO 50 MG, 100 MG, 200	MG	5	chloroquine phosphate TABS PO .	CIPRO HC	121
CELEXA TABS PO (citalopram	hydrobromide)	23	chlorpromazine hcl TABS PO	CIPRO SUSR PO	78
CELLCEPT CAPS PO	(mycophenolate mofetil)	111	chlorthalidone PO 25 MG, 50 MG .	CIPRO TABS PO 250 MG, 500 MG	(ciprofloxacin hcl)
CELLCEPT SUSR (mycophenolate	mofetil)	111	chlorzoxazone TABS PO	CIPRODEX (ciprofloxacin-	dexamethasone)
CELLCEPT TABS PO	(mycophenolate mofetil)	111	cholestyramine light PACK PO	121	ciprofloxacin hcl (ophth) SOLN ...
CELONTIN (methsuximide)	22	cholestyramine light POWD PO ...	30	ciprofloxacin hcl (otic)	121
CENTANY OINT	64	cholestyramine PACK PO	30	ciprofloxacin hcl TABS PO	78
cephalexin CAPS PO	54	cholestyramine POWD PO	30	ciprofloxacin SUSR PO	78
cephalexin SUSR PO	54	choline fenofibrate PO 135 MG ...	30	ciprofloxacin-dexamethasone ...	121
CEPROTIN	83	choline fenofibrate PO 45 MG	30	citalopram hydrobromide SOLN PO	23
CERDELGA	83	CHOSEN LANCETS 30G	91	citalopram hydrobromide TABS PO	23
CEREZYME 400 UNIT	83	CHOSEN SAFETY LANCETS 28G	92	CITRANATAL 90 DHA PO 120 MG-	20 MG-1 MG-3 MG-400 UNIT-3.4
CERVIDIL INST	122	CIALIS PO 2.5 MG (tadalafil)	53	MG-20 MG-50 MG-25 MG-2 MG-159	MG-90 MG-150 MCG-30 UNIT-0.75
CETACAINE AERO	71	CIALIS PO 5 MG, 10 MG, 20 MG	(tadalafil)	MG-300 MG	113
CETRAXAL (ciprofloxacin hcl (otic)) .	121	ciclopirox GEL	64	CITRANATAL ASSURE PO	113
cevimeline hcl PO	112	ciclopirox olamine CREA	64	CITRANATAL B-CALM PO 120 MG-	25 MG-1 MG-400 UNIT-120 MG-20
CHANTIX STARTING MONTH PAK	TBPK (varenicline tartrate)	127	ciclopirox olamine SUSP	64	MG
CHEMET PO	27	ciclopirox SHAM	64	CITRANATAL DHA PO	113
CHENODAL PO	78	ciclopirox SOLN	64	CITRANATAL HARMONY PO 25	MG-1 MG-400 UNIT-50 MG-104 MG-
chlordiazepoxide hcl CAPS PO	13	cilostazol PO	83	27 MG-30 UNIT-260 MG	113
		CILOXAN OINT	118	CITRANATAL MEDLEY	113
		CILOXAN SOLN (ciprofloxacin hcl	(ophth))	118	
		CIMDUO	47		

CLARINEX TABS PO (desloratadine)	phosphate (topical))	62	clobetasol propionate LIQD	68
.....29	clindamycin hcl PO	35	clobetasol propionate LOTN	68
clarithromycin SUSR PO	clindamycin palmitate hydrochloride		clobetasol propionate OINT 0.05 %	
.....87	PO	35	68	
clarithromycin TABS PO	clindamycin phosphate (topical)		clobetasol propionate SHAM	68
.....87	FOAM	62	clobetasol propionate SOLN 0.05 %	
CLEANLET LANCETS 28G	clindamycin phosphate (topical) GEL	63	68	
.....92	63		CLOBEX LOTN 0.05 % (clobetasol	
CLEARDETECT COVID-19 AG	clindamycin phosphate (topical)		propionate)	68
HOME KIT	LOTN	63	CLOBEX SHAM (clobetasol	
.....72	clindamycin phosphate (topical)		propionate)	68
clemastine fumarate TABS PO 2.68	SOLN	63	CLOBEX SPRAY LIQD (clobetasol	
MG	clindamycin phosphate (topical)		propionate)	68
.....29	SWAB	63	clocortolone pivalate	68
CLEOCIN CREA (clindamycin	clindamycin phosphate vaginal CREA	136	CLODERM (clocortolone pivalate)	68
phosphate vaginal)	.....136		68	
.....136	clindamycin phosphate-benzoyl		clomipramine hcl PO	24
CLEOCIN PO (clindamycin hcl)	peroxide (refrigerate)	63	clonazepam TABS PO	18
.....35	clindamycin phosphate-benzoyl		clonazepam TBDP PO	18
CLEOCIN PO (clindamycin palmitate	peroxide GEL 5 %-1 %	63	clonidine hcl (adhd) TB12 PO	1
hydrochloride)	clindamycin phosphate-tretinoin	63	clonidine hcl TABS PO	33
.....35	.....63		clonidine hcl TABS PO	33
CLEOCIN SUPP	CLINDESSE	136	clonidine hcl TABS PO	33
.....136	CLINTEST RAPID COVID-19 TEST		clonidine hcl TABS PO	33
CLEOCIN-T LOTN (clindamycin	KIT	72	clonidine hcl TABS PO	33
phosphate (topical))	.....72		clonidine hcl TABS PO	33
.....62	clobazam SUSP	18	clonidine hcl TABS PO	33
CLEVER CHEK LANCETS	clobazam TABS PO 10 MG	18	clonidine hcl TABS PO	33
.....92	.....18		clonidine hcl TABS PO	33
CLEVER CHOICE COMFORT EZ	clobazam TABS PO 20 MG	18	clonidine hcl TABS PO	33
92	.....18		clonidine hcl TABS PO	33
CLEVER CHOICE LANCETS 21G	clobetasol propionate CREA 0.05 %		clonidine hcl TABS PO	33
92	68		clonidine hcl TABS PO	33
CLEVER CHOICE LANCETS 23G	clobetasol propionate emollient base		clonidine hcl TABS PO	33
92	0.05 %	68	clonidine hcl TABS PO	33
CLEVER CHOICE LANCETS 28G	clobetasol propionate emulsion	68	clonidine hcl TABS PO	33
92	.....68		clonidine hcl TABS PO	33
CLEVER CHOICE PEAK FLOW	clobetasol propionate FOAM	68	clonidine hcl TABS PO	33
METER	.....68		clonidine hcl TABS PO	33
.....107	clobetasol propionate GEL 0.05 %	68	clonidine hcl TABS PO	33
CLIMARA PRO	68		clonidine hcl TABS PO	33
.....77			clonidine hcl TABS PO	33
CLIMARA PTWK 0.025 MG/24HR,			clonidine hcl TABS PO	33
0.0375 MG/24HR, 0.05 MG/24HR,			clonidine hcl TABS PO	33
0.06 MG/24HR, 0.075 MG/24HR, 0.1			clonidine hcl TABS PO	33
MG/24HR (estradiol)			clonidine hcl TABS PO	33
.....77			clonidine hcl TABS PO	33
CLINDAGEL GEL (clindamycin			clonidine hcl TABS PO	33

COAGADEX	81	KIT	41	CONDYLOX GEL (podofilox)	71
COAGUCHEK LANCETS	92	COMETRIQ (140 MG DAILY DOSE) KIT	41	CONZIP CP24 PO (tramadol hcl) ...	8
COARTEM	36	COMETRIQ (60 MG DAILY DOSE) KIT	41	COPAXONE SOSY 20 MG/ML (glatiramer acetate)	125
codeine sulfate TABS PO	8	COMFORT ASSURED LANCETS 28G	92	COPAXONE SOSY 40 MG/ML (glatiramer acetate)	125
CODITUSSIN AC LIQD PO	60	COMFORT ASSURED LANCETS 33G	92	COPIKTRA PO	41
COLAZAL CAPS PO (balsalazide disodium)	78	COMFORT EZ INSULIN SYRINGE . 107		CORDRAN CREA (flurandrenolide) 68	
colchicine CAPS	81	COMFORT LANCETS	92	CORDRAN TAPE	68
colchicine TABS PO	81	COMFORT TOUCH LANCETS 31G . 92		COREG CR PO (carvedilol phosphate)	50
colchicine w/ probenecid PO	81	COMFORT TOUCH PLUS LANCETS 28G	92	COREG PO 3.125 MG (carvedilol) 50	
COLCRYS TABS PO (colchicine) .	81	COMFORT TOUCH PLUS LANCETS 30G	92	COREG PO 6.25 MG, 12.5 MG, 25 MG (carvedilol)	50
colesevelam hcl PACK	30	COMFORT TOUCH TWIST LANCET 30G	92	CORGARD TABS PO 20 MG, 40 MG, 80 MG (nadolol)	51
colesevelam hcl TABS PO	30	COMIRNATY SUSP	134	CORIFACT	81
COLESTID FLAVORED GRAN PO (colestipol hcl)	30	COMIRNATY SUSY	134	CORLANOR SOLN	54
COLESTID FLAVORED PACK PO (colestipol hcl)	30	COMPLERA	47	CORLANOR TABS PO (ivabradine hcl)	54
COLESTID GRAN PO (colestipol hcl)	30	COMPLETENATE CHEW PO	114	CORTANE-B	68
COLESTID PACK PO (colestipol hcl) 30		COMTAN PO (entacapone)	44	CORTEF TABS PO (hydrocortisone) . 59	
COLESTID TABS PO (colestipol hcl) 30		CONCEPT DHA PO	114	CORTENEMA PR (hydrocortisone (intrarectal))	11
colestipol hcl GRAN PO	30	CONCEPT OB PO	114	CORTIFOAM EX 10 %	11
colestipol hcl PACK PO	30	CONCERTA TBCR PO 18 MG (methylphenidate hcl)	2	CORTISPORIN-TC	121
colestipol hcl TABS PO	30	CONCERTA TBCR PO 27 MG, 36 MG (methylphenidate hcl)	2	COSENTYX (300 MG DOSE) SOSY . 66	
COMBIGAN (brimonidine tartrate- timolol maleate)	117	CONCERTA TBCR PO 54 MG (methylphenidate hcl)	2	COSENTYX SENSOREADY (300 MG) SOAJ	66
COMBIPATCH PTTW	77	CONDOMS	88	COSENTYX SENSOREADY PEN SOAJ	66
COMBIVENT RESPIMAT AERS ..	16				
COMBIVIR PO (lamivudine- zidovudine)	47				
COMETRIQ (100 MG DAILY DOSE)					

COSENTYX SOSY 150 MG/ML ...66	92	CYTOMEL TABS PO 25 MCG, 50 MCG (liothyronine sodium) .....129
COSENTYX SOSY 75 MG/0.5ML .66	CVS LANCETS ORIGINAL 92	CYTOMEL TABS PO 5 MCG (liothyronine sodium) 129
COSENTYX UNOREADY SOAJ .. 66	CVS LANCETS THIN 26G .....92	CYTOTEC PO (misoprostol) 133
COSOPT (dorzolamide hcl-timolol maleate) 117	CVS LANCETS ULTRA THIN 30G 92	CYTRA-3 SYRP PO 80
COSOPT PF (dorzolamide hcl-timolol maleate) .....117	CVS LANCETS ULTRA-THIN 30G 92	dabigatran etexilate mesylate CAPS PO 110 MG 18
COTELLIC .....41	CVS ULTRA THIN LANCETS ....92	dabigatran etexilate mesylate CAPS PO 75 MG, 150 MG .....18
COVID-19 AT HOME ANTIGEN TEST KIT .....72	cyclobenzaprine hcl TABS PO 5 MG, 10 MG .....115	dalfampridine .....125
COVID-19 AT HOME TEST KITS .72	CYCLOGYL (cyclopentolate hcl) 118	DALIRESP PO (roflumilast) .....14
COVID-19 AT-HOME TEST KIT ...72	CYCLOGYL .....118	danazol CAPS PO 11
COVID-19 FLU A&B 3-IN-1 TEST 72	CYCLOMYDRIL118	DANTRIUM CAPS PO 25 MG (dantrolene sodium) 116
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COVID-19 OTC ANTIGEN 2-PACK KIT72	cyclophosphamide CAPS37	dapagliflozin propanediol PO26
COZAAR PO (losartan potassium) 32	CYCLOPHOSPHAMIDE TABS PO 37	dapagliflozin propanediol-metformin hcl PO 1000 MG-10 MG 24
CREON CPEP PO .....73	cycloserine PO .....37	dapagliflozin propanediol-metformin hcl PO 1000 MG-5 MG 24
CRESEMBA CAPS 186 MG .....29	cyclosporine (ophth) EMUL .....119	dapsone (topical) 5 %63
CRESTOR TABS PO (rosuvastatin calcium) .....31	cyclosporine CAPS PO .....111	dapsone (topical) 7.5 %63
CRINONE GEL 8 % 136	cyclosporine modified (for microemulsion) CAPS PO .....111	dapsone PO 100 MG 35
cromolyn sodium (ophth) 120	cyclosporine modified (for microemulsion) SOLN PO .....111	dapsone PO 25 MG .....35
cromolyn sodium NEBU 14	CYKLOKAPRON SOLN (tranexamic acid) .....84	DAPTACEL 130
CUPRIMINE CAPS PO (penicillamine) 110	CYMBALTA CPEP PO (duloxetine hcl) 23	darifenacin hydrobromide PO 133
CUVPOSA SOLN PO (glycopyrrolate) 130	cyproheptadine hcl SYRP PO 30	darunavir TABS .....47
CVS COVID-19 AT HOME TEST KIT KIT .....72	cyproheptadine hcl TABS PO .....30	dasatinib 20 MG, 50 MG, 70 MG, 100 MG, 140 MG 41
CVS LANCETS 21G 92	CYSTADANE PO (betaine) .....75	dasatinib 80 MG 41
CVS LANCETS MICRO THIN 33G	CYSTAGON CAPS PO .....80	DAURISMO 39
	CYSTARAN .....120	DAYPRO TABS PO (oxaprozin) 5

DAYTRANA PTCH (methylphenidate)	2	DERMOTIC (fluocinolone acetonide (otic))	121	DETROL TABS PO (tolterodine tartrate)	133
DDAVP TABS PO 0.1 MG (desmopressin acetate)	76	DESCOVY 200 MG-25 MG	47	dexamethasone ELIX PO	59
DDAVP TABS PO 0.2 MG (desmopressin acetate)	76	desipramine hcl TABS PO	24	DEXAMETHASONE INTENSOL CONC	59
deferasirox PACK	27	desloratadine TABS PO	29	dexamethasone sodium phosphate (ophth)	119
deferasirox TABS PO	27	desloratadine TBDP PO	29	dexamethasone SOLN PO	59
deferasirox TBSO	27	DESMOPRESSIN ACETATE SOLN NA	76	dexamethasone TABS PO	59
deferiprone TABS 500 MG	27	desmopressin acetate spray	76	dexamethasone TBPK PO	59
DELESTROGEN (estradiol valerate) 77		desmopressin acetate spray refrigerated 0.01 %	76	DEXEDRINE CP24 PO 10 MG, 15 MG (dextroamphetamine sulfate) ...	1
DELSTRIGO	47	desmopressin acetate TABS PO 0.1 MG	76	dexmethylphenidate hcl CP24 PO ..	2
DELZICOL CPDR PO (mesalamine) . 78		desmopressin acetate TABS PO 0.2 MG	76	dexmethylphenidate hcl TABS PO ..	2
demeclocycline hcl TABS PO	128	desogestrel & ethinyl estradiol PO	58	dextroamphetamine sulfate CP24 PO	1
DEMSEER PO (metyrosine)	32	desogestrel-ethinyl estradiol (biphasic) PO	58	dextroamphetamine sulfate SOLN PO	1
DEPAKOTE ER TB24 PO (divalproex sodium)	22	desonide CREA	68	dextroamphetamine sulfate TABS PO 10 MG	1
DEPAKOTE SPRINKLES CSDR PO (divalproex sodium)	22	desonide GEL	68	dextroamphetamine sulfate TABS PO 5 MG	1
DEPAKOTE TBEC PO (divalproex sodium)	22	desonide LOTN	68	DHIVY TABS PO	44
DEPEN TITRATABS TABS PO (penicillamine)	110	desonide OINT	68	DIACOMIT CAPS 250 MG	19
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR	59	DESOWEN CREA (desonide)	68	DIACOMIT CAPS 500 MG	19
DEPO-SUBQ PROVERA 104 SUSY SC	59	desoximetasone CREA 0.05 % ...	68	DIACOMIT PACK 250 MG	19
DERMA-SMOOTHIE/FS BODY OIL (fluocinolone acetonide)	68	desoximetasone CREA 0.25 % ...	68	DIACOMIT PACK 500 MG	19
DERMA-SMOOTHIE/FS SCALP OIL (fluocinolone acetonide)	68	desoximetasone GEL	69	DIASTAT ACUDIAL GEL PR (diazepam (anticonvulsant))	18
		desoximetasone LIQD	69	DIASTAT PEDIATRIC GEL PR (diazepam (anticonvulsant))	18
		desoximetasone OINT	69	DIATHRIVE LANCET ULTRA THIN 30	92
		DESOXYN PO (methamphetamine hcl)	1	DIATHRIVE LANCETS	92
		desvenlafaxine succinate PO	23		
		DETROL LA CP24 PO (tolterodine tartrate)	133		

DIATRUST COVID-19 HOME TEST KIT	72	DIFFERIN GEL 0.1 % (adapalene) 63	51
diazepam (anticonvulsant) GEL PR 18		DIFFERIN GEL 0.3 % (adapalene) 63	diltiazem hcl CP12 PO .....51 diltiazem hcl CP24 PO .....51
diazepam CONC	13	DIFFERIN LOTN	63
diazepam SOLN PO 5 MG/5ML ...	13	DIFICID TABS	87
diazepam TABS PO 10 MG	13	diflorasone diacetate CREA	69
diazepam TABS PO 2 MG, 5 MG ..	13	diflorasone diacetate OINT	69
diazoxide	25	DIFLUCAN SUSR PO (fluconazole) 29	diltiazem hcl extended release beads PO .....51
DIBENZYLIN PO (phenoxybenzamine hcl)	32	DIFLUCAN TABS PO (fluconazole) 29	diltiazem hcl TABS PO .....51 diltiazem hcl TB24 .....51
dichlorphenamide PO	73	diflunisal TABS PO	7
DICLEGIS TBEC PO (doxylamine- pyridoxine)	28	difluprednate	119
diclofenac potassium TABS PO 50 MG	5	digoxin SOLN PO 0.05 MG/ML ...	52
diclofenac sodium (actinic keratoses) EX	65	digoxin TABS PO 62.5 MCG, 125 MCG, 250 MCG	52
diclofenac sodium (ophth)	120	dihydroergotamine mesylate SOLN IJ 1 MG/ML	108
diclofenac sodium (topical) GEL EX 65		dihydroergotamine mesylate SOLN NA 4 MG/ML	108
diclofenac sodium (topical) SOLN EX 1.5 %	65	DILANTIN INFATABS CHEW PO (phenytoin)	22
diclofenac sodium (topical) SOLN EX 2 %	65	DILANTIN PO (phenytoin sodium extended)	21
diclofenac sodium TB24 PO	5	DILANTIN PO	21
diclofenac sodium TBEC PO	5	DILANTIN SUSP PO (phenytoin) ..	22
diclofenac w/ misoprostol TBEC PO 5		DILANTIN-125 SUSP PO (phenytoin)	22
dicloxacillin sodium PO	123	DILAUDID LIQD PO (hydromorphone hcl)	8
dicyclomine hcl CAPS PO	130	DILAUDID TABS PO (hydromorphone hcl)	8
dicyclomine hcl SOLN PO	130	diltiazem hcl coated beads CP24 PO	
dicyclomine hcl TABS PO	130		
DIFFERIN CREA (adapalene)	63		

DITROPAN XL TB24 PO 5 MG, 10 MG (oxybutynin chloride)	133	doxycycline (monohydrate) SUSR PO	128	DRUG MART UNILET LANCETS 33G	93
DIURIL SUSP PO	74	doxycycline (monohydrate) TABS PO 50 MG, 100 MG	129	DRYSOL SOLN	71
divalproex sodium CSDR PO	22	doxycycline (monohydrate) TABS PO 75 MG, 150 MG	129	DUAVEE	77
divalproex sodium TB24 PO	22	doxycycline (rosacea) PO	71	DUET DHA 400 MISC PO	114
divalproex sodium TBEC PO	22	doxycycline hyclate CAPS PO ...	129	DUETACT (pioglitazone hcl-glimepiride)	24
DIVIGEL GEL (estradiol)	77	doxycycline hyclate TABS PO 20 MG, 100 MG	129	DULCOLAX PINK LAXATIVE TBEC PO (bisacodyl)	87
dofetilide PO	13	doxylamine-pyridoxine TBEC PO ..	28	DULCOLAX SUPP PR (bisacodyl)	87
DOJOLVI	117	DRISDOL CAPS PO (ergocalciferol) .	137	DULCOLAX TBEC PO (bisacodyl)	87
DOMETUSS-DMX LIQD PO	60	dronabinol CAPS PO	28	DULERA	16
donepezil hydrochloride TABS PO 123		DROPLET INSULIN SYRINGE ..	107	duloxetine hcl CPEP PO 20 MG, 30 MG, 60 MG	23
donepezil hydrochloride TBDP PO 123		DROPLET LANCETS ULTRA THIN 30G	93	DUOPA SUSP	44
DOPTELET	84	DROPLET PERSONAL LANCETS 30G	93	DUPIXENT SOAJ 200 MG/1.14ML 70	
DORAL PO (quazepam)	85	DROPSAFE SAFETY SYRINGE/NEEDLE	107	DUPIXENT SOAJ 300 MG/2ML ...	70
dorzolamide hcl	120	drospirenone-ethinyl estradiol PO .	58	DUPIXENT SOSY 100 MG/0.67ML 70	
DORZOLAMIDE HCL	120	drospirenone-ethinyl estradiol-levomefolate calcium PO	58	DUPIXENT SOSY 200 MG/1.14ML 70	
DORZOLAMIDE HCL-TIMOLOL MAL	117	DROXIA CAPS	83	DUPIXENT SOSY 300 MG/2ML ...	70
dorzolamide hcl-timolol maleate .	117	droxidopa	137	DUREX EXTRA SENSITIVE THIN DEVI	88
DOVATO	47	DRUG MART LANCETS THIN 26G .	93	DUREX EXTRA SENSITIVE THIN MISC	88
DOVONEX CREA (calcipotriene) ..	66	DRUG MART ON-THE-GO LANCET 30G	93	DUREX TROPICAL MISC	88
doxazosin mesylate PO	33	DRUG MART UNILET LANCETS 28G	93	DUREZOL (difluprednate)	119
doxepin hcl (antipruritic)	66	DRUG MART UNILET LANCETS 30G	93	dutasteride PO	80
doxepin hcl CAPS PO	24	DRUG MART UNILET LANCETS 30G	93	dutasteride-tamsulosin hcl PO	80
doxepin hcl CONC PO	24			DYMISTA SUSP (azelastine hcl-fluticasone propionate)	116
doxercalciferol CAPS PO	75				
doxycycline (monohydrate) CAPS PO 150 MG	128				
doxycycline (monohydrate) CAPS PO 50 MG, 75 MG, 100 MG	128				

DYRENIUM CAPS PO (triamterene) . 74	EDARBI PO 40 MG 32	30G 93
E.E.S. GRANULES SUSR PO (erythromycin ethylsuccinate) 87	EDARBI PO 80 MG 32	EMBRACE PRESSURE ACTIVATED 21G 94
EASY COMFORT LANCETS 93	EDARBYCLOR PO 33	EMBRACE PRESSURE ACTIVATED 28G 94
EASY COMFORT LANCETS TWIST TOP 93	EDECRIIN PO (ethacrynic acid) ... 74	EMCYT PO 39
EASY TOUCH FLIPLOCK NEEDLES 107	EDURANT 47	EMEND CAPS PO 80 MG (aprepitant) 28
EASY TOUCH HYPODERMIC NEEDLE 107	efavirenz CAPS PO 47	EMEND SUSR 28
EASY TOUCH LANCETS 21G ... 93	efavirenz TABS PO 48	EMEND TRI-PACK CAPS PO (aprepitant) 28
EASY TOUCH LANCETS 23G ... 93	efavirenz-emtricitabine-tenofovir disoproxil fumarate PO 47	EMGALITY (300 MG DOSE) SOSY 108
EASY TOUCH LANCETS 26G ... 93	efavirenz-lamivudine-tenofovir disoproxil fumarate 47	EMGALITY SOAJ 108
EASY TOUCH LANCETS 28G ... 93	EFFER-K 110	EMGALITY SOSY 108
EASY TOUCH LANCETS 28G/TWIST 93	EFFEXOR XR CP24 PO (venlafaxine hcl) 24	EMSAM 22
EASY TOUCH LANCETS 30G ... 93	EFFIENT PO (prasugrel hcl) 83	emtricitabine CAPS PO 48
EASY TOUCH LANCETS 30G/TWIST 93	EFUDEX CREA (fluorouracil (topical)) 66	emtricitabine-tenofovir disoproxil fumarate PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG 48
EASY TOUCH LANCETS 32G/TWIST 93	EGRIFTA SV 75	emtricitabine-tenofovir disoproxil fumarate PO 200 MG-300 MG 48
EASY TOUCH LANCETS 33G/TWIST 93	ELESTRIN GEL 77	EMTRIVA CAPS PO (emtricitabine) 48
EASY TOUCH SAFETY LANCETS 21G 93	eletriptan hydrobromide PO 108	EMTRIVA SOLN 48
EASY TOUCH SAFETY LANCETS 23G 93	ELIDEL (pimecrolimus) 70	enalapril maleate & hydrochlorothiazide PO 33
EASY TOUCH SAFETY LANCETS 26G 93	ELIGARD SC 39	enalapril maleate TABS PO 32
EASY TOUCH SAFETY LANCETS 28G 93	ELIMITE CREA (permethrin) 72	ENBREL MINI SOCT 6
econazole nitrate CREA 64	ELIQUIS DVT/PE STARTER PACK TBPK 17	ENBREL SOLN 6
	ELIQUIS TABS 17	ENBREL SOSY 25 MG/0.5ML 6
	ELLA PO 59	ENBREL SOSY 50 MG/ML 6
	ELLUME COVID-19 HOME TEST KIT 72	ENBREL SURECLICK SOAJ 6
	ELMIRON CAPS PO 80	
	ELOCTATE 82	
	EMBRACE LANCETS ULTRA THIN	

ENCARE SUPP 100 MG	136	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	137	ERYPED 200 SUSR PO (erythromycin ethylsuccinate)	87
ENDARI (glutamine (sickle cell)) ..	83	epinephrine (anaphylaxis) SOAJ ..	136	ERYPED 400 SUSR PO (erythromycin ethylsuccinate)	87
ENDOMETRIN INST	136	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	137	erythromycin (acne aid) GEL	63
ENGERIX-B SUSP 20 MCG/ML ..	134	EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	137	erythromycin (acne aid) SOLN	63
ENGERIX-B SUSY	134	EPIVIR HBV TABS PO (lamivudine (hcv))	49	erythromycin (ophth)	118
enoxaparin sodium SOLN IJ 300 MG/3ML	17	EPIVIR SOLN PO (lamivudine) ...	48	ERYTHROMYCIN	118
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	17	EPIVIR TABS PO (lamivudine) ...	48	erythromycin base CPEP PO	87
enoxaparin sodium SOSY 30 MG/0.3ML	17	eplerenone PO	35	erythromycin base TABS PO	87
enoxaparin sodium SOSY 40 MG/0.4ML	17	EPZICOM PO (abacavir sulfate- lamivudine)	48	erythromycin base TBEC PO	87
enoxaparin sodium SOSY 60 MG/0.6ML	17	EQL COLOR LANCETS 21G	94	erythromycin ethylsuccinate SUSR PO	87
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	17	EQL COLOR LANCETS MICRO 33G	94	erythromycin ethylsuccinate TABS PO	87
entacapone PO	44	EQL SUPER THIN LANCETS 30G 94		ESBRIET CAPS (pirfenidone)	128
entecavir TABS PO	49	EQL THIN LANCETS 26G	94	ESBRIET TABS PO (pirfenidone) 128	
ENTEREG PO (alvimopan)	79	EQUETRO PO	45	escitalopram oxalate SOLN PO ...	23
ENTRESTO CPSP	52	ergocalciferol CAPS PO	137	escitalopram oxalate TABS PO 10 MG, 20 MG	23
ENTRESTO TABS PO	52	ergoloid mesylates TABS PO	125	escitalopram oxalate TABS PO 5 MG	23
EPCLUSA PACK	49	ERGOMAR SUBL	108	ESGIC TABS PO (butalbital- acetaminophen-caffeine)	6
EPCLUSA TABS	49	ergotamine w/ caffeine TABS PO	108	ESPEROCT	82
EPIDIOLEX	19	ERIVEDGE	39	estazolam PO	85
EPIDUO FORTE GEL (adapalene- benzoyl peroxide)	63	ERLEADA 240 MG	39	ESTRACE CREA (estradiol vaginal) . 136	
EPIDUO GEL (adapalene-benzoyl peroxide)	63	ERLEADA 60 MG	39	ESTRACE TABS PO (estradiol) ...	77
EPIFOAM FOAM	69	erlotinib hcl	38	estradiol & norethindrone acetate TABS PO	77
epinastine hcl (ophth)	120	ERTACZO	64	estradiol GEL	77
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	136	ertapenem sodium IJ	35		
		ERYGEL GEL (erythromycin (acne aid))	63		

estradiol PTTW	77	EVOTAZ	48	FABIOR FOAM	63
estradiol PTWK	77	EVOXAC PO (cevimeline hcl) ...	112	famciclovir PO	50
estradiol TABS PO	77	EVRYSDI	117	famotidine SUSR PO	131
estradiol vaginal CREA	136	EXELDERM CREA (sulconazole nitrate)	64	famotidine TABS PO 20 MG	131
estradiol vaginal TABS	136	EXELDERM SOLN	64	famotidine TABS PO 40 MG	131
estradiol valerate	77	EXELON (rivastigmine)	123	FANAPT PO	46
ESTRING RING	136	exemestane PO	39	FANAPT TITRATION PACK PO ...	46
ESTROGEL GEL (estradiol)	77	EXFORGE HCT PO (amlodipine- valsartan-hydrochlorothiazide) ...	33	FANTASY LUBRICATED MISC ...	88
eszopiclone PO	85	EXFORGE PO 10 MG-160 MG (amlodipine besylate-valsartan) ...	33	FANTASY LUBRICATED/SPERMICIDE MISC 88	
ethacrynic acid PO	74	EXFORGE PO 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (amlodipine besylate-valsartan) ...	33	FARESTON PO (toremifene citrate) 39	
ethambutol hcl TABS PO	37	EXFORGE PO 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (amlodipine besylate-valsartan) ...	33	FARXIGA PO (dapagliflozin propanediol)	27
ethosuximide CAPS PO	22	EXJADE TBSO (deferasirox)	27	FASENRA PEN SOAJ	13
ethosuximide SOLN PO	22	EXODERM	64	FASENRA SOSY 10 MG/0.5ML ...	13
ethynodiol diacet & eth estrad PO	58	EXTINA FOAM (ketoconazole (topical))	64	FASENRA SOSY 30 MG/ML	13
etodolac CAPS PO	5	E-Z JECT LANCET MICRO-THIN 33G	94	FASTEP COVID-19 ANTIGEN TEST KIT	72
etodolac TABS PO	5	E-Z JECT LANCET SUPER THIN 30G	94	FC2 FEMALE CONDOM	88
etodolac TB24 PO	5	E-Z JECT LANCETS	94	febuxostat 40 MG	81
etonogestrel-ethinyl estradiol	59	E-Z JECT LANCETS 21G	94	febuxostat 80 MG	81
ETOPOPHOS	44	E-Z JECT LANCETS THIN 26G ..	94	FEIBA	82
etoposide CAPS PO	44	ezetimibe PO	31	felbamate SUSP	21
etravirine PO	48	ezetimibe-simvastatin PO	30	felbamate TABS PO	21
EUCRISA	71	EZ-LETS LANCETS 21G	94	FELBATOL SUSP (felbamate)	21
EULEXIN PO	39	EZ-LETS LANCETS 26G	94	FELBATOL TABS PO (felbamate) .21	
EVAMIST SOLN	77	EZ-LETS LANCETS 28G	94	FELDENE CAPS PO 10 MG (piroxicam)	5
everolimus (immunosuppressant) 111		EZ-LETS LANCETS 30G	94	FELDENE CAPS PO 20 MG (piroxicam)	5
everolimus TABS	41	FABHALTA	83		
everolimus TBSO	41				
EVISTA PO (raloxifene hcl)	75				
EVOCLIN FOAM (clindamycin phosphate (topical))	63				

felodipine PO 10 MG .....51	FETZIMA TITRATION C4PK 24	FLORAFOL PEDIATRIC SOLN PO 113
felodipine PO 2.5 MG, 5 MG .....51	FIBRICOR PO 105 MG (fenofibric acid) .....31	FLORIVA .....109
FEMARA PO (letrozole) 39	FIBRICOR PO 35 MG (fenofibric acid) .....31	FLORIVA .....113
FEMCAP DEVI .....88	FIFTY50 SAFETY SEAL LANCETS . 94	FLORIVA PLUS SOLN PO .....113
FEMRING .....136	FIFTY50 UNILET LANCETS 33G .94	FLOVENT DISKUS AEPB 100 MCG/ACT (fluticasone propionate (inhalation)) 15
fenofibrate CAPS PO 31	FINACEA FOAM .....71	FLOVENT DISKUS AEPB 100 MCG/ACT 15
fenofibrate micronized PO 130 MG, 200 MG .....30	FINACEA GEL (azelaic acid) .....71	FLOVENT DISKUS AEPB 250 MCG/ACT (fluticasone propionate (inhalation)) 15
fenofibrate micronized PO 67 MG, 90 MG, 134 MG 30	finasteride PO .....80	FLOVENT DISKUS AEPB 250 MCG/ACT 15
fenofibrate TABS PO 145 MG 31	FINE 30 .....94	FLOVENT DISKUS AEPB 250 MCG/ACT 15
fenofibrate TABS PO 48 MG, 160 MG 31	FINGERSTIX LANCETS .....94	FLOVENT DISKUS AEPB 50 MCG/ACT (fluticasone propionate (inhalation)) 15
fenofibrate TABS PO 54 MG 31	ingolimod hcl PO .....125	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (fluticasone propionate hfa) 15
fenofibric acid PO 105 MG .....31	FIORICET CAPS PO (butalbital- acetaminophen-caffeine) .....6	FLOVENT HFA 44 MCG/ACT (fluticasone propionate hfa) .....15
FENOGLIDE TABS PO (fenofibrate) . 31	FIORICET/CODEINE PO 30 MG-40 MG-50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) . 9	FLOWFLEX COVID-19 AG HOME TEST KIT .....72
FENSOLVI (6 MONTH) SC .....75	FIRAZYR SOSY (icatibant acetate) 83	FLOWFLEX PLUS COVID-19/FLU A/B .....72
fentanyl citrate LPOP 1600 MCG ...8	FIRDAPSE 36	FLUAD 134
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG .....8	FLAGYL CAPS PO (metronidazole) 35	FLUAD QUADRIVALENT .....134
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR .....8	FLAREX .....119	FLUARIX QUADRIVALENT SUSY 134
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR .....8	flavoxate hcl PO .....133	FLUARIX SUSY 134
FERRIPROX SOLN .....27	FLEBOGAMMA DIF SOLN .....122	FLUBLOK QUADRIVALENT .....134
FERRIPROX TABS 500 MG (deferiprone) .....27	flecainide acetate PO 13	FLUBLOK SOSY 134
fesoterodine fumarate .....133	FLOMAX PO (tamsulosin hcl) 80	FLUCELVAX QUADRIVALENT
FETZIMA CP24 20 MG .....24	FLOMASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) .. 117	
FETZIMA CP24 40 MG, 80 MG, 120 MG 24	FLORAFOL PEDIATRIC CHEW PO . 112	

SUSP	134	MG	23	MCG/ACT-50 MCG/ACT	16
FLUCELVAX QUADRIVALENT SUSY	134	fluoxetine hcl CAPS PO 40 MG ...	23	fluticasone-salmeterol AERO	16
FLUCELVAX SUSP	134	fluoxetine hcl CPDR PO	23	fluvastatin sodium CAPS PO	31
FLUCELVAX SUSY	134	fluoxetine hcl SOLN PO	23	fluvastatin sodium TB24 PO	31
fluconazole SUSR PO	29	FLUOXETINE HCL TABS PO (fluoxetine hcl)	23	fluvoxamine maleate CP24 PO 100 MG	23
fluconazole TABS PO	29	fluoxetine hcl TABS PO 10 MG ...	23	fluvoxamine maleate CP24 PO 150 MG	23
flucytosine PO	28	fluoxetine hcl TABS PO 20 MG, 60 MG	23	fluvoxamine maleate TABS PO 100 MG	23
fludarabine phosphate SOLR	37	fluphenazine hcl CONC PO	47	fluvoxamine maleate TABS PO 25 MG, 50 MG	23
fludrocortisone acetate TABS PO .	60	fluphenazine hcl ELIX PO	47	FLUZONE HIGH-DOSE QUADRIVALENT	135
FLULAVAL QUADRIVALENT SUSY .	134	fluphenazine hcl TABS PO	47	FLUZONE HIGH-DOSE SUSY ...	135
FLULAVAL SUSY	135	flurandrenolide CREA	69	FLUZONE QUADRIVALENT SUSP 135	
FLUMIST	135	flurbiprofen sodium	121	FLUZONE QUADRIVALENT SUSY 135	
FLUMIST QUADRIVALENT	135	flurbiprofen TABS PO	5	FLUZONE SUSP	135
fluocinolone acetonide (otic)	122	flutamide PO	39	FLUZONE SUSY	135
fluocinolone acetonide CREA	69	fluticasone furoate-vilanterol	16	FML FORTE SUSP	119
fluocinolone acetonide OIL	69	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	15	FML LIQUIFILM SUSP (fluorometholone (ophth))	119
fluocinolone acetonide OINT	69	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	15	FML OINT	119
fluocinolone acetonide SOLN	69	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	15	FOCALIN TABS PO (dexmethylphenidate hcl)	2
fluocinonide CREA	69	fluticasone propionate (nasal) SUSP . 117		FOCALIN XR CP24 PO (dexmethylphenidate hcl)	2
fluocinonide emulsified base	69	fluticasone propionate CREA 0.05 % 69		folic acid TABS PO 1 MG	84
fluocinonide GEL	69	fluticasone propionate hfa	15	folic acid TABS PO 400 MCG, 800 MCG	84
fluocinonide OINT	69	fluticasone propionate LOTN	69	FOLIVANE-F	84
fluocinonide SOLN	69	fluticasone propionate OINT	69	FOLIVANE-OB PO	114
fluorometholone (ophth) SUSP ...	119	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500			
fluorouracil (topical) CREA 0.5 % .	66				
fluorouracil (topical) CREA 5 % ...	66				
fluorouracil (topical) SOLN	66				
fluoxetine hcl (pmd) TABS PO .	125				
fluoxetine hcl CAPS PO 10 MG, 20					

fondaparinux sodium 2.5 MG/0.5ML . 17	30G	94	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ..	115
fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML	FREESTYLE FREEDOM LITE KIT 94		GALAFOLD	76
FORA LANCETS	FREESTYLE INSULINX TEST STRP	72	galantamine hydrobromide CP24 PO 123	
FORFIVO XL TB24 PO (bupropion hcl)	FREESTYLE LANCETS	94	galantamine hydrobromide SOLN PO	124
formaldehyde SOLN 10 %	FREESTYLE LITE KIT	95	galantamine hydrobromide TABS PO	124
FORTESTA GEL TD (testosterone) 11	FREESTYLE LITE TEST STRP ...	72	GALZIN PO	110
FOSAMAX TABS PO 70 MG (alendronate sodium)	FREESTYLE PRECISION NEO SYSTEM KIT	95	GAMASTAN	122
fosamprenavir calcium TABS PO ..	FREESTYLE PRECISION NEO TEST STRP	72	GAMMAGARD 1 GM/10ML, 2.5 GM/25ML	122
fosfomycin tromethamine	FREESTYLE TEST STRP	72	GAMMAKED 1 GM/10ML	122
fosinopril sodium & hydrochlorothiazide PO	FREESTYLE UNISTICK II LANCETS	95	GAMMAPLEX SOLN	122
fosinopril sodium PO	FROVA PO (frovatriptan succinate) 108		GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML	122
FOSRENOL CHEW PO 1000 MG (lanthanum carbonate)	frovatriptan succinate PO	108	GARDASIL 9 SUSP	135
FOSRENOL CHEW PO 500 MG (lanthanum carbonate)	furosemide SOLN PO 8 MG/ML, 10 MG/ML	74	GARDASIL 9 SUSY	135
FOSRENOL CHEW PO 750 MG (lanthanum carbonate)	furosemide TABS PO	74	gatifloxacin (ophth)	118
FOSRENOL PACK	FUZEON SOLR	48	GATTEX	80
FRAGMIN SOLN 95000 UNIT/3.8ML 17	FYCOMPA SUSP	18	gefitinib	38
FRAGMIN SOSY 2500 UNIT/0.2ML 17	FYCOMPA TABS 2 MG	18	GELFILM	120
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..	FYCOMPA TABS 4 MG	18	gemfibrozil TABS PO	31
FREDS PHARMACY UNILET LANC 28G	FYCOMPA TABS 6 MG	18	GENABIO COVID-19 RAPID TEST KIT	72
FREDS PHARMACY UNILET LANC	FYCOMPA TABS 8 MG, 10 MG, 12 MG	18	GENERESS FE PO (norethindrone & ethinyl estradiol-fe)	58
	gabapentin CAPS PO	19	gentamicin sulfate (ophth) SOLN .	118
	gabapentin SOLN PO	19	gentamicin sulfate (topical) CREA .	64
	gabapentin TABS PO 600 MG, 800 MG	19	gentamicin sulfate (topical) OINT ..	64
	GABITRIL PO (tiagabine hcl)	21	GENTEEL BUTTERFLY TOUCH LANCET	95

GENTLE-LET GP LANCETS	.....95	30G	.....95	GOODSENSE COLOR LANCETS	
GENTLE-LET LANCETS	.....95	glucagon (rdna)	.....25	33G	.....95
GENVOYA	.....48	GLUCAGON EMERGENCY		GOODSENSE LANCETS 26G UNIV	.....95
GEODON PO 20 MG, 40 MG		(glucagon (rdna))	.....25	GOODSENSE LANCETS 30G	....95
(ziprasidone hcl)	.....45	GLUCOCOM LANCETS 28G	.....95	GOODSENSE LANCETS 30G UNIV	.....95
GEODON PO 60 MG, 80 MG		GLUCOCOM LANCETS 30G	.....95	GOODSENSE LANCETS 33G	....95
(ziprasidone hcl)	.....45	GLUCOCOM LANCETS 33G	.....95	GOODSENSE LANCETS 33G UNIV	.....95
GILENYA PO (fingolimod hcl)	....125	GLUCOTROL XL TB24 PO (glipizide)	.....27	GOTOKNOW COVID-19 ANTIGEN	
GILOTRIF	.....38	glutamine (sickle cell)	.....83	RAPI KIT	.....72
GILPHEX TR TABS PO 10 MG-388		glyburide micronized PO 1.5 MG, 3		granisetron hcl TABS PO	.....28
MG	.....60	MG, 6 MG	.....27	griseofulvin microsize SUSP PO	..28
GILTUSS COUGH & COLD TABS		glyburide TABS PO	.....27	griseofulvin microsize TABS PO	...28
PO	.....60	glyburide-metformin PO	.....24	griseofulvin ultramicrosize PO	.....28
GILTUSS SINUS & CONGESTION		GLYCATE TABS PO	.....130	guaifenesin-codeine SOLN PO	....61
TABS PO	.....60	glycopyrrolate SOLN PO 1 MG/5ML	.130	guanfacine hcl (adhd) PO	.....1
glatiramer acetate SOSY 20 MG/ML	.125	glycopyrrolate TABS PO 1 MG, 2 MG	.....130	guanfacine hcl PO	.....33
glatiramer acetate SOSY 40 MG/ML	.125	GLYCOPYRROLATE TABS PO	.130	GYNAZOLE-1	.....136
GLEEVEC PO 100 MG (imatinib		GLYNASE PO (glyburide micronized)	.....27	HADLIMA PUSHTOUCH SOAJ	....4
mesylate)	.....41	GLYXAMBI PO	.....24	HADLIMA SOSY	.....4
GLEEVEC PO 400 MG (imatinib		GNP LANCETS 21G	.....95	HAEGARDA SOLR SC	.....83
mesylate)	.....41	GNP LANCETS THIN 26G	.....95	HAEMOLANCE	.....95
GLEOSTINE PO 10 MG, 40 MG, 100		GNP STERILE LANCETS 28G	...95	HAEMOLANCE LOW FLOW	
MG	.....37	GNP STERILE LANCETS 30G	...95	LANCETS	.....96
glimpiride PO 1 MG, 2 MG, 4 MG	27	GNP STERILE LANCETS 33G	...95	HAEMOLANCE PLUS	.....96
glipizide TABS PO	.....27	GOJJI STERILE LANCETS	.....95	HAEMOLANCE PLUS HIGH FLOW	.96
glipizide TB24 PO	.....27	GOLYTELY SOLR PO (peg 3350-kcl-		HAEMOLANCE PLUS LOW FLOW	.96
glipizide-metformin hcl PO	.....24	sod bicarb-sod chloride-sod sulfate)		HAEMOLANCE PLUS MAX FLOW	96
GLOBAL EASY GLIDE INSULIN		85			
SYR	.....107	GONITRO PACK	.....12		

HAEMOLANCE PLUS PEDIATRIC FLOW .....96	HUMALOG MIX 75/25 KWIKPEN SUPN .....26	HUMULIN R U-500 (CONCENTRATED) SOLN SC ....26
HALCION PO 0.25 MG (triazolam) 85	HUMALOG MIX 75/25 SUSP .....26	HUMULIN R U-500 KWIKPEN SOPN SC .....26
halobetasol propionate CREA .....69	HUMALOG SOCT .....26	HYCANTIN CAPS PO .....44
halobetasol propionate OINT .....69	HUMALOG SOLN IJ .....26	HYCANTIN SOLR (topotecan hcl) 44
HALOG SOLN .....69	HUMATE-P SOLR .....82	HYCODAN SOLN PO (hydrocodone bitartrate-homatropine methylbromide) .....60
haloperidol lactate CONC PO .....46	HUMATIN PO .....3	HYCODAN TABS PO 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide) .....60
haloperidol TABS PO .....46	HUMATROPE CART IJ .....75	HYDREA PO (hydroxyurea) .....43
HAVRIX .....135	HUMIRA (2 PEN) AJKT 40 MG/0.4ML .....4	hydrochlorothiazide CAPS PO ....74
HEALTHY ACCENTS UNILET LANCETS .....96	HUMIRA (2 PEN) AJKT 40 MG/0.8ML .....4	hydrochlorothiazide TABS PO .....74
H-E-B INCONTROL LANCETS 28G .96	HUMIRA (2 PEN) AJKT 80 MG/0.8ML .....4	hydrocodone bitartrate-homatropine methylbromide SOLN PO .....60
H-E-B INCONTROL LANCETS 30G .96	HUMIRA (2 SYRINGE) PSKT .....4	hydrocodone bitartrate-homatropine methylbromide TABS PO .....60
H-E-B INCONTROL LANCETS 33G .96	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML .....4	hydrocodone polistirex-chlorpheniramine polistirex SUER PO .....61
HEMANGEOL SOLN PO .....51	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML .....4	hydrocodone-acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML .....9
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT .....82	HUMIRA-PED<40KG CROHNS STARTER PSKT .....4	hydrocodone-acetaminophen TABS PO 300 MG-10 MG, 300 MG-5 MG 10
heparin sodium (porcine) SOLN IJ 10000 UNIT/ML .....17	HUMIRA-PED>=40KG CROHNS START PSKT .....4	hydrocodone-acetaminophen TABS PO 300 MG-7.5 MG .....10
HEPLISAV-B SOSY .....135	HUMIRA-PED>=40KG UC STARTER AJKT .....4	hydrocodone-acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG .....10
HIPREX PO (methenamine hippurate) .....36	HUMIRA-PS/UV/ADOL HS STARTER AJKT .....4	hydrocodone-ibuprofen PO 10 MG-200 MG, 7.5 MG-200 MG .....10
HUMALOG JUNIOR KWIKPEN SOPN .....26	HUMIRA-PSORIASIS/UEVIT STARTER AJKT .....4	
HUMALOG KWIKPEN SOPN 100 UNIT/ML .....26	HUMULIN 70/30 KWIKPEN SUPN 26	
HUMALOG KWIKPEN SOPN 200 UNIT/ML .....26	HUMULIN 70/30 SUSP .....26	
HUMALOG MIX 50/50 KWIKPEN SUPN .....26	HUMULIN N KWIKPEN SUPN ....26	
HUMALOG MIX 50/50 SUSP .....26	HUMULIN N SUSP .....26	
	HUMULIN R SOLN IJ .....26	

hydrocodone-ibuprofen PO 5 MG- 200 MG .....10	hydroxyzine pamoate CAPS PO ...12	IMBRUVICA CAPS 140 MG 41
hydrocortisone (intrarectal) PR 11	hyoscyamine sulfate SUBL 0.125 MG.....130	IMBRUVICA CAPS 70 MG 41
hydrocortisone (rectal) EX 2.5 % .. 11	hyoscyamine sulfate TABS PO 0.125 MG 131	IMBRUVICA SUSP 41
hydrocortisone (topical) CREA 2.5 % 69	hyoscyamine sulfate TB12 PO 0.375 MG 131	IMBRUVICA TABS 41
hydrocortisone (topical) LOTN 2 %, 2.5 %69	hyoscyamine sulfate TBDP PO 0.125 MG 131	imipenem-cilastatin IV 250 MG 35
hydrocortisone (topical) OINT 2.5 % . 69	HYPERSAL NEBU (sodium chloride (inhalant)) 61	imipenem-cilastatin IV 500 MG 35
hydrocortisone (topical) SOLN 2.5 % 69	HYPERSAL NEBU .....61	imipramine hcl TABS PO 10 MG, 25 MG 24
hydrocortisone butyrate CREA 69	HYPODERMIC NEEDLE 107	imipramine hcl TABS PO 50 MG .. 24
hydrocortisone butyrate hydrophilic lipo base .....69	HYQVIA 122	imipramine pamoate PO .....24
hydrocortisone butyrate OINT 69	HY-VEE LANCETS .....96	imiquimod 5 % 70
hydrocortisone butyrate SOLN 69	HY-VEE THIN LANCETS 96	IMITREX 20 MG/ACT (sumatriptan) 108
hydrocortisone TABS PO .....59	HYZAAR PO (losartan potassium & hydrochlorothiazide) 33	IMITREX 5 MG/ACT (sumatriptan) 108
hydrocortisone valerate CREA 69	ibandronate sodium TABS PO ....74	IMITREX STATDOSE REFILL SOCT (sumatriptan succinate) .....108
hydrocortisone valerate OINT 69	IBRANCE CAPS 41	IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate) ... 108
hydrocortisone w/acetic acid .....122	IBRANCE TABS 41	IMITREX TABS PO (sumatriptan succinate) .....108
hydromorphone hcl LIQD PO 8	ibuprofen TABS PO 400 MG, 600 MG, 800 MG .....5	IMODIUM A-D CAPS PO (loperamide hcl) .....27
hydromorphone hcl TABS PO 8	icatibant acetate SOSY 83	IMURAN TABS PO (azathioprine) 111
hydromorphone hcl TB24 PO 32 MG 8	ICLUSIG PO 41	IN TOUCH STERILE LANCETS 30G.....96
hydromorphone hcl TB24 PO 8 MG, 12 MG, 16 MG .....8	icosapent ethyl 30	INBRIJA CAPS 44
hydroxychloroquine sulfate PO 200 MG 36	IDELVION 82	INCRELEX 75
hydroxyurea PO 43	IDHIFA .....41	INCRUSE ELLIPTA 14
hydroxyzine hcl SOLN 50 MG/ML . 12	IHEALTH COVID-19 RAPID TEST KIT .....72	indapamide TABS PO 1.25 MG, 2.5 MG 74
hydroxyzine hcl SYRP PO 12	ILEVRO 121	INDERAL LA CP24 PO (propranolol hcl) 51
hydroxyzine hcl TABS PO 12	imatinib mesylate PO 100 MG 41	
	imatinib mesylate PO 400 MG ....41	

INDERAL XL PO	51	iodoquinol-hydrocortisone in aloe vehicle	64	ISTALOL SOLN (timolol maleate (ophth))	117
INDICAID COVID-19 RAPID TEST KIT	72	IOPIDINE	118	ISTODAX SOLR (romidepsin)	41
INDOCIN SUSP PO (indomethacin) 5		ipratropium bromide (nasal)	116	itraconazole CAPS PO	29
indomethacin CAPS PO 25 MG, 50 MG	5	ipratropium bromide SOLN 0.02 %	14	itraconazole SOLN	29
indomethacin CPCR PO	5	ipratropium-albuterol SOLN	16	ivabradine hcl TABS PO	54
indomethacin SUPP PR	5	irbesartan PO	32	ivermectin (rosacea)	71
indomethacin SUSP PO	5	irbesartan-hydrochlorothiazide PO	34	ivermectin PO	12
INFANRIX	130	IRESSA (gefitinib)	38	IXINITY SOLR	82
INFLECTRA SOLR	78	IRON FOLATE-F	84	JADENU SPRINKLE PACK (deferasirox)	27
INGREZZA CAPS	124	ISENTRESS CHEW	48	JADENU TABS PO (deferasirox) ..	27
INGREZZA CPPK	124	ISENTRESS HD TABS PO	48	JAKAFI	42
INGREZZA CPSP	124	ISENTRESS PACK PO	48	JALYN PO (dutasteride-tamsulosin hcl)	80
INLYTA	37	ISENTRESS TABS PO	48	JANSSEN COVID-19 VACCINE ..	135
INNOPRAN XL PO	51	isoniazid SYRP PO	37	JANUMET TABS PO	24
INQOVI	40	isoniazid TABS PO	37	JANUMET XR TB24 PO 1000 MG- 100 MG	24
INREBIC	41	ISOPTO ATROPINE SOLN	118	JANUMET XR TB24 PO 1000 MG-50 MG, 500 MG-50 MG	24
INSPRA PO (eplerenone)	35	ISORDIL TITRADOSE TABS PO (isosorbide dinitrate)	12	JANUVIA PO	25
INSULIN LISPRO PROT & LISPRO SUPN	26	isosorbide dinitrate TABS PO 40 MG	12	JARDIANCE PO	27
INSULIN SYRINGES AND PEN NEEDLES	107	isosorbide dinitrate TABS PO 5 MG, 10 MG, 20 MG, 30 MG	12	JIVI	82
INTEGRA F	84	isosorbide dinitrate-hydralazine hcl PO	52	JULUCA	48
INTELENCE PO (etravirine)	48	isosorbide mononitrate TABS PO .	12	JUXTAPID PO 5 MG, 10 MG, 20 MG, 30 MG	31
INTELENCE PO 25 MG	48	isosorbide mononitrate TB24 PO ..	12	JYNARQUE TBPK	77
INTELISWAB COVID-19 RAPID TEST KIT	72	isotretinoin PO 10 MG, 25 MG	63	KALETRA SOLN PO (lopinavir- ritonavir)	48
INTUNIV PO (guanfacine hcl (adhd)) 1		isotretinoin PO 20 MG	63	KALETRA TABS PO (lopinavir- ritonavir)	48
INVANZ IJ (ertapenem sodium) ...	35	isotretinoin PO 30 MG	63	KALYDECO PACK	128
INVEGA PO (paliperidone)	46	isotretinoin PO 35 MG, 40 MG	63		
		isradipine CAPS PO	51		

KALYDECO TABS	128	KIMONO PS PLUS MISC	88	K-PHOS TABS (potassium phosphate monobasic)	109
KAMELEON LUBRICATED MISC	88	KIMONO SENSATION MISC	88	K-PHOS-NEUTRAL PO (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	109
KAPVAY TB12 PO (clonidine hcl (adhd))	1	KIMONO SENSATION PLUS MISC	88	KRINTAFEL	36
KCENTRA	82	KIMONO SPECIAL DEVI	88	KROGER HEALTHPRO LANCET 26G	96
KENALOG AERS (triamcinolone acetonide (topical))	69	KINNEY LANCETS	96	KROGER LANCETS	96
KEPPRA SOLN PO 100 MG/ML (levetiracetam)	19	KINNEY THIN LANCETS	96	KROGER LANCETS 21G	96
KEPPRA TABS PO (levetiracetam)	19	KINRIX SUSY	130	KROGER LANCETS MICRO THIN 33G	96
KEPPRA XR TB24 PO (levetiracetam)	19	KISQALI (200 MG DOSE)	42	KROGER LANCETS SUPER THIN 96	96
ketoconazole (topical) CREA	65	KISQALI (400 MG DOSE)	42	KROGER LANCETS THIN	96
ketoconazole (topical) FOAM	65	KISQALI (600 MG DOSE)	42	KROGER LANCETS THIN 26G	96
ketoconazole (topical) SHAM 2 %	65	KISQALI FEMARA (200 MG DOSE)	40	KROGER LANCETS ULTRATHIN 30G	96
ketoconazole PO	29	KISQALI FEMARA (400 MG DOSE)	40	K-TAB TBCR PO 10 MEQ, 20 MEQ (potassium chloride)	110
ketoprofen CP24 PO	5	KISQALI FEMARA (600 MG DOSE)	40	KUVAN PACK (sapropterin dihydrochloride)	76
ketorolac tromethamine (ophth)	121	KITABIS PAK NEBU (tobramycin)	3	KUVAN TABS (sapropterin dihydrochloride)	76
ketorolac tromethamine TABS PO	5	KLARITY-A	118	K-Y ME & YOU EXTRA LUBRICATED DEVI	88
KEVEYIS PO (dichlorphenamide)	73	KLARON (sulfacetamide sodium (acne))	63	K-Y ME & YOU INTENSE DEVI	88
KEVZARA SOAJ	4	KLONOPIN TABS PO (clonazepam)	18	labetalol hcl TABS PO	50
KEVZARA SOSY	5	KLOXXADO LIQD	27	lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	19
KIMONO COLORS DEVI	88	KOATE SOLR	82	lacosamide TABS PO	19
KIMONO MAXX-LARGE FLARE MISC	88	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	82	lactic acid (ammonium lactate) CREA	70
KIMONO MICRO THIN MISC	88	KOGENATE FS KIT	82	lactulose (encephalopathy) PO	79
KIMONO MICRO THIN PLUS MISC	88	KOMBIGLYZE XR PO (saxagliptin-metformin hcl)	24		
KIMONO MISC	88	KOSELUGO	42		
KIMONO PLUS MISC	88	KOVALTRY	82		
KIMONO PS MISC	88	K-PHOS NO 2 PO	80		

lactulose SOLN PO	86	LAMPIT	35	leflunomide PO 20 MG	6
LAGEVRIO	50	LANCETS	96	lenalidomide PO 2.5 MG, 20 MG ..	110
LAMICTAL CHEW PO (lamotrigine) 20		LANCETS 30G	97	lenalidomide PO	110
LAMICTAL ODT KIT PO (lamotrigine)	19	LANCETS 33G	97	LENVIMA (10 MG DAILY DOSE) ..	38
LAMICTAL ODT TBDP PO (lamotrigine)	19	LANCETS MICRO THIN 33G	97	LENVIMA (12 MG DAILY DOSE) ..	38
LAMICTAL STARTER KIT PO 25 MG (lamotrigine)	19	LANCETS SUPER THIN	97	LENVIMA (14 MG DAILY DOSE) ..	38
LAMICTAL TABS PO (lamotrigine) 20		LANCETS SUPER THIN 28G	97	LENVIMA (18 MG DAILY DOSE) ..	38
LAMICTAL XR KIT PO	19	LANCETS THIN	97	LENVIMA (20 MG DAILY DOSE) ..	38
LAMICTAL XR TB24 PO 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine) 19		LANCETS ULTRA THIN	97	LENVIMA (24 MG DAILY DOSE) ..	38
LAMICTAL XR TB24 PO 250 MG (lamotrigine)	19	LANCETS ULTRA THIN 30G	97	LENVIMA (4 MG DAILY DOSE) ..	38
LAMICTAL XR TB24 PO 300 MG (lamotrigine)	19	LANOXIN TABS PO 125 MCG, 250 MCG (digoxin)	52	LENVIMA (8 MG DAILY DOSE) ..	38
lamivudine (hbv) TABS PO	49	LANOXIN TABS PO 62.5 MCG (digoxin)	52	LESCOL XL TB24 PO (fluvastatin sodium)	31
lamivudine SOLN PO	48	lansoprazole CPDR PO 15 MG ..	132	LETAIRIS PO (ambrisentan)	53
lamivudine TABS PO	48	lansoprazole CPDR PO 30 MG ..	132	letrozole PO	39
lamivudine-zidovudine PO	48	lansoprazole TBDD 15 MG	132	leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG	44
lamotrigine CHEW PO	20	lansoprazole TBDD 30 MG	132	leucovorin calcium TABS PO	44
lamotrigine KIT PO 25 MG	20	lanthanum carbonate CHEW PO 1000 MG	79	LEUKERAN PO	37
lamotrigine KIT PO	20	lanthanum carbonate CHEW PO 500 MG	79	leuprolide acetate KIT IJ 1 MG/0.2ML	39
lamotrigine TABS PO	20	lanthanum carbonate CHEW PO 750 MG	79	levalbuterol hcl	16
lamotrigine TB24 PO 25 MG, 50 MG, 100 MG, 200 MG	20	LANTUS SOLN	26	levalbuterol tartrate	16
lamotrigine TB24 PO 250 MG	20	LANTUS SOLOSTAR SOPN	26	LEVIBID TB12 PO (hyoscyamine sulfate)	131
lamotrigine TB24 PO 300 MG	20	lapatinib ditosylate	42	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	20
lamotrigine TBDP PO	20	LASIX TABS PO (furosemide)	74	levetiracetam TABS PO	20
		LASTACRAFT	121	levetiracetam TB24 PO	20
		latanoprost SOLN	121	levobunolol hcl 0.5 %	117
		LATUDA PO (lurasidone hcl)	46	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML	76
		leflunomide PO 10 MG	6		

levocarnitine (metabolic modifiers) TABS PO	(escitalopram oxalate)	23	1
levocetirizine dihydrochloride SOLN PO	LEXAPRO TABS PO 5 MG (escitalopram oxalate)	23	lisinopril & hydrochlorothiazide PO 12.5 MG-10 MG, 12.5 MG-20 MG .34
levocetirizine dihydrochloride TABS PO	LEXIVA TABS PO (fosamprenavir calcium)	48	lisinopril & hydrochlorothiazide PO 25 MG-20 MG
levofloxacin (ophth) 1.5 %	LIALDA TBEC PO (mesalamine) ..	78	lisinopril TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG
levofloxacin SOLN PO	LIBERTY MEDICAL LANCETS ..	97	lisinopril TABS PO 40 MG
levofloxacin TABS PO	LIBRAX PO (chlordiazepoxide hcl- clidinium bromide)	131	LITE TOUCH LANCETS
levonorgestrel & eth estradiol TABS PO	lidocaine hcl (mouth-throat)	111	LITETOUCH LANCETS
levonorgestrel (emergency oc) PO 1.5 MG	lidocaine hcl SOLN	71	lithium carbonate CAPS PO 150 MG, 600 MG
levonorgestrel-eth estradiol (triphasic) PO	lidocaine PTCH 5 %	71	lithium carbonate CAPS PO 300 MG . 45
levonorgestrel-ethinyl estradiol (91- day) PO 0.03 MG-0.15 MG	lidocaine-prilocaine CREA	71	lithium carbonate TABS PO
levonorgestrel-ethinyl estradiol (continuous) PO	LIDODERM PTCH (lidocaine)	71	lithium carbonate TBCR PO
levonorgestrel-ethinyl estradiol-iron PO	LIFESCAN UNISTIK 2	97	lithium PO
levorphanol tartrate TABS PO 2 MG . 8	LIFESCAN UNISTIK II LANCETS .	97	LITHOBID TBCR PO (lithium carbonate)
levorphanol tartrate TABS PO 3 MG . 8	linezolid SUSR	36	LITHOSTAT
levothyroxine sodium CAPS PO ..	linezolid TABS PO	36	LIVALO PO (pitavastatin calcium) .31
levothyroxine sodium TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG	LINZESS	79	LIVE BETTER LANCET SUPER THIN
levothyroxine sodium TABS PO ..	LIORESAL SOLN IT (baclofen) ..	116	LIVE BETTER LANCET ULTRA THIN
LEVSIN TABS PO (hyoscyamine sulfate)	LIORESAL SOLN IT	116	LO LOESTRIN FE TABS
LEVSIN/SL SUBL (hyoscyamine sulfate)	liothyronine sodium TABS PO 25 MCG, 50 MCG	130	LOCOID LIPOCREAM
LEXAPRO TABS PO 10 MG, 20 MG	liothyronine sodium TABS PO 5 MCG	130	LODINE TABS PO (etodolac)
	LIPITOR TABS PO (atorvastatin calcium)	31	LODOSYN PO (carbidopa)
	LIPOFEN CAPS PO (fenofibrate) .	31	LOKELMA
	LIPOFEN CAPS PO 50 MG (fenofibrate)	31	LOMOTIL TABS PO (diphenoxylate w/ atropine)
	lisdexamfetamine dimesylate CAPS PO	1	LONGS LANCETS STANDARD ..
	lisdexamfetamine dimesylate CHEW .		

LONGS LANCETS THIN	97	loteprednol etabonate SUSP	119	valerate)	69
LONGS LANCETS ULTRA THIN .	97	LOTREL PO 10 MG-5 MG, 20 MG-10		LYNPARZA TABS PO	42
LONSURF	40	MG, 20 MG-5 MG, 40 MG-10 MG		LYRICA CAPS PO 225 MG, 300 MG	
loperamide hcl CAPS PO	27	(amlodipine besylate-benazepril hcl) .	34	(pregabalin)	20
LOPID TABS PO (gemfibrozil)	31	LOTRONEX PO (alosetron hcl)	79	LYRICA CAPS PO 25 MG, 50 MG,	
lopinavir-ritonavir SOLN PO	48	lovastatin TABS PO	31	75 MG, 100 MG, 150 MG, 200 MG	
lopinavir-ritonavir TABS PO	48	LOVAZA PO (omega-3-acid ethyl		(pregabalin)	20
LOPRESSOR TABS PO (metoprolol		esters)	30	LYRICA SOLN (pregabalin)	20
tartrate)	50	LOVENOX SOLN IJ 300 MG/3ML		LYSODREN PO	39
LOPROX CREA (ciclopirox olamine) .	65	(enoxaparin sodium)	17	LYSTEDA TABS PO (tranexamic	
LOPROX SHAM (ciclopirox)	65	LOVENOX SOSY 100 MG/ML, 150		acid)	84
LOPROX SUSP (ciclopirox olamine) .	65	MG/ML (enoxaparin sodium)	17	MACROBID PO (nitrofurantoin	
lorazepam CONC PO	13	LOVENOX SOSY 30 MG/0.3ML		monohyd macro)	36
lorazepam TABS PO	13	(enoxaparin sodium)	18	MACRODANTIN PO (nitrofurantoin	
LORBRENA	42	LOVENOX SOSY 40 MG/0.4ML		macrocrystal)	36
losartan potassium &		(enoxaparin sodium)	18	mafenide acetate PACK	67
hydrochlorothiazide PO	34	LOVENOX SOSY 60 MG/0.6ML		magnesium sulfate IJ 50 %	109
losartan potassium PO	32	(enoxaparin sodium)	18	MALARONE PO (atovaquone-	
LOSEASONIQUE PO		LOVENOX SOSY 80 MG/0.8ML, 120		proguanil hcl)	36
(levonorgestrel-ethinyl estradiol (91-		MG/0.8ML (enoxaparin sodium) ...	18	malathion	72
day))	58	loxapine succinate PO	46	maraviroc TABS PO	48
LOTEMAX GEL (loteprednol		lubiprostone PO	78	MARINOL CAPS PO (dronabinol) .	28
etabonate)	119	LUMIGAN SOLN 0.01 %	121	MARPLAN PO	22
LOTEMAX OINT	119	LUNESTA PO (eszopiclone)	85	MATULANE PO	43
LOTEMAX SUSP (loteprednol		LUNG PERFORM PEAK FLOW		MAVYRET TABS PO	49
etabonate)	119	METER	107	MAXALT TABS PO 10 MG	
LOTENSIN HCT PO 12.5 MG-10		LUPRON DEPOT (1-MONTH) KIT IM		(rizatriptan benzoate)	108
MG, 12.5 MG-20 MG, 25 MG-20 MG		3.75 MG	39	MAXALT-MLT TBDP PO 10 MG	
(benazepril & hydrochlorothiazide) 34		LUPRON DEPOT (1-MONTH) KIT IM		(rizatriptan benzoate)	108
LOTENSIN PO 10 MG, 20 MG, 40		7.5 MG	39	MAXIDEX SUSP OP	119
MG (benazepril hcl)	32	LUPRON DEPOT-PED (1-MONTH)		MAXITROL OINT (neomycin-polymy-	
loteprednol etabonate GEL	119	7.5 MG	75	dexameth)	119
		lurasidone hcl PO	46	MAXITROL SUSP (neomycin-	
		LUXIQ FOAM (betamethasone		polymy-dexameth)	119

MAXX MISC	88	MEDROL TBPK PO (methylprednisolone)	60	memantine hcl TABS PO	124
MAXX PLUS MISC	88	medroxyprogesterone acetate PO 10 MG	123	MENEST PO	77
MAXZIDE TABS PO (triamterene & hydrochlorothiazide)	73	medroxyprogesterone acetate PO 2.5 MG, 5 MG	123	MENOSTAR PTWK	77
MAXZIDE-25 TABS PO (triamterene & hydrochlorothiazide)	73	mefenamic acid CAPS PO	5	MENQUADFI	133
MAYZENT STARTER PACK TBPK 0.25 MG	125	mefloquine hcl PO	36	MENVEO SOLR	133
MAYZENT TABS PO 0.25 MG ...	125	megestrol acetate (appetite) PO .	123	meperidine hcl SOLN PO 50 MG/5ML	8
MAYZENT TABS PO 1 MG	125	megestrol acetate SUSP PO	39	meperidine hcl TABS PO 50 MG ...	8
MAYZENT TABS PO 2 MG	125	megestrol acetate TABS PO	39	MEPHYTON TABS PO (phytonadione)	137
meclizine hcl TABS PO 50 MG ...	28	MEIJER LANCETS	98	MEPRON PO (atovaquone)	35
meclofenamate sodium CAPS PO ..	5	MEIJER LANCETS THIN	98	mercaptopurine TABS PO	37
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MEDICHOICE SAFETY LANCET EXTRA	97	MEIJER LANCETS UNIVERSAL 30G	98	mesalamine CP24	78
MEDICHOICE SAFETY LANCET NORM	97	MEIJER LANCETS UNIVERSAL 33G	98	mesalamine CPR PO	78
MEDLANCE EXTRA 21G	97	MEIJER LANCETS UNIVERSAL 33G	98	mesalamine CPDR PO	78
MEDLANCE LITE 25G	97	MEIJER SUPER THIN LANCETS	98	mesalamine ENEM PR	79
MEDLANCE PLUS EXTRA 21G ..	97	MEKINIST SOLR	42	mesalamine SUPP PR	79
MEDLANCE PLUS LANCETS	98	MEKINIST TABS PO	42	mesalamine TBEC PO 1.2 GM	79
MEDLANCE PLUS LITE 25G	98	MEKTOVI	42	mesalamine TBEC PO 800 MG ...	79
MEDLANCE PLUS SPECIAL 0.8MM	98	meloxicam TABS PO 15 MG	5	MESNEX TABS PO	44
MEDLANCE PLUS SUPERLITE 30G	98	meloxicam TABS PO 7.5 MG	5	MESTINON SOLN PO (pyridostigmine bromide)	36
MEDLANCE PLUS UNIVERSAL 21G	98	melphalan hcl IV	37	MESTINON TABS PO (pyridostigmine bromide)	36
MEDLANCE UNIVERSAL 21G ...	98	melphalan PO	37	MESTINON TBCR PO (pyridostigmine bromide)	36
MEDROL TABS PO 4 MG, 8 MG, 16 MG (methylprednisolone)	60	memantine hcl CP24 PO	124	METADATE CD CPR PO 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	2
MEDROL TABS PO	60	memantine hcl SOLN PO 2 MG/ML 124		METADATE CD CPR PO 20 MG, 30 MG (methylphenidate hcl)	2
		memantine hcl TABS PO 10 MG .	124	metaxalone PO 400 MG	116
		memantine hcl TABS PO 5 MG ..	124		

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metformin hcl SOLN PO25	METHYLIN SOLN PO (methylphenidate hcl)2	metolazone PO74
metformin hcl TABS PO 500 MG, 850 MG, 1000 MG25	methylphenidate hcl CHEW PO2	METOPIRONE PO72
metformin hcl TB24 PO 500 MG, 750 MG25	methylphenidate hcl CP24 PO 60 MG2	metoprolol & hydrochlorothiazide TABS PO34
methadone hcl CONC PO8	methylphenidate hcl CP24 PO2	metoprolol succinate TB24 PO50
methadone hcl SOLN PO8	methylphenidate hcl CP24 PO2	metoprolol tartrate TABS PO50
methadone hcl TABS PO8	methylphenidate hcl CPCR PO 10 MG, 40 MG, 50 MG, 60 MG2	METROCREAM CREA (metronidazole (topical))71
methadone hcl TBSO PO8	methylphenidate hcl CPCR PO 20 MG, 30 MG2	METROGEL GEL 1 % (metronidazole (topical))71
METHADOSE CONC PO (methadone hcl)8	methylphenidate hcl SOLN PO2	METROLOTION LOTN (metronidazole (topical))71
METHADOSE SUGAR-FREE CONC PO (methadone hcl)8	methylphenidate hcl TABS PO 20 MG2	metronidazole (topical) CREA71
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MICROLET LANCETS	98	estradiol (biphasic))	58	mometasone furoate OINT	69
MICROLIFE DIGITAL PEAK FLOW 107		mirtazapine TABS PO	22	mometasone furoate SOLN	69
midazolam hcl SYRP PO	85	mirtazapine TBDP PO	22	MONOLET LANCETS	98
midodrine hcl PO	137	MIRVASO (brimonidine tartrate (topical))	71	MONOLET OPD LANCETS	98
MIFEPREX (mifepristone)	76	misoprostol PO	133	MONOLETTOR SAFETY LANCETS	98
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miglitol PO	24	mitoxantrone hcl 25 MG/12.5ML ..	40	montelukast sodium PACK PO	14
miglustat	83	MM TWIST LANCETS	98	montelukast sodium TABS PO	14
MIGRANAL SOLN NA (dihydroergotamine mesylate)	108	M-M-R II SOLR	135	MONUROL (fosfomycin tromethamine)	36
MILLIPRED TABS PO	60	M-NATAL PLUS TABS PO	114	morphine sulfate beads PO	8
MINASTRIN 24 FE CHEW PO (norethin acet & estrad-fe)	58	modafinil PO	2	morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8
MINI WRIGHT PEAK FLOW METER	107	MODERNA COVID-19 BIVAL 6M-5Y	135	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	8
MINIPRESS CAPS PO (prazosin hcl)	33	MODERNA COVID-19 BIVALENT 135		morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	8
MINIVELLE PTTW (estradiol)	77	MODERNA COVID-19 VAC (BOOSTER) SUSP	135	morphine sulfate SUPP PR	8
minocycline hcl CAPS PO	129	MODERNA COVID-19 VAC 6M-11Y SUSP	135	morphine sulfate TABS PO 15 MG .	8
minocycline hcl CP24	129	MODERNA COVID-19 VAC 6M-11Y SUSY	135	morphine sulfate TABS PO 30 MG .	8
minocycline hcl TABS PO 50 MG, 100 MG	129	MODERNA COVID-19 VACC 6M-5Y SUSP	135	morphine sulfate TBCR PO	8
minocycline hcl TABS PO 75 MG	129	MODERNA COVID-19 VACCINE SUSP	135	MOVANTIK PO	79
minoxidil PO 2.5 MG, 10 MG	35	moexipril hcl PO	32	moxifloxacin hcl (ophth) SOLN OP 118	
MIRALAX POWD PO (polyethylene glycol 3350)	86	molindone hcl PO	47	moxifloxacin hcl TABS PO	78
MIRAPEX ER TB24 PO 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride)	44	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	49	MPD SAFETY LANCET 21G	98
MIRAPEX ER TB24 PO 3 MG (pramipexole dihydrochloride)	44	mometasone furoate (nasal) SUSP 117		MPD SAFETY LANCET 23G	98
MIRCETTE PO (desogestrel-ethinyl		mometasone furoate CREA	69	MPD SAFETY LANCET 28G	98
				MPD SAFETY LANCET 30G	98
				MS CONTIN TBCR PO (morphine sulfate)	8

MUCOTROL WAFR	112	MYTESI PO	27	NARDIL PO (phenelzine sulfate) ..	22
MULPLETA	84	nabumetone PO 500 MG	5	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal))	117
MULTIVITAMIN + FLUORIDE CHEW PO 0.25 MG	113	nabumetone PO 750 MG	5	NASONEX 24HR SUSP (mometasone furoate (nasal))	117
MULTIVITAMIN + FLUORIDE CHEW PO 0.5 MG, 1 MG	113	nadolol TABS PO 20 MG, 40 MG, 80 MG	51	NATACHEW CHEW PO 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	114
MULTIVITAMIN/FLUORIDE CHEW PO 0.25 MG	113	NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML	123	NATACYN	118
MULTIVITAMIN/FLUORIDE CHEW PO 0.5 MG, 1 MG	113	naftifine hcl CREA	65	NATAZIA	58
MULTIVITAMIN/FLUORIDE SOLN PO	113	naftifine hcl GEL 2 %	65	nateglinide PO	26
MULTI-VIT-FLOR CHEW PO 0.25 MG	113	NAFTIN GEL (naftifine hcl)	65	NATPARA	74
MULTI-VIT-FLOR CHEW PO 0.5 MG, 1 MG	113	NALOCET TABS PO	10	NAYZILAM	18
mupirocin OINT	64	naloxone hcl LIQD	27	neбиволол hcl PO	50
MYALEPT	76	naloxone hcl SOSY 2 MG/2ML	27	NEBUPENT IN (pentamidine isethionate)	35
MYAMBUTOL TABS PO 400 MG (ethambutol hcl)	37	naltrexone hcl PO	27	NEBUSAL NEBU	61
MYCOBUTIN PO (rifabutin)	37	NAMENDA TABS PO 10 MG (memantine hcl)	124	NEEVO DHA 85 MG-25 MG-15 MG- 5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	114
mycophenolate mofetil CAPS PO	111	NAMENDA TITRATION PAK TABS PO (memantine hcl)	124	nefazodone hcl PO	23
mycophenolate mofetil SUSR	111	NAMENDA XR CP24 PO (memantine hcl)	124	neomycin sulfate TABS PO	3
mycophenolate mofetil TABS PO	111	NAMZARIC C4PK	124	neomycin-bacitracin zn-polymyxin 118	
mycophenolate sodium PO	111	NAPROSYN SUSP PO (naproxen) .5		neomycin-polymy-dexameth OINT 119	
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MYFORTIC PO (mycophenolate sodium)	111	naproxen sodium TABS PO 275 MG, 550 MG	5	neomycin-polymyxin-gramicidin .	119
MYGLUCOHEALTH LANCETS 30G 98		naproxen SUSP PO	5	neomycin-polymyxin-hc (ophth) .	120
MYHIBBIN SUSP	111	naproxen TABS PO	5	neomycin-polymyxin-hc (otic) SOLN .	121
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MYSOLINE PO (primidone)	20	NARCAN LIQD (naloxone hcl)	28		

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NEONATAL COMPLETE TABS PO 120 MG-10 MG-9.2 MG-1000 MCG- 10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG- 2 MG-1200 MCG-2 MG-0.2 MG ..114	niacin (antihyperlipidemic) TBCR PO 31	nitazoxanide TABS PO 35
NEONATAL PLUS TABS PO114	nicardipine hcl CAPS PO 51	nitisinone CAPS PO 76
NEORAL CAPS PO (cyclosporine modified (for microemulsion)) 111	NICODERM CQ PT24 TD 21 MG/24HR (nicotine) 127	NITRO-BID OINT 12
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NESTABS ONE 114	nicotine polacrilex LOZG 127	nitroglycerin SOLN TL 0.4 MG/SPRAY 12
NESTABS PO 114	nicotine PT24 TD 21 MG/24HR .. 128	nitroglycerin SUBL 12
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NEVANAC121	nifedipine TB24 PO 30 MG, 60 MG 51	NIVA-PLUS TABS PO114
nevirapine SUSP PO 48	nifedipine TB24 PO 51	nizatidine CAPS PO 131
nevirapine TABS PO 48	NILANDRON PO (nilutamide) 39	NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML, 30 MG/3ML75
nevirapine TB24 PO 48	nilutamide PO39	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML75
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MCG-75 MG	58	SUSP	135	nystatin (topical) CREA	65
norethindrone & ethinyl estradiol-fe PO	58	NOVAVAX COVID-19 VACCINE SUSY	135	nystatin (topical) OINT	65
norethindrone (contraceptive) PO .	59	NOVOEIGHT	82	nystatin (topical) POWD EX	65
norethindrone acet & eth estra TABS PO	58	NOVOPEN ECHO DEVI	107	nystatin TABS PO	28
norethindrone acetate TABS PO .	123	NOVOSEVEN RT	82	nystatin-triamcinolone CREA	65
norethindrone acetate-ethinyl estradiol PO	77	NOXAFIL SUSP (posaconazole) ..	29	nystatin-triamcinolone OINT	65
norethindrone acetate-ethinyl estradiol-fe PO	58	NOXAFIL TBEC (posaconazole) ..	29	NYVEPRIA	84
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NORPACE CAPS PO (disopyramide phosphate)	13	NUCALA SOLR	14	OB COMPLETE/DHA	114
NORPACE CR CP12 PO	13	NUCALA SOSY 100 MG/ML	14	OBIZUR	82
NORPRAMIN TABS PO 10 MG, 25 MG (desipramine hcl)	24	NUCALA SOSY 40 MG/0.4ML	14	OBSTETRIX ONE (WITH DOCUSATE) PO	114
NORTHERA (droxidopa)	137	NUCORT LOTN	69	OCALIVA	78
nortriptyline hcl CAPS PO	24	NUEDEXTA	125	OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	122
nortriptyline hcl SOLN PO	24	NUPLAZID CAPS	46	octreotide acetate SOLN	76
NORVASC TABS PO 2.5 MG (amlodipine besylate)	52	NUPLAZID TABS PO 10 MG	46	octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML	76
NORVASC TABS PO 5 MG, 10 MG (amlodipine besylate)	52	NUVARING (etonogestrel-ethinyl estradiol)	59	OCUFLOX (ofloxacin (ophth)) ...	119
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NORVIR TABS PO (ritonavir)	48	NUVIGIL PO 50 MG (armodafinil) ..	2	ODOMZO PO	39
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NOVA SUREFLEX LANCETS	99	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	82	ofloxacin (otic)	121
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		nystatin (mouth-throat)	111	ofloxacin PO 400 MG	78

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orphenadrine citrate TB12 PO ...	116	oxcarbazepine TB24 150 MG, 300 MG	20	oxymorphone hcl TB12 PO	9
oseltamivir phosphate CAPS PO 30 MG, 45 MG	50	oxcarbazepine TB24 600 MG	20	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	25
oseltamivir phosphate CAPS PO 75 MG	50	oxiconazole nitrate CREA	65	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	25
oseltamivir phosphate SUSR PO ..	50	OXISTAT CREA (oxiconazole nitrate)	65	OZEMPIC (2 MG/DOSE) SOPN ...	25
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OTEZLA TABS PO	6	OXTELLAR XR TB24 600 MG (oxcarbazepine)	20	PALYNZIQ	76
OTEZLA TBPK PO	6	oxybutynin chloride TABS PO 5 MG . 133		PAMELOR CAPS PO (nortriptyline hcl)	24
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OVACE PLUS SHAM (sulfacetamide sodium)	67	oxycodone hcl CONC PO 100 MG/5ML	8	pantoprazole sodium PACK	132
OVACE PLUS WASH LIQD (sulfacetamide sodium)	67	oxycodone hcl SOLN PO	9	pantoprazole sodium TBEC PO ..	132
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oxacillin sodium IV 10 GM	123	oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG-7.5 MG 10		PARLODEL TABS PO (bromocriptine mesylate)	45
oxaprozin TABS PO	5	oxycodone w/ acetaminophen TABS PO 325 MG-5 MG	10	PARNATE PO (tranylcypromine sulfate)	22
OXAYDO TABS PO 5 MG	8	OXYCODONE-ACETAMINOPHEN TABs PO 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	10	paromomycin sulfate PO	3
OXAYDO TABS PO 7.5 MG	8	OXYCODONE-ACETAMINOPHEN TABs PO 300 MG-2.5 MG	10	paroxetine hcl SUSP PO	23
oxazepam CAPS PO 10 MG, 15 MG . 13				paroxetine hcl TABS PO	23
oxazepam CAPS PO 30 MG	13				
oxcarbazepine SUSP PO	20				
oxcarbazepine TABS PO 150 MG .20					

paroxetine hcl TB24 PO	23	bicarbonate-sod chloride PO	85	PERCOCET TABS PO 325 MG-5	
PATADAY 0.1 % (olopatadine hcl)		PEGASYS SOLN	49	MG (oxycodone w/ acetaminophen)	
121		PEG-PREP PO	85	10	
PATADAY 0.2 % (olopatadine hcl)		penicillamine CAPS PO	110	PERFECT LANCETS 28G	99
121		penicillamine TABS PO	110	PERFECT LANCETS 30G	99
PATANASE (olopatadine hcl (nasal))		PENICILLIN G POT IN DEXTROSE .	122	PERFECT POINT SAFETY	
.....	116	122		LANCETS	99
PAXIL CR TB24 PO (paroxetine hcl) .	23	penicillin g potassium 5000000 UNIT,		PERIDEX (chlorhexidine gluconate	
23		20000000 UNIT	122	(mouth-throat))	112
PAXIL SUSP PO (paroxetine hcl) .	23	PENICILLIN G PROCAINE	122	perindopril erbumine PO	32
PAXIL TABS PO (paroxetine hcl) .	23	penicillin g sodium	122	permethrin CREA	72
PAXLOVID (150/100)	49	penicillin v potassium SOLR PO .	122	perphenazine TABS PO	47
PAXLOVID (300/100)	49	penicillin v potassium TABS PO .	122	perphenazine-amitriptyline PO ...	124
PAXLOVID (NIRMATRELVIR 2 X		PENNSAID SOLN EX 2 %		PERSERIS PRSY	46
150MG & RITONAVIR) TAB PAK .	49	(diclofenac sodium (topical))	65	PERSONAL BEST FULL RANGE	
pazopanib hcl	42	PENTACEL	130	107	
PC LANCETS SUPER THIN 30G .	99	pentamidine isethionate IN	35	PFIZER COVID-19 BIVAL 6MO-4YR	
PEAK A-I-R FLOW METER	107	PENTASA CPCR PO (mesalamine)		.....	135
PEAK AIR PEAK FLOW METER		79		PFIZER COVID-19 VAC BIVAL 5-11	
107		PENTASA CPCR PO 250 MG	79	.....	135
PEAK FLOW METER UNIVERSAL		pentazocine w/ naloxone hcl PO ...	10	PFIZER COVID-19 VAC BIVALENT .	
RANG	107	pentoxifylline PO	83	135	
PEDIAPRED SOLN PO		PEPCID AC MAXIMUM STRENGTH		PFIZER COVID-19 VAC-TRIS 5-11Y	
(prednisolone sodium phosphate) .	60	TABS PO (famotidine)	131	SUSP	135
PEDIARIX SUSY	130	PEPCID TABS PO 20 MG		PFIZER COVID-19 VAC-TRIS 6M-4Y	
pediatric multivitamins w/fl CHEW PO		(famotidine)	132	SUSP	135
.....	113	PEPCID TABS PO 40 MG		PFIZER-BIONT COVID-19 VAC-	
PEDVAX HIB SUSP	133	(famotidine)	132	TRIS SUSP	135
peg 3350-kcl-nacl-na sulfate-na		PERCOCET TABS PO 325 MG-10		PFIZER-BIONTECH COVID-19	
ascorbate-ascorbic acid PO	85	MG, 325 MG-7.5 MG (oxycodone w/		VACC SUSP	135
peg 3350-kcl-sod bicarb-sod		acetaminophen)	10	PHARMACIST CHOICE LANCETS .	
chloride-sod sulfate SOLR PO 236		PERCOCET TABS PO 325 MG-2.5		99	
GM	85	MG (oxycodone w/ acetaminophen)		PHARMACY COUNTER LANCETS .	
peg 3350-potassium chloride-sod		10		99	
				phenelzine sulfate PO	22

PHENERGAN SOLN IJ (promethazine hcl)	29	piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM	123	POCKET PEAK FLOW METER .	108
phenobarbital ELIX PO	84	PIQRAY (200 MG DAILY DOSE) .	42	POCKETPEAK PEAK FLOW METER	108
phenobarbital TABS PO	84	PIQRAY (250 MG DAILY DOSE) .	42	PODOCON-25 SOLN	71
phenoxybenzamine hcl PO	32	PIQRAY (300 MG DAILY DOSE) .	42	podofilox GEL	71
phenylephrine hcl (mydriatic) SOLN 118		PIQRAY (300 MG DAILY DOSE) .	42	podofilox SOLN	71
phenytoin CHEW PO	22	pirfenidone CAPS	128	POLY HUB NEEDLE	107
phenytoin sodium extended PO 100 MG, 200 MG, 300 MG	22	pirfenidone TABS PO 267 MG, 801 MG	128	polyethylene glycol 3350 POWD PO .	86
phenytoin SUSP PO	22	pirfenidone TABS PO 534 MG ...	128	polymyxin b-trimethoprim	119
PHEXXI	136	piroxicam CAPS PO 10 MG	5	POLYTRIM (polymyxin b- trimethoprim)	119
phytonadione TABS PO 5 MG ...	137	piroxicam CAPS PO 20 MG	5	POLY-VI-FLOR CHEW PO 0.25 MG .	113
PIFELTRO	48	pitavastatin calcium PO	31	POLY-VI-FLOR CHEW PO 0.5 MG, 1 MG	113
PIKO 1	107	PLAN B ONE-STEP PO (levonorgestrel (emergency oc)) ...	59	POLY-VI-FLOR SUSP	113
pilocarpine hcl (oral) PO 5 MG ...	112	PLAQUENIL PO (hydroxychloroquine sulfate)	36	POLY-VI-FLOR/IRON CHEW PO	112
pilocarpine hcl (oral) PO 7.5 MG .	112	PLAVIX PO 75 MG (clopidogrel bisulfate)	83	POLY-VI-FLOR/IRON SUSP	112
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 118		PLEGRIDY SOAJ	125	POMALYST	40
PILOT COVID-19 AT-HOME TEST KIT	73	PLEGRIDY SOSY SC	125	posaconazole SUSP	29
pimecrolimus	70	PLEGRIDY STARTER PACK SOAJ .	125	posaconazole TBEC	29
pimozide PO	125	PLEGRIDY STARTER PACK SOSY SC	125	pot & sod citrates w/citric ac SOLN PO	80
pindolol TABS PO	51	PLEXION CREA (sulfacetamide sodium w/ sulfur)	63	pot phosphate monobasic w/ sod phosphate dibasic & monobasic PO	109
pioglitazone hcl PO 15 MG	26	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	63	potassium chloride CPCR PO	110
pioglitazone hcl PO 30 MG, 45 MG 26		PNEUMOVAX 23 SOLN	133	potassium chloride microencapsulated crystals er PO	110
pioglitazone hcl-glimepiride	24	PNEUMOVAX 23 SOSY	133	potassium chloride PACK PO 20 MEQ	110
pioglitazone hcl-metformin hcl TABS PO	24	PNV-DHA+DOCUSATE PO	114		
PIP LANCETS 28G	99	PNV-OMEGA PO	114		
PIP LANCETS 30G	99				

POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride) 110	PRAMOSONE OINT 69	PREFERRED PLUS LANCETS COLORED 100
potassium chloride SOLN PO 10 %, 20 %, 10 %110	PRAMOTIC 121	PREFERRED PLUS LANCETS THIN.....100
potassium chloride TBCR PO 8 MEQ, 10 MEQ, 20 MEQ .....110	prasugrel hcl PO 83	pregabalin CAPS PO 225 MG, 300 MG 20
potassium citrate (alkalinizer) TBCR PO .....80	pravastatin sodium PO .....31	pregabalin CAPS PO 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG 20
potassium citrate-citric acid SOLN PO .....80	praziquantel PO .....12	pregabalin SOLN 20
potassium iodide (expectorant) SOLN PO .....61	prazosin hcl CAPS PO .....33	PREMARIN 136
POVIDONE-IODINE 119	PRECISION THINS GP LANCETS 100	PREMARIN TABS PO 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG .....78
PRADAXA CAPS PO 110 MG (dabigatran etexilate mesylate) 18	PRECISION XTRA BLOOD GLUCOSE STRP 73	PREMARIN TABS PO 0.9 MG ....77
PRADAXA CAPS PO 150 MG (dabigatran etexilate mesylate) 18	PRECISION XTRA KETONE 73	PREMIUM SCAR .....71
PRADAXA CAPS PO 75 MG (dabigatran etexilate mesylate) 18	PRECISION XTRA- GLUCOSE/KETONE DEVI .....100	PREMPHASE PO .....77
PRALUENT SOAJ 31	PRED FORTE (prednisolone acetate (ophth)) 120	PREMPRO PO .....77
pramipexole dihydrochloride TABS PO 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG .....45	PRED MILD .....120	PRENA 1 TRUE .....114
pramipexole dihydrochloride TABS PO 1 MG .....45	PRED-G S.O.P. OINT 120	PRENA1 .....114
pramipexole dihydrochloride TABS PO 1.5 MG .....45	prednicarbate OINT .....69	PRENA1 PEARL .....114
pramipexole dihydrochloride TB24 PO 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG 45	prednisolone acetate (ophth) 120	PRENAISSANCE PLUS CAPS PO 114
pramipexole dihydrochloride TB24 PO 3 MG .....45	PREDNISOLONE SODIUM PHOSPHATE 120	PRENAISSANCE PO .....114
pramipexole dihydrochloride TB24 PO 3.75 MG .....45	prednisolone sodium phosphate SOLN PO .....60	PRENATAL 19 CHEW PO 114
PRAMOSONE LOTN 69	prednisolone sodium phosphate TBDP PO .....60	PRENATAL 19 TABS PO 114
	prednisolone SOLN 60	PRENATAL PLUS TABS PO ....114
	prednisolone TABS PO .....60	PRENATAL PLUS VITAMIN/MINERAL TABS PO ... 114
	PREDNISOLONE-MOXIFLOXACIN SOLN 120	PRENATAL TABS PO 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG- 20 MG-1200 MCG-27 MG-200 MG- 1.84 MG-25 MG-2 MG-10 MG ...114
	PREDNISON INTENSOL CONC 60	PRENATAL VITAMIN PLUS LOW IRON TABS PO .....114
	prednisone SOLN PO 60	
	prednisone TABS PO 60	
	prednisone TBPK PO 60	

PRENATAL-U CAPS PO	114	PREZISTA SUSP	48	PRODIGY LANCETS 28G	100
PRENATE	114	PREZISTA TABS (darunavir)	48	PRODIGY SAFETY LANCETS 26G .	100
PRENATE DHA 90 MG-26 MG-400		PREZISTA TABS 75 MG, 150 MG	48	PRODIGY TWIST TOP LANCETS	
MCG-400 UNIT-25 MCG-155 MG-50		PRIFTIN PO	37	28G	100
MG-300 MG-40 UNIT-600 MCG-18		PRILOSEC PACK PO	133	PROFILNINE	82
MG	114	PRIMAQUINE PHOSPHATE TABS		progesterone CAPS PO	123
PRENATE ELITE 75 MG-21 MG-330		PO (primaquine phosphate)	36	progesterone OIL	123
MCG-400 MCG-600 UNIT-13 MCG-		primaquine phosphate TABS PO .	36	PROGLYCEM (diazoxide)	25
3.5 MG-21 MG-3 MG-155 MG-25		PRIMAXIN IV IV 500 MG-500 MG		PROGRAF CAPS PO (tacrolimus)	
MG-15 MG-1.5 MG-2600 UNIT-150		(imipenem-cilastatin)	35	111	
MCG-40 UNIT-600 MCG-20 MG .	114	primidone PO 50 MG, 250 MG	20	PROGRAF PACK	111
PRENATE ENHANCE PO	114	PRISTIQ PO (desvenlafaxine		PROLATE TABS PO	10
PRENATE ESSENTIAL 90 MG-26		succinate)	24	PROLENSA (bromfenac sodium	
MG-280 MCG-400 MCG-220 UNIT-		PRIVIGEN SOLN 5 GM/50ML, 20		(ophth))	121
13 MCG-155 MG-50 MG-300 MG-		GM/200ML, 40 GM/400ML	122	PROLIA SOSY	75
150 MCG-10 UNIT-40 MG-600 MCG-		PRO COMFORT LANCETS 30G		PROMACTA PACK	84
18 MG	115	100		PROMACTA TABS PO	84
PRENATE MINI 60 MG-26 MG-280		PRO COMFORT LANCETS 31G		promethazine & phenylephrine SYRP	
MCG-400 MCG-1000 UNIT-13 MCG-		100		PO	61
80 MG-25 MG-350 MG-18 MG-150		PRO COMFORT SAFETY LANCETS		promethazine hcl SOLN IJ 25	
MCG-10 UNIT-600 MCG-25 MG .	115	30G	100	MG/ML, 50 MG/ML	29
PRENATE PIXIE	115	PROAIR HFA AERS (albuterol		promethazine hcl SOLN PO 6.25	
PRENATE RESTORE PO	115	sulfate)	16	MG/5ML	30
PRENATRIX TABS PO	115	PROAIR RESPICLICK AEPB	16	promethazine hcl SUPP PR 12.5 MG,	
PRENATRYL TABS PO	115	probenecid PO	81	25 MG	30
PREPIDIL GEL	122	PROCARDIA XL TB24 PO		promethazine hcl TABS PO 12.5 MG	
PREVACID 24HR CPDR PO		(nifedipine)	52	30	
(lansoprazole)	133	prochlorperazine maleate TABS PO .		30	
PREVACID CPDR PO 30 MG		47		promethazine hcl TABS PO 25 MG	
(lansoprazole)	133	prochlorperazine PR	47	30	
PREVACID SOLUTAB TBDD 15 MG		PROCTOFOAM HC FOAM EX	11	promethazine hcl TABS PO 50 MG	
(lansoprazole)	133	PROCYSBI CPDR PO	80	30	
PREVACID SOLUTAB TBDD 30 MG		PROCYSBI PACK	80	promethazine w/codeine SOLN PO	
(lansoprazole)	133			61	
PREVNAR 13	133				
PREZCOBIX	48				

promethazine w/codeine SYRP PO 61	PROVERA PO 10 MG (medroxyprogesterone acetate) ..123	100	pyrazinamide PO 37
promethazine-dm SYRP PO .....61	PROVERA PO 5 MG (medroxyprogesterone acetate) ..123		pyridostigmine bromide SOLN PO .36
promethazine-phenylephrine-codeine PO .....61	PROVIGIL PO (modafinil) .....3		pyridostigmine bromide TABS PO 60 MG 37
PROMETRIUM CAPS PO (progesterone) .....123	PROZAC CAPS PO 10 MG, 20 MG (fluoxetine hcl) 23		pyridostigmine bromide TBCR PO .37
propafenone hcl CP12 PO .....13	PROZAC CAPS PO 40 MG (fluoxetine hcl) 23		QBRELIS SOLN 32
propafenone hcl TABS PO 150 MG 13	PRUDOXIN (doxepin hcl (antipruritic)) .....66		QC LANCETS SUPER THIN 30G 100
propafenone hcl TABS PO 225 MG, 300 MG .....13	pseudoephed-bromphen-dm SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML .....61		QC LANCETS ULTRA THIN .....100
propantheline bromide TABS PO 131	PSS SELECT GP LANCETS 100		QC UNILET LANCETS 28G 100
proparacaine hcl 119	PSS SELECT SAFETY LANCETS 100		QC UNILET LANCETS MICRO THIN.....100
propranolol hcl CP24 PO 51	PULMICORT FLEXHALER AEPB .15		QINLOCK 42
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML .....51	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation)) 15		QUADRACEL SUSP 130
propranolol hcl TABS PO .....51	PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation)) 15		QUADRACEL SUSY 130
propylthiouracil PO 129	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation)) 15		QUALAQUIN CAPS PO (quinine sulfate) 36
PROQUAD SUSR 135	PULMOZYME .....128		QUARTETTE PO (levonorgestrel- ethinyl estradiol (91-day)) .....58
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML .....61	PURE COMFORT FLOW METER ADULT 108		quazepam PO .....85
PROSCAR PO (finasteride) 80	PURE COMFORT FLOW METER CHILD .....108		QUDEXY XR CS24 PO 100 MG, 150 MG, 200 MG (topiramate) 20
PROTONIX PACK (pantoprazole sodium) 133	PURE COMFORT LANCETS 30G 100		QUDEXY XR CS24 PO 25 MG, 50 MG (topiramate) 20
PROTONIX TBEC PO (pantoprazole sodium) 133	PURIXAN SUSP .....37		QUESTRAN LIGHT POWD PO (cholestyramine light) 30
PROTOPIC OINT 0.03 % (tacrolimus (topical)) .....70	PX LANCETS MICROTHIN 33G 100		QUESTRAN PACK PO (cholestyramine) 30
PROTOPIC OINT 0.1 % (tacrolimus (topical)) .....70	PX LANCETS ULTRA THIN .....100		QUESTRAN POWD PO (cholestyramine) 30
protriptyline hcl PO .....24	PX LANCETS ULTRA THIN 28G		quetiapine fumarate TABS PO 200 MG 46
PROVENTIL HFA AERS (albuterol sulfate) 16			quetiapine fumarate TABS PO 25

MG, 50 MG, 100 MG, 150 MG .....46	100	REALITY LANCETS 101
quetiapine fumarate TABS PO 300 MG, 400 MG .....46	RA E-ZJECT LANCETS ULTRA THIN .....100	REALITY LATEX CONDOMS MISC . 89
quetiapine fumarate TB24 PO .....46	RABEPRAZOLE SODIUM CPSP PO 133	REALITY LATEX/ULTRA TEXTURED DEVI .....89
QUFLORA FE PEDIATRIC LIQD PO 112	rabeprazole sodium TBEC PO ... 133	REALITY LATEX/ULTRA THIN DEVI 89
QUFLORA GUMMIES CHEW PO 113	RADICAVA ORS STARTER KIT SUSP 117	REALITY TRIGGER LANCETS . 101
QUFLORA PEDIATRIC CHEW PO 0.25 MG .....113	RADICAVA ORS SUSP 117	REBIF REBIDOSE SOAJ 125
QUFLORA PEDIATRIC CHEW PO 0.5 MG, 1 MG .....113	raloxifene hcl PO .....75	REBIF REBIDOSE TITRATION PACK SOAJ 125
QUFLORA PEDIATRIC SOLN PO 113	ramelteon PO 85	REBIF SOSY 125
QUICKVUE AT-HOME COVID-19 TEST KIT .....73	ramipril CAPS PO .....32	REBIF TITRATION PACK SOSY .125
QUILLICHEW ER CHER PO 20 MG, 40 MG 3	RANEXA TB12 PO 1000 MG (ranolazine) 12	RECOMBINATE SOLR .....82
QUILLICHEW ER CHER PO 30 MG . 3	RANEXA TB12 PO 500 MG (ranolazine) 12	RECOMBIVAX HB SUSP 135
QUILLIVANT XR SRER PO .....3	ranolazine TB12 PO 1000 MG .....12	RECOMBIVAX HB SUSY 135
quinapril hcl PO .....32	ranolazine TB12 PO 500 MG 12	RECTIV PR (nitroglycerin (intra- anal)) 12
quinapril-hydrochlorothiazide PO 12.5 MG-10 MG, 12.5 MG-20 MG .34	RAPAFLO PO 4 MG (silodosin) ... 80	REGLAN TABS PO (metoclopramide hcl) 78
quinapril-hydrochlorothiazide PO 25 MG-20 MG 34	RAPAFLO PO 8 MG (silodosin) ... 80	REGRANEX .....72
quinidine gluconate TBCR PO .....13	RAPAMUNE SOLN (sirolimus) ...111	RELENZA DISKHALER .....50
quinine sulfate CAPS PO 324 MG .36	RAPAMUNE TABS PO (sirolimus) 111	RELEXXII TBCR PO 18 MG (methylphenidate hcl) 3
QVAR REDIHALER 40 MCG/ACT .15	rasagiline mesylate PO 45	RELEXXII TBCR PO 27 MG, 36 MG (methylphenidate hcl) 3
QVAR REDIHALER 80 MCG/ACT .15	RASUVO SOAJ 20 MG/0.4ML .....3	RELEXXII TBCR PO 54 MG (methylphenidate hcl) 3
RA E-ZJECT LANCETS 28G ....100	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML 4	RELION INSULIN SYRINGE 107
RA E-ZJECT LANCETS THIN 26G 100	RAZADYNE ER CP24 PO (galantamine hydrobromide) 124	RELION LANCET DEVICES 30G 101
RA E-ZJECT LANCETS THIN 28G	READYLANCE SAFETY LANCETS . 101	RELION LANCETS 101
		RELION LANCETS MICRO-THIN 33G .....101

RELION LANCETS THIN 26G ...101	RETIN-A CREA (tretinoin) 64	riluzole TABS PO 117
RELION LANCETS ULTRA-THIN 30G .....101	RETIN-A GEL (tretinoin) 64	rimantadine hydrochloride TABS PO . 50
RELION ULTRA THIN LANCETS 30G .....101	RETIN-A MICRO 0.04 % (tretinoin microsphere) 63	RINVOQ LQ SOLN .....3
RELION ULTRA THIN PLUS LANCETS .....101	RETIN-A MICRO 0.1 % (tretinoin microsphere) 64	RINVOQ TB24 PO 3
RELNATE DHA CAPS PO 115	RETIN-A MICRO PUMP 0.04 % (tretinoin microsphere) 64	RIOMET SOLN PO (metformin hcl) 25
RELPAK PO (eletriptan hydrobromide) 109	RETIN-A MICRO PUMP 0.1 % (tretinoin microsphere) 64	risedronate sodium TABS PO 150 MG 75
RELYVRIO .....117	RETROVIR CAPS PO (zidovudine) 48	risedronate sodium TABS PO 5 MG, 30 MG, 35 MG 75
REMERON SOLTAB TBDP PO (mirtazapine) .....22	RETROVIR SYRP PO (zidovudine) 48	RISPERDAL SOLN PO (risperidone) 46
REMERON TABS PO 15 MG, 30 MG (mirtazapine) .....22	REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) .....53	RISPERDAL TABS PO 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone) 46
RENAGEL PO (sevelamer hcl) ....79	REVATIO TABS PO (sildenafil citrate (pulmonary hypertension)) .....53	RISPERDAL TABS PO 3 MG (risperidone) 46
RENFLEXIS .....79	REVLIMID PO (lenalidomide) 110	risperidone SOLN PO 46
REVELA PACK 0.8 GM (sevelamer carbonate) .....79	REXALL LANCETS ULTRA THIN 30G .....101	risperidone TABS PO 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG 46
REVELA PACK 2.4 GM (sevelamer carbonate) .....79	REXULTI 47	risperidone TABS PO 3 MG 46
REVELA TABS PO (sevelamer carbonate) .....79	REYATAZ CAPS PO 200 MG, 300 MG (atazanavir sulfate) .....48	risperidone TBDP PO .....46
repaglinide PO .....26	REYATAZ PACK .....48	RITALIN LA CP24 PO (methylphenidate hcl) 3
RESTASIS EMUL (cyclosporine (ophth)) 119	RHOFADE .....72	RITALIN TABS PO 20 MG (methylphenidate hcl) 3
RESTORIL PO 15 MG (temazepam) . 85	ribavirin (hepatitis c) CAPS PO ...49	RITALIN TABS PO 5 MG, 10 MG (methylphenidate hcl) 3
RESTORIL PO 22.5 MG, 30 MG (temazepam) .....85	ribavirin .....50	ritonavir TABS PO 48
RESTORIL PO 7.5 MG (temazepam) .....85	RIDAURA PO 4	rivastigmine 124
RETACRIT 84	rifabutin PO 37	rivastigmine tartrate CAPS PO ...124
RETEVMO CAPS .....42	rifampin CAPS PO 37	RIXUBIS SOLR 82
	RIGHTEST GL300 LANCETS ...101	rizatriptan benzoate TABS PO ... 109
	RILUTEK TABS PO (riluzole) 117	rizatriptan benzoate TBDP PO ... 109

ROBINUL TABS PO (glycopyrrolate) . 131	25	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (octreotide acetate) . 77
ROBINUL-FORTE TABS PO (glycopyrrolate) 131	RYDAPT 42	SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate) 76
ROCALTROL CAPS PO 0.25 MCG (calcitriol) 76	RYTARY CPCR PO 45	SANTYL OINT 70
ROCALTROL CAPS PO 0.5 MCG (calcitriol) 76	RYTHMOL SR CP12 PO (propafenone hcl) 13	SAPHRIS (asenapine maleate) . . . 46
ROCALTROL SOLN PO (calcitriol) 76	RYVENT TABS PO 29	sapropterin dihydrochloride PACK . 76
roflumilast PO 14	SABRIL PACK (vigabatrin) 21	sapropterin dihydrochloride TABS . 76
romidepsin SOLR 42	SABRIL TABS (vigabatrin) 21	SAPS HEALTH PLUS LANCETS 101
ropinirole hydrochloride TABS PO . 45	SAFE-T-LANCE 101	SAPS HEALTH TWIST TOP LANCETS 101
ropinirole hydrochloride TB24 PO 12 MG 45	SAFE-T-LANCE PLUS 101	SAPS TWIST TOP LANCETS . . . 101
ropinirole hydrochloride TB24 PO 2 MG, 4 MG, 6 MG, 8 MG 45	SAFETY LANCET 30G/PRESSURE ACT 101	SAPSCARE TWIST TOP LANCETS 101
rosuvastatin calcium TABS PO . . . 31	SAFETY LANCETS 101	SAVELLA TABS PO 124
ROTARIX SUSR PO 135	SAFETY LANCETS 21G 101	SAVELLA TITRATION PACK MISC 124
ROTATEQ SOLN PO 136	SAFETY LANCETS 23G 101	saxagliptin hcl PO 25
ROXICODONE TABS PO 15 MG (oxycodone hcl) 9	SAFETY LANCETS 28G 101	saxagliptin-metformin hcl PO 24
ROXICODONE TABS PO 30 MG (oxycodone hcl) 9	SAFYRAL PO (drospirenone-ethinyl estradiol-levomefolate calcium) . . . 58	SB LANCETS THIN 101
ROZEREM PO (ramelteon) 85	SALAGEN PO 5 MG (pilocarpine hcl (oral)) 112	SB LANCETS ULTRA THIN 102
ROZLYTREK CAPS 42	SALAGEN PO 7.5 MG (pilocarpine hcl (oral)) 112	SCEMBLIX 42
RUBRACA 42	SALICYLIC ACID OINT 71	scopolamine 28
rufinamide SUSP 20	salicylic acid SHAM 6 % 71	SEASONIQUE PO (levonorgestrel-ethinyl estradiol (91-day)) 58
rufinamide TABS PO 200 MG 20	SALIMEZ CREA 71	SECUADO 46
rufinamide TABS PO 400 MG 20	salsalate PO 7	SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG 115
RUKOBIA 48	SALYCIM CREA 71	SELECT-OB CHEW PO 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30
RYBELSUS TABS PO 3 MG 25	SANCUSO PTCH 28	
RYBELSUS TABS PO 7 MG, 14 MG .	SANDIMMUNE CAPS PO (cyclosporine) 111	
	SANDIMMUNE SOLN PO 100 MG/ML 111	

UNIT-29 MG-1700 UNIT	115	sevelamer hcl PO 800 MG	80	sirolimus TABS PO	111
SELECT-OB+DHA MISC PO	115	SFROWASA ENEM PR	79	SIVEXTRO TABS	36
selegiline hcl CAPS PO	45	SHINGRIX	136	SKYRIZI (150 MG DOSE) PSKT ..	66
selegiline hcl TABS PO	45	SHOPKO ON-THE-GO LANCETS 30G	102	SKYRIZI PEN SOAJ	66
selenium sulfide LOTN 2.5 %	67	SHOPKO UNILET LANCETS 28G 102		SKYRIZI SOCT 180 MG/1.2ML ...	79
SELZENTRY SOLN	48	SHOPKO UNILET LANCETS 30G 102		SKYRIZI SOCT 360 MG/2.4ML ...	79
SELZENTRY TABS PO (maraviroc) 48		SHUR-SEAL CONTRACEPTIVE GEL	136	SKYRIZI SOSY	66
SEMGLEE (YFGN) SOLN	26	SIGNIFOR	77	SLYND PO	59
SEMGLEE (YFGN) SOPN	26	SIKLOS TABS	83	SM LANCETS 33G	102
SE-NATAL 19 CHEW PO	115	sildenafil citrate (pulmonary hypertension) SUSR	53	SMART SENSE COLOR LANCETS 33G	102
SE-NATAL 19 TABS PO	115	sildenafil citrate (pulmonary hypertension) TABS PO	53	SMART SENSE STANDARD LANCETS	102
SENSIPAR PO (cinacalcet hcl) ...	76	sildenafil citrate PO	53	SMART SENSE SUPER THIN LANCETS	102
SEREVENT DISKUS	16	silodosin PO 4 MG	80	SMART SENSE THIN LANCETS 26G	102
SEROQUEL TABS PO 200 MG (quetiapine fumarate)	46	silodosin PO 8 MG	80	SMARTEST LANCETS 28G	102
SEROQUEL TABS PO 25 MG, 50 MG, 100 MG (quetiapine fumarate) 46		SILVADENE (silver sulfadiazine) .	67	SOAANZ TABS PO 20 MG	74
SEROQUEL TABS PO 300 MG, 400 MG (quetiapine fumarate)	46	silver sulfadiazine	67	sodium chloride (inhalant) NEBU 0.9 %, 3 %	61
SEROQUEL XR TB24 PO (quetiapine fumarate)	46	simvastatin TABS PO	31	sodium chloride (inhalant) NEBU 7 %	61
SEROSTIM SC 4 MG, 5 MG, 6 MG 75		SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	45	sodium citrate & citric acid PO	80
sertraline hcl CONC PO	23	SINGLE-LET	102	sodium fluoride CHEW PO 0.25 MG, 0.5 MG	109
sertraline hcl TABS PO	23	SINGULAIR CHEW PO (montelukast sodium)	14	sodium fluoride CHEW PO 1 MG, 2.2 MG	109
sevelamer carbonate PACK 0.8 GM . 79		SINGULAIR PACK PO (montelukast sodium)	14	sodium fluoride SOLN PO 0.5 MG/ML, 0.5 MG/ML	109
sevelamer carbonate PACK 2.4 GM . 79		SINGULAIR TABS PO (montelukast sodium)	14	sodium fluoride TABS PO	109
sevelamer carbonate TABS PO ...	80	sirolimus SOLN	111	SODIUM OXYBATE SOLN PO ...	123
sevelamer hcl PO 400 MG	80			sodium phenylbutyrate POWD PO	76

sodium phenylbutyrate TABS PO ..76	SUSP 136	STELARA SOLN 45 MG/0.5ML ... 66
sodium polystyrene sulfonate POWD PO 111	SPIKEVAX SUSP .....136	STELARA SOSY 45 MG/0.5ML ... 66
SODIUM SULFACETAMIDE- BAKUCHIOL LIQD .....67	SPIKEVAX SUSY .....136	STELARA SOSY 90 MG/ML .....67
sodium sulfate-potassium sulfate- magnesium sulfate .....85	SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .14	STERILANCE TL 102
solifenacin succinate TABS PO 10 MG .....133	SPIRIVA RESPIMAT AERS 1.25 MCG/ACT 14	STIOLTO RESPIMAT 16
solifenacin succinate TABS PO 5 MG.....133	SPIRIVA RESPIMAT AERS 2.5 MCG/ACT 14	STIVARGA 42
SOLTAMOX SOLN PO 39	spironolactone & hydrochlorothiazide PO .....73	STRATTERA PO 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl) 2
SOLUS V2 LANCETS 28G 102	spironolactone TABS PO 74	STRATTERA PO 60 MG, 80 MG, 100 MG (atomoxetine hcl) 2
SOLUS V2 TWIST LANCETS 30G 102	SPORANOX CAPS PO (itraconazole) 29	STRENSIQ 76
SOLUVITA ACD WITH FLUORIDE SOLN PO 113	SPORANOX SOLN (itraconazole) .29	streptomycin sulfate SOLR 3
SOLUVITA SOLN PO 109	SPRAVATO (56 MG DOSE) 22	STRIBILD 48
SOLUVITA WITH FLUORIDE SOLN PO 113	SPRAVATO (84 MG DOSE) 22	STRIVE DUAL ZONE PEAK FLOW MTR .....108
SOMA TABS PO (carisoprodol) ..116	SPRYCEL 100 MG (dasatinib) 42	STRIVERDI RESPIMAT .....16
SOMAVERT .....75	SPRYCEL 20 MG, 50 MG, 70 MG, 80 MG, 140 MG (dasatinib) 42	STROMECTOL PO (ivermectin) ...12
SOOLANTRA (ivermectin (rosacea)) .....72	SSKI SOLN PO (potassium iodide (expectorant)) 61	SUBLOCADE SOSY .....11
sorafenib tosylate PO .....42	STALEVO 100 PO (carbidopa- levodopa-entacapone) 45	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate) 11
SORILUX FOAM .....66	STALEVO 125 PO (carbidopa- levodopa-entacapone) 45	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate) 11
sotalol hcl (afib/af) PO .....51	STALEVO 150 PO (carbidopa- levodopa-entacapone) 45	sucralfate SUSP PO .....132
sotalol hcl TABS PO 51	STALEVO 200 PO (carbidopa- levodopa-entacapone) 45	sucralfate TABS PO 132
SOTYLIZE SOLN PO .....51	STALEVO 50 PO (carbidopa- levodopa-entacapone) 45	SULAR PO 8.5 MG, 17 MG, 34 MG (nisoldipine) 52
SPEEDY SWAB COVID-19 ANTIGEN KIT 73	STALEVO 75 PO (carbidopa- levodopa-entacapone) 45	sulconazole nitrate CREA 65
SPEEDY SWAB COVID-19/FLU HOME 73		sulconazole nitrate SOLN 65
SPIKEVAX COVID-19 VACCINE		sulfacetamide sodium (acne) 64
		sulfacetamide sodium (ophth) OINT

119	sumatriptan succinate TABS PO	.109	SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate)	.....48
sulfacetamide sodium (ophth) SOLN	sunitinib malate PO 12.5 MG, 37.5 MG, 50 MG	.....43	SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)	.....49
119	sunitinib malate PO 25 MG	.....43	SYMTUZA	.....49
sulfacetamide sodium LIQD	SUPER THIN LANCETS	.....102	SYNALAR CREA (fluocinolone acetonide)	.....69
sulfacetamide sodium SHAM 10 %	SUPRAX CAPS PO (cefixime)	.....54	SYNALAR OINT (fluocinolone acetonide)	.....69
67	SUPRAX CHEW PO	.....54	SYNALAR SOLN (fluocinolone acetonide)	.....69
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	SUPRAX SUSR PO 200 MG/5ML (cefixime)	.....54	SYNAREL	.....75
64	SUPRAX SUSR PO 500 MG/5ML	.54	SYNDROS SOLN	.....28
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	.....85	SYNJARDY TABS	.....25
64	SURE COMFORT LANCETS 18G 102		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	.....25
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	SURE COMFORT LANCETS 21G 102		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	.....24
64	SURE COMFORT LANCETS 23G 102		SYNTHROID TABS PO 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	.....130
sulfacetamide sod-prednisolone SOLN	SURE COMFORT LANCETS 28G 102		SYNTHROID TABS PO 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)130
120	SURE COMFORT LANCETS 30G 102		SYPRINE PO (trientine hcl)110
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64	SUSTIVA CAPS PO (efavirenz)	...48	TABRECTA43
sulfadiazine TABS PO	SUTENT PO 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)43	TACLONEX OINT (calcipotriene-betamethasone dipropionate)70
128	SUTENT PO 25 MG (sunitinib malate)	.....43	TACLONEX SUSP (calcipotriene-betamethasone dipropionate)	.....70
sulfamethoxazole-trimethoprim SUSP PO	SYMBICORT (budesonide-formoterol fumarate dihydrate)	.....16	tacrolimus (topical) OINT 0.03 %	..71
35	SYMBYAX PO 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl)	.....124	tacrolimus (topical) OINT 0.1 %	...71
sulfamethoxazole-trimethoprim TABS PO	SYMDEKO	.....128	tacrolimus CAPS PO	.....111
35				
SULFAMYLON CREA				
67				
SULFAMYLON PACK 5 % (mafenide acetate)				
67				
sulfasalazine TABS PO				
79				
sulfasalazine TBEC PO				
79				
sulindac TABS PO 150 MG				
5				
sulindac TABS PO 200 MG				
5				
sumatriptan 20 MG/ACT				
109				
sumatriptan 5 MG/ACT				
109				
sumatriptan succinate SOAJ				
109				
sumatriptan succinate SOCT				
109				
sumatriptan succinate SOLN 6 MG/0.5ML				
109				

tadalafil (pulmonary hypertension) TABS PO	54	tazarotene CREA	67	telmisartan-hydrochlorothiazide PO 34
tadalafil PO 2.5 MG	53	TAZAROTENE FOAM	64	temazepam PO 15 MG
tadalafil PO 5 MG, 10 MG, 20 MG	53	tazarotene GEL	67	temazepam PO 22.5 MG, 30 MG
TAFINLAR CAPS PO	43	TAZORAC CREA (tazarotene)	67	temazepam PO 7.5 MG
TAFINLAR TBSO	43	TAZORAC GEL (tazarotene)	67	TEMODAR CAPS PO 250 MG (temozolomide)
tafluprost	121	TAZORAC GEL 0.05 %	67	temozolomide CAPS PO
TAGRISSO	38	TAZVERIK	43	temsirolimus
TAKHZYRO SOLN	83	TDVAX SUSP	130	TENIVAC INJ
TAKHZYRO SOSY	83	TECFIDERA CDPK (dimethyl fumarate)	125	tenofovir disoproxil fumarate TABS PO
TALZENNA 0.25 MG, 1 MG	43	TECFIDERA CPDR (dimethyl fumarate)	125	TENORETIC 100 PO (atenolol & chlorthalidone)
TAMIFLU CAPS PO 30 MG, 45 MG (oseltamivir phosphate)	50	TECHLITE AST LANCETS	102	TENORETIC 50 PO (atenolol & chlorthalidone)
TAMIFLU CAPS PO 75 MG (oseltamivir phosphate)	50	TECHLITE INSULIN SYRINGE	107	TENORMIN TABS PO (atenolol)
TAMIFLU SUSR PO (oseltamivir phosphate)	50	TECHLITE LANCETS	102	terazosin hcl PO 1 MG, 2 MG, 5 MG
tamoxifen citrate TABS PO	39	TECHLITE LANCETS 26G	102	33
tamsulosin hcl PO	81	TECHLITE LANCETS 30G	103	terazosin hcl PO 10 MG
TARCEVA 100 MG, 150 MG (erlotinib hcl)	38	TEGRETOL SUSP PO (carbamazepine)	20	terbinafine hcl TABS PO
TARCEVA 25 MG (erlotinib hcl)	38	TEGRETOL TABS PO (carbamazepine)	20	terbutaline sulfate TABS PO
TARGADOX TABS PO (doxycycline hyclate)	129	TEGRETOL-XR TB12 PO 100 MG (carbamazepine)	20	terconazole vaginal CREA
TARGRETIN (bexarotene (topical)) 66		TEGRETOL-XR TB12 PO 200 MG (carbamazepine)	20	terconazole vaginal SUPP
TARGRETIN PO (bexarotene)	44	TEGRETOL-XR TB12 PO 400 MG (carbamazepine)	20	teriflunomide PO
TASIGNA 150 MG, 200 MG	43	TEGSEDI	128	TESTIM GEL TD (testosterone)
TASIGNA 50 MG	43	TEKTURNA PO (aliskiren fumarate)	34	testosterone cypionate SOLN IM
TASMAR PO (tolcapone)	44	telmisartan PO 20 MG, 40 MG	32	testosterone enanthate SOLN IM
TAVALISSE	83	telmisartan PO 80 MG	32	testosterone GEL TD 1 %, 50 MG/5GM
TAYTULLA CAPS (norethin acet & estradiol)	58	telmisartan-amlodipine PO	34	testosterone GEL TD 1 %
				testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5

MG/2.5GM, 1.62 %	11	THYMOGLOBULIN	111	TIVICAY TABS 50 MG	49
testosterone GEL TD 10 MG/ACT .	11	THYROID TABS PO 15 MG, 30 MG,		tizanidine hcl CAPS PO	116
testosterone SOLN	11	60 MG, 90 MG, 120 MG	130	tizanidine hcl TABS PO 2 MG	116
TETANUS-DIPHTHERIA TOXOIDS		tiagabine hcl PO	21	tizanidine hcl TABS PO 4 MG	116
TD SUSP	130	TIAZAC PO (diltiazem hcl extended		TOBI NEBU (tobramycin)	3
tetrabenazine PO	124	release beads)	52	TOBI PODHALER CAPS	3
tetracaine hcl (ophth)	119	TIBSOVO	43	TOBRADEX OINT	120
tetracycline hcl CAPS PO	129	TIKOSYN PO (dofetilide)	13	TOBRADEX ST SUSP	120
TEXACORT SOLN 2.5 %	70	timolol	117	TOBRADEX SUSP (tobramycin-	
TGT LANCET MICRO THIN 33G		timolol maleate (ophth) SOLG	117	dexamethasone)	120
103		timolol maleate (ophth) SOLN	117	tobramycin (ophth) SOLN	119
TGT LANCET THIN 26G	103	timolol maleate (ophth) SOLN	118	tobramycin NEBU	3
TGT LANCET ULTRA THIN 30G		timolol maleate TABS PO 10 MG .	51	tobramycin sulfate SOLN IJ 10	
103		timolol maleate TABS PO 5 MG, 20		MG/ML, 80 MG/2ML	3
THALITONE PO	74	MG	51	tobramycin-dexamethasone SUSP	
THALOMID PO	110	TIMOPTIC OCUDOSE SOLN (timolol		120	
THEO-24 CP24 PO	16	maleate (ophth))	118	TOBREX OINT	119
theophylline ELIX PO	16	TIMOPTIC SOLN (timolol maleate		TODAY SPONGE MISC	136
theophylline SOLN PO	16	(ophth))	118	TODAYS HEALTH THIN LANCETS	
theophylline TB12 PO 300 MG	16	TIMOPTIC-XE SOLG (timolol		28G	103
theophylline TB12 PO 450 MG	16	maleate (ophth))	118	TODAYS HEALTH THIN LANCETS	
theophylline TB24 PO	16	tinidazole PO 250 MG	35	30G	103
THERANATAL CORE NUTRITION		tinidazole PO 500 MG	35	tolcapone PO	44
TABS PO	115	tiopronin TABS	81	TOLSURA CAPS PO	29
THINLETS GP LANCETS	103	tiopronin TBEC	81	tolterodine tartrate CP24 PO	133
THIOLA EC TBEC (tiopronin)	81	tiotropium bromide monohydrate		tolterodine tartrate TABS PO	133
THIOLA TABS (tiopronin)	81	CAPS	14	TOPAMAX SPRINKLE CPSP PO	
thioridazine hcl PO 10 MG, 25 MG,		TIROSINT CAPS PO 13 MCG, 25		(topiramate)	21
100 MG	47	MCG, 50 MCG, 75 MCG, 88 MCG,		TOPAMAX TABS PO 100 MG	
thioridazine hcl PO 50 MG	47	100 MCG, 112 MCG, 125 MCG, 137		(topiramate)	21
thiothixene PO	47	MCG, 150 MCG, 175 MCG, 200		TOPAMAX TABS PO 200 MG	
THRIVITE RX TABS PO	115	MCG (levothyroxine sodium)	130	(topiramate)	21
		TIROSINT CAPS PO 37.5 MCG, 44		TOPAMAX TABS PO 25 MG	
		MCG, 62.5 MCG	130		

(topiramate)	21	26	travoprost SOLN	121	
TOPAMAX TABS PO 50 MG (topiramate)	21	TOUJEO SOLOSTAR SOPN	26	TRAZIMERA 420 MG	38
TOPCARE LANCETS MICRO-THIN 33G	103	TOVIAZ (fesoterodine fumarate)	133	trazodone hcl TABS PO	23
TOPICORT CREA (desoximetasone)	70	TPOXX (TECOVIRIMAT)	49	TRECATOR PO	37
TOPICORT GEL (desoximetasone) 70		TPOXX CAPS	50	TRELEGY ELLIPTA	16
TOPICORT OINT (desoximetasone) . 70		TRACLEER TABS 125 MG (bosentan)	53	TREMFYA SOAJ 100 MG/ML	67
TOPICORT SPRAY LIQD (desoximetasone)	70	TRACLEER TABS 62.5 MG (bosentan)	53	TREMFYA SOAJ 200 MG/2ML	67
topiramate CP24 PO 200 MG	21	TRACLEER TBSO	53	TREMFYA SOSY 100 MG/ML	67
topiramate CP24 PO 25 MG, 50 MG, 100 MG	21	tramadol hcl CP24 PO 100 MG, 200 MG, 300 MG	9	TREMFYA SOSY 200 MG/2ML ...	67
topiramate CPSP PO	21	tramadol hcl TABS PO 100 MG	9	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	26
topiramate CS24 PO 100 MG, 150 MG, 200 MG	21	tramadol hcl TABS PO 50 MG	9	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	26
topiramate CS24 PO 25 MG, 50 MG . 21		tramadol hcl TB24 PO 100 MG	9	TRESIBA SOLN	26
topiramate TABS PO 100 MG	21	tramadol hcl TB24 PO 200 MG	9	tretinoin (chemotherapy) PO	44
topiramate TABS PO 200 MG	21	tramadol hcl TB24 PO	9	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	64
topiramate TABS PO 25 MG	21	tramadol-acetaminophen PO	10	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	64
topiramate TABS PO 50 MG	21	trandolapril PO	32	tretinoin microsphere 0.04 %	64
topotecan hcl SOLR	44	trandolapril-verapamil hcl PO	34	tretinoin microsphere 0.1 %	64
TOPROL XL TB24 PO (metoprolol succinate)	50	tranexamic acid SOLN 1000 MG/10ML	84	TRETTEN	83
toremifene citrate PO	39	tranexamic acid TABS PO	84	TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG	37
TORISEL (temsirolimus)	43	TRANSDERM-SCOP (scopolamine) 28		triamcinolone acetonide (mouth)	112
torseimide TABS PO 100 MG	74	TRANXENE-T TABS PO (clorazepate dipotassium)	13	triamcinolone acetonide (nasal) AERO	117
torseimide TABS PO 5 MG, 10 MG, 20 MG	74	tranylcypromine sulfate PO	22	triamcinolone acetonide (topical) AERS	70
TOUJEO MAX SOLOSTAR SOPN		TRAVATAN Z SOLN (travoprost)	121	triamcinolone acetonide (topical) CREA	70
		TRAVEL LANCETS	103	triamcinolone acetonide (topical) LOTN	70
		TRAVEL LANCETS ADVANCED 28G	103		

triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %70	(oxcarbazepine) .....21	TRUE COMFORT SAFETY LANCETS .....103
triamterene & hydrochlorothiazide CAPS PO 25 MG-37.5 MG .....74	TRILEPTAL TABS PO 300 MG (oxcarbazepine) .....21	TRUE COMFORT TWIST TOP LANCETS .....103
triamterene & hydrochlorothiazide TABS PO 25 MG-37.5 MG .....74	TRILEPTAL TABS PO 600 MG (oxcarbazepine) .....21	TRUE COVER DEVI .....89
triamterene & hydrochlorothiazide TABS PO 50 MG-75 MG .....74	TRILIPIX PO 135 MG (choline fenofibrate) .....31	TRUEPLUS LANCETS 26G .....103
triamterene CAPS PO .....74	TRILIPIX PO 45 MG (choline fenofibrate) .....31	TRUEPLUS LANCETS 28G .....103
triazolam PO 0.125 MG .....85	trimethobenzamide hcl CAPS PO .28	TRUEPLUS LANCETS 30G .....103
triazolam PO 0.25 MG .....85	trimethoprim TABS PO .....35	TRUEPLUS LANCETS 33G .....103
TRIBENZOR PO (olmesartan medoxomil-amlodipine- hydrochlorothiazide) .....34	trimipramine maleate CAPS PO ...24	TRUEPLUS SAFETY LANCETS 28G.....103
TRICARE TABS PO .....115	TRINATAL RX 1 TABS PO .....115	TRULICITY .....25
TRICOR TABS PO 145 MG (fenofibrate) .....31	TRINTELLIX PO .....23	TRUMENBA .....134
TRICOR TABS PO 48 MG (fenofibrate) .....31	TRISTART DHA PO .....115	TRUSOPT (dorzolamide hcl) ....121
TRIDESILON CREA 0.05 % (desonide) .....70	TRIUMEQ PD TBSO .....49	TRUSTEX COLOR CONDOMS + LUBE MISC .....89
trientine hcl PO .....110	TRIUMEQ TABS .....49	TRUSTEX LUB/RIBBED/STUDDED MISC .....89
trifluoperazine hcl TABS PO .....47	TROJAN ENZ MISC .....89	TRUSTEX LUB/SPERMICIDE EX ST MISC .....89
trifluridine .....119	TROJAN MAGNUM MISC .....89	TRUSTEX LUB/SPERMICIDE XL MISC .....89
trihexyphenidyl hcl SOLN .....44	TROJAN ULTRA THIN MISC .....89	TRUSTEX LUBRICATED EX LARGE MISC .....89
trihexyphenidyl hcl TABS PO .....44	TROJAN ULTRA THIN/SPERMICIDAL MISC .....89	TRUSTEX LUBRICATED EXTRA ST MISC .....89
TRIJARDY XR .....25	TROJAN-ENZ LUBRICATED MISC 89	TRUSTEX LUBRICATED MISC ...89
TRIKAFTA TBPK 100 MG-50 MG 128	TROKENDI XR CP24 PO 200 MG (topiramate) .....21	TRUSTEX LUBRICATED/SPERMICIDE MISC 89
TRIKAFTA TBPK 50 MG-25 MG .128	TROKENDI XR CP24 PO 25 MG, 50 MG, 100 MG (topiramate) .....21	TRUSTEX NATURAL CONDOMS + LUBE MISC .....89
TRIKAFTA THPK .....128	tropicamide SOLN .....118	TRUSTEX NON-LUBRICATED MISC.....89
TRILEPTAL SUSP PO (oxcarbazepine) .....21	trospium chloride CP24 PO .....133	
TRILEPTAL TABS PO 150 MG	trospium chloride TABS PO .....133	

TRUSTEX RIA LUB/SPERMICIDE MISC	89	POWD	53	UNILET LANCET	104
TRUSTEX RIA LUBRICATED MISC .	89	TYVASO REFILL KIT SOLN IN ...	53	UNILET MICRO-THIN 33G	104
TRUSTEX RIA NON-LUBRICATED MISC	89	TYVASO SOLN IN	53	UNILET SUPERLITE LANCET ..	104
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	89	TYVASO STARTER KIT SOLN IN	53	UNILET SUPER-THIN 30G	104
TRUVADA PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)	49	UBRELVY PO	108	UNILET ULTRA-THIN 28G	104
TRUVADA PO 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	49	UCERIS (budesonide (intrarectal))	11	UNISTIK 1	104
TRUZONE PEAK FLOW METER	108	UCERIS TB24 PO (budesonide) ..	60	UNISTIK 2	104
TUKYSA	38	UDENYCA ONBODY SOSY	84	UNISTIK 2 COMFORT	104
TURALIO PO 200 MG	43	UDENYCA SOAJ	84	UNISTIK 2 EXTRA	104
TUSNEL TABS PO	61	UDENYCA SOSY	84	UNISTIK 2 NEONATAL	104
TUSSLIN LIQD PO	61	ULORIC 40 MG (febuxostat)	81	UNISTIK 2 NORMAL	104
TUSSLIN PEDIATRIC LIQD PO ...	61	ULORIC 80 MG (febuxostat)	81	UNISTIK 2 SUPER	104
TWINRIX SUSY	136	ULTILET CLASSIC LANCETS ...	103	UNISTIK 3	104
TWIRLA	58	ULTILET LANCETS	103	UNISTIK 3 COMFORT	104
TWIST TOP LANCETS 30G	103	ULTILET SAFETY LANCETS ...	103	UNISTIK 3 EXTRA	104
TYBLUME CHEW	58	ULTILET SAFETY LANCETS 23G	103	UNISTIK 3 GENTLE	104
TYBOST	49	ULTRA THIN LANCETS 31G ...	103	UNISTIK 3 NEONATAL	105
TYKERB (lapatinib ditosylate)	43	ULTRA-CARE LANCETS 30G ...	103	UNISTIK 3 NORMAL	105
TYMLOS	75	ULTRA-THIN II AUTO LANCET .	104	UNISTIK CZT COMFORT	105
TYVASO DPI INSTITUTIONAL KIT POWD	53	ULTRA-THIN II LANCETS	104	UNISTIK CZT NORMAL	105
TYVASO DPI MAINTENANCE KIT POWD	53	UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)	123	UNISTIK NORMAL	105
TYVASO DPI TITRATION KIT		UNILET COMFORTOUCH LANCET	104	UNISTIK PRO SAFETY LANCET	105
		UNILET EXCELITE	104	UNISTIK SAFETY LANCETS 28G	105
		UNILET EXCELITE II	104	UNISTIK SAFETY LANCETS 30G	105
		UNILET G.P. LANCET	104	UNISTIK TOUCH SAFETY LANC	
		UNILET G.P. SUPERLITE LANCET .	104	21G	105
		UNILET GP 28 ULTRA THIN	104	UNISTIK TOUCH SAFETY LANC	
				23G	105
				UNISTIK TOUCH SAFETY LANC	

28G	105	valganciclovir hcl TABS PO	49	hcl)	35
UNISTIK TOUCH SAFETY LANC		VALIUM TABS PO 10 MG		vancomycin hcl CAPS PO	35
30G	105	(diazepam)	13	VANDAZOLE	136
UNIVERSAL 1 LANCETS THIN 26G		VALIUM TABS PO 2 MG, 5 MG		VANOS CREA (fluocinonide)	70
.....	105	(diazepam)	13	VAQTA	136
UNIVERSAL 1 LANCETS THIN 33G		valproate sodium SOLN PO 250		varenicline tartrate TABS PO	128
.....	105	MG/5ML, 500 MG/10ML	22	varenicline tartrate TBPK	128
UNIVERSAL 1 LANCETS ULTRA		valproic acid CAPS PO	22	VARIVAX SUSR	136
THIN	105	valsartan TABS PO 160 MG	32	VARUBI (180 MG DOSE) TBPK PO .	28
UPTRAVI TABS	54	valsartan TABS PO 40 MG, 80 MG,			
UPTRAVI TITRATION TBPK	54	320 MG	32		
urea LOTN 40 %	70	valsartan-hydrochlorothiazide PO		VASCEPA (icosapent ethyl)	30
UROCIT-K 10 TBCR PO (potassium		12.5 MG-160 MG, 12.5 MG-320 MG,		VASERETIC PO 25 MG-10 MG	
citrate (alkalinizer))	80	12.5 MG-80 MG, 25 MG-320 MG .	34	(enalapril maleate &	
UROCIT-K 15 TBCR PO (potassium		valsartan-hydrochlorothiazide PO 25		hydrochlorothiazide)	34
citrate (alkalinizer))	80	MG-160 MG	34	VASOTEC TABS PO (enalapril	
UROCIT-K 5 TBCR PO (potassium		VALTOCO 10 MG DOSE LIQD	18	maleate)	32
citrate (alkalinizer))	80	VALTOCO 15 MG DOSE LQPK ...	19	VCF VAGINAL CONTRACEPTIVE	
UROXATRAL PO (alfuzosin hcl) ..	81	VALTOCO 20 MG DOSE LQPK ...	19	FILM	136
URSO 250 TABS PO (ursodiol) ...	78	VALTOCO 5 MG DOSE LIQD	19	VCF VAGINAL CONTRACEPTIVE	
URSO FORTE TABS PO (ursodiol)		VALTRESX PO 1 GM (valacyclovir hcl)		FOAM	136
78		.....	50	VCF VAGINAL CONTRACEPTIVE	
ursodiol CAPS PO	78	VALTRESX PO 500 MG (valacyclovir		GEL	136
ursodiol TABS PO	78	hcl)	50	VECAMYL PO	34
VAGIFEM TABS (estradiol vaginal)		VALUE PLUS LANCET STANDARD		VECTICAL (calcitriol (topical))	67
136		21G	105	VELCADE SOLR IJ (bortezomib) .	43
valacyclovir hcl PO 1 GM	50	VALUE PLUS LANCETS SUPER		VELTIN (clindamycin phosphate-	
valacyclovir hcl PO 500 MG	50	THIN	105	tretinoin)	64
VALCHLOR	66	VALUE PLUS LANCETS THIN 26G .		VEMLIDY	49
VALCYTE SOLR (valganciclovir hcl) .		105		VENCLEXTA STARTING PACK	
49		VALUMARK LANCET SUPER THIN		TBPK	38
VALCYTE TABS PO (valganciclovir		30G	105	VENCLEXTA TABS 10 MG	38
hcl)	49	VALUMARK LANCET ULTRA THIN		VENCLEXTA TABS 100 MG	38
valganciclovir hcl SOLR	49	28G	105	VENCLEXTA TABS 50 MG	38
		VANCOCIN CAPS PO (vancomycin			

venlafaxine hcl CP24 PO	24	.....105	(vilazodone hcl)	23
venlafaxine hcl TABS PO	24	VERIFINE UNIVERSAL LANCETS	VIIBRYD TABS 20 MG (vilazodone	hcl)
venlafaxine hcl TB24 PO 225 MG .	24	28G	106	23
venlafaxine hcl TB24 PO 37.5 MG,		VERIFINE UNIVERSAL LANCETS	vilazodone hcl TABS 10 MG, 40 MG .	
75 MG, 150 MG	24	30G	106	23
VENTAVIS IN	53	VERIFINE UNIVERSAL LANCETS	vilazodone hcl TABS 20 MG	23
VENTOLIN HFA AERS (albuterol		33G	106	
sulfate)	16	VERSACLOZ SUSP PO	46	VIMPAT SOLN PO 10 MG/ML
verapamil hcl CP24 PO 100 MG, 120		VERZENIO	43	(lacosamide)
MG, 200 MG, 240 MG, 300 MG ...	52	VESICARE TABS PO 10 MG	VIMPAT TABS PO (lacosamide) ..	21
verapamil hcl CP24 PO 180 MG ..	52	(solifenacin succinate)	133	VINATE DHA RF
verapamil hcl CP24 PO 360 MG ..	52	VESICARE TABS PO 5 MG	VINATE ONE TABS PO	115
VERAPAMIL HCL ER CP24 PO		(solifenacin succinate)	133	VIRACEPT TABS PO
(verapamil hcl)	52	VFEND SUSR PO (voriconazole) .	29	49
verapamil hcl TABS PO	52	VFEND TABS PO (voriconazole) .	29	VIRAZOLE (ribavirin)
verapamil hcl TBCR PO 120 MG ..	52	VIAGRA PO (sildenafil citrate)	53	50
verapamil hcl TBCR PO 180 MG, 240		VIBERZI	79	VIREAD POWD
MG	52	VIBRAMYCIN CAPS PO		49
VEREGEN	64	(doxycycline hyclate)	129	VIREAD TABS PO (tenofovir
VERELAN CP24 PO 120 MG, 240		VIBRAMYCIN PO	129	disoproxil fumarate)
MG (verapamil hcl)	52	VIBRAMYCIN SUSR PO		49
VERELAN CP24 PO 180 MG		(doxycycline (monohydrate))	129	VIREAD TABS PO 150 MG, 200 MG,
(verapamil hcl)	52	VICTOZA (liraglutide)	25	250 MG
VERELAN CP24 PO 360 MG		VIDA MIA UNILET LANCETS 28G		115
(verapamil hcl)	52	106		VISTARIL CAPS PO (hydroxyzine
VERELAN PM CP24 PO (verapamil		VIDA MIA UNILET LANCETS 30G		pamoate)
hcl)	52	106		12
VERIFINE SAFE LANCET MINI 21G		vigabatrin PACK	21	VISTOGARD
.....	105	vigabatrin TABS	21	27
VERIFINE SAFE LANCET MINI 23G		VIGAMOX SOLN OP (moxifloxacin		VITAFOL GUMMIES
.....	105	hcl (ophth))	119	115
VERIFINE SAFE LANCET MINI 28G		VIIBRYD STARTER PACK KIT PO		VITAFOL-NANO
.....	105	23		115
VERIFINE SAFE LANCET MINI 30G		VIIBRYD TABS 10 MG, 40 MG		VITAFOL-ONE CAPS PO
				115

VITATHELY WITH GINGER TABS PO	115	LANCETS	106	XALATAN SOLN (latanoprost) ...	121
VITATRUE	115	WALGREENS LANCETS	106	XALKORI CAPS	43
VITRAKVI CAPS PO	43	WALGREENS LANCETS MICRO THIN	106	XANAX TABS PO (alprazolam) ...	13
VITRAKVI SOLN	43	WALGREENS LANCETS SUPER THIN	106	XANAX XR TB24 PO (alprazolam)	13
VIVA DHA CAPS PO	115	WALGREENS LANCETS THIN LANCETS .	106	XARELTO STARTER PACK TBPK 17	
VIVAGUARD LANCETS	106	WALGREENS ULTRA THIN LANCETS	106	XARELTO SUSR	17
VIVAGUARD LANCETS 30G ...	106	warfarin sodium TABS PO	17	XARELTO TABS	17
VIVAGUARD SAFETY LANCETS 28G	106	WELCHOL PACK (colesevelam hcl) . 30		XATMEP SOLN	37
VIVELLE-DOT PTTW (estradiol) ..	78	WELCHOL TABS PO (colesevelam hcl)	30	XELJANZ SOLN	3
VIZIMPRO	39	WELLBUTRIN SR TB12 PO (bupropion hcl)	22	XELJANZ TABS 10 MG	3
VOGELXO GEL TD (testosterone) 11		WELLBUTRIN XL TB24 PO (bupropion hcl)	22	XELJANZ TABS 5 MG	3
VOGELXO PUMP GEL TD (testosterone)	11	WESCAP-C DHA PO	115	XELJANZ XR TB24 PO	3
VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...	65	WESNATE DHA CAPS PO	115	XELODA PO (capecitabine)	37
VONVENDI	83	WESTAB PLUS TABS PO	115	XENAZINE PO (tetrabenazine) ..	124
voriconazole SUSR PO	29	WESTGEL DHA PO	115	XERAC AC	71
voriconazole TABS PO	29	WIDE-SEAL DIAPHRAGM 60 ...	89	XERMELO	80
VOSEVI	49	WIDE-SEAL DIAPHRAGM 65 ...	90	XHANCE EXHU	117
VOTRIENT (pazopanib hcl)	43	WIDE-SEAL DIAPHRAGM 70 ...	90	XIFAXAN PO 200 MG	35
VRAYLAR CAPS	46	WIDE-SEAL DIAPHRAGM 75 ...	90	XIFAXAN PO 550 MG	35
VRAYLAR CPPK	46	WIDE-SEAL DIAPHRAGM 80 ...	90	XIGDUO XR PO (dapagliflozin propanediol-metformin hcl)	25
VYNDAMAX	54	WIDE-SEAL DIAPHRAGM 85 ...	90	XIGDUO XR PO 1000 MG-10 MG, 500 MG-10 MG	25
VYNDAQEL	54	WIDE-SEAL DIAPHRAGM 90 ...	90	XIGDUO XR PO 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG ...	25
VYTONE 1.9 %-1 % (iodoquinol- hydrocortisone in aloe vehicle)	65	WIDE-SEAL DIAPHRAGM 95 ...	90	XIMINO CP24 (minocycline hcl) ..	129
VYTORIN PO (ezetimibe- simvastatin)	30	WILATE KIT	83	XIMINO CP24	129
VYVANSE CHEW	1	XADAGO	45	XOPENEX (levalbuterol hcl)	16
WALGREENS ADV TRAVEL				XOPENEX CONCENTRATE (levalbuterol hcl)	16
				XOPENEX HFA (levalbuterol	

tartrate)	16	zaleplon PO	85	106	
XOSPATA	43	ZANAFLEX CAPS PO (tizanidine hcl)	116	ZIAC PO (bisoprolol & hydrochlorothiazide)	34
XPOVIO (100 MG ONCE WEEKLY) PO 50 MG	40	ZANAFLEX TABS PO 4 MG (tizanidine hcl)	116	ZIAGEN SOLN PO (abacavir sulfate)	49
XPOVIO (40 MG ONCE WEEKLY) PO 40 MG	40	ZARONTIN CAPS PO (ethosuximide)	22	ZIAGEN TABS PO (abacavir sulfate)	49
XPOVIO (40 MG TWICE WEEKLY) PO 40 MG	40	ZARONTIN SOLN PO (ethosuximide)	22	ZIANA (clindamycin phosphate-tretinoin)	64
XPOVIO (60 MG ONCE WEEKLY) PO 60 MG	40	ZARXIO	84	zidovudine CAPS PO	49
XPOVIO (60 MG TWICE WEEKLY) PO	40	ZAVESCA (miglustat)	83	zidovudine SYRP PO	49
XPOVIO (80 MG ONCE WEEKLY) PO 40 MG	40	ZEJULA TABS	43	zidovudine TABS PO	49
XPOVIO (80 MG TWICE WEEKLY) PO	40	ZELAPAR TBDP	45	zileuton TB12 PO	14
XTANDI CAPS	39	ZELBORAF PO	43	ZIOPTAN (tafluprost)	121
XTANDI TABS	39	ZEMPLAR CAPS PO 1 MCG, 2 MCG (paricalcitol)	76	ziprasidone hcl PO 20 MG, 40 MG	46
XURIDEN	76	ZENPEP CPEP PO 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	73	ziprasidone hcl PO 60 MG, 80 MG	46
XYNTHA	83	ZESTORETIC PO 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	34	ZIRGAN GEL	119
XYNTHA SOLOFUSE	83	ZESTORETIC PO 25 MG-20 MG (lisinopril & hydrochlorothiazide)	34	ZITHROMAX PACK PO	87
XYREM SOLN PO	123	ZESTRIL TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)	32	ZITHROMAX SUSR PO (azithromycin)	87
XYZAL ALLERGY 24HR CHILDRENS SOLN PO (levocetirizine dihydrochloride)	29	ZESTRIL TABS PO 40 MG (lisinopril)	32	ZITHROMAX TABS PO 250 MG (azithromycin)	87
XYZAL ALLERGY 24HR TABS PO (levocetirizine dihydrochloride)	29	ZETIA PO (ezetimibe)	31	ZITHROMAX TABS PO 500 MG (azithromycin)	87
YASMIN 28 PO (drospirenone-ethinyl estradiol)	58	ZEVRX TWIST TOP LANCETS 30G		ZITHROMAX TRI-PAK TABS PO (azithromycin)	87
YAZ PO (drospirenone-ethinyl estradiol)	58			ZITHROMAX Z-PAK TABS PO (azithromycin)	87
YONSA	40			ZOCOR TABS PO 10 MG, 20 MG, 40 MG (simvastatin)	31
zafirlukast PO 10 MG	14			ZOLINZA	43
zafirlukast PO 20 MG	14			zolmitriptan SOLN	109
				zolmitriptan TABS PO	109

zolmitriptan TBDP PO	109	81
ZOLOFT CONC PO (sertraline hcl) 23		ZYLOPRIM PO 300 MG (allopurinol) . 81
ZOLOFT TABS PO (sertraline hcl)	23	ZYMAXID (gatifloxacin (ophth)) .119
zolpidem tartrate TABS PO	85	ZYPREXA TABS PO 15 MG, 20 MG (olanzapine) .....46
zolpidem tartrate TBCR PO	85	ZYPREXA TABS PO 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine) 47
ZOMACTON SOLR SC 10 MG	75	ZYPREXA ZYDIS TBDP PO (olanzapine) .....46
ZOMIG SOLN (zolmitriptan)	109	ZYTIGA (abiraterone acetate) 40
ZOMIG TABS PO 2.5 MG, 5 MG (zolmitriptan)	109	ZYVOX SUSR (linezolid) 36
ZONALON (doxepin hcl (antipruritic))	66	ZYVOX TABS PO (linezolid) .....36
ZONEGRAN CAPS PO 100 MG (zonisamide)	21	
ZONEGRAN CAPS PO 25 MG (zonisamide)	21	
zonisamide CAPS PO 100 MG	21	
zonisamide CAPS PO 25 MG, 50 MG	21	
ZORBTIVE SC	75	
ZORTRESS (everolimus (immunosuppressant))	111	
ZOVIRAX CREA (acyclovir topical) 67		
ZOVIRAX OINT (acyclovir topical) .	67	
ZOVIRAX SUSP PO (acyclovir) ...	50	
ZYCLARA (imiquimod)	70	
ZYCLARA PUMP (imiquimod)	70	
ZYDELIG	43	
ZYFLO TABS PO	14	
ZYKADIA TABS	43	
ZYLET	120	
ZYLOPRIM PO 100 MG (allopurinol) .		