

California

3 Tier with Specialty Drug List

California Small and Large Group Members

The 3 Tier with Specialty 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 All previous versions are no longer in effect.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 *Plan documents* for specific cost share information.

California Small and Large Group members

Go to

[Drug List -- Use](#) the “3 Tier with Specialty” Formulary.

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.

Small Group

If you have questions about your pharmacy coverage, call Customer Service at **1-800-361-3366**

Hours of Operation

8:00am – 6:00pm Monday through Friday

Large Group

If you have questions about your pharmacy coverage, call Customer Service at **1-800-522-0088**

Hours of Operation

8:00am – 6:00pm Monday through Friday

Updated April 1, 2024



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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

How do I find a drug in the Drug List?

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

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

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

Categorical list: The drugs are grouped into categorical or therapeutic categories. If you know what therapeutic category and class 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	Tier	Requirements/ Limits
MAVYRET (<i>glecaprevir-pibrentasvir</i>) TABS	3	PA
<i>phentermine hcl caps</i>	1	PA

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

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

If a generic equivalent for a brand name drug is available and both the brand name and the generic drug are covered, the generic drug will be listed separately from the brand name drug in ***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, 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. The copayment or coinsurance for each tier is defined in your Summary of Benefits or other plan documents.

Drug Class	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 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.

Tier	Description
1	Tier one shall consist of most generic drugs and low-cost preferred brand drugs.
2	Tier two shall consist of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three shall consist of nonpreferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Tier four shall consist of drugs that FDA of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply.
5	Tier 5 includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.

7	A Brand name is listed for reference only when a generic equivalent is available. Generic drugs will be used whenever one is available. To get a brand drug that has a generic equivalent available, your doctor must request prior authorization to show medical necessity. If we approve the request, the drug may be covered at a higher copayment. Refer to your plan documents.
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Are there any limits on my drug coverage?

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

Abbreviation	Definition	Description
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	These oral cancer drugs have a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$750 maximum for a three-month supply through mail order, if applicable).
LA	Limited Access	<p>Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons:</p> <ul style="list-style-type: none"> • The FDA or the manufacturer has restricted distribution 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. <p>If the drug is approved, we will let you know how to get limited access drugs.</p>
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	Preventive Health Drugs are Affordable Care Act (ACA) preventive health drugs, including 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 all self-administered hormonal contraceptives on the Formulary, up to a 12-month supply when dispensed at one time.
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.
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.
ST	Step Therapy	Step therapy is when you are required to use one drug before another in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

The formulary is 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.

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

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

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

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

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

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

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

If we approve an exception for a drug that is not on the drug list, the non-preferred brand drug tier (Tier 3) or Tier 4 (Specialty) copayment applies.

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

Step Therapy Exception

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

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

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

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 information necessary for the health plan to make a determination is not included with the 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 are 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.

Continuous blood glucose monitors and supplies are considered durable medical equipment and may be covered under your DME 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 covered 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 near you](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

Some 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 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 drugs are not available through mail order.

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

Prescribing provider: This health care provider 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.

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.

Step therapy exception is a decision to override an 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	3		<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1		<i>lisdexamfetamine dimesylate CHEW</i>	1	QL(1 ea daily)
ADDERALL XR CP24 <i>(amphetamine-dextroamphetamine)</i>	7	QL(2 ea daily; 90 Day(s) limit)	<i>methamphetamine hcl</i>	3	PA
ADDERALL TABS <i>(amphetamine-dextroamphetamine)</i>	7		VYVANSE CAPS	2	QL(1 ea daily)
<i>amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)	Analeptics		
<i>amphetamine-dextroamphetamine TABS</i>	1		<i>caffeine citrate SOLN OR</i>	1	
DESOXYN <i>(methamphetamine hcl)</i>	7	PA	Anorexiants Non-Amphetamine		
DEXEDRINE CP24 <i>(dextroamphetamine sulfate)</i>	7		ADIPEX-P CAPS <i>(phentermine hcl)</i>	7	Check plan documents for coverage; PA
<i>dextroamphetamine sulfate CP24</i>	1		LOMAIRA TABS	3	Check plan documents for coverage; PA
<i>dextroamphetamine sulfate SOLN</i>	3		<i>phentermine hcl CAPS</i>	3	Check plan documents for coverage; PA
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1		QSYMIA	3	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents					
CONTRAVE	3		CONTRAVE	3	Check plan documents for coverage; PA
<i>orlistat</i>	3		<i>orlistat</i>	3	Check plan documents for coverage; PA
XENICAL <i>(orlistat)</i>	7		XENICAL <i>(orlistat)</i>	7	Check plan documents for coverage; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents					
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)	<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)	<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)	<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
<i>INTUNIV (guanfacine hcl (adhd))</i>	7	QL(1 ea daily)	INTUNIV <i>(guanfacine hcl (adhd))</i>	7	QL(1 ea daily)

1=Preferred Generics 2=Preferred Brands/High Cost Generics 3=Non-Preferred Brand Drugs 4=Self-injectable 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 60 MG, 80 MG, 100 MG <i>(atomoxetine hcl)</i>	7	QL(1 ea daily)	<i>methylphenidate hcl SOLN 10 MG/5ML</i>	3	
STRATTERA 10 MG, 18 MG, 25 MG, 40 MG <i>(atomoxetine hcl)</i>	7	QL(2 ea daily)	<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)
Stimulants - Misc.			<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
APTENSIO XR CP24 <i>(methylphenidate hcl)</i>	7	QL(1 ea daily)	<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
<i>armodafinil</i>	1	ST; PA	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
CONCERTA TBCR 54 MG <i>(methylphenidate hcl)</i>	7	QL(2 ea daily)	<i>methylphenidate hcl TB24 54 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
CONCERTA TBCR 18 MG, 27 MG, 36 MG <i>(methylphenidate hcl)</i>	7	QL(1 ea daily)	<i>methylphenidate hcl TBCR 10 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
DAYTRANA PTCH <i>(methylphenidate)</i>	7		<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl CP24</i>	3	QL(1 ea daily)	<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)	<i>methylphenidate hcl TBCR 20 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
FOCALIN XR CP24 <i>(dexmethylphenidate hcl)</i>	7	QL(1 ea daily)	METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	3	QL(1 ea daily)
FOCALIN TABS <i>(dexmethylphenidate hcl)</i>	7	QL(2 ea daily)	<i>methylphenidate PTCH</i>	3	
METADATE CD CPCR <i>(methylphenidate hcl)</i>	7	QL(1 ea daily)	<i>modafinil</i>	3	QL(1 ea daily); ST
METHYLINE SOLN <i>(methylphenidate hcl)</i>	7		<i>NUVIGIL (armodafinil)</i>	7	ST; PA
<i>methylphenidate hcl CHEW</i>	3		<i>PROVIGIL (modafinil)</i>	7	QL(1 ea daily); ST
<i>methylphenidate hcl CP24 60 MG</i>	3	QL(1 ea daily; 90 ea per fill retail)	QUILLICHEW ER CHER	3	PA
<i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>	3		QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)	RELEXXII TBCR 72 MG	3	QL(1 ea daily)
<i>methylphenidate hcl CPCR</i>	1	QL(1 ea daily)	RELEXXII TBCR 54 MG	2	QL(2 ea daily)
<i>methylphenidate hcl SOLN 5 MG/5ML</i>	1		RELEXXII TBCR 18 MG, 27 MG, 36 MG	2	QL(1 ea daily)
			RITALIN LA CP24 <i>(methylphenidate hcl)</i>	7	
			RITALIN TABS 20 MG <i>(methylphenidate hcl)</i>	7	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	7		XELJANZ SOLN	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA		
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections							
Aminoglycosides							
ARIKAYCE	3	PA	XELJANZ TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA		
BETHKIS NEBU (<i>tobramycin</i>)	7	PA	Anti-TNF-alpha - Monoclonal Antibodies				
HUMATIN	2		ADALIMUMAB-ADAZ SOAJ	4	Check plan documents for coverage; QL(0.143 ml daily); PA		
KITABIS PAK NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	ADALIMUMAB-ADAZ SOSY	4	Check plan documents for coverage; QL(0.143 ml daily); PA		
<i>neomycin sulfate TABS</i>	1		HADLIMA PUSHTOUCH SOAJ	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4664; QL(0.143 ml daily); PA		
TOBI PODHALER CAPS	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	HADLIMA SOSY	4	Check plan documents for coverage-Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA		
TOBI NEBU (<i>tobramycin</i>)	2	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 days retail); PA		
<i>tobramycin NEBU</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA		
<i>tobramycin NEBU</i>	3	PA					
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions							
Antirheumatic - Enzyme Inhibitors							
RINVOQ	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA					
XELJANZ XR TB24	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA					

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HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 days retail); SP; PA	HUMIRA PSKT	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	Gold Compounds		
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; QL(4 ea per 365 days retail); SP; PA	RIDAURA	2	
HUMIRA PEN PNKT 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	Interleukin-6 Receptor Inhibitors		
HUMIRA PEN PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 ea daily; 2 ea per 28 days retail); SP; PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)					
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	3	
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
HUMIRA PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Indomethacin) INDOCIN SUPP	3	
			(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
			(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
			ANAPROX DS TABS (<i>naproxen sodium</i>)	7	
			ARTHROTEC 50 TBEC (<i>diclofenac w/ misoprostol</i>)	7	

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ARTHROTEC 75 TBEC <i>(diclofenac w/misoprostol)</i>	7		LODINE TABS (<i>etodolac</i>)	7	
CELEBREX 400 MG <i>(celecoxib)</i>	7	QL(2 ea daily); PA	<i>meclofenamate sodium CAPS</i>	1	
CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	7	QL(2 ea daily)	<i>mefenamic acid CAPS</i>	3	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)	<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA	<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
DAYPRO TABS <i>(oxaprozin)</i>	7		MOBIC TABS 7.5 MG <i>(meloxicam)</i>	7	QL(2 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	3		MOBIC TABS 15 MG <i>(meloxicam)</i>	7	QL(1 ea daily)
<i>diclofenac sodium TB24</i>	3		<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
<i>diclofenac sodium TBEC</i>	1		<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
<i>diclofenac w/ misoprostol TBEC</i>	3		NALFON TABS <i>(fenoprofen calcium)</i>	7	
<i>etodolac CAPS</i>	1		NAPROSYN SUSP <i>(naproxen)</i>	7	
<i>etodolac TABS</i>	1		NAPROSYN TABS 500 MG <i>(naproxen)</i>	7	
<i>etodolac TB24</i>	1	QL(2 ea daily)	<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
FELDENE CAPS 10 MG <i>(piroxicam)</i>	7		<i>naproxen SUSP</i>	1	
FELDENE CAPS 20 MG <i>(piroxicam)</i>	7	QL(1 ea daily)	<i>naproxen TABS</i>	1	
<i>fenoprofen calcium TABS</i>	1		<i>oxaprozin TABS</i>	1	
<i>flurbiprofen TABS</i>	1		<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1		<i>piroxicam CAPS 10 MG</i>	1	
INDOCIN SUSP <i>(indomethacin)</i>	7		<i>sulindac TABS 200 MG</i>	1	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1		<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
<i>indomethacin CPCR</i>	1		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>indomethacin SUPP</i>	3		OTEZLA TABS	3	Must use AcariaHealth Sp Rx 1-844-538-4661; QL(2 ea daily); PA
<i>indomethacin SUSP</i>	1		OTEZLA TBPK	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 days retail); PA
<i>ketoprofen CP24</i>	3		Pyrimidine Synthesis Inhibitors		
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail; 20 ea per 30 days retail)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARAVA 10 MG <i>(leflunomide)</i>	7	QL(2 ea daily)	ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA
ARAVA 20 MG <i>(leflunomide)</i>	7	QL(1 ea daily)			
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)			
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)			
Soluble Tumor Necrosis Factor Receptor Agents					
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations					
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA	(Butalbital-Aacetaminophen) BUPAP TABS 50 MG-300 MG	3	
			(Butalbital-Aacetaminophen) TENCON TABS 50 MG-325 MG	3	
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA	(Butalbital-Aacetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
			(Butalbital-Aacetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
ENBREL SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); SP; PA	<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
			<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA	<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	3	
			<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	3	
			<i>butalbital-aspirin-caffeine CAPS</i>	1	
			ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	7	
			FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	7	
			Salicylates		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	Grand Fathered Plans at Tier 2; PV	(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	5	Grand Fathered Plans at Tier 2; PV
<i>aspirin CHEW</i>	5	Grand Fathered Plans at Tier 2; PV	<i>aspirin TBEC 81 MG</i>	5	Grand Fathered Plans at Tier 2; PV
<i>diflunisal TABS</i>	3		<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1		<i>methadone hcl CONC</i>	1	
ACTIQ LPOP 1600 MCG <i>(fentanyl citrate)</i>	7	ST; QL(4 ea daily); PA	<i>methadone hcl SOLN OR</i>	1	
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG <i>(fentanyl citrate)</i>	7	ST; PA	<i>methadone hcl TABS</i>	1	QL(12 ea daily)
<i>codeine sulfate TABS</i>	1		<i>methadone hcl TBSO</i>	1	
DILAUDID LIQD <i>(hydromorphone hcl)</i>	7		METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	7	
DILAUDID TABS <i>(hydromorphone hcl)</i>	7		METHADOSE CONC (<i>methadone hcl</i>)	7	
<i>fentanyl citrate LPOP 1600 MCG</i>	1	ST; QL(4 ea daily); PA	METHADOSE TBSO (<i>methadone hcl</i>)	2	
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	1	ST; PA	<i>morphine sulfate beads</i>	1	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 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 OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	
<i>hydrocodone bitartrate CP12</i>	3	PA	<i>morphine sulfate SUPP</i>	1	
<i>hydrocodone bitartrate T24A</i>	3	PA	<i>morphine sulfate TABS</i>	1	
<i>hydromorphone hcl LIQD</i>	1		<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)
<i>hydromorphone hcl TABS</i>	1		MS CONTIN TBCR (<i>morphine sulfate</i>)	7	QL(3 ea daily)
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)	OXAYDO TABS 5 MG	2	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)	<i>oxycodone hcl CAPS</i>	1	
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>levorphanol tartrate TABS</i>	3	ST; PA	<i>oxycodone hcl SOLN</i>	1	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1		<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
			<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
			<i>oxymorphone hcl TABS 10 MG</i>	3	QL(8 ea daily)
			<i>oxymorphone hcl TABS 5 MG</i>	3	
			<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	7	QL(4 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3	
ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>)	7		<i>butalbital-aspirin-caffeine w/cod</i>	3	
<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	7	
<i>tramadol hcl TABS 100 MG</i>	1		<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	
<i>tramadol hcl TB24 100 MG</i>	3	QL(3 ea daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)
<i>tramadol hcl TB24 200 MG</i>	3	QL(1 ea daily)	<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)
<i>tramadol hcl TB24</i>	3		<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	
ULTRAM TABS (<i>tramadol hcl</i>)	7	QL(8 ea daily)	<i>hydrocodone-ibuprofen 7.5 MG-200 MG</i>	1	
Opioid Combinations			<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	3	
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	3		LORTAB ELIX	3	
(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	3		<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG</i>	1	QL(4 ea daily)
(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-10 MG	1	QL(4 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	3	
(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)
(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-7.5 MG	3	QL(4 ea daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-7.5 MG</i>	3	QL(4 ea daily)
<i>acetaminophen w/ codeine SOLN</i>	1				
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1				
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)			

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PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(4 ea daily)	SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(2 ea daily)
PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	7	QL(6 ea daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	7		Anabolic Steroids		
<i>tramadol-acetaminophen</i>	3	QL(8 ea daily)	<i>oxandrolone 2.5 MG</i>	1	
ULTRACET (<i>tramadol-acetaminophen</i>)	7	QL(8 ea daily)	<i>oxandrolone 10 MG</i>	1	QL(2 ea daily)
Opioid Partial Agonists			Androgens		
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)
<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)	ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	QL(3 ea daily)	ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>)	7	Limited to 300 gms per month; QL(10 gm daily)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)	<i>danazol CAPS</i>	1	
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)	METHITEST TABS	3	
<i>buprenorphine PTWK</i>	3	QL(4 ea per 28 days retail)	<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml per fill retail)
<i>butorphanol tartrate NA 10 MG/ML</i>	3	Limit 7.5mls per month; QL(0.25 ml daily)	<i>testosterone enanthate SOLN IM</i>	1	
BUTTRANS PTWK (<i>buprenorphine</i>)	7	QL(4 ea per 28 days retail)	<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>pentazocine w/ naloxone hcl</i>	3		ANORECTAL AND RELATED PRODUCTS -		
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	7	QL(3 ea daily)	Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids			Intrarectal Steroids		
<i>budesonide (intrarectal)</i>			<i>budesonide (intrarectal)</i>	3	ST; PA
<i>CORTENEMA (hydrocortisone (intrarectal))</i>			<i>CORTENEMA (hydrocortisone (intrarectal))</i>	7	QL(60 ml daily)
<i>CORTIFOAM EX 10 %</i>			<i>CORTIFOAM EX 10 %</i>	2	
<i>hydrocortisone (intrarectal)</i>			<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)

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UCERIS (<i>budesonide (intrarectal)</i>)	7	ST; PA	RANEXA TB12 1000 MG (<i>ranolazine</i>)	7				
Rectal Combinations								
ANALPRAM-HC LOTN EX	3		RANEXA TB12 500 MG (<i>ranolazine</i>)	7	QL(4 ea daily)			
PROCTOFOAM HC FOAM EX	2		<i>ranolazine TB12 1000 MG</i>	3				
Rectal Steroids			<i>ranolazine TB12 500 MG</i>	3	QL(4 ea daily)			
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1		Nitrates					
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	7		ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	7				
<i>hydrocortisone (rectal) EX</i> 2.5 %	1		<i>isosorbide dinitrate TABS</i>	1				
Vasodilating Agents			<i>isosorbide mononitrate TABS</i>	1				
<i>nitroglycerin (intra-anal)</i>	3		<i>isosorbide mononitrate TB24</i>	1				
RECTIV (<i>nitroglycerin (intra-anal)</i>)	7		NITRO-BID OINT	2				
ANTHELMINTICS - Drugs to Treat Worm Infections			NITRO-DUR PT24	2	QL(1 ea daily)			
Anthelmintics			NITRO-DUR PT24 (<i>nitroglycerin</i>)	7	QL(1 ea daily)			
<i>albendazole</i>	3		<i>nitroglycerin PT24</i>	1	QL(1 ea daily)			
ALBENZA (<i>albendazole</i>)	7		<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1				
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)	<i>nitroglycerin SUBL</i>	1				
BILTRICIDE (<i>praziquantel</i>)	7		NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	7				
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA	NITROSTAT SUBL (<i>nitroglycerin</i>)	7				
<i>praziquantel</i>	1		ANTIANXIETY AGENTS - Drugs to Treat Anxiety					
STROMECTOL (<i>ivermectin</i>)	7	QL(5 ea per fill retail); PA	Antianxiety Agents - Misc.					
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>buspirone hcl</i>	1				
Antianginals-Other			<i>hydroxyzine hcl SYRP</i>	1				
			<i>hydroxyzine hcl TABS</i>	1				
			<i>hydroxyzine pamoate CAPS</i>	1				
			VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	7				
			Benzodiazepines					
			(Diazepam) DIAZEPAM INTENSOL CONC	1				

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(Lorazepam) LORAZEPAM INTENSOL CONC	1		NORPACE CAPS <i>(disopyramide phosphate)</i>	7	
ALPRAZOLAM INTENSOL CONC	3		<i>quinidine gluconate TBCR</i>	1	
<i>alprazolam TABS</i>	1		Antiarrhythmics Type I-B		
<i>alprazolam TBDP</i>	3		<i>mexiletine hcl</i>	1	
ATIVAN TABS <i>(lorazepam)</i>	7		Antiarrhythmics Type I-C		
<i>chlordiazepoxide hcl CAPS</i>	1		<i>flecainide acetate</i>	1	
<i>clorazepate dipotassium TABS</i>	1		<i>propafenone hcl CP12</i>	1	
<i>diazepam CONC</i>	1		<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
<i>diazepam SOLN OR 5 MG/5ML</i>	1		<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1		RYTHMOL SR CP12 <i>(propafenone hcl)</i>	7	
<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)	Antiarrhythmics Type III		
<i>lorazepam CONC</i>	1		<i>(Amiodarone Hcl) PACERONE TABS</i>	1	
<i>lorazepam TABS</i>	1		<i>amiodarone hcl TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1		<i>dofetilide</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)	<i>TIKOSYN (dofetilide)</i>	7	
TRANXENE T TABS 7.5 MG <i>(clorazepate dipotassium)</i>	7		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
VALIUM TABS 2 MG, 5 MG <i>(diazepam)</i>	7		Anti-Inflammatory Agents		
VALIUM TABS 10 MG <i>(diazepam)</i>	7	QL(4 ea daily)	<i>cromolyn sodium NEBU</i>	1	
XANAX TABS <i>(alprazolam)</i>	7		Bronchodilators - Anticholinergics		
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
Antiarrhythmics Type I-A			INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>disopyramide phosphate CAPS</i>	1		<i>ipratropium bromide SOLN 0.02 %</i>	1	
NORPACE CR CP12	2		SPIRIVA HANDIHALER CAPS <i>(tiotropium bromide monohydrate)</i>	7	QL(1 ea daily)
			SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)

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SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	1	QL(1 ea daily)	<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
Leukotriene Modulators					
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)	PULMICORT FLEXHALER AEPB 90 MCG/ACT	2	Limit 2 inhalers per month; QL(0.27 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)	PULMICORT FLEXHALER AEPB 180 MCG/ACT	2	Limit 2 inhalers per month; QL(0.07 ea daily)
<i>montelukast sodium TABS</i>	1	QL(1 ea daily)	PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(2 ml daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	7	QL(1 ea daily)	PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(8 ml daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	7	QL(1 ea daily)	PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	7	QL(4 ml daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	7	QL(1 ea daily)	QVAR REDIHALER 80 MCG/ACT	2	QL(0.72 gm daily)
<i>zileuton TB12</i>	3	ST	Sympathomimetics		
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
DALIRESP (<i>roflumilast</i>)	7	QL(1 ea daily)	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
<i>roflumilast</i>	1	QL(1 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)
Steroid Inhalants					
ARNUITY ELLIPTA	2	QL(1 ea daily)	ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	7	QL(2 ea daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	1	QL(8 ml daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	1	QL(4 ml daily)	<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)			
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)			
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)			
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)			

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<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1		SEREVENT DISKUS	2	QL(2 ea daily)
ALBUTEROL SULFATE NEBU	2		STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>albuterol sulfate SYRP</i>	1		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>albuterol sulfate TABS</i>	1		SYMBICORT <i>(budesonide-formoterol fumarate dihydrate)</i>	7	
ANORO ELLIPTA	2	QL(2 ea daily)	<i>terbutaline sulfate TABS</i>	1	
<i>arformoterol tartrate</i>	1	QL(4 ml daily)	TRELEGY ELLIPTA	2	QL(2 ea daily)
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)	XOPENEX <i>(levalbuterol hcl)</i>	7	
BROVANA <i>(arformoterol tartrate)</i>	7	QL(4 ml daily)	XOPENEX CONCENTRATE <i>(levalbuterol hcl)</i>	7	
<i>budesonide-formoterol fumarate dihydrate</i>	1		Xanthines		
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)	(Theophylline) ELIXOPHYLLIN ELIX	3	
<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)	THEO-24 CP24	2	
<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>theophylline ELIX</i>	3	
<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)	<i>theophylline SOLN</i>	3	
<i>formoterol fumarate NEBU</i>	1	QL(4 ml daily)	<i>theophylline TB24</i>	1	QL(1 ea daily)
<i>ipratropium-albuterol SOLN</i>	1		ANTICOAGULANTS - Blood Thinners		
<i>levalbuterol hcl</i>	1		Coumarin Anticoagulants		
<i>levalbuterol tartrate</i>	1	QL(0.5 gm daily)	(Warfarin Sodium) JANTOVEN TABS	1	
PERFOROMIST NEBU <i>(formoterol fumarate)</i>	7	QL(4 ml daily)	<i>warfarin sodium TABS</i>	1	
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)	Direct Factor Xa Inhibitors		
			ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)
			ELIQUIS TABS	2	QL(2 ea daily)
			XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)
			XARELTO SUSR	2	QL(900 ml per 30 days retail)
			XARELTO TABS 10 MG	2	QL(2 ea daily)

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XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST
ANTICONVULSANTS - Drugs to Treat Seizures					
AMPA Glutamate Receptor Antagonists					
FYCOMPA SUSP	3	QL(24 ml daily)	(Lamotrigine) SUBVENITE TABS	1	
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily)	(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)
FYCOMPA TABS 2 MG	3	QL(6 ea daily)	APTIOM	3	QL(1 ea daily); ST
FYCOMPA TABS 6 MG	3	QL(2 ea daily)	BANZEL SUSP <i>(rufinamide)</i>	7	
FYCOMPA TABS 4 MG	3	QL(3 ea daily)	BANZEL TABS 200 MG <i>(rufinamide)</i>	7	
Anticonvulsants - Benzodiazepines			BANZEL TABS 400 MG <i>(rufinamide)</i>	7	QL(8 ea daily)
<i>clobazam SUSP</i>	3		BRIVIACT SOLN OR 10 MG/ML	3	ST; PA
<i>clobazam TABS 20 MG</i>	3	QL(2 ea daily)	BRIVIACT TABS 25 MG, 50 MG, 75 MG	3	PA
<i>clobazam TABS 10 MG</i>	3	QL(1 ea daily)	BRIVIACT TABS 100 MG	3	ST; QL(2 ea daily); PA
<i>clonazepam TABS</i>	1		BRIVIACT TABS 10 MG	3	ST; PA
<i>clonazepam TBDP</i>	1		<i>carbamazepine CHEW</i>	1	
DIASTAT ACUDIAL GEL 20 MG (<i>diazepam (anticonvulsant)</i>)	3	QL(4 ea per fill retail; 4 ea per 30 days retail)	<i>carbamazepine CP12</i>	1	
<i>diazepam (anticonvulsant) GEL 20 MG</i>	3	QL(4 ea per fill retail; 4 ea per 30 days retail)	<i>carbamazepine SUSP</i>	1	
KLONOPIN TABS (<i>clonazepam</i>)	7		<i>carbamazepine TABS</i>	1	
ONFI SUSP (<i>clobazam</i>)	7		<i>carbamazepine TB12 100 MG</i>	1	
ONFI TABS 10 MG (<i>clobazam</i>)	7	QL(1 ea daily)	<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)
ONFI TABS 20 MG (<i>clobazam</i>)	7	QL(2 ea daily)	<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)
Anticonvulsants - Misc.			<i>CARBATROL CP12 (carbamazepine)</i>	7	
(Carbamazepine) EPITOL TABS	1		DIACOMIT CAPS 500 MG	3	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	ST	DIACOMIT CAPS 250 MG	3	QL(12 ea daily); PA
			DIACOMIT PACK 250 MG	3	QL(12 ea daily); PA

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DIACOMIT PACK 500 MG	3	QL(6 ea daily); PA	LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>)	7	PA
EPIDIOLEX	3	ST; PA	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>)	7	QL(1 ea daily); PA
<i> gabapentin CAPS</i>	1		LAMICTAL TABS (<i>lamotrigine</i>)	7	
<i> gabapentin SOLN</i>	1		<i> lamotrigine CHEW</i>	1	
<i> gabapentin TABS 600 MG, 800 MG</i>	1		<i> lamotrigine KIT</i>	3	ST; PA
KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 ea daily)	<i> lamotrigine KIT 25 MG</i>	1	ST
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	7		<i> lamotrigine TABS</i>	1	
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 ea daily)	<i> lamotrigine TB24 250 MG</i>	3	PA
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 ea daily)	<i> lamotrigine TB24 300 MG</i>	3	QL(2 ea daily); PA
<i> lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)	<i> lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	3	QL(1 ea daily); PA
<i> lacosamide TABS</i>	1	QL(2 ea daily)	<i> lamotrigine TBDP</i>	3	PA
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	7		<i> levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1	
LAMICTAL ODT KIT	3	ST; PA	<i> levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)
LAMICTAL ODT KIT (<i>lamotrigine</i>)	7	ST; PA	<i> levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)
LAMICTAL ODT TBDP (<i>lamotrigine</i>)	7	PA	<i> levetiracetam TB24</i>	1	QL(4 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	7	ST	LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	7	ST; QL(2 ea daily); PA
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	7	ST; QL(3 ea daily); PA
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	7	ST	LYRICA SOLN (<i>pregabalin</i>)	7	QL(30 ml daily); PA
LAMICTAL XR KIT	3	ST; PA	mysoline (<i>primidone</i>)	7	
LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>)	7	QL(2 ea daily); PA	NEURONTIN CAPS (<i>gabapentin</i>)	7	
			NEURONTIN SOLN (<i>gabapentin</i>)	7	
			NEURONTIN TABS (<i>gabapentin</i>)	7	
			<i> oxcarbazepine SUSP</i>	1	QL(40 ml daily)
			<i> oxcarbazepine TABS 150 MG</i>	1	

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<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)	TOPAMAX TABS 25 MG (<i>topiramate</i>)	7	
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)	TOPAMAX TABS 50 MG (<i>topiramate</i>)	7	QL(8 ea daily)
OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); PA	<i>topiramate CP24 50 MG, 100 MG</i>	3	PA
OXTELLAR XR TB24 150 MG, 300 MG	3	PA	<i>topiramate CP24 200 MG</i>	3	QL(2 ea daily); PA
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	3	ST; QL(3 ea daily); PA	<i>topiramate CP24 25 MG</i>	3	ST; PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	3	ST; QL(2 ea daily); PA	<i>topiramate CPSP</i>	1	
<i>pregabalin SOLN</i>	3	QL(30 ml daily); PA	<i>topiramate CS24 25 MG, 50 MG</i>	3	QL(2 ea daily); PA
<i>primidone 50 MG, 250 MG</i>	1		<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	3	QL(1 ea daily); PA
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	7	QL(1 ea daily); PA	<i>topiramate TABS 25 MG</i>	1	
QUDEXY XR CS24 25 MG, 50 MG (<i>topiramate</i>)	7	QL(2 ea daily); PA	<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)
<i>rufinamide SUSP</i>	1		<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)
<i>rufinamide TABS 200 MG</i>	1		<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)
<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily)	TRILEPTAL SUSP (<i>oxcarbazepine</i>)	7	QL(40 ml daily)
SPRITAM TB3D	3	PA	TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	7	QL(4 ea daily)
TEGRETOL SUSP (<i>carbamazepine</i>)	7		TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	7	
TEGRETOL TABS (<i>carbamazepine</i>)	7		TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	7	QL(8 ea daily)
TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	7	QL(8 ea daily)	TROKENDI XR CP24 25 MG (<i>topiramate</i>)	7	ST; PA
TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	7	QL(4 ea daily)	TROKENDI XR CP24 200 MG (<i>topiramate</i>)	7	QL(2 ea daily); PA
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7		TROKENDI XR CP24 50 MG, 100 MG (<i>topiramate</i>)	7	PA
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7		VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	7	QL(40 ml daily)
TOPAMAX TABS 200 MG (<i>topiramate</i>)	7	QL(2 ea daily)	VIMPAT TABS (<i>lacosamide</i>)	7	QL(2 ea daily)
TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 ea daily)	ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	7	QL(6 ea daily)
			ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	7	
			<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)

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zonisamide CAPS 25 MG, 50 MG	1		Succinimides				
Carbamates							
felbamate SUSP	1		CELONTIN (methsuximide)	7			
felbamate TABS	1		ethosuximide CAPS	1			
FELBATOL SUSP <i>(felbamate)</i>	7		ethosuximide SOLN	1			
FELBATOL TABS <i>(felbamate)</i>	7		methsuximide	1			
GABA Modulators			ZARONTIN CAPS (ethosuximide)	7			
(Vigabatrin) VIGADRONE, VIGPODER PACK	1	QL(6 ea daily)	ZARONTIN SOLN (ethosuximide)	7			
(Vigabatrin) VIGADRONE TABS	1		Valproic Acid				
GABITRIL <i>(tiagabine hcl)</i>	7		DEPAKOTE ER TB24 (divalproex sodium)	7			
SABRIL PACK <i>(vigabatrin)</i>	7	QL(6 ea daily)	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	7			
SABRIL TABS <i>(vigabatrin)</i>	7		DEPAKOTE TBEC (divalproex sodium)	7			
tiagabine hcl	3		divalproex sodium CSDR	1			
vigabatrin PACK	1	QL(6 ea daily)	divalproex sodium TB24	1			
vigabatrin TABS	1		divalproex sodium TBEC	1			
Hydantoins			valproate sodium SOLN OR 250 MG/5ML	1			
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1		valproic acid CAPS	1			
(Phenytoin) PHENYTOIN INFATABS CHEW	1		ANTIDEPRESSANTS - Drugs to Treat Depression				
DILANTIN <i>(phenytoin sodium extended)</i>	7		Alpha-2 Receptor Antagonists (Tetracyclics)				
DILANTIN 30 MG	2		mirtazapine TABS	1			
DILANTIN INFATABS CHEW <i>(phenytoin)</i>	7		mirtazapine TBDP	1			
DILANTIN-125 SUSP <i>(phenytoin)</i>	7		REMERON SOLTAB TBDP (mirtazapine)	7			
phenytoin sodium extended 100 MG, 200 MG, 300 MG	1		REMERON TABS 15 MG, 30 MG (mirtazapine)	7			
phenytoin CHEW	1		Antidepressants - Misc.				
phenytoin SUSP	1		bupropion hcl TABS	1			
			bupropion hcl TB12	1			
			bupropion hcl TB24 150 MG, 300 MG	1	QL(1 ea daily)		

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<i>bupropion hcl TB24 450 MG</i>	3	QL(1 ea daily); ST	<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	3	QL(1 ea daily); ST	<i>fluoxetine hcl TABS 10 MG</i>	1	
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	7		<i>fluoxetine hcl TABS 60 MG</i>	3	QL(1 ea daily); ST
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily)	<i>fluoxetine hcl TABS 20 MG</i>	1	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)					
EMSAM	3	QL(1 ea daily)	FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	3	QL(1 ea daily); ST
MARPLAN	3		<i>fluvoxamine maleate CP24 150 MG</i>	1	
NARDIL (<i>phenelzine sulfate</i>)	7		<i>fluvoxamine maleate CP24 100 MG</i>	1	QL(3 ea daily)
PARNATE (<i>tranylcypromine sulfate</i>)	7		<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
<i>phenelzine sulfate</i>	1		<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)
<i>tranylcypromine sulfate</i>	1		LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	7	QL(1 ea daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	7	QL(2 ea daily)
SPRAVATO 56MG DOSE	3	PA	<i>paroxetine hcl SUSP</i>	1	
SPRAVATO 84MG DOSE	3	PA	<i>paroxetine hcl TABS</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>paroxetine hcl TB24</i>	1	
CELEXA TABS (<i>citalopram hydrobromide</i>)	7	QL(1 ea daily)	PAXIL CR TB24 (<i>paroxetine hcl</i>)	7	
<i>citalopram hydrobromide SOLN</i>	3	QL(20 ml daily)	PAXIL SUSP (<i>paroxetine hcl</i>)	7	
<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)	PAXIL TABS (<i>paroxetine hcl</i>)	7	
<i>escitalopram oxalate SOLN</i>	1		PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	7	
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 ea daily)	PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	7	QL(1 ea daily)
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)	<i>sertraline hcl CONC</i>	1	
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)	<i>sertraline hcl TABS</i>	1	QL(2 ea daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		ZOLOFT CONC (<i>sertraline hcl</i>)	7	
<i>fluoxetine hcl CPDR</i>	3		ZOLOFT TABS (<i>sertraline hcl</i>)	7	QL(2 ea daily)

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Serotonin Modulators						
<i>nefazodone hcl</i>	3		<i>venlafaxine hcl TB24 225 MG</i>	1		
<i>trazodone hcl TABS</i>	1		Tricyclic Agents			
TRINTELLIX	3	ST	<i>amitriptyline hcl TABS</i>	1		
VIIIBRYD STARTER PACK KIT	3	PA	<i>amoxapine</i>	1		
VIIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	7		<i>ANAFRANIL (clomipramine hcl)</i>	7		
VIIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	7	QL(2 ea daily)	<i>clomipramine hcl</i>	1		
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)	<i>desipramine hcl TABS</i>	1		
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1		<i>doxepin hcl CAPS</i>	1		
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>doxepin hcl CONC</i>	1		
CYMBALTA CPEP (<i>duloxetine hcl</i>)	7	QL(2 ea daily)	<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)	
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)	<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)	<i>imipramine pamoate</i>	3		
EFFEXOR XR CP24 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	7	QL(1 ea daily)	NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	7		
EFFEXOR XR CP24 150 MG (<i>venlafaxine hcl</i>)	7	QL(2 ea daily)	<i>nortriptyline hcl CAPS</i>	1		
FETZIMA TITRATION PACK C4PK	3	ST	<i>nortriptyline hcl SOLN</i>	2		
FETZIMA CP24 20 MG	3	QL(2 ea daily); ST	PAMELOR CAPS (<i>nortriptyline hcl</i>)	7		
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST	<i>protriptyline hcl</i>	3		
PRISTIQ (<i>desvenlafaxine succinate</i>)	7	QL(1 ea daily)	<i>trimipramine maleate CAPS</i>	3		
<i>venlafaxine hcl CP24 37.5 MG, 75 MG</i>	1	QL(1 ea daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar			
<i>venlafaxine hcl CP24 150 MG</i>	1	QL(2 ea daily)	Alpha-Glucosidase Inhibitors			
<i>venlafaxine hcl TABS</i>	1		<i>acarbose</i>	1		
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)	<i>miglitol</i>	3		

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<i>glyburide-metformin</i>	1		Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
GLYXAMBI	2		<i>alogliptin benzoate 6.25 MG, 12.5 MG</i>	1	
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)	<i>alogliptin benzoate 25 MG</i>	1	QL(1 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)	JANUVIA	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)	<i>saxagliptin hcl</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1		Incretin Mimetic Agents		
<i>pioglitazone hcl-metformin hcl TABS</i>	1		OZEMPIC SOPN	4	Check plan documents for coverage; PA
<i>saxagliptin-metformin hcl</i>	1	QL(1 ea daily)	RYBELSUS TABS 3 MG	2	Not available through mail order; PA
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)	RYBELSUS TABS 7 MG, 14 MG	2	PA
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)	TRULICITY	4	See plan documents for specific Coverage; Not available thru Mail; PA
SYNJARDY TABS	2	QL(2 ea daily)	VICTOZA	4	PA
TRIJARDY XR	2		Insulin		
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)	HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)	HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
Biguanides			HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
<i>metformin hcl SOLN</i>	1		HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	1		HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
<i>metformin hcl TB24 500 MG, 750 MG</i>	1		HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
RIOMET SOLN (<i>metformin hcl</i>)	7		HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)
Diabetic Other					
<i>diazoxide</i>	3				
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2				
PROGLYCEM (<i>diazoxide</i>)	7				

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HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)	Insulin Sensitizing Agents		
HUMALOG SOLN IJ	2	QL(1.5 ml daily)	ACTOS 15 MG <i>(pioglitazone hcl)</i>	7	
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	ACTOS 30 MG, 45 MG <i>(pioglitazone hcl)</i>	7	QL(1 ea daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
HUMULIN N SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	Meglitinide Analogues		
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)	<i>nateglinide</i>	1	
HUMULIN R U-500 KWIKPEN SOPN SC	2	QL(40 ml per fill retail; 40 ml per 30 days retail)	<i>repaglinide</i>	1	
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	FARXIGA	2	QL(1 ea daily)
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)	JARDIANCE	2	QL(1 ea daily)
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)	Sulfonylureas		
TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)	(Glipizide) GLIPIZIDE XL TB24	1	
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)	AMARYL (<i>glimepiride</i>)	7	
TRESIBA FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily)	<i>glimepiride</i>	1	
TRESIBA SOLN	2	QL(1.5 ml daily)	<i>glipizide TABS</i>	1	
			<i>glipizide TB24</i>	1	
			GLUCOTROL XL TB24 (<i>glipizide</i>)	7	
			<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
			<i>glyburide TABS</i>	1	
			GLYNASE (<i>glyburide micronized</i>)	7	
			ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
			Antidiarrheal - Chloride Channel Antagonists		
			MYTESI	3	QL(2 ea daily); PA
			Antiperistaltic Agents		
			<i>diphenoxylate w/ atropine LIQD</i>	1	

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<i>diphenoxylate w/ atropine TABS</i>	1		<i>granisetron hcl TABS</i>	3	ST; Limit 2 tablets per day; QL(2 ea daily); PA	
LOMOTIL TABS (<i>diphenoxylate w/ atropine</i>)	7		<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per prescription; QL(1.67 ml daily; 50 ml per fill retail)	
ANTIDOTES AND SPECIFIC ANTAGONISTS						
Antidotes - Chelating Agents						
CHEMET	3		<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	QL(20 ea per fill retail)	
<i>deferasirox PACK</i>	3	PA	<i>ondansetron TBDP</i>	1	QL(20 ea per fill retail)	
<i>deferasirox TABS</i>	1	PA	Antiemetics - Anticholinergic			
<i>deferiprone TABS 500 MG</i>	3		<i>scopolamine</i>	3		
FERRIPROX SOLN	3	Not available through mail order	<i>TRANSDERM-SCOP (scopolamine)</i>	7		
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	7		<i>trimethobenzamide hcl CAPS</i>	1		
JADENU SPRINKLE PACK (<i>deferasirox</i>)	7	PA	Antiemetics - Miscellaneous			
JADENU TABS (<i>deferasirox</i>)	7	PA	AKYNZEO	3	QL(2 ea per 28 days retail)	
Antidotes and Specific Antagonists			DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	7	QL(4 ea daily)	
VISTOGARD	3		<i>doxylamine-pyridoxine TBEC</i>	3	QL(4 ea daily)	
Opioid Antagonists			<i>dronabinol CAPS 2.5 MG</i>	3	ST; PA	
KLOXXADO LIQD	2		<i>dronabinol CAPS 10 MG</i>	3	PA	
<i>naloxone hcl LIQD</i>	3	QL(4 ea per 30 days retail); RX/OTC	<i>dronabinol CAPS 5 MG</i>	3	PA	
<i>naltrexone hcl</i>	1		MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	7	ST; PA	
NARCAN LIQD (<i>naloxone hcl</i>)	7	QL(4 ea per 30 days retail); RX/OTC	Substance P/Neurokinin 1 (NK1) Receptor Antagonists			
ANTIEMETICS - Drugs to Treat Nausea and Vomiting			<i>aprepitant CAPS 80 MG, 125 MG</i>	3	QL(1 ea per fill retail; 1 ea per 30 days retail)	
5-HT3 Receptor Antagonists			<i>aprepitant CAPS 40 MG</i>	3	QL(2 ea per 30 days retail)	
ANZEMET TABS 50 MG	3	ST; QL(2 ea per fill retail); PA	<i>aprepitant CAPS</i>	3	QL(3 ea per fill retail; 3 ea per 30 days retail)	

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<i>aprepitant MISC</i>	3	QL(3 ea per fill retail; 3 ea per 30 days retail)	NOXAFL TBEC (posaconazole)	7				
EMEND TRIPACK CAPS (aprepitant)	7	QL(3 ea per fill retail; 3 ea per 30 days retail)	posaconazole SUSP	3				
EMEND CAPS 80 MG (aprepitant)	7	QL(1 ea per fill retail; 1 ea per 30 days retail)	posaconazole TBEC	3				
EMEND SUSR	3	QL(1 ea per 30 days retail)	SPORANOX PULSEPAK CAPS (itraconazole)	7	ST; PA			
VARUBI TBPK	3	QL(4 ea per fill retail)	SPORANOX CAPS (itraconazole)	7	ST; PA			
ANTIFUNGALS - Drugs to Treat Fungal Infections								
Antifungals								
ANCOBON (flucytosine)	7		TOLSURA CAPS	3	PA			
flucytosine	3		VFEND SUSR (voriconazole)	7				
griseofulvin microsize SUSP	1		VFEND TABS (voriconazole)	7	QL(2 ea daily)			
griseofulvin microsize TABS	1		voriconazole SUSR	1				
griseofulvin ultramicrosize	1		voriconazole TABS	1	QL(2 ea daily)			
nystatin TABS	1		ANTIHISTAMINES - Drugs to Treat Allergies					
terbinafine hcl TABS	1	QL(1 ea daily; 90 ea per 365 days retail)	Antihistamines - Ethanolamines					
Imidazole-Related Antifungals								
CRESEMBA CAPS 186 MG	3	Not available through mail order	carboxamine maleate SOLN	1				
DIFLUCAN SUSR (fluconazole)	7		carboxamine maleate TABS 4 MG	3				
DIFLUCAN TABS (fluconazole)	7		CARBINOXAMINE MALEATE TABS	3				
fluconazole SUSR	1		clemastine fumarate SYRP	1				
fluconazole TABS	1		clemastine fumarate TABS 2.68 MG	1				
itraconazole CAPS	1	ST; PA	RYVENT TABS	3				
itraconazole SOLN	1	PA	Antihistamines - Phenothiazines					
ketoconazole	1		(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	1				
NOXAFL SUSP (posaconazole)	7		(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	1	QL(3 ea daily)			
promethazine hcl SOLN 6.25 MG/5ML								

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<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	1		COLESTID GRAN (<i>colestipol hcl</i>)	7	
<i>promethazine hcl SYRP</i>	1		COLESTID TABS (<i>colestipol hcl</i>)	7	
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)	<i>colestipol hcl TABS</i>	1	
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)	QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	7	
Antihistamines - Piperidines			QUESTRAN POWD (<i>cholestyramine</i>)	7	
<i>ciproheptadine hcl SYRP</i>	1		WELCHOL PACK (<i>colesevelam hcl</i>)	7	QL(1 ea daily)
<i>ciproheptadine hcl TABS</i>	1		WELCHOL TABS (<i>colesevelam hcl</i>)	7	QL(7 ea daily)
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			Fibric Acid Derivatives		
Antihyperlipidemics - Combinations			ANTARA 30 MG	3	
EZETIMIBE/ATORVASTA TIN	2	QL(1 ea daily)	<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	<i>choline fenofibrate 45 MG</i>	1	
VYTORIN (<i>ezetimibe-simvastatin</i>)	7	QL(1 ea daily)	<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
Antihyperlipidemics - Misc.			<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
<i>icosapent ethyl</i>	2	PA	<i>fenofibrate micronized 30 MG, 90 MG</i>	3	
LOVAZA (<i>omega-3-acid ethyl esters</i>)	7	QL(4 ea daily)	<i>fenofibrate CAPS</i>	3	
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)	<i>fenofibrate TABS 48 MG</i>	1	
VASCEPA (<i>icosapent ethyl</i>)	2	PA	<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
Bile Acid Sequestrants			<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
(Cholestyramine Light) PREVALITE POWD	1		FENOFIBRATE TABS	2	QL(1 ea daily)
<i>cholestyramine light POWD</i>	1		FIBRICOR (<i>fenofibric acid</i>)	3	
<i>cholestyramine POWD</i>	1		<i>gemfibrozil TABS</i>	1	
<i>colesevelam hcl PACK</i>	1	QL(1 ea daily)	LIPOFEN CAPS (<i>fenofibrate</i>)	3	
<i>colesevelam hcl TABS</i>	1	QL(7 ea daily)	LOPID TABS (<i>gemfibrozil</i>)	7	
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	7		TRICOR TABS 145 MG (<i>fenofibrate</i>)	7	QL(1 ea daily)

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TRICOR TABS 48 MG <i>(fenofibrate)</i>	7		<i>simvastatin TABS</i>	1	QL(1 ea daily)	
TRILIPIX 135 MG (<i>choline fenofibrate</i>)	7	QL(1 ea daily)	ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG <i>(simvastatin)</i>	7	QL(1 ea daily)	
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	7		Intestinal Cholesterol Absorption Inhibitors			
HMG CoA Reductase Inhibitors			<i>ezetimibe</i>	1		
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)	ZETIA (<i>ezetimibe</i>)	7		
CRESTOR TABS <i>(rosuvastatin calcium)</i>	7	QL(1 ea daily)	Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)	JUXTAPID 10 MG, 20 MG	3	PA	
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)	JUXTAPID 5 MG	3	ST; PA	
LESCOL XL TB24 <i>(fluvastatin sodium)</i>	7	QL(1 ea daily)	JUXTAPID 30 MG	3	PA	
LIPITOR TABS <i>(atorvastatin calcium)</i>	7	QL(1 ea daily)	Nicotinic Acid Derivatives			
<i>lovastatin TABS 10 MG, 20 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(1 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); PV	(Niacin (Antihyperlipidemic)) NIACOR TABS	3		
<i>lovastatin TABS 40 MG</i>	5	\$0 copay for Generic only, age 40 to 75; Members in Grand Fathered Plans copay is Tier 2; QL(2 ea daily); AL(At least 40 yrs old - Up to 75 yrs old); SL; PV	<i>niacin (antihyperlipidemic) TABS</i>	3		
<i>pravastatin sodium 10 MG, 20 MG, 80 MG</i>	1	QL(1 ea daily)	<i>niacin (antihyperlipidemic) TBCR</i>	1		
<i>pravastatin sodium 40 MG</i>	1	QL(2 ea daily)	NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	7		
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			
			PRALUENT SOAJ	4	PA	
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure						
ACE Inhibitors						
			ACCUPRIL (<i>quinapril hcl</i>)	7		
			ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG <i>(ramipril)</i>	7	QL(2 ea daily)	
			<i>benazepril hcl</i>	1		
			<i>captopril</i>	1		
			<i>enalapril maleate TABS</i>	1	QL(2 ea daily)	
			<i>fosinopril sodium</i>	1		

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<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)	<i>COZAAR (losartan potassium)</i>	7	
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	7		DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	7	
<i>moexipril hcl</i>	1		DIOVAN TABS 160 MG (<i>valsartan</i>)	7	QL(2 ea daily)
<i>perindopril erbumine</i>	1		EDARBI 80 MG	3	QL(1 ea daily)
QBRELIS SOLN	3	QL(5 ml daily)	EDARBI 40 MG	3	
<i>quinapril hcl</i>	1		<i>irbesartan</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)	<i>losartan potassium</i>	1	
<i>trandolapril</i>	1		MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	7	
VASOTEC TABS (<i>enalapril maleate</i>)	7	QL(2 ea daily)	MICARDIS 80 MG (<i>telmisartan</i>)	7	QL(1 ea daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	7		<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	7	QL(2 ea daily)	<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
Agents for Pheochromocytoma					
DEMSEER (<i>metyrosine</i>)	7		<i>telmisartan 20 MG, 40 MG</i>	1	
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	7	Not available through mail	<i>telmisartan 80 MG</i>	1	QL(1 ea daily)
<i>metyrosine</i>	3		<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)
<i>phenoxybenzamine hcl</i>	1	Not available through mail	<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
Angiotensin II Receptor Antagonists					
ATACAND 32 MG (<i>candesartan cilexetil</i>)	7	QL(1 ea daily)	Antiadrenergic Antihypertensives		
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	7		CARDURA (<i>doxazosin mesylate</i>)	7	
AVAPRO (<i>irbesartan</i>)	7		<i>clonidine hcl TABS</i>	1	
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	7		<i>clonidine hcl TB24</i>	3	ST
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	7	QL(1 ea daily)	<i>doxazosin mesylate</i>	1	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)	<i>guanfacine hcl</i>	1	
			<i>methyldopa TABS</i>	1	
			<i>MINIPRESS CAPS (prazosin hcl)</i>	7	
			<i>NEXICLON XR TB24 (clonidine hcl)</i>	7	ST
			<i>prazosin hcl CAPS</i>	1	
			<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)

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<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
Antihypertensive Combinations					
<i>ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide)</i>	7		<i>DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide)</i>	7	QL(1 ea daily)
<i>ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide)</i>	7	QL(1 ea daily)	<i>DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan-hydrochlorothiazide)</i>	7	
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		<i>EDARBYCLOR</i>	3	QL(1 ea daily)
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)	<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		<i>EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan)</i>	7	QL(1 ea daily)
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)	<i>EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)</i>	7	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)</i>	7	
<i>ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)</i>	7		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>atenolol & chlorthalidone</i>	1		<i>HYZAAR (losartan potassium & hydrochlorothiazide)</i>	7	
<i>AVALIDE (irbesartan-hydrochlorothiazide)</i>	7		<i>irbesartan-hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1		<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide)</i>	7		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-hydrochlorothiazide)</i>	7	QL(1 ea daily)	<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1		<i>LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)</i>	7	

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LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG <i>(amlodipine besylate- benazepril hcl)</i>	7	QL(1 ea daily)	valsartan-hydrochlorothiazide 25 MG-160 MG	1	QL(1 ea daily)	
metoprolol & hydrochlorothiazide TABS	1		VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	7		
MICARDIS HCT (<i>telmisartan- hydrochlorothiazide</i>)	7		ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7		
<i>olmesartan medoxomil- amlodipine- hydrochlorothiazide</i>	1	ST	ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	7	QL(2 ea daily)	
<i>olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)	ZIAC (bisoprolol & hydrochlorothiazide)	7		
<i>olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG</i>	1		Antihypertensives - Misc.			
<i>quinapril- hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		VECAMYL	3		
<i>quinapril- hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)	Direct Renin Inhibitors			
TEKTURNA HCT	3	ST	<i>aliskiren fumarate</i>	3		
<i>telmisartan-amlodipine</i>	1		TEKTURNA (<i>aliskiren fumarate</i>)	7		
<i>telmisartan- hydrochlorothiazide</i>	1		Selective Aldosterone Receptor Antagonists (SARAs)			
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	7		eplerenone	1		
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	7		INSPRA (<i>eplerenone</i>)	7		
<i>trandolapril-verapamil hcl</i>	3		Vasodilators			
TRIBENZOR (<i>olmesartan medoxomil-amlodipine- hydrochlorothiazide</i>)	7	ST	<i>hydralazine hcl TABS</i>	1		
<i>valsartan- hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1		<i>minoxidil 2.5 MG, 10 MG</i>	1		

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<i>pentamidine isethionate IN</i>	1		Leprostatics		
<i>tinidazole</i>	3	ST; PA	<i>dapsone 100 MG</i>	1	QL(4 ea daily)
<i>trimethoprim TABS</i>	1		<i>dapsone 25 MG</i>	1	
XIFAXAN 550 MG	3	QL(2 ea daily); PA	Lincosamides		
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA	CLEOCIN (<i>clindamycin hcl</i>)	7	
Anti-infective Misc. - Combinations			CLEOCIN PEDIATRIC GRANULES (<i>clindamycin palmitate hydrochloride</i>)	7	
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1		<i>clindamycin hcl</i>	1	
BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	7		<i>clindamycin palmitate hydrochloride</i>	3	
BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	7		Oxazolidinones		
<i>sulfamethoxazole-trimethoprim SUSP</i>	1		<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail)
<i>sulfamethoxazole-trimethoprim TABS</i>	1		<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail)
Antiprotozoal Agents			SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ALNIA SUSR	3		ZYVOX SUSR (<i>linezolid</i>)	7	QL(210 ml per 90 days retail)
ALNIA TABS (<i>nitazoxanide</i>)	7		ZYVOX TABS (<i>linezolid</i>)	7	QL(20 ea per 90 days retail)
<i>atovaquone</i>	1		Urinary Anti-infectives		
LAMPIT	3	AC; PA	<i>fosfomycin tromethamine</i>	3	
MEPRON (<i>atovaquone</i>)	7		HIPREX (<i>methenamine hippurate</i>)	7	
<i>nitazoxanide TABS</i>	3		MACROBID (<i>nitrofurantoin monohydrate</i>)	7	
Glycopeptides			MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	7	
FIRVANQ SOLR OR 25 MG/ML (<i>vancomycin hcl</i>)	7		<i>methenamine hippurate</i>	3	
VANCOCIN CAPS 125 MG (<i>vancomycin hcl</i>)	7	PA	<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
<i>vancomycin hcl CAPS 125 MG</i>	1	PA	MONUROL (<i>fosfomycin tromethamine</i>)	7	
<i>vancomycin hcl SOLR OR 25 MG/ML</i>	3		<i>nitrofurantoin</i>	1	
			<i>nitrofurantoin macrocrystal</i>	1	

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<i>nitrofurantoin monohyd macro</i>	1		MESTINON TABS <i>(pyridostigmine bromide)</i>	7	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)			<i>pyridostigmine bromide SOLN OR</i>	3	PA
Antimalarial Combinations			<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>atovaquone-proguanil hcl</i>	3		<i>pyridostigmine bromide TBCR</i>	1	
COARTEM	2	QL(0.8 ea daily)	ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
MALARONE <i>(atovaquone-proguanil hcl)</i>	7		Antimycobacterial Agents		
Antimalarials			<i>cycloserine</i>	3	
<i>chloroquine phosphate TABS</i>	1		<i>ethambutol hcl TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1		<i>isoniazid SYRP</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)	<i>isoniazid TABS</i>	1	
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail)	MYAMBUTOL TABS 400 MG <i>(ethambutol hcl)</i>	7	
PLAQUENIL <i>(hydroxychloroquine sulfate)</i>	7		MYCOBUTIN <i>(rifabutin)</i>	7	
<i>primaquine phosphate TABS</i>	1		PASER PACK	3	
PRIMAQUINE PHOSPHATE TABS <i>(primaquine phosphate)</i>	7		PRIFTIN	3	
QUALAQUIN CAPS <i>(quinine sulfate)</i>	7	QL(2 ea daily); PA	<i>pyrazinamide</i>	1	
<i>quinine sulfate CAPS 324 MG</i>	3	QL(2 ea daily); PA	<i>rifabutin</i>	1	
SOVUNA 200 MG	2		<i>rifampin CAPS</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			TRECATOR	2	
Antimyasthenic/Cholinergic Agents			ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
FIRDAPSE	3	ST; PA	Alkylating Agents		
MESTINON TIMESPAN TBCR <i>(pyridostigmine bromide)</i>	7		ALKERAN <i>(melphalan)</i>	7	AC
MESTINON SOLN OR <i>(pyridostigmine bromide)</i>	7	PA	<i>cyclophosphamide CAPS</i>	1	AC
			CYCLOPHOSPHAMIDE TABS	2	
			GLEOSTINE 10 MG, 40 MG, 100 MG	2	New commercial members to be referred to AcariaHealth; AC
			LEUKERAN	2	AC
			<i>melphalan</i>	1	AC

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MYLERAN TABS	2	AC	LENVIMA 14 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	7	AC	LENVIMA 18 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
<i>temozolomide</i> CAPS	1	AC	LENVIMA 20 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
Antimetabolites			LENVIMA 24 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>capecitabine</i> 150 MG	1	AC	LENVIMA 4 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>capecitabine</i> 500 MG	1	AC	LENVIMA 8 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
<i>mercaptopurine</i> TABS	1	AC	Antineoplastic - Anti-HER2 Agents		
<i>methotrexate sodium</i> TABS 2.5 MG	1	AC	TUKYSA	3	PA; AC; AC; PA
ONUREG TABS	3	AC; PA	Antineoplastic - BCL-2 Inhibitors		
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC	VENCLEXTA STARTING PACK TBPK	2	PA; AC; AC; PA
TABLOID	2	AC	VENCLEXTA TABS 50 MG	2	PA; AC; AC; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC			
XATMEP SOLN	2	AC; PA			
XELODA 500 MG (<i>capecitabine</i>)	7	AC			
XELODA 150 MG (<i>capecitabine</i>)	7	AC			
Antineoplastic - Angiogenesis Inhibitors					
INLYTA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA			
LENVIMA 10 MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA			
LENVIMA 12MG DAILY DOSE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA			

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VENCLEXTA TABS 100 MG	2	PA; AC; QL(4 ea daily); AC; PA	ARIMIDEX (<i>anastrozole</i>)	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV; AC
VENCLEXTA TABS 10 MG	2	PA; AC; QL(2 ea daily); AC; PA	AROMASIN (<i>exemestane</i>)	5	Grand Fathered Plans at Tier 2; PV; AC
Antineoplastic - EGFR Inhibitors					
<i>erlotinib hcl</i>	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	<i>bicalutamide</i>	1	QL(1 ea daily); AC
<i>gefitinib</i>	1	PA; AC; AC	CASODEX (<i>bicalutamide</i>)	7	QL(1 ea daily); AC
GILOTrif	2	PA; AC; AC; PA	EMCYT	2	AC
IRESSA (<i>gefitinib</i>)	7	PA; AC; AC	ERLEADA 60 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
TAGRISSO	2	SP; AC; PA	ERLEADA 240 MG	3	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
TARCEVA (<i>erlotinib hcl</i>)	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	EULEXIN	2	AC
VIZIMPRO	2	PA; AC ; AC; PA	<i>exemestane</i>	5	Grand Fathered Plans at Tier 2; PV; AC
Antineoplastic - Hedgehog Pathway Inhibitors					
DAURISMO	2	PA	FARESTON (<i>toremifene citrate</i>)	7	AC
ERIVEDGE	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	FEMARA (<i>letrozole</i>)	7	AC
ODOMZO	2	AC	<i>flutamide</i>	1	AC
Antineoplastic - Hormonal and Related Agents			<i>letrozole</i>	1	AC
<i>abiraterone acetate</i>	3	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	LUPRON DEPOT (1-MONTH) KIT IM	2	covered w- gender transformation diagnosis; PA required for other diagnosis
<i>anastrozole</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV; AC	LYSODREN	2	AC
			<i>megestrol acetate SUSP</i>	1	AC
			<i>megestrol acetate TABS</i>	1	AC
			<i>nilandron (nilutamide)</i>	7	AC
			<i>nilutamide</i>	1	AC

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NUBEQA	3	SP; AC; PA	INQOVI	3	PA; AC; PA
SOLTAMOX SOLN	5	Grand Fathered Plans at Tier 2; PV	KISQALI FEMARA 200 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
<i>tamoxifen citrate TABS</i>	5	Grand Fathered Plans at Tier 2; PV; AC	KISQALI FEMARA 400 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
<i>toremifene citrate</i>	1	AC	KISQALI FEMARA 600 DOSE	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
XTANDI CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	LONSURF	2	PA; AC; AC; PA
XTANDI TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	Antineoplastic Enzyme Inhibitors		
YONSA	3	AC; PA	AFINITOR DISPERZ TBSO (<i>everolimus</i>)	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 ea daily); AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	AFINITOR TABS (<i>everolimus</i>)	7	QL(1 ea daily); SP; AC; PA
Antineoplastic - Immunomodulators			ALECENSA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
POMALYST	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	ALUNBRIG TABS	2	PA; AC; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors			ALUNBRIG TBPK	2	PA; AC; AC; PA
AYVAKIT 25 MG, 50 MG	3	QL(1 ea daily); SP; AC; PA	BALVERSA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
AYVAKIT 100 MG, 200 MG, 300 MG	3	PA; AC; QL(1 ea daily); SP; PA			
Antineoplastic - XPO1 Inhibitors					
XPOVIO	3	AC; PA			
XPOVIO 80 MG TWICE WEEKLY	3	PA; AC; PA			
Antineoplastic Combinations					

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BOSULIF CAPS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	FARYDAK	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
BOSULIF TABS	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
BRAFTOVI 75 MG	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE TABS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRUKINSA	3	PA; AC; AC; PA	ICLUSIG 10 MG, 30 MG	3	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 40 MG	2	QL(2 ea daily); AC; PA	ICLUSIG 15 MG, 45 MG	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
CABOMETYX TABS 20 MG, 60 MG	2	QL(1 ea daily); AC; PA	IDHIFA	3	PA; AC; AC; PA
CALQUENCE	3	QL(2 ea daily); AC; PA	<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA
CALQUENCE	3	QL(2 ea daily); AC; PA	<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA
CAPRELSA	2	PA; AC; AC; PA	IMBRUVICA CAPS	2	PA; AC; AC; PA
COMETRIQ KIT	3	PA; AC; AC; PA	IMBRUVICA TABS	2	PA; AC; QL(1 ea daily); AC; PA
COPIKTRA	3	PA; AC; AC; PA	INREBIC	3	PA; AC; AC; PA
COTELLIC	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	JAKAFI	2	PA; AC; QL(2 ea daily); AC; PA
<i>everolimus TABS</i>	3	QL(1 ea daily); SP; AC; PA			
<i>everolimus TBSO</i>	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; QL(1 ea daily); AC; PA			

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KISQALI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	<i>pazopanib hcl</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
KOSELUGO	2	PA; AC; PA	PIQRAY 200MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
<i>lapatinib ditosylate</i>	1	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA	PIQRAY 250MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
LORBRENA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	PIQRAY 300MG DAILY DOSE	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; PA
LYNPARZA TABS	2	QL(4 ea daily); SP; AC; PA	QINLOCK	3	PA; AC Refer to PantheRx; AC; PA
MEKINIST TABS	2	PA; AC; AC; PA	RETEVMO	3	PA; AC; AC; PA
MEKTOVI	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	RUBRACA	2	PA; AC; AC; PA
NERLYNX	3	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA	RYDAPT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	<i>sorafenib tosylate</i>	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	2	PA; AC; Must use Exactus Specialty Rx 1-866-458-9246; QL(0.1 ea daily); AC; PA	SPRYCEL	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

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STIVARGA	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TURALIO 200 MG	2	PA; AC; AC; PA
sunitinib malate 25 MG	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	TYKERB (<i>lapatinib ditosylate</i>)	7	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661;; AC; PA
sunitinib malate 12.5 MG, 37.5 MG, 50 MG	1	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	VERZENIO	3	QL(2 ea daily); AC; PA
SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	VITRAKVI CAPS	2	PA; AC; PA
SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	VITRAKVI SOLN	2	PA; AC; PA
TABRECTA	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	VOTRIENT	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TAFINLAR CAPS	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	VOTRIENT (<i>pazopanib hcl</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
TALZENNA 0.25 MG, 1 MG	2	PA; AC; AC; PA	XALKORI CAPS	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
TASIGNA	2	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	XOSPATA	2	PA; AC; PA
TAZVERIK	3	PA	ZEJULA CAPS	2	PA; AC; AC; PA
TIBSOVO	3	PA; AC; PA	ZEJULA TABS	2	PA
			ZELBORAF	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
			ZOLINZA	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA
			ZYDELIG	2	PA; AC; AC; PA

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ZYKADIA TABS	3	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	<i>trihexyphenidyl hcl SOLN</i>	1	
Antineoplastics Misc.			<i>trihexyphenidyl hcl TABS</i>	1	
<i>bexarotene</i>	1	SP; AC; PA	Antiparkinson COMT Inhibitors		
HYDREA (<i>hydroxyurea</i>)	7	AC; AC	COMTAN (<i>entacapone</i>)	7	
<i>hydroxyurea</i>	1	AC; AC	<i>entacapone</i>	1	
MATULANE	2	AC; AC	TASMAR (<i>tolcapone</i>)	7	
TARGRETIN (<i>bexarotene</i>)	7	SP; AC; PA	<i>tolcapone</i>	3	
<i>tretinoin (chemotherapy)</i>	1	AC; AC	Antiparkinson Dopaminergics		
Chemotherapy Rescue/Antidote/Protective Agents			<i>amantadine hcl CAPS</i>	1	
<i>leucovorin calcium TABS</i>	1	AC	<i>amantadine hcl TABS</i>	3	
MESNEX TABS	3	AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC	<i>bromocriptine mesylate CAPS</i>	1	
Mitotic Inhibitors			<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>etoposide CAPS</i>	1	AC; AC	<i>carbidopa-levodopa-entacapone</i>	1	
Topoisomerase I Inhibitors			<i>carbidopa-levodopa TABS</i>	1	
HYCAMTIN CAPS	2	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; ; AC; PA	<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease			<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
Antiparkinson Adjunctive Therapy			<i>carbidopa-levodopa TBDP</i>	3	
<i>carbidopa</i>	3		DHIVY TABS	2	
LODOSYN (<i>carbidopa</i>)	7		DUOPA SUSP	3	PA
Antiparkinson Anticholinergics			INBRIJA CAPS	3	PA
<i>benztropine mesylate TABS</i>	1		KYNMOBI TITRATION KIT KIT	3	PA
			KYNMOBI FILM	3	PA
			MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	7	
			MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>)	7	QL(1 ea daily)
			NEUPRO	3	
			PARLODEL CAPS (<i>bromocriptine mesylate</i>)	7	

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PARLODEL TABS <i>(bromocriptine mesylate)</i>	7		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)	Antimanic Agents		
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)	LITHIUM	2	
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1		<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>pramipexole dihydrochloride TB24 3 MG</i>	3	QL(1 ea daily)	<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	3		<i>lithium carbonate TABS</i>	1	
<i>ropinirole hydrochloride TABS</i>	1		<i>lithium carbonate TBCR</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 ea daily)	LITHOBID TBCR (<i>lithium carbonate</i>)	7	
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1		Antipsychotics - Misc.		
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA	GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	7	
RYTARY CPCR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA	GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	7	QL(2 ea daily)
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	7		LATUDA (<i>lurasidone hcl</i>)	7	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	7		<i>lurasidone hcl</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors			NUPLAZID CAPS	3	QL(1 ea daily); PA
AZILECT (<i>rasagiline mesylate</i>)	7		NUPLAZID TABS 10 MG	3	QL(1 ea daily); PA
<i>rasagiline mesylate</i>	1		VRAYLAR CAPS	3	
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)	VRAYLAR CPPK	3	
ZELAPAR TBDP	3		<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
			<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)
Benzisoxazoles					
			INVEGA (<i>paliperidone</i>)	7	
			<i>paliperidone</i>	3	
			RISPERDAL SOLN (<i>risperidone</i>)	7	
			RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	7	
			RISPERDAL TABS 3 MG (<i>risperidone</i>)	7	QL(2 ea daily)

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<i>risperidone SOLN</i>	1		SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	PA
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)	SEROQUEL XR TB24 50 MG (<i>quetiapine fumarate</i>)	7	ST; PA
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1		SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	7	QL(2 ea daily)
<i>risperidone TBDP</i>	1		SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	7	QL(4 ea daily)
Butyrophenones			SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	7	
<i>haloperidol lactate CONC</i>	1		VERSACLOZ SUSP	3	QL(18 ml daily)
<i>haloperidol TABS</i>	1		ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	7	
Dibenzapines			ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	7	
<i>asenapine maleate</i>	3		ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	7	QL(1 ea daily)
<i>clozapine TABS</i>	1		Phenothiazines		
<i>clozapine TBDP 12.5 MG, 25 MG, 100 MG</i>	3		(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>CLOZARIL TABS (clozapine)</i>	7		<i>chlorpromazine hcl TABS</i>	1	
<i>loxpiprazole succinate</i>	1		<i>fluphenazine hcl CONC</i>	3	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)	<i>fluphenazine hcl ELIX</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1		<i>fluphenazine hcl TABS</i>	1	
<i>olanzapine TBDP</i>	3		<i>perphenazine TABS</i>	1	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1		<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)	<i>prochlorperazine maleate TABS</i>	1	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)	<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG</i>	3	PA	<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>quetiapine fumarate TB24 50 MG</i>	3	ST; PA	<i>trifluoperazine hcl TABS</i>	1	
<i>SAPHRIS 5 MG</i>	3		Quinolinone Derivatives		
<i>SAPHRIS (asenapine maleate)</i>	7		ABILIFY TABS 20 MG (<i>aripiprazole</i>)	7	QL(1 ea daily)

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ABILIFY TABS 15 MG <i>(ariPIPRAZOLE)</i>	7	QL(2 ea daily)	<i>darunavir TABS</i>	1	
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG <i>(ariPIPRAZOLE)</i>	7		DELSTRIGO	2	
<i>ariPIPRAZOLE SOLN OR</i>	1		DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV
<i>ariPIPRAZOLE TABS 15 MG</i>	1	QL(2 ea daily)	DOVATO	2	
<i>ariPIPRAZOLE TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1		EDURANT	2	
<i>ariPIPRAZOLE TABS 20 MG</i>	1	QL(1 ea daily)	<i>efavirenz CAPS</i>	1	
REXULTI	3		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
Thioxanthenes			<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>thiothixene</i>	1		<i>efavirenz TABS</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections			<i>emtricitabine CAPS</i>	1	
Antiretrovirals			<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
<i>abacavir sulfate-lamivudine</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	1		EMTRIVA CAPS <i>(emtricitabine)</i>	7	
<i>abacavir sulfate TABS</i>	1		EMTRIVA SOLN	2	
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	EPIVIR SOLN <i>(lamivudine)</i>	7	
APTIVUS CAPS	2		EPIVIR TABS <i>(lamivudine)</i>	7	
<i>atazanavir sulfate CAPS</i>	1		EPZICOM <i>(abacavir sulfate-lamivudine)</i>	7	
BIKTARVY 200 MG-50 MG-25 MG	2		<i>etravirine</i>	1	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit	EVOTAZ	2	
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	<i>fosamprenavir calcium TABS</i>	1	
CIMDUO	2		GENVOYA	2	
COMBIVIR <i>(lamivudine-zidovudine)</i>	7		INTELENCE <i>(etravirine)</i>	7	
COMPLERA	2		INTELENCE 25 MG	2	
			ISENTRESS HD TABS	2	
			ISENTRESS CHEW	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACK	2		RUKOBIA	3	
ISENTRESS TABS	2		SELZENTRY SOLN	2	
JULUCA	2		SELZENTRY TABS 25 MG, 75 MG	2	
KALETRA SOLN <i>(lopinavir-ritonavir)</i>	7		SELZENTRY TABS <i>(maraviroc)</i>	7	
KALETRA TABS <i>(lopinavir-ritonavir)</i>	7		stavudine CAPS	1	
lamivudine SOLN	1		STRIBILD	2	
lamivudine TABS	1		SUSTIVA CAPS <i>(efavirenz)</i>	7	
lamivudine-zidovudine	1		SUSTIVA TABS <i>(efavirenz)</i>	7	
LEXIVA SUSP	2		SYMFY <i>(efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	7	
LEXIVA TABS <i>(fosamprenavir calcium)</i>	7		SYMFY LO <i>(efavirenz-lamivudine-tenofovir disoproxil fumarate)</i>	7	
lopinavir-ritonavir SOLN	1		SYMTUZA	2	
lopinavir-ritonavir TABS	1		<i>tenofovir disoproxil fumarate TABS</i>	1	
maraviroc TABS	1		TIVICAY TABS	2	
nevirapine SUSP	1		TRIUMEQ PD TBSO	2	
nevirapine TABS	1		TRIUMEQ TABS	2	
nevirapine TB24	1		TRIZIVIR	2	
NORVIR PACK	2		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG <i>(emtricitabine-tenofovir disoproxil fumarate)</i>	7	QL(1 ea daily)
NORVIR SOLN	2		TRUVADA 200 MG-300 MG <i>(emtricitabine-tenofovir disoproxil fumarate)</i>	5	Grand Fathered Plans at Tier 2; QL(1 ea daily); PV
NORVIR TABS <i>(ritonavir)</i>	7		TYBOST	2	
ODEFSEY	2		VIRACEPT TABS	2	
PIFELTRO	2		VIRAMUNE XR TB24 400 MG <i>(nevirapine)</i>	7	
PREZCOBIX	2		VIREAD POWD	2	
PREZISTA SUSP	2		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
PREZISTA TABS 75 MG, 150 MG	2				
PREZISTA TABS <i>(darunavir)</i>	7				
RETROVIR CAPS <i>(zidovudine)</i>	7				
RETROVIR SYRP <i>(zidovudine)</i>	7				
REYATAZ CAPS 200 MG, 300 MG <i>(atazanavir sulfate)</i>	7				
REYATAZ PACK	2				
ritonavir TABS	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	7		HEPSERA (<i>adefovir dipivoxil</i>)	7		
ZIAGEN SOLN (<i>abacavir sulfate</i>)	7		lamivudine (<i>hbv</i>) TABS	3		
ZIAGEN TABS (<i>abacavir sulfate</i>)	7		MAVYRET TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	
<i>zidovudine CAPS</i>	1		VEMLIDY	3	ST	
<i>zidovudine SYRP</i>	1		VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	
<i>zidovudine TABS</i>	1		Herpes Agents			
Antiviral Combinations			<i>acyclovir CAPS</i>	1		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)	<i>acyclovir SUSP</i>	1		
PAXLOVID 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV	<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)	
CMV Agents			<i>acyclovir TABS OR 400 MG</i>	1		
VALCYTE SOLR (<i>valganciclovir hcl</i>)	7	QL(21 ml daily)	<i>famciclovir</i>	1		
VALCYTE TABS (<i>valganciclovir hcl</i>)	7		SITAVIG TABS BU	3	PA	
<i>valganciclovir hcl SOLR</i>	1	QL(21 ml daily)	<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)	
<i>valganciclovir hcl TABS</i>	1		<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)	
Hepatitis Agents			VALTREX 500 MG (<i>valacyclovir hcl</i>)	7	QL(8 ea daily)	
<i>adefovir dipivoxil</i>	1		VALTREX 1 GM (<i>valacyclovir hcl</i>)	7	QL(4 ea daily)	
BARACLUDE TABS (<i>entecavir</i>)	7		ZOVIRAX SUSP (<i>acyclovir</i>)	7		
<i>entecavir TABS</i>	1		Influenza Agents			
EPCLUSIA PACK	2	SP; PA	<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)	
EPCLUSIA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA	<i>oseltamivir phosphate SUSR</i>	1	QL(75 ml daily; 5 Day(s) limit)	
EPCLUSIA TABS 50 MG-200 MG	2	SP; PA	RELENZA DISKHALER	3	QL(20 ea per fill retail)	
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	7		<i>rimantadine hydrochloride TABS</i>	3		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
TAMIFLU CAPS <i>(oseltamivir phosphate)</i>	7	QL(10 ea per fill retail)	<i>metoprolol tartrate TABS</i>	1		
TAMIFLU SUSR <i>(oseltamivir phosphate)</i>	7	QL(75 ml daily; 5 Day(s) limit)	<i>nebivolol hcl</i>	1		
Misc. Antivirals						
LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV	TENORMIN TABS <i>(atenolol)</i>	7		
TPOXX (TECOVIRIMAT CAP 200 MG)	5		TOPROL XL TB24 <i>(metoprolol succinate)</i>	7		
TPOXX CAPS	5	PV	Beta Blockers Non-Selective			
TPOXX SOLN	5	PV	(Sotalol Hcl) SORINE TABS	1		
BETA BLOCKERS - Drugs to Treat High Blood Pressure						
Alpha-Beta Blockers						
<i>carvedilol 3.125 MG</i>	1	QL(2 ea daily)	BETAPACE AF <i>(sotalol hcl (afib/afl))</i>	7		
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1		BETAPACE TABS 80 MG, 120 MG, 160 MG <i>(sotalol hcl)</i>	7		
<i>carvedilol phosphate</i>	1		CORGARD TABS 20 MG, 40 MG, 80 MG <i>(nadolol)</i>	7		
COREG 3.125 MG <i>(carvedilol)</i>	7	QL(2 ea daily)	HEMANGEOL SOLN OR	3	PA	
COREG 6.25 MG, 12.5 MG, 25 MG <i>(carvedilol)</i>	7		INDERAL LA CP24 <i>(propranolol hcl)</i>	7		
COREG CR <i>(carvedilol phosphate)</i>	7		<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1		
<i>labetalol hcl TABS</i>	1		<i>pindolol TABS</i>	1		
Beta Blockers Cardio-Selective			<i>propranolol hcl CP24</i>	1		
<i>acebutolol hcl CAPS</i>	1		<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1		
<i>atenolol TABS</i>	1		<i>propranolol hcl TABS</i>	1		
<i>betaxolol hcl</i>	1		<i>sotalol hcl (afib/afl)</i>	1		
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)	<i>sotalol hcl TABS</i>	1		
BYSTOLIC <i>(nebivolol hcl)</i>	7		<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)	
LOPRESSOR TABS <i>(metoprolol tartrate)</i>	7		<i>timolol maleate TABS 5 MG</i>	1	QL(2 ea daily; 60 ea per fill retail)	
<i>metoprolol succinate TB24</i>	1		<i>timolol maleate TABS 20 MG</i>	1	QL(60 ea per fill retail)	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure						
Calcium Channel Blockers						

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)	<i>felodipine 2.5 MG, 5 MG</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>felodipine 10 MG</i>	1	QL(1 ea daily)
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>isradipine CAPS</i>	3	
(Diltiazem Hcl) DILT-XR CP24	1		<i>nicardipine hcl CAPS</i>	3	
(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1		<i>nifedipine CAPS</i>	1	
<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)	<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)	<i>nifedipine TB24</i>	1	QL(1 ea daily)
CALAN SR TBCR 180 MG, 240 MG (<i>verapamil hcl</i>)	7	QL(2 ea daily)	<i>nimodipine CAPS</i>	1	
CALAN SR TBCR 120 MG (<i>verapamil hcl</i>)	7		<i>nisoldipine</i>	1	
CARDIZEM CD CP24 (<i>diltiazem hcl coated beads</i>)	7	QL(1 ea daily)	NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	7	QL(1 ea daily)
CARDIZEM LA TB24 (<i>diltiazem hcl</i>)	7		NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	7	QL(2 ea daily)
CARDIZEM TABS 30 MG, 60 MG, 120 MG (<i>diltiazem hcl</i>)	7		PROCARDIA XL TB24 (<i>nifedipine</i>)	7	QL(1 ea daily)
<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)	SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	7	
<i>diltiazem hcl extended release beads</i>	1		TIAZAC (<i>diltiazem hcl extended release beads</i>)	7	
<i>diltiazem hcl CP12</i>	1		<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
<i>diltiazem hcl CP24</i>	1		<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>diltiazem hcl TABS</i>	1		<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl TB24</i>	1		<i>verapamil hcl TABS</i>	1	
			<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
			<i>verapamil hcl TBCR 120 MG</i>	1	
			VERAPAMIL HYDROCHLORIDE ER CP24 (<i>verapamil hcl</i>)	7	
			VERELAN PM CP24 (<i>verapamil hcl</i>)	7	
			VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	7	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERELAN CP24 360 MG <i>(verapamil hcl)</i>	2	QL(1 ea daily)	CIALIS 5 MG, 10 MG, 20 MG <i>(tadalafil)</i>	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
VERELAN CP24 180 MG <i>(verapamil hcl)</i>	7	QL(2 ea daily)	CIALIS 2.5 MG <i>(tadalafil)</i>	7	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					
Cardiac Glycosides					
(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1		MUSE PLLT 250 MCG, 500 MCG, 1000 MCG	3	Not available through Mail Order; QL(0.2 ea daily); PA
(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1		<i>sildenafil citrate</i>	3	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
<i>digoxin SOLN OR 0.05 MG/ML</i>	1		<i>tadalafil 2.5 MG</i>	3	Check plan documents for coverage; QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1		<i>tadalafil 5 MG, 10 MG, 20 MG</i>	3	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG <i>(digoxin)</i>	7		<i>VIAGRA (sildenafil citrate)</i>	7	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions					
Cardiovascular Agents Misc. - Combinations					
<i>amlodipine besylate-atorvastatin calcium</i>	3	PA	Prostaglandin Vasodilators		
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	7		ORENITRAM TBCR 5 MG	3	PA
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG <i>(amlodipine besylate-atorvastatin calcium)</i>	7	PA			
ENTRESTO	3	QL(2 ea daily); PA			
<i>isosorbide dinitrate-hydralazine hcl</i>	1				
Impotence Agents					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA	TRACLEER TABS 62.5 MG (<i>bosentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(4 ea daily); PA	TRACLEER TBSO	2	ST; PA
TYVASO DPI MAINTENANCE KIT POWD	3	QL(8 ea daily); PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO DPI TITRATION KIT POWD	3	QL(7 ea daily); PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	1	QL(2 ea daily); PA
TYVASO DPI TITRATION KIT POWD	3	QL(9 ea daily); PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	QL(2 ea daily); PA
TYVASO REFILL SOLN IN	3	PA	REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	PA
TYVASO STARTER SOLN IN	3	PA	REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	QL(3 ea daily); PA
TYVASO SOLN IN	3	PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	3	PA
VENTAVIS	3	PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	3	QL(3 ea daily); PA
Pulmonary Hypertension - Endothelin Receptor Antagonists			<i>tadalafil (pulmonary hypertension) TABS</i>	1	QL(2 ea daily); PA
<i>ambrisentan</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
<i>bosentan TABS 62.5 MG</i>	1	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	UPTRAVI TITRATION PACK TBPK	3	ST; PA
<i>bosentan TABS 125 MG</i>	1	ST	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	3	QL(2 ea daily); PA
LETAIRIS (<i>ambrisentan</i>)	7	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	UPTRAVI TABS 200 MCG	3	ST; PA
OPSUMIT	3	ST; PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
TRACLEER TABS 125 MG (<i>bosentan</i>)	7	ST	ADEMPAS	3	PA
Sinus Node Inhibitors					

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CORLANOR SOLN	3	QL(15 ml daily); ST	SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>)	7	
CORLANOR TABS	3	QL(2 ea daily); ST	CHEMICALS		
Transthyretin Stabilizers					
VYNDAMAX	3	QL(1 ea daily); PA	Bulk Chemicals - C's		
VYNDAQEL	3	QL(4 ea daily); PA	CALCITRIOL	3	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections					
Cephalosporins - 1st Generation					
<i>cefadroxil</i> CAPS	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
<i>cefadroxil</i> SUSR	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
<i>cefadroxil</i> TABS	1		(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	Grand Fathered Plans at Tier 2; PV
<i>cephalexin</i> CAPS 250 MG, 500 MG	1		(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIANT	5	Grand Fathered Plans at Tier 2; PV
<i>cephalexin</i> CAPS 750 MG	3		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV
<i>cephalexin</i> SUSR	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	Grand Fathered Plans at Tier 2; PV
Cephalosporins - 2nd Generation					
CEFACLOR ER TB12	3				
<i>cefaclor</i> CAPS	1				
<i>cefaclor</i> SUSR 125 MG/5ML, 375 MG/5ML	1				
<i>cefprozil</i> SUSR	1				
<i>cefprozil</i> TABS	1				
<i>cefuroxime axetil</i> TABS	1				
Cephalosporins - 3rd Generation					
<i>cefdinir</i> CAPS	1				
<i>cefdinir</i> SUSR	1				
<i>cefixime</i> CAPS	1				
<i>cefixime</i> SUSR	1				
<i>cefpodoxime proxetil</i> SUSR	1				
<i>cefpodoxime proxetil</i> TABS	1				
SUPRAX CAPS (<i>cefixime</i>)	7				

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(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethynyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE	5	Grand Fathered Plans at Tier 2; PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV	(Levonorgestrel-Ethynyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	5	Grand Fathered Plans at Tier 2; PV
			(Levonorgestrel-Ethynyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
			(Levonorgestrel-Ethynyl Estradiol-Iron) JOYEAUX	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	Grand Fathered Plans at Tier 2; PV	(Norethindrone & Ethinyl Estradiol-Fe) WYMZYA FE 35 MCG-0.4 MG	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG	5	Grand Fathered Plans at Tier 2; PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONOLINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG-20 MCG	5	Grand Fathered Plans at Tier 2; PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV	BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	5	Grand Fathered Plans at Tier 2; PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	Grand Fathered Plans at Tier 2; PV	BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	5	Grand Fathered Plans at Tier 2; PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRIFEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	Grand Fathered Plans at Tier 2; PV	<i>desogestrel & ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>drospirenone-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	Grand Fathered Plans at Tier 2; PV
			ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
			<i>ethynodiol diacet & eth estrad</i>	5	Grand Fathered Plans at Tier 2; PV
			GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV

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<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV	<i>norethindrone acet & ethesta</i>	5	Grand Fathered Plans at Tier 2; PV
<i>levonorgestrel-ethinyl estradiol-iron</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
LO LOESTRIN FE TABS	5	Grand Fathered Plans at Tier 2; PV	<i>norgestimate-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV
LOSEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	5	Grand Fathered Plans at Tier 2; PV	<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	Grand Fathered Plans at Tier 2; PV
MINASTRIN 24 FE CHEW <i>(norethin acet & estrad-fe)</i>	5	Grand Fathered Plans at Tier 2; PV	QUARTETTE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	5	Grand Fathered Plans at Tier 2; PV
MIRCETTE <i>(desogestrel-ethinyl estradiol (biphasic))</i>	5	Grand Fathered Plans at Tier 2; PV	SAFYRAL <i>(drospirenone-ethinyl estradiol-levomefolate calcium)</i>	5	Grand Fathered Plans at Tier 2; PV
NATAZIA	5	Grand Fathered Plans at Tier 2; PV	SEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	5	Grand Fathered Plans at Tier 2; PV
NEXTSTELLIS	5	Grand Fathered Plans at Tier 2; PV	TAYTULLA CAPS <i>(norethin acet & estrad-fe)</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV
<i>norethin acet & estrad-fe CAPS</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV	TYBLUME CHEW	5	Grand Fathered Plans at Tier 2; PV
<i>norethin acet & estrad-fe CHEW</i>	5	Grand Fathered Plans at Tier 2; PV	YASMIN 28 <i>(drospirenone-ethinyl estradiol)</i>	5	Grand Fathered Plans at Tier 2; PV
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	Grand Fathered Plans at Tier 2; PV	YAZ <i>(drospirenone-ethinyl estradiol)</i>	5	Grand Fathered Plans at Tier 2; PV
<i>norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG</i>	5	Grand Fathered Plans at Tier 2; 365 rtl day(s) supply; PV	Combination Contraceptives - Transdermal		
			<i>(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>norelgestromin-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
TWIRLA	5	Grand Fathered Plans at Tier 2; 365 r/tl day(s) supply; PV	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	Grand Fathered Plans at Tier 2; PV		
Combination Contraceptives - Vaginal							
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	Grand Fathered Plans at Tier 2; PV	<i>norethindrone (contraceptive)</i>	5	Grand Fathered Plans at Tier 2; PV		
ANNOVERA	5	Grand Fathered Plans at Tier 2; PV	OPILL	5	Grandfather Plans at Tier 2; PV		
<i>etonogestrel-ethinyl estradiol</i>	5	Grand Fathered Plans at Tier 2; PV	SLYND	5	Grand Fathered Plans at Tier 2; PV		
NUVARING <i>(etonogestrel-ethinyl estradiol)</i>	5	Grand Fathered Plans at Tier 2; PV	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions				
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 1.5 MG	5	Grand Fathered Plans at Tier 2; PV	Glucocorticosteroids				
ELLA	5	Grand Fathered Plans at Tier 2; PV	(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	1			
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	Grand Fathered Plans at Tier 2; PV	<i>budesonide CPEP</i>	1	QL(3 ea daily)		
PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i>	5	Grand Fathered Plans at Tier 2; PV	<i>budesonide TB24</i>	3	PA		
Progestin Contraceptives - Injectable			CORTEF TABS <i>(hydrocortisone)</i>	7			
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit	<i>deflazacort TABS</i>	3	PA		
			DEXAMETHASONE INTENSOL CONC	2			
			<i>dexamethasone ELIX</i>	1			
			<i>dexamethasone SOLN</i>	1			
			<i>dexamethasone TABS</i>	1			
			EMFLAZA SUSP	3	PA		
			EMFLAZA TABS <i>(deflazacort)</i>	7	PA		
			<i>hydrocortisone TABS</i>	1			
			MEDROL DOSEPAK TBPK <i>(methylprednisolone)</i>	7			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
MEDROL TABS 4 MG, 8 MG, 16 MG <i>(methylprednisolone)</i>	7		HYCODAN SOLN <i>(hydrocodone bitartrate-homatropine methylbromide)</i>	7		
MEDROL TABS	2		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1		
<i>methylprednisolone TABS</i>	1		Cough/Cold/Allergy Combinations			
<i>methylprednisolone TBPK</i>	1		(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1		
ORAPRED ODT TBDP <i>(prednisolone sodium phosphate)</i>	7		(Guaifenesin-Codeine) GUAIATUSSIN AC, GUAIFENESIN AC SYRP	1		
PEDIAPRED SOLN <i>(prednisolone sodium phosphate)</i>	7		(Phenylephrine-Brompheniramine-DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML	3		
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 20 MG/5ML</i>	1		BIO-DTUSS DMX LIQD	3		
<i>prednisolone sodium phosphate TBDP</i>	3		CAPCOF SYRP	3		
PREDNISONE INTENSOL CONC	2		CODITUSSIN AC LIQD	3		
<i>prednisone SOLN</i>	1		<i>guaifenesin-codeine SOLN</i>	1		
<i>prednisone TABS</i>	1		<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1	Limit 10mls per day; QL(10 ml daily); AL(At least 6 yrs old)	
<i>prednisone TABS</i>	1		MAR-COF CG EXPECTORANT LIQD	3		
<i>prednisone TBPK 10 MG</i>	1		M-CLEAR WC SOLN	3		
<i>prednisone TBPK 5 MG</i>	3		NINJACOF-XG LIQD	3		
UCERIS TB24 <i>(budesonide)</i>	7	PA	<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)	
Mineralocorticoids			<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)	
<i>fludrocortisone acetate TABS</i>	1		<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)	
Antitussives			<i>promethazine-phenylephrine-codeine</i>	1		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1					
<i>benzonatate 100 MG, 200 MG</i>	1					
<i>benzonatate 150 MG</i>	3					

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PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)
Misc. Respiratory Inhalants			(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
(Sodium Chloride (Inhalant) NEBUSAL, PULMOSAL NEBU 3 %	1		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)
(Sodium Chloride (Inhalant) NEBUSAL, PULMOSAL NEBU 7 %	3		(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)
HYPERSAL NEBU	3		(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	3	
HYPERSAL NEBU <i>(sodium chloride (inhalant))</i>	7		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
NEBUSAL NEBU	3		(Tretinoin) AVITA CREA 0.025 %	1	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1		(Tretinoin) AVITA GEL 0.025 %	1	
<i>sodium chloride (inhalant) NEBU 7 %</i>	3		ABSORICA 10 MG, 25 MG <i>(isotretinoin)</i>	7	QL(4 ea daily; 150 Day(s) limit)
Mucolytics			ABSORICA 30 MG <i>(isotretinoin)</i>	7	QL(3 ea daily; 150 Day(s) limit)
<i>acetylcysteine SOLN</i>	1		ABSORICA 35 MG, 40 MG <i>(isotretinoin)</i>	7	QL(2 ea daily; 150 Day(s) limit)
DERMATOLOGICALS - Drugs to Treat Skin Conditions			ABSORICA 20 MG <i>(isotretinoin)</i>	7	QL(5 ea daily; 150 Day(s) limit)
Acne Products			ACZONE 7.5 % <i>(dapsone (topical))</i>	7	ST; QL(2 gm daily); PA
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	QL(45 gm per fill retail); RX/OTC	ACZONE 5 % <i>(dapsone (topical))</i>	7	ST; PA
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	3				
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	3				
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1				
(Erythromycin (Acne Aid)) ERY PADS	3				

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<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)	<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	3	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	3	ST; Limit 45gms per month; QL(1.5 gm daily); PA	<i>clindamycin phosphate-tretinoin</i>	3	QL(1 gm daily)
<i>adapalene CREA</i>	1	QL(45 gm per fill retail)	<i>dapsone (topical) 7.5 %</i>	3	ST; QL(2 gm daily); PA
<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)	<i>dapsone (topical) 5 %</i>	3	ST; PA
<i>adapalene GEL 0.1 %</i>	1	QL(45 gm per fill retail); RX/OTC	<i>DIFFERIN CREA (adapalene)</i>	7	QL(45 gm per fill retail)
<i>ATRALIN GEL (tretinoin)</i>	7	Limit 45gms per month; QL(1.5 gm daily)	<i>DIFFERIN GEL 0.3 % (adapalene)</i>	7	QL(45 gm per fill retail; 135 per fill mail)
AZELEX	3		<i>DIFFERIN GEL 0.1 % (adapalene)</i>	7	QL(45 gm per fill retail); RX/OTC
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	7	QL(2 gm daily)	<i>DIFFERIN LOTN</i>	3	Limit 59mls per month; QL(1.97 ml daily)
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)	<i>EPIDUO FORTE GEL (adapalene-benzoyl peroxide)</i>	7	ST; Limit 45gms per month; QL(1.5 gm daily); PA
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	7		<i>EPIDUO GEL (adapalene-benzoyl peroxide)</i>	7	Limit 45gms per month; QL(1.5 gm daily)
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	7		<i>ERYGEL GEL (erythromycin (acne aid))</i>	7	
<i>clindamycin phosphate (topical) FOAM</i>	3		<i>erythromycin (acne aid) GEL</i>	1	
<i>clindamycin phosphate (topical) GEL</i>	1		<i>erythromycin (acne aid) SOLN</i>	1	
<i>clindamycin phosphate (topical) LOTN</i>	1		<i>EVOCLIN FOAM (clindamycin phosphate (topical))</i>	7	
<i>clindamycin phosphate (topical) SOLN</i>	1		<i>FABIOR FOAM</i>	3	Limit 50gms per month; QL(1.67 gm daily)
<i>clindamycin phosphate (topical) SWAB</i>	3		<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)

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<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)	TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	
<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)	<i>tretinoin microsphere 0.04 %, 0.1 %</i>	1	Limit 50gms per month; QL(1.7 gm daily)	
KLARON (<i>sulfacetamide sodium (acne)</i>)	7		<i>tretinoin microsphere 0.08 %</i>	3	ST; Limit 50gms per month; QL(1.7 gm daily); PA	
PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin GEL 0.01 %, 0.025 %</i>	1		
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	7		<i>tretinoin GEL 0.05 %</i>	3	Limit 45gms per month; QL(1.5 gm daily)	
RETIN-A MICRO (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 gm daily)	VELTIN (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)	
RETIN-A MICRO PUMP 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	7	Limit 50gms per month; QL(1.7 gm daily)	ZIANA (<i>clindamycin phosphate-tretinoin</i>)	7	QL(1 gm daily)	
RETIN-A MICRO PUMP 0.08 % (<i>tretinoin microsphere</i>)	7	ST; Limit 50gms per month; QL(1.7 gm daily); PA	Agents for External Genital and Perianal Warts			
RETIN-A CREA (<i>tretinoin</i>)	7		VEREGEN	3	QL(30 gm per fill retail)	
RETIN-A GEL (<i>tretinoin</i>)	7		Antibiotics - Topical			
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3		ALTABAX	3		
<i>sulfacetamide sodium (acne)</i>	1		CENTANY OINT	2		
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	3		<i>gentamicin sulfate (topical) CREA</i>	1		
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	3		<i>gentamicin sulfate (topical) OINT</i>	1		
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(30 gm per fill retail)	<i>mupirocin OINT</i>	1		
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	3		Antifungals - Topical			
			(Ciclopirox) CICLODAN SOLN	3		
			(Clotrimazole (Topical)) CVS CLOTRIMAZOLE MAXIMUM STRENGTH SOLN	1	RX/OTC	

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(Ketoconazole (Topical)) KETODAN FOAM	3		<i>naftifine hcl CREA</i>	3	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1		<i>naftifine hcl GEL 2 %</i>	3	
<i>ciclopirox olamine CREA</i>	1		NAFTIN GEL 2 % (<i>naftifine hcl</i>)	7	
<i>ciclopirox olamine SUSP</i>	1		NAFTIN GEL 1 %	3	
<i>ciclopirox GEL</i>	1		<i>nystatin (topical) CREA</i>	1	
<i>ciclopirox SHAM</i>	3		<i>nystatin (topical) OINT</i>	1	
<i>ciclopirox SOLN</i>	3		<i>nystatin (topical) POWD EX</i>	1	
<i>clotrimazole (topical) SOLN</i>	1	RX/OTC	<i>nystatin-triamcinolone CREA</i>	1	Limit 30gms per month; QL(1 gm daily)
<i>clotrimazole w/ betamethasone CREA</i>	1	QL(45 gm per fill retail; 45 gm per 30 days retail)	<i>nystatin-triamcinolone OINT</i>	1	Limit 30gms per month; QL(1 gm daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(60 ml per fill retail; 60 ml per 30 days retail)	<i>oxiconazole nitrate CREA</i>	3	
<i>econazole nitrate CREA</i>	1		OXISTAT CREA (<i>oxiconazole nitrate</i>)	7	
ECOZA FOAM	3	Limit 70gms per month; QL(2.5 gm daily)	OXISTAT LOTN	3	
ERTACZO	3	PA	Anti-inflammatory Agents - Topical		
EXODERM	3		(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
EXTINA FOAM (<i>ketoconazole (topical)</i>)	7				
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)			
<i>ketoconazole (topical) FOAM</i>	3				
<i>ketoconazole (topical) SHAM 2 %</i>	1				
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	7				
LOPROX CREA (<i>ciclopirox olamine</i>)	7				
LOPROX SUSP (<i>ciclopirox olamine</i>)	7				
<i>luliconazole</i>	3				
LUZU (<i>luliconazole</i>)	3				

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<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	<i>acitretin 10 MG</i>	3	QL(1 ea daily)
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)	<i>calcipotriene CREA</i>	1	QL(5 gm daily)
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	3	QL(4 gm daily); PA	<i>calcipotriene FOAM</i>	3	QL(4 gm daily)
PENNSAID SOLN EX 2 % <i>(diclofenac sodium (topical))</i>	7	QL(4 gm daily); PA	CALCIPOTRIENE FOAM	3	QL(4 gm daily)
PENNSAID SOLN EX	3	QL(4 gm daily); PA	<i>calcipotriene OINT</i>	1	QL(5 gm daily)
VOLTAREN ARTHRITIS PAIN GEL EX <i>(diclofenac sodium (topical))</i>	7	RX/OTC	<i>calcipotriene SOLN</i>	1	
Antineoplastic or Premalignant Lesion Agents - Topical			COSENTYX SENSOREADY PEN SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA
<i>bexarotene (topical)</i>	1		COSENTYX UNOREADY SOAJ	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA
CARAC CREA <i>(fluorouracil (topical))</i>	2	QL(1 gm daily)	COSENTYX SOSY 75 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.18 ml daily); PA
<i>diclofenac sodium (actinic keratoses) EX</i>	3	PA	COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.036 ml daily); PA
EFUDEX CREA <i>(fluorouracil (topical))</i>	7		COSENTYX SOSY 150 MG/ML	4	See plan documents for specific Coverage; QL(0.72 ml daily); PA
<i>fluorouracil (topical) CREA 5 %</i>	1		DOVONEX CREA <i>(calcipotriene)</i>	7	QL(5 gm daily)
<i>fluorouracil (topical) SOLN</i>	1		<i>methoxsalen rapid</i>	1	
PANRETIN	3	PA	SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
TARGRETIN <i>(bexarotene (topical))</i>	7				
VALCHLOR	3	ST; PA			
Antipruritics - Topical					
<i>doxepin hcl (antipruritic)</i>	3	QL(3 gm daily)			
PRUDOXIN <i>(doxepin hcl (antipruritic))</i>	3	QL(3 gm daily)			
Antipsoriatics					
<i>(Calcipotriene) CALCITRENE OINT</i>	1	QL(5 gm daily)			
<i>acitretin 25 MG</i>	3	QL(2 ea daily)			
<i>acitretin 17.5 MG</i>	3				

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SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA	Antiseborrheic Products		
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	<i>selenium sulfide LOTN 2.5 %</i>	1	
SORILUX FOAM	3	QL(4 gm daily)	Antivirals - Topical		
STELARA SOLN 45 MG/0.5ML	4	See plan documents for specific Coverage; SP; PA	<i>acyclovir topical CREA</i>	3	Limit 5gms per month; QL(0.17 gm daily); PA
STELARA SOSY 90 MG/ML	4	See plan documents for specific Coverage; QL(0.018 ml daily); SP; PA	<i>acyclovir topical OINT</i>	1	QL(1 gm daily)
STELARA SOSY 45 MG/0.5ML	4	See plan documents for specific Coverage; QL(0.012 ml daily); SP; PA	ZOVIRAX CREA (<i>acyclovir topical</i>)	7	Limit 5gms per month; QL(0.17 gm daily); PA
<i>tazarotene CREA</i>	1	QL(1 gm daily)	ZOVIRAX OINT (<i>acyclovir topical</i>)	7	QL(1 gm daily)
<i>tazarotene GEL</i>	1	QL(1 gm daily)	Burn Products		
TAZORAC CREA (<i>tazarotene</i>)	7	QL(1 gm daily)	(Silver Sulfadiazine) SSD	1	
TAZORAC CREA	2	QL(1 gm daily)	SILVADENE (<i>silver sulfadiazine</i>)	7	
TAZORAC GEL (<i>tazarotene</i>)	7	QL(1 gm daily)	<i>silver sulfadiazine</i>	1	
TREMFYA SOPN	4	See plan documents for specific Coverage; QL(0.018 ml daily); PA	SULFAMYLYON CREA	3	
TREMFYA SOSY	4	See plan documents for specific Coverage; QL(0.018 ml daily); PA	Corticosteroids - Topical		
			(Clobetasol Propionate Emollient Base)	1	
			CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %		
			(Clobetasol Propionate Emulsion) TOVET	3	
			(Clobetasol Propionate) CLODAN SHAM	1	
			(Desonide) DESRX GEL	3	
			(Flurandrenolide) NOLIX CREA	3	
			(Flurandrenolide) NOLIX LOTN	3	PA
			(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
			<i>alclometasone dipropionate CREA</i>	1	

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<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>amcinonide CREA</i>	1		<i>clobetasol propionate emulsion</i>	3	
<i>amcinonide LOTN</i>	3		<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>amcinonide OINT</i>	3		<i>clobetasol propionate FOAM</i>	3	
APEXICON E CREA	2		<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate LIQD</i>	3	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LOTN</i>	3	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		CLOBEX LIQD <i>(clobetasol propionate)</i>	7	
<i>betamethasone dipropionate augmented OINT</i>	1		CLOBEX LOTN 0.05 % <i>(clobetasol propionate)</i>	7	
<i>betamethasone valerate CREA</i>	1		CLOBEX SHAM <i>(clobetasol propionate)</i>	7	
<i>betamethasone valerate FOAM</i>	3		<i>clocortolone pivalate</i>	3	
<i>betamethasone valerate LOTN</i>	1		CLODERM <i>(clocortolone pivalate)</i>	3	
<i>betamethasone valerate OINT</i>	1		CORDRAN CREA 0.025 %	3	
<i>calcipotriene-betamethasone dipropionate OINT</i>	3	QL(2 gm daily); ST	CORDRAN CREA <i>(flurandrenolide)</i>	7	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	3	QL(2 gm daily); ST	CORDRAN LOTN <i>(flurandrenolide)</i>	7	PA
CAPEX SHAM	2		CORDRAN OINT	3	PA
			CORDRAN TAPE	3	
			CUTIVATE LOTN <i>(fluticasone propionate)</i>	7	
			DERMA-SMOOTH/FS BODY OIL <i>(fluocinolone acetonide)</i>	7	

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DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	7		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>desonide CREA</i>	1		<i>fluticasone propionate LOTN</i>	3	
<i>desonide GEL</i>	3		<i>fluticasone propionate OINT</i>	1	
<i>desonide LOTN</i>	1		<i>halobetasol propionate CREA</i>	1	
<i>desonide OINT</i>	1		<i>halobetasol propionate OINT</i>	1	
DESOWEN CREA (<i>desonide</i>)	7		HALOG SOLN	3	
<i>desoximetasone CREA</i>	1		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>desoximetasone GEL</i>	1		<i>hydrocortisone (topical) LOTN 2.5 %</i>	1	
<i>desoximetasone LIQD</i>	3	PA	<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>desoximetasone OINT 0.25 %</i>	1		<i>hydrocortisone butyrate hydrophilic lipo base</i>	3	
<i>desoximetasone OINT 0.05 %</i>	3		<i>hydrocortisone butyrate CREA</i>	1	
<i>diflorasone diacetate CREA</i>	1		<i>hydrocortisone butyrate LOTN</i>	3	PA
<i>diflorasone diacetate OINT</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	7		<i>hydrocortisone butyrate SOLN</i>	3	
EPIFOAM FOAM	3		<i>hydrocortisone valerate CREA</i>	3	
<i>fluocinolone acetonide CREA</i>	1		<i>hydrocortisone valerate OINT</i>	3	
<i>fluocinolone acetonide OIL</i>	1		KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	7	
<i>fluocinolone acetonide OINT</i>	1		LOCOID LIPOCREAM	3	
<i>fluocinolone acetonide SOLN</i>	1		LOCOID LOTN (<i>hydrocortisone butyrate</i>)	7	PA
<i>fluocinonide emulsified base</i>	1		LUXIQ FOAM (<i>betamethasone valerate</i>)	7	
<i>fluocinonide CREA</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinonide GEL</i>	1				
<i>fluocinonide OINT</i>	1				
<i>fluocinonide SOLN</i>	1				
<i>flurandrenolide CREA</i>	3				
<i>flurandrenolide LOTN</i>	3	PA			

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<i>mometasone furoate OINT</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>mometasone furoate SOLN</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	
NUCORT LOTN	3		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
OLUX-E (<i>clobetasol propionate emulsion</i>)	7		TRIDESILON CREA 0.05 % (<i>desonide</i>)	7	
OLUX FOAM (<i>clobetasol propionate</i>)	7		ULTRAVATE LOTN	3	ST; PA
PRAMOSONE LOTN	3		Immunomodulating Agents - Topical		
PRAMOSONE OINT	3		ALDARA (<i>imiquimod</i>)	7	
<i>prednicarbate OINT</i>	3		<i>imiquimod 5 %</i>	1	
SYNALAR CREA (<i>fluocinolone acetonide</i>)	7		Immunosuppressive Agents - Topical		
SYNALAR OINT (<i>fluocinolone acetonide</i>)	7		ELIDEL (<i>pimecrolimus</i>)	7	QL(60 gm per fill retail)
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	7		<i>pimecrolimus</i>	3	QL(60 gm per fill retail)
TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	7	QL(2 gm daily); ST	PROTOPIC OINT 0.1 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 15 yrs old)
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	3	QL(2 gm daily); ST	PROTOPIC OINT 0.03 % (<i>tacrolimus (topical)</i>)	7	QL(2 gm daily); AL(At least 2 yrs old)
TEMOVATE CREA (<i>clobetasol propionate</i>)	7		<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
TEMOVATE OINT (<i>clobetasol propionate</i>)	7		<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
TEXACORT SOLN 2.5 %	3		Keratolytic/Antimitotic Agents		
TOPICORT CREA (<i>desoximetasone</i>)	7		(Salicylic Acid) KERALYT SHAM 6 %	1	
TOPICORT GEL (<i>desoximetasone</i>)	7		CONDYLOX GEL (<i>podofilox</i>)	7	
TOPICORT LIQD (<i>desoximetasone</i>)	7	PA	PODOCON-25 SOLN	3	
TOPICORT OINT (<i>desoximetasone</i>)	7		<i>podofilox GEL</i>	1	
<i>triamcinolone acetonide (topical) AERS</i>	1		<i>podofilox SOLN</i>	1	
			<i>salicylic acid SHAM 6 %</i>	1	
			Local Anesthetics - Topical		

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(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %	1	QL(3 ea daily)	<i>metronidazole (topical) GEL 0.75 %</i>	1	QL(45 gm per fill retail)
<i>lidocaine-prilocaine CREA</i>	3		<i>metronidazole (topical) LOTN</i>	1	QL(60 ml per fill retail)
<i>lidocaine PTCH 5 %</i>	1	QL(3 ea daily)	MIRVASO (<i>brimonidine tartrate (topical)</i>)	7	ST; PA
LIDODERM PTCH (<i>lidocaine</i>)	7	QL(3 ea daily)	ORACEA (<i>doxycycline (rosacea)</i>)	3	ST; QL(1 ea daily); PA
Misc. Topical			RHOFADE	3	ST; PA
DRYSOL SOLN	2		SOOLANTRA (<i>ivermectin (rosacea)</i>)	7	QL(1.5 gm daily); PA
XERAC AC	3		Scabicides & Pediculicides		
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	3	RX/OTC
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA	<i>ivermectin (pediculicide)</i>	3	RX/OTC
Rosacea Agents			<i>malathion</i>	3	
(Metronidazole (Topical)) ROSADAN CREA	1		NATROBA (<i>spinosad</i>)	3	AL(At least 4 yrs old)
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	QL(45 gm per fill retail)	OVIDE (<i>malathion</i>)	7	
<i>azelaic acid GEL</i>	1		<i>permethrin CREA</i>	1	QL(60 gm per fill retail)
<i>brimonidine tartrate (topical)</i>	3	ST; PA	SKLICE (<i>ivermectin (pediculicide)</i>)	7	RX/OTC
<i>doxycycline (rosacea)</i>	3	ST; QL(1 ea daily); PA	<i>spinosad</i>	3	AL(At least 4 yrs old)
FINACEA FOAM	3		Wound Care Products		
FINACEA GEL (<i>azelaic acid</i>)	7		REGRANEX	3	QL(15 gm per fill retail)
<i>ivermectin (rosacea)</i>	3	QL(1.5 gm daily); PA	DIAGNOSTIC PRODUCTS		
METROCREAM CREA (<i>metronidazole (topical)</i>)	7		Diagnostic Drugs		
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	7		METOPIRONE	3	
METROLOTION LOTN (<i>metronidazole (topical)</i>)	7	QL(60 ml per fill retail)	Diagnostic Tests		
<i>metronidazole (topical) CREA</i>	1		COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
<i>metronidazole (topical) GEL 1 %</i>	1		FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

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FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC			
KETONE STRP	2	QL(50 ea per fill retail)			
KETOSTIX STRP	2	QL(50 ea per fill retail)			
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC			
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC			
PRECISION XTRA	2	QL(0.36 ea daily)			
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC			
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Digestive Enzymes			Carbonic Anhydrase Inhibitors		
CREON CPEP	2		<i>acetazolamide CP12</i>	1	QL(2 ea daily)
			<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
			<i>acetazolamide TABS 125 MG</i>	1	
			<i>methazolamide TABS</i>	1	
			Diuretic Combinations		
			<i>ALDACTAZIDE (spironolactone & hydrochlorothiazide)</i>	7	
			<i>ALDACTAZIDE</i>	2	
			<i>amiloride & hydrochlorothiazide</i>	1	
			<i>MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)</i>	7	QL(2 ea daily)

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MAXZIDE TABS <i>(triamterene & hydrochlorothiazide)</i>	7	QL(1 ea daily)	<i>triamterene CAPS</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	1		Thiazides and Thiazide-Like Diuretics		
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		<i>chlorthalidone 25 MG, 50 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)	<i>hydrochlorothiazide CAPS</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)	<i>hydrochlorothiazide TABS 12.5 MG</i>	3	
Loop Diuretics			<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	1	
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)	<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1		<i>metolazone</i>	1	
BUMEX TABS 0.5 MG <i>(bumetanide)</i>	7		<i>THALITONE</i>	2	
EDECRIN (<i>ethacrynic acid</i>)	7	ST	ENDOCRINE AND METABOLIC AGENTS - MISC.		
<i>ethacrynic acid</i>	3	ST	- Drugs to Treat Bone Disease and Regulate Hormones		
<i>furosemide SOLN OR 10 MG/ML</i>	1		Bone Density Regulators		
<i>furosemide SOLN OR 40 MG/5ML</i>	3		<i>ACTONEL TABS 35 MG (risedronate sodium)</i>	7	QL(0.15 ea daily)
<i>furosemide TABS</i>	1		<i>ACTONEL TABS 150 MG (risedronate sodium)</i>	7	QL(0.04 ea daily)
LASIX TABS (<i>furosemide</i>)	7		<i>alendronate sodium SOLN</i>	3	
SOAANZ TABS 20 MG <i>(torsemide)</i>	7		<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	QL(0.15 ea daily)
<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1		<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>torsemide TABS 100 MG</i>	1	QL(2 ea daily)	<i>BONIVA TABS (ibandronate sodium)</i>	7	QL(0.04 ea daily)
Potassium Sparing Diuretics			<i>calcitonin (salmon) NA</i>	1	
ALDACTONE TABS <i>(spironolactone)</i>	7		<i>FOSAMAX TABS 70 MG (alendronate sodium)</i>	7	QL(0.15 ea daily)
<i>amiloride hcl TABS</i>	1		<i>ibandronate sodium TABS</i>	1	QL(0.04 ea daily)
DYRENIUM CAPS <i>(triamterene)</i>	7		<i>risedronate sodium TABS 150 MG</i>	3	QL(0.04 ea daily)
<i>spironolactone TABS</i>	1		<i>risedronate sodium TABS 5 MG, 30 MG</i>	3	QL(1 ea daily)
			<i>risedronate sodium TABS 35 MG</i>	3	QL(0.15 ea daily)

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Fertility Regulators					
(Clomiphene Citrate) CLOMID TABS	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)	(Sapropterin Dihydrochloride) JAVYGTOR PACK	1	Specialty Drug refer to Caremark SP RX
<i>clomiphene citrate TABS</i>	1	Check plan documents for your specific coverage.; 30 rtl day(s) supply; QL(15 ea per fill retail)	(Sapropterin Dihydrochloride) JAVYGTOR TABS	1	Specialty Drug refer to Caremark SP RX
Growth Hormones					
HUMATROPE CART IJ	4	Please refer to your plan documents for specific coverage; PA	<i>betaine</i>	3	
NORDITROPIN FLEXPRO SOPN	4	Please refer to your plan documents for specific coverage; PA	BUPHENYL POWD (sodium phenylbutyrate)	7	
Hormone Receptor Modulators			BUPHENYL TABS (sodium phenylbutyrate)	7	
EVISTA (raloxifene hcl)	5	Grand Fathered Plans at Tier 2; PV	<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
OSPHENA	3	QL(1 ea daily)	<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>raloxifene hcl</i>	5	Grand Fathered Plans at Tier 2; PV	<i>calcitriol SOLN OR</i>	1	
LHRH/GnRH Agonist Analog Pituitary Suppressants			CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers))	7	
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w- gender transformation diagnosis; PA required for other diagnosis	CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers))	7	
SYNAREL	2		CARNITOR TABS (levocarnitine (metabolic modifiers))	7	
Metabolic Modifiers			<i>cinacalcet hcl</i>	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
			<i>CYSTADANE (betaine)</i>	7	
			<i>doxercalciferol CAPS</i>	3	
			GALAFOLD	3	QL(0.5 ea daily)
			KUVAN PACK (sapropterin dihydrochloride)	7	Specialty Drug refer to Caremark SP RX
			KUVAN TABS (sapropterin dihydrochloride)	7	Specialty Drug refer to Caremark SP RX
			<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	3	

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<i>levocarnitine (metabolic modifiers) TABS</i>	3		<i>desmopressin acetate TABS 0.1 MG</i>	1		
<i>nitisinone CAPS</i>	3	PA	<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)	
<i>ORFADIN CAPS (nitisinone)</i>	7	PA	STIMATE SOLN NA	3		
<i>ORFADIN SUSP</i>	3	PA	Progesterone Receptor Antagonists			
<i>paricalcitol CAPS</i>	1		<i>MIFEPREX (mifepristone)</i>	5	Grand Fathered Plans at Tier 2; PV	
RAVICTI	3	PA	<i>mifepristone</i>	5	Grand Fathered Plans at Tier 2; PV	
<i>ROCALTROL CAPS 0.5 MCG (calcitriol)</i>	7	QL(4 ea daily)	Prolactin Inhibitors			
<i>ROCALTROL CAPS 0.25 MCG (calcitriol)</i>	7		<i>cabergoline</i>	1		
<i>ROCALTROL SOLN OR (calcitriol)</i>	7		ESTROGENS - Hormone Replacement/Modifying Drugs			
<i>sapropterin dihydrochloride PACK</i>	1	Specialty Drug refer to Caremark SP RX	Estrogen Combinations			
<i>sapropterin dihydrochloride TABS</i>	1	Specialty Drug refer to Caremark SP RX	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1		
<i>SENSIPAR (cinacalcet hcl)</i>	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1		
<i>sodium phenylbutyrate POWD</i>	3		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		
<i>sodium phenylbutyrate TABS</i>	3		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1		
<i>ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)</i>	7		ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	7		
Posterior Pituitary Hormones			ANGELIQ	3		
<i>DDAVP TABS 0.2 MG (desmopressin acetate)</i>	7	QL(6 ea daily)	CLIMARA PRO	2	Limit 4 patches per month; QL(0.143 ea daily)	
<i>DDAVP TABS 0.1 MG (desmopressin acetate)</i>	7		COMBIPATCH PTTW	3		
<i>desmopressin acetate spray</i>	1		DUAVEE	3		
<i>desmopressin acetate spray refrigerated</i>	1					
<i>DESMOPRESSIN ACETATE SOLN NA</i>	3					

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<i>estradiol & norethindrone acetate TABS</i>	1		MENOSTAR PTWK	3	QL(4 ea per 30 days retail)	
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	7		MINIVELLE PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)	
<i>norethindrone acetate-ethinyl estradiol</i>	1		PREMARIN TABS 0.9 MG	2		
ORIAHNN	3	PA	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)	
PREFEST	3		VIVELLE-DOT PTTW (<i>estradiol</i>)	7	QL(0.29 ea daily)	
PREMPHASE	2		FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			
PREMPRO 1.5 MG-0.3 MG	2	QL(1 ea daily)	Fluoroquinolones			
PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG	2		<i>ciprofloxacin hcl TABS</i>	1		
Estrogens			<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)	CIPRO SUSR	2		
ALORA PTTW	2	QL(0.29 ea daily)	CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	7		
CLIMARA PTWK (<i>estradiol</i>)	7	QL(4 ea per fill retail; 4 ea per 30 days retail)	<i>levofloxacin SOLN OR</i>	1		
DELESTROGEN (<i>estradiol valerate</i>)	7	QL(5 ml per fill retail)	<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)	
DIVIGEL GEL (<i>estradiol</i>)	7		<i>moxifloxacin hcl TABS</i>	1		
ELESTRIN GEL	3		<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 days retail)	
ESTRACE TABS (<i>estradiol</i>)	7		<i>ofloxacin 300 MG</i>	1		
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)	GASTROINTESTINAL AGENTS - MISC. -			
<i>estradiol GEL</i>	3		Miscellaneous Gastrointestinal Drugs			
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)	Farnesoid X Receptor (FXR) Agonists			
<i>estradiol PTWK</i>	1	QL(4 ea per fill retail; 4 ea per 30 days retail)	OCALIVA 5 MG	3	ST; QL(1 ea daily); PA	
<i>estradiol TABS</i>	1		OCALIVA 10 MG	3	QL(1 ea daily); PA	
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)	Gallstone Solubilizing Agents			
EVAMIST SOLN	3		CHENODAL	3	PA	
MENEST	2		URSO 250 TABS (<i>ursodiol</i>)	7		
			URSO FORTE TABS (<i>ursodiol</i>)	7		
			<i>ursodiol CAPS</i>	1		

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<i>ursodiol TABS</i>	1		<i>mesalamine TBEC 800 MG</i>	1			
Gastrointestinal Chloride Channel Activators							
<i>AMITIZA (lubiprostone)</i>	7		<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)		
<i>lubiprostone</i>	1		PENTASA CPCR 250 MG	3	PA		
Gastrointestinal Stimulants							
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	3		PENTASA CPCR (<i>mesalamine</i>)	7	QL(8 ea daily); PA		
<i>metoclopramide hcl TABS</i>	1		SFROWASA ENEM	2			
<i>metoclopramide hcl TBDP</i>	3		SKYRIZI SOCT	4	Check benefits for coverage; 1 rtl pack lmt per fill; PA		
<i>REGLAN TABS (metoclopramide hcl)</i>	7		<i>sulfasalazine TABS</i>	1	QL(8 ea daily)		
Inflammatory Bowel Agents			<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)		
<i>APRISO CP24 (mesalamine)</i>	7	QL(4 ea daily)	Intestinal Acidifiers				
<i>ASACOL HD TBEC (mesalamine)</i>	7		(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1			
<i>AZULFIDINE EN-TABS TBEC (sulfasalazine)</i>	7	QL(8 ea daily)	<i>lactulose (encephalopathy)</i>	1			
<i>AZULFIDINE TABS (sulfasalazine)</i>	7	QL(8 ea daily)	Irritable Bowel Syndrome (IBS) Agents				
<i>balsalazide disodium CAPS</i>	1	QL(9 ea daily; 280 ea per fill retail)	<i>alosetron hcl</i>	3			
<i>CANASA SUPP (mesalamine)</i>	7	QL(1 ea daily)	LINZESS	2	QL(1 ea daily)		
<i>COLAZAL CAPS (balsalazide disodium)</i>	7	QL(9 ea daily; 280 ea per fill retail)	LOTRONEX (<i>alosetron hcl</i>)	7			
<i>DELZICOL CPDR (mesalamine)</i>	7	QL(6 ea daily)	VIBERZI	3	PA		
DIPENTUM	3		Peripheral Opioid Receptor Antagonists				
<i>LIALDA TBEC (mesalamine)</i>	7	QL(4 ea daily)	<i>alvimopan</i>	3			
<i>mesalamine CP24</i>	1	QL(4 ea daily)	ENTEREG (<i>alvimopan</i>)	7			
<i>mesalamine CPCR</i>	3	QL(8 ea daily); PA	MOVANTIK	3	QL(1 ea daily)		
<i>mesalamine CPDR</i>	1	QL(6 ea daily)	Phosphate Binder Agents				
<i>mesalamine ENEM</i>	1	QL(60 ml daily)	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC		
<i>mesalamine SUPP</i>	1	QL(1 ea daily)	AURYXIA	3	ST; PA		

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FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	7	QL(3 ea daily)	K-PHOS NO 2	2	
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	7	QL(4 ea daily)	Alkalinizers		
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	7		(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
FOSRENOL PACK	3		(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)	(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)	(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
<i>lanthanum carbonate CHEW 500 MG</i>	1		ORACIT	3	
PHOSLYRA SOLN	3		ORAL CITRATE	3	
RENAGEL (<i>sevelamer hcl</i>)	7	QL(16 ea daily); PA	<i>pot & sod citrates w/citric ac SOLN</i>	3	
RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	7	QL(5 ea daily)	<i>potassium citrate (alkalinizer) TBCR</i>	1	
RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	7		<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
RENVELA TABS (<i>sevelamer carbonate</i>)	7		<i>sodium citrate & citric acid</i>	1	RX/OTC
<i>sevelamer carbonate PACK 0.8 GM</i>	1		UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)	UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
<i>sevelamer carbonate TABS</i>	1		UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	7	
<i>sevelamer hcl 400 MG</i>	3	ST; PA	Cystinosis Agents		
<i>sevelamer hcl 800 MG</i>	3	QL(16 ea daily); PA	CYSTAGON CAPS	3	
Tryptophan Hydroxylase Inhibitors			PROCYSBI CPDR	3	
XERMELO	3	ST; PA	Interstitial Cystitis Agents		
GENITOURINARY AGENTS - MISCELLANEOUS -			ELMIRON CAPS	3	QL(3 ea daily); PA
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			PENTOSAN POLYSULFATE SODIUM DR CPDR 150 MG	3	
Acidifiers			Prostatic Hypertrophy Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin hcl</i>	1	QL(1 ea daily)	COLCRYSTABS <i>(colchicine)</i>	7	
AVODART (<i>dutasteride</i>)	7	AL(At least 40 yrs old)	<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
CARDURA XL	3		<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
<i>dutasteride</i>	1	AL(At least 40 yrs old)	MITIGARE CAPS <i>(colchicine)</i>	3	
<i>dutasteride-tamsulosin hcl</i>	1		ULORIC 80 MG <i>(febuxostat)</i>	7	QL(1 ea daily)
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)	ULORIC 40 MG <i>(febuxostat)</i>	7	QL(2 ea daily)
FLOMAX (<i>tamsulosin hcl</i>)	7	QL(2 ea daily)	ZYLOPRIM 300 MG <i>(allopurinol)</i>	7	QL(2 ea daily)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	7		ZYLOPRIM 100 MG <i>(allopurinol)</i>	7	QL(3 ea daily)
PROSCAR (<i>finasteride</i>)	7	QL(1 ea daily); AL(At least 40 yrs old)	Uricosurics		
RAPAFLO 8 MG (<i>silodosin</i>)	7	QL(1 ea daily)	<i>probenecid</i>	1	
RAPAFLO 4 MG (<i>silodosin</i>)	3		HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
<i>silodosin 8 MG</i>	3	QL(1 ea daily)	Complement Inhibitors		
<i>silodosin 4 MG</i>	3		FABHALTA	3	PA
<i>tamsulosin hcl</i>	1	QL(2 ea daily)	Hemataologic - Tyrosine Kinase Inhibitors		
UROXATRAL (<i>alfuzosin hcl</i>)	7	QL(1 ea daily)	TAVALISSE 100 MG	3	ST; PA
Urinary Stone Agents			TAVALISSE 150 MG	3	PA
LITHOSTAT	3		Hematorheologic Agents		
THIOLA EC TBEC	3		<i>pentoxifylline</i>	1	QL(3 ea daily)
THIOLA TABS (<i>tiopronin</i>)	7		Platelet Aggregation Inhibitors		
<i>tiopronin TABS</i>	3		AGRYLIN 0.5 MG <i>(anagrelide hcl)</i>	7	
<i>tiopronin TBEC</i>	3		<i>anagrelide hcl</i>	1	
GOUT AGENTS - Drugs to Treat Gout			<i>aspirin-dipyridamole</i>	3	
Gout Agent Combinations			BRILINTA	2	QL(2 ea daily)
<i>colchicine w/ probenecid</i>	1		<i>cilostazol</i>	1	QL(2 ea daily)
Gout Agents			<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)	<i>dipyridamole</i>	1	
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)	<i>EFFIENT (prasugrel hcl)</i>	7	
<i>colchicine CAPS</i>	3		PLAVIX 75 MG <i>(clopidogrel bisulfate)</i>	7	QL(2 ea daily)
<i>colchicine TABS</i>	1				

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<i>prasugrel hcl</i>	1		(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			<i>folic acid TABS 400 MCG, 800 MCG</i>	5	Grand Fathered Plans at Tier 2; PV
Agents for Gaucher Disease			<i>folic acid TABS 1 MG</i>	1	RX/OTC
(Miglustat) YARGESA	3	ST; PA	Hematopoietic Growth Factors		
CERDELGA	3	PA	MULPLETA	3	PA
<i>miglustat</i>	3	ST; PA	PROMACTA PACK 12.5 MG	3	QL(1 ea daily); PA
ZAVESCA (<i>miglustat</i>)	7	ST; PA	PROMACTA PACK 25 MG	3	QL(1 ea daily); PA
Agents for Sickle Cell Disease			PROMACTA TABS	3	QL(1 ea daily); PA
DROXIA CAPS	2		HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
SIKLOS TABS 100 MG	3	ST; AC; PA	Hemostatics - Systemic		
SIKLOS TABS 1000 MG	3	AC; PA	AMICAR SOLN OR (<i>aminocaproic acid</i>)	7	
Folic Acid/Folates			AMICAR TABS 1000 MG (<i>aminocaproic acid</i>)	7	
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	Grand Fathered Plans at Tier 2; PV	<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	3	
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	Grand Fathered Plans at Tier 2; PV	<i>aminocaproic acid TABS 1000 MG</i>	3	
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	Grand Fathered Plans at Tier 2; PV	LYSTEDA TABS (<i>tranexamic acid</i>)	7	QL(6 ea daily; 5 Day(s) limit)
			<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
			HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
			Barbiturate Hypnotics		
			<i>phenobarbital ELIX</i>	1	
			<i>phenobarbital TABS</i>	1	
			Non-Barbiturate Hypnotics		
			AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)
			AMBIEN TABS (<i>zolpidem tartrate</i>)	7	QL(1 ea daily)

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<i>estazolam</i>	1		(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
<i>eszopiclone</i>	3	QL(1 ea daily)	GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)	NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	5	Grand Fathered Plans at Tier 2; PV
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)	<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	Grand Fathered Plans at Tier 2; PV
HALCION 0.25 MG (<i>triazolam</i>)	7	QL(1 ea daily)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	Grand Fathered Plans at Tier 2; QL(4000 ml per fill retail); PV
LUNESTA (<i>eszopiclone</i>)	7	QL(1 ea daily)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	Grand Fathered Plans at Tier 2; PV
RESTORIL 15 MG (<i>temazepam</i>)	7	QL(2 ea daily)	PEG-PREP	5	Grand Fathered Plans at Tier 2; QL(1 ea per fill retail); PV
RESTORIL 30 MG (<i>temazepam</i>)	7	QL(1 ea daily)	<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	Grand Fathered Plans at Tier F
RESTORIL 7.5 MG (<i>temazepam</i>)	7		SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	Grand Fathered Plans at Tier F
<i>temazepam 7.5 MG</i>	1		Laxatives - Miscellaneous		
<i>temazepam 30 MG</i>	1	QL(1 ea daily)	(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	
<i>temazepam 15 MG</i>	1	QL(2 ea daily)	<i>lactulose SOLN</i>	1	
<i>triazolam 0.125 MG</i>	1		Saline Laxatives		
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)			
<i>zaleplon</i>	1	QL(1 ea daily)			
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)			
<i>zolpidem tartrate TBCR</i>	3	QL(1 ea daily)			
Orexin Receptor Antagonists					
BELSOMRA	2	QL(1 ea daily); ST			
Selective Melatonin Receptor Agonists					
<i>ramelteon</i>	3	QL(1 ea daily); ST			
ROZEREM (<i>ramelteon</i>)	7	QL(1 ea daily); ST			
LAXATIVES - Bowel Treatment Drugs					
Laxative Combinations					
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	Grand Fathered Plans at Tier 2; PV			

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OSMOPREP	5	Grand Fathered Plans at Tier 2; PV	(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELEX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
Stimulant Laxatives			<i>bisacodyl SUPP</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl TBEC</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX PINK LAXATIVE TBEC <i>(bisacodyl)</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX SUPP <i>(bisacodyl)</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV

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DULCOLAX TBEC <i>(bisacodyl)</i>	5	Available for members in non-grandfathered ages 50-74 for colonoscopy; AL(At least 50 yrs old - Up to 74 yrs old); PV	(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
MACROLIDES - Drugs to Treat Bacterial Infections			E.E.S. GRANULES SUSR <i>(erythromycin ethylsuccinate)</i>	7	
Azithromycin			ERYPED 200 SUSR <i>(erythromycin ethylsuccinate)</i>	7	
<i>azithromycin PACK</i>	1		ERYPED 400 SUSR <i>(erythromycin ethylsuccinate)</i>	7	
<i>azithromycin SUSR</i>	1		<i>erythromycin base CPEP</i>	1	
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)	<i>erythromycin base TABS</i>	1	
<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)	<i>erythromycin base TBEC</i>	1	
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)	<i>erythromycin ethylsuccinate SUSR</i>	1	
ZITHROMAX TRI-PAK TABS <i>(azithromycin)</i>	7	QL(3 ea daily)	Fidaxomicin		
ZITHROMAX Z-PAK TABS <i>(azithromycin)</i>	7	QL(6 ea per fill retail)	DIFIDID TABS	3	
ZITHROMAX PACK <i>(azithromycin)</i>	7		MEDICAL DEVICES AND SUPPLIES		
ZITHROMAX SUSR <i>(azithromycin)</i>	7		Contraceptives		
ZITHROMAX TABS 500 MG <i>(azithromycin)</i>	7	QL(3 ea daily)	AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
ZITHROMAX TABS 250 MG <i>(azithromycin)</i>	7	QL(6 ea per fill retail)	CAYA DPRH	5	Grand Fathered Plans at Tier 2; QL(1 ea per 365 days retail); PV
Clarithromycin			CONDOMS	5	PV
<i>clarithromycin SUSR</i>	1		DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>clarithromycin TABS</i>	1		FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)	FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
Erythromycins					
(Erythromycin Base) ERY-TAB TBEC	1				

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FC2 FEMALE CONDOM	5	Grand Fathered Plans at Tier 2; PV	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
FEMCAP DEVI	5	Grand Fathered Plans at Tier 2; PV	KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	OMNIFLEX DIAPHRAGM	2	
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	PREMIUM CONDOMS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	Grand Fathered Plans at Tier 2; PV
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	Diabetic Supplies		
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC

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ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
Parenteral Therapy Supplies			BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD NEEDLE/30G X 1/2"	2	RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTR A-FINE/29G X 12.7MM	2	Available through Mail Order	HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	<i>almotriptan malate</i>	1	QL(0.2 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	AMERGE (<i>naratriptan hcl</i>)	7	QL(9 ea per fill retail; 9 ea per 30 days retail)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	<i>eletriptan hydrobromide</i>	3	QL(0.2 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			FROVA (<i>frovatriptan succinate</i>)	7	QL(9 ea per fill retail; 9 ea per 30 days retail; 27 ea per 60 days mail)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			<i>frovatriptan succinate</i>	3	QL(9 ea per fill retail; 9 ea per 30 days retail; 27 ea per 60 days mail)
AJOVY SOAJ	4	PA	IMITREX 20 MG/ACT (<i>sumatriptan</i>)	7	Limit 6 sprayers per month; QL(2 ea daily)
AJOVY SOSY	4	PA	IMITREX 5 MG/ACT (<i>sumatriptan</i>)	7	QL(6 ea per fill retail; 6 ea per 30 days retail)
EMGALITY SOAJ	4	PA	IMITREX TABS (<i>sumatriptan succinate</i>)	7	QL(2 ea daily)
EMGALITY SOSY 120 MG/ML	4	PA	MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	7	Limit 12 per month; QL(0.4 ea daily)
UBRELVY	3	QL(10 ea per 30 days retail); ST	MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	7	QL(0.6 ea daily)
Migraine Combinations			<i>naratriptan hcl</i>	1	QL(9 ea per fill retail; 9 ea per 30 days retail)
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	7		RELPAX (<i>eletriptan hydrobromide</i>)	7	QL(0.2 ea daily)
<i>ergotamine w/ caffeine TABS</i>	1		<i>rizatriptan benzoate TABS</i>	1	QL(0.6 ea daily)
Migraine Products			<i>rizatriptan benzoate TBDP</i>	1	Limit 12 per month; QL(0.4 ea daily)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	3	QL(0.27 ml daily)	<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
ERGOMAR SUBL	2		<i>sumatriptan 5 MG/ACT</i>	1	QL(6 ea per fill retail; 6 ea per 30 days retail)
MIGRALAN SOLN NA (<i>dihydroergotamine mesylate</i>)	7	QL(0.27 ml daily)			
Serotonin Agonists					

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<i>sumatriptan succinate TABS</i>	1	QL(2 ea daily)	<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV; RX/OTC
<i>zolmitriptan SOLN</i>	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)	<i>sodium fluoride TABS 0.5 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV
<i>zolmitriptan TABS</i>	3	QL(0.2 ea daily)	<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)
<i>zolmitriptan TBDP</i>	3	Limit 6 per month; QL(0.2 ea daily)	Iodine Products		
ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)	<i>iodine strong (lugol's)</i>	3	
ZOMIG SOLN (<i>zolmitriptan</i>)	7	QL(6 ea per 30 days retail; 18 ea per 90 days mail)	Phosphate		
ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	7	QL(0.2 ea daily)	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
MINERALS & ELECTROLYTES					
Calcium					
CALCIFOL	3		(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
CALCIUM-FOLIC ACID PLUS D	3		K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	7	
MAGNEBIND 400	3		K-PHOS TABS (<i>potassium phosphate monobasic</i>)	7	
Fluoride			<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV	Potassium		
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
FLORIVA	3				
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	5	Grand Fathered Plans at Tier 2; AL(Up to 6 yrs old); PV			

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(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1		Chelating Agents		
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1		CUPRIMINE CAPS <i>(penicillamine)</i>	7	PA
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1		DEPEN TITRATABS TABS <i>(penicillamine)</i>	7	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1		<i>penicillamine</i> CAPS	1	PA
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1		<i>penicillamine</i> TABS	1	
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1		SYPRINE <i>(trientine hcl)</i>	7	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
EFFER-K	3		<i>trientine hcl</i> 500 MG	3	PA
K-TAB TBCR 8 MEQ <i>(potassium chloride)</i>	2		<i>trientine hcl</i> 250 MG	3	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
K-TAB TBCR 10 MEQ, 20 MEQ <i>(potassium chloride)</i>	7		Immunomodulators		
<i>potassium chloride</i> <i>microencapsulated</i> <i>crystals er</i>	1		<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>potassium chloride CPCR</i>	1		THALOMID	3	AC; Must use Exactus Specialty Rx 1-866-458-9246; AC
<i>potassium chloride PACK OR 20 MEQ</i>	1		Immunosuppressive Agents		
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1		(Azathioprine) AZASAN TABS 75 MG, 100 MG	3	
<i>potassium chloride TBCR</i>	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
Zinc			(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
GALZIN	3		ASTAGRAF XL CP24	3	PA
WILZIN	3		<i>azathioprine</i> TABS 50 MG	1	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>azathioprine</i> TABS 75 MG, 100 MG	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CELLCEPT CAPS <i>(mycophenolate mofetil)</i>	7		<i>tacrolimus CAPS</i>	1	
CELLCEPT SUSR <i>(mycophenolate mofetil)</i>	7		ZORTRESS <i>(everolimus (immunosuppressant))</i>	7	
CELLCEPT TABS <i>(mycophenolate mofetil)</i>	7		Potassium Removing Agents		
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		LOKELMA	3	QL(1 ea daily); PA
<i>cyclosporine CAPS</i>	1		<i>sodium polystyrene sulfonate POWD</i>	1	
<i>everolimus (immunosuppressant)</i>	1		MOUTH/THROAT/DENTAL AGENTS		
IMURAN TABS <i>(azathioprine)</i>	7		Anesthetics Topical Oral		
<i>mycophenolate mofetil CAPS</i>	1		<i>lidocaine hcl (mouth-throat) 2 %</i>	1	
<i>mycophenolate mofetil SUSR</i>	1		Anti-infectives - Throat		
<i>mycophenolate mofetil TABS</i>	1		<i>clotrimazole</i>	1	
<i>mycophenolate sodium</i>	3		<i>nystatin (mouth-throat)</i>	1	
MYFORTIC <i>(mycophenolate sodium)</i>	7		ORAVIG	3	
NEORAL CAPS <i>(cyclosporine modified (for microemulsion))</i>	7		Dental Products		
NEORAL SOLN <i>(cyclosporine modified (for microemulsion))</i>	7		NAFRINSE DAILY/NEUTRAL SOLR	3	
PROGRAF CAPS <i>(tacrolimus)</i>	7		NAFRINSE WEEKLY SOLR	3	
PROGRAF PACK	3	PA	PREVIDENT RINSE SOLN	3	
RAPAMUNE SOLN <i>(sirolimus)</i>	7		<i>sodium fluoride (dental) SOLN 0.2 %</i>	3	
RAPAMUNE TABS <i>(sirolimus)</i>	7		Steroids - Mouth/Throat/Dental		
SANDIMMUNE CAPS <i>(cyclosporine)</i>	7		(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
SANDIMMUNE SOLN OR	2		<i>triamcinolone acetonide (mouth)</i>	1	
<i>sirolimus SOLN</i>	3		Throat Products - Misc.		
<i>sirolimus TABS</i>	3		<i>cevimeline hcl</i>	3	QL(3 ea daily)
			EVOXAC <i>(cevimeline hcl)</i>	7	QL(3 ea daily)

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pilocarpine hcl (oral) 5 MG	1	QL(6 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
pilocarpine hcl (oral) 7.5 MG	1	QL(4 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
SALAGEN 7.5 MG (pilocarpine hcl (oral))	7	QL(4 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC
SALAGEN 5 MG (pilocarpine hcl (oral))	7	QL(6 ea daily)	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMINS			(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
Ped Multi Vitamins w/FI & FE			(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IIRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	RX/OTC	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IIRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	RX/OTC	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	RX/OTC	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	2	AL(Up to 5 yrs old)	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
			pediatric multivitamins w/fi CHEW	1	AL(Up to 6 yrs old); RX/OTC

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<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	AL(Up to 6 yrs old)	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ASSURE	2	
POLY-VI-FLOR SUSP	3		CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)	CITRANATAL BLOOM	3	
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL BLOOM DHA	2	
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL DHA	2	
TRI-VI-FLOR	3		CITRANATAL ESSENCE	2	
TRI-VI-FLORO	3		CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			CITRANATAL MEDLEY	3	
FLORIVA	3		C-NATE DHA CAPS	3	
Prenatal Vitamins			COMPLETENATE CHEW	2	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		CONCEPT DHA	2	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		CONCEPT OB	2	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	3		CVS WOMENS PRENATAL+DHA MISC	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	DUET DHA 400 MISC	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	3		DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3	
ATABEX EC TBEC	2		ENBRACE HR	3	
			FOLIVANE-OB	2	
			NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	

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NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PRENATAL-U CAPS	2	
NESTABS	3		PRENATE	3	
NESTABS DHA	2		PRENATE AM	3	
NESTABS ONE	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 ONE	3		PRENATE ELITE 75 MG- 21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG- 40 UNIT-600 MCG-20 MG	3	
OB COMPLETE PETITE	3		PRENATE ENHANCE	3	
OB COMPLETE PREMIER	3		PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG- 155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
OBSTETRIX DHA MISC	2		PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG- 1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT- 600 MCG-25 MG	3	
OBSTETRIX ONE 30 MG- 15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG- 225 MG	3		PRENATE PIXIE	3	
OBTREX DHA MISC 120 MG-1 MG-3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	2		PRENATE RESTORE	3	
PNV-DHA+DOCUSATE	3		PROVIDA OB	2	
PNV-OMEGA	3		RELNATE DHA CAPS	3	
PREMESISRX	3		SELECT-OB+DHA MISC	3	
PRENA 1 TRUE	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	
PRENA1 CHEW	3		SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3	
PRENA1 PEARL	3				
PRENAISSANCE	3				
PRENAISSANCE PLUS CAPS	3				
PRENATAL 19 CHEW	2				
PRENATAL 19 TABS	3	RX/OTC			
PRENATAL MULTIVITAMIN PLUS DHA MISC	3				
PRENATAL+DHA MISC	3				

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SE-NATAL 19 CHEW	2		<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
SE-NATAL 19 TABS	3	RX/OTC	<i>carisoprodol TABS 250 MG</i>	3	Use 350mg or 500mg
THRIVITE RX TABS	2	RX/OTC	<i>carisoprodol TABS 350 MG</i>	1	
TRINATAL RX 1 TABS	2		<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	3	
TRISTART DHA	3		<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
TRISTART ONE	3		<i>metaxalone 800 MG</i>	3	QL(4 ea daily)
VINATE DHA RF	3		<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
VINATE ONE TABS	2		<i>orphenadrine citrate TB12</i>	1	
VIRT-C DHA	2		<i>SKELAXIN (metaxalone)</i>	7	QL(4 ea daily)
VIRT-NATE DHA CAPS	3		<i>SOMA TABS 350 MG (carisoprodol)</i>	7	
VIRT-PN DHA	3		<i>SOMA TABS 250 MG (carisoprodol)</i>	7	Use 350mg or 500mg
VITAFOL GUMMIES	3		<i>tizanidine hcl CAPS</i>	3	
VITAFOL-NANO	3		<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
VITAFOL-ONE CAPS	3		<i>tizanidine hcl TABS 2 MG</i>	1	
VITAMEDMD ONE RX/QUATREFOLIC	3		<i>ZANAFLEX CAPS (tizanidine hcl)</i>	7	
VITAMEDMD REDICHEW RX	3		<i>ZANAFLEX TABS 4 MG (tizanidine hcl)</i>	7	QL(9 ea daily)
VITAPEARL	3		Direct Muscle Relaxants		
VITATRUE	2		<i>DANTRIUM CAPS 25 MG (dantrolene sodium)</i>	7	
VIVA DHA CAPS	3		<i>dantrolene sodium CAPS</i>	1	
VP-PNV-DHA CAPS	3		NASAL AGENTS - SYSTEMIC AND TOPICAL -		
WESCAP-C DHA	2		Drugs to treat the Nose or Sinus		
WESNATE DHA CAPS	3		Nasal Agent Combinations		
WESTGEL DHA	3		<i>azelastine hcl-fluticasone propionate SUSP</i>	3	Limit 1 bottle per month; QL(0.77 gm daily)
ZATEAN-PN DHA	3		<i>DYMISTA SUSP (azelastine hcl-fluticasone propionate)</i>	7	Limit 1 bottle per month; QL(0.77 gm daily)
ZATEAN-PN PLUS	3				
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms					
Central Muscle Relaxants					
(Carisoprodol) VANADOM TABS 350 MG	1				
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	3				
<i>baclofen TABS 5 MG</i>	1				
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Nasal Antiallergy					
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC	(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	Limit 1 bottle per month; QL(1.2 ml daily); RX/OTC			
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 inhaler per month; QL(1.2 ml daily)			
<i>olopatadine hcl (nasal)</i>	3				
PATANASE (<i>olopatadine hcl (nasal)</i>)	7				
Nasal Anticholinergics					
<i>ipratropium bromide (nasal)</i>	1				
Nasal Steroids					
			(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY SPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)

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FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC	DOJOLVI	3	PA
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	7	QL(32 ml per fill retail; 32 ml per 30 days retail); RX/OTC	OPHTHALMIC AGENTS - Drugs to Treat the Eye		
<i>fluticasone propionate (nasal) SUSP</i>	1	QL(32 gm per fill retail; 32 gm per 30 days retail); RX/OTC	Beta-blockers - Ophthalmic		
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC	(Timolol Maleate (Ophth))	3	
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)	<i>betaxolol hcl (ophth) SOLN</i>	1	
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	7	Limit 1 sprayer per month; QL(1.2 ml daily)	BETIMOL	2	
NASONEX 24HR SUSP	2	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC	BETOPTIC-S SUSP	2	
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)	<i>brimonidine tartrate-timolol maleate</i>	3	
XHANCE EXHU	3	QL(1.07 ml daily); ST	<i>carteolol hcl (ophth)</i>	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	7	
ALS Agents			COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	7	
RILUTEK TABS (<i>riluzole</i>)	7		COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	7	
<i>riluzole TABS</i>	3		DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
Spinal Muscular Atrophy Agents (SMA)			<i>dorzolamide hcl-timolol maleate</i>	1	
EVRYSDI	2	PA	<i>dorzolamide hcl-timolol maleate</i>	3	
NUTRIENTS			ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	7	
Lipids			<i>levobunolol hcl 0.5 %</i>	1	
			<i>timolol maleate (ophth) SOLG</i>	3	
			<i>timolol maleate (ophth) SOLN</i>	3	
			<i>timolol maleate (ophth) SOLN</i>	1	
			TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	7	
			TIMOPTIC SOLN (<i>timolol maleate (ophth)</i>)	7	

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TIMOPTIC-XE SOLG <i>(timolol maleate (ophth))</i>	7		<i>apraclonidine hcl</i>	3	
Cycloplegic Mydriatics					
(Phenylephrine Hcl (Mydriatic) ALTAFRIN SOLN 10 %	3		<i>brimonidine tartrate</i>	1	
(Phenylephrine Hcl (Mydriatic) ALTAFRIN SOLN 2.5 %	1		IOPIDINE	3	
<i>atropine sulfate</i> <i>(ophthalmic) OINT</i>	1		Ophthalmic Anti-infectives		
<i>atropine sulfate</i> <i>(ophthalmic) SOLN</i>	1		(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1	
ATROPINE SULFATE SOLN 1 %	2		(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
ATROPINE SULFATE SOLN 1 % (<i>atropine</i> <i>sulfate (ophthalmic)</i>)	7		(Neomycin-Bacitracin Zn- Polymyxin) NEO- POLYCIN	1	
CYCLOGYL	2		AZASITE	3	Use Klarify-A 71384-0220- 03; QL(6 ml per 30 days retail)
CYCLOGYL <i>(cyclopentolate hcl)</i>	7		<i>bacitracin (ophthalmic)</i>	1	
CYCLOMYDRIL	3		<i>bacitracin-polymyxin b</i> <i>(ophth)</i>	1	
<i>cyclopentolate hcl</i>	1		BESIVANCE	3	
ISOPTO ATROPINE SOLN	2		BETADINE OPHTHALMIC PREP	3	
MYDRIACYL SOLN <i>(tropicamide)</i>	7		BLEPH-10 SOLN <i>(sulfacetamide sodium</i> <i>(ophth))</i>	7	
<i>phenylephrine hcl</i> <i>(mydriatic) SOLN 10 %</i>	3		CILOXAN OINT	2	
<i>phenylephrine hcl</i> <i>(mydriatic) SOLN 2.5 %</i>	1		CILOXAN SOLN <i>(ciprofloxacin hcl (ophth))</i>	7	
<i>tropicamide SOLN</i>	3		<i>ciprofloxacin hcl (ophth)</i> <i>SOLN</i>	1	
Miotics			ERYTHROMYCIN	2	
ISOPTO CARPINE SOLN 1 %, 2 % (<i>pilocarpine hcl</i>)	7	QL(0.5 ml daily)	<i>erythromycin (ophth)</i>	1	
<i>pilocarpine hcl SOLN 1 %,</i> <i>2 %, 4 %</i>	1	QL(0.5 ml daily)	<i>gatifloxacin (ophth)</i>	1	
Ophthalmic Adrenergic Agents			<i>gentamicin sulfate (ophth)</i> <i>SOLN</i>	1	
ALPHAGAN P <i>(brimonidine tartrate)</i>	7		KLARITY-A	3	Use Klarify-A 71384-0220- 03; QL(6 ml per 30 days retail)
			<i>levofloxacin (ophth) 1.5 %</i>	3	
			<i>moxifloxacin hcl (ophth)</i> <i>SOLN OP</i>	1	QL(3 ml per fill retail)

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NATACYN	2		(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail)
<i>neomycin-bacitracin zn-polymyxin</i>	1		(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
<i>neomycin-polymyxin-gramicidin</i>	1		ALREX SUSP <i>(loteprednol etabonate)</i>	7	
OCUFLOX (<i>ofloxacin (ophth)</i>)	7	QL(5 ml per fill retail)	<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail)
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail)	BLEPHAMIDE S.O.P. OINT	2	
<i>polymyxin b-trimethoprim</i>	1		BLEPHAMIDE SUSP	2	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	7		<i>diluprednate</i>	3	
POVIDONE IODINE	3		DUREZOL <i>(diluprednate)</i>	7	
<i>sulfacetamide sodium (ophth) OINT</i>	1		FLAREX	2	
<i>sulfacetamide sodium (ophth) SOLN</i>	1		<i>fluorometholone (ophth) SUSP</i>	1	
<i>tobramycin (ophth) SOLN</i>	1		FML FORTE SUSP	2	
TOBREX OINT	2		FML LIQUIFILM SUSP <i>(fluorometholone (ophth))</i>	7	
<i>trifluridine</i>	1		FML OINT	2	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	7	QL(3 ml per fill retail)	LOTEMAX GEL <i>(loteprednol etabonate)</i>	7	
ZIRGAN GEL	3		LOTEMAX OINT	3	
ZYMAXID (<i>gatifloxacin (ophth)</i>)	7		LOTEMAX SUSP <i>(loteprednol etabonate)</i>	7	Limit 1 bottle per month; QL(0.2 ml daily)
Ophthalmic Immunomodulators			<i>loteprednol etabonate GEL</i>	3	
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)	<i>loteprednol etabonate SUSP 0.2 %</i>	3	
Ophthalmic Local Anesthetics			<i>loteprednol etabonate SUSP 0.5 %</i>	3	Limit 1 bottle per month; QL(0.2 ml daily)
(Tetracaine Hcl (Ophth)) ALTACAIN	3		MAXIDEX SUSP OP	2	
AKTEN	3		MAXITROL OINT <i>(neomycin-polymy-dexameth)</i>	7	
ALCAINE (<i>proparacaine hcl</i>)	7				
<i>proparacaine hcl</i>	3				
<i>tetracaine hcl (ophth)</i>	3				
Ophthalmic Steroids					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAXITROL SUSP <i>(neomycin-polymyxin-dexameth)</i>	7		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
<i>neomycin-polymyxin-dexameth OINT</i>	1				
<i>neomycin-polymyxin-dexameth SUSP</i>	1				
<i>neomycin-polymyxin-hc (ophth)</i>	1				
PRED MILD	2				
PRED-G S.O.P. OINT	3				
PRED-G SUSP	3				
<i>prednisolone acetate (ophth)</i>	1				
PREDNISOLONE SODIUM PHOSPHATE	2				
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOX ACIN SOLN	3				
TOBRADEX ST SUSP	3				
TOBRADEX OINT	3				
TOBRADEX SUSP <i>(tobramycin-dexamethasone)</i>	7	QL(5 ml per fill retail)			
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)			
ZYLET	3	QL(5 ml per fill retail)			
Ophthalmics - Misc.					
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC	<i>bepotastine besilate</i>	3	Limit 10ml per month; QL(0.34 ml daily); ST
			<i>BEPREVE (bepotastine besilate)</i>	7	Limit 10ml per month; QL(0.34 ml daily); ST
			<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
			<i>bromfenac sodium (ophth) 0.09 %</i>	1	
			<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	3	
			<i>BROMSITE (bromfenac sodium (ophth))</i>	7	
			<i>cromolyn sodium (ophth)</i>	1	
			<i>CYSTARAN</i>	3	Limit 4 bottles per month; QL(2.15 ml daily)
			<i>diclofenac sodium (ophth)</i>	1	
			<i>dorzolamide hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
DORZOLAMIDE HCL	2		LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)	
<i>epinastine hcl (ophth)</i>	1		<i>tafluprost</i>	3	QL(1 ea daily)	
<i>flurbiprofen sodium</i>	1		TRAVATAN Z SOLN (<i>travoprost</i>)	7	Limit 2.5mls per month; QL(0.09 ml daily)	
ILEVRO	3		<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)	
<i>ketorolac tromethamine (ophth)</i>	1		XALATAN SOLN (<i>latanoprost</i>)	7	QL(0.0949 ml daily)	
LASTACAFT	3	ST	ZIOPTAN (<i>tafluprost</i>)	7	QL(1 ea daily)	
NEVANAC	3		OTIC AGENTS - Drugs to Treat the Ear			
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC	Otic Agents - Miscellaneous			
<i>olopatadine hcl 0.2 %</i>	1	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC	<i>acetic acid (otic)</i>	1		
PAREMYD	3		Otic Anti-infectives			
PATADAY 0.2 % (<i>olopatadine hcl</i>)	7	Limit 2.5mls per month; QL(0.084 ml daily); RX/OTC	<i>CETRAXAL (ciprofloxacin hcl (otic))</i>	2		
PATADAY 0.1 % (<i>olopatadine hcl</i>)	7	Limit 10mls per month; QL(0.34 ml daily); RX/OTC	<i>ciprofloxacin hcl (otic)</i>	1		
PATADAY EXTRA STRENGTH	3	Limit 2.5mls per month; QL(0.084 ml daily); ST	<i>ofloxacin (otic)</i>	1		
PROLENSA (<i>bromfenac sodium (ophth)</i>)	7		Otic Combinations			
TRUSOPT (<i>dorzolamide hcl</i>)	7		CIPRO HC	3		
Prostaglandins - Ophthalmic			CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	7	QL(8 ml per fill retail)	
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)	<i>ciprofloxacin-dexamethasone</i>	1	QL(8 ml per fill retail)	
<i>latanoprost SOLN</i>	1	QL(0.0949 ml daily)	CORTISPORIN-TC	3		
LATANOPROST SOLN	2	QL(0.0949 ml daily)	<i>neomycin-polymyxin-hc (otic) SOLN</i>	1		
			<i>neomycin-polymyxin-hc (otic) SUSP</i>	1		
Otic Steroids			Otic Steroids			
			(Fluocinolone Acetonide (Otic)) FLAC	3		
			DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	7		

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<i>fluocinolone acetonide (otic)</i>	3		AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	7	
<i>hydrocortisone w/acetic acid</i>	3	QL(10 ml per fill retail; 30 per fill mail)	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
HYDROCORTISONE/ACE TIC ACID (<i>hydrocortisone w/acetic acid</i>)	7	QL(10 ml per fill retail; 30 per fill mail)	AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	7	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			Penicillinase-Resistant Penicillins		
Oxytocics			<i>dicloxacillin sodium</i>	1	
(Methylergonovine Maleate) METHERGINE TABS			PROGESTINS - Hormone Replacement/Modifying Drugs		
<i>methylergonovine maleate TABS</i>	1		Progestins		
PENICILLINS - Drugs to Treat Bacterial Infections			<i>AYGESTIN TABS (norethindrone acetate)</i>	7	
Aminopenicillins			<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)
<i>amoxicillin CAPS</i>	1		<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1		<i>megestrol acetate (appetite)</i>	3	AC
<i>amoxicillin SUSR</i>	1		<i>norethindrone acetate TABS</i>	1	
<i>amoxicillin TABS</i>	1		<i>progesterone CAPS</i>	1	QL(1 ea daily)
<i>ampicillin CAPS 500 MG</i>	1		<i>PROMETRIUM CAPS (progesterone)</i>	7	QL(1 ea daily)
Natural Penicillins			<i>PROVERA 10 MG (medroxyprogesterone acetate)</i>	7	QL(1 ea daily)
<i>penicillin v potassium SOLR</i>	1		<i>PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate)</i>	7	
<i>penicillin v potassium TABS</i>	1		PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Penicillin Combinations			Agents for Chemical Dependency		
<i>amoxicillin & pot clavulanate CHEW</i>	1		<i>acamprosate calcium</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1		<i>disulfiram</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1				
<i>amoxicillin & pot clavulanate TB12</i>	1				

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LUCEMYRA	3	QL(224 ea per 14 days retail); PA	NAMENDA TABS 10 MG (<i>memantine hcl</i>)	7	QL(2 ea daily)			
Anti-Cataplectic Agents								
SODIUM OXYBATE SOLN	3	ST; PA	NAMZARIC C4PK	3	PA			
XYREM SOLN	3	ST; PA	NAMZARIC CP24 7 MG-10 MG	3	ST; PA			
Antidementia Agents								
ARICEPT TABS (<i>donepezil hydrochloride</i>)	7	QL(1 ea daily)	NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	3	PA			
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)	RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	7	QL(1 ea daily)			
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)	<i>rivastigmine</i>	1				
EXELON (<i>rivastigmine</i>)	7		<i>rivastigmine tartrate CAPS</i>	1				
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)	Combination Psychotherapeutics					
<i>galantamine hydrobromide SOLN</i>	1		<i>olanzapine-fluoxetine hcl</i>	3				
<i>galantamine hydrobromide TABS</i>	1		SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	7				
<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	3	PA	Fibromyalgia Agents					
<i>memantine hcl CP24 7 MG</i>	3	ST; PA	SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA			
<i>memantine hcl SOLN</i>	1		SAVELLA TABS	3	QL(2 ea daily); PA			
<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)	Movement Disorder Drug Therapy					
<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)	AUSTEDO TABS 9 MG	3	QL(2 ea daily); PA			
<i>memantine hcl TABS</i>	1		AUSTEDO TABS 6 MG	3	ST; QL(2 ea daily); PA			
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	7		AUSTEDO TABS 12 MG	3	QL(4 ea daily); PA			
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	7	PA	INGREZZA CAPS 40 MG, 80 MG	3	QL(1 ea daily); PA			
NAMENDA XR CP24 7 MG (<i>memantine hcl</i>)	7	ST; PA	INGREZZA CAPS 60 MG	3	QL(1 ea daily); PA			
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	7	QL(4 ea daily)	INGREZZA CPPK	3	PA			
			<i>tetrabenazine</i>	3				
			XENAZINE (<i>tetrabenazine</i>)	7				
Multiple Sclerosis Agents								
AMPYRA (<i>dalfampridine</i>)	7	PA						

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUBAGIO (<i>teriflunomide</i>)	7	QL(1 ea daily)			
<i>dalfampridine</i>	1	PA			
<i>dimethyl fumarate CDPK</i>	3	QL(60 ea per 365 days retail)			
<i>dimethyl fumarate CPDR</i>	3	QL(2 ea daily)			
<i>fingolimod hcl</i>	1	QL(1 ea daily)			
GILENYA 0.5 MG	2	QL(1 ea daily)			
GILENYA (<i>fingolimod hcl</i>)	7	QL(1 ea daily)			
KESIMPTA	3	Check plan documents for coverage; QL(0.0143 ml daily); PA			
MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA			
MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA			
MAYZENT TABS 1 MG	3	not available thru mail order; PA			
MAYZENT TABS 2 MG	3	not available thru mail order; QL(1 ea daily); PA			
MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); PA			
PLEGRIDY SOSY IM	4	PA			
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	7	QL(60 ea per 365 days retail)			
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	7	QL(2 ea daily)			
<i>teriflunomide</i>	1	QL(1 ea daily)			
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	3	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	3				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	5	Grand Fathered Plans at Tier 2; PV	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	5	Grand Fathered Plans at Tier 2; PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	5	Grand Fathered Plans at Tier 2; PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	5	Grand Fathered Plans at Tier 2; PV			

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	5	Grand Fathered Plans at Tier 2; PV	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR		
			APO-VARENICLINE TABS	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	Grand Fathered Plans at Tier 2; PV
			NICODERM CQ PT24 TD (<i>nicotine</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE GUM (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine polacrilex GUM</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine polacrilex LOZG</i>	5	Grand Fathered Plans at Tier 2; PV
			NICOTINE TRANSDERMAL SYSTEM KIT	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine MISC XX</i>	5	Grand Fathered Plans at Tier 2; PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	Grand Fathered Plans at Tier 2; PV
			NICOTROL INHALER INHA	5	Grand Fathered Plans at Tier 2; PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	5	Grand Fathered Plans at Tier 2; PV	Infections		
<i>varenicline tartrate TABS</i>	5	Grand Fathered Plans at Tier 2; QL(2 ea daily); PV	Sulfonamides		
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions					
Cystic Fibrosis Agents					
KALYDECO PACK	3	PA	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
KALYDECO TABS	3	PA	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	1	
ORKAMBI PACK 94 MG-75 MG	3	PA	(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	3	PA	<i>demeclacycline hcl TABS</i>	1	
ORKAMBI TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(4 ea daily); PA	<i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>	1	
PULMOZYME	2	QL(5 ml daily); PA	<i>doxycycline (monohydrate) SUSR</i>	1	
SYMDEKO 150 MG-100 MG	3	PA	<i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>	1	
SYMDEKO 75 MG-50 MG	3	PA	<i>doxycycline (monohydrate) TABS 150 MG</i>	3	ST
TRIKAFTA TBPK 100 MG-50 MG	3	QL(3 ea daily); PA	<i>doxycycline hyclate CAPS</i>	1	
TRIKAFTA TBPK 50 MG-25 MG	3	QL(3 ea daily); PA	<i>doxycycline hyclate TABS 20 MG</i>	3	
Pulmonary Fibrosis Agents					
ESBRIET CAPS (<i>pirfenidone</i>)	2	QL(3 ea daily); PA	<i>doxycycline hyclate TABS 100 MG</i>	1	
ESBRIET TABS (<i>pirfenidone</i>)	2	QL(3 ea daily); PA	<i>minocycline hcl CAPS</i>	1	
OFEV	3	QL(2 ea daily); PA	<i>tetracycline hcl CAPS</i>	1	
<i>pirfenidone CAPS</i>	1	QL(3 ea daily); PA	TETRACYCLINE HYDROCHLORIDE TABS	2	
<i>pirfenidone TABS</i>	1	QL(3 ea daily); PA	TETRACYCLINE HYDROCHLORID TABS	2	
SULFONAMIDES - Drugs to Treat Bacterial					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN SUSR <i>(doxycycline (monohydrate))</i>	7		<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 ea daily)
Antithyroid Agents			<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
<i>methimazole TABS</i>	1		<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 ea daily)
<i>propylthiouracil</i>	1	QL(3 ea daily)	<i>liothyronine sodium TABS 5 MCG</i>	1	
Thyroid Hormones			NIVA THYROID TABS	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	QL(1 ea daily)	NP THYROID 120 TABS	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	NP THYROID 15 TABS	2	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		NP THYROID 30 TABS	2	
ADTHYZA TABS	2		NP THYROID 60 TABS	2	
ARMOUR THYROID TABS	2		NP THYROID 90 TABS	2	
CYTOMEL TABS 25 MCG, 50 MCG <i>(liothyronine sodium)</i>	2	QL(2 ea daily)	SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG <i>(levothyroxine sodium)</i>	2	
CYTOMEL TABS 5 MCG <i>(liothyronine sodium)</i>	2		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG <i>(levothyroxine sodium)</i>	2	QL(1 ea daily)
<i>levothyroxine sodium CAPS 125 MCG</i>	1	QL(1 ea daily)	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
			TIROSINT CAPS 75 MCG	2	
			TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	3	
			ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antispasmodics					
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1		(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG	1	QL(4 ea daily); RX/OTC
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1				
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1				
ANASPAZ TBDP <i>(hyoscyamine sulfate)</i>	7				
CUVPOSA SOLN OR <i>(glycopyrrolate)</i>	7				
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN OR</i>	1				
<i>dicyclomine hcl TABS</i>	1				
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1				
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1				
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1				
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1				
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1				
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1				
LEVBID TB12 <i>(hyoscyamine sulfate)</i>	7				
LEVSIN/SL SUBL <i>(hyoscyamine sulfate)</i>	7				
LEVSIN TABS <i>(hyoscyamine sulfate)</i>	7				
<i>methscopolamine bromide</i>	1				
ROBINUL FORTE TABS <i>(glycopyrrolate)</i>	7		<i>cimetidine hcl OR 300 MG/5ML, 400 MG/6.67ML</i>	1	
ROBINUL TABS <i>(glycopyrrolate)</i>	7		<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)
H-2 Antagonists			<i>cimetidine TABS 300 MG, 800 MG</i>	1	
			<i>famotidine SUSR</i>	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
famotidine TABS 40 MG	1	QL(2 ea daily)	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ	1	QL(1 ea daily)
famotidine TABS 20 MG	1	QL(4 ea daily); RX/OTC	OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP		
nizatidine CAPS	1		OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR		
nizatidine SOLN	1				
PEPCID AC MAXIMUM STRENGTH TABS <i>(famotidine)</i>	7	QL(4 ea daily); RX/OTC			
PEPCID AC TABS 20 MG <i>(famotidine)</i>	7	QL(4 ea daily); RX/OTC	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ	1	QL(1 ea daily)
PEPCID TABS 40 MG <i>(famotidine)</i>	7	QL(2 ea daily)	OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP		
PEPCID TABS 20 MG <i>(famotidine)</i>	7	QL(4 ea daily); RX/OTC	OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR		
Misc. Anti-Ulcer					
CARAFATE SUSP <i>(sucralfate)</i>	7		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ	1	QL(1 ea daily)
CARAFATE TABS <i>(sucralfate)</i>	7	QL(4 ea daily)	OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP		
sucralfate SUSP	1		OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG		
sucralfate TABS	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, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ	1	QL(1 ea daily)
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG		
			ACIPHEX TBEC <i>(rabeprazole sodium)</i>	7	ST; QL(1 ea daily); PA
			FIRST-OMEPRAZOLE SUSP	3	
			<i>lansoprazole CPDR</i>	1	QL(1 ea daily)
			<i>lansoprazole TBDD 15 MG</i>	3	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
			<i>lansoprazole TBDD 30 MG</i>	3	QL(1 ea daily); AL(Up to 12 yrs old)
			OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)	<i>darifenacin hydrobromide</i>	3	
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)	DETROL LA CP24 <i>(tolterodine tartrate)</i>	7	QL(1 ea daily)
<i>pantoprazole sodium PACK</i>	3	QL(1 ea daily)	DETROL TABS <i>(tolterodine tartrate)</i>	7	QL(2 ea daily)
<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)	DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	7	
PREVACID 24HR CPDR (<i>lansoprazole</i>)	7	QL(1 ea daily); RX/OTC	<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>)	7	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)
PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily); AL(Up to 12 yrs old)	<i>oxybutynin chloride TB24</i>	1	
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	7	QL(1 ea daily)	<i>solifenacina succinate TABS 5 MG</i>	1	
PRILOSEC PACK	3		<i>solifenacina succinate TABS 10 MG</i>	1	QL(1 ea daily)
PROTONIX PACK (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)	<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
PROTONIX TBEC (<i>pantoprazole sodium</i>)	7	QL(1 ea daily)	<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA	TOVIAZ (<i>fesoterodine fumarate</i>)	7	QL(1 ea daily)
<i>rabeprazole sodium TBEC</i>	3	ST; QL(1 ea daily); PA	<i>trospium chloride CP24</i>	1	
Ulcer Drugs - Prostaglandins			<i>trospium chloride TABS</i>	1	QL(2 ea daily)
CYTOTEC (<i>misoprostol</i>)	7		VESICARE TABS 10 MG (<i>solifenacina succinate</i>)	7	QL(1 ea daily)
<i>misoprostol</i>	1		VESICARE TABS 5 MG (<i>solifenacina succinate</i>)	7	
Ulcer Therapy Combinations			Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)	MYRBETRIQ TB24	3	QL(1 ea daily); PA
HELIDAC THERAPY	3		Urinary Antispasmodics - Cholinergic Agonists		
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms			<i>bethanechol chloride</i>	1	
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			Urinary Antispasmodics - Direct Muscle Relaxants		
			<i>flavoxate hcl</i>	1	
			VACCINES		
			Viral Vaccines		
			COVID VACCINES	5	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
FLUMIST QUADRIVALENT	5	Grand Fathered Plans at Tier 2; PV	(Estradiol Vaginal) YUVAFEM TABS	1				
VAGINAL AND RELATED PRODUCTS								
Spermicides								
ENCARE SUPP 100 MG	5	Grand Fathered Plans at Tier 2; PV	ESTRACE CREA <i>(estradiol vaginal)</i>	7				
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV	<i>estradiol vaginal CREA</i>	1				
TODAY SPONGE MISC	5	Grand Fathered Plans at Tier 2; PV	<i>estradiol vaginal TABS</i>	1				
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	Grand Fathered Plans at Tier 2; PV	ESTRING RING	2				
VCF VAGINAL CONTRACEPTIVE GEL	5	Grand Fathered Plans at Tier 2; PV	FEMRING	3	QL(1 ea per 90 days retail)			
Vaginal Anti-infectives								
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	3		PREMARIN	2	QL(2 gm daily)			
CLEOCIN CREA <i>(clindamycin phosphate vaginal)</i>	7		VAGIFEM TABS <i>(estradiol vaginal)</i>	7				
CLEOCIN SUPP	3		Vaginal Progestins					
<i>clindamycin phosphate vaginal CREA</i>	1		CRINONE GEL 8 %	3	PA			
CLINDESSE	3		ENDOMETRIN INST	3	ST; PA			
GYNAZOLE-1	3		VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions					
<i>metronidazole vaginal</i>	1		Anaphylaxis Therapy Agents					
<i>terconazole vaginal CREA</i>	1		<i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>	4	See plan documents for specific Coverage ; QL(2 ea per fill retail; 4 ea per 30 days retail)			
<i>terconazole vaginal SUPP</i>	3		<i>epinephrine (anaphylaxis) SOAJ</i>	4	QL(2 ea per fill retail; 4 ea per 30 days retail)			
VANDAZOLE	2		Neurogenic Orthostatic Hypotension (NOH) - Agents					
Vaginal Contraceptive - pH Modulators								
PHEXXI	5	Grand Fathered Plans at Tier 2; PV	<i>droxidopa</i>	3	PA			
Vaginal Estrogens			NORTHERA (<i>droxidopa</i>)	7	PA			
Vasopressors								
<i>midodrine hcl</i>								
VITAMINS								
Oil Soluble Vitamins								
DRISDOL CAPS <i>(ergocalciferol)</i>								

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Drug Name	Drug Tier	Requirements/ Limits
<i>ergocalciferol CAPS</i>	1	
MEPHYTON TABS (<i>phytonadione</i>)	7	
<i>phytonadione TABS 5 MG</i>	1	

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250 MG76	MAXIMUM STRENGTH, MM	FOLIC ACID, QC FOLIC ACID, RA
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AMABELZ, MIMVEY TABS 1 MG-0.5	MAXIMUM STRENGTH, QC ACID	TRUE FOLIC ACID, YL FOLIC ACID
MG68	CONTROLLER MAXIMUM	TABS 400 MCG, 800 MCG73
(Estradiol & Norethindrone Acetate)	STRENGTH, QC FAMOTIDINE ACID	(Folic Acid) CVS FOLIC ACID,
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ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1	(Flurandrenolide) NOLIX CREA ... 60	FOLIC ACID, KP FOLIC ACID, PX
MG49	(Flurandrenolide) NOLIX LOTN ...60	FOLIC ACID, QC FOLIC ACID, RA
(Ethynodiol Diacet & Eth Estrad)	(Fluticasone Propionate (Nasal))	FOLIC ACID, SM FOLIC ACID,
KELNOR 1/35, KELNOR 1/50,	ALLERGY NASAL SPRAY 24	TRUE FOLIC ACID, YL FOLIC ACID
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PREVENTION/MAXIMUM	SM ALLERGY RELIEF NASAL	(Guaiifenesin-Codeine)
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REDUCER MAXIMUM STRENGTH,	INHUB AEPB 100 MCG/ACT-50	
GNP ACID REDUCER	MCG/ACT, 250 MCG/ACT-50	(Hydrocodone Bitartrate-Homatropine
MAXIMUM STRENGTH,	MCG/ACT, 500 MCG/ACT-50	Methylbromide) HYDROMET SOLN .
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MAXIMUM STRENGTH, HM		
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		MED HC, PROCTOSOL HC,
		PROCTOZONE-HC EX 2.5 %11
		(Hyoscyamine Sulfate) ED-SPAZ,
		NULEV TBDP 0.125 MG106
		(Hyoscyamine Sulfate) OSCIMIN

SUBL 0.125 MG	106	HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .107	TAKE ACTION 1.5 MG	53
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	106	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .107	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	49
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	4	(Levetiracetam) ROWEEPRA TABS 500 MG	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE	49
(Indomethacin) INDOCIN SUPP	4	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .49	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	49
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG ..55		(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .49	(Levonorgestrel-Ethyne Estradiol (Continuous)) AMETHYST, DOLISHALE	49
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..55		(Levonorgestrel-Ethyne Estradiol-Iron) JOYEUX	49	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG ..55		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	105	
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	55	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	105	
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT 64		(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	105	
(Ketoconazole (Topical)) KETODAN FOAM	58	(Levotriptan) RYMANTRIA	105	
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	70	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ..49	(Levonorgestrel-Ethyne Estradiol-Iron) JOYEUX	49
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	74	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG .49	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	105
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	15	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT,	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	105
(Lamotrigine) SUBVENITE TABS .15		(Lidocaine) LIDOCAN, LIDOCAN II, LIDOCAN III PTCH 5 %	64	
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE,		(Lorazepam) LORAZEPAM		

INTENSOL CONC	12	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 98	NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 98
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	8		
(Methylergonovine Maleate) METHERGINE TABS	94		
(Metronidazole (Topical)) ROSADAN CREA	64		
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	64		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .	109		
(Miglustat) YARGESA	73		
(Nabumetone) RELAFEN 500 MG ..	4		
(Nabumetone) RELAFEN 750 MG ..	4		
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	90		
(Niacin (Antihyperlipidemic)) NIACOR TABS	26		
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE NICOTINE POLACRILEX LOZG ..	96		
	97		
		(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 98	
		(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 98	

CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..100 (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..100 (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1 MG-20 MCG-75 MG.....50 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ TABS 1.5 MG-30 MCG-75 MG .....50 (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM STEP 3, EQ NICOTINE, EQ NICOTINE STEP	(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	ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG
		50 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA
		50 (Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA

35 MCG-0.5 MG	50	5 MCG	68	ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	92
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	50	(Norethindrone Acetate-Ethiny Estradiol-Fe) TILIA FE, TRI-LEGEST FE	51		
(Norethindrone & Eth Estradiol- Fe) KAITLIB FE, LAYOLIS FE 25 MCG-0.8 MG-75 MG	50	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	51	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	107
(Norethindrone & Ethinyl Estradiol- Fe) WYMZYA FE 35 MCG-0.4 MG 50		(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-LO- ESTARYLLA, TRI-LO-MARZIA, TRI- LO-MILI, TRI-LO-SPRINTEC, TRI- MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA, TRI- VYLIBRA LO	51	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	107
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	53	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	51	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	107
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG- 20 MCG	51	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG	51	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG ..	9
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG	51	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ...	58	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG ..	9
(Norethindrone Acetate-Ethiny Estradiol) FYAVOLV, JINTELI ..	68	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	92	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ..	9
(Norethindrone Acetate-Ethiny Estradiol) FYAVOLV, JINTELI 1 MG-		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY		(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25	

MG/ML-5 UNIT/ML-10 MG/ML	84	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 10 %	90	PACK OR 20 MEQ	82
(Ped Multivitamins W/FI & Iron)		(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN 2.5 %	90	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	71
MULTI-VIT/IRON/FLUORIDE,		(Phenylephrine-Brompheniramine- DM) PRESGEN B, TUSSI-PRES B LIQD 10 MG/5ML-20 MG/5ML-4 MG/5ML	54	(Potassium Citrate-Citric Acid) CYTRA-K SOLN	71
MULTIVITAMIN/FLUORIDE/IRON		(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	18	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	81
SOLN 35 MG/ML-0.4 MG/ML-0.5		(Phenytoin) PHENYTOIN INFATABS CHEW	18	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	91
MG/ML-400 UNIT/ML-1500		(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	71	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	85
UNIT/ML-0.6 MG/ML-8 MG/ML-0.6		(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL	81	(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW	85
MG/ML-0.25 MG/ML-10 MG/ML	84	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	81	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT	85
(Pediatric Multivitamins W/FI)		(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	82	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT- 8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG-4000 UNIT- 200 MG-150 MCG-30 UNIT-29 MG 85	
MULTIVITAMIN WITH FLUORIDE,		(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	82	(Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA 85	
MULTIVITAMIN/FLUORIDE CHEW		(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	82	(Prochlorperazine) COMPRO	40
84		(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	82	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	24
(Pediatric Multivitamins W/FI)		(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	82	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	24
MULTIVITAMIN/FLUORIDE DROPS SOLN .		(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	82	(Salicylic Acid) KERALYT SHAM 6 % 63	
84		(Potassium Chloride) KLOR-CON	82	(Sapropterin Dihydrochloride) JAVYGTOR PACK	67
(Pediatric Vitamins ACD W/ Fluoride)		(Potassium Chloride) KLOR-CON	82	(Sapropterin Dihydrochloride) JAVYGTOR TABS	67
MULTIVITAMIN SELECT/FLUORIDE					
SOLN 35 MG/ML-400 UNIT/ML-1500					
UNIT/ML-0.25 MG/ML	84				
(Pediatric Vitamins ACD W/ Fluoride)					
TRI-VITE/FLUORIDE, VITAMINS					
A/C/D/FLUORIDE SOLN	84				
(PEG 3350-Kcl-NaCl-Na Sulfate-Na					
Ascorbate-Ascorbic Acid) PEG-					
3350/ELECTROLYTES/ASCORBAT					
E	74				
(PEG 3350-Kcl-Sod Bicarb-Sod					
Chloride-Sod Sulfate) GAVILYTE-G					
SOLR 6.74 GM-2.97 GM-5.86 GM-					
22.74 GM-236 GM	74				

(Silver Sulfadiazine) SSD	60	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	83	ABSORICA 35 MG, 40 MG (isotretinoin)	55
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	55	(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, HM 24 HOUR NASAL ALLERGY SPRAY, KLS ALLER-CORT, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY AERO	88	acamprosate calcium	94
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	55	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	60	acarbose	20
(Sodium Citrate & Citric Acid) CYTRA-2	71	(Vigabatrin) VIGADRONE TABS ..	18	ACCUPRIL (quinapril hcl)	26
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	81	(Vigabatrin) VIGADRONE, VIGPODER PACK	18	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide)	28
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	81	(Warfarin Sodium) JANTOVEN TABS	14	ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide)	28
(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	83	abacavir sulfate SOLN	41	acebutolol hcl CAPS	44
(Sotalol Hcl) SORINE TABS	44	abacavir sulfate TABS	41	acetaminophen w/ codeine SOLN ..	9
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	55	abacavir sulfate-lamivudine	41	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	9
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	55	ABILIFY TABS 15 MG (ariPIPRAZOLE) .	41	acetaminophen w/ codeine TABS 60 MG-300 MG	9
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	30	ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (ariPIPRAZOLE)	41	acetazolamide CP12	65
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	47	ABILIFY TABS 20 MG (ariPIPRAZOLE) .	40	acetazolamide TABS 125 MG	65
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	10	abiraterone acetate	33	acetazolamide TABS 250 MG	65
(Tetracaine Hcl (Ophth)) ALTACAINE	91	ABSORICA 10 MG, 25 MG (isotretinoin)	55	acetic acid (otic)	93
(Theophylline) ELIXOPHYLLIN ELIX .	14	ABSORICA 20 MG (isotretinoin) ..	55	acetylcysteine SOLN	55
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	89	ABSORICA 30 MG (isotretinoin) ..	55	ACIPHEX TBEC (rabeprazole sodium)	107
(Tretinoin) AVITA CREA 0.025 % .	55			acitretin 10 MG	59
(Tretinoin) AVITA GEL 0.025 % ...	55			acitretin 17.5 MG	59
				acitretin 25 MG	59
				ACTIQ LPOP 1600 MCG (fentanyl citrate)	8
				ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate)	8
				ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) ..	68

ACTONEL TABS 150 MG (risedronate sodium)	66	(pulmonary hypertension)) 47	alclometasone dipropionate OINT .61	
ACTONEL TABS 35 MG (risedronate sodium)	66	ADDERALL TABS (amphetamine- dextroamphetamine) .....1	ALDACTAZIDE (spironolactone & hydrochlorothiazide) .....65	
ACTOPLUS MET TABS (pioglitazone hcl-metformin hcl)	20	ADDERALL XR CP24 (amphetamine-dextroamphetamine) 1	ALDACTAZIDE .....65	
ACTOS 15 MG (pioglitazone hcl) ..	22	adefovir dipivoxil	ALDACTONE TABS (spironolactone) .....66	
ACTOS 30 MG, 45 MG (pioglitazone hcl)	22	ADEMPAS	ALDARA (imiquimod) .....63	
ACULAR (ketorolac tromethamine (ophth))	92	ADIPEX-P CAPS (phentermine hcl) 1	ALECENSA .....34	
ACULAR LS (ketorolac tromethamine (ophth))	92	ADTHYZA TABS	alendronate sodium SOLN .....66	
ACUVAIL	92	ADVAIR DISKUS AEPB (fluticasone- salmeterol)	alendronate sodium TABS 35 MG, 70 MG .....66	
acyclovir CAPS	43	AFINITOR DISPERZ TBSO (everolimus)	alendronate sodium TABS 5 MG, 10 MG .....66	
acyclovir SUSP	43	AFINITOR TABS (everolimus)	alfuzosin hcl .....72	
acyclovir TABS OR 400 MG	43	AGRYLIN 0.5 MG (anagrelide hcl) 72	ALINIA SUSR .....30	
acyclovir TABS OR 800 MG	43	AIMSCO LUBRICATED MISC	ALINIA TABS (nitazoxanide) .....30	
acyclovir topical CREA	60	AJOVY SOAJ	aliskiren fumarate .....29	
acyclovir topical OINT	60	AJOVY SOSY	ALKERAN (melphalan) .....31	
ACZONE 5 % (dapsone (topical)) .	55	AKTEN	allopurinol 100 MG .....72	
ACZONE 7.5 % (dapsone (topical)) 55		AKYNZEO	allopurinol 300 MG .....72	
ADALIMUMAB-ADAZ SOAJ	3	albendazole	almotriptan malate .....80	
ADALIMUMAB-ADAZ SOSY	3	ALBENZA (albendazole)	ALOCRIL .....92	
adapalene CREA	56	albuterol sulfate AERS	alogliptin benzoate 25 MG .....21	
adapalene GEL 0.1 %	56	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	alogliptin benzoate 6.25 MG, 12.5 MG .....21	
adapalene GEL 0.3 %	56	ALBUTEROL SULFATE NEBU	ALOMIDE .....92	
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	56	albuterol sulfate SYRP	ALORA PTTW .....69	
adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	56	albuterol sulfate TABS	alosetron hcl .....70	
ADCIRCA TABS (tadalafil		ALCAINE (proparacaine hcl)	ALPHAGAN P (brimonidine tartrate) 90	
		alclometasone dipropionate CREA 60	ALPRAZOLAM INTENSOL CONC 12	
			alprazolam TABS	12

alprazolam TBDP	12	amitriptyline hcl TABS	20	CP24 1.25 MG-1.25 MG-1.25 MG-
ALREX SUSP (loteprednol etabonate)	91	amlodipine besylate TABS 2.5 MG	45	1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG,
ALTABAX	57	amlodipine besylate TABS 5 MG, 10 MG	45	3.75 MG-3.75 MG-3.75 MG-3.75 MG,
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril)	26	amlodipine besylate-atorvastatin calcium	46	5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG
ALUNBRIG TABS	34	amlodipine besylate-benazepril hcl 10 MG-2.5 MG	28	1 amphetamine-dextroamphetamine TABS
ALUNBRIG TBPK	34	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	28	1 ampicillin CAPS 500 MG
alvimopan	70	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG	28	94 AMPYRA (dalfampridine)
amantadine hcl CAPS	38	amlodipine besylate-valsartan 10 MG-160 MG	28	95 ANAFRANIL (clomipramine hcl)
amantadine hcl TABS	38	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	28	20 anagrelide hcl
AMARYL (glimepiride)	22	amlodipine-valsartan-hydrochlorothiazide	28	72 ANALPRAM-HC LOTN EX
AMBIEN CR TBCR (zolpidem tartrate)	73	amoxapine	20	11 ANAPROX DS TABS (naproxen sodium)
AMBIEN TABS (zolpidem tartrate)	73	amoxicillin & pot clavulanate CHEW .	94	4 ANASPAZ TBDP (hyoscyamine sulfate)
ambrisentan	47	amoxicillin & pot clavulanate SUSR	94	106 anastrozole
amcinonide CREA	61	amoxicillin & pot clavulanate TABS	94	33 ANCOPON (flucytosine)
amcinonide LOTN	61	amoxicillin & pot clavulanate TB12	94	24 ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone)
amcinonide OINT	61	amoxicillin CAPS	94	10 ANDROGEL PUMP GEL TD 1.62 % (testosterone)
AMERGE (naratriptan hcl)	80	amoxicillin CHEW 125 MG, 250 MG	94	68 ANGELIQ
AMICAR SOLN OR (aminocaproic acid)	73	amoxicillin SUSR	94	53 ANNOVERA
AMICAR TABS 1000 MG (aminocaproic acid)	73	amoxicillin TABS	94	14 ANORO ELLIPTA
amiloride & hydrochlorothiazide	65	amoxicillin-clarithromycin w/ lansoprazole THPK	108	25 ANTARA 30 MG
amiloride hcl TABS	66	amoxicillin TABS	94	11 ANUSOL-HC EX (hydrocortisone (rectal))
aminocaproic acid SOLN OR 0.25 GM/ML	73	amoxicillin-clarithromycin w/ lansoprazole THPK	108	23 ANZEMET TABS 50 MG
aminocaproic acid TABS 1000 MG	73	amoxicillin TABS	94	61 APEXICON E CREA
amiodarone hcl TABS	12	amphetamine-dextroamphetamine	90	103 APO-VARENICLINE TABS
AMITIZA (lubiprostone)	70	apraclonidine hcl	90	

aprepitant CAPS 40 MG	23	asenapine maleate	40	ATROVENT HFA	12
aprepitant CAPS 80 MG, 125 MG .	23	aspirin CHEW	7	AUBAGIO (teriflunomide)	96
aprepitant CAPS	23	aspirin TBEC 81 MG	7	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	94
aprepitant MISC	24	aspirin-dipyridamole	72	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	94
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	41	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	79	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	94
APRISO CP24 (mesalamine)	70	ASTAGRAF XL CP24	82	AURYXIA	70
APTENSIO XR CP24 (methylphenidate hcl)	2	ATABEX EC TBEC	85	AUSTEDO TABS 12 MG	95
APTIOM	15	ATACAND 32 MG (candesartan cilexetil)	27	AUSTEDO TABS 6 MG	95
APTIVUS CAPS	41	ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	27	AUSTEDO TABS 9 MG	95
ARAVA 10 MG (leflunomide)	6	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	28	AVALIDE (irbesartan- hydrochlorothiazide)	28
ARAVA 20 MG (leflunomide)	6	atazanavir sulfate CAPS	41	AVAPRO (irbesartan)	27
arformoterol tartrate	14	atenolol & chlorthalidone	28	AVODART (dutasteride)	72
ARICEPT TABS (donepezil hydrochloride)	95	atenolol TABS	44	AYGESTIN TABS (norethindrone acetate)	94
ARIKAYCE	3	ATIVAN TABS (lorazepam)	12	AYVAKIT 100 MG, 200 MG, 300 MG 34	
ARIMIDEX (anastrozole)	33	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	1	AYVAKIT 25 MG, 50 MG	34
ariPIPrazole SOLN OR	41	atomoxetine hcl 60 MG, 80 MG, 100 MG	1	AZASITE	90
ariPIPrazole TABS 15 MG	41	atorvastatin calcium TABS	26	azathioprine TABS 50 MG	82
ariPIPrazole TABS 2 MG, 5 MG, 10 MG, 30 MG	41	atovaquone	30	azathioprine TABS 75 MG, 100 MG 82	
ariPIPrazole TABS 20 MG	41	atovaquone-proguanil hcl	31	azelaic acid GEL	64
armodafinil	2	ATRALIN GEL (tretinoin)	56	azelastine hcl (ophth)	92
ARMOUR THYROID TABS	105	atropine sulfate (ophthalmic) OINT 90 atropine sulfate (ophthalmic) SOLN 90		azelastine hcl 0.1 %, 137 MCG/SPRAY	88
ARNUITY ELLIPTA	13	ATROPINE SULFATE SOLN 1 % (atropine sulfate (ophthalmic))	90	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	88
AROMASIN (exemestane)	33	ATROPINE SULFATE SOLN 1 % .90		azelastine hcl-fluticasone propionate SUSP	87
ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	4				
ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	5				
ASACOL HD TBEC (mesalamine)	.70				

AZELEX	56	BD AUTOSHIELD DUO 30G X 5MM	79	hydrochlorothiazide)	28
AZILECT (rasagiline mesylate) ...	39	BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	79	BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	56
azithromycin PACK	76	BD NEEDLE/30G X 1/2"	79	BENZNIDAZOLE	11
azithromycin SUSR	76	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	79	benzonatate 100 MG, 200 MG	54
azithromycin TABS 250 MG	76	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	79	benzonatate 150 MG	54
azithromycin TABS 500 MG	76	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	79	benzoyl peroxide-erythromycin GEL .	56
azithromycin TABS 600 MG	76	BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	79	benztropine mesylate TABS	38
AZOPT (brinzolamide)	92	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	79	bepotastine besilate	92
AZULFIDINE EN-TABS TBEC (sulfasalazine)	70	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	79	BEPREVE (bepotastine besilate) .	92
AZULFIDINE TABS (sulfasalazine) 70		BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	79	BESIVANCE	90
bacitracin (ophthalmic)	90	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	79	BETADINE OPHTHALMIC PREP .	90
bacitracin-polymyxin b (ophth)	90	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" ..	79	betaine	67
bacitracin-poly-neomycin-hc	91	74	betamethasone dipropionate (topical)		
baclofen TABS 10 MG	87	BELSOMRA	74	CREA	61
baclofen TABS 20 MG	87	benazepril & hydrochlorothiazide .	28	betamethasone dipropionate (topical)	
baclofen TABS 5 MG	87	benazepril hcl	26	LOTN	61
BACTRIM DS TABS (sulfamethoxazole-trimethoprim) ..	30	BENICAR 40 MG (olmesartan medoxomil)	27	betamethasone dipropionate augmented CREA	61
BACTRIM TABS (sulfamethoxazole-trimethoprim)	30	BENICAR 5 MG, 20 MG (olmesartan medoxomil)	27	betamethasone dipropionate augmented GEL 0.05 %	61
BALCOLTRA (levonorgestrel-ethynodiol-estradiol-iron)	51	BENICAR HCT 12.5 MG-20 MG (olmesartan medoxomil-hydrochlorothiazide)	28	betamethasone dipropionate augmented OINT	61
balsalazide disodium CAPS	70	BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (olmesartan medoxomil-		betamethasone valerate CREA ..	61
BALVERSA	34	hydrochlorothiazide)		betamethasone valerate FOAM ..	61
BANZEL SUSP (rufinamide)	15	BETAPACE AF (sotalol hcl (afib/afl))		betamethasone valerate LOTN ..	61
BANZEL TABS 200 MG (rufinamide) ..	15			betamethasone valerate OINT ..	61
BANZEL TABS 400 MG (rufinamide) ..	15				
BARACLUDE TABS (entecavir) ...	43				

.....	44	bosentan TABS 62.5 MG	47	budesonide CPEP	53
BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	44	BOSULIF CAPS	35	budesonide TB24	53
betaxolol hcl (ophth) SOLN	89	BOSULIF TABS	35	budesonide-formoterol fumarate dihydrate	14
betaxolol hcl	44	BRAUTOVI 75 MG	35	bumetanide TABS 0.5 MG, 1 MG ..	66
bethanechol chloride	108	BREZTRI AEROSPHERE	14	bumetanide TABS 2 MG	66
BETHKIS NEBU (tobramycin)	3	BRILINTA	72	BUMEX TABS 0.5 MG (bumetanide) ..	66
BETIMOL	89	brimonidine tartrate (topical)	64	BUPHENYL POWD (sodium phenylbutyrate)	67
BETOPTIC-S SUSP	89	brimonidine tartrate	90	BUPHENYL TABS (sodium phenylbutyrate)	67
bexarotene (topical)	59	brimonidine tartrate-timolol maleate ..	89	buprenorphine hcl SUBL 2 MG	10
bexarotene	38	brinzolamide	92	buprenorphine hcl SUBL 8 MG	10
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ..	51	BRIVIACT SOLN OR 10 MG/ML ..	15	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1	
bicalutamide	33	BRIVIACT TABS 10 MG	15	MG-4 MG, 2 MG-8 MG	10
BIDIL (isosorbide dinitrate-hydralazine hcl)	46	BRIVIACT TABS 100 MG	15	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ..	10
BIKTARVY 200 MG-50 MG-25 MG		brromfenac sodium (ophth) 0.07 %, 0.075 %	92	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ..	10
41		bromfenac sodium (ophth) 0.09 % ..	92	buprenorphine hcl-naloxone hcl dihydrate SUBL	10
BILTRICIDE (praziquantel)	11	bromocriptine mesylate CAPS	38	buprenorphine PTWK	10
bimatoprost SOLN	93	bromocriptine mesylate TABS 2.5 MG	38	bupropion hcl (smoking deterrent) 103	
BIO-DTUSS DMX LIQD	54	BROMSITE (bromfenac sodium (ophth))	92	bupropion hcl TABS	18
bisacodyl SUPP	75	BROVANA (arformoterol tartrate) ..	14	bupropion hcl TB12	18
bisacodyl TBEC	75	BRUKINSA	35	bupropion hcl TB24 150 MG, 300 MG	18
bisoprolol & hydrochlorothiazide ..	28	budesonide (inhalation) SUSP 0.25 MG/2ML	13	bupropion hcl TB24 450 MG	19
bisoprolol fumarate	44	budesonide (inhalation) SUSP 0.5 MG/2ML	13	buspirone hcl	11
BLEPH-10 SOLN (sulfacetamide sodium (ophth))	90	budesonide (inhalation) SUSP 1 MG/2ML	13	butalbital-acetaminophen CAPS 50 MG-300 MG	6
BLEPHAMIDE S.O.P. OINT	91	budesonide (intrarectal)	10	butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG	6
BLEPHAMIDE SUSP	91				
BONIVA TABS (ibandronate sodium)					
66					
bosentan TABS 125 MG	47				

butalbital-acetaminophen-caffeine	CALCIFOL	81	captopril	26
CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	calcipotriene CREA	59	CARAC CREA (fluorouracil (topical))	
6	calcipotriene FOAM	59	59	
butalbital-acetaminophen-caffeine	CALCIPOTRIENE FOAM	59	CARAFATE SUSP (sucralfate) ...	107
TABS 40 MG-50 MG-325 MG	calcipotriene OINT	59	CARAFATE TABS (sucralfate) ...	107
6	calcipotriene SOLN	59	carbamazepine CHEW	15
butalbital-acetaminophen-caffeine w/ codeine	calcipotriene-betamethasone		carbamazepine CP12	15
9	dipropionate OINT	61	carbamazepine SUSP	15
butalbital-aspirin-caffeine CAPS	calcipotriene-betamethasone		carbamazepine TABS	15
6	dipropionate SUSP	61	carbamazepine TB12 100 MG	15
butalbital-aspirin-caffeine w/cod	calcitonin (salmon) NA	66	carbamazepine TB12 200 MG	15
9	CALCITRIOL	48	carbamazepine TB12 400 MG	15
butorphanol tartrate NA 10 MG/ML 10	calcitriol CAPS 0.25 MCG	67	CARBATROL CP12 (carbamazepine)	
BUTTRANS PTWK (buprenorphine) 10	calcitriol CAPS 0.5 MCG	67	.....15	
BYSTOLIC (nebivolol hcl)	calcitriol SOLN OR	67	carbidopa	38
44	calcium acetate (phosphate binder)		carbidopa-levodopa TABS	38
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	CAPS	70	carbidopa-levodopa TBCR 100 MG-	
41	calcium acetate (phosphate binder)		25 MG	38
cabergoline	TABS	70	carbidopa-levodopa TBCR 200 MG-	
68	CALCIUM-FOLIC ACID PLUS D ..	81	50 MG	38
CABOMETYX TABS 20 MG, 60 MG . 35	CALQUENCE	35	carbidopa-levodopa TBDP	38
CABOMETYX TABS 40 MG	CANASA SUPP (mesalamine)	70	carbidopa-levodopa-entacapone ..	38
35	candesartan cilexetil 32 MG	27	carbinoxamine maleate SOLN	24
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)	candesartan cilexetil 4 MG, 8 MG, 16 MG	27	carbinoxamine maleate TABS 4 MG .	
46	candesartan cilexetil-hydrochlorothiazide	28	24	
CAFERGOT TABS (ergotamine w/ caffeine)	CAPCOF SYRP	54	CARBINOXAMINE MALEATE TABS .	
80	capecitabine 150 MG	32	24	
caffeine citrate SOLN OR	capecitabine 500 MG	32	CARDIZEM CD CP24 (diltiazem hcl coated beads)	45
1	CAPEX SHAM	61	CARDIZEM LA TB24 (diltiazem hcl)	
CALAN SR TBCR 120 MG (verapamil hcl)	CAPRELSA	35	45	
45			CARDIZEM TABS 30 MG, 60 MG,	
CALAN SR TBCR 180 MG, 240 MG (verapamil hcl)			120 MG (diltiazem hcl)	45

CARDURA (doxazosin mesylate) .27	cefpodoxime proxetil TABS	48	chlorthalidone 25 MG, 50 MG	66
CARDURA XL .....72	cefprozil SUSR	48	chlorzoxazone TABS 375 MG, 500	
CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2" .....79	cefprozil TABS	48	MG, 750 MG	87
carisoprodol TABS 250 MG .....87	cefuroxime axetil TABS	48	cholestyramine light POWD	25
carisoprodol TABS 350 MG .....87	CELEBREX 400 MG (celecoxib) ....5		cholestyramine POWD	25
CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers)) 67	CELEBREX 50 MG, 100 MG, 200		choline fenofibrate 135 MG	25
CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) 67	MG (celecoxib)	5	choline fenofibrate 45 MG	25
CARNITOR TABS (levocarnitine (metabolic modifiers)) .....67	celecoxib 400 MG	5	CIALIS 2.5 MG (tadalafil)	46
carteolol hcl (ophth) .....89	celecoxib 50 MG, 100 MG, 200 MG 5		CIALIS 5 MG, 10 MG, 20 MG	
carvedilol 3.125 MG .....44	CELEXA TABS (citalopram		(tadalafil)	46
carvedilol 6.25 MG, 12.5 MG, 25 MG 44	hydrobromide)	19	ciclopirox GEL	58
carvedilol phosphate .....44	CELLCEPT CAPS (mycophenolate		ciclopirox olamine CREA	58
CASODEX (bicalutamide) .....33	mofetil)	83	ciclopirox olamine SUSP	58
CAYA DPRH .....76	CELLCEPT SUSR (mycophenolate		ciclopirox SHAM	58
cefaclor CAPS .....48	mofetil)	83	ciclopirox SOLN	58
CEFACLOR ER TB12 .....48	CELLCEPT TABS (mycophenolate		cilostazol	72
cefaclor SUSR 125 MG/5ML, 375	mofetil)	83	CILOXAN OINT	90
MG/5ML .....48	CELONTIN (methsuximide)	18	CILOXAN SOLN (ciprofloxacin hcl	
cefadroxil CAPS .....48	CENTANY OINT	57	(ophth))	90
cefadroxil SUSR .....48	cephalexin CAPS 250 MG, 500 MG		CIMDUO	41
cefadroxil TABS .....48	48	cimetidine hcl OR 300 MG/5ML, 400		
cefdinir CAPS .....48	CERDELGA	73	MG/6.67ML	106
cefedinir SUSR .....48	CETRAXAL (ciprofloxacin hcl (otic))		cimetidine TABS 300 MG, 800 MG	
cefixime CAPS .....48	93	106		
cefixime SUSR .....48	cevimeline hcl	83	cimetidine TABS 400 MG	106
cefpodoxime proxetil SUSR .....48	CHEMET	23	cinacalcet hcl	67
	CHENODAL	69	CIPRO HC	93
	chlordiazepoxide hcl CAPS	12	CIPRO SUSR	69
	chloroquine phosphate TABS	31	CIPRO TABS 250 MG, 500 MG	
	chlorpromazine hcl TABS	40	(ciprofloxacin hcl)	69
			CIPRODEX (ciprofloxacin-	
			dexamethasone)	93

ciprofloxacin hcl (ophth) SOLN	90	CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)		clobetasol propionate CREA 0.05 % .		
ciprofloxacin hcl (otic)	93	.....	30	61	
ciprofloxacin hcl TABS	69	CLEOCIN SUPP	109	clobetasol propionate emollient base		
ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	69	CLEOCIN-T LOTN (clindamycin phosphate (topical))	56	0.05 %	61	
ciprofloxacin-dexamethasone	93	CLIMARA PRO	68	clobetasol propionate emulsion ...	61	
citalopram hydrobromide SOLN ...	19	CLIMARA PTWK (estradiol)	69	clobetasol propionate FOAM	61	
citalopram hydrobromide TABS ...	19	CLINDAGEL GEL (clindamycin phosphate (topical))	56	clobetasol propionate GEL 0.05 %	61	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG- 20 MG-50 MG-25 MG-2 MG-159 MG- 90 MG-150 MCG-30 UNIT-0.75 MG- 300 MG	85	clindamycin hcl	30	clobetasol propionate LIQD	61	
CITRANATAL ASSURE	85	clindamycin phosphate (topical) FOAM	56	clobetasol propionate LOTN	61	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 85		clindamycin phosphate (topical) GEL		clobetasol propionate OINT 0.05 %		
CITRANATAL BLOOM	85	56	61	clobetasol propionate SHAM	61	
CITRANATAL BLOOM DHA	85	clindamycin phosphate (topical) LOTN	56	clobetasol propionate SOLN 0.05 %		
CITRANATAL DHA	85	clindamycin phosphate (topical) SOLN	56	61	CLOBEX LIQD (clobetasol propionate)	61
CITRANATAL ESSENCE	85	clindamycin phosphate (topical)		CLOBEX LOTN 0.05 % (clobetasol propionate)	61	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	85	SWAB	56	CLOBEX SHAM (clobetasol propionate)	61	
CITRANATAL MEDLEY	85	clindamycin phosphate vaginal CREA		clocortolone pivalate	61	
clarithromycin SUSR	76	.....	109	CLODERM (clocortolone pivalate)	
clarithromycin TABS	76	clindamycin phosphate-benzoyl peroxide (refrigerate)	56	61	clomiphene citrate TABS	67
clarithromycin TB24	76	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	56	clomipramine hcl	20	
clemastine fumarate SYRP	24	clindamycin phosphate-tretinoin ..	56	clonazepam TABS	15	
clemastine fumarate TABS 2.68 MG 24		CLINDESSE	109	clonazepam TBDP	15	
CLEOCIN (clindamycin hcl)	30	clobazam SUSP	15	clonidine hcl TABS	27	
CLEOCIN CREA (clindamycin phosphate vaginal)	109	clobazam TABS 10 MG	15	clonidine hcl TB24	27	
		clobazam TABS 20 MG	15	clopidogrel bisulfate	72	
				clorazepate dipotassium TABS ..	12	
				clotrimazole (topical) SOLN	58	
				clotrimazole	83	

clotrimazole w/ betamethasone		COMETRIQ KIT	35	CORTIFOAM EX 10 %	10
CREA	58	COMPLERA	41	CORTISPORIN-TC	93
clotrimazole w/ betamethasone		COMPLETENATE CHEW	85	COSENTYX SENSOREADY PEN	
LOTN	58	COMTAN (entacapone)	38	SOAJ	59
clozapine TABS	40	CONCEPT DHA	85	COSENTYX SOSY 150 MG/ML ..	59
clozapine TBDP 12.5 MG, 25 MG,		CONCEPT OB	85	COSENTYX SOSY 75 MG/0.5ML ..	59
100 MG	40	CONCERTA TBCR 18 MG, 27 MG,		COSENTYX UNOREADY SOAJ ..	59
CLOZARIL TABS (clozapine)	40	36 MG (methylphenidate hcl)	2	COSOPT (dorzolamide hcl-timolol	
C-NATE DHA CAPS	85	CONCERTA TBCR 54 MG		maleate)	89
COARTEM	31	(methylphenidate hcl)	2	COSOPT PF (dorzolamide hcl-	
codeine sulfate TABS	8	CONDOMS	76	timolol maleate)	89
CODITUSSIN AC LIQD	54	CONDYLOX GEL (podofilox)	63	COTELLIC	35
COLAZAL CAPS (balsalazide		CONTRAVE	1	COVID VACCINES	108
disodium)	70	COPIKTRA	35	COVID-19 AT HOME TEST KITS ..	64
colchicine CAPS	72	CORDRAN CREA (flurandrenolide)		COZAAR (losartan potassium) ..	27
colchicine TABS	72	61		CREON CPEP	65
colchicine w/ probenecid	72	CORDRAN CREA 0.025 %	61	CRESEMDBA CAPS 186 MG	24
COLCRYS TABS (colchicine)	72	CORDRAN LOTN (flurandrenolide)		CRESTOR TABS (rosuvastatin	
colesevelam hcl PACK	25	61		calcium)	26
colesevelam hcl TABS	25	CORDRAN OINT	61	CRINONE GEL 8 %	109
COLESTID FLAVORED GRAN		CORDRAN TAPE	61	cromolyn sodium (ophth)	92
(colestipol hcl)	25	COREG 3.125 MG (carvedilol)	44	cromolyn sodium NEBU	12
COLESTID GRAN (colestipol hcl) ..	25	COREG 6.25 MG, 12.5 MG, 25 MG		CUPRIMINE CAPS (penicillamine)	
COLESTID TABS (colestipol hcl) ..	25	(carvedilol)	44	82	
colestipol hcl GRAN	25	COREG CR (carvedilol phosphate)		CUTIVATE LOTN (fluticasone	
colestipol hcl TABS	25	44		propionate)	61
COMBIGAN (brimonidine tartrate-		CORGARD TABS 20 MG, 40 MG, 80		CUVPOSA SOLN OR	
timolol maleate)	89	MG (nadolol)	44	(glycopyrrolate)	106
COMBIPATCH PTTW	68	CORLANOR SOLN	48	CVS WOMENS PRENATAL+DHA	
COMBIVENT RESPIMAT AERS ..	14	CORLANOR TABS	48	MISC	85
COMBIVIR (lamivudine-zidovudine) ..		CORTEF TABS (hydrocortisone) ..	53	cyclobenzaprine hcl TABS 5 MG, 10	
41		10		MG	87
		CORTENEMA (hydrocortisone		CYCLOGYL (cyclopentolate hcl) ..	90
		(intrarectal))			

CYCLOGYL	90	dapsone 100 MG	30	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	61
CYCLOMYDRIL	90	dapsone 25 MG	30	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	62
cyclopentolate hcl	90	darifenacin hydrobromide	108	DERMOTIC (fluocinolone acetonide (otic))	93
cyclophosphamide CAPS	31	darunavir TABS	41	DESCOZY 200 MG-25 MG	41
CYCLOPHOSPHAMIDE TABS	31	DAURISMO	33	desipramine hcl TABS	20
cycloserine	31	DAYPRO TABS (oxaprozin)	5	DESMOPRESSIN ACETATE SOLN NA	68
cyclosporine (ophth) EMUL	91	DAYTRANA PTCH (methylphenidate)	2	desmopressin acetate spray	68
cyclosporine CAPS	83	DDAVP TABS 0.1 MG (desmopressin acetate)	68	desmopressin acetate spray refrigerated	68
cyclosporine modified (for microemulsion) CAPS	83	DDAVP TABS 0.2 MG (desmopressin acetate)	68	desmopressin acetate TABS 0.1 MG 68	68
cyclosporine modified (for microemulsion) SOLN	83	deferasirox PACK	23	desmopressin acetate TABS 0.2 MG 68	68
CYMBALTA CPEP (duloxetine hcl) 20		deferasirox TABS	23	desogestrel & ethinyl estradiol	51
cyproheptadine hcl SYRP	25	deferiprone TABS 500 MG	23	desogestrel-ethinyl estradiol (biphasic)	51
cyproheptadine hcl TABS	25	deflazacort TABS	53	desonide CREA	62
CYSTADANE (betaine)	67	DELESTROGEN (estradiol valerate) 69		desonide GEL	62
CYSTAGON CAPS	71	DELSTRIGO	41	desonide LOTN	62
CYSTARAN	92	DELZICOL CPDR (mesalamine) ..	70	desonide OINT	62
CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	105	demeclocycline hcl TABS	104	DESOWEN CREA (desonide)	62
CYTOMEL TABS 5 MCG (liothyronine sodium)	105	DEMSER (metyrosine)	27	desoximetasone CREA	62
CYTOTEC (misoprostol)	108	DEPAKOTE ER TB24 (divalproex sodium)	18	desoximetasone GEL	62
dalfampridine	96	DEPAKOTE SPRINKLES CSDR (divalproex sodium)	18	desoximetasone LIQD	62
DALIRESP (roflumilast)	13	DEPAKOTE TBEC (divalproex sodium)	18	desoximetasone OINT 0.05 %	62
danazol CAPS	10	DEPEN TITRATABS TABS (penicillamine)	82	desoximetasone OINT 0.25 %	62
DANTRIUM CAPS 25 MG (dantrolene sodium)	87	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	53	DESOXYN (methamphetamine hcl) . 1	
dantrolene sodium CAPS	87			desvenlafaxine succinate	20
dapsone (topical) 5 %	56				
dapsone (topical) 7.5 %	56				

DETROL LA CP24 (tolterodine tartrate)	108	DICLEGIS TBEC (doxylamine-pyridoxine)	23	digoxin SOLN OR 0.05 MG/ML	46
DETROL TABS (tolterodine tartrate) .	108	diclofenac potassium TABS 50 MG .	5	digoxin TABS 0.0625 MG, 0.125 MG,	
		diclofenac sodium (actinic keratoses)		0.25 MG, 62.5 MCG, 125 MCG, 250	
dexamethasone ELIX	53	EX	59	MCG	46
DEXAMETHASONE INTENSOL CONC	53	diclofenac sodium (ophth)	92	dihydroergotamine mesylate SOLN	
dexamethasone SOLN	53	diclofenac sodium (topical) GEL EX		NA 4 MG/ML	80
dexamethasone TABS	53	59		DILANTIN (phenytoin sodium	
DEXEDRINE CP24		diclofenac sodium (topical) SOLN EX		extended)	18
(dextroamphetamine sulfate)	1	1.5 %	59	DILANTIN 30 MG	18
dexamethylphenidate hcl CP24	2	diclofenac sodium (topical) SOLN EX		DILANTIN INFATABS CHEW	
dexamethylphenidate hcl TABS	2	2 %	59	(phenytoin)	18
dextroamphetamine sulfate CP24 ..	1	diclofenac sodium TB24	5	DILANTIN-125 SUSP (phenytoin) .	18
dextroamphetamine sulfate SOLN ..	1	diclofenac sodium TBEC	5	DILAUDID LIQD (hydromorphone	
dextroamphetamine sulfate TABS 5		diclofenac w/ misoprostol TBEC	5	hcl)	8
MG, 10 MG	1	dicloxacillin sodium	94	DILAUDID TABS (hydromorphone	
DHIVY TABS	38	dicyclomine hcl CAPS	106	hcl)	8
DIACOMIT CAPS 250 MG	15	dicyclomine hcl TABS	106	diltiazem hcl coated beads CP24 ..	45
DIACOMIT CAPS 500 MG	15	DIFFERIN CREA (adapalene)	56	diltiazem hcl CP12	45
DIACOMIT PACK 250 MG	15	DIFFERIN GEL 0.1 % (adapalene)		diltiazem hcl CP24	45
DIACOMIT PACK 500 MG	16	56		diltiazem hcl extended release beads	
DIASTAT ACUDIAL GEL 20 MG		DIFFERIN GEL 0.3 % (adapalene)		.....	45
(diazepam (anticonvulsant))	15	56		diltiazem hcl TABS	45
diazepam (anticonvulsant) GEL 20		DIFFERIN LOTN	56	diltiazem hcl TB24	45
MG	15	DIFICID TABS	76	dimethyl fumarate CDPK	96
diazepam CONC	12	diflorasone diacetate CREA	62	dimethyl fumarate CPDR	96
diazepam SOLN OR 5 MG/5ML ..	12	diflurasone diacetate OINT	62	DIOVAN HCT 12.5 MG-160 MG, 12.5	
diazepam TABS 10 MG	12	DIFLUCAN SUSR (fluconazole) ..	24	MG-320 MG, 12.5 MG-80 MG, 25	
diazepam TABS 2 MG, 5 MG	12	DIFLUCAN TABS (fluconazole) ..	24	MG-320 MG (valsartan-	
diazoxide	21	diflunisal TABS	7	hydrochlorothiazide)	28
DIBENZYLINE (phenoxybenzamine		difluprednate	91	DIOVAN HCT 25 MG-160 MG	
hcl)	27			(valsartan-hydrochlorothiazide) ..	28
Index 21				DIOVAN TABS 160 MG (valsartan)	
				.....	27
				DIOVAN TABS 40 MG, 80 MG, 320	
				MG (valsartan)	27

DIPENTUM	70	MG, 100 MG	104	DUET DHA BALANCED MISC 120
diphenoxylate w/ atropine LIQD ...	22	doxycycline (monohydrate) SUSR		MG-50 MG-15 MG-1 MG-640 UNIT-
diphenoxylate w/ atropine TABS ...	23	104		12 MCG-2 MG-55 MG-20 MG-215
DIPROLENE OINT (betamethasone		doxycycline (monohydrate) TABS		MG-1.5 MG-25 MG-25 MG-1.8 MG-
dipropionate augmented)	62	150 MG	104	2800 UNIT-25 MG-210 MCG-65
dipyridamole	72	doxycycline (monohydrate) TABS 50		MCG-267 MG
disopyramide phosphate CAPS ...	12	MG, 75 MG, 100 MG	104	85
disulfiram	94	doxycycline (rosacea)	64	DUETACT (pioglitazone hcl-
DITROPAN XL TB24 5 MG, 10 MG		doxycycline hyclate CAPS	104	glimepiride)
(oxybutynin chloride)	108	doxycycline hyclate TABS 100 MG		20
divalproex sodium CSDR	18	104		DULCOLAX PINK LAXATIVE TBEC
divalproex sodium TB24	18	doxycycline hyclate TABS 20 MG		(bisacodyl)
divalproex sodium TBEC	18	104		75
DIVIGEL GEL (estradiol)	69	doxylamine-pyridoxine TBEC	23	DULCOLAX SUPP (bisacodyl)
dofetilide	12	DRISDOL CAPS (ergocalciferol) .	109	75
DOJOLVI	89	dronabinol CAPS 10 MG	23	DULCOLAX TBEC (bisacodyl)
donepezil hydrochloride TABS ...	95	dronabinol CAPS 2.5 MG	23	20
donepezil hydrochloride TBDP ...	95	dronabinol CAPS 5 MG	23	DUOPA SUSP
dorzolamide hcl	92	DROPLET INSULIN SYRINGE U-		38
DORZOLAMIDE HCL	93	100/1ML/31G X 15/64"	79	DUREX EXTRA SENSITIVE THIN
DORZOLAMIDE HCL/TIMOLOL		DROPLET INSULIN SYRINGE/U-		DEVI
MALEATE	89	100/1ML/31G X 15/64"	79	76
dorzolamide hcl-timolol maleate ..	89	DROPSAFE INSULIN SAFETY		DUREZOL (difluprednate)
DOVATO	41	SYRINGE/FIXED NEEDLE		91
DOVONEX CREA (calcipotriene) ..	59	31GX6MM 1ML	79	dutasteride
doxazosin mesylate	27	drospirenone-ethinyl estradiol ..	51	72
doxepin hcl (antipruritic)	59	levomefolate calcium	51	dutasteride-tamsulosin hcl
doxepin hcl CAPS	20	DROXIA CAPS	73	72
doxepin hcl CONC	20	droxidopa	109	DYMISTA SUSP (azelastine hcl-
doxercalciferol CAPS	67	DRYSOL SOLN	64	fluticasone propionate)
doxycycline (monohydrate) CAPS 50		DUAVEE	68	87
		DUET DHA 400 MISC	85	DYRENIUM CAPS (triamterene) ..
		EDARBI 40 MG		66
		EDARBI 80 MG		E.E.S. GRANULES SUSR
		ECOZA FOAM		(erythromycin ethylsuccinate) ..
		EDARBYCLOR		76
		EDARBI 40 MG		EASY TOUCH FLIPLOCK NEEDLES
		EDARBI 80 MG		79
		EDARBYCLOR		EASY TOUCH HYPODERMIC
		EDARBYCLOR		NEEDLES 30GX1/2"
		EDARBYCLOR		79
		EDARBYCLOR		ECONAZOLE NITRATE CREA
		EDARBYCLOR		58
		EDARBYCLOR		ECOZA FOAM
		EDARBYCLOR		58
		EDARBYCLOR		EDARBI 40 MG
		EDARBYCLOR		27
		EDARBYCLOR		EDARBI 80 MG
		EDARBYCLOR		27
		EDARBYCLOR		EDARBYCLOR
		EDARBYCLOR		28

EDECIN (ethacrynic acid)	66	EMSAM	19	peroxide)	56
EDURANT	41	emtricitabine CAPS	41	EPIFOAM FOAM	62
efavirenz CAPS	41	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	41	epinastine hcl (ophth)	93
efavirenz TABS	41	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	41	epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML	109
efavirenz-emtricitabine-tenofovir disoproxil fumarate	41	EMTRIVA CAPS (emtricitabine) ...	41	epinephrine (anaphylaxis) SOAJ .	109
efavirenz-lamivudine-tenofovir disoproxil fumarate	41	EMTRIVA SOLN	41	EPIVIR HBV TABS (lamivudine (hbv))	43
EFFER-K	82	enalapril maleate & hydrochlorothiazide	28	EPIVIR SOLN (lamivudine)	41
EFFEXOR XR CP24 150 MG (venlafaxine hcl)	20	enalapril maleate TABS	26	EPIVIR TABS (lamivudine)	41
EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)	20	ENBRACE HR	85	eplerenone	29
EFFIENT (prasugrel hcl)	72	ENBREL MINI SOCT	6	EPZICOM (abacavir sulfate-lamivudine)	41
EFUDEX CREA (fluorouracil (topical))	59	ENBREL SOLN	6	ergocalciferol CAPS	110
ELESTRIN GEL	69	ENBREL SOLR	6	ergoloid mesylates TABS	96
eletriptan hydrobromide	80	ENBREL SOSY 25 MG/0.5ML	6	ERGOMAR SUBL	80
ELIDEL (pimecrolimus)	63	ENBREL SOSY 50 MG/ML	6	ergotamine w/ caffeine TABS	80
ELIQUIS STARTER PACK TBPK .	14	ENBREL SURECLICK SOAJ	6	ERIVEDGE	33
ELIQUIS TABS	14	ENCARE SUPP 100 MG	109	ERLEADA 240 MG	33
ELLA	53	ENDOMETRIN INST	109	ERLEADA 60 MG	33
ELMIRON CAPS	71	entacapone	38	erlotinib hcl	33
EMCYT	33	entecavir TABS	43	ERTACZO	58
EMEND CAPS 80 MG (aprepitant)	24	ENTEREG (alvimopan)	70	ERYGEL GEL (erythromycin (acne aid))	56
EMEND SUSR	24	ENTRESTO	46	ERYPED 200 SUSR (erythromycin ethylsuccinate)	76
EMEND TRIPACK CAPS (aprepitant)	24	EPCLUSA PACK	43	ERYPED 400 SUSR (erythromycin ethylsuccinate)	76
EMFLAZA SUSP	53	EPCLUSA TABS 100 MG-400 MG	43	erythromycin (acne aid) GEL	56
EMFLAZA TABS (deflazacort)	53	EPCLUSA TABS 50 MG-200 MG .	43	erythromycin (acne aid) SOLN	56
EMGALITY SOAJ	80	EPIDIOLEX	16	erythromycin (ophth)	90
EMGALITY SOSY 120 MG/ML	80	EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	56	ERYTHROMYCIN	90
		EPIDUO GEL (adapalene-benzoyl			

erythromycin base CPEP	76	ethambutol hcl TABS	31	EXTINA FOAM (ketoconazole (topical))	58
erythromycin base TABS	76	ethosuximide CAPS	18	ezetimibe	26
erythromycin base TBEC	76	ethosuximide SOLN	18	EZETIMIBE/ATORVASTATIN	25
erythromycin ethylsuccinate SUSR 76		ethynodiol diacet & eth estrad ..	51	ezetimibe-simvastatin	25
ESBRIET CAPS (pirfenidone)	104	etodolac CAPS	5	FABHALTA	72
ESBRIET TABS (pirfenidone)	104	etodolac TABS	5	FABIOR FOAM	56
escitalopram oxalate SOLN	19	etodolac TB24	5	famciclovir	43
escitalopram oxalate TABS 10 MG, 20 MG	19	etonogestrel-ethinyl estradiol ..	53	famotidine SUSR	106
escitalopram oxalate TABS 5 MG .	19	etoposide CAPS	38	famotidine TABS 20 MG	107
ESGIC TABS (butalbital- acetaminophen-caffeine)	6	etravirine	41	famotidine TABS 40 MG	107
estazolam	74	EUCRISA	64	FANTASY LUBRICATED MISC ...	76
ESTRACE CREA (estradiol vaginal) .	109	EULEXIN	33	FANTASY LUBRICATED/SPERMICIDE MISC	
ESTRACE TABS (estradiol)	69	EVAMIST SOLN	69	76	
estradiol & norethindrone acetate TABS	69	everolimus (immunosuppressant) .	83	FARESTON (toremifene citrate) ..	33
estradiol GEL	69	everolimus TABS	35	FARXIGA	22
estradiol PTTW	69	everolimus TBSO	35	FARYDAK	35
estradiol PTWK	69	EVISTA (raloxifene hcl)	67	FC2 FEMALE CONDOM	77
estradiol TABS	69	EVOCLIN FOAM (clindamycin phosphate (topical))	56	febuxostat 40 MG	72
estradiol vaginal CREA	109	EVOTAZ	41	febuxostat 80 MG	72
estradiol vaginal TABS	109	EVOXAC (cevimeline hcl)	83	felbamate SUSP	18
estradiol valerate	69	EVRYSDI	89	felbamate TABS	18
ESTRING RING	109	EXELON (rivastigmine)	95	FELBATOL SUSP (felbamate) ..	18
ESTROGEL GEL	69	exemestane	33	FELBATOL TABS (felbamate) ..	18
ESTROSTEP FE (norethindrone acetate-ethinyl estradiol-fe)	51	EXFORGE 10 MG-160 MG (amlodipine besylate-valsartan) ...	28	FELDENE CAPS 10 MG (piroxicam) .	
eszopiclone	74	EXFORGE 10 MG-320 MG, 5 MG- 160 MG, 5 MG-320 MG (amlodipine besylate-valsartan)	28	5	
ethacrynic acid	66	EXFORGE HCT (amlodipine- valsartan-hydrochlorothiazide)	28	FELDENE CAPS 20 MG (piroxicam) .	
		EXODERM	58	5	
				felodipine 10 MG	45
				felodipine 2.5 MG, 5 MG	45
				FEMARA (letrozole)	33

FEMCAP DEVI	77	20	FLUMIST QUADRIVALENT	109
FEMHRT (norethindrone acetate-ethinyl estradiol)	69		fluocinolone acetonide (otic)	94
FEMRING	109		fluocinolone acetonide CREA	62
fenofibrate CAPS	25		fluocinolone acetonide OIL	62
fenofibrate micronized 130 MG, 200 MG	25		fluocinolone acetonide OINT	62
fenofibrate micronized 30 MG, 90 MG	25		fluocinolone acetonide SOLN	62
fenofibrate micronized 43 MG, 67 MG, 134 MG	25		fluocinonide CREA	62
fenofibrate TABS 145 MG, 160 MG	25	9	fluocinonide emulsified base	62
fenofibrate TABS 48 MG	25		fluocinonide GEL	62
fenofibrate TABS 54 MG	25		fluocinonide OINT	62
FENOFIBRATE TABS	25		fluocinonide SOLN	62
fenoprofen calcium TABS	5		fluorometholone (ophth) SUSP	91
fentanyl citrate LPOP 1600 MCG	8		fluorouracil (topical) CREA 5 %	59
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8		fluorouracil (topical) SOLN	59
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8		fluoxetine hcl CAPS 10 MG, 20 MG	19
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8		fluoxetine hcl CAPS 40 MG	19
FERRIPROX SOLN	23		fluoxetine hcl CPDR	19
FERRIPROX TABS 500 MG (deferiprone)	23		fluoxetine hcl SOLN	19
fesoterodine fumarate	108		fluoxetine hcl TABS 10 MG	19
FETZIMA CP24 20 MG	20		fluoxetine hcl TABS 20 MG	19
FETZIMA CP24 40 MG, 80 MG, 120 MG	20		fluoxetine hcl TABS 60 MG	19
FETZIMA TITRATION PACK C4PK			FLUOXETINE HYDROCHLORIDE TABS (fluoxetine hcl)	19
FIBRICOR (fenofibric acid)		25	fluphenazine hcl CONC	40
FINACEA FOAM		64	fluphenazine hcl ELIX	40
FINACEA GEL (azelaic acid)		64	fluphenazine hcl TABS	40
finasteride		72	flurandrenolide CREA	62
fingolimod hcl		96	flurandrenolide LOTN	62
FIORICET CAPS (butalbital-acetaminophen-caffeine)		6	flurazepam hcl 15 MG	74
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine)		9	flurazepam hcl 30 MG	74
FIRDAPSE		31		
FIRST-OMEPRAZOLE SUSP		107		
FIRVANQ SOLR OR 25 MG/ML (vancomycin hcl)		30		
FLAGYL CAPS (metronidazole)		29		
FLAREX		91		
flavoxate hcl		108		
flecainide acetate		12		
FLOMAX (tamsulosin hcl)		72		
FLONASE ALLERGY RELIEF CHILDRENS SUSP (fluticasone propionate (nasal))		89		
FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal))		89		
FLORIVA		81		
FLORIVA		85		
FLORIVA PLUS SOLN		84		
fluconazole SUSR		24		
fluconazole TABS		24		
flucytosine		24		
fludrocortisone acetate TABS		54		

flurbiprofen sodium	93	FML FORTE SUSP	91	FREESTYLE LITE TEST STRIPS STRP	65
flurbiprofen TABS	5	FML LIQUIFILM SUSP (fluorometholone (ophth))	91	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	78
flutamide	33	FML OINT	91		
fluticasone furoate-vilanterol	14	FOCALIN TABS (dexmethylphenidate hcl)	2	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	65
fluticasone propionate (inhalation) AEPB 100 MCG/ACT	13	FOCALIN XR CP24 (dexmethylphenidate hcl)	2	FREESTYLE TEST STRIPS STRP	
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	13	folic acid TABS 1 MG	73	65	
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	13	folic acid TABS 400 MCG, 800 MCG ..	73	FROVA (frovatriptan succinate) ...	80
fluticasone propionate (nasal) SUSP .	89	FOLIVANE-OB	85	frovatriptan succinate	80
fluticasone propionate CREA 0.05 %	62	FORFIVO XL TB24 (bupropion hcl)		furosemide SOLN OR 10 MG/ML	66
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	13	19		furosemide SOLN OR 40 MG/5ML	66
fluticasone propionate hfa 44 MCG/ACT	13	formoterol fumarate NEBU	14	furosemide TABS	66
fluticasone propionate LOTN	62	FOSAMAX TABS 70 MG (alendronate sodium)	66	FYCOMPA SUSP	15
fluticasone propionate OINT	62	fosamprenavir calcium TABS	41	FYCOMPA TABS 2 MG	15
fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	14	fosfomycin tromethamine	30	FYCOMPA TABS 4 MG	15
fluticasone-salmeterol AERO	14	fosinopril sodium & hydrochlorothiazide	28	FYCOMPA TABS 6 MG	15
fluvastatin sodium CAPS	26	fosinopril sodium	26	FYCOMPA TABS 8 MG, 10 MG, 12	
fluvastatin sodium TB24	26	FOSRENOL CHEW 1000 MG (lanthanum carbonate)	71	MG	15
fluvoxamine maleate CP24 100 MG	19	FOSRENOL CHEW 500 MG (lanthanum carbonate)	71	gabapentin CAPS	16
fluvoxamine maleate CP24 150 MG	19	FOSRENOL CHEW 750 MG (lanthanum carbonate)	71	gabapentin SOLN	16
fluvoxamine maleate TABS 100 MG .	19	FOSRENOL PACK	71	gabapentin TABS 600 MG, 800 MG	
fluvoxamine maleate TABS 25 MG, 50 MG	19	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	64	16	
		FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	78	GABITRIL (tiagabine hcl)	18
				GALAFOLD	67
				galantamine hydrobromide CP24	.95
				galantamine hydrobromide SOLN	.95
				galantamine hydrobromide TABS	.95
				GALZIN	82
				gatifloxacin (ophth)	90
				gefitinib	33

gemfibrozil TABS	25	GLYNASE (glyburide micronized)	22	SUPN	21
GENERESS FE (norethindrone & ethinyl estradiol-fe)	51	GLYXAMBI	21	HUMALOG MIX 50/50 SUSP	21
gentamicin sulfate (ophth) SOLN ..	90	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	74	HUMALOG MIX 75/25 KWIKPEN SUPN	21
gentamicin sulfate (topical) CREA ..	57	granisetron hcl TABS	23	HUMALOG MIX 75/25 SUSP	21
gentamicin sulfate (topical) OINT ..	57	griseofulvin microsize SUSP	24	HUMALOG SOCT	22
GENVOYA	41	griseofulvin microsize TABS	24	HUMALOG SOLN IJ	22
GEODON 20 MG, 40 MG (ziprasidone hcl)	39	griseofulvin ultramicrosize	24	HUMATIN	3
GEODON 60 MG, 80 MG (ziprasidone hcl)	39	guaifenesin-codeine SOLN	54	HUMATROPE CART IJ	67
GILENYA (fingolimod hcl)	96	guanfacine hcl (adhd)	1	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3
GILENYA 0.5 MG	96	guanfacine hcl	27	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	3
GILOTrif	33	GYNAZOLE-1	109	HUMIRA PEN PNKT 40 MG/0.4ML ..	4
GLEOSTINE 10 MG, 40 MG, 100 MG	31	HADLIMA PUSHTOUCH SOAJ	3	HUMIRA PEN PNKT 40 MG/0.8ML ..	4
glimepiride	22	HADLIMA SOSY	3	HUMIRA PEN PNKT 80 MG/0.8ML ..	4
glipizide TABS	22	HALCION 0.25 MG (triazolam)	74	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4
glipizide TB24	22	halobetasol propionate CREA	62	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4
glipizide-metformin hcl	20	halobetasol propionate OINT	62	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	79	haloperidol lactate CONC	40	HUMIRA PEN-PS/UV STARTER PNKT	4
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	21	haloperidol TABS	40	HUMIRA PSKT 40 MG/0.8ML	4
GLUCOTROL XL TB24 (glipizide) ..	22	HELIDAC THERAPY	108	HUMIRA PSKT	4
glyburide micronized 1.5 MG, 3 MG, 6 MG	22	HEMANGEOL SOLN OR	44	HUMULIN 70/30 KWIKPEN SUPN ..	22
glyburide TABS	22	HEPSERA (adefovir dipivoxil)	43	HUMULIN 70/30 SUSP	22
glyburide-metformin	21	HIPREX (methenamine hippurate)	30	HUMULIN N KWIKPEN SUPN ..	22
glycopyrrolate SOLN OR 1 MG/5ML ..	106	HUMALOG JUNIOR KWIKPEN SOPN	21	HUMULIN N SUSP	22
glycopyrrolate TABS 1 MG, 2 MG ..	106	HUMALOG KWIKPEN SOPN 100 UNIT/ML	21	HUMULIN R SOLN IJ	22
		HUMALOG KWIKPEN SOPN 200 UNIT/ML	21	HUMULIN R U-500	22
		HUMALOG MIX 50/50 KWIKPEN			

(CONCENTRATED) SOLN SC	22	hydrocortisone (intrarectal)	10	hyoscyamine sulfate TABS 0.125 MG	106
HUMULIN R U-500 KWIKPEN SOPN SC	22	hydrocortisone (rectal) EX 2.5 % ..	11	hyoscyamine sulfate TB12 0.375 MG	106
HYCAMTIN CAPS	38	hydrocortisone (topical) CREA 2.5 % ..	62	hyoscyamine sulfate TBDP 0.125 MG	106
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	54	hydrocortisone (topical) LOTN 2.5 % ..	62	HYPERSAL NEBU (sodium chloride (inhalant))	55
hydralazine hcl TABS	29	hydrocortisone (topical) OINT 2.5 % ..	62	HYPERSAL NEBU	55
HYDREA (hydroxyurea)	38	hydrocortisone butyrate CREA	62	HYPODERMIC NEEDLE 30GX1/2" ..	79
hydrochlorothiazide CAPS	66	hydrocortisone butyrate hydrophilic lipo base	62	HYSINGLA ER T24A	8
hydrochlorothiazide TABS 12.5 MG	66	hydrocortisone butyrate LOTN	62	HYZAAR (losartan potassium & hydrochlorothiazide)	28
hydrochlorothiazide TABS 25 MG, 50 MG	66	hydrocortisone butyrate OINT	62	ibandronate sodium TABS	66
hydrocodone bitartrate CP12	8	hydrocortisone butyrate SOLN	62	IBRANCE CAPS	35
hydrocodone bitartrate T24A	8	hydrocortisone TABS	53	IBRANCE TABS	35
hydrocodone bitartrate-homatropine methylbromide SOLN	54	hydrocortisone valerate CREA	62	ibuprofen TABS 400 MG, 600 MG, 800 MG	5
hydrocodone polistirex-chlorpheniramine polistirex SUER ..	54	hydrocortisone valerate OINT	62	ICLUSIG 10 MG, 30 MG	35
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	9	hydrocortisone w/acetic acid	94	ICLUSIG 15 MG, 45 MG	35
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	9	HYDROCORTISONE/ACETIC ACID (hydrocortisone w/acetic acid)	94	icosapent ethyl	25
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	9	hydromorphone hcl LIQD	8	IDHIFA	35
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	9	hydromorphone hcl TABS	8	ILEVRO	93
hydrocodone-ibuprofen 5 MG-200 MG	9	hydromorphone hcl TB24 32 MG ..	8	imatinib mesylate 100 MG	35
hydrocodone-ibuprofen 7.5 MG-200 MG	9	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	8	imatinib mesylate 400 MG	35
hydroxyzine hcl SYRP	11	hydroxychloroquine sulfate 200 MG ..	31	IMBRUVICA CAPS	35
hydroxyzine hcl TABS	11	hydroxyurea	38	IMBRUVICA TABS	35
hydroxyzine pamoate CAPS	11	hydroxyzine hcl	11	imipramine hcl TABS 10 MG, 25 MG ..	20
hyoscyamine sulfate SUBL 0.125 MG	106	hydroxyzine pamoate	11	imipramine hcl TABS 50 MG	20
hyoscyamine sulfate	106	hyoscyamine sulfate	106	imipramine pamoate	20
imiquimod 5 %	63	imiquimod	63		

IMITREX 20 MG/ACT (sumatriptan) 80	IOPIDINE	90	itraconazole SOLN	24
IMITREX 5 MG/ACT (sumatriptan) 80	ipratropium bromide (nasal)	88	ivermectin (pediculicide)	64
IMITREX TABS (sumatriptan succinate)	ipratropium bromide SOLN 0.02 % 12	12	ivermectin (rosacea)	64
IMURAN TABS (azathioprine)	ipratropium-albuterol SOLN	14	ivermectin	11
INBRIJA CAPS	irbesartan	27	JADENU SPRINKLE PACK (deferasirox)	23
INCRUSE ELLIPTA	irbesartan-hydrochlorothiazide	28	JADENU TABS (deferasirox)	23
indapamide TABS 1.25 MG, 2.5 MG . 66	IRESSA (gefitinib)	33	JAKAFI	35
INDERAL LA CP24 (propranolol hcl) . 44	ISENTRESS CHEW	41	JALYN (dutasteride-tamsulosin hcl) . 72	
INDOCIN SUSP (indomethacin)	ISENTRESS HD TABS	41	JANUMET TABS	21
indomethacin CAPS 25 MG, 50 MG 5	ISENTRESS PACK	42	JANUMET XR TB24 1000 MG-100 MG	21
indomethacin CPCR	ISENTRESS TABS	42	JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	21
indomethacin SUPP	isoniazid SYRP	31	JANUVIA	21
indomethacin SUSP	isoniazid TABS	31	JARDIANC	22
INGREZZA CAPS 40 MG, 80 MG . 95	ISOPTO ATROPINE SOLN	90	JULUCA	42
INGREZZA CAPS 60 MG	ISORDIL TITRADOSE TABS (isosorbide dinitrate)	11	JUXTAPID 10 MG, 20 MG	26
INGREZZA CPPK	isosorbide dinitrate TABS	11	JUXTAPID 30 MG	26
INLYTA	isosorbide dinitrate-hydralazine hcl 46		JUXTAPID 5 MG	26
INQOVI	isosorbide mononitrate TABS	11	KALETRA SOLN (lopinavir-ritonavir) . 42	
INREBIC	isosorbide mononitrate TB24	11	KALETRA TABS (lopinavir-ritonavir) . 42	
INSPRA (eplerenone)	isotretinoin 10 MG, 25 MG	56	KALYDECO PACK	104
INSULIN LISPRO	isotretinoin 20 MG	57	KALYDECO TABS	104
PROTAMINE/INSULIN LISPRO	isotretinoin 30 MG	57	KAMELEON LUBRICATED MISC .77	
KWIKPEN SUPN	isotretinoin 35 MG, 40 MG	56	KENALOG AERS (triamcinolone acetonide (topical))	62
INTELENCE (etravirine)	isradipine CAPS	45	KEPPRA SOLN OR 100 MG/ML (levetiracetam)	16
INTELENCE 25 MG	ISTALOL SOLN (timolol maleate (ophth))	89	KEPPRA TABS 1000 MG	
INTUNIV (guanfacine hcl (adhd)) ..1	itraconazole CAPS	24		
INVEGA (paliperidone)				
iodine strong (lugol's)				

(levetiracetam)	16	KIMONO SENSATION LUBRICATED MISC	77	K-Y ME & YOU INTENSE DEVI ...	77
KEPPRA TABS 250 MG, 500 MG, 750 MG (levetiracetam)	16	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC		KYNMOBI FILM	38
KEPPRA XR TB24 (levetiracetam) 16		77		KYNMOBI TITRATION KIT KIT ...	38
KESIMPTA	96	KIMONO SPECIAL DEVI	77	labetalol hcl TABS	44
ketoconazole (topical) CREA	58	KISQALI	36	lacosamide SOLN OR 10 MG/ML .	16
ketoconazole (topical) FOAM	58	KISQALI FEMARA 200 DOSE	34	lacosamide TABS	16
ketoconazole (topical) SHAM 2 % ..	58	KISQALI FEMARA 400 DOSE	34	lactulose (encephalopathy)	70
ketoconazole	24	KISQALI FEMARA 600 DOSE	34	lactulose SOLN	74
KETONE STRP	65	KITABIS PAK NEBU (tobramycin) ..	3	LAGEVRIO	44
ketoprofen CP24	5	KLARITY-A	90	LAMICTAL CHEWABLE	
ketorolac tromethamine (ophth) ..	93	KLARON (sulfacetamide sodium		DISPERISIBLE CHEW (lamotrigine)	
ketorolac tromethamine TABS	5	(acne))	57	16	
KETOSTIX STRP	65	KLONOPIN TABS (clonazepam) ..	15	LAMICTAL ODT KIT (lamotrigine) .	16
KEVZARA SOAJ	4	KLOXXADO LIQD	23	LAMICTAL ODT KIT	16
KEVZARA SOSY	4	KOSELUGO	36	LAMICTAL ODT TBDP (lamotrigine) .	16
KIMONO COLORS DEVI	77	K-PHOS NEUTRAL (pot phosphate		LAMICTAL STARTER/NOT TAKING	
KIMONO LUBRICATED MISC	77	monobasic w/ sod phosphate dibasic		CARBAMAZEPINE KIT (lamotrigine) .	
KIMONO MAXX/LARGE FLARE MISC	77	& monobasic)	81	16	
KIMONO MICRO THIN MISC	77	K-PHOS NO 2	71	LAMICTAL STARTER/TAKING	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	77	K-PHOS TABS (potassium		CARBAMAZEPINE/NOT TAKING	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	77	phosphate monobasic)	81	VALPROATE KIT (lamotrigine) ...	16
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	77	KRINTAFEL	31	LAMICTAL STARTER/TAKING	
KIMONO PS LUBRICATED MISC	77	K-TAB TBCR 10 MEQ, 20 MEQ		VALPROATE KIT (lamotrigine)	16
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	77	(potassium chloride)	82	LAMICTAL TABS (lamotrigine)	16
KUVAN PACK (sapropterin dihydrochloride)	67	K-TAB TBCR 8 MEQ (potassium		LAMICTAL XR KIT	16
KUVAN TABS (sapropterin dihydrochloride)	67	chloride)	82	LAMICTAL XR TB24 25 MG, 50 MG,	
K-Y ME & YOU EXTRA LUBRICATED DEVI	77			100 MG, 200 MG (lamotrigine)	16
K-Y ME & YOU INTENSE DEVI ...				LAMICTAL XR TB24 250 MG	
KYNMOBI FILM				(lamotrigine)	16
KYNMOBI TITRATION KIT KIT ...				LAMICTAL XR TB24 300 MG	
labetalol hcl TABS				(lamotrigine)	16
lacosamide SOLN OR 10 MG/ML .				lamivudine (hbv) TABS	43
lacosamide TABS				lamivudine SOLN	42

lamivudine TABS	42	leflunomide 20 MG	6	levofloxacin SOLN OR	69
lamivudine-zidovudine	42	lenalidomide	82	levofloxacin TABS	69
lamotrigine CHEW	16	LENVIMA 10 MG DAILY DOSE ..	32	levonorgestrel & eth estradiol TABS	
lamotrigine KIT 25 MG	16	LENVIMA 12MG DAILY DOSE ..	32	51	
lamotrigine KIT	16	LENVIMA 14 MG DAILY DOSE ..	32	levonorgestrel (emergency oc) 1.5	
lamotrigine TABS	16	LENVIMA 18 MG DAILY DOSE ..	32	MG	53
lamotrigine TB24 25 MG, 50 MG, 100		LENVIMA 20 MG DAILY DOSE ..	32	levonorgestrel-eth estradiol	
MG, 200 MG	16	LENVIMA 24 MG DAILY DOSE ..	32	(triphasic)	51
lamotrigine TB24 250 MG	16	LENVIMA 4 MG DAILY DOSE ..	32	levonorgestrel-ethinyl estradiol (91-	
lamotrigine TB24 300 MG	16	LENVIMA 8 MG DAILY DOSE ..	32	day) 0.03 MG-0.15 MG	52
lamotrigine TBDP	16	LESCOL XL TB24 (fluvastatin		levonorgestrel-ethinyl estradiol	
LAMPIT	30	sodium)	26	(continuous)	52
LANOXIN TABS 62.5 MCG, 125		LETAIRIS (ambrisentan)	47	levonorgestrel-ethinyl estradiol-iron	
MCG, 250 MCG (digoxin)	46	letrozole	33	52	
lansoprazole CPDR	107	leucovorin calcium TABS	38	levorphanol tartrate TABS	8
lansoprazole TBDD 15 MG	107	LEUKERAN	31	levothyroxine sodium CAPS 125	
lansoprazole TBDD 30 MG	107	levalbuterol hcl	14	MCG	105
lanthanum carbonate CHEW 1000		levalbuterol tartrate	14	levothyroxine sodium CAPS 13 MCG,	
MG	71	LEVIBID TB12 (hyoscyamine sulfate)		25 MCG, 50 MCG, 75 MCG, 88	
lanthanum carbonate CHEW 500 MG		106	MCG, 100 MCG, 112 MCG, 137		
.....	71	levetiracetam SOLN OR 100 MG/ML,		150 MCG, 175 MCG, 200	
lanthanum carbonate CHEW 750 MG		500 MG/5ML	16	MCG	105
.....	71	levetiracetam TABS 1000 MG	16	levothyroxine sodium TABS 112	
LANTUS SOLN	22	levetiracetam TABS 250 MG, 500		MCG, 125 MCG, 175 MCG, 200	
LANTUS SOLOSTAR SOPN	22	MG, 750 MG	16	MCG	105
lapatinib ditosylate	36	levetiracetam TB24	16	LEVSIN TABS (hyoscyamine sulfate)	
LASIX TABS (furosemide)	66	levobunolol hcl 0.5 %	89	.....	106
LASTACRAFT	93	levocarnitine (metabolic modifiers)		LEVSIN/SL SUBL (hyoscyamine	
latanoprost SOLN	93	SOLN OR 1 GM/10ML	67	sulfate)	106
LATANOPROST SOLN	93	levocarnitine (metabolic modifiers)		LEXAPRO TABS 10 MG, 20 MG	
LATUDA (lurasidone hcl)	39	TABS	68	(escitalopram oxalate)	19
leflunomide 10 MG	6	levofloxacin (ophth) 1.5 %	90	LEXAPRO TABS 5 MG (escitalopram	
				oxalate)	19

LEXIVA SUSP	42	lithium carbonate TBCR	39	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	52
LEXIVA TABS (fosamprenavir calcium)	42	LITHOBID TBCR (lithium carbonate)	39	LOTEMAX GEL (loteprednol etabonate)	91
LIALDA TBEC (mesalamine)	70	LITHOSTAT	72	LOTEMAX OINT	91
lidocaine hcl (mouth-throat) 2 %	83	LO LOESTRIN FE TABS	52	LOTEMAX SUSP (loteprednol etabonate)	91
lidocaine PTCH 5 %	64	LOCOID LIPOCREAM	62	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	27
lidocaine-prilocaine CREA	64	LOCOID LOTN (hydrocortisone butyrate)	62	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)	28
LIDODERM PTCH (lidocaine)	64	LODINE TABS (etodolac)	5	loteprednol etabonate GEL	91
linezolid SUSR	30	LODOSYN (carbidopa)	38	loteprednol etabonate SUSP 0.2 %	91
linezolid TABS	30	LOKELMA	83	loteprednol etabonate SUSP 0.5 %	91
LINZESS	70	LOMAIRA TABS	1	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)	29
liothyronine sodium TABS 25 MCG, 50 MCG	105	LOMOTIL TABS (diphenoxylate w/ atropine)	23	LOTRONEX (alosetron hcl)	70
liothyronine sodium TABS 5 MCG 105		LONSURF	34	lovastatin TABS 10 MG, 20 MG	26
LIPITOR TABS (atorvastatin calcium)	26	LOPID TABS (gemfibrozil)	25	lovastatin TABS 40 MG	26
LIPOFEN CAPS (fenofibrate)	25	lopinavir-ritonavir SOLN	42	LOVAZA (omega-3-acid ethyl esters)	25
lisdexamfetamine dimesylate CAPS 1		lopinavir-ritonavir TABS	42	loxapine succinate	40
lisdexamfetamine dimesylate CHEW . 1		LOPRESSOR TABS (metoprolol tartrate)	44	lubiprostone	70
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	28	LOPROX CREA (ciclopirox olamine)	58	LUCEMYRA	95
lisinopril & hydrochlorothiazide 25 MG-20 MG	28	LOPROX SHAMPOO SHAM (ciclopirox)	58	luliconazole	58
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	27	LOPROX SUSP (ciclopirox olamine)	58	LUMIGAN SOLN 0.01 %	93
lisinopril TABS 40 MG	27	lorazepam CONC	12	LUNESTA (eszopiclone)	74
LITHIUM	39	lorazepam TABS	12	LUPRON DEPOT (1-MONTH) KIT IM	33
lithium carbonate CAPS 150 MG, 600 MG	39	LORBRENA	36		
lithium carbonate CAPS 300 MG ..	39	LORTAB ELIX	9		
lithium carbonate TABS	39	losartan potassium & hydrochlorothiazide	28		
		losartan potassium	27		

LUPRON DEPOT-PED (1-MONTH) 7.5 MG	67	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	80	megestrol acetate TABS	33
lurasidone hcl	39	MAXIDEX SUSP OP	91	MEKINIST TABS	36
LUXIQ FOAM (betamethasone valerate)	62	MAXITROL OINT (neomycin-polymy- dexameth)	91	MEKTOVI	36
LUZU (luliconazole)	58	MAXITROL SUSP (neomycin- polymy-dexameth)	92	meloxicam TABS 15 MG	5
LYNPARZA TABS	36	MAXX LUBRICATED MISC	77	meloxicam TABS 7.5 MG	5
LYRICA CAPS 225 MG, 300 MG (pregabalin)	16	MAXX PLUS SPERMICIDE LUBRICATED MISC	77	melphalan	31
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	16	MAXZIDE TABS (triamterene & hydrochlorothiazide)	66	memantine hcl CP24 14 MG, 21 MG, 28 MG	95
LYRICA SOLN (pregabalin)	16	MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	65	memantine hcl CP24 7 MG	95
LYSODREN	33	MAYZENT STARTER PACK TBPK 96	memantine hcl SOLN	95	
LYSTEDA TABS (tranexamic acid)	73	MAYZENT TABS 0.25 MG	96	memantine hcl TABS 10 MG	95
MACROBID (nitrofurantoin monohyd macro)	30	MAYZENT TABS 1 MG	96	memantine hcl TABS 5 MG	95
MACRODANTIN (nitrofurantoin macrocrystal)	30	MAYZENT TABS 2 MG	96	memantine hcl TABS	95
MAGNEBIND 400	81	M-CLEAR WC SOLN	54	MENEST	69
MALARONE (atovaquone-proguanil hcl)	31	meclofenamate sodium CAPS	5	MENOSTAR PTWK	69
malathion	64	MEDROL DOSEPAK TBPK (methylprednisolone)	53	meperidine hcl SOLN OR 50 MG/5ML	8
maraviroc TABS	42	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	54	MEPHYTON TABS (phytonadione)	110
MAR-COF CG EXPECTORANT LIQD	54	MEDROL TABS	54	MEPRON (atovaquone)	30
MARINOL CAPS 2.5 MG (dronabinol)	23	medroxyprogesterone acetate 10 MG	94	mercaptopurine TABS	32
MARPLAN	19	medroxyprogesterone acetate 2.5 MG, 5 MG	94	mesalamine CP24	70
MATULANE	38	mefenamic acid CAPS	5	mesalamine CPCR	70
MAVYRET TABS	43	mefloquine hcl	31	mesalamine CPDR	70
MAXALT TABS 10 MG (rizatriptan benzoate)	80	megestrol acetate (appetite)	94	mesalamine ENEM	70
		megestrol acetate SUSP	33	mesalamine SUPP	70
				mesalamine TBEC 1.2 GM	70
				mesalamine TBEC 800 MG	70
				MESNEX TABS	38
				MESTINON SOLN OR (pyridostigmine bromide)	31

MESTINON TABS (pyridostigmine bromide)	31	methscopolamine bromide	106	methylprednisolone TBPK	54
MESTINON TIMESPAN TBCR (pyridostigmine bromide)	31	methsuximide	18	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	70
METADATE CD CPCR (methylphenidate hcl)	2	methyldopa TABS	27	metoclopramide hcl TABS	70
metaxalone 800 MG	87	methylergonovine maleate TABS ..	94	metoclopramide hcl TBDP	70
metformin hcl SOLN	21	METHYLIN SOLN (methylphenidate hcl)	2	metolazone	66
metformin hcl TABS 500 MG, 850 MG, 1000 MG	21	methylphenidate hcl CHEW	2	METOPIRONE	64
metformin hcl TB24 500 MG, 750 MG	21	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG	2	metoprolol & hydrochlorothiazide TABS	29
methadone hcl CONC	8	methylphenidate hcl CP24 60 MG ..	2	metoprolol succinate TB24	44
methadone hcl SOLN OR	8	methylphenidate hcl CP24	2	metoprolol tartrate TABS	44
methadone hcl TABS	8	methylphenidate hcl CPCR	2	METROCREAM CREA (metronidazole (topical))	64
methadone hcl TBSO	8	methylphenidate hcl SOLN 10 MG/5ML	2	METROGEL GEL 1 % (metronidazole (topical))	64
METHADOSE CONC (methadone hcl)	8	methylphenidate hcl SOLN 5 MG/5ML	2	METROLOTION LOTN (metronidazole (topical))	64
METHADOSE SUGAR-FREE CONC (methadone hcl)	8	methylphenidate hcl TABS 20 MG ..	2	metronidazole (topical) CREA	64
METHADOSE TBSO (methadone hcl)	8	methylphenidate hcl TABS 5 MG, 10 MG	2	metronidazole (topical) GEL 0.75 % ..	64
methamphetamine hcl	1	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	metronidazole (topical) GEL 1 % ..	64
methazolamide TABS	65	methylphenidate hcl TB24 36 MG ..	2	metronidazole (topical) LOTN	64
methenamine hippurate	30	methylphenidate hcl TB24 54 MG ..	2	metronidazole CAPS	29
methenamine mandelate 0.5 GM, 1 GM	30	methylphenidate hcl TBCR 10 MG ..	2	metronidazole TABS	29
methimazole TABS	105	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	metronidazole vaginal	109
METHITEST TABS	10	methylphenidate hcl TBCR 20 MG ..	2	metyrosine	27
methocarbamol TABS 500 MG, 750 MG	87	methylphenidate hcl TBCR 54 MG ..	2	mexiletine hcl	12
methotrexate sodium TABS 2.5 MG ..	32	METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72 MG	2	MICARDIS 20 MG, 40 MG (telmisartan)	27
methoxsalen rapid	59	methylphenidate PTCH	2	MICARDIS 80 MG (telmisartan)	27
		methylprednisolone TABS	54	MICARDIS HCT (telmisartan-hydrochlorothiazide)	29
				midodrine hcl	109

MIFEPREX (mifepristone)	68	mometasone furoate CREA	62	(ethambutol hcl)	31
mifepristone	68	mometasone furoate OINT	63	MYCOBUTIN (rifabutin)	31
miglitol	20	mometasone furoate SOLN	63	mycophenolate mofetil CAPS	83
miglustat	73	montelukast sodium CHEW	13	mycophenolate mofetil SUSR	83
MIGRAL SOLN NA (dihydroergotamine mesylate)	80	montelukast sodium PACK	13	mycophenolate mofetil TABS	83
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	52	montelukast sodium TABS	13	mycophenolate sodium	83
MINIPRESS CAPS (prazosin hcl) ..	27	MONUROL (fosfomycin tromethamine)	30	MYDRIACYL SOLN (tropicamide) ..	90
MINIVELLE PTTW (estradiol)	69	morphine sulfate beads	8	MYFORTIC (mycophenolate sodium)	83
minocycline hcl CAPS	104	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8	MYLERAN TABS	32
minoxidil 2.5 MG, 10 MG	29	morphine sulfate SOLN OR 10 MG/0.5ML, 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	8	MYRBETRIQ TB24	108
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) ..	38	morphine sulfate SUPP	8	mysoline (primidone)	16
MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)	38	morphine sulfate TABS	8	MYTESI	22
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	52	morphine sulfate TBCR	8	nabumetone 500 MG	5
mirtazapine TABS	18	MOVANTIK	70	nabumetone 750 MG	5
mirtazapine TBDP	18	moxifloxacin hcl (ophth) SOLN OP 90		nadolol TABS 20 MG, 40 MG, 80 MG	44
MIRVASO (brimonidine tartrate (topical))	64	moxifloxacin hcl TABS	69	NAFRINSE DAILY/NEUTRAL SOLR . 83	
misoprostol	108	MS CONTIN TBCR (morphine sulfate)	8	NAFRINSE WEEKLY SOLR	83
MITIGARE CAPS (colchicine)	72	MULPLETA	73	naftifine hcl CREA	58
MOBIC TABS 15 MG (meloxicam) ..	5	MULTIVITAMIN + FLUORIDE CHEW	84	naftifine hcl GEL 2 %	58
MOBIC TABS 7.5 MG (meloxicam) ..	5	MULTIVITAMIN WITH FLUORIDE CHEW	84	NAFTIN GEL 1 %	58
modafinil	2	MULTI-VIT-FLOR CHEW	84	NAFTIN GEL 2 % (naftifine hcl) ...	58
moexipril hcl	27	mupirocin OINT	57	NALFON TABS (fenoprofen calcium) 5	
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	43	MUSE PLLT 250 MCG, 500 MCG, 1000 MCG	46	naloxone hcl LIQD	23
mometasone furoate (nasal) SUSP 89		MYAMBUTOL TABS 400 MG		naltrexone hcl	23
				NAMENDA TABS 10 MG (memantine hcl)	95
				NAMENDA TABS 5 MG (memantine hcl)	95

NAMENDA TITRATION PAK TABS (memantine hcl)	95	nebivolol hcl	44	nevirapine SUSP	42
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl)	95	NEBUPENT IN (pentamidine isethionate)	29	nevirapine TABS	42
NAMENDA XR CP24 7 MG (memantine hcl)	95	NEBUSAL NEBU	55	nevirapine TB24	42
NAMZARIC C4PK	95	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	86	NEXAVAR (sorafenib tosylate) ...	36
NAMZARIC CP24 14 MG-10 MG, 21 MG-10 MG, 28 MG-10 MG	95	nefazodone hcl	20	NEXICLON XR TB24 (clonidine hcl) . 27	
NAMZARIC CP24 7 MG-10 MG ...	95	neomycin sulfate TABS	3	NEXTSTELLIS	52
NAPROSYN SUSP (naproxen)	5	neomycin-bacitracin zn-polymyxin	91	niacin (antihyperlipidemic) TABS ..	26
NAPROSYN TABS 500 MG (naproxen)	5	neomycin-polomy-dexameth OINT	92	niacin (antihyperlipidemic) TBCR ..	26
naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polomy-dexameth SUSP	92	NIASPAN TBCR (niacin (antihyperlipidemic))	26
naproxen SUSP	5	neomycin-polomyxin-gramicidin ..	91	nicardipine hcl CAPS	45
naproxen TABS	5	neomycin-polomyxin-hc (ophth) ..	92	NICODERM CQ PT24 TD (nicotine) . 103	
naratriptan hcl	80	neomycin-polomyxin-hc (otic) SOLN .	93	NICORETTE GUM (nicotine polacrilex)	103
NARCAN LIQD (naloxone hcl)	23	neomycin-polomyxin-hc (otic) SUSP .	93	NICORETTE LOZG (nicotine polacrilex)	103
NARDIL (phenelzine sulfate)	19	NEORAL CAPS (cyclosporine modified (for microemulsion))	83	NICORETTE MINI LOZG (nicotine polacrilex)	103
NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) .	89	NEORAL SOLN (cyclosporine modified (for microemulsion))	83	NICORETTE STARTER KIT GUM (nicotine polacrilex)	103
NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone acetonide (nasal))	89	NERLYNX	36	nicotine MISC XX	103
NASONEX 24HR SUSP	89	NESTABS	86	nicotine polacrilex GUM	103
NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 85		NESTABS DHA	86	nicotine polacrilex LOZG	103
NATACYN	91	NESTABS ONE	86	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	103
NATAZIA	52	NEUPRO	38	NICOTINE TRANSDERMAL SYSTEM KIT	103
nateglinide	22	NEURONTIN CAPS (gabapentin) .	16	NICOTROL INHALER INHA	103
NATROBA (spinosad)	64	NEURONTIN SOLN (gabapentin) .	16	NICOTROL NS SOLN	104
		NEURONTIN TABS (gabapentin) .	16	nifedipine CAPS	45
		NEVANAC	93	nifedipine TB24 30 MG, 60 MG ...	45

nifedipine TB24	45	MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	52	NP THYROID 120 TABS	105
NILANDRON (nilutamide)	33	norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG	52	NP THYROID 15 TABS	105
nilutamide	33	norethindrone & ethinyl estradiol-fe 25 MCG-0.8 MG-75 MG	52	NP THYROID 30 TABS	105
nimodipine CAPS	45	norethindrone & ethinyl estradiol-fe 35 MCG-0.4 MG	52	NP THYROID 60 TABS	105
NINJACOF-XG LIQD	54	norethindrone (contraceptive)	53	NUBEQA	34
NINLARO	36	norethindrone acet & eth estra	52	NUCORT LOTN	63
nisoldipine	45	norethindrone acetate TABS	94	NUEDEXTA	96
nitazoxanide TABS	30	norethindrone acetate-ethinyl estradiol	69	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	74
nitisinone CAPS	68	norethindrone acetate-ethinyl estradiol	69	NUPLAZID CAPS	39
NITRO-BID OINT	11	norethindrone acetate-ethinyl estradiol-fe	52	NUPLAZID TABS 10 MG	39
NITRO-DUR PT24 (nitroglycerin) ..	11	norgestimate-ethinyl estradiol (triphasic)	52	NUVARING (etonogestrel-ethinyl estradiol)	53
NITRO-DUR PT24	11	norgestimate-ethinyl estradiol	52	NUVIGIL (armodafinil)	2
nitrofurantoin	30	NORPACE CAPS (disopyramide phosphate)	12	nystatin (mouth-throat)	83
nitrofurantoin macrocrystal	30	NORPACE CR CP12	12	nystatin (topical) CREA	58
nitrofurantoin monohyd macro	31	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	20	nystatin (topical) OINT	58
nitroglycerin (intra-anal)	11	NORTHERA (droxidopa)	109	nystatin (topical) POWD EX	58
nitroglycerin PT24	11	nortriptyline hcl CAPS	20	nystatin TABS	24
nitroglycerin SOLN TL 0.4 MG/SPRAY	11	nortriptyline hcl SOLN	20	nystatin-triamcinolone CREA	58
nitroglycerin SUBL	11	NORVASC TABS 2.5 MG (amlodipine besylate)	45	nystatin-triamcinolone OINT	58
NITROLINGUAL SOLN TL (nitroglycerin)	11	NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	45	OB COMPLETE ONE	86
NITROSTAT SUBL (nitroglycerin) ..	11	NORVIR PACK	42	OB COMPLETE PETITE	86
NIVA THYROID TABS	105	NORVIR SOLN	42	OB COMPLETE PREMIER	86
nizatidine CAPS	107	NORVIR TABS (ritonavir)	42	OB COMPLETE/DHA	86
nizatidine SOLN	107	NOXAFIL SUSP (posaconazole) ..	24	OBSTETRIX DHA MISC	86
NORDITROPIN FLEXPRO SOPN	67	NOXAFIL TBEC (posaconazole) ..	24	OBSTETRIX ONE 30 MG-15 UNIT- 250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG ..	86
norelgestromin-ethinyl estradiol ..	52	OBTREX DHA MISC 120 MG-1 MG-			
norethin acet & estrad-fe CAPS ..	52				
norethin acet & estrad-fe CHEW ..	52				
norethin acet & estrad-fe TABS 1					

3 MG-20 MG-40 MG-10 MCG-12 MCG-3.4 MG-8.1 MG-350 MG-30 MG-25 MG-65 MCG-810 MCG-29 MG	86	OLUX FOAM (clobetasol propionate) 63	ORACEA (doxycycline (rosacea)) 64 ORACIT 71
OCALIVA 10 MG	69	OLUX-E (clobetasol propionate emulsion) 63	ORAL CITRATE 71
OCALIVA 5 MG	69	omega-3-acid ethyl esters 25	ORAPRED ODT TBDP (prednisolone sodium phosphate) 54
OCUFLOX (ofloxacin (ophth))	91	OMEPRAZOLE + SYRSPEND SFALKA SUSP 107	ORAVIG 83
ODEFSEY	42	omeprazole CPDR 20 MG, 40 MG 108	ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG 47
ODOMZO	33	omeprazole magnesium CPDR .. 108	ORENITRAM TBCR 5 MG 46
OFEV	104	OMNIFLEX DIAPHRAGM 77	ORFADIN CAPS (nitisinone) 68
ofloxacin (ophth)	91	ondansetron hcl SOLN OR 4 MG/5ML	ORFADIN SUSP 68
ofloxacin (otic)	93	ondansetron hcl TABS 4 MG, 8 MG 23	ORIAHNN 69
ofloxacin 300 MG	69	ondansetron hcl TABS 4 MG, 8 MG 23	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG 104
ofloxacin 400 MG	69	onset	ORKAMBI PACK 94 MG-75 MG . 104
olanzapine TABS 15 MG, 20 MG ..40		ONETOUCH ULTRA 2 KIT 78	ORKAMBI TABS 104
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	40	ONETOUCH ULTRA STRP 65	orlistat 1
olanzapine TBDP	40	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	orphenadrine citrate TB12 87
olanzapine-fluoxetine hcl	95	ONETOUCH VERIO REFLECT KIT 79	oseltamivir phosphate CAPS 43
olmesartan medoxomil 40 MG ..27		ONETOUCH VERIO TEST STRIPS STRP	oseltamivir phosphate SUSR 43
olmesartan medoxomil 5 MG, 20 MG 27		ONFI SUSP (clobazam) 15	OSMOPREP 75
olmesartan medoxomil-amlodipine- hydrochlorothiazide	29	ONFI TABS 10 MG (clobazam) ....15	OSPHENA 67
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG .. 29		ONFI TABS 20 MG (clobazam) ....15	OTEZLA TABS 5
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	29	ONUREG TABS	OTEZLA TBPK 5
olopatadine hcl (nasal)	88	OPILL	OVIDE (malathion) 64
olopatadine hcl 0.1 %	93	OPSUMIT	oxandrolone 10 MG 10
olopatadine hcl 0.2 %	93	OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL 109	oxandrolone 2.5 MG 10
			oxaprozin TABS 5
			OXAYDO TABS 5 MG 8
			oxazepam CAPS 10 MG, 15 MG ..12
			oxazepam CAPS 30 MG .....12

oxcarbazepine SUSP	16	PAMELOR CAPS (nortriptyline hcl) 20		pazopanib hcl	36
oxcarbazepine TABS 150 MG	16	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200		PEDIAPRED SOLN (prednisolone sodium phosphate)	54
oxcarbazepine TABS 300 MG	17	UNIT-8800 UNIT-2600 UNIT, 24600		pediatric multivitamins w/fl CHEW .84	
oxcarbazepine TABS 600 MG	17	UNIT-14200 UNIT-4200 UNIT, 61500		pediatric vitamins acd w/ fluoride SOLN	85
oxiconazole nitrate CREA	58	UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000		peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	74
OXISTAT CREA (oxiconazole nitrate)	58	UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	65	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	74
OXISTAT LOTN	58	PANRETIN	59	peg 3350-potassium chloride-sod bicarbonate-sod chloride	74
OXTELLAR XR TB24 150 MG, 300 MG	17	pantoprazole sodium PACK	108	PEG-PREP	74
OXTELLAR XR TB24 600 MG	17	pantoprazole sodium TBEC	108	penicillamine CAPS	82
oxybutynin chloride TABS 5 MG ..	108	PAREMYD	93	penicillamine TABS	82
oxybutynin chloride TB24	108	paricalcitol CAPS	68	penicillin v potassium SOLR	94
oxycodone hcl CAPS	8	PARLODEL CAPS (bromocriptine mesylate)	38	penicillin v potassium TABS	94
oxycodone hcl CONC 100 MG/5ML	8	PARLODEL TABS (bromocriptine mesylate)	39	PENNSAID SOLN EX 2 % (diclofenac sodium (topical))	59
oxycodone hcl SOLN	8	PARNATE (tranylcypromine sulfate) 19		PENNSAID SOLN EX	59
oxycodone hcl TABS 30 MG	8	paroxetine hcl SUSP	19	pentamidine isethionate IN	30
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	8	paroxetine hcl TABS	19	PENTASA CPCR (mesalamine)	70
oxycodone w/ acetaminophen TABS 325 MG-10 MG	9	paroxetine hcl TB24	19	PENTASA CPCR 250 MG	70
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	9	PASER PACK	31	pentazocine w/ naloxone hcl	10
oxycodone w/ acetaminophen TABS 325 MG-5 MG	9	PATADAY 0.1 % (olopatadine hcl) 93		PENTOSAN POLYSULFATE SODIUM DR CPDR 150 MG	71
oxycodone w/ acetaminophen TABS 325 MG-7.5 MG	9	PATADAY 0.2 % (olopatadine hcl) 93		pentoxifylline	72
oxymorphone hcl TABS 10 MG	8	PATADAY EXTRA STRENGTH ..	93	PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	107
oxymorphone hcl TABS 5 MG	8	PATANASE (olopatadine hcl (nasal))	88	PEPCID AC TABS 20 MG (famotidine)	107
oxymorphone hcl TB12	8	PAXIL CR TB24 (paroxetine hcl) ..	19	PEPCID TABS 20 MG (famotidine)	
OZEMPIC SOPN	21	PAXIL SUSP (paroxetine hcl)	19		
paliperidone	39	PAXIL TABS (paroxetine hcl)	19		
		PAXLOVID 100 MG-150 MG	43		

107	pilocarpine hcl (oral) 7.5 MG	84	podofilox GEL	63
PEPCID TABS 40 MG (famotidine) 107	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 90		podofilox SOLN	63
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	pimecrolimus	63	POLY HUB NEEDLE/30G X 1/2" ..	79
PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ...	pindolol TABS	44	polymyxin b-trimethoprim	91
PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen) ... 10	pioglitazone hcl 15 MG	22	POLYTRIM (polymyxin b- trimethoprim)	91
PERFOROMIST NEBU (formoterol fumarate)	pioglitazone hcl 30 MG, 45 MG	22	POLY-VI-FLOR CHEW	85
perindopril erbumine	pioglitazone hcl-glimepiride	21	POLY-VI-FLOR SUSP	85
permethrin CREA	pioglitazone hcl-metformin hcl TABS . 21		POLY-VI-FLOR/IRON CHEW	84
perphenazine TABS	PIQRAY 200MG DAILY DOSE ...	36	POMALYST	34
phenelzine sulfate	PIQRAY 250MG DAILY DOSE ...	36	posaconazole SUSP	24
phenobarbital ELIX	PIQRAY 300MG DAILY DOSE ...	36	posaconazole TBEC	24
phenobarbital TABS	pirfenidone CAPS	104	pot & sod citrates w/citric ac SOLN 71	
phenoxybenzamine hcl	pirfenidone TABS	104	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	81
phentermine hcl CAPS	piroxicam CAPS 10 MG	5	potassium chloride CPCR	82
phenylephrine hcl (mydriatic) SOLN 10 %	piroxicam CAPS 20 MG	5	potassium chloride microencapsulated crystals er	82
phenylephrine hcl (mydriatic) SOLN 2.5 %	PLAN B ONE-STEP (levonorgestrel (emergency oc))	53	potassium chloride PACK OR 20 MEQ	82
phenytoin CHEW	PLAQUENIL (hydroxychloroquine sulfate)	31	potassium chloride SOLN OR 10 %, 20 %	82
phenytoin sodium extended 100 MG, 200 MG, 300 MG	PLAVIX 75 MG (clopidogrel bisulfate)	72	potassium chloride TBCR	82
phenytoin SUSP	PLEGRIDY SOSY IM	96	potassium citrate (alkalinizer) TBCR . 71	
PHEXXI	PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	57	potassium citrate-citric acid SOLN .71	
PHOSLYRA SOLN	PLEXION CREA (sulfacetamide sodium w/ sulfur)	57	POVIDONE IODINE	91
phytonadione TABS 5 MG	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	57	PRALUENT SOAJ	26
PIFELTRO	PNV-DHA+DOCUSATE	86	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	39
pilocarpine hcl (oral) 5 MG	PNV-OMEGA	86	pramipexole dihydrochloride TABS 1	
	PODOCON-25 SOLN	63		

MG	39	SOLN	92	PRENATAL+DHA MISC	86
pramipexole dihydrochloride TABS 1.5 MG	39	PREDNISONE INTENSOL CONC	54	PRENATAL-U CAPS	86
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	39	prednisone SOLN	54	PRENATE	86
pramipexole dihydrochloride TB24 3 MG	39	prednisone TABS	54	PRENATE AM	86
PRAMOSONE LOTN	63	prednisone TBPK 10 MG	54	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	86
PRAMOSONE OINT	63	PREFEST	69	MG	86
prasugrel hcl	73	pregabalin CAPS 225 MG, 300 MG 17		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 ..	86
pravastatin sodium 10 MG, 20 MG, 80 MG	26	pregabalin SOLN	17	PRENATE ENHANCE	86
pravastatin sodium 40 MG	26	PREMARIN	109	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	86
praziquantel	11	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	69	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 ..	86
prazosin hcl CAPS	27	PREMARIN TABS 0.9 MG	69	PRENATE PIXIE	86
PRECISION XTRA	65	PREMESISRX	86	PRENATE RESTORE	86
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	65	PREMIUM CONDOMS LUBRICATED MISC	77	PREVACID 24HR CPDR (lansoprazole)	108
PRECOSE (acarbose)	20	PREMPHASE	69	PREVACID CPDR 30 MG (lansoprazole)	108
PRED MILD	92	PREMPRO 1.5 MG-0.3 MG	69	PREVACID SOLUTAB TBDD 15 MG (lansoprazole)	108
PRED-G S.O.P. OINT	92	PREMPRO 1.5 MG-0.45 MG, 2.5 MG-0.625 MG, 5 MG-0.625 MG ..	69	PREVACID SOLUTAB TBDD 30 MG (lansoprazole)	108
PRED-G SUSP	92	PRENA 1 TRUE	86	PREVIDENT RINSE SOLN	83
prednicarbate OINT	63	PRENA1 CHEW	86	PREZCOBIX	42
prednisolone acetate (ophth)	92	PRENA1 PEARL	86	PREZISTA SUSP	42
PREDNISOLONE SODIUM PHOSPHATE	92	PRENASSANCE	86		
prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 20 MG/5ML	54	PRENASSANCE PLUS CAPS	86		
prednisolone sodium phosphate TBDP	54	PRENATAL 19 CHEW	86		
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN		PRENATAL 19 TABS	86		
		PRENATAL MULTIVITAMIN PLUS DHA MISC	86		

PREZISTA TABS (darunavir)	42	MG	25	protriptyline hcl	20
PREZISTA TABS 75 MG, 150 MG	42	promethazine hcl SYRP	25	PROVERA 10 MG	
PRIFTIN	31	promethazine hcl TABS 12.5 MG	.25	(medroxyprogesterone acetate) ...	94
PRILOSEC PACK	108	promethazine hcl TABS 25 MG	.25	PROVERA 2.5 MG, 5 MG	
PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	31	promethazine hcl TABS 50 MG	.25	(medroxyprogesterone acetate) ...	94
primaquine phosphate TABS	31	promethazine w/codeine SOLN	.54	PROVIDA OB	86
primidone 50 MG, 250 MG	17	promethazine w/codeine SYRP	.54	PROVIGIL (modafinil)	2
PRISTIQ (desvenlafaxine succinate) 20		promethazine-dm SYRP .....	.54	PROZAC CAPS 10 MG, 20 MG	
PROAIR RESPICLICK AEPB	14	promethazine-phenylephrine-codeine		(fluoxetine hcl)	19
probenecid	72	.....	.54	PROZAC CAPS 40 MG (fluoxetine hcl)	19
PROCARDIA XL TB24 (nifedipine) 45		PROMETRIUM CAPS (progesterone)		PRUDOXIN (doxepin hcl (antipruritic))	59
prochlorperazine	40	.....	.94	PULMICORT FLEXHALER AEPB 180 MCG/ACT	13
prochlorperazine maleate TABS ...	40	propafenone hcl CP12	12	PULMICORT FLEXHALER AEPB 90 MCG/ACT	13
PROCTOFOAM HC FOAM EX	11	propafenone hcl TABS 150 MG ...	12	PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation))	13
PROCYSBI CPDR	71	propafenone hcl TABS 225 MG, 300		PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation))	13
progesterone CAPS	94	MG	12	PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	13
PROGLYCEM (diazoxide)	21	proparacaine hcl .....	.91	PULMOZYME	104
PROGRAF CAPS (tacrolimus)	83	propranolol hcl CP24 .....	.44	PURIXAN SUSP	32
PROGRAF PACK	83	propranolol hcl SOLN OR 20		pyrazinamide	31
PROLENSA (bromfenac sodium (ophth))	93	MG/5ML, 40 MG/5ML .....	.44	pyridostigmine bromide SOLN OR	31
PROMACTA PACK 12.5 MG	73	PROSCAR (finasteride) .....	.72	pyridostigmine bromide TABS 60 MG	
PROMACTA PACK 25 MG	73	PROTONIX PACK (pantoprazole sodium)	108	.....	31
PROMACTA TABS	73	PROTONIX TBEC (pantoprazole sodium)	108	pyridostigmine bromide TBCR	31
promethazine & phenylephrine SYRP	54	PROTOPIC OINT 0.03 % (tacrolimus (topical)) .....	.63	QBRELIS SOLN	27
promethazine hcl SOLN 6.25 MG/5ML	24	PROTOPIC OINT 0.1 % (tacrolimus (topical)) .....	.63	QINLOCK	36
promethazine hcl SUPP 12.5 MG, 25				QSYMIA	1

31	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	MG .....2	
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	52	RELEXXII TBCR 54 MG .....2	
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate)	17	RELEXXII TBCR 72 MG .....2	
QUDEXY XR CS24 25 MG, 50 MG (topiramate)	17	RELION INSULIN SYRINGE 1ML/31GX15/64"	80
QUESTRAN LIGHT POWD (cholestyramine light)	25	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	80
QUESTRAN POWD (cholestyramine)	25	RELNATE DHA CAPS	86
quetiapine fumarate TABS 200 MG 40		RELPAX (eletriptan hydrobromide) 80	
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	40	REMERON SOLTAB TBDP (mirtazapine)	18
quetiapine fumarate TABS 300 MG, 400 MG	40	REMERON TABS 15 MG, 30 MG (mirtazapine)	18
quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG	40	RENAGEL (sevelamer hcl)	71
quetiapine fumarate TB24 50 MG . 40		RENVELA PACK 0.8 GM (sevelamer carbonate)	71
QUFLORA FE PEDIATRIC LIQD ..84		RENVELA PACK 2.4 GM (sevelamer carbonate)	71
QUFLORA GUMMIES CHEW	85	RENVELA TABS (sevelamer carbonate)	71
QUFLORA PEDIATRIC CHEW ..85		repaglinide	22
QUFLORA PEDIATRIC SOLN ..85		RESTORIL 15 MG (temazepam) ..74	
QUILLICHEW ER CHER	2	RESTORIL 30 MG (temazepam) ..74	
QUILLIVANT XR SRER	2	RESTORIL 7.5 MG (temazepam) ..74	
quinapril hcl	27	RETEVMO	36
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	29	RETIN-A CREA (tretinoin)	57
quinapril-hydrochlorothiazide 25 MG- 20 MG	29	RETIN-A GEL (tretinoin)	57
quinidine gluconate TBCR	12	RETIN-A MICRO (tretinoin microsphere)	57
quine sulfate CAPS 324 MG	31	RETIN-A MICRO PUMP 0.04 %, 0.1 % (tretinoin microsphere)	57
QVAR REDIHALER 80 MCG/ACT ..13		RETIN-A MICRO PUMP 0.08 % (tretinoin microsphere)	57

RETROVIR CAPS (zidovudine) ... 42	risperidone TBDP 40	rufinamide SUSP 17
RETROVIR SYRP (zidovudine) ... 42	RITALIN LA CP24 (methylphenidate hcl) 2	rufinamide TABS 200 MG 17
REVATIO SUSR (sildenafil citrate (pulmonary hypertension)) 47	RITALIN TABS 20 MG (methylphenidate hcl) 2	rufinamide TABS 400 MG 17
REVATIO TABS (sildenafil citrate (pulmonary hypertension)) 47	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl) 3	RUKOBIA 42
REXULTI 41	ritonavir TABS 42	RYBELSUS TABS 3 MG 21
REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate) 42	rivastigmine 95	RYBELSUS TABS 7 MG, 14 MG .. 21
REYATAZ PACK 42	rivastigmine tartrate CAPS 95	RYDAPT 36
RHOFADE 64	rizatriptan benzoate TABS 80	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG 39
RIDAURA 4	rizatriptan benzoate TBDP 80	RYTARY CPCR 95 MG-23.75 MG 39
rifabutin 31	ROBINUL FORTE TABS (glycopyrrolate) 106	RYTHMOL SR CP12 (propafenone hcl) 12
rifampin CAPS 31	ROBINUL TABS (glycopyrrolate) .106	RYVENT TABS 24
RILUTEK TABS (riluzole) 89	ROCALTROL CAPS 0.25 MCG (calcitriol) 68	SABRIL PACK (vigabatrin) 18
riluzole TABS 89	ROCALTROL CAPS 0.5 MCG (calcitriol) 68	SABRIL TABS (vigabatrin) 18
rimantadine hydrochloride TABS .. 43	ROCALTROL SOLN OR (calcitriol) 68	SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) ....52
RINVOQ 3	roflumilast 13	SALAGEN 5 MG (pilocarpine hcl (oral)) 84
RIOMET SOLN (metformin hcl) ...21	ropinirole hydrochloride TABS ....39	SALAGEN 7.5 MG (pilocarpine hcl (oral)) 84
risedronate sodium TABS 150 MG 66	ropinirole hydrochloride TB24 12 MG 39	salicylic acid SHAM 6 % 63
risedronate sodium TABS 35 MG ..66	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG .....39	salsalate 7
risedronate sodium TABS 5 MG, 30 MG .....66	rosuvastatin calcium TABS .....26	SANDIMMUNE CAPS (cyclosporine) 83
RISPERDAL SOLN (risperidone) ..39	ROXICODONE TABS 30 MG (oxycodone hcl) 9	SANDIMMUNE SOLN OR 83
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone) .....39	ROXICODONE TABS 5 MG, 15 MG (oxycodone hcl) 9	SAPHRIS (asenapine maleate) ...40
RISPERDAL TABS 3 MG (risperidone) .....39	ROZEREM (ramelteon) 74	SAPHRIS 5 MG 40
risperidone SOLN .....40	RUBRACA 36	sapropterin dihydrochloride PACK ..68
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG .....40		sapropterin dihydrochloride TABS ..68
risperidone TABS 3 MG .....40		SAVELLA TABS 95

SAVELLA TITRATION PACK MISC 95	SEROQUEL XR TB24 50 MG (quetiapine fumarate)	40	sirolimus SOLN	83
saxagliptin hcl .....21	sertraline hcl CONC	19	sirolimus TABS	83
saxagliptin-metformin hcl .....21	sertraline hcl TABS	19	SITAVIG TABS BU	43
scopolamine .....23	sevelamer carbonate PACK 0.8 GM . 71		SIVEXTRO TABS	30
SEASONIQUE (levonorgestrel- ethynodiolide (91-day)) .....52	sevelamer carbonate PACK 2.4 GM . 71		SKELAXIN (metaxalone)	87
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 .....86	sevelamer carbonate TABS	71	SKLICE (ivermectin (pediculicide)) 64	
SELECT-OB CHEW 60 MG-2.5 MG- 1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT- 29 MG-1700 UNIT .....86	sevelamer hcl 400 MG	71	SKYRIZI PEN SOAJ	59
SELECT-OB+DHA MISC .....86	sevelamer hcl 800 MG	71	SKYRIZI PSKT	60
selegiline hcl CAPS .....39	SFROWASA ENEM	70	SKYRIZI SOCT	70
selenium sulfide LOTN 2.5 %60	SIKLOS TABS 100 MG	73	SKYRIZI SOSY	60
SELZENTRY SOLN .....42	SIKLOS TABS 1000 MG	73	SLYND	53
SELZENTRY TABS (maraviroc) ...42	sildenafil citrate	46	SOAANZ TABS 20 MG (torsemide) 66	
SELZENTRY TABS 25 MG, 75 MG 42	silodosin 4 MG	72	sodium chloride (inhalant) NEBU 0.9 %, 3 %	55
SE-NATAL 19 CHEW .....87	silodosin 8 MG	72	sodium chloride (inhalant) NEBU 7 %	55
SE-NATAL 19 TABS .....87	SILVADENE (silver sulfadiazine) . 60		sodium citrate & citric acid	71
SENSIPAR (cinacalcet hcl) .....68	silver sulfadiazine	60	sodium fluoride (dental) SOLN 0.2 %	
SEREVENT DISKUS .....14	simvastatin TABS	26	83	
SEROQUEL TABS 200 MG (quetiapine fumarate) .....40	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)	39	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	81
SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate) .....40	SINGULAIR CHEW (montelukast sodium)	13	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	81
SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate) .....40	SINGULAIR PACK (montelukast sodium)	13	sodium fluoride TABS 0.5 MG	81
SEROQUEL XR TB24 150 MG, 200 MG, 300 MG, 400 MG (quetiapine fumarate) .....40	SINGULAIR TABS (montelukast sodium)	13	sodium fluoride TABS 1 MG	81
			SODIUM OXYBATE SOLN	95
			sodium phenylbutyrate POWD	68
			sodium phenylbutyrate TABS	68
			sodium polystyrene sulfonate POWD 83	
			SODIUM	

SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	57	SPRAVATO 56MG DOSE	19	91
sodium sulfate-potassium sulfate- magnesium sulfate	74	SPRAVATO 84MG DOSE	19	sulfacetamide sodium (ophth) SOLN . 91
solifenacin succinate TABS 10 MG 108		SPRITAM TB3D	17	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %
solifenacin succinate TABS 5 MG 108		SPRYCEL	36	57
SOLTAMOX SOLN	34	STALEVO 50 (carbidopa-levodopa- entacapone)	39	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %
SOMA TABS 250 MG (carisoprodol) . 87		stavudine CAPS	42	57
SOMA TABS 350 MG (carisoprodol) . 87		STELARA SOLN 45 MG/0.5ML ...	60	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %
SOOLANTRA (ivermectin (rosacea))	64	STELARA SOSY 45 MG/0.5ML ...	60	57
sorafenib tosylate	36	STELARA SOSY 90 MG/ML	60	sulfadiazine TABS
SORILUX FOAM	60	STIMATE SOLN NA	68	104
sotalol hcl (afib/afl)	44	STIOLTO RESPIMAT	14	sulfamethoxazole-trimethoprim SUSP
sotalol hcl TABS	44	STIVARGA	37	30
SOVUNA 200 MG	31	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl)	2	sulfamethoxazole-trimethoprim TABS
spinosad	64	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl)	2	30
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .	12	STRIBILD	42	SULFAMYLYON CREA
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	13	STRIVERDI RESPIMAT	14	60
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	12	STROMECTOL (ivermectin)	11	sulfasalazine TABS
spironolactone & hydrochlorothiazide	66	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate)	10	70
spironolactone TABS	66	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate)	10	sulfasalazine TBEC
SPORANOX CAPS (itraconazole) .	24	sucralfate SUSP	107	70
SPORANOX PULSEPAK CAPS (itraconazole)	24	sucralfate TABS	107	sulindac TABS 150 MG
SPORANOX SOLN (itraconazole) .	24	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)	45	5
		sulfacetamide sodium (acne)	57	sulindac TABS 200 MG
		sulfacetamide sodium (ophth) OINT		80
				sumatriptan 5 MG/ACT
				80
				sumatriptan succinate TABS
				81
				sunitinib malate 12.5 MG, 37.5 MG, 50 MG
				37
				sunitinib malate 25 MG
				37
				SUPRAX CAPS (cefixime)
				48
				SUPRAX SUSR 100 MG/5ML (cefixime)
				48
				SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)
				74
				SUSTIVA CAPS (efavirenz)
				42

SUSTIVA TABS (efavirenz)	42	TABLOID	32	estrad-fe)	52
SUTENT 12.5 MG, 37.5 MG, 50 MG (sunitinib malate)	37	TABRECTA	37	tazarotene CREA	60
SUTENT 25 MG (sunitinib malate)	37	TACLONEX OINT (calcipotriene- betamethasone dipropionate)	63	TAZAROTENE FOAM	57
SYMBICORT (budesonide- formoterol fumarate dihydrate)	14	TACLONEX SUSP (calcipotriene- betamethasone dipropionate)	63	tazarotene GEL	60
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (olanzapine-fluoxetine hcl)	95	tacrolimus (topical) OINT 0.03 % ..	63	TAZORAC CREA (tazarotene) ..	60
SYMDEKO 150 MG-100 MG	104	tacrolimus (topical) OINT 0.1 % ..	63	TAZORAC CREA	60
SYMDEKO 75 MG-50 MG	104	tacrolimus CAPS	83	TAZORAC GEL (tazarotene)	60
SYMFU (efavirenz-lamivudine- tenofovir disoproxil fumarate)	42	tadalafil (pulmonary hypertension) TABS	47	TAZVERIK	37
SYMFU LO (efavirenz-lamivudine- tenofovir disoproxil fumarate)	42	tadalafil 2.5 MG	46	TECFIDERA CPDR (dimethyl fumarate)	96
SYMTUZA	42	tadalafil 5 MG, 10 MG, 20 MG	46	TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	96
SYNALAR CREA (fluocinolone acetonide)	63	TAFINLAR CAPS	37	TECHLITE INSULIN SYRINGEUS- 100/1ML/31G X 15/64"	80
SYNALAR OINT (fluocinolone acetonide)	63	tafluprost	93	TEGRETOL SUSP (carbamazepine) ..	17
SYNALAR SOLN (fluocinolone acetonide)	63	TAGRISSO	33	TEGRETOL TABS (carbamazepine) ..	17
SYNAREL	67	TALZENNA 0.25 MG, 1 MG	37	TEGRETOL-XR TB12 100 MG (carbamazepine)	17
SYNJARDY TABS	21	TAMIFLU CAPS (oseltamivir phosphate)	44	TEGRETOL-XR TB12 200 MG (carbamazepine)	17
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	21	TAMIFLU SUSR (oseltamivir phosphate)	44	TEGRETOL-XR TB12 400 MG (carbamazepine)	17
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	21	tamoxifen citrate TABS	34	TEKTURNA (aliskiren fumarate) ..	29
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	105	tamsulosin hcl	72	TEKTURNA HCT	29
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	105	TARCEVA (erlotinib hcl)	33	telmisartan 20 MG, 40 MG	27
SYPRINE (trientine hcl)	82	TARGRETIN (bexarotene (topical))	59	telmisartan 80 MG	27
		TARGRETIN (bexarotene)	38	telmisartan-amlodipine	29
		TASIGNA	37	telmisartan-hydrochlorothiazide ..	29
		TASMAR (tolcapone)	38	temazepam 15 MG	74
		TAVALISSE 100 MG	72	temazepam 30 MG	74
		TAVALISSE 150 MG	72	temazepam 7.5 MG	74
		TAYTULLA CAPS (norethrin acet &			

TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (temozolomide)	32	THALITONE	66	tiopronin TABS	72
TEMOVATE CREA (clobetasol propionate)	63	THALOMID	82	tiopronin TBEC	72
TEMOVATE OINT (clobetasol propionate)	63	THEO-24 CP24	14	tiotropium bromide monohydrate CAPS	13
temozolomide CAPS	32	theophylline ELIX	14	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	105
tenofovir disoproxil fumarate TABS 42		theophylline SOLN	14	TIROSINT CAPS 75 MCG	105
TENORETIC 100 (atenolol & chlorthalidone)	29	theophylline TB24	14	TIVICAY TABS	42
TENORETIC 50 (atenolol & chlorthalidone)	29	THIOLA EC TBEC	72	tizanidine hcl CAPS	87
TENORMIN TABS (atenolol)	44	THIOLA TABS (tiopronin)	72	tizanidine hcl TABS 2 MG	87
terazosin hcl 1 MG, 2 MG, 5 MG ..	28	thioridazine hcl 10 MG, 25 MG, 100 MG	40	tizanidine hcl TABS 4 MG	87
terazosin hcl 10 MG	27	thioridazine hcl 50 MG	40	TOBI NEBU (tobramycin)	3
terbinafine hcl TABS	24	thiothixene	41	TOBI PODHALER CAPS	3
terbutaline sulfate TABS	14	THRIVITE RX TABS	87	TOBRADEX OINT	92
terconazole vaginal CREA	109	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	105	TOBRADEX ST SUSP	92
terconazole vaginal SUPP	109	tiagabine hcl	18	TOBRADEX SUSP (tobramycin-dexamethasone)	92
teriflunomide	96	TIAZAC (diltiazem hcl extended release beads)	45	tobramycin (ophth) SOLN	91
testosterone cypionate SOLN IM ..	10	TIBSOVO	37	tobramycin NEBU	3
testosterone enanthate SOLN IM ..	10	TIKOSYN (dofetilide)	12	tobramycin-dexamethasone SUSP 92	
testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 40.5 MG/2.5GM	10	timolol maleate (ophth) SOLG	89	TOBREX OINT	91
tetrabenazine	95	timolol maleate (ophth) SOLN	89	TODAY SPONGE MISC	109
tetracaine hcl (ophth)	91	timolol maleate TABS 10 MG	44	tolcapone	38
tetracycline hcl CAPS	104	timolol maleate TABS 20 MG	44	TOLSURA CAPS	24
TETRACYCLINE HYDROCHLORID TABS	104	timolol maleate TABS 5 MG	44	tolterodine tartrate CP24	108
TETRACYCLINE HYDROCHLORIDE TABS	104	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	89	tolterodine tartrate TABS	108
TEXACORT SOLN 2.5 %	63	TIMOPTIC SOLN (timolol maleate (ophth))	89	TOPAMAX SPRINKLE CPSP (topiramate)	17
		tinidazole	30	TOPAMAX TABS 100 MG (topiramate)	17
				TOPAMAX TABS 200 MG	

(topiramate)	17	TOVIAZ (fesoterodine fumarate)	108	TRESIBA SOLN	22
TOPAMAX TABS 25 MG (topiramate)	17	TPOXX (TECOVIRIMAT CAP 200 MG)	44	tretinoin (chemotherapy)	38
TOPAMAX TABS 50 MG (topiramate)	17	TPOXX CAPS	44	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	57
TOPICORT CREA (desoximetasone)	63	TPOXX SOLN	44	tretinoin GEL 0.01 %, 0.025 %	57
TOPICORT GEL (desoximetasone) 63		TRACLEER TABS 125 MG (bosentan)	47	tretinoin GEL 0.05 %	57
TOPICORT LIQD (desoximetasone) . 63		TRACLEER TABS 62.5 MG (bosentan)	47	tretinoin microsphere 0.04 %, 0.1 %	57
TOPICORT OINT (desoximetasone) . 63		TRACLEER TBSO	47	tretinoin microsphere 0.08 %	57
topiramate CP24 200 MG	17	tramadol hcl TABS 100 MG	9	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	32
topiramate CP24 25 MG	17	tramadol hcl TABS 50 MG	9	triamcinolone acetonide (mouth) ..	83
topiramate CP24 50 MG, 100 MG . 17		tramadol hcl TB24 100 MG	9	triamcinolone acetonide (nasal) AERO	89
topiramate CPSP	17	tramadol hcl TB24 200 MG	9	triamcinolone acetonide (topical) AERS	63
topiramate CS24 100 MG, 150 MG, 200 MG	17	trandolapril	27	CREA	63
topiramate CS24 25 MG, 50 MG .. 17		trandolapril-verapamil hcl	29	triamcinolone acetonide (topical) LOTN	63
topiramate TABS 100 MG	17	tranexamic acid TABS	73	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	63
topiramate TABS 200 MG	17	TRANSDERM-SCOP (scopolamine) 23		triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	66
topiramate TABS 25 MG	17	TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	12	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	66
topiramate TABS 50 MG	17	tranylcypromine sulfate	19	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	66
TOPROL XL TB24 (metoprolol succinate)	44	TRAVATAN Z SOLN (travoprost) ..	93	triamterene CAPS	66
toremifene citrate	34	travoprost SOLN	93	triazolam 0.125 MG	74
torsemide TABS 100 MG	66	trazodone hcl TABS	20	triazolam 0.25 MG	74
torsemide TABS 5 MG, 10 MG, 20 MG	66	TRECATOR	31	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	29
TOUJEO MAX SOLOSTAR SOPN 22		TRELEGY ELLIPTA	14		
TOUJEO SOLOSTAR SOPN	22	TREMFYA SOPN	60		
		TREMFYA SOSY	60		
		TRESIBA FLEXTOUCH SOPN	22		

TRICOR TABS 145 MG (fenofibrate) .	TRISTART DHA	87	TRUSTEX	
25	TRISTART ONE	87	LUBRICATED/SPERMICIDE MISC	
TRICOR TABS 48 MG (fenofibrate)	TRIUMEQ PD TBSO	42	78	
26	TRIUMEQ TABS	42	TRUSTEX NATURAL CONDOMS	
TRIDESILON CREA 0.05 %			+LUBE/LUBRICATED MISC .....78	
(desonide)	TRI-VI-FLOR	85	TRUSTEX NON-LUBRICATED MISC	
63	TRI-VI-FLORO	85	.....78
trientine hcl 250 MG	TRIZIVIR	42	TRUSTEX WITH NONOXYNOL-	
trientine hcl 500 MG			9/RIBBED/STUDDED MISC .....78	
trifluoperazine hcl TABS	TROKENDI XR CP24 200 MG		TRUSTEX/RIA LUBRICATED MISC .	
	(topiramate)	17	78	
trifluridine	TROKENDI XR CP24 25 MG		TRUSTEX/RIA LUBRICATED	
91	(topiramate)	17	SPERMICIDE MISC .....78	
trihexyphenidyl hcl SOLN	TROKENDI XR CP24 50 MG, 100		TRUSTEX/RIA	
38	MG (topiramate)	17	LUBRICATED/SPERMICIDE MISC	
trihexyphenidyl hcl TABS	tropicamide SOLN	90	78	
38			TRUSTEX/RIA NON-LUBRICATED	
TRIJARDY XR	trospium chloride CP24	108	MISC	78
21	trospium chloride TABS	108	TRUVADA 100 MG-150 MG, 133	
TRIKAFTA TBPK 100 MG-50 MG	TRULICITY	21	MG-200 MG, 167 MG-250 MG	
104			(emtricitabine-tenofovir disoproxil	
TRIKAFTA TBPK 50 MG-25 MG .	TRUSOPT (dorzolamide hcl)	93	fumarate)	42
104			TRUVADA 200 MG-300 MG	
TRILEPTAL SUSP (oxcarbazepine)	TRUSTEX COLOR CONDOMS +		(emtricitabine-tenofovir disoproxil	
17	LUBE MISC	77	fumarate)	42
TRILEPTAL TABS 150 MG	TRUSTEX LUBRICATED		TUKYSA	32
(oxcarbazepine)	EXTRALARGE MISC	77		
17			TURALIO 200 MG	37
TRILEPTAL TABS 300 MG	TRUSTEX LUBRICATED			
(oxcarbazepine)	EXTRASTRENGTH MISC	78	TWIRLA	53
17				
TRILEPTAL TABS 600 MG	TRUSTEX LUBRICATED MISC ..	78	TYBLUME CHEW	52
(oxcarbazepine)				
17			TYBOST	42
TRILIPIX 135 MG (choline	TRUSTEX			
fenofibrate)	LUBRICATED/RIBBED/STUDDED		TYKERB (lapatinib ditosylate)	37
26	MISC	78		
TRILIPIX 45 MG (choline fenofibrate)	TRUSTEX		TYVASO DPI MAINTENANCE KIT	
.....26	LUBRICATED/SPERMICIDE EXTRA			
trimethobenzamide hcl CAPS	LARGE MISC	78	POWD	47
23				
trimethoprim TABS	TRUSTEX		TYVASO DPI TITRATION KIT	
30	LUBRICATED/SPERMICIDE EXTRA			
trimipramine maleate CAPS	STRENGTH MISC	78	POWD	47
20				
TRINATAL RX 1 TABS	TRUSTEX		TYVASO REFILL SOLN IN	47
87	LUBRICATED/SPERMICIDE EXTRA			
TRINTELLIX	STRENGTH MISC	78		
20				

TYVASO SOLN IN	47	VALCHLOR	59	maleate & hydrochlorothiazide)	29
TYVASO STARTER SOLN IN	47	VALCYTE SOLR (valganciclovir hcl) .		VASOTEC TABS (enalapril maleate)	
UBRELVY	80	43		27	
UCERIS (budesonide (intrarectal))		VALCYTE TABS (valganciclovir hcl) .		VCF VAGINAL CONTRACEPTIVE	
11		43		FILM FILM	109
UCERIS TB24 (budesonide)	54	valganciclovir hcl SOLR	43	VCF VAGINAL	
ULORIC 40 MG (febuxostat)	72	valganciclovir hcl TABS	43	CONTRACEPTIVEGEL GEL	109
ULORIC 80 MG (febuxostat)	72	VALIUM TABS 10 MG (diazepam) 12		VECAMYL	29
ULTRACET (tramadol-acetaminophen)	10	VALIUM TABS 2 MG, 5 MG		VELTIN (clindamycin phosphate-tretinoin)	57
ULTRAM TABS (tramadol hcl)	9	(diazepam)	12	VEMLIDY	43
ULTRAVATE LOTN	63	valproate sodium SOLN OR 250		VENCLEXTA STARTING PACK	
UPTRAVI TABS 200 MCG	47	MG/5ML	18	TBPK	32
UPTRAVI TABS 400 MCG, 600		valproic acid CAPS	18	VENCLEXTA TABS 10 MG	33
MCG, 800 MCG, 1000 MCG, 1200		valsartan TABS 160 MG	27	VENCLEXTA TABS 100 MG	33
MCG, 1400 MCG, 1600 MCG	47	valsartan TABS 40 MG, 80 MG, 320		VENCLEXTA TABS 50 MG	32
UPTRAVI TITRATION PACK TBPK		MG	27	venlafaxine hcl CP24 150 MG	20
47		valsartan-hydrochlorothiazide 12.5		venlafaxine hcl CP24 37.5 MG, 75	
UROCIT-K 10 TBCR (potassium		MG-160 MG, 12.5 MG-320 MG, 12.5		MG	20
citrate (alkalinizer))	71	MG-80 MG, 25 MG-320 MG	29	venlafaxine hcl TABS	20
UROCIT-K 15 TBCR (potassium		valsartan-hydrochlorothiazide 25 MG-		venlafaxine hcl TB24 225 MG	20
citrate (alkalinizer))	71	160 MG	29	venlafaxine hcl TB24 37.5 MG, 75	
UROCIT-K 5 TBCR (potassium		VALTREX 1 GM (valacyclovir hcl) .43		MG, 150 MG	20
citrate (alkalinizer))	71	VALTREX 500 MG (valacyclovir hcl) .		VENTAVIS	47
UROXATRAL (alfuzosin hcl)	72	43		verapamil hcl CP24 100 MG, 120	
URSO 250 TABS (ursodiol)	69	VANCOCIN CAPS 125 MG		MG, 200 MG, 240 MG, 300 MG ...	45
URSO FORTE TABS (ursodiol) ..	69	(vancomycin hcl)	30	verapamil hcl CP24 180 MG	45
ursodiol CAPS	69	vancomycin hcl CAPS 125 MG ...	30	verapamil hcl CP24 360 MG	45
ursodiol TABS	70	vancomycin hcl SOLR OR 25 MG/ML		verapamil hcl TABS	45
VAGIFEM TABS (estradiol vaginal)		.....30		verapamil hcl TBCR 120 MG	45
109		VANDAZOLE	109	verapamil hcl TBCR 180 MG, 240	
valacyclovir hcl 1 GM, 1000 MG ..	43	varenicline tartrate TABS	104	MG	45
valacyclovir hcl 500 MG	43	VARUBI TBPK	24	VERAPAMIL HYDROCHLORIDE ER	
		VASCEPA (icosapent ethyl)	25		
		VASERETIC 25 MG-10 MG (enalapril			

CP24 (verapamil hcl)	45	vilazodone hcl TABS 10 MG, 40 MG . 20	VIVA DHA CAPS	87
VEREGEN	57	vilazodone hcl TABS 20 MG	VIVELLE-DOT PTTW (estradiol) ..	69
VERELAN CP24 120 MG, 240 MG (verapamil hcl)	45	VIMPAT SOLN OR 10 MG/ML (lacosamide)	VIZIMPRO	33
VERELAN CP24 180 MG (verapamil hcl)	46	VIMPAT TABS (lacosamide)	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ..	59
VERELAN CP24 360 MG (verapamil hcl)	46	VINATE DHA RF	voriconazole SUSR	24
VERELAN PM CP24 (verapamil hcl) . 45		VINATE ONE TABS	voriconazole TABS	24
VERSACLOZ SUSP	40	VIRACEPT TABS	VOSEVI	43
VERZENIO	37	VIRAMUNE XR TB24 400 MG (nevirapine)	VOTRIENT (pazopanib hcl)	37
VESICARE TABS 10 MG (solifenacin succinate)	108	VIREAD POWD	VOTRIENT	37
VESICARE TABS 5 MG (solifenacin succinate)	108	VIREAD TABS (tenofovir disoproxil fumarate)	VP-PNV-DHA CAPS	87
VFEND SUSR (voriconazole)	24	VIREAD TABS 150 MG, 200 MG, 250 MG	VRAYLAR CAPS	39
VFEND TABS (voriconazole)	24	VIRT-C DHA	VRAYLAR CPPK	39
VIAGRA (sildenafil citrate)	46	VIRT-NATE DHA CAPS	VYNDAMAX	48
VIBERZI	70	VIRT-PN DHA	VYNDAQEL	48
VIBRAMYCIN CAPS (doxycycline hyclate)	104	VISTARIL CAPS (hydroxyzine pamoate)	VYTORIN (ezetimibe-simvastatin) ..	25
VIBRAMYCIN SUSR (doxycycline (monohydrate))	105	VISTOGARD	VYVANSE CAPS	1
VICTOZA	21	VITAFOL GUMMIES	warfarin sodium TABS	14
vigabatrin PACK	18	VITAFOL-NANO	WELCHOL PACK (colesevelam hcl) . 25	
vigabatrin TABS	18	VITAFOL-ONE CAPS	WELCHOL TABS (colesevelam hcl) . 25	
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	91	VITAMEDMD ONE RX/QUATREFOLIC	WELLBUTRIN SR TB12 (bupropion hcl)	19
VIIBRYD STARTER PACK KIT	20	VITAMEDMD REDICHEW RX	WELLBUTRIN XL TB24 (bupropion hcl)	19
VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	20	VITAPEarl	WESCAP-C DHA	87
VIIBRYD TABS 20 MG (vilazodone hcl)	20	VITATRUE	WESNATE DHA CAPS	87
		VITRAKVI CAPS	WESTGEL DHA	87
		VITRAKVI SOLN	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	78
			WIDE-SEAL SILICONE	

DIAPHRAGM KIT 65	78	XHANCE EXHU	89	ZEJULA TABS	37
WIDE-SEAL SILICONE		XIFAXAN 200 MG	30	ZELAPAR TBDP	39
DIAPHRAGM KIT 70	78	XIFAXAN 550 MG	30	ZELBORA F	37
WIDE-SEAL SILICONE		XIGDUO XR 1000 MG-10 MG, 500		ZEMPLAR CAPS 1 MCG, 2 MCG	
DIAPHRAGM KIT 75	78	MG-10 MG	21	(paricalcitol)	68
WIDE-SEAL SILICONE		XIGDUO XR 1000 MG-2.5 MG, 1000		ZENPEP CPEP 105000 UNIT-79000	
DIAPHRAGM KIT 80	78	MG-5 MG, 500 MG-5 MG	21	UNIT-25000 UNIT, 14000 UNIT-	
WIDE-SEAL SILICONE		XOPENEX (levalbuterol hcl)	14	10000 UNIT-3000 UNIT, 168000	
DIAPHRAGM KIT 85	78	XOPENEX CONCENTRATE		UNIT-126000 UNIT-40000 UNIT,	
WIDE-SEAL SILICONE		(levalbuterol hcl)	14	24000 UNIT-17000 UNIT-5000 UNIT,	
DIAPHRAGM KIT 90	78	XOSPATA	37	252600 UNIT-189600 UNIT-60000	
WIDE-SEAL SILICONE		XPOVIO	34	UNIT, 42000 UNIT-32000 UNIT-	
DIAPHRAGM KIT 95	78	XPOVIO 80 MG TWICE WEEKLY		10000 UNIT, 63000 UNIT-47000	
WILZIN	82	34		UNIT-15000 UNIT, 84000 UNIT-	
XALATAN SOLN (latanoprost)	93	XTANDI CAPS	34	63000 UNIT-20000 UNIT	65
XALKORI CAPS	37	XTANDI TABS	34	ZESTORETIC 12.5 MG-10 MG, 12.5	
XANAX TABS (alprazolam)	12	XYREM SOLN	95	MG-20 MG (lisinopril &	
XARELTO STARTER PACK TBPK		YASMIN 28 (drospirenone-ethinyl		hydrochlorothiazide)	29
14		estradiol)	52	ZESTORETIC 25 MG-20 MG	
XARELTO SUSR	14	YAZ (drospirenone-ethinyl estradiol)		(lisinopril & hydrochlorothiazide)	29
XARELTO TABS 10 MG	14	52	95	ZESTRIL TABS 2.5 MG, 5 MG, 10	
XARELTO TABS 2.5 MG, 15 MG, 20		YONSA	34	MG, 20 MG, 30 MG (lisinopril)	27
MG	15	zaleplon	74	ZESTRIL TABS 40 MG (lisinopril)	27
XATMEP SOLN	32	ZANAFLEX CAPS (tizanidine hcl)	87	ZETIA (ezetimibe)	26
XELJANZ SOLN	3	87	34	ZIAC (bisoprolol &	
XELJANZ TABS	3	ZANAFLEX TABS 4 MG (tizanidine hcl)	87	hydrochlorothiazide)	29
XELJANZ XR TB24	3	87	74	ZIAGEN SOLN (abacavir sulfate)	43
XELODA 150 MG (capecitabine)	32	ZARONTIN CAPS (ethosuximide)	18	ZIAGEN TABS (abacavir sulfate)	43
XELODA 500 MG (capecitabine)	32	ZARONTIN SOLN (ethosuximide)	18	ZIANA (clindamycin phosphate-	
XENAZINE (tetrabenazine)	95	18	87	tretinoin)	57
XENICAL (orlistat)	1	ZATEAN-PN DHA	87	zidovudine CAPS	43
XERAC AC	64	87	87	zidovudine SYRP	43
XERMELO	71	ZATEAN-PN PLUS	87	zidovudine TABS	43
ZAVESCA (miglustat)	73	ZAVESCA (miglustat)	73	zileuton TB12	13
ZEJULA CAPS	37	ZEJULA TABS	37	ZIOPTAN (tafluprost)	93

ziprasidone hcl 20 MG, 40 MG	39	zonisamide CAPS 100 MG	17
ziprasidone hcl 60 MG, 80 MG	39	zonisamide CAPS 25 MG, 50 MG .	18
ZIRGAN GEL	91	ZORTRESS (everolimus (immunosuppressant))	83
ZITHROMAX PACK (azithromycin) 76		ZOVIRAX CREA (acyclovir topical) 60	
ZITHROMAX SUSR (azithromycin) 76		ZOVIRAX OINT (acyclovir topical) .60	
ZITHROMAX TABS 250 MG (azithromycin)	76	ZOVIRAX SUSP (acyclovir)	43
ZITHROMAX TABS 500 MG (azithromycin)	76	ZYDELIG	37
ZITHROMAX TRI-PAK TABS (azithromycin)	76	ZYKADIA TABS	38
ZITHROMAX Z-PAK TABS (azithromycin)	76	ZYLET	92
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (simvastatin)	26	ZYLOPRIM 100 MG (allopurinol) ..	72
ZOLINZA	37	ZYLOPRIM 300 MG (allopurinol) ..	72
zolmitriptan SOLN	81	ZYMAXID (gatifloxacin (ophth)) ...	91
zolmitriptan TABS	81	ZYPREXA TABS 15 MG, 20 MG (olanzapine)	40
zolmitriptan TBDP	81	ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	40
ZOLOFT CONC (sertraline hcl)	19	ZYTIGA (abiraterone acetate)	34
ZOLOFT TABS (sertraline hcl)	19	ZYVOX SUSR (linezolid)	30
zolpidem tartrate TABS	74	ZYVOX TABS (linezolid)	30
zolpidem tartrate TBCR	74		
ZOMIG SOLN (zolmitriptan)	81		
ZOMIG SOLN 2.5 MG	81		
ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan)	81		
ZONEGRAN CAPS 100 MG (zonisamide)	17		
ZONEGRAN CAPS 25 MG (zonisamide)	17		