

California

Ambetter by Health Net Drug List

For Ambetter by Health Net Individual & Family Plans

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 All previous versions are no longer in effect.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

For California Individual & Family Plans:

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

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

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

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Welcome to Health Net

What If I Have Questions Regarding My Pharmacy Benefit?

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

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

What is the Drug List?

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

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

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

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

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

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

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

Generic Drug Example: *terbutaline sulfate tabs*

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

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

How much will I pay for my drugs?

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

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

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

Nonpreferred Generic Drugs

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

Tier Descriptions

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

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

Are there any limits on my drug coverage?

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

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
AL	Age Limit	These drugs may require prior authorization if your age does not fall within manufacturer, FDA, or clinical recommendations.
AC	Anti-cancer	Oral cancer drugs are subject to a maximum \$250 copayment for a one-month supply, before any deductible has been met, per state law (or \$600 maximum for a three-month supply through mail order, if applicable).
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons: The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.

QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over the Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

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

Step Therapy Exception:

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

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

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

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

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

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

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

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

Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not

available, and is medically necessary for you, Health Net will provide coverage. OTC oral contraceptives or condoms can be provided by your pharmacy without a prescription and billed through the pharmacy Claims system with a zero copay. Members obtaining OTC oral contraceptives should inform their physician.

What blood glucose supplies covered?

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

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

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

Can I go to any pharmacy?

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

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

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

Can I use a mail order pharmacy?

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

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Are infertility drugs covered?

Infertility drugs are not covered.

Are Immunizations covered through pharmacies?

Immunizations are covered through your primary care Doctor. The following immunizations are covered at a Health Net participating pharmacy for members that have pharmacy coverage with Health Net or Ambetter;

- Covid-19
- Influenza (Flu)
- RSV

Are Weight Loss drugs Covered?

Most plans do cover weight loss medications when prior authorization has been approved. Check your plan documents for your coverage and copayment or coinsurance. Requirements for approval include enrolling and actively participating in a weight loss behavior modification program that includes diet, exercise, and behavior modification for 6 months prior to going on a weight loss drug and continuing in the program while being treated with a weight loss medication. You must meet the body mass index (BMI) requirements under your plan. Covered medications include:

Weight Loss Medications	
Oral Medications	Self-injected Medications
Contrave	Wegovy
Phentermine-Topiramate (Qsymia)	Saxenda
Phentermine	Zepbound
Orlistat (Xenical)	

Are hemophilia drugs and blood factors Covered?

Hemophilia drugs and blood factors are covered through under the pharmacy benefit with a valid prescription, approved prior authorization, and provided by our contracted specialty pharmacy, Acaria Health.

Definitions

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

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

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

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

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

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

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

Exigent circumstances: Is when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a

current course of treatment using a non-formulary drug.

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

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

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

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

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

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

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

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

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

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

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

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

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

Updated December 2025

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>armodafinil 50 MG</i>	1	PA	<i>methylphenidate hcl SOLN</i>	1	
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	PA	<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
CONCERTA TBCR 27 MG, 36 MG (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)	<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 EA daily)
CONCERTA TBCR 54 MG (<i>methylphenidate hcl</i>)	NF	QL(2 EA daily; 180 EA per fill retail)	<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 EA daily; 90 Day(s) limit)
CONCERTA TBCR 18 MG (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily; 90 EA per fill retail)	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 EA daily; 90 Day(s) limit)
DAYTRANA PTCH (<i>methylphenidate</i>)	NF	QL(1 EA daily)	<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 EA daily; 90 EA per 90 day(s) retail)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 EA daily)	<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 EA daily; 180 EA per fill retail)
FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NF	QL(1 EA daily; 90 EA per 90 day(s) retail)	<i>methylphenidate hcl TBCR 54 MG</i>	2	QL(2 EA daily; 180 EA per fill retail)
FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	NF	QL(2 EA daily)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	2	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)
METADATE CD CPCR 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NF	QL(2 EA daily)	<i>methylphenidate PTCH</i>	1	QL(1 EA daily)
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF		<i>modafinil</i>	1	QL(1 EA daily); ST
METHYLIN SOLN (<i>methylphenidate hcl</i>)	NF		NUVIGIL 50 MG (<i>armodafinil</i>)	NF	PA
<i>methylphenidate hcl CHEW</i>	1		NUVIGIL 150 MG, 200 MG, 250 MG (<i>armodafinil</i>)	NF	PA
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)	PROVIGIL (<i>modafinil</i>)	NF	QL(1 EA daily); ST
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 EA daily)	QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1		QUILLIVANT XR SRER	3	QL(12 ML daily); PA
			RELEXXII TBCR 27 MG, 36 MG (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELEXXII TBCR 18 MG (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily; 90 EA per fill retail)	XELJANZ XR TB24	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(1 EA daily); SP; PA
RELEXXII TBCR 54 MG (<i>methylphenidate hcl</i>)	NF	QL(2 EA daily; 180 EA per fill retail)	XELJANZ SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(10 ML daily); SP; PA
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily)	XELJANZ TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(2 EA daily); SP; PA
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	NF	QL(3 EA daily)	Antirheumatic Antimetabolites		
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	NF		OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	SP	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections			OTREXUP SOAJ 10 MG/0.4ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661;; PA
Aminoglycosides			RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661;; PA
ARIKAYCE	SP	PA	RASUVO SOAJ 20 MG/0.4ML	SP	PA
BETHKIS NEBU (<i>tobramycin</i>)	SP	PA	Anti-TNF-alpha - Monoclonal Antibodies		
HUMATIN	2		ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	SP	QL(0.143 ML daily); PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	NF		ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	SP	QL(0.072 ML daily); PA
<i>neomycin sulfate TABS</i>	1				
<i>streptomycin sulfate SOLR</i>	SP	PA			
TOBI PODHALER CAPS	SP	PA			
TOBI NEBU (<i>tobramycin</i>)	NF				
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	SP	PA			
<i>tobramycin NEBU</i>	SP	PA			
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions					
Antirheumatic - Enzyme Inhibitors					
RINVOQ LQ SOLN	SP	QL(12 ML daily); PA			
RINVOQ TB24	SP	QL(1 EA daily); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADAZ SOSY	SP	QL(0.143 ML daily); PA	HUMIRA-PED>=40KG UC STARTER AJKT	SP	Check plan documents for coverage; QL(0.072 EA daily); PA
HADLIMA PUSHTOUCH SOAJ	SP	QL(0.143 ML daily); PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA
HADLIMA SOSY	SP	QL(0.143 ML daily); PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	SP	Check plan documents for coverage; QL(0.143 EA daily); PA	Gold Compounds		
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA	AURANOFIN 3 MG	SP	
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 EA daily); PA	RIDAURA	SP	
HUMIRA (2 SYRINGE) PSKT	SP	Check plan documents for coverage; QL(0.143 EA daily); PA	Interleukin-1 Blockers		
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 EA daily); PA	ARCALYST	SP	PA;ST; Must Use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA	Interleukin-6 Receptor Inhibitors		
HUMIRA-PED<40KG CROHNS STARTER PSKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA	KEVZARA SOAJ	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
HUMIRA-PED>=40KG CROHNS START PSKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA	KEVZARA SOSY	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
			(Indomethacin) INDOCIN SUPP	SP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANAPROX DS TABS (<i>naproxen sodium</i>)	NF		LODINE TABS (<i>etodolac</i>)	NF	
ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	NF		LURBIPR TABS 100 MG (<i>flurbiprofen</i>)	NF	
CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	NF	QL(2 EA daily)	LURBIRO TABS 100 MG (<i>flurbiprofen</i>)	NF	
CELEBREX 400 MG (<i>celecoxib</i>)	NF	QL(2 EA daily); PA	<i>meclofenamate sodium CAPS</i>	1	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)	<i>mefenamic acid CAPS</i>	1	
<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>)	NF		<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
<i>diclofenac potassium TABS 50 MG</i>	1		<i>nabumetone 750 MG</i>	1	QL(3 EA daily)
<i>diclofenac sodium TB24</i>	1		<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
<i>diclofenac sodium TBEC</i>	1		NAPROSYN SUSP (<i>naproxen</i>)	NF	
<i>diclofenac w/ misoprostol TBEC</i>	1		NAPROSYN TABS 500 MG (<i>naproxen</i>)	NF	
<i>etodolac CAPS</i>	1		<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>etodolac TABS</i>	1		<i>naproxen SUSP</i>	1	
<i>etodolac TB24</i>	1	QL(2 EA daily)	<i>naproxen TABS</i>	1	
FELDENE CAPS 20 MG (<i>piroxicam</i>)	NF	QL(1 EA daily)	<i>oxaprozin TABS</i>	1	
FELDENE CAPS 10 MG (<i>piroxicam</i>)	NF		<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)
<i>flurbiprofen TABS</i>	1		<i>piroxicam CAPS 10 MG</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1		<i>sulindac TABS 200 MG</i>	1	
INDOCIN SUSP (<i>indomethacin</i>)	NF		<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)
<i>indomethacin CAPS 25 MG, 50 MG</i>	1		Phosphodiesterase 4 (PDE4) Inhibitors		
<i>indomethacin CPCR</i>	1		OTEZLA XR TB24 PO 75 MG	SP	QL(1 EA daily); SP; PA
<i>indomethacin SUPP</i>	SP		OTEZLA/OTEZLA XR INITIATION PK TBPK	SP	QL(41 EA per 365 day(s) retail; 41 EA per 365 days mail); PA
<i>indomethacin SUSP</i>	2		OTEZLA TABS	SP	QL(2 EA daily); SP; PA
<i>ketoprofen CP24</i>	1		OTEZLA TBPK	SP	QL(55 EA per 365 day(s) retail); SP; PA
<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)	OTEZLA TBPK	SP	QL(2 EA daily); SP; PA
			Pyrimidine Synthesis Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARAVA 10 MG (<i>leflunomide</i>)	NF	QL(2 EA daily)	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2	
ARAVA 20 MG (<i>leflunomide</i>)	NF	QL(1 EA daily)	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
<i>leflunomide</i> 20 MG	1	QL(1 EA daily)	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
<i>leflunomide</i> 10 MG	1	QL(2 EA daily)	(Butalbital-Acetaminophen-Caffeine) ESGIC CAPS 40 MG-50 MG-325 MG	1	
Soluble Tumor Necrosis Factor Receptor Agents			<i>butalbital-acetaminophen-caffeine</i> CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	1	
ENBREL MINI SOCT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ML daily); PA	<i>butalbital-acetaminophen-caffeine</i> TABS 40 MG-50 MG-325 MG	1	
ENBREL SURECLICK SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ML daily); SP; PA	<i>butalbital-acetaminophen</i> CAPS 50 MG-300 MG	2	
ENBREL SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ML daily); SP; PA	<i>butalbital-acetaminophen</i> TABS 50 MG-300 MG	2	
ENBREL SOSY 50 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ML daily); SP; PA	<i>butalbital-acetaminophen</i> TABS 50 MG-325 MG	1	
ENBREL SOSY 25 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ML daily); SP; PA	<i>butalbital-aspirin-caffeine</i> CAPS	1	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	NF	
Analgesic Combinations			FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	NF	
			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 ADULT LOW DOSE, ASPIRIN EC LOW DOSE, ASPIRIN EC LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE TBEC 81 MG	PV	PV	(Aspirin) ASPIRIN 81, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, FT ASPIRIN, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, SB CHILDRENS ASPIRIN, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE CHEW	PV	PV
			<i>aspirin CHEW</i>	PV	PV
			<i>aspirin TBEC 81 MG</i>	PV	PV
			<i>diflunisal TABS</i>	1	
			<i>salsalate</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1				
(Methadone Hcl) METHADOSE TBSO	1				
ACTIQ LPOP 400 MCG (<i>fentanyl citrate</i>)	NF	PA			
<i>codeine sulfate TABS</i>	1	First fill opioids limited to 7 days.			
CONZIP CP24 (<i>tramadol hcl</i>)	3				
DILAUDID LIQD (<i>hydromorphone hcl</i>)	NF	First fill opioids limited to 7 days.			

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>oxymorphone hcl TABS 10 MG</i>	2	First fill opioids limited to 7 days.; QL(8 EA daily)	<i>acetaminophen w/ codeine SOLN</i>	1	First fill opioids limited to 7 days.
<i>oxymorphone hcl TABS 5 MG</i>	2	First fill opioids limited to 7 days.	<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)
<i>oxymorphone hcl TB12</i>	2	QL(2 EA daily)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	First fill opioids limited to 7 days.
ROXICODONE TABS 15 MG (<i>oxycodone hcl</i>)	NF	First fill opioids limited to 7 days.	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	First fill opioids limited to 7 days.; PA
ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	NF	First fill opioids limited to 7 days.; QL(4 EA daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1	First fill opioids limited to 7 days.
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1		<i>butalbital-aspirin-caffeine w/cod</i>	1	First fill opioids limited to 7 days.
<i>tramadol hcl TABS 100 MG</i>	1		FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	First fill opioids limited to 7 days.; PA
<i>tramadol hcl TABS 50 MG</i>	1	First fill opioids limited to 7 days.; QL(8 EA daily)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	First fill opioids limited to 7 days.
<i>tramadol hcl TB24</i>	1		<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	First fill opioids limited to 7 days.
<i>tramadol hcl TB24 100 MG</i>	1	QL(3 EA daily)	<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)
<i>tramadol hcl TB24 200 MG</i>	1	QL(1 EA daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(240 EA per fill retail)
Opioid Combinations			<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2	First fill opioids limited to 7 days.
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	First fill opioids limited to 7 days.			
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG	1	First fill opioids limited to 7 days.			
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	First fill opioids limited to 7 days.; QL(6 EA daily)			
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG	1	First fill opioids limited to 7 days.; QL(4 EA daily)			

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<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	First fill opioids limited to 7 days.	<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)
NALOCET TABS	3		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1	
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(4 EA daily)	<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)	<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)
<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	First fill opioids limited to 7 days.	<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	2	QL(4 EA per 28 day(s) retail)
OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	3	First fill opioids limited to 7 days.	<i>buprenorphine PTWK 7.5 MCG/HR</i>	2	QL(4 EA per 28 day(s) retail)
OXYCODONE-ACETAMINOPHEN TABS 300 MG-2.5 MG	3		<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)
PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.	BUTRANS PTWK 7.5 MCG/HR (<i>buprenorphine</i>)	NF	QL(4 EA per 28 day(s) retail)
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.; QL(4 EA daily)	BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (<i>buprenorphine</i>)	NF	QL(4 EA per 28 day(s) retail)
PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.; QL(6 EA daily)	<i>pentazocine w/ naloxone hcl</i>	1	
PROLATE TABS	3	First fill opioids limited to 7 days.	SUBLOCADE SOSY	SP	Covered under Medical Benefit; PA
<i>tramadol-acetaminophen</i>	1	First fill opioids limited to 7 days.; QL(8 EA daily)	SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 EA daily)
Opioid Partial Agonists			SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 EA daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 EA daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
			Androgens		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Methyltestosterone) METHITEST TABS	SP		UCERIS (<i>budesonide (intrarectal)</i>)	NF	PA
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML daily)	Rectal Combinations		
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NF	Limited to 300 gms per month; QL(10 GM daily)	ANALPRAM HC LOTN EX	3	
<i>danazol CAPS</i>	1		ANALPRAM-HC LOTN EX	3	
FORTESTA GEL TD (<i>testosterone</i>)	NF	QL(4 GM daily)	PROCTOFOAM HC FOAM EX	2	
<i>methyltestosterone CAPS</i>	1		Rectal Steroids		
TESTIM GEL TD (<i>testosterone</i>)	3	QL(10 GM daily); PA	(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML daily)	ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	NF	
<i>testosterone enanthate SOLN IM</i>	1		<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
<i>testosterone GEL TD 1 %</i>	1	QL(10 GM daily)	Vasodilating Agents		
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)	<i>nitroglycerin (intra-anal)</i>	2	
<i>testosterone GEL TD</i>	1	Limited to 300 gms per month; QL(10 GM daily)	RECTIV (<i>nitroglycerin (intra-anal)</i>)	NF	
<i>testosterone SOLN</i>	1	QL(6 ML daily)	ANTHELMINTICS - Drugs to Treat Worm Infections		
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NF	QL(10 GM daily)	Anthelmintics		
VOGELXO GEL TD (<i>testosterone</i>)	NF	QL(10 GM daily)	<i>albendazole</i>	SP	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching			BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
Intrarectal Steroids			BILTRICIDE (<i>praziquantel</i>)	NF	
<i>budesonide (intrarectal)</i>	2	PA	<i>ivermectin</i>	1	
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	NF	QL(60 ML daily)	<i>praziquantel</i>	2	
CORTIFOAM EX 10 %	2		STROMEKTOL (<i>ivermectin</i>)	NF	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ML daily)	ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
			Antianginals-Other		
			<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ranolazine TB12 1000 MG</i>	1		(Alprazolam) ALPRAZOLAM XR TB24	1	
Nitrates			(Diazepam) DIAZEPAM INTENSOL CONC	1	
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	NF		(Lorazepam) LORAZEPAM INTENSOL CONC	1	
<i>isosorbide dinitrate TABS 40 MG</i>	2		ALPRAZOLAM INTENSOL CONC	3	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1		<i>alprazolam TABS</i>	1	
<i>isosorbide mononitrate TABS</i>	1		<i>alprazolam TB24</i>	1	
ISOSORBIDE MONONITRATE TABS	2		<i>alprazolam TBDP</i>	2	
<i>isosorbide mononitrate TB24</i>	1		ATIVAN TABS (<i>lorazepam</i>)	NF	
NITRO-BID OINT	2		<i>chlordiazepoxide hcl CAPS</i>	1	
NITRO-DUR PT24	2	QL(1 EA daily)	<i>clorazepate dipotassium TABS</i>	1	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NF	QL(1 EA daily)	<i>diazepam CONC</i>	1	
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)	<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1		<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<i>nitroglycerin SUBL</i>	1		<i>diazepam TABS 2 MG, 5 MG</i>	1	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	NF		<i>lorazepam CONC</i>	1	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NF		<i>lorazepam TABS</i>	1	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
Antianxiety Agents - Misc.			<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
<i>buspirone hcl</i>	1		VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	NF	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	SP	PA	VALIUM TABS 10 MG (<i>diazepam</i>)	NF	QL(4 EA daily)
<i>hydroxyzine hcl SYRP</i>	1		XANAX XR TB24 (<i>alprazolam</i>)	NF	
<i>hydroxyzine hcl TABS</i>	1		XANAX TABS (<i>alprazolam</i>)	NF	
<i>hydroxyzine pamoate CAPS</i>	1		ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
VISTARIL CAPS 25 MG (<i>hydroxyzine pamoate</i>)	NF		Antiarrhythmics Type I-A		
Benzodiazepines					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>disopyramide phosphate CAPS</i>	2		FASENRA SOSY 30 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
NORPACE CR CP12	3				
NORPACE CAPS (<i>disopyramide phosphate</i>)	NF		NUCALA SOAJ	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); PA
<i>quinidine gluconate TBCR</i>	2				
Antiarrhythmics Type I-B			NUCALA SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 EA daily); PA
<i>mexiletine hcl</i>	1				
Antiarrhythmics Type I-C			NUCALA SOSY 40 MG/0.4ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.0144 ML daily); PA
<i>flecainide acetate</i>	1		NUCALA SOSY 100 MG/ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.1073 ML daily); PA
<i>propafenone hcl CP12</i>	2				
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 EA daily)			
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 EA daily)			
RYTHMOL SR CP12 (<i>propafenone hcl</i>)	NF				
Antiarrhythmics Type III					
(Amiodarone Hcl) PACERONE TABS	1				
<i>amiodarone hcl TABS</i>	1				
<i>dofetilide</i>	2				
TIKOSYN (<i>dofetilide</i>)	NF				
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions					
Antiasthmatic - Monoclonal Antibodies			Anti-Inflammatory Agents		
FASENRA PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA	<i>cromolyn sodium NEBU</i>	2	
FASENRA SOSY 10 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); PA	Bronchodilators - Anticholinergics		
			ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)
			INCRUSE ELLIPTA	2	QL(1 EA daily)
			<i>ipratropium bromide SOLN 0.02 %</i>	1	
			SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>)	NF	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ML daily)
<i>tiotropium bromide CAPS IN 18 MCG</i>	2	QL(1 EA daily)	<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ML daily)
Leukotriene Modulators			FLOVENT DISKUS AEPB 250 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(8 EA daily)
ACCOLATE 10 MG (<i>zafirlukast</i>)	NF		FLOVENT DISKUS AEPB 50 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(40 EA daily)
ACCOLATE 20 MG (<i>zafirlukast</i>)	NF	QL(2 EA daily)	FLOVENT DISKUS AEPB 100 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(20 EA daily)
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)	FLOVENT HFA 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	NF	QL(0.36 GM daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	NF	QL(0.8 GM daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)	<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1	QL(1 EA daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	NF	QL(1 EA daily)	<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)
SINGULAIR PACK (<i>montelukast sodium</i>)	NF	QL(1 EA daily)	<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)
SINGULAIR TABS (<i>montelukast sodium</i>)	NF	QL(1 EA daily)	<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)
<i>zafirlukast 20 MG</i>	1	QL(2 EA daily)	<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)
<i>zafirlukast 10 MG</i>	1		<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(0.36 GM daily)
<i>zileuton TB12</i>	SP	ST			
ZYFLO TABS	3	ST			
Selective Phosphodiesterase 4 (PDE4) Inhibitors					
DALIRESP (<i>roflumilast</i>)	NF	QL(1 EA daily)			
<i>roflumilast</i>	1	QL(1 EA daily)			
Steroid Inhalants					
ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)	<i>albuterol sulfate AERS</i>	1	1 package(s) per fill retail; 2 max fill(s) per 30 day(s) retail
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(4 ML daily)	<i>albuterol sulfate AERS</i>	1	QL(0.6 GM daily)
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(8 ML daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(2 ML daily)	<i>albuterol sulfate NEBU</i>	1	
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)	ALBUTEROL SULFATE NEBU	2	
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 GM daily)	<i>albuterol sulfate SYRP</i>	1	
Sympathomimetics			<i>albuterol sulfate TABS</i>	1	
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	NF	QL(2 EA daily)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NF	
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(2 EA daily)	BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	NF	QL(0.4 GM daily)	<i>budesonide-formoterol fumarate dihydrate</i>	1	
AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)	COMBIVENT RESPIMAT AERS	2	Limit 1 inhaler per month; QL(0.16 GM daily)
AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)	DULERA	2	
AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)	<i>fluticasone furoate-vilanterol</i>	1	
			<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
			<i>fluticasone-salmeterol AERO</i>	1	QL(0.4 GM daily)
			<i>ipratropium-albuterol SOLN</i>	1	
			<i>levalbuterol hcl</i>	1	
			<i>levalbuterol tartrate</i>	1	1 inhaler per month; QL(0.6 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 EA daily)
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	NF	
SEREVENT DISKUS	2	QL(2 EA daily)
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 GM daily)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	NF	
<i>terbutaline sulfate</i> TABS	1	
TRELEGY ELLIPTA	2	QL(2 EA daily)
<i>umeclidinium-vilanterol</i>	2	QL(2 EA daily)
VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	NF	Limit 2 inhalers per month; QL(0.6 GM daily)
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NF	QL(0.6 GM daily)
XOPENEX HFA (<i>levalbuterol tartrate</i>)	NF	
Xanthines		
(Theophylline) ELIXOPHYLLIN ELIX	1	
THEO-24 CP24	2	
<i>theophylline</i> ELIX	1	
<i>theophylline</i> SOLN	1	
<i>theophylline</i> TB12 450 MG	1	QL(1 EA daily)
<i>theophylline</i> TB12 300 MG	1	QL(2 EA daily)
<i>theophylline</i> TB24	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		

Drug Name	Drug Tier	Requirements/ Limits
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium</i> TABS	1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK TBPK	2	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS	2	QL(2 EA daily)
<i>rivaroxaban</i> SUSR 1 MG/ML	1	QL(900 ML per 30 day(s) retail)
<i>rivaroxaban</i> TABS 2.5 MG	1	QL(1 EA daily)
XARELTO STARTER PACK TBPK	2	QL(51 EA per 30 day(s) retail)
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	NF	QL(900 ML per 30 day(s) retail)
XARELTO TABS	2	QL(1 EA daily)
XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (<i>rivaroxaban</i>)	2	QL(1 EA daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	SP	PA
ARIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	SP	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
<i>enoxaparin sodium</i> SOLN IJ 300 MG/3ML	1	QL(0.1 ML daily); PA
<i>enoxaparin sodium</i> SOSY 60 MG/0.6ML	2	Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	2	Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail	FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	SP	PA
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	2	Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail	<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	SP	PA
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	2	Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NF	QL(0.1 ML daily); PA
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	2	Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail	LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	SP	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(12 ML per fill retail); 1 max fill(s) per 365 day(s) retail
<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	SP	PA	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(14 ML per fill retail); 1 max fill(s) per 365 day(s) retail
FRAGMIN SOLN 95000 UNIT/3.8ML	SP	PA	LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(6 ML per fill retail); 1 max fill(s) per 365 day(s) retail
FRAGMIN SOSY 2500 UNIT/0.2ML	SP				

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LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; QL(4.5 ML per fill retail); 1 max fill(s) per 365 day(s) retail	<i>clobazam SUSP</i>	2	
Thrombin Inhibitors			<i>clobazam TABS 20 MG</i>	2	QL(2 EA daily)
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily)	<i>clobazam TABS 10 MG</i>	2	QL(1 EA daily)
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily)	<i>clonazepam TABS</i>	1	
PRADAXA CAPS 110 MG (<i>dabigatran etexilate mesylate</i>)	NF	QL(4 EA daily)	<i>clonazepam TBDP</i>	1	
PRADAXA CAPS 150 MG (<i>dabigatran etexilate mesylate</i>)	NF	QL(2 EA daily)	DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	NF	Limit 4 per month; QL(0.14 EA daily)
PRADAXA CAPS 75 MG (<i>dabigatran etexilate mesylate</i>)	NF		DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	NF	Limit 4 per month; QL(0.14 EA daily)
ANTICONVULSANTS - Drugs to Treat Seizures			<i>diazepam (anticonvulsant) GEL</i>	2	QL(0.14 EA daily)
AMPA Glutamate Receptor Antagonists			KLONOPIN TABS (<i>clonazepam</i>)	NF	
FYCOMPA SUSP	SP	QL(24 ML daily)	NAYZILAM	SP	QL(10 EA per 30 day(s) retail); PA
FYCOMPA TABS 2 MG (<i>perampanel</i>)	SP	QL(6 EA daily)	ONFI SUSP (<i>clobazam</i>)	NF	
FYCOMPA TABS 4 MG (<i>perampanel</i>)	SP	QL(3 EA daily)	ONFI TABS 20 MG (<i>clobazam</i>)	NF	QL(2 EA daily)
FYCOMPA TABS 6 MG (<i>perampanel</i>)	SP	QL(2 EA daily)	ONFI TABS 10 MG (<i>clobazam</i>)	NF	QL(1 EA daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG (<i>perampanel</i>)	SP	QL(1 EA daily)	VALTOCO 10 MG DOSE LIQD	SP	QL(10 EA per 30 day(s) retail); PA
<i>perampanel TABS 6 MG</i>	SP	QL(2 EA daily)	VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML	SP	QL(10 EA per 30 day(s) retail); PA
<i>perampanel TABS 2 MG</i>	SP	QL(6 EA daily)	VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	SP	QL(10 EA per 30 day(s) retail); PA
<i>perampanel TABS 8 MG, 10 MG, 12 MG</i>	SP	QL(1 EA daily)	VALTOCO 5 MG DOSE LIQD	SP	QL(10 EA per 30 day(s) retail); PA
<i>perampanel TABS 4 MG</i>	SP	QL(3 EA daily)	Anticonvulsants - Misc.		
Anticonvulsants - Benzodiazepines			(Carbamazepine) EPITOL TABS	1	
			(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 EA daily)
<i>pregabalin SOLN</i>	1	QL(30 ML daily)
<i>primidone 50 MG, 250 MG</i>	1	
QUDEXY XR CS24 25 MG, 50 MG (<i>topiramate</i>)	NF	QL(2 EA daily); PA
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	NF	QL(1 EA daily); PA
<i>rufinamide SUSP</i>	2	
<i>rufinamide TABS 400 MG</i>	2	QL(8 EA daily)
<i>rufinamide TABS 200 MG</i>	2	
TEGRETOL SUSP (<i>carbamazepine</i>)	3	
TEGRETOL TABS (<i>carbamazepine</i>)	3	
TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	NF	QL(8 EA daily)
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	3	
TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	NF	QL(4 EA daily)
TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	3	
TOPAMAX TABS 200 MG (<i>topiramate</i>)	3	QL(2 EA daily)
TOPAMAX TABS 50 MG (<i>topiramate</i>)	3	QL(8 EA daily)
TOPAMAX TABS 25 MG (<i>topiramate</i>)	3	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	3	QL(4 EA daily)
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA
<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA
<i>topiramate CPSP 15 MG, 25 MG</i>	1	
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA

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<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA	(Vigabatrin) VIGADRONE, VIGODER PACK	SP	QL(6 EA daily)
<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)	(Vigabatrin) VIGADRONE TABS	SP	
<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)	SABRIL PACK (<i>vigabatrin</i>)	SP	QL(6 EA daily)
<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)	SABRIL TABS (<i>vigabatrin</i>)	SP	
<i>topiramate TABS 25 MG</i>	1		<i>tiagabine hcl</i>	2	
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	3	QL(40 ML daily)	<i>vigabatrin PACK</i>	SP	QL(6 EA daily)
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	3		<i>vigabatrin TABS</i>	SP	
TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	3	QL(4 EA daily)	Hydantoins		
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	3	QL(8 EA daily)	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
TROKENDI XR CP24 25 MG, 50 MG, 100 MG (<i>topiramate</i>)	NF	PA	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
TROKENDI XR CP24 200 MG (<i>topiramate</i>)	NF	QL(2 EA daily); PA	DILANTIN	3	
VIMPAT SOLN PO 10 MG/ML (<i>lacosamide</i>)	NF	QL(40 ML daily)	DILANTIN (<i>phenytoin sodium extended</i>)	3	
VIMPAT TABS (<i>lacosamide</i>)	NF	QL(2 EA daily)	DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	
ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	3		DILANTIN-125 SUSP (<i>phenytoin</i>)	3	
ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	3	QL(6 EA daily)	DILANTIN SUSP (<i>phenytoin</i>)	3	
<i>zonisamide CAPS 25 MG, 50 MG</i>	1		<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1	
<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)	<i>phenytoin CHEW</i>	1	
Carbamates			<i>phenytoin SUSP</i>	1	
<i>felbamate SUSP</i>	1		Succinimides		
<i>felbamate TABS</i>	1		CELONTIN (<i>methsuximide</i>)	3	
FELBATOL SUSP (<i>felbamate</i>)	3		<i>ethosuximide CAPS</i>	1	
FELBATOL TABS (<i>felbamate</i>)	NF		<i>ethosuximide SOLN</i>	1	
GABA Modulators			<i>methsuximide</i>	1	
			ZARONTIN CAPS (<i>ethosuximide</i>)	3	

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ZARONTIN SOLN (<i>ethosuximide</i>)	3		WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NF	QL(1 EA daily)
Valproic Acid			Monoamine Oxidase Inhibitors (MAOIs)		
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3		EMSAM	3	QL(1 EA daily)
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3		MARPLAN	3	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	3		NARDIL (<i>phenelzine sulfate</i>)	NF	
<i>divalproex sodium CSDR</i>	1		PARNATE (<i>tranylcypromine sulfate</i>)	NF	
<i>divalproex sodium TB24</i>	1		<i>phenelzine sulfate</i>	1	
<i>divalproex sodium TBEC</i>	1		<i>tranylcypromine sulfate</i>	2	
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1		N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>valproic acid CAPS</i>	1		SPRAVATO (56 MG DOSE)	SP	PA
ANTIDEPRESSANTS - Drugs to Treat Depression			SPRAVATO (84 MG DOSE)	SP	PA
Alpha-2 Receptor Antagonists (Tetracyclics)			Selective Serotonin Reuptake Inhibitors (SSRIs)		
<i>mirtazapine TABS</i>	1		CELEXA TABS (<i>citalopram hydrobromide</i>)	NF	QL(1 EA daily)
<i>mirtazapine TBDP</i>	1		<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	NF		<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NF		<i>escitalopram oxalate SOLN</i>	1	
Antidepressants - Misc.			<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)
<i>bupropion hcl TABS</i>	1		<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)
<i>bupropion hcl TB12</i>	1		<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
<i>bupropion hcl TB24 450 MG</i>	1	QL(1 EA daily); ST	<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)	<i>fluoxetine hcl CPDR</i>	2	
FORFIVO XL TB24 (<i>bupropion hcl</i>)	NF		<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>)	NF				

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fluoxetine hcl TABS 20 MG, 60 MG	1	QL(1 EA daily)	VIIBRYD STARTER PACK KIT	3	PA
FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NF	QL(1 EA daily)	VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	NF	QL(2 EA daily)
fluvoxamine maleate CP24 150 MG	2		VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	NF	
fluvoxamine maleate CP24 100 MG	2	QL(3 EA daily)	vilazodone hcl TABS 20 MG	1	QL(2 EA daily)
fluvoxamine maleate TABS 25 MG, 50 MG	1		vilazodone hcl TABS 10 MG, 40 MG	1	
fluvoxamine maleate TABS 100 MG	1	QL(3 EA daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	NF	QL(2 EA daily)	CYMBALTA CPEP (<i>duloxetine hcl</i>)	NF	QL(2 EA daily)
LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	NF	QL(1 EA daily)	desvenlafaxine succinate	1	QL(1 EA daily)
paroxetine hcl SUSP	2		duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	1	QL(2 EA daily)
paroxetine hcl TABS	1		EFFEXOR XR CP24 (<i>venlafaxine hcl</i>)	NF	QL(2 EA daily)
paroxetine hcl TB24	1		FETZIMA TITRATION C4PK	3	ST
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NF		FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
PAXIL SUSP (<i>paroxetine hcl</i>)	NF		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
PAXIL TABS (<i>paroxetine hcl</i>)	NF		PRISTIQ (<i>desvenlafaxine succinate</i>)	NF	QL(1 EA daily)
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NF	QL(1 EA daily)	venlafaxine hcl CP24	1	QL(2 EA daily)
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NF		venlafaxine hcl TABS	1	
sertraline hcl CONC	1		venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	1	QL(1 EA daily)
sertraline hcl TABS	1	QL(2 EA daily)	venlafaxine hcl TB24 225 MG	1	
ZOLOFT CONC (<i>sertraline hcl</i>)	NF		Tricyclic Agents		
ZOLOFT TABS (<i>sertraline hcl</i>)	NF	QL(2 EA daily)	amitriptyline hcl TABS	1	
Serotonin Modulators			amoxapine	1	
nefazodone hcl	1		ANAFRANIL (<i>clomipramine hcl</i>)	NF	
trazodone hcl TABS	1		clomipramine hcl	2	
TRINTELLIX	3	ST	desipramine hcl TABS	1	

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<i>doxepin hcl CAPS</i>	1		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
<i>doxepin hcl CONC</i>	1		JANUMET TABS	2	QL(2 EA daily)
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)	KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	NF	QL(1 EA daily)
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		<i>pioglitazone hcl-glimepiride</i>	2	
<i>imipramine pamoate</i>	1		<i>pioglitazone hcl-metformin hcl TABS</i>	1	
NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	NF		<i>saxagliptin-metformin hcl</i>	2	QL(1 EA daily)
<i>nortriptyline hcl CAPS</i>	1		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
<i>nortriptyline hcl SOLN</i>	1		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
PAMELOR CAPS (<i>nortriptyline hcl</i>)	NF		SYNJARDY TABS	2	QL(2 EA daily)
<i>protriptyline hcl</i>	2		TRIJARDY XR	2	
<i>trimipramine maleate CAPS</i>	1		XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 EA daily)
ANTIDIABETICS - Drugs to Regulate Blood Sugar			XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
Alpha-Glucosidase Inhibitors			XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)
<i>acarbose</i>	1		XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)
<i>miglitol</i>	1		Biguanides		
Antidiabetic Combinations			<i>metformin hcl SOLN</i>	2	
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NF		<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	PV	Only Covered Ca On/Off Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily)			
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 EA daily)			
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NF				
<i>glipizide-metformin hcl</i>	1				
<i>glyburide-metformin</i>	1				
GLYXAMBI	2				
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits
metformin hcl TB24 500 MG, 750 MG	1	
RIOMET SOLN (<i>metformin hcl</i>)	NF	
Diabetic Other		
diazoxide	2	
GLUCAGON EMERGENCY SOLR IJ 1 MG (<i>glucagon</i>)	NF	Use NDC 00548-5850-00; QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
glucagon SOLR IJ 1 MG	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)
PROGLYCEM (<i>diazoxide</i>)	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate	2	QL(2 EA daily)
JANUVIA	2	QL(1 EA daily)
NESINA (<i>alogliptin benzoate</i>)	NF	QL(2 EA daily)
ONGLYZA (<i>saxagliptin hcl</i>)	NF	
saxagliptin hcl	1	QL(2 EA daily)
Incretin Mimetic Agents		
liraglutide	2	QL(9 ML per 28 day(s) retail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(3 ML per 28 day(s) retail); PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(1.5 ML per 28 day(s) retail); PA
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(3 ML per 28 day(s) retail); PA
OZEMPIC (2 MG/DOSE) SOPN	2	QL(3 ML per 28 day(s) retail); PA

Drug Name	Drug Tier	Requirements/ Limits
RYBELSUS TABS	2	Not available through mail order; QL(1 EA daily); PA
TRULICITY	2	QL(2 ML per 28 day(s) retail); PA
VICTOZA (<i>liraglutide</i>)	NF	QL(9 ML per 28 day(s) retail); PA
Insulin		
AFREZZA POWD	3	QL(6 EA daily)
AFREZZA POWD	3	QL(3 EA daily)
AFREZZA POWD	3	
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(0.8 ML daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 45mls per month; QL(1.5 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	Limit 40mls per month; QL(1.34 ML daily)	<i>repaglinide</i>	1	
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN GLARGINE-YFGN SOLN	2	QL(1.5 ML daily)	<i>dapagliflozin propanediol</i>	2	QL(1 EA daily)
INSULIN GLARGINE-YFGN SOPN	2	QL(1.5 ML daily)	FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	JARDIANCE	2	QL(1 EA daily)
SEMGLEE (YFGN) SOLN	2	QL(1.5 ML daily)	Sulfonylureas		
SEMGLEE (YFGN) SOPN	2	QL(1.5 ML daily)	(Glipizide) GLIPIZIDE XL TB24	1	
TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ML daily)	<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)	<i>glipizide TABS</i>	1	
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	QL(1.5 ML daily)	<i>glipizide TB24</i>	1	
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	QL(0.9 ML daily)	GLUCOTROL XL TB24 (<i>glipizide</i>)	NF	
TRESIBA SOLN	2	QL(1.5 ML daily)	<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
Insulin Sensitizing Agents			<i>glyburide TABS</i>	1	
ACTOS 15 MG (<i>pioglitazone hcl</i>)	NF		GLYNASE (<i>glyburide micronized</i>)	NF	
ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	QL(1 EA daily)	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
<i>pioglitazone hcl 15 MG</i>	1		Antidiarrheal - Chloride Channel Antagonists		
			MYTESI	3	QL(2 EA daily); PA
			Antiperistaltic Agents		
			(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS	1	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 EA per 30 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	NF	QL(4 EA per 30 day(s) retail); RX/OTC
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	Limit 2 per month; QL(0.07 EA daily); PA
<i>granisetron hcl TABS</i>	1	Limit 2 tablets per day; QL(2 EA daily); PA
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ML daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
<i>ondansetron TBDP 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 EA daily)
SANCUSO PTCH	SP	Limit 1 patch per month; QL(0.04 EA daily); PA
Antiemetics - Anticholinergic		
(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANTIVERT CHEW (<i>meclizine hcl</i>)	NF	RX/OTC	EMEND SUSR	3	QL(1 EA per 30 day(s) retail)
ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	NF		VARUBI (180 MG DOSE) TBPK	3	QL(4 EA per fill retail)
<i>meclizine hcl CHEW</i>	1	RX/OTC	ANTIFUNGALS - Drugs to Treat Fungal Infections		
<i>meclizine hcl TABS 50 MG</i>	1		Antifungals		
<i>scopolamine</i>	1		ANCOBON (<i>flucytosine</i>)	SP	
TRANSDERM SCOP 1 MG/3DAYS (<i>scopolamine</i>)	NF		<i>flucytosine</i>	SP	
TRANSDERM-SCOP (<i>scopolamine</i>)	NF		<i>griseofulvin microsize SUSP</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1		<i>griseofulvin microsize TABS</i>	1	
Antiemetics - Miscellaneous			<i>griseofulvin ultramicrosize nystatin TABS</i>	1	
AKYNZEO	3	QL(2 EA per 28 day(s) retail)	<i>terbinafine hcl TABS</i>	1	QL(1 EA daily; 90 EA per 365 day(s) retail)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	NF	QL(4 EA daily)	Imidazole-Related Antifungals		
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 EA daily)	CRESEMBA CAPS 186 MG	3	Not available through mail order
<i>dronabinol CAPS</i>	2	PA	DIFLUCAN SUSR (<i>fluconazole</i>)	NF	
MARINOL CAPS (<i>dronabinol</i>)	NF	PA	DIFLUCAN TABS 100 MG, 150 MG, 200 MG (<i>fluconazole</i>)	NF	
SYNDROS SOLN	SP	PA	<i>fluconazole SUSR</i>	1	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			<i>fluconazole TABS</i>	1	
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 EA daily)	<i>itraconazole CAPS</i>	1	PA
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 EA daily)	<i>itraconazole SOLN</i>	1	PA
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 EA daily)	<i>ketoconazole</i>	1	
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	NF	Limit 1 per year; QL(0.04 EA daily)	NOXAFIL SUSP (<i>posaconazole</i>)	NF	
EMEND TRIPACK CAPS (<i>aprepitant</i>)	NF	Limit 3 per month; QL(0.1 EA daily)	NOXAFIL TBEC (<i>posaconazole</i>)	NF	
			<i>posaconazole SUSP</i>	1	
			<i>posaconazole TBEC</i>	1	
			SPORANOX CAPS (<i>itraconazole</i>)	NF	PA

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Drug Name	Drug Tier	Requirements/ Limits
SPORANOX SOLN (<i>itraconazole</i>)	NF	PA
TOLSURA CAPS	SP	PA
VFEND SUSR (<i>voriconazole</i>)	NF	
VFEND TABS 200 MG (<i>voriconazole</i>)	NF	QL(2 EA daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 EA daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
Antihistamines - Ethanolamines		
(Carbinoxamine Maleate) RYVENT TABS 6 MG	1	
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate TABS 2.68 MG</i>	1	
CLEMASZ TABS 2.68 MG (<i>clemastine fumarate</i>)	NF	
CLEMSZA TABS 2.68 MG (<i>clemastine fumarate</i>)	NF	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	SP	PA
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS	1	QL(1 EA daily); RX/OTC
CLARINEX TABS (<i>desloratadine</i>)	NF	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>desloratadine TABS</i>	1	QL(1 EA daily); PA
<i>desloratadine TBDP</i>	1	PA
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 EA daily); RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	NF	PA; RX/OTC
XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	NF	QL(1 EA daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
PHENERGAN SOLN IJ (<i>promethazine hcl</i>)	SP	PA
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	1	
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	SP	PA
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)
<i>promethazine hcl TABS 12.5 MG</i>	1	
Antihistamines - Piperidines		
<i>cycloheptadine hcl SYRP</i>	1	
<i>cycloheptadine hcl TABS</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antihyperlipidemics - Combinations			QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NF	
<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)	QUESTRAN PACK (<i>cholestyramine</i>)	NF	
VYTORIN (<i>ezetimibe-simvastatin</i>)	NF	QL(1 EA daily)	QUESTRAN POWD (<i>cholestyramine</i>)	NF	
Antihyperlipidemics - Misc.			WELCHOL PACK (<i>colesevelam hcl</i>)	NF	QL(1 EA daily)
<i>icosapent ethyl</i>	2	PA	WELCHOL TABS (<i>colesevelam hcl</i>)	NF	QL(6 EA daily)
LOVAZA (<i>omega-3-acid ethyl esters</i>)	NF	QL(4 EA daily)	Fibric Acid Derivatives		
<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)	<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA	<i>choline fenofibrate 45 MG</i>	1	
Bile Acid Sequestrants			<i>fenofibrate micronized 67 MG, 134 MG</i>	1	
(Cholestyramine Light) PREVALITE PACK	1		<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 EA daily)
(Cholestyramine Light) PREVALITE POWD	1		<i>fenofibrate CAPS</i>	1	
<i>cholestyramine light PACK</i>	1		<i>fenofibrate TABS 48 MG, 160 MG</i>	1	
<i>cholestyramine light POWD</i>	1		<i>fenofibrate TABS 54 MG</i>	1	QL(2 EA daily)
<i>cholestyramine PACK</i>	1		<i>fenofibrate TABS 145 MG</i>	1	QL(1 EA daily)
<i>cholestyramine POWD</i>	1		<i>fenofibric acid 105 MG</i>	2	
<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)	FENOGLIDE TABS (<i>fenofibrate</i>)	NF	
<i>colesevelam hcl TABS</i>	1	QL(6 EA daily)	FIBRICOR 105 MG (<i>fenofibric acid</i>)	NF	
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NF		FIBRICOR 35 MG (<i>fenofibric acid</i>)	2	
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	NF		<i>gemfibrozil TABS</i>	1	
COLESTID GRAN (<i>colestipol hcl</i>)	NF		LIPOFEN CAPS (<i>fenofibrate</i>)	NF	
COLESTID PACK (<i>colestipol hcl</i>)	NF		LOPID TABS (<i>gemfibrozil</i>)	NF	
COLESTID TABS (<i>colestipol hcl</i>)	NF		TRICOR TABS 48 MG (<i>fenofibrate</i>)	NF	
<i>colestipol hcl GRAN</i>	1		TRICOR TABS 145 MG (<i>fenofibrate</i>)	NF	QL(1 EA daily)
<i>colestipol hcl PACK</i>	2		TRILIPIX 135 MG (<i>choline fenofibrate</i>)	NF	QL(1 EA daily)
<i>colestipol hcl TABS</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	NF	
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NF	QL(1 EA daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 EA daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 EA daily)
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NF	QL(1 EA daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	NF	QL(1 EA daily)
LIVALO (<i>pitavastatin calcium</i>)	NF	QL(1 EA daily)
<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV
<i>pitavastatin calcium</i>	1	QL(1 EA daily)
<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 EA daily); PV
<i>rosuvastatin calcium TABS</i>	1	QL(1 EA daily)
<i>simvastatin TABS</i>	1	QL(1 EA daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NF	QL(1 EA daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA (<i>ezetimibe</i>)	NF	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	SP	PA
Nicotinic Acid Derivatives		

Drug Name	Drug Tier	Requirements/ Limits
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	SP	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	NF	
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (<i>ramipril</i>)	NF	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	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NF	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ML daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 EA daily)
<i>trandolapril</i>	1	
VASOTEC TABS (<i>enalapril maleate</i>)	NF	QL(2 EA daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	NF	

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ZESTRIL TABS 40 MG (lisinopril)	NF	QL(2 EA daily)	olmesartan medoxomil 5 MG, 20 MG	1	
Agents for Pheochromocytoma			telmisartan 20 MG, 40 MG	1	
DEMSEER (metyrosine)	SP		telmisartan 80 MG	1	QL(1 EA daily)
DIBENZYLIN (phenoxybenzamine hcl)	NF	Not available through mail	valsartan TABS 160 MG	1	QL(2 EA daily)
metyrosine	SP		valsartan TABS 40 MG, 80 MG, 320 MG	1	
phenoxybenzamine hcl	1	Not available through mail	Antidiabetic Antihypertensives		
Angiotensin II Receptor Antagonists			CARDURA (doxazosin mesylate)	NF	
ATACAND 32 MG (candesartan cilexetil)	NF	QL(1 EA daily)	clonidine hcl TABS	1	
ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	NF		doxazosin mesylate	1	
AVAPRO 150 MG, 300 MG (irbesartan)	NF		guanfacine hcl	1	
BENICAR 5 MG, 20 MG (olmesartan medoxomil)	NF		methyldopa TABS	1	
BENICAR 40 MG (olmesartan medoxomil)	NF	QL(1 EA daily)	MINIPRESS CAPS (prazosin hcl)	NF	
candesartan cilexetil 32 MG	1	QL(1 EA daily)	prazosin hcl CAPS	1	
candesartan cilexetil 4 MG, 8 MG, 16 MG	1		terazosin hcl 1 MG, 2 MG, 5 MG	1	
COZAAR (losartan potassium)	NF		terazosin hcl 10 MG	1	QL(2 EA daily)
DIOVAN TABS 160 MG (valsartan)	NF	QL(2 EA daily)	Antihypertensive Combinations		
DIOVAN TABS 40 MG, 80 MG, 320 MG (valsartan)	NF		ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide)	NF	
EDARBI 40 MG	3		amlodipine besylate-benazepril hcl 10 MG-2.5 MG	1	
EDARBI 80 MG	3	QL(1 EA daily)	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG	1	QL(1 EA daily)
irbesartan	1		amlodipine besylate-valsartan 10 MG-160 MG	1	QL(1 EA daily)
losartan potassium	1		amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	1	
MICARDIS 80 MG (telmisartan)	NF	QL(1 EA daily)			
MICARDIS 20 MG, 40 MG (telmisartan)	NF				
olmesartan medoxomil 40 MG	1	QL(1 EA daily)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NF	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NF		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>atenolol & chlorthalidone</i>	1		HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NF	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NF		<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	
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 EA daily)
BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF	QL(1 EA daily)	<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1		LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NF	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1		LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NF	QL(1 EA daily)
<i>captopril & hydrochlorothiazide</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	
DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	NF		MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NF	
DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	QL(1 EA daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
EDARBYCLOR	3	QL(1 EA daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 EA daily)
EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	NF	QL(1 EA daily)			
EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	NF				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		Selective Aldosterone Receptor Antagonists (SARAs)		
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)	<i>eplerenone</i>	1	
<i>telmisartan-amlodipine</i>	1		INSPIRA (<i>eplerenone</i>)	NF	
<i>telmisartan-hydrochlorothiazide</i>	1		Vasodilators		
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NF		<i>hydralazine hcl TABS</i>	1	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NF		<i>minoxidil 2.5 MG, 10 MG</i>	1	
<i>trandolapril-verapamil hcl</i>	2		ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST	Anti-infective Agents - Misc.		
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1		FLAGYL CAPS (<i>metronidazole</i>)	NF	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)	<i>metronidazole CAPS</i>	2	
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NF		<i>metronidazole TABS 250 MG, 500 MG</i>	1	
ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NF	QL(2 EA daily)	NEBUPENT IN (<i>pentamidine isethionate</i>)	NF	
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NF		<i>pentamidine isethionate IN</i>	2	
Antihypertensives - Misc.			<i>tinidazole 500 MG</i>	1	
VECAMEYL	3		<i>tinidazole 250 MG</i>	1	PA
Direct Renin Inhibitors			<i>trimethoprim TABS</i>	1	
<i>aliskiren fumarate</i>	1		XIFAXAN 200 MG	3	QL(9 EA per fill retail); PA
TEKTURNA (<i>aliskiren fumarate</i>)	NF		XIFAXAN 550 MG	3	QL(2 EA daily); PA
			Anti-infective Misc. - Combinations		
			(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
			BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	NF	
			BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	NF	
			<i>sulfamethoxazole-trimethoprim SUSP</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
sulfamethoxazole-trimethoprim TABS	1		Oxazolidinones		
Antiprotozoal Agents			linezolid SUSR	1	QL(210 ML per 90 day(s) retail)
ALINIA SUSR	3		linezolid TABS	1	QL(20 EA per 90 day(s) retail)
ALINIA TABS (nitazoxanide)	NF		SIVEXTRO TABS	2	QL(6 EA per 90 day(s) retail)
atovaquone	2		ZYVOX SUSR (linezolid)	NF	QL(210 ML per 90 day(s) retail)
LAMPIT	SP	AC; PA	ZYVOX TABS (linezolid)	NF	QL(20 EA per 90 day(s) retail)
MEPRON (atovaquone)	NF		Urinary Anti-infectives		
nitazoxanide TABS	2		fosfomycin tromethamine	1	
Carbapenems			HIPREX (methenamine hippurate)	NF	
ertapenem sodium IJ	SP	PA	MACROBID (nitrofurantoin monohyd macro)	NF	
imipenem-cilastatin IV 500 MG	2	PA	MACRODANTIN (nitrofurantoin macrocrystal)	NF	
imipenem-cilastatin IV 250 MG	SP	PA	methenamine hippurate	1	
meropenem 500 MG	SP	PA	methenamine mandelate 1 GM	1	
PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)	SP	PA	MONUROL (fosfomycin tromethamine)	NF	
Glycopeptides			nitrofurantoin	1	
VANCOCIN CAPS (vancomycin hcl)	NF	QL(2 EA daily)	nitrofurantoin macrocrystal	1	
vancomycin hcl CAPS	1	QL(2 EA daily)	nitrofurantoin monohyd macro	1	
Leprostatics			ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
dapsone 25 MG	1		Antimalarial Combinations		
dapsone 100 MG	1	QL(4 EA daily)	atovaquone-proguanil hcl	1	
Lincosamides			COARTEM	2	Limit 24 doses per month; QL(0.8 EA daily)
CLEOCIN (clindamycin hcl)	NF		MALARONE (atovaquone-proguanil hcl)	NF	
CLEOCIN (clindamycin palmitate hydrochloride)	NF				
clindamycin hcl	1				
clindamycin palmitate hydrochloride	1				
Monobactams					
CAYSTON	SP	PA			

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Drug Name	Drug Tier	Requirements/ Limits
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl</i>	1	QL(6 EA per fill retail; 6 per fill mail)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	NF	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NF	QL(2 EA daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
FIRDAPSE	SP	PA
MESTINON SOLN PO (<i>pyridostigmine bromide</i>)	SP	PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	NF	
MESTINON TBCR (<i>pyridostigmine bromide</i>)	NF	
NEOSTIGMINE METHYLSULFATE RFID SOSY (<i>neostigmine methylsulfate</i>)	SP	PA
<i>neostigmine methylsulfate SOSY</i>	SP	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	SP	PA
<i>pyridostigmine bromide SOLN PO</i>	SP	PA

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>fludarabine phosphate SOLR</i>	SP	PA
<i>mercaptopurine SUSP 2000 MG/100ML</i>	1	AL(Up to 13 yrs old); AC
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	1	
<i>methotrexate sodium SOLR</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	SP	AC; PA
PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	NF	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN PO	SP	AC; PA
XELODA (<i>capecitabine</i>)	NF	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
LENVIMA (10 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (12 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA (14 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (18 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (20 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (24 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (4 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
LENVIMA (8 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
Antineoplastic - Anti-HER2 Agents		
TRAZIMERA 420 MG	SP	Covered under Medical Benefit; PA
TUKYSA	SP	PA
Antineoplastic - BCL-2 Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
VENCLEXTA STARTING PACK TBPK	SP	AC; PA
VENCLEXTA TABS 10 MG	SP	QL(2 EA daily); AC; PA
VENCLEXTA TABS 50 MG	SP	AC; PA
VENCLEXTA TABS 100 MG	SP	QL(4 EA daily); AC; PA
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>gefitinib</i>	2	AC; PA
GILOTRIF	SP	Must use Accredo SP pharmacy; AC; PA
IRESSA (<i>gefitinib</i>)	NF	AC; PA
TAGRISO	SP	AC; PA
TARCEVA 25 MG (<i>erlotinib hcl</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661
TARCEVA 100 MG, 150 MG (<i>erlotinib hcl</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC
VIZIMPRO	SP	AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	SP	AC; PA
ERIVEDGE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
ODOMZO	SP	AC; PA
Antineoplastic - Hormonal and Related Agents		

Drug Name	Drug Tier	Requirements/ Limits
(Abiraterone Acetate) ABIRTEGA 250 MG	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
<i>abiraterone acetate</i>	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
<i>anastrozole</i>	PV	AC
ARIMIDEX (<i>anastrozole</i>)	PV	AC
AROMASIN (<i>exemestane</i>)	PV	AC
<i>bicalutamide</i>	1	QL(1 EA daily); AC
CASODEX (<i>bicalutamide</i>)	NF	QL(1 EA daily); AC
ELIGARD SC	3	PA
EMCYT	2	AC
ERLEADA 60 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	PV	AC
FARESTON (<i>toremifene citrate</i>)	NF	AC
FEMARA (<i>letrozole</i>)	NF	AC
<i>letrozole</i>	1	AC
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	3	covered w- gender transformation diagnosis; PA required for other diagnosis	ZYTIGA (<i>abiraterone acetate</i>)	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	2	covered w- gender transformation diagnosis; PA required for other diagnosis	Antineoplastic - Immunomodulators		
LYSODREN	2	AC	POMALYST	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>megestrol acetate SUSP</i>	1	AC	Antineoplastic - PDGFR-alpha Inhibitors		
<i>megestrol acetate TABS</i>	1	AC	AYVAKIT 100 MG, 200 MG, 300 MG	SP	QL(1 EA daily); SL; PA
NILANDRON (<i>nilutamide</i>)	SP	AC	AYVAKIT 25 MG, 50 MG	SP	PA
<i>nilutamide</i>	SP	AC	Antineoplastic - XPO1 Inhibitors		
NUBEQA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	XPOVIO (100 MG ONCE WEEKLY) 50 MG	SP	PA
ORGOVYX	SP	PA	XPOVIO (40 MG ONCE WEEKLY) 40 MG	SP	PA
SOLTAMOX SOLN	PV	PV; AC	XPOVIO (40 MG TWICE WEEKLY) 40 MG	SP	PA
<i>tamoxifen citrate TABS</i>	PV	PV; AC	XPOVIO (60 MG ONCE WEEKLY) 60 MG	SP	PA
<i>toremifene citrate</i>	2	AC	XPOVIO (60 MG TWICE WEEKLY)	SP	PA
VABRINTY SC 22.5 MG, 30 MG, 45 MG	3	PA	XPOVIO (80 MG ONCE WEEKLY) 40 MG	SP	PA
XTANDI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	XPOVIO (80 MG TWICE WEEKLY)	SP	AC; PA
XTANDI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	Antineoplastic Antibiotics		
YONSA	SP	SP; AC; PA	<i>mitoxantrone hcl 25 MG/12.5ML</i>	2	SP; PA
			Antineoplastic Combinations		
			INQOVI	SP	PA
			KISQALI FEMARA (200 MG DOSE)	SP	QL(2 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA (400 MG DOSE)	SP	QL(2.5 EA daily); SP; AC; PA	BOSULIF TABS 500 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
KISQALI FEMARA (600 MG DOSE)	SP	QL(3.25 EA daily); SP; AC; PA	BOSULIF TABS 100 MG, 400 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
LONSURF	SP	AC; PA	BRAFTOVI 75 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
Antineoplastic Enzyme Inhibitors			BRUKINSA	SP	AC; PA
(Everolimus) TORPENZ TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA	CABOMETYX TABS	SP	QL(1 EA daily); AC; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA	CALQUENCE	SP	QL(2 EA daily); AC; PA
AFINITOR TABS (<i>everolimus</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA	CAPRELSA	SP	AC; PA
ALECENSA	SP	AC; PA	COMETRIQ (100 MG DAILY DOSE) KIT	SP	AC; PA
ALUNBRIG TABS	SP	AC; PA	COMETRIQ (140 MG DAILY DOSE) KIT	SP	AC; PA
ALUNBRIG TBPk	SP	AC; PA	COMETRIQ (60 MG DAILY DOSE) KIT	SP	AC; PA
BALVERSA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	COPIKTRA	SP	SP; AC; PA
<i>bortezomib SOLR IJ</i>	SP	PA	COTELLIC	SP	AC; PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	SP	PA	<i>dasatinib 80 MG</i>	SP	LA; AC; PA
BOSULIF CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>dasatinib</i>	SP	SP; AC; PA
			<i>everolimus TABS</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
			<i>everolimus TBSO</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLEEVEC TABS 400 MG <i>(imatinib mesylate)</i>	NF	QL(2 EA daily); AC; PA	KISQALI (600 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2.5 EA daily); SP; AC; PA
GLEEVEC TABS 100 MG <i>(imatinib mesylate)</i>	NF	QL(3 EA daily); AC; PA	KOSELUGO	SP	PA
IBRANCE CAPS	SP	QL(1 EA daily); SP; AC; PA	<i>lapatinib ditosylate</i>	SP	AC; PA
IBRANCE TABS	SP	QL(1 EA daily); SP; AC; PA	LORBRENA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
ICLUSIG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	LUMAKRAS 120 MG	SP	QL(3 EA daily); AC; PA
IDHIFA	SP	AC; PA	LUMAKRAS 240 MG, 320 MG	SP	QL(2 EA daily); AC; PA
<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); AC; PA	LYNPARZA TABS	SP	Refer to Accredo SP Rx; QL(4 EA daily); AC; PA
<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); AC; PA	MEKINIST SOLR	SP	PA
IMBRUVICA CAPS 70 MG	SP	QL(1 EA daily); AC; PA	MEKINIST TABS	SP	AC; PA
IMBRUVICA CAPS 140 MG	SP	QL(3 EA daily); AC; PA	MEKTOVI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
IMBRUVICA SUSP	SP	QL(8 ML daily); AC; PA	NERLYNX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
IMBRUVICA TABS	SP	QL(1 EA daily); AC; PA	NEXAVAR <i>(sorafenib tosylate)</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
INREBIC	SP	AC; PA	<i>nilotinib hcl 150 MG, 200 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
ISTODAX SOLR <i>(romidepsin)</i>	SP	PA			
JAKAFI	SP	QL(2 EA daily); AC; PA			
KISQALI (200 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; AC; PA			
KISQALI (400 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; AC; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>nilotinib hcl 50 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
NINLARO	SP	Limited to 3 capsules per month;; QL(0.1 EA daily); AC; PA	<i>sunitinib malate 25 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
<i>pazopanib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
PIQRAY (200 MG DAILY DOSE)	SP	AC; PA	SUTENT 25 MG (<i>sunitinib malate</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
PIQRAY (250 MG DAILY DOSE)	SP	QL(2 EA daily); AC; PA	TABRECTA	SP	PA
PIQRAY (300 MG DAILY DOSE)	SP	QL(2 EA daily); AC; PA	TAFINLAR CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
QINLOCK	SP	PA	TAFINLAR TBSO	SP	PA
RETEVMO CAPS	SP	PA	TALZENNA 0.25 MG, 1 MG	SP	AC; PA
<i>romidepsin SOLR</i>	SP	PA	TASIGNA 50 MG (<i>nilotinib hcl</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
ROZLYTREK CAPS	SP	AC; PA	TASIGNA 150 MG, 200 MG (<i>nilotinib hcl</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
RUBRACA	SP	AC; PA	TAZVERIK	SP	PA
RYDAPT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	<i>temsirolimus</i>	SP	PA
SCSEMBLIX	SP	PA	TIBSOVO	SP	AC; PA
<i>sorafenib tosylate</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	TORISEL (<i>temsirolimus</i>)	SP	PA
SPRYCEL (<i>dasatinib</i>)	NF	SP; AC			
STIVARGA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA			

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Drug Name	Drug Tier	Requirements/ Limits
TYKERB (<i>lapatinib ditosylate</i>)	SP	AC; PA
VELCADE SOLR IJ (<i>bortezomib</i>)	SP	PA
VERZENIO	SP	QL(2 EA daily); SP; AC; PA
VITRAKVI CAPS	SP	AC; PA
VITRAKVI SOLN	SP	AC; PA
VOTRIENT (<i>pazopanib hcl</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XALKORI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
XOSPATA	SP	AC; PA
ZEJULA TABS	SP	PA
ZELBORAF	SP	AC; PA
ZOLINZA	SP	AC; PA
ZYDELIG	3	AC; PA
ZYKADIA TABS	SP	SP; AC; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	SP	PA
ALFERON N	SP	PA
BESREMI	SP	PA
<i>bexarotene</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
HYDREA (<i>hydroxyurea</i>)	NF	AC
<i>hydroxyurea</i>	1	AC
MATULANE	SP	AC; PA

Drug Name	Drug Tier	Requirements/ Limits
TARGRETIN (<i>bexarotene</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	SP	PA
<i>leucovorin calcium TABS</i>	1	AC
<i>leucovorin calcium TABS</i>	1	
<i>mesna TABS</i>	1	AC
MESNEX TABS	3	AC
Mitotic Inhibitors		
ETOPOPHOS	3	PA
<i>etoposide CAPS</i>	2	
Topoisomerase I Inhibitors		
HYCANTIN CAPS	SP	AC; PA
HYCANTIN SOLR (<i>topotecan hcl</i>)	SP	PA
<i>topotecan hcl SOLR</i>	SP	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
LODOSYN (<i>carbidopa</i>)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	SP	PA
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>entacapone</i>	1		PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NF	
TASMAR (<i>tolcapone</i>)	SP		PARLODEL TABS (<i>bromocriptine mesylate</i>)	NF	
<i>tolcapone</i>	SP		<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 EA daily)
Antiparkinson Dopaminergics			<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 EA daily)
<i>amantadine hcl CAPS</i>	1		<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>amantadine hcl TABS</i>	1		<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i>	2	
<i>bromocriptine mesylate CAPS</i>	1		<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 EA daily)
<i>bromocriptine mesylate TABS 2.5 MG</i>	1		<i>pramipexole dihydrochloride TB24 3.75 MG</i>	1	
<i>carbidopa-levodopa CPCR</i>	1	QL(10 EA daily); PA	<i>ropinirole hydrochloride TABS</i>	1	
<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2		<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
<i>carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG</i>	1		<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 EA daily)
<i>carbidopa-levodopa TABS</i>	1		RYTARY CPCR	3	QL(10 EA daily); PA
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NF	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)	STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NF	
<i>carbidopa-levodopa TBDP</i>	2		STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NF	
DHIVY TABS	2		STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NF	
DUOPA SUSP	3	PA			
INBRIJA CAPS	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>)	NF				
MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>)	NF	QL(1 EA daily)			
NEUPRO	3				

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Drug Name	Drug Tier	Requirements/ Limits
STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	NF	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	3	
Antipsychotics - Misc.		
EQUETRO	3	
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	QL(2 EA daily)
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	NF	
LATUDA (<i>lurasidone hcl</i>)	NF	
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	SP	QL(1 EA daily); PA
NUPLAZID TABS 10 MG	SP	QL(1 EA daily); PA

Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR CAPS	SP	
VRAYLAR CPPK	SP	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
Benzisoxazoles		
FANAPT	SP	QL(2 EA daily)
FANAPT TITRATION PACK A	SP	
INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NF	
<i>paliperidone</i>	1	
PERSERIS PRSY	SP	PA
RISPERDAL SOLN (<i>risperidone</i>)	NF	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	NF	
RISPERDAL TABS 3 MG (<i>risperidone</i>)	NF	QL(2 EA daily)
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)
<i>risperidone TBDP</i>	1	
Butyrophenones		
<i>haloperidol lactate CONC</i>	1	
<i>haloperidol TABS</i>	1	
Dibenzapines		
<i>asenapine maleate</i>	2	
<i>clozapine TABS</i>	1	
<i>clozapine TBDP 12.5 MG</i>	1	
CLOZARIL TABS (<i>clozapine</i>)	NF	
<i>loxapine succinate</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)	<i>fluphenazine hcl TABS</i>	1	
<i>olanzapine TBDP</i>	1		<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 50 MG</i>	1	QL(4 EA daily)
<i>quetiapine fumarate TB24</i>	1		<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
SAPHRIS (<i>asenapine maleate</i>)	NF		<i>trifluoperazine hcl TABS</i>	1	
SECUADO	3	QL(1 EA daily)	Quinolinone Derivatives		
SEROQUEL XR TB24 (<i>quetiapine fumarate</i>)	NF		ABILIFY TABS 15 MG (<i>aripiprazole</i>)	NF	QL(2 EA daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG (<i>quetiapine fumarate</i>)	NF		ABILIFY TABS 20 MG (<i>aripiprazole</i>)	NF	QL(1 EA daily)
SEROQUEL TABS 300 MG, 400 MG (<i>quetiapine fumarate</i>)	NF	QL(2 EA daily)	ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (<i>aripiprazole</i>)	NF	
SEROQUEL TABS 200 MG (<i>quetiapine fumarate</i>)	NF	QL(4 EA daily)	<i>aripiprazole SOLN PO</i>	2	
VERSACLOZ SUSP	SP	QL(18 ML daily)	<i>aripiprazole TABS 15 MG</i>	1	QL(2 EA daily)
ZYPREXA ZYDIS TBDP (<i>olanzapine</i>)	NF		<i>aripiprazole TABS 20 MG</i>	1	QL(1 EA daily)
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	NF		<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
ZYPREXA TABS 15 MG, 20 MG (<i>olanzapine</i>)	NF	QL(1 EA daily)	<i>aripiprazole TBDP</i>	1	PA
Dihydroindolones			REXULTI	3	
<i>molindone hcl</i>	1		Thioxanthenes		
Phenothiazines			<i>thiothixene</i>	1	
(Prochlorperazine) COMPRO	1	QL(2 EA daily)	ANTISEPTICS & DISINFECTANTS		
<i>chlorpromazine hcl TABS</i>	2		Antiseptics & Disinfectants		
<i>fluphenazine hcl CONC</i>	1		<i>formaldehyde SOLN 10 %</i>	1	
<i>fluphenazine hcl ELIX</i>	2		ANTIVIRALS - Drugs to Treat Viral Infections		
			Antiretrovirals		
			<i>abacavir sulfate-lamivudine</i>	1	
			<i>abacavir sulfate SOLN</i>	1	
			<i>abacavir sulfate TABS</i>	1	
			APTIVUS CAPS	2	
			<i>atazanavir sulfate CAPS</i>	1	

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BIKTARVY	2		<i>etravirine</i>	1	
CIMDUO	2		EVOTAZ	2	
COMBIVIR (<i>lamivudine-zidovudine</i>)	NF		<i>fosamprenavir calcium TABS</i>	1	
COMPLERA 200 MG-300 MG-25 MG (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	NF		FUZEON SOLR	SP	PA
<i>darunavir TABS</i>	1		GENVOYA	2	
DELSTRIGO	2		INTELENCE 25 MG	2	
DESCOVY 200 MG-25 MG	PV		INTELENCE (<i>etravirine</i>)	NF	
DOVATO	2		ISENTRESS HD TABS	2	
EDURANT	2		ISENTRESS CHEW	2	
<i>efavirenz CAPS</i>	1		ISENTRESS PACK	2	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 EA daily)	ISENTRESS TABS	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		JULUCA	2	
<i>efavirenz TABS</i>	1		KALETRA SOLN	2	
<i>emtricitabine CAPS</i>	1		KALETRA TABS (<i>lopinavir-ritonavir</i>)	NF	
<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>	1		<i>lamivudine SOLN</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>lamivudine TABS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	PV	QL(1 EA daily)	<i>lamivudine-zidovudine</i>	1	
EMTRIVA CAPS (<i>emtricitabine</i>)	NF		LEXIVA TABS (<i>fosamprenavir calcium</i>)	NF	
EMTRIVA SOLN	2		<i>lopinavir-ritonavir SOLN</i>	1	
EPIVIR SOLN (<i>lamivudine</i>)	NF		<i>lopinavir-ritonavir TABS</i>	1	
EPIVIR TABS (<i>lamivudine</i>)	NF		<i>maraviroc TABS</i>	1	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NF		<i>nevirapine SUSP</i>	1	
			<i>nevirapine TABS</i>	1	
			<i>nevirapine TB24 400 MG</i>	1	
			NORVIR PACK	3	
			NORVIR TABS (<i>ritonavir</i>)	NF	
			ODEFSEY	2	
			PIFELTRO	2	
			PREZCOBIX	2	
			PREZISTA SUSP	2	
			PREZISTA TABS 75 MG, 150 MG	2	
			PREZISTA TABS (<i>darunavir</i>)	NF	

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RETROVIR CAPS (<i>zidovudine</i>)	NF		ZIAGEN SOLN (<i>abacavir sulfate</i>)	NF	
RETROVIR SYRP (<i>zidovudine</i>)	NF		ZIAGEN TABS (<i>abacavir sulfate</i>)	NF	
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF		<i>zidovudine CAPS</i>	1	
REYATAZ PACK	2		<i>zidovudine SYRP</i>	1	
<i>ritonavir TABS</i>	1		<i>zidovudine TABS</i>	1	
RUKOBIA	SP		Antiviral Combinations		
SELZENTRY SOLN	2		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
SELZENTRY TABS (<i>maraviroc</i>)	NF		PAXLOVID (150/100)	PV	
STRIBILD	2		PAXLOVID (300/100)	PV	PV
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF		PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF		TPOXX (TECOVIRIMAT)	5	
SYMTUZA	2		CMV Agents		
<i>tenofovir disoproxil fumarate TABS</i>	1		VALCYTE SOLR (<i>valganciclovir hcl</i>)	NF	Limit 630mls per month; QL(21 ML daily)
TIVICAY TABS 50 MG	2		VALCYTE TABS (<i>valganciclovir hcl</i>)	NF	
TRIUMEQ PD TBSO	2		<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ML daily)
TRIUMEQ TABS	2		<i>valganciclovir hcl TABS</i>	1	
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	PV	QL(1 EA daily)	Hepatitis Agents		
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 EA daily)	<i>adefovir dipivoxil</i>	2	
TYBOST	2		BARACLUDE TABS (<i>entecavir</i>)	NF	
VIRACEPT TABS	2		<i>entecavir TABS</i>	2	
VIREAD POWD	2		EPCLUSA PACK	2	SP; PA
VIREAD TABS 150 MG, 200 MG, 250 MG	2		EPCLUSA TABS	2	SP; PA
VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NF				

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EPCLUSA TABS	2	SP; PA
<i>lamivudine (hbv) TABS</i>	2	
MAVYRET TABS	SP	PA
PEGASYS SOLN	3	SP; PA
<i>ribavirin (hepatitis c) CAPS</i>	1	PA
VEMLIDY	SP	SP; ST
VOSEVI	2	SP; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS PO 400 MG</i>	1	
<i>acyclovir TABS PO 800 MG</i>	1	QL(5 EA daily)
<i>famciclovir</i>	1	
<i>valacyclovir hcl 500 MG</i>	1	QL(8 EA daily)
<i>valacyclovir hcl 1 GM</i>	1	QL(4 EA daily)
VALTREX 500 MG (<i>valacyclovir hcl</i>)	NF	QL(8 EA daily)
VALTREX 1 GM (<i>valacyclovir hcl</i>)	NF	QL(4 EA daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS 30 MG, 45 MG</i>	1	
<i>oseltamivir phosphate CAPS 75 MG</i>	1	QL(10 EA per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ML daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride TABS</i>	1	
TAMIFLU CAPS 30 MG, 45 MG (<i>oseltamivir phosphate</i>)	NF	
TAMIFLU CAPS 75 MG (<i>oseltamivir phosphate</i>)	NF	QL(10 EA per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NF	QL(75 ML daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	PV	
TPOXX CAPS	PV	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	1	
VIRAZOLE (<i>ribavirin</i>)	NF	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol 3.125 MG</i>	1	QL(2 EA daily)
<i>carvedilol phosphate</i>	1	
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	NF	
COREG 3.125 MG (<i>carvedilol</i>)	NF	QL(2 EA daily)
COREG CR (<i>carvedilol phosphate</i>)	NF	
<i>labetalol hcl TABS 100 MG, 200 MG, 300 MG</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	1	
<i>atenolol TABS</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	QL(1 EA daily)
BYSTOLIC (<i>nebivolol hcl</i>)	NF	
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate TB24</i>	1	
<i>metoprolol tartrate TABS</i>	1	
<i>nebivolol hcl</i>	1	
TENORMIN TABS (<i>atenolol</i>)	NF	

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>nimodipine CAPS</i>	2	
<i>nimodipine SOLN</i>	1	
<i>nisoldipine</i>	2	
NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	NF	QL(2 EA daily)
NORVASC TABS 5 MG, 10 MG (<i>amlodipine besylate</i>)	NF	QL(1 EA daily)
PROCARDIA XL TB24 (<i>nifedipine</i>)	NF	QL(1 EA daily)
SULAR 8.5 MG, 17 MG, 34 MG (<i>nisoldipine</i>)	NF	
TIAZAC (<i>diltiazem hcl extended release beads</i>)	NF	
VERAPAMIL HCL ER CP24 (<i>verapamil hcl</i>)	NF	
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 EA daily)
<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	
VERELAN PM CP24 (<i>verapamil hcl</i>)	3	
VERELAN CP24 180 MG (<i>verapamil hcl</i>)	NF	QL(2 EA daily)
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	NF	
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 EA daily)
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN PO 0.05 MG/ML</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin TABS 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3	
LANOXIN TABS 62.5 MCG (<i>digoxin</i>)	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	2	
<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	2	PA
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	NF	
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF	
CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF	PA
ENTRESTO CPSP	3	
ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (<i>sacubitril-valsartan</i>)	NF	QL(2 EA daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>sacubitril-valsartan TABS</i>	2	QL(2 EA daily); PA
Impotence Agents		
CIALIS 2.5 MG (<i>tadalafil</i>)	NF	QL(1 EA daily); PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>ambrisentan</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
<i>bosentan TABS</i>	SP	PA
<i>bosentan TBSO 32 MG</i>	SP	PA
LETAIRIS (<i>ambrisentan</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
OPSUMIT	SP	PA
TRACLEER TABS 125 MG (<i>bosentan</i>)	NF	
TRACLEER TABS 62.5 MG (<i>bosentan</i>)	NF	USE BOSENTAN TABS
TRACLEER TBSO 32 MG (<i>bosentan</i>)	SP	PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	SP	QL(2 EA daily); PA
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	SP	QL(2 EA daily); PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	SP	PA
REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(3 EA daily); PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	SP	PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 EA daily); PA
<i>tadalafil (pulmonary hypertension) TABS</i>	SP	QL(2 EA daily); PA
Pulmonary Hypertension - Prostacyclin Receptor		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>cefoxitin sodium</i> IV 1 GM, 2 GM	SP	PA
CEFOXITIN SODIUM-DEXTROSE	SP	PA
<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	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	PV	PV
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	PV	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	PV	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	PV	PV

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(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	PV	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	PV	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	PV	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	PV	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	PV	PV	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA EQ, AVIANE, AYUNA, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30 (28), LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	PV	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG	PV	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28)	PV	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28)	PV	PV			
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG	PV	PV			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE 0.03 MG-0.15 MG	PV	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1.5 MG-30 MCG-75 MG	PV	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE	PV	PV			
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	PV	PV			
(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAX, MINZOYA	PV	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1 MG-20 MCG-75 MG	PV	PV
(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, FEIRZA 1.5/30, FEIRZA 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 EQ TABS	PV	PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	PV	PV

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(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	PV	PV	(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG	PV	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.5 MG	PV	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG	PV	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG	PV	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1.5 MG-30 MCG	PV	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-1 MG	PV	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30 (21), LOESTRIN 1/20 (21), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS	PV	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 35 MCG-0.4 MG	PV	PV	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE	PV	PV
(Norethindrone & Ethinyl Estradiol-Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE	PV	PV			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7	PV	PV	<i>levonorgestrel-ethinyl estradiol (continuous)</i>	PV	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA	PV	PV	<i>levonorgestrel-ethinyl estradiol-iron</i>	PV	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	PV	PV	LO LOESTRIN FE TABS	PV	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	PV	PV	MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	PV	PV
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	PV	PV	NATAZIA	PV	PV
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	PV	PV	NEXTSTELLIS	PV	PV
<i>desogestrel-ethinyl estradiol (biphasic)</i>	PV	PV	<i>norethin acet & estrad-fe CAPS</i>	PV	PV
<i>drospirenone-ethinyl estradiol</i>	PV	PV	<i>norethin acet & estrad-fe CHEW</i>	PV	PV
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	PV	PV	<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	PV	PV
<i>ethynodiol diacet & eth estrad</i>	PV	PV	<i>norethindrone & ethinyl estradiol-fe</i>	PV	PV
<i>levonorgestrel & eth estradiol TABS</i>	PV	PV	<i>norethindrone acet & eth estra TABS</i>	PV	PV
<i>levonorgestrel-eth estradiol (triphasic)</i>	PV	PV	<i>norethindrone acetate-ethinyl estradiol-fe</i>	PV	PV
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	PV	PV	<i>norgestimate-ethinyl estradiol</i>	PV	PV
			<i>norgestimate-ethinyl estradiol (triphasic)</i>	PV	PV
			SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	PV	PV
			TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	PV	PV
			TYBLUME CHEW	PV	PV
			YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	PV	PV
			YAZ (<i>drospirenone-ethinyl estradiol</i>)	PV	PV
			Combination Contraceptives - Transdermal		
			(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	PV	PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norelgestromin-ethinyl estradiol</i>	PV	PV	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL	PV	PV
TWIRLA	PV	PV	<i>norethindrone (contraceptive)</i>	PV	PV
Combination Contraceptives - Vaginal			OPILL	PV	
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	PV	PV	SLYND	PV	PV
ANNOVERA	PV	PV	CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
<i>etonogestrel-ethinyl estradiol</i>	PV	PV	Glucocorticosteroids		
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	PV	PV	(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPB	1	
Emergency Contraceptives			(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPB	1	
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	PV	PV	(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPB	1	
ELLA	PV	PV	AGAMREE	SP	SP; PA
<i>levonorgestrel (emergency oc) 1.5 MG</i>	PV	PV	<i>budesonide CPEP</i>	2	QL(3 EA daily)
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	PV	PV	<i>budesonide TB24</i>	1	PA
Progestin Contraceptives - Injectable			CORTEF TABS (<i>hydrocortisone</i>)	NF	
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR	5	Available through the Medical Benefit	DEXAMETHASONE INTENSOL CONC	2	
DEPO-SUBQ PROVERA 104 SUSY SC	PV	Provided under the Medical Benefit; PA	<i>dexamethasone ELIX</i>	1	
Progestin Contraceptives - Oral			<i>dexamethasone SOLN</i>	1	
			<i>dexamethasone TABS</i>	1	
			<i>dexamethasone TBPB</i>	1	
			<i>hydrocortisone TABS</i>	1	
			MEDROL TABS	2	
			MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDROL TBPB (<i>methylprednisolone</i>)	NF		<i>benzonatate</i>	1	
<i>methylprednisolone TABS</i>	1		HYCODAN SOLN (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NF	
<i>methylprednisolone TBPB</i>	1		HYCODAN TABS 1.5 MG-5 MG (<i>hydrocodone bitartrate-homatropine methylbromide</i>)	NF	
ORAPRED ODT TBPB (<i>prednisolone sodium phosphate</i>)	NF		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
ORAPRED ODT TBPB	3		<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	NF		Cough/Cold/Allergy Combinations		
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	1		(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
<i>prednisolone sodium phosphate TBPB</i>	1		(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	
PREDNISOLONE SODIUM PHOSPHATE TBPB 10 MG, 15 MG, 30 MG	3		(Phenylephrine W/ DM-GG) ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD	1	
<i>prednisolone SOLN</i>	1				
<i>prednisolone TABS</i>	1				
PREDNISON INTENSOL CONC	2				
<i>prednisone SOLN</i>	1				
<i>prednisone TABS</i>	1				
<i>prednisone TBPB</i>	1				
UCERIS TB24 (<i>budesonide</i>)	NF	PA			
Mineralocorticoids					
<i>fludrocortisone acetate TABS</i>	1				
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms					
Antitussives					
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Phenylephrine W/ DM-GG) ALTIPRES PEDIATRIC, BIOGTUSS, DESGEN PEDIATRIC, DESPEC EDA, G-SUPRESS DX PEDIATRIC, GILTUSS COUGH & COLD, GILTUSS COUGH & COLD CHILDRENS, IGUALTUSS, PRES GEN PEDIATRIC, SUPPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-388 MG/5ML-28 MG/5ML	1		PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		TUSNEL TABS	3	
ACTIDOM DMX LIQD	3		TUSSLIN PEDIATRIC LIQD	3	
CODITUSSIN AC LIQD	3		Expectorants		
DOMETUSS-DMX LIQD	3		<i>potassium iodide (expectorant) SOLN</i>	1	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	SSKI SOLN (<i>potassium iodide (expectorant)</i>)	NF	
GILTUSS COUGH & COLD TABS	3		Misc. Respiratory Inhalants		
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
<i>guaifenesin-codeine SOLN</i>	1		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	2	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1		HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	NF	
NEOTUSS PLUS LIQD	3		HYPERSAL NEBU	3	
<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)	NEBUSAL NEBU	3	
<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)	<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1	
<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)	<i>sodium chloride (inhalant) NEBU 7 %</i>	2	
			Mucolytics		
			<i>acetylcysteine SOLN</i>	1	
			DERMATOLOGICALS - Drugs to Treat Skin Conditions		
			Acne Products		
			(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB	1		ABSORICA 30 MG (<i>isotretinoin</i>)	NF	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1		ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	NF	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	NF	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Erythromycin (Acne Aid)) ERY PADS	1		ABSORICA 20 MG (<i>isotretinoin</i>)	NF	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 10 MG	1	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail	ACZONE 5 % (<i>dapsone (topical)</i>)	NF	PA
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 40 MG	1	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail	ACZONE 7.5 % (<i>dapsone (topical)</i>)	NF	QL(2 GM daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG	1	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail	<i>adapalene-benzoyl peroxide GEL</i>	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG	1	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail	<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 GM daily)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2		<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
			ATRALIN GEL (<i>tretinoin</i>)	NF	

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BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	NF	QL(2 GM daily)	EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	NF	
benzoyl peroxide-erythromycin GEL	1	QL(2 GM daily)	EPIDUO GEL (adapalene-benzoyl peroxide)	NF	
CLEOCIN-T LOTN (clindamycin phosphate (topical))	NF		erythromycin (acne aid) GEL	1	
CLINDAGEL GEL (clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)	erythromycin (acne aid) SOLN	1	
clindamycin phosphate (topical) FOAM	1		FABIOR FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
clindamycin phosphate (topical) GEL	1	AL(At least 12 yrs old)	isotretinoin 20 MG	1	QL(5 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
clindamycin phosphate (topical) LOTN	1		isotretinoin 10 MG, 25 MG	1	QL(4 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
clindamycin phosphate (topical) SOLN	1		isotretinoin 30 MG	1	QL(3 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
clindamycin phosphate (topical) SWAB	1		isotretinoin 35 MG, 40 MG	1	QL(2 EA daily); 150 day(s) max supply per 210 day(s) retail; 150 day(s) max supply per 210 day(s) mail
clindamycin phosphate-benzoyl peroxide (refrigerate)	1		KLARON (sulfacetamide sodium (acne))	NF	
clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	1		PLEXION CREA (sulfacetamide sodium w/ sulfur)	NF	
clindamycin phosphate-tretinoin	1				
dapsone (topical) 7.5 %	1	QL(2 GM daily)			
dapsone (topical) 5 %	1	PA			
DIFFERIN CREA (adapalene)	NF	Limit 45gms per month; QL(1.5 GM daily)			
DIFFERIN GEL 0.3 % (adapalene)	NF	QL(45 GM per fill retail; 135 per fill mail)			
DIFFERIN GEL 0.1 % (adapalene)	NF	Limit 45gms per month; QL(1.5 GM daily); RX/OTC			
DIFFERIN LOTN	2				

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Drug Name	Drug Tier	Requirements/ Limits
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	NF	PA
RETIN-A MICRO 0.04 % (<i>tretinoin microsphere</i>)	NF	Limit 45gms per month; QL(1.7 GM daily)
RETIN-A MICRO 0.1 % (<i>tretinoin microsphere</i>)	NF	QL(1.67 GM daily)
RETIN-A MICRO PUMP 0.04 % (<i>tretinoin microsphere</i>)	NF	Limit 45gms per month; QL(1.7 GM daily)
RETIN-A MICRO PUMP 0.1 % (<i>tretinoin microsphere</i>)	NF	QL(1.67 GM daily)
RETIN-A CREA (<i>tretinoin</i>)	NF	
RETIN-A GEL (<i>tretinoin</i>)	NF	
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	2	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 GM daily)
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA
SULFACETAMIDE-SULFUR IN UREA EMUL	3	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 GM daily)
<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 GM daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
VELTIN (<i>clindamycin phosphate-tretinoin</i>)	NF	
ZIANA (<i>clindamycin phosphate-tretinoin</i>)	NF	
Agents for External Genital and Perianal Warts		
VEREGEN	3	QL(30 GM per fill retail)
Antibiotics - Topical		
ALTABAX	3	
<i>gentamicin sulfate (topical) CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	1	
<i>mupirocin OINT</i>	1	
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>ciclopirox olamine CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1	
<i>ciclopirox GEL</i>	1	
<i>ciclopirox SHAM</i>	2	
<i>ciclopirox SOLN</i>	1	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 GM daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ML daily)
<i>econazole nitrate CREA</i>	1	
ERTACZO	SP	QL(1 GM daily); PA
EXELDERM CREA (<i>sulconazole nitrate</i>)	3	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EFUDEX CREA (<i>fluorouracil (topical)</i>)	NF		COSENTYX SENSOREADY (300 MG) SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(0.072 ML daily); PA
<i>fluorouracil (topical)</i> CREA 0.5 %	SP	QL(1 GM daily)			
<i>fluorouracil (topical)</i> CREA 5 %	1		COSENTYX SENSOREADY PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(0.072 ML daily); PA
<i>fluorouracil (topical)</i> SOLN	1				
PANRETIN	3	PA	COSENTYX UNOREADY SOAJ	SP	QL(0.072 ML daily); PA
TARGRETIN (<i>bexarotene</i> (<i>topical</i>))	SP	SP; PA	COSENTYX SOSY 75 MG/0.5ML	SP	QL(0.18 ML daily); PA
VALCHLOR	SP	PA	COSENTYX SOSY 150 MG/ML	SP	QL(0.036 ML daily); PA
Antipruritics - Topical			<i>methoxsalen rapid</i>	2	
<i>doxepin hcl (antipruritic)</i>	2		SKYRIZI PEN SOAJ	SP	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
PRUDOXIN (<i>doxepin hcl</i> (<i>antipruritic</i>))	NF				
ZONALON (<i>doxepin hcl</i> (<i>antipruritic</i>))	NF		SKYRIZI SOSY	SP	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
Antipsoriatics			SORILUX FOAM	SP	PA
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)	STELARA SOLN 45 MG/0.5ML	SP	PA
<i>acitretin 10 MG</i>	2	QL(1 EA daily)	STELARA SOSY 90 MG/ML	SP	QL(0.04 ML daily); PA
<i>acitretin 25 MG</i>	2	QL(2 EA daily)	STELARA SOSY 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
<i>acitretin 17.5 MG</i>	2		<i>tazarotene CREA</i>	1	
<i>calcipotriene CREA</i>	2	QL(5 GM daily)	<i>tazarotene GEL</i>	1	
CALCIPOTRIENE FOAM	SP	PA	TAZORAC CREA (<i>tazarotene</i>)	NF	
<i>calcipotriene OINT</i>	1	QL(5 GM daily)	TAZORAC GEL (<i>tazarotene</i>)	NF	
<i>calcipotriene SOLN</i>	1		TREMFYA ONE-PRESS SOPN SC 100 MG/ML	SP	QL(0.018 ML daily); PA
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)	TREMFYA PEN SOAJ 100 MG/ML	SP	QL(0.018 ML daily); PA
COSENTYX (300 MG DOSE) SOSY	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(0.072 ML daily); PA			

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TREMFYA SOSY 100 MG/ML	SP	QL(0.018 ML daily); PA	<i>silver sulfadiazine</i>	1	
USTEKINUMAB SOLN 45 MG/0.5ML	SP	PA	SULFAMYLON CREA	3	
USTEKINUMAB SOSY 45 MG/0.5ML	SP	QL(0.17 ML daily); PA	SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	NF	
USTEKINUMAB SOSY 90 MG/ML	SP	QL(0.04 ML daily); PA	Corticosteroids - Topical		
VECTICAL (<i>calcitriol (topical)</i>)	NF	Limit 100gms per month; QL(3.4 GM daily)	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
Antiseborrheic Products			(Clobetasol Propionate Emulsion) TOVET	1	
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NF		(Clobetasol Propionate) CLODAN SHAM	1	
OVACE PLUS SHAM (<i>sulfacetamide sodium</i>)	NF		(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NF		(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1	
<i>selenium sulfide LOTN 2.5 %</i>	1		(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		<i>alclometasone dipropionate CREA</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		<i>alclometasone dipropionate OINT</i>	1	
<i>sulfacetamide sodium SHAM 10 %</i>	1		<i>amcinonide LOTN</i>	1	
Antivirals - Topical			APEXICON E CREA	2	
<i>acyclovir topical CREA</i>	1		<i>betamethasone dipropionate (topical) CREA</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 GM daily)	<i>betamethasone dipropionate (topical) LOTN</i>	1	
ZOVIRAX CREA (<i>acyclovir topical</i>)	NF		<i>betamethasone dipropionate (topical) OINT</i>	1	
ZOVIRAX OINT (<i>acyclovir topical</i>)	NF	QL(1 GM daily)	<i>betamethasone dipropionate augmented CREA</i>	1	
Burn Products			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
(Silver Sulfadiazine) SSD	1				
<i>mafenide acetate PACK</i>	1				
SILVADENE (<i>silver sulfadiazine</i>)	NF				

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

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<i>fluocinolone acetonide OINT</i>	1		<i>hydrocortisone valerate OINT</i>	1	
<i>fluocinolone acetonide SOLN</i>	1		KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NF	
<i>fluocinonide emulsified base</i>	1		LOCOID LIPOCREAM	3	
<i>fluocinonide CREA</i>	1		<i>mometasone furoate CREA</i>	1	
<i>fluocinonide GEL</i>	1		<i>mometasone furoate OINT</i>	1	
<i>fluocinonide OINT</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinonide SOLN</i>	1		NUCORT LOTN	3	
<i>flurandrenolide CREA</i>	1		OLUX-E (<i>clobetasol propionate emulsion</i>)	NF	
<i>fluticasone propionate CREA 0.05 %</i>	1		PRAMOSONE LOTN	3	
<i>fluticasone propionate LOTN</i>	1		PRAMOSONE OINT	3	
<i>fluticasone propionate OINT</i>	1		SYNALAR CREA (<i>fluocinolone acetonide</i>)	NF	
<i>halcinonide SOLN 0.1 %</i>	1		SYNALAR OINT (<i>fluocinolone acetonide</i>)	NF	
<i>halobetasol propionate CREA</i>	1		SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NF	
<i>halobetasol propionate OINT</i>	1		TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	NF	ST
HALOG SOLN	3		TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NF	QL(2 GM daily)
<i>hydrocortisone (topical) CREA 2.5 %</i>	1		TOPICORT SPRAY LIQD (<i>desoximetasone</i>)	NF	ST
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1		TOPICORT CREA (<i>desoximetasone</i>)	NF	
<i>hydrocortisone (topical) OINT 2.5 %</i>	1		TOPICORT GEL (<i>desoximetasone</i>)	NF	
<i>hydrocortisone (topical) SOLN 2.5 %</i>	1		TOPICORT OINT (<i>desoximetasone</i>)	NF	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1		<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>hydrocortisone butyrate CREA</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>hydrocortisone butyrate OINT</i>	1				
<i>hydrocortisone butyrate SOLN</i>	1				
<i>hydrocortisone valerate CREA</i>	1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide (topical) LOTN</i>	1		ZYCLARA (<i>imiquimod</i>)	NF	QL(1 EA daily)
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1		ZYCLARA PUMP (<i>imiquimod</i>)	NF	QL(1 GM daily)
VANOS CREA (<i>fluocinonide</i>)	NF		Immunosuppressive Agents - Topical		
Eczema Agents			ELIDEL (<i>pimecrolimus</i>)	NF	QL(2 GM daily)
DUPIXENT SOAJ 200 MG/1.14ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA	<i>pimecrolimus</i>	1	QL(2 GM daily)
DUPIXENT SOAJ 300 MG/2ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA	<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 GM daily); AL(At least 2 yrs old)
DUPIXENT SOSY 300 MG/2ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.29 ML daily); PA	<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 GM daily); AL(At least 15 yrs old)
DUPIXENT SOSY 200 MG/1.14ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA	Keratolytic/Antimitotic/Vesicant Agents		
Emollient/Keratolytic Agents			(Salicylic Acid) KERALYT SHAM 6 %	1	
(Urea) CEROVEL LOTN 40 %	1		BENSAL HP OINT	3	RX/OTC
<i>urea LOTN 40 %</i>	1		CONDYLOX GEL (<i>podofilox</i>)	NF	
Emollients			MG217 PSORIASIS MULTI-SYMPTOM OINT	3	RX/OTC
<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC	PODOCON-25 SOLN	3	
Enzymes - Topical			<i>podofilox GEL</i>	2	
SANTYL OINT	3		<i>podofilox SOLN</i>	1	
Immunomodulating Agents - Topical			SALICYLIC ACID OINT	3	RX/OTC
<i>imiquimod 5 %</i>	1		<i>salicylic acid SHAM 6 %</i>	1	
			SALIMEZ CREA	3	
			SALYCIM CREA	3	
			Local Anesthetics - Topical		
			(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	Limited to 3 patches per day; QL(3 EA daily)
			CETACAINE AERO	3	
			<i>lidocaine hcl SOLN</i>	1	
			<i>lidocaine-prilocaine CREA</i>	1	
			<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 EA daily)

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LIDODERM PTCH (<i>lidocaine</i>)	NF	Limited to 3 patches per day; QL(3 EA daily)
PREMIUM SCAR	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	Limited to 60 gm per month; QL(2 GM daily); PA
Rosacea Agents		
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	1	PA
<i>doxycycline (rosacea)</i>	1	QL(1 EA daily); PA
FINACEA FOAM	3	
FINACEA GEL (<i>azelaic acid</i>)	NF	
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA
METROCREAM CREA (<i>metronidazole (topical)</i>)	NF	
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NF	
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)
<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)
MIRVASO (<i>brimonidine tartrate (topical)</i>)	NF	PA
NORITATE CREA	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
ORACEA (<i>doxycycline (rosacea)</i>)	3	QL(1 EA daily); PA
RHOFADE	3	PA
SOOLANTRA (<i>ivermectin (rosacea)</i>)	NF	QL(1.5 GM daily); PA
Scabicides & Pediculicides		
ELIMITE CREA (<i>permethrin</i>)	NF	QL(2 GM daily)
<i>malathion</i>	2	
OVIDE (<i>malathion</i>)	NF	
<i>permethrin CREA</i>	1	QL(2 GM daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS STRP	2	QL(6.7 EA daily); RX/OTC
ACCU-CHEK GUIDE TEST STRP	2	QL(6.7 EA daily); RX/OTC
ACCU-CHEK SMARTVIEW STRP	2	QL(6.7 EA daily); RX/OTC
ADVIN COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
BINAXNOW COVID-19 + FLU SELF	PV	
BINAXNOW COVID-19 AG HOME TEST KIT	PV	QL(8 EA per fill retail); PV
BINAXNOW COVID-19 ANTIGEN SELF KIT	PV	QL(8 EA per fill retail); PV
CARESTART COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV
CLEARDETECT COVID-19 AG HOME KIT	PV	QL(8 EA per fill retail); PV
CLINITEST RAPID COVID-19 TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 AT HOME ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month

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COVID-19 AT-HOME TEST KIT	PV	QL(8 EA per fill retail); PV	GOTOKNOW COVID-19 ANTIGEN RAPI KIT	PV	QL(8 EA per fill retail); PV
COVID-19 FLU A&B 3-IN-1 TEST	PV		IHEALTH COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 FLU A+B ANTIGEN TEST	PV		INDICAID COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 OTC ANTIGEN 1-PACK KIT	PV	QL(8 EA per fill retail); PV	INTELISWAB COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 OTC ANTIGEN 2-PACK KIT	PV	QL(8 EA per fill retail); PV	OHC COVID-19 ANTIGEN SELF TEST KIT	PV	QL(8 EA per fill retail); PV
CVS COVID-19 AT HOME TEST KIT KIT	PV	QL(8 EA per fill retail); PV	ON/GO COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
DIATRUST COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV	ON/GO ONE COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV
ELLUME COVID-19 HOME TEST KIT	PV	QL(8 EA per fill retail); PV	PILOT COVID-19 AT-HOME TEST KIT	PV	QL(8 EA per fill retail); PV
FASTEP COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV	PRECISION XTRA BLOOD GLUCOSE STRP	2	QL(6.7 EA daily); RX/OTC
FLOWFLEX COVID-19 AG HOME TEST KIT	PV	QL(8 EA per fill retail); PV	PRECISION XTRA BLOOD GLUCOSE STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
FLOWFLEX PLUS COVID-19/FLU A/B	PV		PRECISION XTRA KETONE	2	QL(0.36 EA daily)
FREESTYLE INSULINX TEST STRP	2	QL(6.7 EA daily); RX/OTC	QUICKVUE AT-HOME COVID-19 TEST KIT	PV	QL(8 EA per fill retail); PV
FREESTYLE LITE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC	RAPIDGO FLU A/B COVID-19 HOME	PV	
FREESTYLE LITE TEST STRP	2	QL(6.7 EA daily); RX/OTC	SPEEDY SWAB COVID-19 ANTIGEN KIT	PV	QL(8 EA per fill retail); PV
FREESTYLE PRECISION NEO TEST STRP	2	QL(6.7 EA daily); RX/OTC	SPEEDY SWAB COVID-19/FLU HOME	PV	
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
FREESTYLE TEST STRP	2	QL(6.7 EA daily); RX/OTC	Digestive Enzymes		
FREESTYLE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC	CREON CPEP	2	
GENABIO COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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		<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 EA daily)
			<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 EA daily)
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			Loop Diuretics		
Carbonic Anhydrase Inhibitors			<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
(Dichlorphenamide) ORMALVI	SP	PA	<i>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
<i>acetazolamide CP12</i>	1	QL(2 EA daily)	BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NF	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 EA daily)	EDECRIN (<i>ethacrynic acid</i>)	NF	ST
<i>acetazolamide TABS 125 MG</i>	1		<i>ethacrynic acid</i>	2	ST
<i>dichlorphenamide</i>	SP	PA	<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
KEVEYIS (<i>dichlorphenamide</i>)	SP	PA	<i>furosemide TABS</i>	1	
<i>methazolamide TABS</i>	1		LASIX TABS (<i>furosemide</i>)	NF	
Diuretic Combinations			SOAANZ TABS 20 MG	3	
<i>amiloride & hydrochlorothiazide</i>	1		<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	NF	QL(2 EA daily)	<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	NF	QL(1 EA daily)	Potassium Sparing Diuretics		
<i>spironolactone & hydrochlorothiazide</i>	1		ALDACTONE TABS (<i>spironolactone</i>)	NF	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		<i>amiloride hcl TABS</i>	1	
			DYRENIUM CAPS (<i>triamterene</i>)	NF	
			<i>spironolactone TABS</i>	1	
			<i>triamterene CAPS</i>	2	
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorthalidone 25 MG, 50 MG</i>	1	
			DIURIL SUSP	3	
			<i>hydrochlorothiazide CAPS</i>	1	
			<i>hydrochlorothiazide TABS</i>	1	
			<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NF	Limited to 1 per month; QL(0.04 EA daily); ST
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NF	ST
<i>alendronate sodium SOLN</i>	1	
<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 EA daily)
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 EA daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 EA daily)
<i>calcitonin (salmon) NA</i>	1	
<i>calcitonin (salmon) IJ</i>	SP	PA
FORTEO SOPN (<i>teriparatide</i>)	NF	SP
FORTEO SOPN (<i>teriparatide</i>)	NF	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NF	Limit 1 tab per week; QL(0.15 EA daily)
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 EA daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	SP	PA
PROLIA SOSY	SP	PA
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 EA daily); ST
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
<i>teriparatide SOPN</i>	2	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
TYMLOS	SP	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	SP	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	SP	PA
Growth Hormones		
HUMATROPE CART IJ	SP	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML	SP	PA
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML	SP	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	SP	PA
ZOMACTON SOLR SC 10 MG	SP	PA
ZORBTIVE SC	SP	PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	PV	PV
OSPHEHA	3	QL(1 EA daily)
<i>raloxifene hcl</i>	PV	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	SP	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI (6 MONTH) SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Sapropterin Dihydrochloride) JAVYGTOR, ZELVYSIA PACK	SP	Specialty Drug refer to Caremark SP RX	<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	1	
(Sapropterin Dihydrochloride) JAVYGTOR TABS	SP	Specialty Drug refer to Caremark SP RX	<i>levocarnitine (metabolic modifiers) TABS</i>	2	
<i>betaine</i>	SP	PA	MYALEPT	SP	PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	SP	PA	<i>nitisinone CAPS</i>	1	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	SP	PA	NITYR TABS	SP	PA
<i>calcitriol CAPS 0.25 MCG</i>	1		ORFADIN CAPS (<i>nitisinone</i>)	NF	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)	ORFADIN SUSP	SP	PA
<i>calcitriol SOLN PO</i>	1		PALYNZIQ	SP	SP; PA
CARNITOR SF SOLN PO (<i>levocarnitine (metabolic modifiers)</i>)	NF		<i>paricalcitol CAPS</i>	1	
CARNITOR SOLN PO 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NF		ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	NF	
CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	NF		ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	NF	QL(4 EA daily)
<i>cinacalcet hcl</i>	2	PA	ROCALTROL SOLN PO (<i>calcitriol</i>)	NF	
CYSTADANE (<i>betaine</i>)	SP	PA	<i>sapropterin dihydrochloride PACK</i>	SP	Specialty Drug refer to Caremark SP RX
<i>doxercalciferol CAPS</i>	2		<i>sapropterin dihydrochloride TABS</i>	SP	Specialty Drug refer to Caremark SP RX
GALAFOLD	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(0.5 EA daily); SP; PA	SENSIPAR (<i>cinacalcet hcl</i>)	NF	PA
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	SP	Specialty Drug refer to Caremark SP RX	<i>sodium phenylbutyrate POWD</i>	SP	PA
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	SP	Specialty Drug refer to Caremark SP RX	<i>sodium phenylbutyrate TABS</i>	SP	PA
			STRENSIQ	SP	PA
			XURIDEN	SP	
			ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF	
			Posterior Pituitary Hormones		
			DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	NF	
			DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	NF	QL(6 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate spray</i>	1		(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
<i>desmopressin acetate spray refrigerated 0.01 %</i>	1		(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
DESMOPRESSIN ACETATE SOLN NA	3		(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
<i>desmopressin acetate TABS 0.1 MG</i>	1		(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
Progesterone Receptor Antagonists			(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
MIFEPREX (<i>mifepristone</i>)	PV		ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	NF	
<i>mifepristone</i>	PV		ANGELIQ	3	
Prolactin Inhibitors			CLIMARA PRO	2	
<i>cabergoline</i>	1		COMBIPATCH PTTW	3	
Somatostatic Agents			DUAVEE	3	
<i>octreotide acetate SOLN</i>	SP	PA	<i>estradiol & norethindrone acetate TABS</i>	1	
<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	SP	PA	<i>norethindrone acetate-ethinyl estradiol</i>	1	
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661	ORIAHNN	SP	PA
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	SP	PA	PREMPHASE	2	
SIGNIFOR	SP	PA	PREMPRO	2	
Vasopressin Receptor Antagonists			Estrogens		
JYNARQUE TBPB 15 MG (<i>tolvaptan</i>)	SP	PA	(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
JYNARQUE TBPB (<i>tolvaptan</i>)	SP	SP; PA	ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
<i>tolvaptan TBPB 15 MG</i>	SP	PA			
ESTROGENS - Hormone Replacement/Modifying Drugs					
Estrogen Combinations					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	Limit 4 patches per month; QL(0.143 EA daily)	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG (<i>estrogens, conjugated</i>)	NF	QL(1 EA daily)
DELESTROGEN (<i>estradiol valerate</i>)	NF	QL(5 ML daily)	PREMARIN TABS 0.9 MG (<i>estrogens, conjugated</i>)	NF	
DIVIGEL GEL (<i>estradiol</i>)	NF		VIVELLE-DOT PTTW (<i>estradiol</i>)	NF	QL(0.29 EA daily)
ELESTRIN GEL	3		FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
ESTRACE TABS (<i>estradiol</i>)	NF		Fluoroquinolones		
<i>estradiol valerate</i>	1	QL(5 ML daily)	<i>ciprofloxacin hcl TABS</i>	1	
<i>estradiol GEL</i>	1		CIPRO SUSR	2	
<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)	CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NF	
<i>estradiol PTTW</i>	1	QL(0.29 EA daily)	<i>levofloxacin SOLN PO</i>	1	
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 EA daily)	<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)
<i>estradiol TABS</i>	1		<i>moxifloxacin hcl TABS</i>	1	
ESTROGEL GEL (<i>estradiol</i>)	NF	Limit 50gms per month; QL(1.67 GM daily)	<i>ofloxacin 400 MG</i>	1	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG</i>	1	QL(1 EA daily)	<i>ofloxacin 300 MG</i>	1	
<i>estrogens, conjugated TABS 0.9 MG</i>	1		GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
EVAMIST SOLN	3		5-HT4 Receptor Agonists		
MENEST 2.5 MG	2		MOTEGRITY (<i>prucalopride succinate</i>)	NF	QL(1 EA daily)
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)	<i>prucalopride succinate</i>	1	QL(1 EA daily)
MINIVELLE PTTW (<i>estradiol</i>)	NF	QL(0.29 EA daily)	Agents for Chronic Idiopathic Constipation (CIC)		
			TRULANCE	2	QL(1 EA daily)
			Bile Acid Synthesis Disorder Agents		
			CTEXLI TABS PO 250 MG	SP	PA
			Farnesoid X Receptor (FXR) Agonists		
			OICALIVA	SP	QL(1 EA daily); PA
			Gallstone Solubilizing Agents		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Chenodiol) CHENODAL	SP	PA	LIALDA TBEC (<i>mesalamine</i>)	NF	QL(4 EA daily)
URSO 250 TABS (<i>ursodiol</i>)	NF		<i>mesalamine CP24</i>	2	QL(4 EA daily)
URSO FORTE TABS (<i>ursodiol</i>)	NF		<i>mesalamine CPCR</i>	1	QL(8 EA daily); PA
<i>ursodiol CAPS</i>	2		<i>mesalamine CPDR</i>	2	QL(6 EA daily)
<i>ursodiol TABS</i>	1		<i>mesalamine ENEM</i>	2	QL(60 ML daily)
Gastrointestinal Chloride Channel Activators			<i>mesalamine SUPP</i>	2	QL(1 EA daily)
AMITIZA (<i>lubiprostone</i>)	NF		<i>mesalamine TBEC 800 MG</i>	1	
<i>lubiprostone</i>	1		<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 EA daily)
Gastrointestinal Stimulants			PENTASA CPCR (<i>mesalamine</i>)	NF	QL(8 EA daily); PA
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2		PENTASA CPCR 250 MG	3	PA
<i>metoclopramide hcl TABS</i>	1		RENFLEXIS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>metoclopramide hcl TBDP</i>	2		SKYRIZI SOCT 180 MG/1.2ML	SP	Check Plan Documents for coverage; QL(0.043 ML daily); PA
REGLAN TABS (<i>metoclopramide hcl</i>)	NF		SKYRIZI SOCT 360 MG/2.4ML	SP	Check Plan Documents for coverage; QL(0.086 ML daily); PA
Inflammatory Bowel Agents			<i>sulfasalazine TABS</i>	1	QL(8 EA daily)
APRISO CP24 (<i>mesalamine</i>)	NF	QL(4 EA daily)	<i>sulfasalazine TBEC</i>	1	QL(8 EA daily)
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NF	QL(8 EA daily)	TREMFYA PEN SOAJ SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA
AZULFIDINE TABS (<i>sulfasalazine</i>)	NF	QL(8 EA daily)	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 EA daily)	TREMFYA SOSY SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA
CANASA SUPP (<i>mesalamine</i>)	NF	QL(1 EA daily)	Intestinal Acidifiers		
COLAZAL CAPS (<i>balsalazide disodium</i>)	NF	Limit 280 caps per month; QL(9 EA daily)	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
DELZICOL CPDR (<i>mesalamine</i>)	NF	QL(6 EA daily)			
DIPENTUM	3				
INFLECTRA SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP; PA			

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Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
LINZESS	2	QL(1 EA daily)
LOTRONEX (<i>alosetron hcl</i>)	NF	
VIBERZI	3	QL(2 EA daily); PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	SP	
ENTEREG (<i>alvimopan</i>)	SP	
MOVANTIK	3	QL(1 EA daily)
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
<i>calcium acetate (phosphate binder) CAPS</i>	1	
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	NF	QL(4 EA daily)
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	NF	QL(3 EA daily)
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	NF	
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 EA daily)
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 EA daily)
<i>lanthanum carbonate CHEW 500 MG</i>	2	
RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	NF	QL(5 EA daily)
RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
RENVELA TABS (<i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 EA daily)
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 400 MG</i>	1	
<i>sevelamer hcl 800 MG</i>	2	QL(16 EA daily)
Short Bowel Syndrome (SBS) Agents		
GATTEX	SP	Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	SP	Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) TRICITRATES SOLN	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
CYTRA-3 SYRP	3	
ORACIT	3	
ORAL CITRATE	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pot & sod citrates w/citric ac SOLN</i>	1		RAPAFLO 4 MG (<i>silodosin</i>)	NF	
<i>potassium citrate (alkalinizer) TBCR</i>	1		<i>silodosin 4 MG</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC	<i>silodosin 8 MG</i>	1	QL(1 EA daily)
<i>sodium citrate & citric acid</i>	1	RX/OTC	<i>tamsulosin hcl</i>	1	QL(2 EA daily)
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF		UROXATRAL (<i>alfuzosin hcl</i>)	NF	QL(1 EA daily)
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF		Urinary Stone Agents		
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF		(Tiopronin) VENXXIVA TBEC	1	
Cystinosis Agents			LITHOSTAT	3	
CYSTAGON CAPS	SP	PA	THIOLA EC TBEC (<i>tiopronin</i>)	NF	
PROCYSBI CPDR	SP		THIOLA TABS (<i>tiopronin</i>)	NF	
PROCYSBI PACK	SP	PA	<i>tiopronin TABS</i>	1	
Interstitial Cystitis Agents			<i>tiopronin TBEC</i>	1	
ELMIRON CAPS	3	QL(3 EA daily); PA	GOUT AGENTS - Drugs to Treat Gout		
Prostatic Hypertrophy Agents			Gout Agent Combinations		
<i>alfuzosin hcl</i>	1	QL(1 EA daily)	<i>colchicine w/ probenecid</i>	1	
AVODART (<i>dutasteride</i>)	NF	AL(At least 40 yrs old)	Gout Agents		
CARDURA XL	3		<i>allopurinol 300 MG</i>	1	QL(2 EA daily)
<i>dutasteride</i>	1	AL(At least 40 yrs old)	<i>allopurinol 100 MG</i>	1	QL(3 EA daily)
<i>dutasteride-tamsulosin hcl</i>	1		<i>colchicine CAPS</i>	1	
<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)	<i>colchicine TABS</i>	1	
JALYN (<i>dutasteride-tamsulosin hcl</i>)	NF		COLCRYS TABS (<i>colchicine</i>)	NF	
PROSCAR (<i>finasteride</i>)	NF	QL(1 EA daily); AL(At least 40 yrs old)	<i>febuxostat 40 MG</i>	1	QL(2 EA daily)
RAPAFLO 8 MG (<i>silodosin</i>)	NF	QL(1 EA daily)	<i>febuxostat 80 MG</i>	1	QL(1 EA daily)
			MITIGARE CAPS (<i>colchicine</i>)	1	
			ULORIC 40 MG (<i>febuxostat</i>)	NF	QL(2 EA daily)
			ULORIC 80 MG (<i>febuxostat</i>)	NF	QL(1 EA daily)
			Uricosurics		
			<i>probenecid</i>	1	
			HEMATOLOGICAL AGENTS - MISC. - Drugs to		

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

Drug Name	Drug Tier	Requirements/ Limits
ELOCTATE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	SP	PA
FEIBA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMATE-P SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IDELVION	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IXINITY SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT	SP	PA
KCENTRA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KOATE SOLR	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	RIXUBIS SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOGENATE FS KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TRETTEN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOVALTRY	SP	PA	VONVENDI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOEIGHT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	WILATE KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOSEVEN RT	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	XYNTHA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	SP- Acaria Health; SP; PA	XYNTHA SOLOFUSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Bradykinin B2 Receptor Antagonists		
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Icatibant Acetate) SAJAZIR SOSY	SP	PA
OBIZUR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	FIRAZYR SOSY (<i>icatibant acetate</i>)	SP	PA
PROFILNINE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>icatibant acetate</i> SOSY	SP	PA
RECOMBINATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Complement Inhibitors		
			HAEGARDA SOLR SC	SP	PA
			Hemataologic - Tyrosine Kinase Inhibitors		
			TAVALISSE	SP	QL(2 EA daily); PA
			Hematorheologic Agents		
			<i>pentoxifylline</i>	1	QL(3 EA daily)
			Human Protein C		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CEPROTIN	SP	PA	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	PV	PV
Plasma Kallikrein Inhibitors			(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	PV	PV
ORLADEYO	SP	PA	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	PV	PV
TAKHZYRO SOLN	SP	PA	(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
TAKHZYRO SOSY	SP	PA	folic acid TABS 400 MCG, 800 MCG	PV	PV
Platelet Aggregation Inhibitors			folic acid TABS 1 MG	1	RX/OTC
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	NF		Hematopoietic Growth Factors		
<i>anagrelide hcl</i>	1		DOPTLET	SP	QL(3 EA daily); PA
<i>aspirin-dipyridamole</i>	1		<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	SP	QL(1 EA daily); PA
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	NF	QL(2 EA daily)	<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	SP	QL(1 EA daily); PA
<i>cilostazol</i>	1	QL(2 EA daily)	MULPLETA	SP	QL(1 EA daily); PA
<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)	NYVEPRIA	SP	PA
<i>dipyridamole</i>	1				
EFFIENT (<i>prasugrel hcl</i>)	NF				
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NF	QL(2 EA daily)			
<i>prasugrel hcl</i>	1				
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)			
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders					
Agents for Gaucher Disease					
(Miglustat) YARGESA	SP	PA			
CERDELGA	SP	PA			
CEREZYME 400 UNIT	SP	PA			
<i>miglustat</i>	SP	PA			
ZAVESCA (<i>miglustat</i>)	SP	PA			
Agents for Sickle Cell Disease					
DROXIA CAPS	2				
ENDARI (<i>glutamine (sickle cell)</i>)	NF	PA			
<i>glutamine (sickle cell)</i>	2	PA			
SIKLOS TABS	SP	PA			
SIKLOS TABS	SP	AC; PA			
Folic Acid/Folates					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROMACTA PACK 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	SP	QL(1 EA daily); PA	AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NF	QL(1 EA daily)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	SP	QL(1 EA daily); PA	AMBIEN TABS (<i>zolpidem tartrate</i>)	NF	QL(1 EA daily)
RETACRIT	SP	PA	DORAL (<i>quazepam</i>)	NF	
UDENYCA ONBODY SOSY	SP	PA	<i>estazolam</i>	1	
UDENYCA SOAJ	SP	PA	<i>eszopiclone</i>	1	QL(1 EA daily)
UDENYCA SOSY	SP	PA	HALCION 0.25 MG (<i>triazolam</i>)	NF	QL(1 EA daily)
ZARXIO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	LUNESTA (<i>eszopiclone</i>)	NF	QL(1 EA daily)
Hematopoietic Mixtures			<i>midazolam hcl SYRP</i>	1	
FOLIVANE-F	2		<i>quazepam</i>	3	
INTEGRA F	2		RESTORIL 7.5 MG (<i>temazepam</i>)	NF	
IRON FOLATE-F	2		RESTORIL 15 MG (<i>temazepam</i>)	NF	QL(2 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			RESTORIL 22.5 MG, 30 MG (<i>temazepam</i>)	NF	QL(1 EA daily)
Hemostatics - Systemic			<i>temazepam 15 MG</i>	1	QL(2 EA daily)
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	2		<i>temazepam 7.5 MG</i>	1	
<i>aminocaproic acid TABS</i>	2		<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	SP	PA	<i>triazolam 0.125 MG</i>	1	
<i>tranexamic acid SOLN 1000 MG/10ML</i>	SP	PA	<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
<i>tranexamic acid TABS</i>	1	QL(6 EA daily; 5 Day(s) limit)	<i>zaleplon</i>	1	QL(1 EA daily)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
Barbiturate Hypnotics			<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily)
<i>phenobarbital ELIX</i>	1		Orexin Receptor Antagonists		
<i>phenobarbital TABS</i>	1		BELSOMRA	2	QL(1 EA daily); ST
Non-Barbiturate Hypnotics			Selective Melatonin Receptor Agonists		
			<i>ramelteon</i>	1	QL(1 EA daily); ST
			ROZEREM (<i>ramelteon</i>)	NF	QL(1 EA daily); ST
			LAXATIVES - Bowel Treatment Drugs		
			Laxative Combinations		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	PV	PV	(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 GM daily)
(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	PV	QL(4000 ML per fill retail); PV	<i>lactulose SOLN</i>	1	
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	PV	PV	MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NF	Limit 528gms per month; QL(17.6 GM daily)
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	PV	QL(4000 ML per fill retail); PV	<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	PV	PV	Stimulant Laxatives		
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	PV	QL(4000 ML per fill retail); PV			
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	PV	PV			
PEG-PREP	PV	QL(1 EA per fill retail); PV			
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	PV	PV			
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	PV	PV			
Laxatives - Miscellaneous					
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1		<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl TBEC</i>	1	
			DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	NF	
			DULCOLAX SUPP (<i>bisacodyl</i>)	NF	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			DULCOLAX TBEC (<i>bisacodyl</i>)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					
			<i>azithromycin PACK</i>	1	
			<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)
			<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)
			<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)
			ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NF	QL(3 EA daily)
			ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NF	QL(6 EA per fill retail)
			ZITHROMAX PACK	3	
			ZITHROMAX SUSR (<i>azithromycin</i>)	NF	
			ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NF	QL(3 EA daily)
(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, PROCTOZONE-B, QC GENTLE LAXATIVE, SB LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NF	QL(6 EA per fill retail)	AIMSCO LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
Clarithromycin			CAYA DPRH	PV	QL(1 EA per 365 day(s) retail); PV
<i>clarithromycin SUSR</i>	1		CONDOMS	PV	
<i>clarithromycin TABS</i>	1		DUREX EXTRA SENSITIVE THIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)	DUREX EXTRA SENSITIVE THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
Erythromycins			DUREX TROPICAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
(Erythromycin Base) ERY-TAB TBEC	1		FANTASY LUBRICATED/SPERMICI DE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2		FANTASY LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1		FC2 FEMALE CONDOM	PV	PV
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NF		FEMCAP DEVI	PV	PV
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NF		KAMELEON LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NF		KIMONO COLORS DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>erythromycin base CPEP</i>	2		KIMONO MAXX-LARGE FLARE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>erythromycin base TABS</i>	1		KIMONO MICRO THIN PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>erythromycin base TBEC</i>	1				
<i>erythromycin ethylsuccinate SUSR</i>	1				
<i>erythromycin ethylsuccinate TABS</i>	2				
Fidaxomicin					
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	NF				
<i>fidaxomicin TABS 200 MG</i>	1				
MEDICAL DEVICES AND SUPPLIES					
Contraceptives					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KIMONO MICRO THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX CONDOMS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX/ULTRA TEXTURED DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	REALITY LATEX/ULTRA THIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO PS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN BARESKIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ENZ MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SENSATION MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN MAGNUM MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO SPECIAL DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ULTRA THIN/SPERMICIDAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
KIMONO MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN ULTRA THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU EXTRA LUBRICATED DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN-ENZ LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
K-Y ME & YOU INTENSE DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TROJAN-ENZ/SPERMICIDAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUE COVER DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MAXX MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX COLOR CONDOMS + LUBE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
OMNIFLEX DIAPHRAGM	PV	PV			

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TRUSTEX LUB/RIBBED/STUDDERED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX-NONNOXYNOL-9/RIB/STUD MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TRUSTEX LUB/SPERMICIDE EX ST MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 60	PV	PV
TRUSTEX LUB/SPERMICIDE XL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 65	PV	PV
TRUSTEX LUBRICATED EX LARGE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 70	PV	PV
TRUSTEX LUBRICATED EXTRA ST MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 75	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 80	PV	PV
TRUSTEX LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 85	PV	PV
TRUSTEX NATURAL CONDOMS + LUBE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 90	PV	PV
TRUSTEX NON-LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	WIDE-SEAL DIAPHRAGM 95	PV	PV
TRUSTEX RIA LUB/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	Diabetic Supplies		
TRUSTEX RIA LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACCU-CHEK FASTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUSTEX RIA NON-LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACCU-CHEK GUIDE ME KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
			ACCU-CHEK GUIDE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
			ACCU-CHEK SAFE-T PRO LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
			ACCU-CHEK SOFTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	AGAMATRIX ULTRA-THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACTI-LANCE LITE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	AIMSCO TWIST LANCETS 32G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACTI-LANCE SPECIAL LANCETS 17G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	AIMSCO TWIST LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ACTI-LANCE UNIVERSAL 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	AQUALANCE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVANCED MOBILE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE COMFORT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS LOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE HAEMOLANCE PLUS PED	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ADVOCATE SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE LANCE LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COAGUCHEK LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DROPLET PERSONAL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT ASSURED LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DROPSAFE ACTI-LANCE 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH LANCETS 31G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DRUG MART ON-THE-GO LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH PLUS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT TOUCH TWIST LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	DRUG MART UNILET LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CVS LANCETS ORIGINAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CVS LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY COMFORT LANCETS TWIST TOP	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CVS ULTRA THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCET ULTRA THIN 30	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DIATHRIVE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EASY TOUCH LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 30G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 32G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EZ-LETS LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH LANCETS 33G/TWIST	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FIFTY50 SAFETY SEAL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FIFTY50 UNILET LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FINE 30	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FINGERSTIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FORA LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FREESTYLE FREEDOM LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC

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FREESTYLE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GNP STERILE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FREESTYLE LITE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	GNP STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FREESTYLE PRECISION NEO SYSTEM KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC	GNP STERILE LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FREESTYLE UNISTICK II LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GOJJI STERILE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	HAEMOLANCE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GENTLE-LET GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	HAEMOLANCE LOW FLOW LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GENTLE-LET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	HAEMOLANCE PLUS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	HAEMOLANCE PLUS HIGH FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLOBAL INJECT EASE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	HAEMOLANCE PLUS LOW FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	HAEMOLANCE PLUS MAX FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GLUCOCOM LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS 28G THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
H-E-B INCONTROL LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HY-VEE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HY-VEE THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
IN TOUCH STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KINNEY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS SUPER THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KINNEY THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KROGER HEALTHPRO LANCET 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LIBERTY MEDICAL LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
KROGER LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LITE TOUCH LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LITETOUCH LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MPD SAFETY LANCET 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PERFECT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PERFECT POINT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MPD SAFETY LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PHARMACIST CHOICE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MYGLUCOHEALTH LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PIP LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PIP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
NOVA SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PRECISION THINS GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
NOVA SUREFLEX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PRECISION XTRA-GLUCOSE/KETONE DEVI	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)
ONETOUCH DELICA PLUS LANCET30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA PLUS LANCET33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PRO COMFORT LANCETS 31G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH DELICA SAFETY LANCING	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PRO COMFORT SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ONETOUCH ULTRASOFT 2 LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PRODIGY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PRODIGY SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRODIGY TWIST TOP LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	REALITY TRIGGER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PSS SELECT GP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION LANCET DEVICES 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PSS SELECT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PX LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION LANCETS ULTRA-THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
QC LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION ULTRA THIN LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
QC LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RIGHTTEST GL300 LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFE-T-LANCE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
QC UNILET LANCETS MICRO THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFE-T-LANCE PLUS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
READYLANCE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
REALITY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SOLUS V2 TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	STERILANCE TL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SUPER THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAPS HEALTH PLUS LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 18G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAPS HEALTH TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAPS TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SAPSCARE TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SB LANCETS THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SB LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	SURELITE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SINGLE-LET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE AST LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SMARTTEST LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
SOLUS V2 LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK PRO SAFETY LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VIVAGUARD LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VIVAGUARD LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	VIVAGUARD SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ZEVRX TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK TOUCH SAFETY LANC 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	Parenteral Therapy Supplies		
VERIFINE SAFE LANCET MINI 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE ID INSULIN SAFETY SYR	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE ID INSULIN SAFETY SYR	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD DISP NEEDLES	2	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
			BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC
			BD PEN NEEDLE MINI ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
			BD PEN NEEDLE NANO 2ND GEN	2	QL(6.67 EA daily); RX/OTC

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BD PEN MISC	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(6.67 EA daily); RX/OTC
BD VEO INSULIN SYR ULTRAFINE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	EMBECTA PEN NEEDLE ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
CAREPOINT POLY HUB NEEDLE	2	RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYR	2	QL(6.67 EA daily); RX/OTC
COMFORT EZ INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	INSULIN SYRINGES AND PEN NEEDLES	2	MO
DROPLET INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC
DROPLET INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	POLY HUB NEEDLE	2	RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC	TECHLITE INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC	TECHLITE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
EMBECTA AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC	Respiratory Therapy Supplies		
			AIRZONE PEAK FLOW METER	2	RX/OTC
			ASSESS PEAK FLOW METER	2	RX/OTC

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BREATHE EASE PEAK FLOW METER	2	RX/OTC	EMGALITY SOSY	2	QL(0.07 ML daily); PA
CLEVER CHOICE PEAK FLOW METER	2	RX/OTC	UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
LUNG PERFORM PEAK FLOW METER	2	RX/OTC	Migraine Combinations		
MICROLIFE DIGITAL PEAK FLOW	2	RX/OTC	(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
MINI WRIGHT PEAK FLOW METER	2	RX/OTC	<i>ergotamine w/ caffeine TABS</i>	1	
PEAK A-I-R FLOW METER	2	RX/OTC	Migraine Products		
PEAK AIR PEAK FLOW METER	2	RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily); PA
PEAK FLOW METER UNIVERSAL RANG	2	RX/OTC	<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
PERSONAL BEST FULL RANGE	2	RX/OTC	ERGOMAR SUBL	SP	
PIKO 1	2	RX/OTC	MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NF	QL(0.27 ML daily); PA
POCKET PEAK FLOW METER	2	RX/OTC	Serotonin Agonists		
POCKETPEAK PEAK FLOW METER	2	RX/OTC	(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)
PURE COMFORT FLOW METER ADULT	2	RX/OTC	<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)
PURE COMFORT FLOW METER CHILD	2	RX/OTC	<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
STRIVE DUAL ZONE PEAK FLOW MTR	2	RX/OTC	FROVA (<i>frovatriptan succinate</i>)	NF	Limit 9 per month; QL(0.3 EA daily)
TRUZONE PEAK FLOW METER	2	RX/OTC	<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 EA daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			IMITREX 5 MG/ACT (<i>sumatriptan</i>)	NF	Limit 6 per month; QL(0.2 EA daily)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			IMITREX 20 MG/ACT (<i>sumatriptan</i>)	NF	Limit 6 sprayers per month; QL(2 EA daily)
AIMOVIG	2	QL(0.04 ML daily); PA			
EMGALITY (300 MG DOSE) SOSY	2	QL(0.1 ML daily); PA			
EMGALITY SOAJ	2	QL(0.07 ML daily); PA			

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IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>)	NF	PA	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	SP	Limit 2mls per month; QL(0.07 ML daily); PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	PA	<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	PA	<i>zolmitriptan SOLN</i>	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
IMITREX TABS (<i>sumatriptan succinate</i>)	NF	Limit 9 per month; QL(2 EA daily)	<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NF	Limit 18 tabs per month; QL(0.6 EA daily)	<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NF	Limit 18 tabs per month; QL(0.6 EA daily)	ZOMIG SOLN (<i>zolmitriptan</i>)	NF	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)	MINERALS & ELECTROLYTES		
RELPAK (<i>eletriptan hydrobromide</i>)	NF	Limit 6 tabs per month; QL(0.2 EA daily)	Calcium		
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)	CALCIFOL	3	
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)	Fluoride		
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)	FLORIVA	3	
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	PV	AL(Up to 6 yrs old); PV
<i>sumatriptan succinate SOAJ</i>	1	PA	<i>sodium fluoride CHEW 1 MG</i>	1	AL(Up to 6 yrs old)
<i>sumatriptan succinate SOCT</i>	1	PA	<i>sodium fluoride SOLN 0.5 MG/ML</i>	PV	AL(Up to 6 yrs old); PV; RX/OTC
			<i>sodium fluoride TABS</i>	PV	AL(Up to 6 yrs old); PV
			SOLUVITA SOLN	PV	AL(Up to 6 yrs old); PV; RX/OTC
			Magnesium		
			<i>magnesium sulfate IJ 50 %</i>	SP	PA
			MAGNESIUM SULFATE IJ 50 % (<i>magnesium sulfate</i>)	SP	PA

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MAGNESIUM SULFATE IJ 50 % (<i>magnesium sulfate</i>)	NF		(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 10 MEQ	1	
Phosphate			(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 8 MEQ	1	
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		(Potassium Chloride) Klor-Con Pack PO 20 MEQ	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		EFFER-K	3	
K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF		K-TAB TBCR 20 MEQ (<i>potassium chloride</i>)	NF	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	NF		<i>potassium chloride microencapsulated crystals er</i>	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1		<i>potassium chloride CPCR</i>	1	
Potassium			<i>potassium chloride PACK PO 20 MEQ</i>	1	
(Potassium Bicarbonate) EFFER-K, K-PRIME, Klor-Con/EF TBEF	1		<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ	1		POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	SP	PA
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ	1		<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ	1		Zinc		
			GALZIN	3	
			MISCELLANEOUS THERAPEUTIC CLASSES		
			Chelating Agents		
			CUPRIMINE CAPS (<i>penicillamine</i>)	SP	PA
			DEPEN TITRATABS TABS (<i>penicillamine</i>)	SP	
			<i>penicillamine CAPS</i>	SP	PA
			<i>penicillamine TABS</i>	SP	
			SYPRINE (<i>trientine hcl</i>)	SP	PA
			<i>trientine hcl</i>	SP	PA
			Immunomodulators		
			<i>lenalidomide</i>	1	QL(1 EA daily); SP; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
REVLIMID	3	QL(1 EA daily); SP; AC; PA	NEORAL CAPS (<i>cyclosporine modified for microemulsion</i>)	NF	
THALOMID	SP	AC	NEORAL SOLN (<i>cyclosporine modified for microemulsion</i>)	NF	
Immunosuppressive Agents			PROGRAF CAPS (<i>tacrolimus</i>)	NF	
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2		PROGRAF PACK	SP	PA
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		RAPAMUNE SOLN (<i>sirolimus</i>)	NF	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		RAPAMUNE TABS (<i>sirolimus</i>)	NF	
ASTAGRAF XL CP24	3	ST	SANDIMMUNE CAPS (<i>cyclosporine</i>)	NF	
<i>azathioprine TABS 50 MG</i>	1		SANDIMMUNE SOLN PO 100 MG/ML	3	
<i>azathioprine TABS 75 MG, 100 MG</i>	2		<i>sirolimus SOLN</i>	2	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NF		<i>sirolimus TABS</i>	2	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NF		<i>tacrolimus CAPS</i>	2	
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NF		THYMOGLOBULIN	3	PA
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		ZORTRESS (<i>everolimus immunosuppressant</i>)	SP	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		Potassium Removing Agents		
<i>cyclosporine CAPS</i>	1		(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
<i>everolimus (immunosuppressant)</i>	SP		(Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML	1	
IMURAN TABS (<i>azathioprine</i>)	NF		LOKELMA	3	QL(1 EA daily)
<i>mycophenolate mofetil CAPS</i>	1		<i>sodium polystyrene sulfonate POWD</i>	1	
<i>mycophenolate mofetil SUSR</i>	1		Systemic Lupus Erythematosus Agents		
<i>mycophenolate mofetil TABS</i>	1		BENLYSTA SOAJ	SP	PA
<i>mycophenolate sodium</i>	2		BENLYSTA SOSY	SP	PA
MYFORTIC (<i>mycophenolate sodium</i>)	NF		MOUTH/THROAT/DENTAL AGENTS		
MYHIBBIN SUSP	3				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Anesthetics Topical Oral			<i>ped multivitamins w/fl & iron SOLN</i>	1	AL(Up to 6 yrs old); RX/OTC
<i>lidocaine hcl (mouth-throat)</i>	1		POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
Anti-infectives - Throat			POLY-VI-FLOR/IRON SUSP	3	RX/OTC
<i>clotrimazole</i>	1		QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
NYSTATIN (<i>nystatin (mouth-throat)</i>)	NF		Ped MV w/ Fluoride		
<i>nystatin (mouth-throat)</i>	1		(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
ORAVIG	3		FLORAFOL PEDIATRIC CHEW	2	RX/OTC
Antiseptics - Mouth/Throat			FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1		FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	1		FLOTREX CHEW 0.5 MG, 1 MG	2	RX/OTC
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NF		FLOTREX CHEW 0.25 MG	3	RX/OTC
Steroids - Mouth/Throat/Dental			MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	2	RX/OTC
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1		MULTIVITAMIN/FLUORIDE CHEW 0.25 MG	3	RX/OTC
<i>triamcinolone acetonide (mouth)</i>	1		MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
Throat Products - Misc.			MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	2	
<i>cevimeline hcl</i>	1	QL(3 EA daily)	MULTI-VIT-FLOR CHEW 0.25 MG	3	RX/OTC
EVOXAC (<i>cevimeline hcl</i>)	NF	QL(3 EA daily)	MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	2	RX/OTC
MUCOTROL WAFR	3		<i>pediatric multivitamins w/fl CHEW</i>	1	RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)	<i>pediatric multivitamins w/fl SOLN</i>	1	AL(Up to 6 yrs old); RX/OTC
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)	POLY-VI-FLOR CHEW 0.25 MG	3	RX/OTC
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(4 EA daily)	POLY-VI-FLOR CHEW 0.5 MG, 1 MG	2	RX/OTC
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(6 EA daily)	MULTIVITAMINS		
Ped Multi Vitamins w/Fl & FE					

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POLY-VI-FLOR SUSP	2		ATABEX EC TBEC	2	
QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	2	RX/OTC	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
QUFLORA PEDIATRIC CHEW 0.25 MG	3	RX/OTC	CITRANATAL ASSURE	3	
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
SOLUVITA ACD WITH FLUORIDE SOLN	3	AL(Up to 6 yrs old); RX/OTC	CITRANATAL MEDLEY	3	
SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	C-NATE DHA CAPS	3	
TRI-VI-FLOR SUSP 0.25 MG/ML	2		COMPLETENATE CHEW	2	
TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	2		CONCEPT DHA	2	
VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC	CONCEPT OB	2	
VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC	DUET DHA 400 MISC	3	
Pediatric Multiple Vitamins & Minerals w/ Fluoride			FOLIVANE-OB	2	
FLORIVA	3		M-NATAL PLUS TABS	2	RX/OTC
Prenatal Vitamins			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	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		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 Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		NEONATAL 19	3	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
(Prenatal 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	NEONATAL PLUS TABS	2	RX/OTC
			NESTABS	3	
			NESTABS DHA	2	
			NESTABS ONE	3	
			NIVA-PLUS TABS	2	RX/OTC

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OB COMPLETE ONE	3		PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3	
OB COMPLETE PETITE	3		PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3	
OB COMPLETE PREMIER	3		PRENATE PIXIE	3	
OB COMPLETE/DHA	3		PRENATE RESTORE	3	
ONE VITE WOMENS PLUS TABS	2	RX/OTC	PRENATRIX TABS	2	RX/OTC
PNV 27-CA/FE/FA TABS	2		PRENATRYL TABS	2	RX/OTC
PNV-DHA+DOCUSATE	3		RELNATE DHA CAPS	3	
PNV-OMEGA	3		SELECT-OB+DHA MISC	3	
PRENA 1 TRUE	2		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	3		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 PEARL	3		SE-NATAL 19 CHEW	2	
PRENAISSANCE	3		SE-NATAL 19 TABS	3	RX/OTC
PRENAISSANCE PLUS CAPS	3		THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENATAL 19 CHEW	2		THRIVITE RX TABS	2	RX/OTC
PRENATAL 19 TABS	3	RX/OTC	TRICARE TABS	2	RX/OTC
PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC	TRINATAL RX 1 TABS	2	
PRENATAL PLUS TABS	2	RX/OTC	TRISTART DHA	3	
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC	VINATE DHA RF	3	
PRENATAL-U CAPS	2		VINATE ONE TABS	2	
PRENATE	3		VITAFOL GUMMIES	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		VITAFOL-NANO	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				
PRENATE ENHANCE	3				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITAFOL-ONE CAPS	3		LIORESAL SOLN IT	SP	Must use Accredo SP pharmacy; PA
VITAMEDMD ONE RX/QUATREFOLIC	3		<i>metaxalone 800 MG</i>	2	QL(4 EA daily)
VITAMEDMD REDICHEW RX	3		<i>metaxalone 400 MG</i>	1	
VITAPEARL	3		<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
VITATHELY WITH GINGER TABS	2	RX/OTC	<i>orphenadrine citrate TB12</i>	1	
VITATRUE	2		OZOBAX SOLN PO (<i>baclofen</i>)	NF	
VIVA DHA CAPS	3		SOMA TABS (<i>carisoprodol</i>)	NF	
WESCAP-C DHA	2		<i>tizanidine hcl CAPS</i>	1	
WESNATE DHA CAPS	3		<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)
WESTAB PLUS TABS	2	RX/OTC	<i>tizanidine hcl TABS 2 MG</i>	1	
WESTGEL DHA	3		ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NF	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NF	QL(9 EA daily)
Central Muscle Relaxants			Direct Muscle Relaxants		
(Carisoprodol) VANADOM TABS 350 MG	1		DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NF	
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1		<i>dantrolene sodium CAPS</i>	1	
<i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 40000 MCG/20ML</i>	SP	Must use Accredo SP pharmacy; PA	NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)	Nasal Agent Combinations		
<i>baclofen TABS 5 MG</i>	1		<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 GM daily)
<i>baclofen TABS 15 MG</i>	1	QL(3 EA daily)	DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NF	Limit 1 inhaler per month; QL(0.77 GM daily)
<i>baclofen TABS 20 MG</i>	1	QL(4 EA daily)	Nasal Antiallergy		
<i>carisoprodol TABS</i>	1		(Azelastine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
<i>chlorzoxazone TABS</i>	1				
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1				
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	SP	Must use Accredo SP pharmacy; PA			
LIORESAL SOLN IT (<i>baclofen</i>)	SP	Must use Accredo SP pharmacy; PA			

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<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)	FLONASE ALLERGY REL CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ML daily); RX/OTC	FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
<i>olopatadine hcl (nasal)</i>	1		<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 GM daily); RX/OTC
Nasal Anticholinergics			<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC
<i>ipratropium bromide (nasal)</i>	1		NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NF	
Nasal Steroids			NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC	<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	XHANCE EXHU	3	QL(1.07 ML daily); ST
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents					
RADICAVA ORS STARTER KIT SUSP				SP	PA
RADICAVA ORS SUSP				SP	PA
RELYVRIO				SP	PA
RILUTEK TABS (<i>riluzole</i>)				NF	
<i>riluzole TABS</i>				1	
Spinal Muscular Atrophy Agents (SMA)					
EVRYSDI				SP	PA
NUTRIENTS					
Lipids					

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DOJOLVI	SP	PA	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			<i>atropine sulfate (ophthalmic) OINT</i>	1	
Beta-blockers - Ophthalmic			<i>atropine sulfate (ophthalmic) SOLN</i>	1	
(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2		ATROPINE SULFATE SOLN 1 %	2	
<i>betaxolol hcl (ophth) SOLN</i>	1		CYCLOGYL	2	
BETIMOL (<i>timolol</i>)	NF		CYCLOGYL (<i>cyclopentolate hcl</i>)	NF	
BETOPTIC-S SUSP	2		CYCLOMYDRIL	3	
<i>brimonidine tartrate-timolol maleate</i>	1		<i>cyclopentolate hcl 1 %</i>	1	
<i>carteolol hcl (ophth)</i>	1		MYDRIACYL SOLN (<i>tropicamide</i>)	NF	
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	NF		<i>phenylephrine hcl (mydriatic) SOLN</i>	1	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NF		PHENYLEPHRINE HCL SOLN (<i>phenylephrine hcl (mydriatic)</i>)	NF	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NF		<i>tropicamide SOLN</i>	1	
DORZOLAMIDE HCL-TIMOLOL MAL	2		Miotics		
<i>dorzolamide hcl-timolol maleate</i>	1		<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)
ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NF		Ophthalmic Adrenergic Agents		
<i>levobunolol hcl 0.5 %</i>	1		ALPHAGAN P (<i>brimonidine tartrate</i>)	NF	
<i>timolol</i>	1		<i>apraclonidine hcl</i>	1	
<i>timolol maleate (ophth) SOLG</i>	1		<i>brimonidine tartrate</i>	1	
<i>timolol maleate (ophth) SOLN</i>	1		IOPIDINE	3	
<i>timolol maleate (ophth) SOLN</i>	2		Ophthalmic Anti-infectives		
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NF		(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
Cycloplegic Mydriatics			(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
(Homatropine Hbr) HOMATROPAIRE	1		<i>bacitracin (ophthalmic)</i>	2	
			<i>bacitracin-polymyxin b (ophth)</i>	1	

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BESIVANCE	3		ZYMAXID (<i>gatifloxacin (ophth)</i>)	NF	
BETADINE OPHTHALMIC PREP	3		Ophthalmic Immunomodulators		
CILOXAN OINT	2		<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)
<i>ciprofloxacin hcl (ophth) SOLN</i>	1		RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	NF	Use generic Cyclosporine (Ophth) Emulsion 0.05%; QL(2 EA daily)
ERYTHROMYCIN	2		Ophthalmic Local Anesthetics		
<i>erythromycin (ophth)</i>	1		(Tetracaine Hcl (Ophth)) ALTACAINE	1	
<i>gatifloxacin (ophth)</i>	1		AKTEN	3	
<i>gentamicin sulfate (ophth) SOLN</i>	1		ALCAINE (<i>proparacaine hcl</i>)	NF	
KLARITY-A	2	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)	<i>proparacaine hcl</i>	2	
<i>levofloxacin (ophth) 1.5 %</i>	2		<i>tetracaine hcl (ophth)</i>	1	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1		Ophthalmic Steroids		
NATACYN	2		(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)
<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>)	NF	
OCUFLOX (<i>ofloxacin (ophth)</i>)	NF	QL(5 ML per fill retail; 5 per fill mail)	<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail; 4 per fill mail)
<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail; 5 per fill mail)	<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1		<i>difluprednate</i>	1	
POVIDONE-IODINE	3		DUREZOL (<i>difluprednate</i>)	NF	
<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				
<i>trifluridine</i>	1				
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NF				
ZIRGAN GEL	3				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FML LIQUIFILM SUSP (fluorometholone (ophth))	NF		ZYLET	3	QL(5 ML per fill retail)
LOTEMAX GEL (loteprednol etabonate)	NF		Ophthalmic Surgical Aids		
LOTEMAX OINT	3		GELFILM	3	
LOTEMAX SUSP (loteprednol etabonate)	NF		Ophthalmics - Misc.		
loteprednol etabonate GEL	2		(Olopatadine Hcl) ADVANCED EYE RELIEF, CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HCL, RETAIN EYE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ML daily); RX/OTC
loteprednol etabonate SUSP	2				
MAXIDEX SUSP OP	2				
MAXITROL OINT (neomycin-polymy- dexameth)	NF				
MAXITROL SUSP (neomycin-polymy- dexameth)	NF				
neomycin-polymy- dexameth OINT	1		(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ML daily)
neomycin-polymy- dexameth SUSP 0.1 %- 3.5 MG/ML-10000 UNIT/ML, 0.1 %	1				
neomycin-polymyxin-hc (ophth)	1		ACULAR (ketorolac tromethamine (ophth))	NF	
PRED FORTE (prednisolone acetate (ophth))	NF		ACULAR LS (ketorolac tromethamine (ophth))	NF	
PRED MILD	2		ACUVAIL	3	
prednisolone acetate (ophth)	1		ALOCRIAL	3	
PREDNISOLONE SODIUM PHOSPHATE	3		ALOMIDE	2	
PREDNISOLONE- MOXIFLOXACIN SOLN	3		azelastine hcl (ophth)	1	
sulfacetamide sod- prednisolone SOLN	1		AZOPT (brinzolamide)	NF	Limit 10mls per month; QL(0.4 ML daily)
TOBRADEX ST SUSP	3		bepotastine besilate	1	QL(0.34 ML daily); ST
TOBRADEX OINT	3		BEPREVE (bepotastine besilate)	NF	QL(0.34 ML daily); ST
tobramycin- dexamethasone SUSP	1	QL(5 ML per fill retail)			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)	<i>latanoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2		LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
<i>bromfenac sodium (ophth) 0.09 %</i>	1		<i>tafluprost</i>	1	QL(1 EA daily)
BROMSITE (<i>bromfenac sodium (ophth)</i>)	NF		TRAVATAN Z SOLN (<i>travoprost</i>)	NF	Limit 2.5mls per month; QL(0.09 ML daily)
<i>cromolyn sodium (ophth)</i>	1		<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
CYSTARAN	SP		XALATAN SOLN (<i>latanoprost</i>)	NF	
<i>diclofenac sodium (ophth)</i>	1		XALATAN SOLN (<i>latanoprost</i>)	NF	Limit 2.5mls per month; QL(0.09 ML daily)
<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ML daily)	ZIOPTAN (<i>tafluprost</i>)	NF	QL(1 EA daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)	OTIC AGENTS - Drugs to Treat the Ear		
<i>epinastine hcl (ophth)</i>	1		Otic Agents - Miscellaneous		
<i>flurbiprofen sodium</i>	1		<i>acetic acid (otic)</i>	1	
ILEVRO	3		Otic Anti-infectives		
<i>ketorolac tromethamine (ophth)</i>	1		CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	NF	QL(14 EA per fill retail)
LASTACAFT	3	ST	<i>ciprofloxacin hcl (otic)</i>	1	QL(14 EA per fill retail)
NEVANAC	3		<i>ofloxacin (otic)</i>	1	
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily)	Otic Combinations		
<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ML daily); RX/OTC	CIPRO HC	3	
PATADAY 0.2 % (<i>olopatadine hcl</i>)	NF	QL(0.09 ML daily); RX/OTC	<i>ciprofloxacin-dexamethasone</i>	1	
PATADAY 0.1 % (<i>olopatadine hcl</i>)	NF	Limit 10mls per month; QL(0.34 ML daily)	CORTISPORIN-TC	3	
PROLENSA (<i>bromfenac sodium (ophth)</i>)	NF		<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
Prostaglandins - Ophthalmic			<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)	PRAMOTIC	3	
<i>latanoprost SOLN</i>	1	QL(0.09 ML daily)			

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

Drug Name	Drug Tier	Requirements/ Limits
OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	SP	PA
PRIVIGEN SOLN 5 GM/50ML, 20 GM/200ML, 40 GM/400ML	SP	PA
Passive Immunizing Agents - Combinations		
HYQVIA	SP	Some members may obtain their medications through their Medical Group; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	SP	PA
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	SP	PA
BICILLIN L-A SUSY	SP	PA
PENICILLIN G POT IN DEXTROSE	SP	PA
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	SP	PA
<i>penicillin g sodium</i>	SP	PA
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Penicillin Combinations			<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>amoxicillin & pot clavulanate CHEW</i>	1		<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1		<i>megestrol acetate (appetite)</i>	1	AC
<i>amoxicillin & pot clavulanate TABS</i>	1		<i>norethindrone acetate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1		<i>progesterone CAPS</i>	1	QL(1 EA daily)
<i>ampicillin & sulbactam sodium IJ 2 GM-1 GM</i>	SP	PA	<i>progesterone OIL</i>	1	PA
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NF		PROMETRIUM CAPS (<i>progesterone</i>)	NF	QL(1 EA daily)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2		PROVERA 5 MG (<i>medroxyprogesterone acetate</i>)	NF	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NF		PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	NF	QL(1 EA daily)
BICILLIN C-R	SP	PA	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
BICILLIN C-R 900/300	SP	PA	Agents for Chemical Dependency		
<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	SP	PA	<i>acamprosate calcium</i>	1	
UNASYN IJ 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	SP	PA	<i>disulfiram</i>	1	
Penicillinase-Resistant Penicillins			Anti-Cataplectic Agents		
<i>dicloxacillin sodium</i>	1		SODIUM OXYBATE SOLN	SP	PA
<i>nafticillin sodium IV 10 GM</i>	SP	PA	XYREM SOLN	SP	PA
NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML	SP	PA	Antidementia Agents		
<i>oxacillin sodium IV 10 GM</i>	SP	PA	ARICEPT TABS (<i>donepezil hydrochloride</i>)	NF	QL(1 EA daily)
PROGESTINS - Hormone Replacement/Modifying Drugs			<i>donepezil hydrochloride TABS</i>	1	QL(1 EA daily)
Progestins			<i>donepezil hydrochloride TBDP</i>	1	QL(1 EA daily)
(Norethindrone Acetate) GALLIFREY TABS	1		EXELON (<i>rivastigmine</i>)	NF	
			<i>galantamine hydrobromide CP24</i>	1	QL(1 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide SOLN</i>	2		AUSTEDO XR PATIENT TITRATION TEPK	SP	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
<i>galantamine hydrobromide TABS</i>	1		AUSTEDO XR TB24	SP	QL(1 EA daily); PA
<i>memantine hcl CP24</i>	1	PA	AUSTEDO TABS 6 MG, 9 MG	SP	QL(2 EA daily); PA
<i>memantine hcl SOLN</i>	1		AUSTEDO TABS 12 MG	SP	QL(1 EA daily); PA
<i>memantine hcl TABS</i>	1		INGREZZA CAPS	SP	QL(1 EA daily); PA
<i>memantine hcl TABS 10 MG</i>	1	QL(2 EA daily)	INGREZZA CPPK	SP	QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); PA
<i>memantine hcl TABS 5 MG</i>	1	QL(4 EA daily)	INGREZZA CPSP	SP	QL(1 EA daily); PA
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NF		<i>tetrabenazine</i>	2	Specialty drug-Health Net will refer to SP Pharmacy; PA
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	NF	PA	XENAZINE (<i>tetrabenazine</i>)	NF	Specialty drug-Health Net will refer to SP Pharmacy; PA
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	NF	QL(2 EA daily)	Multiple Sclerosis Agents		
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	NF	QL(4 EA daily)	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ML daily)
NAMZARIC C4PK	3	PA	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail)
<i>rivastigmine</i>	1		AMPYRA (<i>dalfampridine</i>)	NF	PA
<i>rivastigmine tartrate CAPS</i>	1		AUBAGIO (<i>teriflunomide</i>)	NF	QL(1 EA daily)
Combination Psychotherapeutics			AVONEX PEN AJKT	SP	PA
<i>chlordiazepoxide-amitriptyline</i>	1		AVONEX PREFILLED PSKT	SP	PA
<i>olanzapine-fluoxetine hcl</i>	2		BETASERON KIT	SP	PA
<i>perphenazine-amitriptyline</i>	1		COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	NF	QL(1 ML daily)
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	NF				
Fibromyalgia Agents					
SAVELLA TITRATION PACK MISC	3	QL(2 EA daily); PA			
SAVELLA TABS	3	QL(2 EA daily); PA			
Movement Disorder Drug Therapy					

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Drug Name	Drug Tier	Requirements/ Limits
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NF	QL(12 ML per 28 day(s) retail)
<i>dalfampridine</i>	2	PA
<i>dimethyl fumarate CDPK</i>	2	
<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily)
<i> fingolimod hcl</i>	2	QL(1 EA daily); SP
GILENYA (<i> fingolimod hcl</i>)	NF	QL(1 EA daily); SP
<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ML daily)
<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ML per 28 day(s) retail)
MAYZENT STARTER PACK TBP 0.25 MG	SP	Not available through Mail Order; QL(12 EA per 5 day(s) retail); PA
MAYZENT STARTER PACK TBP 0.25 MG	SP	Not available through mail order; PA
MAYZENT TABS 1 MG	SP	Not available through mail order; PA
MAYZENT TABS 0.25 MG	SP	Not available through mail order; QL(4 EA daily); PA
MAYZENT TABS 2 MG	SP	Not available through Mail Order; QL(1 EA daily); PA
PLEGRIDY STARTER PACK SOAJ	SP	PA
PLEGRIDY STARTER PACK SOSY SC	SP	PA
PLEGRIDY SOAJ	SP	PA
PLEGRIDY SOSY SC	SP	PA
REBIF REBIDOSE TITRATION PACK SOAJ	SP	PA
REBIF REBIDOSE SOAJ	SP	PA
REBIF TITRATION PACK SOSY	SP	PA
REBIF SOSY	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NF	
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NF	QL(2 EA daily)
<i>teriflunomide</i>	2	QL(1 EA daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) TABS</i>	2	
Pseudobulbar Affect (PBA) Agents		
NUDEXTA	SP	PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>ergoloid mesylates TABS</i>	1	
<i>pimozide</i>	1	
Smoking Deterrents		
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, SM NICOTINE POLACRILEX LOZG 4 MG	PV	PV

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(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, SM NICOTINE POLACRILEX LOZG	PV	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	PV	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, SM NICOTINE POLACRILEX LOZG 2 MG	PV	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	PV	PV
			(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	PV	PV

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR, 14 MG/24HR	PV	PV	CHANTIX TABS (<i>varenicline tartrate</i>)	PV	QL(2 EA daily); PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR	PV	PV	NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR (<i>nicotine</i>)	PV	PV
(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 14 MG/24HR	PV	PV	NICODERM CQ PT24 TD 21 MG/24HR (<i>nicotine</i>)	PV	
(Nicotine) CVS NICOTINE, EQ NICOTINE, FT NICOTINE, GNP NICOTINE, HABITROL, NICOTINE STEP 1, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 21 MG/24HR	PV		NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	PV	PV
APO-VARENICLINE TABS	PV	QL(2 EA daily); PV	NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	PV	PV
<i>bupropion hcl (smoking deterrent)</i>	PV	PV	NICORETTE GUM (<i>nicotine polacrilex</i>)	PV	PV
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	PV	QL(2 EA daily); PV	NICORETTE LOZG (<i>nicotine polacrilex</i>)	PV	PV
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	PV	PV	<i>nicotine polacrilex GUM</i>	PV	PV
			<i>nicotine polacrilex LOZG</i>	PV	PV
			NICOTINE KIT	PV	PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR</i>	PV	PV
			<i>nicotine PT24 TD 21 MG/24HR</i>	PV	
			NICOTROL NS SOLN	PV	PV
			NICOTROL INHA	PV	PV
			<i>varenicline tartrate TABS</i>	PV	QL(2 EA daily); PV
			<i>varenicline tartrate TBPK</i>	PV	PV
			Transthyretin Amyloidosis Agents		
			TEGSEDI	SP	PA
			RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
			Cystic Fibrosis Agents		
			KALYDECO PACK	SP	PA
			KALYDECO TABS	SP	PA
			ORKAMBI PACK 94 MG-75 MG	SP	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
ORKAMBI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	
PULMOZYME	2	QL(5 ML daily); PA	<i>demeclocycline hcl TABS</i>	1	
SYMDEKO	SP	PA	<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2	
TRIKAFTA TBPK 100 MG-50 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; QL(3 EA daily); PA	<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST
TRIKAFTA TBPK 50 MG-25 MG	SP	PA	<i>doxycycline (monohydrate) SUSR</i>	1	
TRIKAFTA THPK	SP	PA	<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
Pulmonary Fibrosis Agents			<i>doxycycline (monohydrate) TABS 75 MG, 150 MG</i>	1	ST
ESBRIET CAPS (<i>pirfenidone</i>)	SP	QL(3 EA daily); LA; PA	<i>doxycycline hyclate CAPS</i>	1	
ESBRIET TABS (<i>pirfenidone</i>)	SP	QL(3 EA daily); LA; PA	<i>doxycycline hyclate TABS 20 MG, 100 MG</i>	1	
OFEV	SP	QL(2 EA daily); PA	<i>minocycline hcl CAPS</i>	1	
<i>pirfenidone CAPS</i>	SP	QL(3 EA daily); LA; PA	<i>minocycline hcl CP24</i>	3	ST
<i>pirfenidone TABS 534 MG</i>	SP	QL(3 EA daily); PA	<i>minocycline hcl TABS 75 MG</i>	1	PA
<i>pirfenidone TABS 267 MG, 801 MG</i>	SP	QL(3 EA daily); LA; PA	<i>minocycline hcl TABS 50 MG, 100 MG</i>	1	
SULFONAMIDES - Drugs to Treat Bacterial Infections			TARGADOX TABS (<i>doxycycline hyclate</i>)	NF	
Sulfonamides			<i>tetracycline hcl CAPS</i>	1	
<i>sulfadiazine TABS</i>	1		VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NF	
TETRACYCLINES - Drugs to Treat Bacterial Infections			VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	NF	
Tetracyclines			XIMINO CP24 (<i>minocycline hcl</i>)	NF	
			THYROID AGENTS - Drugs to Regulate Thyroid Hormones		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antithyroid Agents			<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)
<i>methimazole TABS</i>	1		<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
<i>propylthiouracil</i>	1	QL(3 EA daily)	<i>liothyronine sodium TABS 5 MCG</i>	1	
Thyroid Hormones			<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 EA daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		NIVA THYROID TABS	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	NP THYROID TABS	1	
(Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
(Thyroid) NP THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)
ADTHYZA TABS 16.25 MG, 97.5 MG	2		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
ADTHYZA TABS 32.5 MG, 65 MG, 130 MG	3		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
ARMOUR THYROID TABS	2		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	NF	
ARMOUR THYROID TABS	2		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)	TOXOIDS		
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2		Toxoid Combinations		
EVEXITHROID TABS 180 MG	2		ADACEL SUSP	PV	
<i>levothyroxine sodium CAPS</i>	2				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	PV		<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	1	
BOOSTRIX SUSP	PV		<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1	
BOOSTRIX SUSY	PV		GLYCOPYRROLATE TABS	3	
DAPTACEL	PV		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1	
INFANRIX	PV		<i>hyoscyamine sulfate TABS 0.125 MG</i>	1	
KINRIX SUSY	PV		<i>hyoscyamine sulfate TB12 0.375 MG</i>	1	
PEDIARIX SUSY	PV		<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1	
PENTACEL	PV		LEVBIID TB12 (<i>hyoscyamine sulfate</i>)	NF	
QUADRACEL SUSP	PV		LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	NF	
QUADRACEL SUSY	PV		LEVSIN TABS (<i>hyoscyamine sulfate</i>)	NF	
TDVAX SUSP	PV		LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	NF	
TENIVAC SUSP 2 LFU-5 LFU	PV		<i>methscopolamine bromide</i>	1	
TETANUS-DIPHThERIA TOXOIDS TD SUSP	PV		ROBINUL-FORTE TABS (<i>glycopyrrolate</i>)	NF	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			ROBINUL TABS (<i>glycopyrrolate</i>)	NF	
Antispasmodics			H-2 Antagonists		
(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG	1				
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1				
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1				
ANASPAZ TBDP (<i>hyoscyamine sulfate</i>)	NF				
BELLADONNA ALKALOIDS-OPIUM	3				
<i>chlordiazepoxide hcl-clidinium bromide</i>	1				
CUVPOSA SOLN PO (<i>glycopyrrolate</i>)	NF				
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN PO</i>	1				
<i>dicyclomine hcl TABS</i>	1				
GLYCATE TABS	3				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAX ST, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAX ST, EQ FAMOTIDINE MAX ST, EQL HEARTBURN PREVENTION, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAX STRENGTH, GNP ACID REDUCER MAX ST, HEARTBURN RELIEF MAX ST, KLS ACID CONTROLLER MAX ST, MM ACID-PEP MAXIMUM STRENGTH, PX ACID REDUCER MAX ST, QC ACID CONTROLLER MAX ST, QC FAMOTIDINE ACID REDUCER, SB ACID CONTROLLER MAX ST, SM ACID REDUCER MAX ST, ZANTAC 360 MAX ST TABS 20 MG	1	RX/OTC	CARAFATE SUSP (<i>sucralfate</i>)	NF	
<i>cimetidine hcl PO 300 MG/5ML</i>	1		CARAFATE TABS (<i>sucralfate</i>)	NF	QL(4 EA daily)
<i>cimetidine TABS 300 MG, 800 MG</i>	1		<i>sucralfate SUSP</i>	1	
<i>cimetidine TABS 400 MG</i>	1	QL(4 EA daily)	<i>sucralfate TABS</i>	1	QL(4 EA daily)
<i>famotidine SUSR</i>	1		Proton Pump Inhibitors		
<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
<i>famotidine TABS 20 MG</i>	1	RX/OTC	(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	RX/OTC
<i>nizatidine CAPS</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 EA daily)
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	NF	RX/OTC	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)
PEPCID TABS 40 MG (<i>famotidine</i>)	NF	QL(2 EA daily)			
PEPCID TABS 20 MG (<i>famotidine</i>)	NF	RX/OTC			
Misc. Anti-Ulcer					

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(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 EA daily)	PROTONIX TBEC (<i>pantoprazole sodium</i>)	NF	QL(1 EA daily)
ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NF	QL(1 EA daily); PA	RABEPRAZOLE SODIUM CPSP	3	PA
<i>lansoprazole CPDR 15 MG</i>	1	RX/OTC	<i>rabeprazole sodium TBEC</i>	1	QL(1 EA daily); PA
<i>lansoprazole CPDR 30 MG</i>	1	QL(1 EA daily)	Ulcer Drugs - Prostaglandins		
<i>lansoprazole TBDD 30 MG</i>	1	QL(1 EA daily); AL(Up to 12 yrs old)	CYTOTEC (<i>misoprostol</i>)	NF	
<i>lansoprazole TBDD 15 MG</i>	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	<i>misoprostol</i>	1	
<i>omeprazole magnesium CPDR</i>	1	QL(1 EA daily)	Ulcer Therapy Combinations		
<i>omeprazole CPDR 10 MG</i>	1		<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 EA daily)	URINARY ANTISPASMODICS - Drugs to Treat		
<i>pantoprazole sodium PACK</i>	1	QL(1 EA daily)	Miscellaneous Bladder Spasms		
<i>pantoprazole sodium TBEC</i>	1	QL(1 EA daily)	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
PREVACID 24HR CPDR (<i>lansoprazole</i>)	NF	RX/OTC	<i>darifenacin hydrobromide</i>	2	
PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>)	NF	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC	DETROL LA CP24 (<i>tolterodine tartrate</i>)	NF	QL(1 EA daily)
PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>)	NF	QL(1 EA daily); AL(Up to 12 yrs old)	DETROL TABS (<i>tolterodine tartrate</i>)	NF	QL(2 EA daily)
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NF	QL(1 EA daily)	<i>fesoterodine fumarate</i>	1	QL(1 EA daily)
PRILOSEC PACK	3	PA	<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 EA daily)
PROTONIX PACK (<i>pantoprazole sodium</i>)	NF	QL(1 EA daily)	<i>oxybutynin chloride TB24</i>	1	
			<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 EA daily)
			<i>solifenacin succinate TABS 5 MG</i>	1	
			<i>tolterodine tartrate CP24</i>	1	QL(1 EA daily)
			<i>tolterodine tartrate TABS</i>	1	QL(2 EA daily)
			TOVIAZ (<i>fesoterodine fumarate</i>)	NF	QL(1 EA daily)
			<i>trosipium chloride CP24</i>	1	
			<i>trosipium chloride TABS</i>	1	QL(2 EA daily)
			VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	NF	QL(1 EA daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	PV	
BEXSERO 0.5 ML	PV	
MENQUADFI 0.5 ML	PV	
MENVEO SOLR	PV	
PEDVAX HIB SUSP	PV	
PNEUMOVAX 23 SOLN	PV	
PNEUMOVAX 23 SOSY	PV	
PREVNAR 13	PV	
TRUMENBA 0.5 ML	PV	
Viral Vaccines		
AFLURIA PRESERVATIVE FREE SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
AFLURIA QUADRIVALENT SUSY 0.5 ML	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	PV	
COMIRNATY SUSP	PV	
COMIRNATY SUSY	PV	
ENGERIX-B SUSP 20 MCG/ML	PV	
ENGERIX-B SUSY	PV	
FLUAD	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUAD QUADRIVALENT	PV	
FLUARIX QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUARIX SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUBLOK QUADRIVALENT	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUBLOK SOSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail

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FLUCELVAX QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE HIGH-DOSE SUSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE QUADRIVALENT SUSP	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLUCELVAX SUSY	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE SUSP	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLULAVAL QUADRIVALENT SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	FLUZONE SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail
FLULAVAL SUSY	PV	Limit 1 dose per season; 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	GARDASIL 9 SUSP 0.5 ML	PV	
FLUMIST	PV	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail	GARDASIL 9 SUSY 0.5 ML	PV	
FLUMIST QUADRIVALENT	PV		HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	PV	
FLUZONE HIGH-DOSE QUADRIVALENT	PV		HEPLISAV-B SOSY	PV	
			M-M-R II SOLR	PV	
			MNEXSPIKE SUSY 10 MCG/0.2ML	PV	
			MODERNA COVID-19 BIVALENT	PV	
			MODERNA COVID-19 VAC 6M-11Y SUSP	PV	
			MODERNA COVID-19 VAC 6M-11Y SUSY	PV	

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Drug Name	Drug Tier	Requirements/ Limits
MODERNA COVID-19 VACCINE SUSP	PV	
MRESVIA	PV	AL(At least 60 yrs old)
NOVAVAX COVID-19 VACCINE SUSP	PV	
NOVAVAX COVID-19 VACCINE SUSY	PV	
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	PV	
PFIZER COVID-19 VAC BIVALENT	PV	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	PV	
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	PV	
PFIZER-BIONT COVID-19 VAC-TRIS SUSP	PV	
PFIZER-BIONTECH COVID-19 VACC SUSP	PV	
PRIORIX SUSR	PV	
PROQUAD SUSR	PV	
RECOMBIVAX HB SUSP	PV	
RECOMBIVAX HB SUSY	PV	
ROTARIX SUSP	PV	
ROTATEQ SOLN	PV	
SHINGRIX	PV	AL(At least 50 yrs old)
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	PV	
SPIKEVAX SUSP	PV	
SPIKEVAX SUSY	PV	
TWINRIX SUSY	PV	
VAQTA	PV	
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	PV	
VARIVAX SUSR	PV	
VAGINAL AND RELATED PRODUCTS		
Spermicides		

Drug Name	Drug Tier	Requirements/ Limits
ENCARE SUPP 100 MG	PV	PV
OPTIONS GYNOL II CONTRACEPTIVE GEL	PV	PV
TODAY SPONGE MISC	PV	PV
VCF VAGINAL CONTRACEPTIVE FILM	PV	PV
VCF VAGINAL CONTRACEPTIVE GEL	PV	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	NF	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXX	PV	PV
PHEXXI	PV	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	NF	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING 7.5 MCG/24HR	2	QL(1 EA per fill retail; 1 per fill mail)

Updated December 2025

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

Drug Name	Drug Tier	Requirements/ Limits
FEMRING	3	QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)
PREMARIN	2	QL(2 GM daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	NF	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST 100 MG (<i>progesterone vaginal</i>)	NF	PA
<i>progesterone vaginal</i> INST 100 MG	1	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis)</i> SOAJ	2	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
<i>epinephrine (anaphylaxis)</i> SOAJ 0.15 MG/0.3ML	2	QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	NF	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
EPIPEN JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	NF	Must try epinephrine auto-injector ; QL(2 EA per fill retail; 4 EA per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	SP	PA
NORTHERA (<i>droxidopa</i>)	SP	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		

Drug Name	Drug Tier	Requirements/ Limits
Oil Soluble Vitamins		
DRISDOL CAPS (<i>ergocalciferol</i>)	NF	
<i>ergocalciferol CAPS</i>	1	
<i>phytonadione TABS 5 MG</i>	2	

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		(Nicotine) CVS NICOTINE, EQ NICOTINE, EQ NICOTINE STEP 3, FT NICOTINE, GNP NICOTINE, NICOTINE STEP 2, NICOTINE STEP 3, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD 7 MG/24HR121
		(Nicotine) CVS NICOTINE, EQ NICOTINE, FT NICOTINE, GNP NICOTINE, HABITROL, NICOTINE STEP 1, QC NICOTINE

TRANSDERMAL SYSTEM PT24 TD 21 MG/24HR121	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 EQ TABS ... 55	(Norethindrone & Ethinyl Estradiol- Fe) GALBRIELA, KAITLIB FE, LAYOLIS FE, WYMZYA FE, XELRIA FE 25 MCG-0.8 MG-75 MG56
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(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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1 MG-20 MCG-75 MG 55	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS56	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, MELEYA, NORA-BE, NORLYROC, ORQUIDEA, SHAROBEL58
(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, FEIRZA 1.5/30, FEIRZA 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 EQ TABS 1.5 MG-30 MCG-75 MG 55	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, DASETTA 1/35 (28), NECON 0.5/35 (28), NORTREL 0.5/35 (28), NORTREL 1/35 (21), NORTREL 1/35 (28), NYLIA 1/35, PHILITH, VYFEMLA, WERA 35 MCG-0.4 MG56	(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), LUIZZA 1.5/30, LUIZZA 1/20, MICROGESTIN 1.5/30, MICROGESTIN 1/20 TABS 1 MG-20 MCG56
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(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT 84	
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BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	40	budesonide (inhalation) SUSP 1 MG/2ML	14	bupropion hcl TB24 150 MG, 300 MG	22
bortezomib SOLR IJ	40	budesonide (intrarectal)	11	bupropion hcl TB24 450 MG	22
bosentan TABS	52	budesonide CPEP	58	buspirone hcl	12
bosentan TBSO 32 MG	52	budesonide TB24	58	busulfan SOLN	36
BOSULIF CAPS	40	budesonide-formoterol fumarate dihydrate	15	BUSULFEX SOLN (busulfan)	36
BOSULIF TABS 100 MG, 400 MG	40	bumetanide TABS 0.5 MG, 1 MG	72	butalbital-acetaminophen CAPS 50 MG-300 MG	6
BOSULIF TABS 500 MG	40	bumetanide TABS 2 MG	72	butalbital-acetaminophen TABS 50 MG-300 MG	6
BRAFTOVI 75 MG	40	BUMEX TABS 0.5 MG (bumetanide)	72	butalbital-acetaminophen TABS 50 MG-325 MG	6
BREATHE EASE PEAK FLOW METER	103	BUPHENYL POWD (sodium phenylbutyrate)	74	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	6
BREO ELLIPTA (fluticasone furoate-vilanterol)	15	BUPHENYL TABS (sodium phenylbutyrate)	74	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	6
BREZTRI AEROSPHERE	15	buprenorphine hcl SUBL 2 MG	10	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	9
BRILINTA 60 MG, 90 MG (ticagrelor)	82	buprenorphine hcl SUBL 8 MG	10	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	9
brimonidine tartrate (topical)	70	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	10	butalbital-aspirin-caffeine CAPS	6
brimonidine tartrate	112	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	10	butalbital-aspirin-caffeine w/cod	9
brimonidine tartrate-timolol maleate	112	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	10	butorphanol tartrate NA 10 MG/ML	10
brinzolamide	115	buprenorphine PTWK 7.5 MCG/HR	10	BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (buprenorphine)	10
bromfenac sodium (ophth) 0.07 %, 0.075 %	115	bupropion hcl (smoking deterrent)	121	BUTRANS PTWK 7.5 MCG/HR (buprenorphine)	10
bromfenac sodium (ophth) 0.09 %	115			BYSTOLIC (nebivolol hcl)	49
bromocriptine mesylate CAPS	44				
bromocriptine mesylate TABS 2.5 MG	44				
BROMSITE (bromfenac sodium (ophth))	115				
BRUKINSA	40				

cabergoline	75	MG	32	carbidopa-levodopa-entacapone 50 MG-12.5 MG-200 MG	44
CABOMETYX TABS	40	candesartan cilexetil-hydrochlorothiazide	33	carbinoxamine maleate SOLN	29
CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)	51	capecitabine	36	carbinoxamine maleate TABS	29
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (amlodipine besylate-atorvastatin calcium)	51	CAPRELSA	40	CARBINOXAMINE MALEATE TABS	29
caffeine citrate SOLN PO	1	captopril & hydrochlorothiazide	33	CARDIZEM CD CP24 (diltiazem hcl coated beads)	50
CALCIFOL	104	captopril	31	CARDIZEM LA TB24 (diltiazem hcl)	50
calcipotriene CREA	65	CARAC CREA (fluorouracil (topical))	64	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)	50
CALCIPOTRIENE FOAM	65	CARAFATE SUSP (sucralfate)	125	CARDURA (doxazosin mesylate)	32
calcipotriene OINT	65	CARAFATE TABS (sucralfate)	125	CARDURA XL	79
calcipotriene SOLN	65	carbamazepine CHEW 100 MG	19	CAREONE LANCET SUPER THIN 30G	90
calcipotriene-betamethasone dipropionate OINT	67	carbamazepine CP12	19	CAREONE LANCET THIN 23G	90
calcipotriene-betamethasone dipropionate SUSP	67	carbamazepine SUSP	19	CAREPOINT POLY HUB NEEDLE 102	
calcitonin (salmon) IJ	73	carbamazepine TABS	19	CARESENS LANCETS	90
calcitonin (salmon) NA	73	carbamazepine TB12 100 MG	19	CARESENS LANCETS 30G	90
calcitriol (topical)	65	carbamazepine TB12 200 MG	19	CARESTART COVID-19 HOME TEST KIT	70
calcitriol CAPS 0.25 MCG	74	carbamazepine TB12 400 MG	19	CARETOUCH SAFETY LANCETS 90	
calcitriol CAPS 0.5 MCG	74	CARBATROL CP12 (carbamazepine)	19	CARETOUCH SAFETY LANCETS 26G	90
calcitriol SOLN PO	74	carbidopa	43	CARETOUCH TWIST LANCETS 28G	90
calcium acetate (phosphate binder) CAPS	78	carbidopa-levodopa CPCR	44	CARETOUCH TWIST LANCETS 30G	90
calcium acetate (phosphate binder) TABS	78	carbidopa-levodopa TABS	44	CARETOUCH TWIST LANCETS 33G	90
CALQUENCE	40	carbidopa-levodopa TBCR 100 MG-25 MG	44	CARETOUCH TWIST MC LANCETS 30G	90
CANASA SUPP (mesalamine)	77	carbidopa-levodopa TBCR 200 MG-50 MG	44		
candesartan cilexetil 32 MG	32	carbidopa-levodopa TBCR 200 MG-50 MG	44		
candesartan cilexetil 4 MG, 8 MG, 16 MG	32	carbidopa-levodopa TBCR 200 MG-50 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 75 MG-18.75 MG-200 MG	44		

carisoprodol TABS	110	cefpodoxime proxetil SUSR	53	CHANTIX TABS (varenicline tartrate)	121
CARNITOR SF SOLN PO (levocarnitine (metabolic modifiers))	74	cefpodoxime proxetil TABS	53	CHEMET	27
CARNITOR SOLN PO 1 GM/10ML (levocarnitine (metabolic modifiers))	74	cefprozil SUSR	53	chlordiazepoxide hcl CAPS	12
CARNITOR TABS (levocarnitine (metabolic modifiers))	74	cefprozil TABS	53	chlordiazepoxide hcl-clidinium bromide	124
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carvedilol 3.125 MG	49	CELEBREX 400 MG (celecoxib) ...	5	chlorhexidine gluconate (mouth- throat)	107
carvedilol 6.25 MG, 12.5 MG, 25 MG	49	CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	5	chloroquine phosphate TABS	36
carvedilol phosphate	49	celecoxib 400 MG	5	chlorpromazine hcl TABS	46
CASODEX (bicalutamide)	38	celecoxib 50 MG, 100 MG, 200 MG	5	chlorthalidone 25 MG, 50 MG	72
CAYA DPRH	86	CELEXA TABS (citalopram hydrobromide)	22	chlorzoxazone TABS	110
CAYSTON	35	CELLCEPT CAPS (mycophenolate mofetil)	106	cholestyramine light PACK	30
cefaclor CAPS	53	CELLCEPT SUSR (mycophenolate mofetil)	106	cholestyramine light POWD	30
CEFACLO ER TB12	53	CELLCEPT TABS (mycophenolate mofetil)	106	cholestyramine PACK	30
cefadroxil CAPS	53	CELONTIN (methsuximide)	21	cholestyramine POWD	30
cefadroxil SUSR	53	cephalexin CAPS	53	choline fenofibrate 135 MG	30
cefadroxil TABS	53	cephalexin SUSR	53	choline fenofibrate 45 MG	30
cefazolin sodium SOLR IV 1 GM ..	53	CEPROTIN	82	CHOSEN LANCETS 30G	90
cefdinir CAPS	53	CERDELGA	82	CHOSEN SAFETY LANCETS 28G 90	
cefdinir SUSR	53	CEREZYME 400 UNIT	82	CIALIS 2.5 MG (tadalafil)	51
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				cilostazol	82
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CIMDUO	47	clemastine fumarate TABS 2.68 MG .	29	clindamycin phosphate (topical)	FOAM	62
cimetidine hcl PO 300 MG/5ML ..	125	CLEMASZ TABS 2.68 MG		clindamycin phosphate (topical) GEL		62
cimetidine TABS 300 MG, 800 MG	125	(clemastine fumarate)	29	clindamycin phosphate (topical)	LOTN	62
cimetidine TABS 400 MG	125	CLEMSZA TABS 2.68 MG		clindamycin phosphate (topical)	SOLN	62
cinacalcet hcl	74	(clemastine fumarate)	29	clindamycin phosphate (topical)	SWAB	62
CIPRO HC	115	CLEOCIN (clindamycin hcl)	35	clindamycin phosphate vaginal CREA		129
CIPRO SUSR	76	CLEOCIN (clindamycin palmitate		clindamycin phosphate-benzoyl		62
CIPRO TABS 250 MG, 500 MG		hydrochloride)	35	peroxide (refrigerate)		62
(ciprofloxacin hcl)	76	CLEOCIN CREA (clindamycin		clindamycin phosphate-benzoyl		62
ciprofloxacin hcl (ophth) SOLN ...	113	phosphate vaginal)	129	peroxide GEL 5 %-1 %		62
ciprofloxacin hcl (otic)	115	CLEOCIN SUPP	129	clindamycin phosphate-tretinoin ..		62
ciprofloxacin hcl TABS	76	CLEOCIN-T LOTN (clindamycin		CLINDESSE		129
ciprofloxacin-dexamethasone ...	115	phosphate (topical))	62	CLINITEST RAPID COVID-19 TEST		70
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citalopram hydrobromide TABS ...	22	CLEVER CHOICE COMFORT EZ		clobazam SUSP		18
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MG-1 MG-3 MG-400 UNIT-3.4 MG-		CLEVER CHOICE LANCETS 21G		clobazam TABS 20 MG		18
20 MG-50 MG-25 MG-2 MG-159 MG-		90		clobetasol propionate CREA 0.05 % .		67
90 MG-150 MCG-30 UNIT-0.75 MG-		CLEVER CHOICE LANCETS 23G		clobetasol propionate emollient base		67
300 MG	108	90		0.05 %		67
CITRANATAL ASSURE	108	CLEVER CHOICE LANCETS 28G		clobetasol propionate emulsion ...		67
CITRANATAL B-CALM 120 MG-25		90		clobetasol propionate FOAM		67
MG-1 MG-400 UNIT-120 MG-20 MG		CLEVER CHOICE PEAK FLOW		clobetasol propionate GEL 0.05 %		67
108		METER	103	clobetasol propionate LIQD		67
CITRANATAL MEDLEY	108	CLIMARA PRO	75	clobetasol propionate LOTN		67
CLARINEX TABS (desloratadine) .	29	CLIMARA PTWK 0.025 MG/24HR,		clobetasol propionate OINT 0.05 %		67
clarithromycin SUSR	86	0.0375 MG/24HR, 0.05 MG/24HR,				
clarithromycin TABS	86	0.06 MG/24HR, 0.075 MG/24HR, 0.1				
clarithromycin TB24	86	MG/24HR (estradiol)	76			
CLEANLET LANCETS 28G	90	CLINDAGEL GEL (clindamycin				
CLEARDETECT COVID-19 AG		phosphate (topical))	62			
HOME KIT	70	clindamycin hcl	35			
		clindamycin palmitate hydrochloride .	35			

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clobetasol propionate SOLN 0.05 % . 67	COLAZAL CAPS (balsalazide disodium)77	COMFORT EZ INSULIN SYRINGE . 102
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clonazepam TABS 18	COLESTID FLAVORED GRAN (colestipol hcl)30	COMIRNATY SUSY127
clonazepam TBDP 18	COLESTID FLAVORED PACK (colestipol hcl)30	COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)47
clonidine hcl (adhd) TB12 1	COLESTID GRAN (colestipol hcl) .30	COMPLETEENATE CHEW108
clonidine hcl TABS32	COLESTID PACK (colestipol hcl) .30	COMTAN (entacapone)43
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clozapine TBDP 12.5 MG45	COMBIVENT RESPIMAT AERS .. 15	CONDYLOX GEL (podofilox)69
CLOZARIL TABS (clozapine)45	COMBIVIR (lamivudine-zidovudine) . 47	CONZIP CP24 (tramadol hcl)7
C-NATE DHA CAPS108	COMETRIQ (100 MG DAILY DOSE) KIT40	COPAXONE SOSY 20 MG/ML (glatiramer acetate)118
COAGADEX80	COMETRIQ (140 MG DAILY DOSE) KIT40	
COAGUCHEK LANCETS91	COMETRIQ (60 MG DAILY DOSE) KIT40	
COARTEM 35	COMFORT ASSURED LANCETS 28G91	
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COPAXONE SOSY 40 MG/ML (glatiramer acetate)	119	COSOPT PF (dorzolamide hcl-timolol maleate)	112	MG	110
COPIKTRA	40	COTELLIC	40	CYCLOGYL (cyclopentolate hcl)	112
CORDRAN CREA (flurandrenolide) 67		COVID-19 AT HOME ANTIGEN TEST KIT	70	CYCLOGYL	112
CORDRAN TAPE	67	COVID-19 AT HOME TEST KITS	70	CYCLOMYDRIL	112
COREG 3.125 MG (carvedilol)	49	COVID-19 AT-HOME TEST KIT ...	71	cyclopentolate hcl 1 %	112
COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol)	49	COVID-19 FLU A&B 3-IN-1 TEST	71	cyclophosphamide CAPS	36
COREG CR (carvedilol phosphate) 49		COVID-19 FLU A+B ANTIGEN TEST	71	CYCLOPHOSPHAMIDE TABS	36
CORGARD TABS 20 MG, 40 MG (nadolol)	50	COVID-19 OTC ANTIGEN 1-PACK KIT	71	cycloserine	36
CORIFACT	80	COVID-19 OTC ANTIGEN 2-PACK KIT	71	cyclosporine (ophth) EMUL	113
CORLANOR SOLN	53	COZAAR (losartan potassium) ...	32	cyclosporine CAPS	106
CORLANOR TABS (ivabradine hcl) 53		CREON CPEP	71	cyclosporine modified (for microemulsion) CAPS	106
CORTANE-B	67	CRESEMBA CAPS 186 MG	28	cyclosporine modified (for microemulsion) SOLN	106
CORTEF TABS (hydrocortisone) ..	58	CRESTOR TABS (rosuvastatin calcium)	31	CYKLOKAPRON SOLN (tranexamic acid)	83
CORTENEMA (hydrocortisone (intrarectal))	11	CRINONE GEL 8 %	130	CYMBALTA CPEP (duloxetine hcl) 23	
CORTIFOAM EX 10 %	11	cromolyn sodium (ophth)	115	cyproheptadine hcl SYRP	29
CORTISPORIN-TC	115	cromolyn sodium NEBU	13	cyproheptadine hcl TABS	29
COSENTYX (300 MG DOSE) SOSY . 65		CTEXLI TABS PO 250 MG	76	CYSTADANE (betaine)	74
COSENTYX SENSOREADY (300 MG) SOAJ	65	CUPRIMINE CAPS (penicillamine) 105		CYSTAGON CAPS	79
COSENTYX SENSOREADY PEN SOAJ	65	CUVPOSA SOLN PO (glycopyrrolate)	124	CYSTARAN	115
COSENTYX SOSY 150 MG/ML ...	65	CVS COVID-19 AT HOME TEST KIT	71	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	123
COSENTYX SOSY 75 MG/0.5ML .	65	CVS LANCETS ORIGINAL	91	CYTOMEL TABS 5 MCG (liothyronine sodium)	123
COSENTYX UNOREADY SOAJ ..	65	CVS LANCETS THIN 26G	91	CYTOTEC (misoprostol)	126
COSOPT (dorzolamide hcl-timolol maleate)	112	CVS ULTRA THIN LANCETS	91	CYTRA-3 SYRP	78
		cyclobenzaprine hcl TABS 5 MG, 10		dabigatran etexilate mesylate CAPS 110 MG	18
				dabigatran etexilate mesylate CAPS 75 MG, 150 MG	18

dexmethylphenidate hcl TABS	2	diclofenac sodium (actinic keratoses) EX	64	250 MCG	51
dextroamphetamine sulfate CP24 ...	1	diclofenac sodium (ophth)	115	dihydroergotamine mesylate SOLN IJ 1 MG/ML	103
dextroamphetamine sulfate SOLN ..	1	diclofenac sodium (topical) GEL EX 64	64	dihydroergotamine mesylate SOLN NA 4 MG/ML	103
dextroamphetamine sulfate TABS 10 MG	1	diclofenac sodium (topical) SOLN EX 1.5 %	64	DILANTIN (phenytoin sodium extended)	21
dextroamphetamine sulfate TABS 5 MG	1	diclofenac sodium (topical) SOLN EX 2 %	64	DILANTIN	21
DHIVY TABS	44	diclofenac sodium TB24	5	DILANTIN INFATABS CHEW (phenytoin)	21
DIACOMIT CAPS 250 MG	19	diclofenac sodium TBEC	5	DILANTIN SUSP (phenytoin)	21
DIACOMIT CAPS 500 MG	19	diclofenac w/ misoprostol TBEC	5	DILANTIN-125 SUSP (phenytoin) ..	21
DIACOMIT PACK 250 MG	19	dicloxacin sodium	117	DILAUDID LIQD (hydromorphone hcl)	7
DIACOMIT PACK 500 MG	19	dicyclomine hcl CAPS	124	DILAUDID TABS (hydromorphone hcl)	8
DIASTAT ACUDIAL GEL (diazepam (anticonvulsant))	18	dicyclomine hcl SOLN PO	124	diltiazem hcl coated beads CP24 ..	50
DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant))	18	dicyclomine hcl TABS	124	diltiazem hcl CP12	50
DIATHRIVE LANCET ULTRA THIN 30	91	DIFFERIN CREA (adapalene)	62	diltiazem hcl CP24	50
DIATHRIVE LANCETS	91	DIFFERIN GEL 0.1 % (adapalene) 62	62	diltiazem hcl extended release beads	50
DIATRUST COVID-19 HOME TEST KIT	71	DIFFERIN GEL 0.3 % (adapalene) 62	62	diltiazem hcl TABS	50
diazepam (anticonvulsant) GEL ...	18	DIFFERIN LOTN	62	diltiazem hcl TB24	50
diazepam CONC	12	DIFICID TABS 200 MG (fidaxomicin) 86	86	dimethyl fumarate CDPK	119
diazepam SOLN PO 5 MG/5ML ...	12	diflorasone diacetate CREA	67	dimethyl fumarate CPDR	119
diazepam TABS 10 MG	12	diflorasone diacetate OINT	67	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan-hydrochlorothiazide)	33
diazepam TABS 2 MG, 5 MG	12	DIFLUCAN SUSR (fluconazole) ...	28	DIOVAN HCT 25 MG-160 MG (valsartan-hydrochlorothiazide)	33
diazoxide	25	DIFLUCAN TABS 100 MG, 150 MG, 200 MG (fluconazole)	28	DIOVAN TABS 160 MG (valsartan) 32	32
DIBENZYLINE (phenoxybenzamine hcl)	32	diflunisal TABS	7	DIOVAN TABS 40 MG, 80 MG, 320	
dichlorphenamide	72	difluprednate	113		
DICLEGIS TBEC (doxylamine-pyridoxine)	28	digoxin SOLN PO 0.05 MG/ML ...	51		
diclofenac potassium TABS 50 MG .5		digoxin TABS 62.5 MCG, 125 MCG,			

dutasteride-tamsulosin hcl	79	28G	92	ELOCTATE	80
DYMISTA SUSP (azelastine hcl- fluticasone propionate)	110	econazole nitrate CREA	63	eltrombopag olamine PACK 12.5 MG, 25 MG	82
DYRENIUM CAPS (triamterene) ..	72	EDARBI 40 MG	32	eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG	82
E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)	86	EDARBI 80 MG	32	EMBECTA AUTOSHIELD DUO ..	102
EASY COMFORT LANCETS	91	EDARBYCLOR	33	EMBECTA INSULIN SYR ULTRAFINE	102
EASY COMFORT LANCETS TWIST TOP	91	EDECIN (ethacrynic acid)	72	EMBECTA PEN NEEDLE NANO 102	
EASY TOUCH FLIPLOCK NEEDLES	102	EDURANT	47	EMBECTA PEN NEEDLE NANO 2 GEN	102
EASY TOUCH HYPODERMIC NEEDLE	102	efavirenz CAPS	47	EMBECTA PEN NEEDLE ULTRAFINE	102
EASY TOUCH LANCETS 21G ...	91	efavirenz TABS	47	EMBRACE LANCETS ULTRA THIN 30G	92
EASY TOUCH LANCETS 23G ...	91	efavirenz-emtricitabine-tenofovir disoproxil fumarate	47	EMBRACE PRESSURE ACTIVATED 21G	92
EASY TOUCH LANCETS 26G ...	91	efavirenz-lamivudine-tenofovir disoproxil fumarate	47	EMBRACE PRESSURE ACTIVATED 28G	92
EASY TOUCH LANCETS 28G ...	92	EFFER-K	105	EMCYT	38
EASY TOUCH LANCETS 28G/TWIST	92	EFFEXOR XR CP24 (venlafaxine hcl)	23	EMEND BIPACK CAPS 80 MG (aprepitant)	28
EASY TOUCH LANCETS 30G ...	92	EFFIENT (prasugrel hcl)	82	EMEND SUSR	28
EASY TOUCH LANCETS 30G/TWIST	92	EFUDEX CREA (fluorouracil (topical))	65	EMEND TRIPACK CAPS (aprepitant)	28
EASY TOUCH LANCETS 32G ...	92	EGRIFTA SV	73	EMGALITY (300 MG DOSE) SOSY 103	
EASY TOUCH LANCETS 32G/TWIST	92	ELESTRIN GEL	76	EMGALITY SOAJ	103
EASY TOUCH LANCETS 33G/TWIST	92	eletriptan hydrobromide	103	EMGALITY SOSY	103
EASY TOUCH SAFETY LANCETS 21G	92	ELIDEL (pimecrolimus)	69	EMSAM	22
EASY TOUCH SAFETY LANCETS 23G	92	ELIGARD SC	38	emtricitabine CAPS	47
EASY TOUCH SAFETY LANCETS 26G	92	ELIMITE CREA (permethrin)	70	emtricitabine- rilpivirine-tenofovir disoproxil fumarate	47
EASY TOUCH SAFETY LANCETS		ELIQUIS DVT/PE STARTER PACK TBPk	16		
		ELIQUIS TABS	16		
		ELLA	58		
		ELLUME COVID-19 HOME TEST KIT	71		
		ELMIRON CAPS	79		

emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	47	entecavir TABS	48	ERIVEDGE	38
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	47	ENTEREG (alvimopan)	78	ERLEADA 240 MG	38
EMTRIVA CAPS (emtricitabine)	47	ENTRESTO CPSP	51	ERLEADA 60 MG	38
EMTRIVA SOLN	47	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)	51	erlotinib hcl	38
enalapril maleate & hydrochlorothiazide	33	EPCLUSA PACK	48	ERTACZO	63
enalapril maleate TABS	31	EPCLUSA TABS	48	ertapenem sodium IJ	35
ENBREL MINI SOCT	6	EPCLUSA TABS	49	ERYPED 200 SUSR (erythromycin ethylsuccinate)	86
ENBREL SOLN	6	EPIDIOLEX	19	ERYPED 400 SUSR (erythromycin ethylsuccinate)	86
ENBREL SOSY 25 MG/0.5ML	6	EPIDUO FORTE GEL (adapalene-benzoyl peroxide)	62	erythromycin (acne aid) GEL	62
ENBREL SOSY 50 MG/ML	6	EPIDUO GEL (adapalene-benzoyl peroxide)	62	erythromycin (acne aid) SOLN	62
ENBREL SURECLICK SOAJ	6	EPIFOAM FOAM	67	erythromycin (ophth)	113
ENCARE SUPP 100 MG	129	epinastine hcl (ophth)	115	ERYTHROMYCIN	113
ENDARI (glutamine (sickle cell))	82	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML	130	erythromycin base CPEP	86
ENDOMETRIN INST 100 MG (progesterone (vaginal))	130	epinephrine (anaphylaxis) SOAJ	130	erythromycin base TABS	86
ENERGIX-B SUSP 20 MCG/ML	127	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	130	erythromycin base TBEC	86
ENERGIX-B SUSY	127	EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	130	erythromycin ethylsuccinate SUSR	86
enoxaparin sodium SOLN IJ 300 MG/3ML	16	EPIVIR SOLN (lamivudine)	47	erythromycin ethylsuccinate TABS	86
enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	17	EPIVIR TABS (lamivudine)	47	ESBRIET CAPS (pirfenidone)	122
enoxaparin sodium SOSY 30 MG/0.3ML	17	eplerenone	34	ESBRIET TABS (pirfenidone)	122
enoxaparin sodium SOSY 40 MG/0.4ML	17	EPZICOM (abacavir sulfate-lamivudine)	47	escitalopram oxalate SOLN	22
enoxaparin sodium SOSY 60 MG/0.6ML	16	EQUETRO	45	escitalopram oxalate TABS 10 MG, 20 MG	22
enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML	17	ergocalciferol CAPS	130	escitalopram oxalate TABS 5 MG	22
entacapone	44	ergoloid mesylates TABS	119	ESGIC TABS (butalbital-acetaminophen-caffeine)	6
		ERGOMAR SUBL	103	eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG	19
		ergotamine w/ caffeine TABS	103	ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT	80

estazolam	83	etravirine	47	EZ-LETS LANCETS 30G	92
ESTRACE CREA (estradiol vaginal) .	129	EUCRISA	70	FABIOR FOAM	62
ESTRACE TABS (estradiol)	76	EULEXIN	38	famciclovir	49
estradiol & norethindrone acetate		EVAMIST SOLN	76	famotidine SUSR	125
TABS	75	everolimus (immunosuppressant)		famotidine TABS 20 MG	125
estradiol GEL	76	106		famotidine TABS 40 MG	125
estradiol PTTW	76	everolimus TABS	40	FANAPT	45
estradiol PTWK	76	everolimus TBSO	40	FANAPT TITRATION PACK A	45
estradiol TABS	76	EVEXITHROID TABS 180 MG ...	123	FANTASY LUBRICATED MISC ...	86
estradiol vaginal CREA	129	EVISTA (raloxifene hcl)	73	FANTASY	
estradiol vaginal TABS	129	EVOTAZ	47	LUBRICATED/SPERMICIDE MISC	
estradiol valerate	76	EVOXAC (cevimeline hcl)	107	86	
ESTRING RING 7.5 MCG/24HR .	129	EVRYSDI	111	FARESTON (toremifene citrate) ..	38
ESTROGEL GEL (estradiol)	76	EXELDERM CREA (sulconazole		FARXIGA (dapagliflozin propanediol)	
estrogens, conjugated TABS 0.3 MG,		nitrate)	63		26
0.45 MG, 0.625 MG, 1.25 MG	76	EXELDERM SOLN	64	FASENRA PEN SOAJ	13
estrogens, conjugated TABS 0.9 MG		EXELON (rivastigmine)	117	FASENRA SOSY 10 MG/0.5ML ...	13
76		exemestane	38	FASENRA SOSY 30 MG/ML	13
eszopiclone	83	EXFORGE 10 MG-160 MG		FASTEP COVID-19 ANTIGEN TEST	
ethacrynic acid	72	(amlodipine besylate-valsartan) ...	33	KIT	71
ethambutol hcl TABS	36	EXFORGE 10 MG-320 MG, 5 MG-		FC2 FEMALE CONDOM	86
ethosuximide CAPS	21	160 MG, 5 MG-320 MG (amlodipine		febuxostat 40 MG	79
ethosuximide SOLN	21	besylate-valsartan)	33	febuxostat 80 MG	79
ethynodiol diacet & eth estrad	57	EXFORGE HCT (amlodipine-		FEIBA	80
etodolac CAPS	5	valsartan-hydrochlorothiazide)	33	felbamate SUSP	21
etodolac TABS	5	EXJADE TBSO (deferasirox)	27	felbamate TABS	21
etodolac TB24	5	EXODERM	64	FELBATOL SUSP (felbamate)	21
etonogestrel-ethinyl estradiol	58	ezetimibe	31	FELBATOL TABS (felbamate)	21
ETOPOPHOS	43	ezetimibe-simvastatin	30	FELDENE CAPS 10 MG (piroxicam) .	
etoposide CAPS	43	EZ-LETS LANCETS 21G	92	5	
		EZ-LETS LANCETS 26G	92	FELDENE CAPS 20 MG (piroxicam) .	
		EZ-LETS LANCETS 28G	92	5	

felodipine 10 MG50	FIBRICOR 105 MG (fenofibric acid) 30	FLORAFOL PEDIATRIC SOLN .. 107
felodipine 2.5 MG, 5 MG50	FIBRICOR 35 MG (fenofibric acid) 30	FLORIVA104
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fenofibrate micronized 67 MG, 134 MG30	finasteride79	FLOVENT DISKUS AEPB 250 MCG/ACT (fluticasone propionate (inhalation)) 14
fenofibrate TABS 145 MG30	FINE 3092	FLOVENT DISKUS AEPB 50 MCG/ACT (fluticasone propionate (inhalation)) 14
fenofibrate TABS 48 MG, 160 MG .30	FINGERSTIX LANCETS92	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (fluticasone propionate hfa) 14
fenofibrate TABS 54 MG30	fingolimod hcl 119	FLOVENT HFA 44 MCG/ACT (fluticasone propionate hfa)14
fenofibric acid 105 MG30	FIORICET CAPS (butalbital-acetaminophen-caffeine)6	FLOWFLEX COVID-19 AG HOME TEST KIT71
FENOGLIDE TABS (fenofibrate) .. 30	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (butalbital-acetaminophen-caffeine w/ codeine) . 9	FLOWFLEX PLUS COVID-19/FLU A/B71
FENSOLVI (6 MONTH) SC73	FIRAZYR SOSY (icatibant acetate) 81	FLUAD 127
fentanyl citrate LPOP 1600 MCG ...8	FIRDAPSE 36	FLUAD QUADRIVALENT127
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fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR8	FLAREX113	FLUARIX SUSY 127
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FLUCELVAX SUSP	128	fluoxetine hcl SOLN	22	MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	15
FLUCELVAX SUSY	128	FLUOXETINE HCL TABS (fluoxetine hcl)	23	fluticasone-salmeterol AERO	15
fluconazole SUSR	28	fluoxetine hcl TABS 10 MG	22	fluvastatin sodium CAPS	31
fluconazole TABS	28	fluoxetine hcl TABS 20 MG, 60 MG 23		fluvastatin sodium TB24	31
flucytosine	28	fluphenazine hcl CONC	46	fluvoxamine maleate CP24 100 MG 23	
fludarabine phosphate SOLR	37	fluphenazine hcl ELIX	46	fluvoxamine maleate CP24 150 MG 23	
fludrocortisone acetate TABS	59	fluphenazine hcl TABS	46	fluvoxamine maleate TABS 100 MG . 23	
FLULAVAL QUADRIVALENT SUSY . 128		flurandrenolide CREA	68	fluvoxamine maleate TABS 25 MG, 50 MG	23
FLULAVAL SUSY	128	flurbiprofen sodium	115	FLUZONE HIGH-DOSE QUADRIVALENT	128
FLUMIST	128	flurbiprofen TABS	5	FLUZONE HIGH-DOSE SUSY ...	128
FLUMIST QUADRIVALENT	128	fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	14	FLUZONE QUADRIVALENT SUSP 128	
fluocinolone acetonide (otic)	116	fluticasone furoate-vilanterol	15	FLUZONE QUADRIVALENT SUSY 128	
fluocinolone acetonide CREA	67	fluticasone propionate (inhalation) AEPB 100 MCG/ACT	14	FLUZONE SUSP	128
fluocinolone acetonide OIL	67	fluticasone propionate (inhalation) AEPB 250 MCG/ACT	14	FLUZONE SUSY	128
fluocinolone acetonide OINT	68	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	14	FML FORTE SUSP	113
fluocinolone acetonide SOLN	68	fluticasone propionate (nasal) SUSP . 111		FML LIQUIFILM SUSP (fluorometholone (ophth))	114
fluocinonide CREA	68	fluticasone propionate CREA 0.05 % 68		FOCALIN TABS (dexmethylphenidate hcl)	2
fluocinonide emulsified base	68	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	14	FOCALIN XR CP24 (dexmethylphenidate hcl)	2
fluocinonide GEL	68	fluticasone propionate hfa 44 MCG/ACT	14	folic acid TABS 1 MG	82
fluocinonide OINT	68	fluticasone propionate LOTN	68	folic acid TABS 400 MCG, 800 MCG . 82	
fluocinonide SOLN	68	fluticasone propionate OINT	68	FOLIVANE-F	83
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fluorouracil (topical) CREA 5 % ...	65				
fluorouracil (topical) SOLN	65				
fluoxetine hcl (pmdd) TABS	119				
fluoxetine hcl CAPS 10 MG, 20 MG 22					
fluoxetine hcl CAPS 40 MG	22				
fluoxetine hcl CPDR	22				

fondaparinux sodium 2.5 MG/0.5ML . 17	FREESTYLE INSULINX TEST STRP71	galantamine hydrobromide CP24 117
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FRAGMIN SOLN 95000 UNIT/3.8ML 17	FYCOMPA TABS 6 MG (perampanel)18	GENABIO COVID-19 RAPID TEST KIT71
FRAGMIN SOSY 2500 UNIT/0.2ML 17	FYCOMPA TABS 8 MG, 10 MG, 12 MG (perampanel) 18	gentamicin sulfate (ophth) SOLN .113
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..17	gabapentin CAPS19	gentamicin sulfate (topical) CREA .63
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GLOBAL EASY GLIDE INSULIN SYR 102	GOTOKNOW COVID-19 ANTIGEN RAPI KIT71	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML 128
GLOBAL INJECT EASE LANCETS 28G93	granisetron hcl TABS 27	H-E-B INCONTROL LANCETS 28G . 93
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GLUCOCOM LANCETS 30G93	guanfacine hcl (adhd)1	heparin sodium (porcine) SOLN IJ 10000 UNIT/ML 17
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	HADLIMA PUSHTOUCH SOAJ4	
	HADLIMA SOSY 4	

HIPREX (methenamine hippurate) 35	HUMIRA-PED>=40KG UC STARTER AJKT4	108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML9
HUMALOG JUNIOR KWIKPEN SOPN25	HUMIRA-PS/UV/ADOL HS STARTER AJKT4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG9
HUMALOG KWIKPEN SOPN 100 UNIT/ML25	HUMIRA-PSORIASIS/UEIT STARTER AJKT4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG9
HUMALOG KWIKPEN SOPN 200 UNIT/ML25	HUMULIN 70/30 KWIKPEN SUPN 25	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG9
HUMALOG MIX 50/50 KWIKPEN SUPN25	HUMULIN 70/30 SUSP25	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG10
HUMALOG MIX 50/50 SUSP25	HUMULIN N KWIKPEN SUPN26	hydrocodone-ibuprofen 5 MG-200 MG9
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LANCETS 28G THIN	94	LENVIMA (10 MG DAILY DOSE)	37	levofloxacin SOLN PO	76
LANCETS 30G	94	LENVIMA (12 MG DAILY DOSE)	37	levofloxacin TABS	76
LANCETS 33G	94	LENVIMA (14 MG DAILY DOSE)	37	levonorgestrel & eth estradiol TABS 57	
LANCETS MICRO THIN 33G	94	LENVIMA (18 MG DAILY DOSE)	37	levonorgestrel (emergency oc) 1.5 MG	58
LANCETS SUPER THIN	94	LENVIMA (20 MG DAILY DOSE)	37	levonorgestrel-eth estradiol (triphasic)	57
LANCETS SUPER THIN 28G	94	LENVIMA (24 MG DAILY DOSE)	37	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	57
LANCETS THIN	94	LENVIMA (4 MG DAILY DOSE)	37	levonorgestrel-ethinyl estradiol (continuous)	57
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LANOXIN TABS 125 MCG, 250 MCG (digoxin)	51	LETAIRIS (ambrisentan)	52	levorphanol tartrate TABS 3 MG	8
LANOXIN TABS 62.5 MCG (digoxin)	51	letrozole	38	levothyroxine sodium CAPS	123
lansoprazole CPDR 15 MG	126	leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG	43	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	123
lansoprazole CPDR 30 MG	126	leucovorin calcium TABS	43	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	123
lansoprazole TBDD 15 MG	126	LEUKERAN	36	LEVSIN TABS (hyoscyamine sulfate)	
lansoprazole TBDD 30 MG	126	leuprolide acetate KIT IJ 1 MG/0.2ML	38		
lanthanum carbonate CHEW 1000 MG	78	levalbuterol hcl	15		
lanthanum carbonate CHEW 500 MG	78	levalbuterol tartrate	15		
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lapatinib ditosylate	41	levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	20		
LASIX TABS (furosemide)	72	levetiracetam TABS	20		
		levetiracetam TB24	20		

.....124	1	lopinavir-ritonavir SOLN	47
LEVSIN/SL SUBL (hyoscyamine sulfate)	124	lopinavir-ritonavir TABS	47
LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate)	23	LOPRESSOR TABS (metoprolol tartrate)	49
LEXAPRO TABS 5 MG (escitalopram oxalate)	23	lorazepam CONC	12
LEXIVA TABS (fosamprenavir calcium)	47	lorazepam TABS	12
LIALDA TBEC (mesalamine)	77	LORBRENA	41
LIBERTY MEDICAL LANCETS ...	94	losartan potassium & hydrochlorothiazide	33
LIBRAX (chlordiazepoxide hcl-clidinium bromide)	124	losartan potassium	32
lidocaine hcl (mouth-throat)	107	LOTEMAX GEL (loteprednol etabonate)	114
lidocaine hcl SOLN	69	LOTEMAX OINT	114
lidocaine PTCH 5 %	69	LOTEMAX SUSP (loteprednol etabonate)	114
lidocaine-prilocaine CREA	69	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	31
LIDODERM PTCH (lidocaine)	70	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)	33
linezolid SUSR	35	loteprednol etabonate GEL	114
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liothyronine sodium TABS 5 MCG	123	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	17
LIPITOR TABS (atorvastatin calcium)	31	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	17
LIPOFEN CAPS (fenofibrate)	30		
liraglutide	25		
lisdexamfetamine dimesylate CAPS 1			
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lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	33		
lisinopril & hydrochlorothiazide 25 MG-20 MG	33		
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LITETOUCH LANCETS	94		
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lithium carbonate CAPS 300 MG ..	45		
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LO LOESTRIN FE TABS	57		
LOCOID LIPOCREAM	68		
LODINE TABS (etodolac)	5		
LODOSYN (carbidopa)	43		
LOKELMA	106		
LOMOTIL TABS (diphenoxylate w/ atropine)	27		
LONSURF	40		
loperamide hcl CAPS	27		
LOPID TABS (gemfibrozil)	30		

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lubiprostone	77	MAGNESIUM SULFATE IJ 50 % (magnesium sulfate)	105	meclizine hcl TABS 50 MG	28
LUMAKRAS 120 MG	41	magnesium sulfate IJ 50 %	104	meclofenamate sodium CAPS	5
LUMAKRAS 240 MG, 320 MG	41	MALARONE (atovaquone-proguanil hcl)	35	MEDICHOICE SAFETY LANCET EXTRA	95
LUMIGAN SOLN 0.01 %	115	malathion	70	MEDICHOICE SAFETY LANCET NORM	95
LUNESTA (eszopiclone)	83	maraviroc TABS	47	MEDLANCE EXTRA 21G	95
LUNG PERFORM PEAK FLOW METER	103	MARINOL CAPS (dronabinol)	28	MEDLANCE LITE 25G	95
LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	39	MARPLAN	22	MEDLANCE PLUS EXTRA 21G ..	95
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	39	MATULANE	43	MEDLANCE PLUS LANCETS	95
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	73	MAVYRET TABS	49	MEDLANCE PLUS LITE 25G	95
lurasidone hcl	45	MAXALT TABS 10 MG (rizatriptan benzoate)	104	MEDLANCE PLUS SPECIAL 0.8MM	95
LURBIPR TABS 100 MG (flurbiprofen)	5	MAXALT-MLT TBPk 10 MG (rizatriptan benzoate)	104	MEDLANCE PLUS SUPERLITE 30G	95
LURBIRO TABS 100 MG (flurbiprofen)	5	MAXIDEX SUSP OP	114	MEDLANCE PLUS UNIVERSAL 21G	95
LYNPARZA TABS	41	MAXITROL OINT (neomycin-polymyxin-B dexameth)	114	MEDLANCE UNIVERSAL 21G ...	95
LYRICA CAPS 225 MG, 300 MG (pregabalin)	20	MAXITROL SUSP (neomycin-polymyxin-B dexameth)	114	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	58
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	20	MAXX MISC	87	MEDROL TABS	58
LYRICA SOLN (pregabalin)	20	MAXX PLUS MISC	87	MEDROL TBPk (methylprednisolone)	59
		MAXZIDE TABS (triamterene & hydrochlorothiazide)	72	medroxyprogesterone acetate 10 MG	117
		MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	72	medroxyprogesterone acetate 2.5	

MG, 5 MG	117	meperidine hcl TABS 50 MG	8	methadone hcl CONC	8
mefenamic acid CAPS	5	MEPRON (atovaquone)	35	methadone hcl SOLN PO	8
mefloquine hcl	36	mercaptopurine SUSP 2000 MG/100ML	37	methadone hcl TABS	8
megestrol acetate (appetite)	117	mercaptopurine TABS	37	methadone hcl TBSO	8
megestrol acetate SUSP	39	meropenem 500 MG	35	METHADOSE CONC (methadone hcl)	8
megestrol acetate TABS	39	mesalamine CP24	77	METHADOSE SUGAR-FREE CONC (methadone hcl)	8
MEIJER LANCETS	95	mesalamine CPCR	77	methamphetamine hcl	1
MEIJER LANCETS UNIVERSAL 21G	95	mesalamine CPDR	77	methazolamide TABS	72
MEIJER LANCETS UNIVERSAL 30G	95	mesalamine ENEM	77	methenamine hippurate	35
MEIJER LANCETS UNIVERSAL 33G	95	mesalamine SUPP	77	methenamine mandelate 1 GM	35
MEKINIST SOLR	41	mesalamine TBEC 1.2 GM	77	methimazole TABS	123
MEKINIST TABS	41	mesalamine TBEC 800 MG	77	methocarbamol TABS 500 MG, 750 MG	110
MEKTOVI	41	mesna TABS	43	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	37
meloxicam TABS 15 MG	5	MESNEX TABS	43	methotrexate sodium SOLR	37
meloxicam TABS 7.5 MG	5	MESTINON SOLN PO (pyridostigmine bromide)	36	methotrexate sodium TABS 2.5 MG 37	
melphalan	36	MESTINON TABS (pyridostigmine bromide)	36	methoxsalen rapid	65
melphalan hcl IV	36	MESTINON TBCR (pyridostigmine bromide)	36	methscopolamine bromide	124
memantine hcl CP24	118	METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	2	methsuximide	21
memantine hcl SOLN	118	METADATE CD CPCR 20 MG, 30 MG (methylphenidate hcl)	2	methyldopa TABS	32
memantine hcl TABS 10 MG	118	metaxalone 400 MG	110	methylergonovine maleate TABS	116
memantine hcl TABS 5 MG	118	metaxalone 800 MG	110	METHYLIN SOLN (methylphenidate hcl)	2
MENEST 2.5 MG	76	metformin hcl SOLN	24	methylphenidate hcl CHEW	2
MENOSTAR PTWK	76	metformin hcl TABS 500 MG, 850 MG, 1000 MG	24	methylphenidate hcl CP24 60 MG ..	2
MENQUADFI 0.5 ML	127	metformin hcl TB24 500 MG, 750 MG	25	methylphenidate hcl CP24	2
MENVEO SOLR	127			methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG	2
meperidine hcl SOLN PO 50 MG/5ML	8				

methylphenidate hcl CPCR 20 MG, 30 MG	2	metronidazole (topical) GEL 0.75 %	103	MINIPRESS CAPS (prazosin hcl) ..	32
methylphenidate hcl SOLN	2	metronidazole (topical) GEL 1 % ..	70	MINIVELLE PTTW (estradiol)	76
methylphenidate hcl TABS 20 MG ..	2	metronidazole (topical) LOTN	70	minocycline hcl CAPS	122
methylphenidate hcl TABS 5 MG, 10 MG	2	metronidazole CAPS	34	minocycline hcl CP24	122
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	metronidazole TABS 250 MG, 500 MG	34	minocycline hcl TABS 50 MG, 100 MG	122
methylphenidate hcl TB24 36 MG ..	2	metronidazole vaginal	129	minocycline hcl TABS 75 MG	122
methylphenidate hcl TBCR 10 MG, 20 MG	2	metirosine	32	minoxidil 2.5 MG, 10 MG	34
methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	mexiletine hcl	13	MIRALAX POWD (polyethylene glycol 3350)	84
methylphenidate hcl TBCR 54 MG ..	2	MG217 PSORIASIS MULTI-SYMPTOM OINT	69	MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) ..	44
methylphenidate PTCH	2	MIACALCIN IJ (calcitonin (salmon)) 73		MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)	44
methylprednisolone TABS	59	MICARDIS 20 MG, 40 MG (telmisartan)	32	mirtazapine TABS	22
methylprednisolone TBPk	59	MICARDIS 80 MG (telmisartan) ...	32	mirtazapine TBDP	22
methyltestosterone CAPS	11	MICARDIS HCT (telmisartan-hydrochlorothiazide)	33	MIRVASO (brimonidine tartrate (topical))	70
metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	77	MICROLET LANCETS	95	misoprostol	126
metoclopramide hcl TABS	77	MICROLIFE DIGITAL PEAK FLOW .	103	MITIGARE CAPS (colchicine)	79
metoclopramide hcl TBDP	77	midazolam hcl SYRP	83	mitoxantrone hcl 25 MG/12.5ML ..	39
metolazone	73	midodrine hcl	130	MM TWIST LANCETS	95
METOPIRONE	70	MIFEPREX (mifepristone)	75	M-M-R II SOLR	128
metoprolol & hydrochlorothiazide TABS	33	mifepristone	75	M-NATAL PLUS TABS	108
metoprolol succinate TB24	49	miglitol	24	MNEXSPIKE SUSY 10 MCG/0.2ML .	128
metoprolol tartrate TABS	49	miglustat	82	MOBILE LANCETS 30G	95
METROCREAM CREA (metronidazole (topical))	70	MIGRANAL SOLN NA (dihydroergotamine mesylate)	103	modafinil	2
METROGEL GEL 1 % (metronidazole (topical))	70	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	57	MODERNA COVID-19 BIVALENT	128
metronidazole (topical) CREA	70	MINI WRIGHT PEAK FLOW METER		MODERNA COVID-19 VAC 6M-11Y	

SUSP 128	morphine sulfate TABS 30 MG 8	MYCOBUTIN (rifabutin) 36
MODERNA COVID-19 VAC 6M-11Y SUSY 128	morphine sulfate TBCR 8	mycophenolate mofetil CAPS 106
MODERNA COVID-19 VACCINE SUSP 129	MOTEGRITY (prucalopride succinate) 76	mycophenolate mofetil SUSR 106
moexipril hcl 31	MOVANTIK 78	mycophenolate mofetil TABS 106
molindone hcl 46	moxifloxacin hcl (ophth) SOLN OP 113	mycophenolate sodium 106
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG) 48	moxifloxacin hcl TABS 76	MYDRIACYL SOLN (tropicamide) 112
mometasone furoate (nasal) SUSP 111	MPD SAFETY LANCET 21G 95	MYFORTIC (mycophenolate sodium) 106
mometasone furoate CREA 68	MPD SAFETY LANCET 23G 96	MYGLUCOHEALTH LANCETS 30G 96
mometasone furoate OINT 68	MPD SAFETY LANCET 28G 96	MYHIBBIN SUSP 106
mometasone furoate SOLN 68	MPD SAFETY LANCET 30G 96	MYLERAN TABS 36
MONOLET LANCETS 95	MRESVIA 129	MYSOLINE (primidone) 20
MONOLET OPD LANCETS 95	MS CONTIN TBCR (morphine sulfate) 8	MYTESI 26
MONOLETTOR SAFETY LANCETS 95	MUCOTROL WAFR 107	nabumetone 500 MG 5
montelukast sodium CHEW 14	MULPLETA 82	nabumetone 750 MG 5
montelukast sodium PACK 14	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG 107	nadolol TABS 20 MG, 40 MG, 80 MG 50
montelukast sodium TABS 14	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG 107	NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML 117
MONUROL (fosfomycin tromethamine) 35	MULTIVITAMIN/FLUORIDE SOLN 107	nafcillin sodium IV 10 GM 117
morphine sulfate beads 8	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML 107	naftifine hcl CREA 64
morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG 8	MULTI-VIT-FLOR CHEW 0.25 MG 107	naftifine hcl GEL 2 % 64
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML 8	MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG 107	NAFTIN GEL (naftifine hcl) 64
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML 8	mupirocin OINT 63	NALOCET TABS 10
morphine sulfate SUPP 8	MYALEPT 74	naloxone hcl LIQD 27
morphine sulfate TABS 15 MG 8	MYAMBUTOL TABS 400 MG (ethambutol hcl) 36	naloxone hcl SOSY 2 MG/2ML 27
		naltrexone hcl 27
		NAMENDA TABS 10 MG (memantine hcl) 118
		NAMENDA TABS 5 MG (memantine

hcl)	118	MG-1.4 MG-60 MG-220 MCG-60	NERLYNX	41
NAMENDA TITRATION PAK TABS		MCG-1 MG-1.13 MG	NESINA (alogliptin benzoate)	25
(memantine hcl)	118	nefazodone hcl	NESTABS	108
NAMENDA XR CP24 14 MG, 21 MG,		neomycin sulfate TABS	NESTABS DHA	108
28 MG (memantine hcl)	118	neomycin-bacitracin zn-polymyxin	NESTABS ONE	108
NAMZARIC C4PK	118	113	NEUPRO	44
NAPROSYN SUSP (naproxen)	5	neomycin-polymy-dexameth OINT	NEURONTIN CAPS (gabapentin) ..	20
NAPROSYN TABS 500 MG		114	NEURONTIN SOLN (gabapentin) ..	20
(naproxen)	5	neomycin-polymy-dexameth SUSP	NEURONTIN TABS (gabapentin) ..	20
naproxen sodium TABS 275 MG, 550		0.1 %-3.5 MG/ML-10000 UNIT/ML,	NEVANAC	115
MG	5	0.1 %	nevirapine SUSP	47
naproxen SUSP	5	neomycin-polymyxin-gramicidin .	nevirapine TABS	47
naproxen TABS	5	113	nevirapine TB24 400 MG	47
naratriptan hcl	104	neomycin-polymyxin-hc (ophth) .	NEXAVAR (sorafenib tosylate) ...	41
NARCAN LIQD (naloxone hcl)	27	114	NEXTSTELLIS	57
NARDIL (phenelzine sulfate)	22	neomycin-polymyxin-hc (otic) SOLN .	niacin (antihyperlipidemic) TABS ..	31
NASACORT ALLERGY 24HR AERO		115	niacin (antihyperlipidemic) TBCR ..	31
(triamcinolone acetonide (nasal))	111	neomycin-polymyxin-hc (otic) SUSP .	nicardipine hcl CAPS	50
NASONEX 24HR SUSP		115	NICODERM CQ PT24 TD 21	
(mometasone furoate (nasal))	111	NEONATAL 19	MG/24HR (nicotine)	121
NATACHEW CHEW 120 MG-10 MG-		108	NICODERM CQ PT24 TD 7	
20 UNIT-1 MG-400 UNIT-12 MCG-3		NEONATAL COMPLETE TABS 120	MG/24HR, 14 MG/24HR (nicotine)	121
MG-20 MG-2 MG-2700 UNIT-28 MG		MG-10 MG-9.2 MG-1000 MCG-10		
108		MCG-12 MCG-3 MG-5 MG-20 MG-	NICORETTE GUM (nicotine	
NATACYN	113	27 MG-200 MG-1.84 MG-25 MG-2	polacrilex)	121
NATAZIA	57	MG-1200 MCG-2 MG-0.2 MG	NICORETTE LOZG (nicotine	
nateglinide	26	108	polacrilex)	121
NAYZILAM	18	NEONATAL PLUS TABS	NICORETTE MINI LOZG (nicotine	
nebivolol hcl	49	108	polacrilex)	121
NEBUPENT IN (pentamidine		NEORAL CAPS (cyclosporine	NICORETTE STARTER KIT GUM	
isethionate)	34	modified (for microemulsion))	(nicotine polacrilex)	121
NEBUSAL NEBU	60	106	NICOTINE KIT	121
NEEVO DHA 85 MG-25 MG-15 MG-		NEORAL SOLN (cyclosporine		
5 MCG-1.4 MG-18 MG-27 MG-110		modified (for microemulsion))		
		106		
		NEOSTIGMINE METHYLSULFATE		
		RFID SOSY (neostigmine		
		methylsulfate)		
		36		
		NEOSTIGMINE METHYLSULFATE		
		SOSY 3 MG/3ML		
		36		
		neostigmine methylsulfate SOSY ..		
		36		
		NEOTUSS PLUS LIQD		
		60		

nicotine polacrilex GUM	121	NITROLINGUAL SOLN TL (nitroglycerin)	12	NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	24
nicotine polacrilex LOZG	121	NITROSTAT SUBL (nitroglycerin) .	12	NORTHERA (droxidopa)	130
nicotine PT24 TD 21 MG/24HR ..	121	NITYR TABS	74	nortriptyline hcl CAPS	24
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR	121	NIVA THYROID TABS	123	nortriptyline hcl SOLN	24
NICOTROL INHA	121	NIVA-PLUS TABS	108	NORVASC TABS 2.5 MG (amlodipine besylate)	51
NICOTROL NS SOLN	121	nizatidine CAPS	125	NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	51
nifedipine CAPS	50	NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML, 30 MG/3ML	73	NORVIR PACK	47
nifedipine TB24 30 MG, 60 MG ...	50	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML	73	NORVIR TABS (ritonavir)	47
nifedipine TB24	50	norelgestromin-ethinyl estradiol ..	58	NOVA SAFETY LANCETS 23G ..	96
NILANDRON (nilutamide)	39	norethin acet & estrad-fe CAPS ...	57	NOVA SAFETY LANCETS 28G ..	96
nilotinib hcl 150 MG, 200 MG	41	norethin acet & estrad-fe CHEW ..	57	NOVA SUREFLEX LANCETS	96
nilotinib hcl 50 MG	42	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	57	NOVAVAX COVID-19 VACCINE SUSP	129
nilutamide	39	norethindrone & ethinyl estradiol-fe 57		NOVAVAX COVID-19 VACCINE SUSY	129
nimodipine CAPS	51	norethindrone (contraceptive)	58	NOVOEIGHT	81
nimodipine SOLN	51	norethindrone acet & eth estra TABS 57		NOVOPEN ECHO DEVI	102
NINLARO	42	norethindrone acetate TABS	117	NOVOSEVEN RT	81
nisoldipine	51	norethindrone acetate-ethinyl estradiol	75	NOXAFIL SUSP (posaconazole) ..	28
nitazoxanide TABS	35	norethindrone acetate-ethinyl estradiol-fe	57	NOXAFIL TBEC (posaconazole) ..	28
nitisinone CAPS	74	norgestimate-ethinyl estradiol (triphasic)	57	NP THYROID TABS	123
NITRO-BID OINT	12	norgestimate-ethinyl estradiol	57	NUBEQA	39
NITRO-DUR PT24 (nitroglycerin) ..	12	NORITATE CREA	70	NUCALA SOAJ	13
NITRO-DUR PT24	12	NORPACE CAPS (disopyramide phosphate)	13	NUCALA SOLR	13
nitrofurantoin	35	NORPACE CR CP12	13	NUCALA SOSY 100 MG/ML	13
nitrofurantoin macrocrystal	35			NUCALA SOSY 40 MG/0.4ML	13
nitrofurantoin monohyd macro	35			NUCORT LOTN	68
nitroglycerin (intra-anal)	11			NUEDEXTA	119
nitroglycerin PT24	12			NUPLAZID CAPS	45
nitroglycerin SOLN TL 0.4 MG/SPRAY	12				
nitroglycerin SUBL	12				

NUPLAZID TABS 10 MG	45	GM/100ML, 5 GM/50ML, 10 GM/200ML, 20 GM/200ML	116	olopatadine hcl 0.2 %	115
NUVARING (etonogestrel-ethinyl estradiol)	58	octreotide acetate SOLN	75	OLUX-E (clobetasol propionate emulsion)	68
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	129	octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML	75	omega-3-acid ethyl esters	30
NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	2	OCUFLOX (ofloxacin (ophth)) ...	113	omeprazole CPDR 10 MG	126
NUVIGIL 50 MG (armodafinil)	2	ODEFSEY	47	omeprazole CPDR 20 MG, 40 MG	126
NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	81	ODOMZO	38	omeprazole magnesium CPDR ..	126
NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	81	OFEV	122	OMNIFLEX DIAPHRAGM	87
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	81	ofloxacin (ophth)	113	ON/GO COVID-19 ANTIGEN TEST KIT	71
NYSTATIN (nystatin (mouth-throat)) .	107	ofloxacin (otic)	115	ON/GO ONE COVID-19 HOME TEST KIT	71
nystatin (mouth-throat)	107	ofloxacin 300 MG	76	ondansetron hcl SOLN PO 4 MG/5ML	27
nystatin (topical) CREA	64	ofloxacin 400 MG	76	ondansetron hcl TABS 4 MG, 8 MG	27
nystatin (topical) OINT	64	OHC COVID-19 ANTIGEN SELF TEST KIT	71	ondansetron TBDP 4 MG, 8 MG ..	27
nystatin (topical) POWD EX	64	olanzapine TABS 15 MG, 20 MG ..	46	ONE VITE WOMENS PLUS TABS	109
nystatin TABS	28	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	45	ONETOUCH DELICA PLUS LANCET30G	96
nystatin-triamcinolone CREA	64	olanzapine TBDP	46	ONETOUCH DELICA PLUS LANCET33G	96
nystatin-triamcinolone OINT	64	olanzapine-fluoxetine hcl	118	ONETOUCH DELICA SAFETY LANCING	96
NYVEPRIA	82	olmesartan medoxomil 40 MG	32	ONETOUCH ULTRASOFT 2 LANCETS	96
OB COMPLETE ONE	109	olmesartan medoxomil 5 MG, 20 MG	32	ONFI SUSP (clobazam)	18
OB COMPLETE PETITE	109	olmesartan medoxomil-amlodipine-hydrochlorothiazide	33	ONFI TABS 10 MG (clobazam)	18
OB COMPLETE PREMIER	109	olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG .	33	ONFI TABS 20 MG (clobazam)	18
OB COMPLETE/DHA	109	olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	33	ONGLYZA (saxagliptin hcl)	25
OBIZUR	81	olopatadine hcl (nasal)	111	ONUREG TABS	37
OALIVA	76	olopatadine hcl 0.1 %	115	OPILL	58
OCTAGAM SOLN 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 5					

OPSUMIT	52	OTEZLA XR TB24 PO 75 MG	5	MG (oxcarbazepine)	20
OPTIONS GYNOL II CONTRACEPTIVE GEL	129	OTEZLA/OTEZLA XR INITIATION PK TBPk	5	OXTELLAR XR TB24 600 MG (oxcarbazepine)	20
ORACEA (doxycycline (rosacea))	70	OTREXUP SOAJ 10 MG/0.4ML	3	oxybutynin chloride TABS 5 MG .	126
ORACIT	78	OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	oxybutynin chloride TB24	126
ORAPRED ODT TBDP (prednisolone sodium phosphate)	59	OVACE PLUS SHAM (sulfacetamide sodium)	66	oxycodone hcl CAPS	8
ORAPRED ODT TBDP	59	OVACE PLUS WASH LIQD (sulfacetamide sodium)	66	oxycodone hcl CONC 100 MG/5ML	8
ORAVIG	107	OVACE WASH LIQD (sulfacetamide sodium)	66	oxycodone hcl SOLN	8
ORENITRAM MONTH 1 TEPK	52	OVIDE (malathion)	70	oxycodone hcl TABS 30 MG	8
ORENITRAM MONTH 2 TEPK	52	oxacillin sodium IV 10 GM	117	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	8
ORENITRAM MONTH 3 TEPK	52	oxaprozin TABS	5	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ..	10
ORENITRAM TBCR	52	OXAYDO TABS 5 MG	8	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	10
ORFADIN CAPS (nitisinone)	74	OXAYDO TABS 7.5 MG	8	oxycodone w/ acetaminophen TABS 325 MG-5 MG	10
ORFADIN SUSP	74	oxazepam CAPS 10 MG, 15 MG ..	12	OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	10
ORGOVYX	39	oxazepam CAPS 30 MG	12	OXYCODONE-ACETAMINOPHEN TABS 300 MG-2.5 MG	10
ORIAHNN	75	oxcarbazepine SUSP	20	oxymorphone hcl TABS 10 MG	9
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	122	oxcarbazepine TABS 150 MG	20	oxymorphone hcl TABS 5 MG	9
ORKAMBI PACK 94 MG-75 MG .	121	oxcarbazepine TABS 300 MG	20	oxymorphone hcl TB12	9
ORKAMBI TABS	122	oxcarbazepine TABS 600 MG	20	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	25
ORLADEYO	82	oxcarbazepine TB24 150 MG, 300 MG	20	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	25
orphenadrine citrate TB12	110	oxcarbazepine TB24 600 MG	20	OZEMPIC (2 MG/DOSE) SOPN ...	25
oseltamivir phosphate CAPS 30 MG, 45 MG	49	oxiconazole nitrate CREA	64	OZOBAX SOLN PO (baclofen) ...	110
oseltamivir phosphate CAPS 75 MG .	49	OXISTAT CREA (oxiconazole nitrate)	64	paliperidone	45
oseltamivir phosphate SUSR	49	OXISTAT LOTN	64	PALYNZIQ	74
OSPHERA	73	OXTELLAR XR TB24 150 MG, 300			
OTEZLA TABS	5				
OTEZLA TBPk	5				

PAMELOR CAPS (nortriptyline hcl) 24	107	pentoxifylline 81
PANRETIN 65	PEDIAPRED SOLN (prednisolone sodium phosphate) 59	PEPCID AC MAXIMUM STRENGTH TABS (famotidine) 125
pantoprazole sodium PACK 126	PEDIARIX SUSY 124	PEPCID TABS 20 MG (famotidine) 125
pantoprazole sodium TBEC 126	pediatric multivitamins w/fl CHEW 107	PEPCID TABS 40 MG (famotidine) 125
paricalcitol CAPS 74	pediatric multivitamins w/fl SOLN 107	perampanel TABS 2 MG 18
PARLODEL CAPS (bromocriptine mesylate) 44	PEDVAX HIB SUSP 127	perampanel TABS 4 MG 18
PARLODEL TABS (bromocriptine mesylate) 44	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 84	perampanel TABS 6 MG 18
PARNATE (tranylcypromine sulfate) 22	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 84	perampanel TABS 8 MG, 10 MG, 12 MG 18
paroxetine hcl SUSP 23	peg 3350-potassium chloride-sod bicarbonate-sod chloride 84	PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen) 10
paroxetine hcl TABS 23	PEGASYS SOLN 49	PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ... 10
paroxetine hcl TB24 23	PEG-PREP 84	PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen) ... 10
PATADAY 0.1 % (olopatadine hcl) 115	penicillamine CAPS 105	PERFECT LANCETS 28G 96
PATADAY 0.2 % (olopatadine hcl) 115	penicillamine TABS 105	PERFECT LANCETS 30G 96
PAXIL CR TB24 (paroxetine hcl) .. 23	PENICILLIN G POT IN DEXTROSE . 116	PERFECT POINT SAFETY LANCETS 96
PAXIL SUSP (paroxetine hcl) 23	penicillin g potassium 5000000 UNIT, 20000000 UNIT 116	PERIDEX (chlorhexidine gluconate (mouth-throat)) 107
PAXILOVID (150/100) 48	penicillin g sodium 116	perindopril erbumine 31
PAXILOVID (300/100) 48	penicillin v potassium SOLR 116	permethrin CREA 70
PAXILOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK 48	penicillin v potassium TABS 116	perphenazine TABS 46
pazopanib hcl 42	PENNSAID SOLN EX 2 % (diclofenac sodium (topical)) 64	perphenazine-amitriptyline 118
PEAK A-I-R FLOW METER 103	PENTACEL 124	PERSERIS PRSY 45
PEAK AIR PEAK FLOW METER 103	pentamidine isethionate IN 34	PERSONAL BEST FULL RANGE 103
PEAK FLOW METER UNIVERSAL RANG 103	PENTASA CPCR (mesalamine) ... 77	PFIZER COVID-19 VAC BIVALENT . 129
ped multivitamins w/fl & iron SOLN	PENTASA CPCR 250 MG 77	
	pentazocine w/ naloxone hcl 10	

PFIZER COVID-19 VAC-TRIS 5-11Y SUSP 129	PILOT COVID-19 AT-HOME TEST KIT71	PLEGRIDY STARTER PACK SOAJ . 119
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP 129	pimecrolimus 69	PLEGRIDY STARTER PACK SOSY SC119
PFIZER-BIONT COVID-19 VAC- TRIS SUSP 129	pimozide119	PLEXION CREA (sulfacetamide sodium w/ sulfur)62
PFIZER-BIONTECH COVID-19 VACC SUSP 129	pindolol TABS50	PLEXION LOTN (sulfacetamide sodium w/ sulfur)63
PHARMACIST CHOICE LANCETS . 96	pioglitazone hcl 15 MG26	PNEUMOVAX 23 SOLN127
phenelzine sulfate22	pioglitazone hcl 30 MG, 45 MG ...26	PNEUMOVAX 23 SOSY127
PHENERGAN SOLN IJ (promethazine hcl)29	pioglitazone hcl-glimepiride24	PNV 27-CA/FE/FA TABS109
phenobarbital ELIX83	pioglitazone hcl-metformin hcl TABS . 24	PNV-DHA+DOCUSATE 109
phenobarbital TABS83	PIP LANCETS 28G96	PNV-OMEGA 109
phenoxybenzamine hcl32	PIP LANCETS 30G96	POCKET PEAK FLOW METER .103
phenylephrine hcl (mydriatic) SOLN 112	piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM117	POCKETPEAK PEAK FLOW METER103
PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic)) ... 112	PIQRAY (200 MG DAILY DOSE) .42	PODOCON-25 SOLN69
phenytoin CHEW21	PIQRAY (250 MG DAILY DOSE) .42	podofilox GEL69
phenytoin sodium extended 100 MG, 200 MG, 300 MG21	PIQRAY (300 MG DAILY DOSE) .42	podofilox SOLN69
phenytoin SUSP 21	pirfenidone CAPS122	POLY HUB NEEDLE102
PHEXX129	pirfenidone TABS 267 MG, 801 MG 122	polyethylene glycol 3350 POWD .. 84
PHEXXI 129	pirfenidone TABS 534 MG122	polymyxin b-trimethoprim113
phytonadione TABS 5 MG130	piroxicam CAPS 10 MG5	POLY-VI-FLOR CHEW 0.25 MG .107
PIFELTRO47	piroxicam CAPS 20 MG5	POLY-VI-FLOR CHEW 0.5 MG, 1 MG107
PIKO 1 103	pitavastatin calcium31	POLY-VI-FLOR SUSP108
pilocarpine hcl (oral) 5 MG 107	PLAN B ONE-STEP (levonorgestrel (emergency oc))58	POLY-VI-FLOR/IRON CHEW 107
pilocarpine hcl (oral) 7.5 MG 107	PLAQUENIL (hydroxychloroquine sulfate)36	POLY-VI-FLOR/IRON SUSP107
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 112	PLAVIX 75 MG (clopidogrel bisulfate)82	POMALYST 39
	PLEGRIDY SOAJ119	posaconazole SUSP28
	PLEGRIDY SOSY SC119	posaconazole TBEC28
		pot & sod citrates w/citric ac SOLN

79	pramipexole dihydrochloride TB24	TBDP59
pot phosphate monobasic w/ sod	0.375 MG, 0.75 MG, 1.5 MG, 2.25	prednisolone SOLN59
phosphate dibasic & monobasic .105	MG, 4.5 MG44	prednisolone TABS 59
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terconazole vaginal CREA	129	thioridazine hcl 10 MG, 25 MG, 100 MG	46	tizanidine hcl TABS 2 MG	110
terconazole vaginal SUPP	129	thioridazine hcl 50 MG	46	tizanidine hcl TABS 4 MG	110
teriflunomide	119	thiothixene	46	TOBI NEBU (tobramycin)	3
teriparatide SOPN	73	THRIVITE RX TABS	109	TOBI PODHALER CAPS	3
TESTIM GEL TD (testosterone) ...	11	THYMOGLOBULIN	106	TOBRADEX OINT	114
testosterone cypionate SOLN IM ..	11	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	123	TOBRADEX ST SUSP	114
testosterone enanthate SOLN IM ..	11	tiagabine hcl	21	tobramycin (ophth) SOLN	113
testosterone GEL TD 1 %	11	TIAZAC (diltiazem hcl extended release beads)	51	tobramycin NEBU	3
testosterone GEL TD 10 MG/ACT .	11	TIBSOVO	42	tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML	3
testosterone GEL TD	11	ticagrelor 60 MG, 90 MG	82	tobramycin-dexamethasone SUSP 114	
testosterone SOLN	11	TIKOSYN (dofetilide)	13	TOBREX OINT	113
TETANUS-DIPHThERIA TOXOIDS TD SUSP	124	timolol	112	TODAY SPONGE MISC	129
tetrabenazine	118	timolol maleate (ophth) SOLG	112	TODAYS HEALTH THIN LANCETS 28G	99
tetracaine hcl (ophth)	113	timolol maleate (ophth) SOLN	112	TODAYS HEALTH THIN LANCETS	
tetracycline hcl CAPS	122	timolol maleate TABS 10 MG	50		
THALITONE	73	timolol maleate TABS 5 MG, 20 MG . 50			
THALOMID	106	TIMOPTIC OCUDOSE SOLN (timolol			

30G	99	topiramate TABS 50 MG	21	tranexamic acid TABS	83
tolcapone	44	topotecan hcl SOLR	43	TRANSDERM SCOP 1 MG/3DAYS (scopolamine)	28
TOLSURA CAPS	29	TOPROL XL TB24 (metoprolol succinate)	50	TRANSDERM-SCOP (scopolamine) 28	
tolterodine tartrate CP24	126	toremifene citrate	39	tranylcypromine sulfate	22
tolterodine tartrate TABS	126	TORISEL (temsirolimus)	42	TRAVATAN Z SOLN (travoprost) 115	
tolvaptan TBPK 15 MG	75	torsemide TABS 100 MG	72	TRAVEL LANCETS ADVANCED 28G	99
TOPAMAX SPRINKLE CPSP (topiramate)	20	torsemide TABS 5 MG, 10 MG, 20 MG	72	travoprost SOLN	115
TOPAMAX TABS 100 MG (topiramate)	20	TOUJEO MAX SOLOSTAR SOPN 26		TRAZIMERA 420 MG	37
TOPAMAX TABS 200 MG (topiramate)	20	TOUJEO SOLOSTAR SOPN	26	trazodone hcl TABS	23
TOPAMAX TABS 25 MG (topiramate)	20	TOVIAZ (fesoterodine fumarate) 126		TRELEGY ELLIPTA	16
TOPAMAX TABS 50 MG (topiramate)	20	TPOXX (TECOVIRIMAT)	48	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	65
TOPICORT CREA (desoximetasone)	68	TPOXX CAPS	49	TREMFYA PEN SOAJ 100 MG/ML 65	
TOPICORT GEL (desoximetasone) 68		TRACLEER TABS 125 MG (bosentan)	52	TREMFYA PEN SOAJ SC 200 MG/2ML	77
TOPICORT OINT (desoximetasone) . 68		TRACLEER TABS 62.5 MG (bosentan)	52	TREMFYA SOSY 100 MG/ML	66
TOPICORT SPRAY LIQD (desoximetasone)	68	TRACLEER TBSO 32 MG (bosentan)	52	TREMFYA SOSY SC 200 MG/2ML 77	
topiramate CP24 200 MG	20	tramadol hcl CP24 100 MG, 200 MG, 300 MG	9	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	77
topiramate CP24 25 MG, 50 MG, 100 MG	20	tramadol hcl TABS 100 MG	9	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	26
topiramate CPSP 15 MG, 25 MG ..	20	tramadol hcl TABS 50 MG	9	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	26
topiramate CS24 100 MG, 150 MG, 200 MG	20	tramadol hcl TB24 100 MG	9	TRESIBA SOLN	26
topiramate CS24 25 MG, 50 MG ..	21	tramadol hcl TB24	9	tretinoin (chemotherapy)	43
topiramate TABS 100 MG	21	tramadol-acetaminophen	10	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	63
topiramate TABS 200 MG	21	trandolapril	31	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	63
topiramate TABS 25 MG	21	trandolapril-verapamil hcl	34		
		tranexamic acid SOLN 1000 MG/10ML	83		

tretinoin microsphere 0.04 % 63	trifluoperazine hcl TABS 46	TROJAN ENZ MISC 87
tretinoin microsphere 0.1 % 63	trifluridine 113	TROJAN MAGNUM MISC 87
TRETEN 81	trihexyphenidyl hcl SOLN 43	TROJAN ULTRA THIN MISC 87
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG 37	trihexyphenidyl hcl TABS 43	TROJAN ULTRA THIN/SPERMICIDAL MISC 87
triamcinolone acetonide (mouth) 107	TRIJARDY XR 24	TROJAN-ENZ LUBRICATED MISC 87
triamcinolone acetonide (nasal) AERO 111	TRIKAFTA TBPK 100 MG-50 MG 122	TROJAN-ENZ/SPERMICIDAL MISC . 87
triamcinolone acetonide (topical) AERS 68	TRIKAFTA TBPK 50 MG-25 MG . 122	TROKENDI XR CP24 200 MG (topiramate) 21
triamcinolone acetonide (topical) CREA 68	TRIKAFTA THPK 122	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate) 21
triamcinolone acetonide (topical) LOTN 69	TRILEPTAL SUSP (oxcarbazepine) 21	tropicamide SOLN 112
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 % 69	TRILEPTAL TABS 150 MG (oxcarbazepine) 21	trospium chloride CP24 126
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG 72	TRILEPTAL TABS 300 MG (oxcarbazepine) 21	trospium chloride TABS 126
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG 72	TRILEPTAL TABS 600 MG (oxcarbazepine) 21	TRUE COMFORT SAFETY LANCETS 99
triamterene & hydrochlorothiazide TABS 50 MG-75 MG 72	TRILIPIX 135 MG (choline fenofibrate) 30	TRUE COMFORT TWIST TOP LANCETS 99
triamterene CAPS 72	TRILIPIX 45 MG (choline fenofibrate) 31	TRUE COVER DEVI 87
triazolam 0.125 MG 83	trimethobenzamide hcl CAPS 28	TRUEPLUS LANCETS 26G 99
triazolam 0.25 MG 83	trimethoprim TABS 34	TRUEPLUS LANCETS 28G 99
TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide) 34	trimipramine maleate CAPS 24	TRUEPLUS LANCETS 30G 99
TRICARE TABS 109	TRINATAL RX 1 TABS 109	TRUEPLUS LANCETS 33G 99
TRICOR TABS 145 MG (fenofibrate) . 30	TRINTELLIX 23	TRUEPLUS SAFETY LANCETS 28G 99
TRICOR TABS 48 MG (fenofibrate) 30	TRISTART DHA 109	TRULANCE 76
trientine hcl 105	TRIUMEQ PD TBSO 48	TRULICITY 25
	TRIUMEQ TABS 48	TRUMENBA 0.5 ML 127
	TRI-VI-FLOR SUSP 0.25 MG/ML 108	TRUSTEX COLOR CONDOMS + LUBE MISC 87
	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML 108	TRUSTEX LUB/RIBBED/STUDD
	TROJAN BARESKIN DEVI 87	

MISC88	TUSSLIN PEDIATRIC LIQD60	ULTRA-CARE LANCETS 30G99
TRUSTEX LUB/SPERMICIDE EX ST MISC88	TWINRIX SUSY129	ULTRA-THIN II AUTO LANCET ..99
TRUSTEX LUB/SPERMICIDE XL MISC88	TWIRLA58	ULTRA-THIN II LANCETS99
TRUSTEX LUBRICATED EX LARGE MISC88	TWIST TOP LANCETS 30G99	umeclidinium-vilanterol16
TRUSTEX LUBRICATED EXTRA ST MISC88	TYBLUME CHEW57	UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)117
TRUSTEX LUBRICATED MISC ...88	TYBOST48	UNILET COMFORTOUCH LANCET 99
TRUSTEX LUBRICATED/SPERMICIDE MISC 88	TYKERB (lapatinib ditosylate)43	UNILET EXCELITE99
TRUSTEX NATURAL CONDOMS + LUBE MISC88	TYMLOS73	UNILET EXCELITE II99
TRUSTEX NON-LUBRICATED MISC88	TYVASO DPI INSTITUTIONAL KIT POWD52	UNILET G.P. LANCET100
TRUSTEX RIA LUB/SPERMICIDE MISC88	TYVASO DPI MAINTENANCE KIT POWD52	UNILET G.P. SUPERLITE LANCET . 100
TRUSTEX RIA LUBRICATED MISC . 88	TYVASO DPI TITRATION KIT POWD52	UNILET GP 28 ULTRA THIN100
TRUSTEX RIA NON-LUBRICATED MISC88	TYVASO REFILL KIT SOLN IN ...52	UNILET LANCET100
TRUSTEX-NONOXYNOL- 9/RIB/STUD MISC88	TYVASO SOLN IN52	UNILET MICRO-THIN 33G100
TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)48	TYVASO STARTER KIT SOLN IN 52	UNILET SUPERLITE LANCET ..100
TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)48	UBRELVY103	UNILET SUPER-THIN 30G100
TRUZONE PEAK FLOW METER 103	UCERIS (budesonide (intrarectal)) 11	UNILET ULTRA-THIN 28G100
TUKYSA37	UCERIS TB24 (budesonide)59	UNISTIK 1100
TUSNEL TABS60	UDENYCA ONBODY SOSY83	UNISTIK 2100
	UDENYCA SOAJ83	UNISTIK 2 COMFORT100
	UDENYCA SOSY83	UNISTIK 2 EXTRA100
	ULORIC 40 MG (febuxostat)79	UNISTIK 2 NEONATAL100
	ULORIC 80 MG (febuxostat)79	UNISTIK 2 NORMAL100
	ULTILET CLASSIC LANCETS ...99	UNISTIK 2 SUPER100
	ULTILET LANCETS99	UNISTIK 3100
	ULTILET SAFETY LANCETS99	UNISTIK 3 COMFORT100
	ULTILET SAFETY LANCETS 23G 99	UNISTIK 3 EXTRA100
	ULTRA THIN LANCETS 31G99	UNISTIK 3 GENTLE100
		UNISTIK 3 NEONATAL100

UNISTIK 3 NORMAL	100	USTEKINUMAB SOSY 45 MG/0.5ML	MG/0.1ML	18
UNISTIK CZT COMFORT	100			66
UNISTIK CZT NORMAL	100	USTEKINUMAB SOSY 90 MG/ML		66
UNISTIK NORMAL	100	VABRINTY SC 22.5 MG, 30 MG, 45		39
UNISTIK PRO SAFETY LANCET		MG		39
101		VAGIFEM TABS (estradiol vaginal)		130
UNISTIK SAFETY LANCETS 28G				
101		valacyclovir hcl 1 GM		49
UNISTIK SAFETY LANCETS 30G		valacyclovir hcl 500 MG		49
101		VALCHLOR		65
UNISTIK TOUCH SAFETY LANC		VALCYTE SOLR (valganciclovir hcl)		
21G	101	48		
UNISTIK TOUCH SAFETY LANC		VALCYTE TABS (valganciclovir hcl)		
23G	101	48		
UNISTIK TOUCH SAFETY LANC		valganciclovir hcl SOLR		48
28G	101	valganciclovir hcl TABS		48
UNISTIK TOUCH SAFETY LANC		VALIUM TABS 10 MG (diazepam)		12
30G	101			
UPTRAVI TABS	53	VALIUM TABS 2 MG, 5 MG		
UPTRAVI TITRATION TBPK	53	(diazepam)		12
urea LOTN 40 %	69	valproate sodium SOLN PO 250		
UROKIT-K 10 TBCR (potassium		MG/5ML, 500 MG/10ML		22
citrate (alkalinizer))	79	valproic acid CAPS		22
UROKIT-K 15 TBCR (potassium		valsartan TABS 160 MG		32
citrate (alkalinizer))	79	valsartan TABS 40 MG, 80 MG, 320		
UROKIT-K 5 TBCR (potassium		MG		32
citrate (alkalinizer))	79	valsartan-hydrochlorothiazide 12.5		
UROXATRAL (alfuzosin hcl)	79	MG-160 MG, 12.5 MG-320 MG, 12.5		
URSO 250 TABS (ursodiol)	77	MG-80 MG, 25 MG-320 MG		34
URSO FORTE TABS (ursodiol)	77	valsartan-hydrochlorothiazide 25 MG-		
ursodiol CAPS	77	160 MG		34
ursodiol TABS	77	VALTOCO 10 MG DOSE LIQD		18
USTEKINUMAB SOLN 45 MG/0.5ML		VALTOCO 15 MG DOSE LQPK 7.5		
	66	MG/0.1ML		18
		VALTOCO 20 MG DOSE LQPK 10		
		</		

TBPK	38	VERIFINE SAFE LANCET MINI 23G	101	(vilazodone hcl)	23
VENCLEXTA TABS 10 MG	38	VERIFINE SAFE LANCET MINI 28G	101	VIIBRYD TABS 20 MG (vilazodone hcl)	23
VENCLEXTA TABS 100 MG	38	VERIFINE SAFE LANCET MINI 30G	101	vilazodone hcl TABS 10 MG, 40 MG .	23
VENCLEXTA TABS 50 MG	38	VERIFINE UNIVERSAL LANCETS 28G	101	vilazodone hcl TABS 20 MG	23
venlafaxine hcl CP24	23	VERIFINE UNIVERSAL LANCETS 30G	101	VIMPAT SOLN PO 10 MG/ML (lacosamide)	21
venlafaxine hcl TABS	23	VERIFINE UNIVERSAL LANCETS 33G	101	VIMPAT TABS (lacosamide)	21
venlafaxine hcl TB24 225 MG	23	VERSACLOZ SUSP	46	VINATE DHA RF	109
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	23	VERZENIO	43	VINATE ONE TABS	109
VENTAVIS IN	52	VESICARE TABS 10 MG (solifenacin succinate)	127	VIRACEPT TABS	48
VENTOLIN HFA AERS (albuterol sulfate)	16	VESICARE TABS 5 MG (solifenacin succinate)	126	VIRAZOLE (ribavirin)	49
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...	51	VFEND SUSR (voriconazole)	29	VIREAD POWD	48
verapamil hcl CP24 180 MG	51	VFEND TABS 200 MG (voriconazole)	29	VIREAD TABS (tenofovir disoproxil fumarate)	48
verapamil hcl CP24 360 MG	51	VIAGRA (sildenafil citrate)	52	VIREAD TABS 150 MG, 200 MG, 250 MG	48
VERAPAMIL HCL ER CP24 (verapamil hcl)	51	VIBERZI	78	VISTARIL CAPS 25 MG (hydroxyzine pamoate)	12
verapamil hcl TABS	51	VIBRAMYCIN CAPS (doxycycline hyclate)	122	VISTOGARD	27
verapamil hcl TBCR 120 MG	51	VIBRAMYCIN SUSR (doxycycline (monohydrate))	122	VITAFOL GUMMIES	109
verapamil hcl TBCR 180 MG, 240 MG	51	VICTOZA (liraglutide)	25	VITAFOL-NANO	109
VEREGEN	63	vigabatrin PACK	21	VITAFOL-ONE CAPS	110
VERELAN CP24 120 MG, 240 MG (verapamil hcl)	51	vigabatrin TABS	21	VITAMEDMD ONE RX/QUATREFOLIC	110
VERELAN CP24 180 MG (verapamil hcl)	51	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	113	VITAMEDMD REDICHEW RX ...	110
VERELAN CP24 360 MG (verapamil hcl)	51	VIIBRYD STARTER PACK KIT ...	23	VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	108
VERELAN PM CP24 (verapamil hcl) .	51	VIIBRYD TABS 10 MG, 40 MG		VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	108
VERIFINE SAFE LANCET MINI 21G	101			VITAPEARL	110
				VITATHELY WITH GINGER TABS	

110	30	XELJANZ TABS3
VITATRUE 110	WELLBUTRIN SR TB12 (bupropion hcl) 22	XELJANZ XR TB24 3
VITRAKVI CAPS43	WELLBUTRIN XL TB24 (bupropion hcl) 22	XELODA (capecitabine)37
VITRAKVI SOLN43	WESCAP-C DHA 110	XENAZINE (tetrabenazine)118
VIVA DHA CAPS 110	WESNATE DHA CAPS110	XERAC AC 70
VIVAGUARD LANCETS101	WESTAB PLUS TABS110	XERMELO78
VIVAGUARD LANCETS 30G101	WESTGEL DHA110	XHANCE EXHU 111
VIVAGUARD SAFETY LANCETS 28G101	WIDE-SEAL DIAPHRAGM 60 88	XIFAXAN 200 MG 34
VIVELLE-DOT PTTW (estradiol) .. 76	WIDE-SEAL DIAPHRAGM 65 88	XIFAXAN 550 MG 34
VIZIMPRO38	WIDE-SEAL DIAPHRAGM 70 88	XIGDUO XR (dapagliflozin propanediol-metformin hcl) 24
VOGELXO GEL TD (testosterone) 11	WIDE-SEAL DIAPHRAGM 75 88	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG 24
VOGELXO PUMP GEL TD (testosterone) 11	WIDE-SEAL DIAPHRAGM 80 88	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG24
VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...64	WIDE-SEAL DIAPHRAGM 85 88	XIMINO CP24 (minocycline hcl) ..122
VONVENDI81	WIDE-SEAL DIAPHRAGM 90 88	XOPENEX HFA (levalbuterol tartrate)16
voriconazole SUSR29	WIDE-SEAL DIAPHRAGM 95 88	XOSPATA43
voriconazole TABS29	WILATE KIT81	XPOVIO (100 MG ONCE WEEKLY) 50 MG39
VOSEVI49	XADAGO45	XPOVIO (40 MG ONCE WEEKLY) 40 MG39
VOTRIENT (pazopanib hcl)43	XALATAN SOLN (latanoprost) ...115	XPOVIO (40 MG TWICE WEEKLY) 40 MG39
VRAYLAR CAPS45	XALKORI CAPS 43	XPOVIO (60 MG ONCE WEEKLY) 60 MG39
VRAYLAR CPPK45	XANAX TABS (alprazolam)12	XPOVIO (60 MG TWICE WEEKLY) . 39
VYNDAMAX53	XANAX XR TB24 (alprazolam) 12	XPOVIO (80 MG ONCE WEEKLY) 40 MG39
VYNDAQEL 53	XARELTO STARTER PACK TBPK 16	XPOVIO (80 MG TWICE WEEKLY) . 39
VYTONE 1.9 %-1 % (iodoquinol- hydrocortisone in aloe vehicle) 64	XARELTO SUSR 1 MG/ML (rivaroxaban)16	
VYTORIN (ezetimibe-simvastatin) 30	XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG (rivaroxaban)16	
warfarin sodium TABS 16	XARELTO TABS16	
WELCHOL PACK (colesevelam hcl) . 30	XATMEP SOLN PO37	
WELCHOL TABS (colesevelam hcl) .	XELJANZ SOLN3	XTANDI CAPS39

XTANDI TABS	39	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	72	(azithromycin)	86
XURIDEN	74	ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	34	ZITHROMAX TABS 500 MG (azithromycin)	85
XYNTHA	81	ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...	34	ZITHROMAX TRI-PAK TABS (azithromycin)	85
XYNTHA SOLOFUSE	81	ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)	31	ZITHROMAX Z-PAK TABS (azithromycin)	85
XYREM SOLN	117	ZESTRIL TABS 40 MG (lisinopril) .	32	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	31
XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride)	29	ZETIA (ezetimibe)	31	ZOLINZA	43
XYZAL ALLERGY 24HR TABS (levocetirizine dihydrochloride)	29	ZEVRX TWIST TOP LANCETS 30G 101		zolmitriptan SOLN	104
YASMIN 28 (drospirenone-ethinyl estradiol)	57	ZIAGEN SOLN (abacavir sulfate) .	48	zolmitriptan TABS	104
YAZ (drospirenone-ethinyl estradiol) 57		ZIAGEN TABS (abacavir sulfate) .	48	zolmitriptan TBDP	104
YONSA	39	ZIANA (clindamycin phosphate-tretinoin)	63	ZOLOFT CONC (sertraline hcl) ...	23
zafirlukast 10 MG	14	zidovudine CAPS	48	ZOLOFT TABS (sertraline hcl)	23
zafirlukast 20 MG	14	zidovudine SYRP	48	zolpidem tartrate TABS	83
zaleplon	83	zidovudine TABS	48	zolpidem tartrate TBCR	83
ZANAFLEX CAPS (tizanidine hcl) 110		zileuton TB12	14	ZOMACTON SOLR SC 10 MG	73
ZANAFLEX TABS 4 MG (tizanidine hcl)	110	ZIOPTAN (tafluprost)	115	ZOMIG SOLN (zolmitriptan)	104
ZARONTIN CAPS (ethosuximide) .	21	ziprasidone hcl 20 MG, 40 MG	45	ZONALON (doxepin hcl (antipruritic))	65
ZARONTIN SOLN (ethosuximide) .	22	ziprasidone hcl 60 MG, 80 MG	45	ZONEGRAN CAPS 100 MG (zonisamide)	21
ZARXIO	83	ZIRGAN GEL	113	ZONEGRAN CAPS 25 MG (zonisamide)	21
ZAVESCA (miglustat)	82	ZITHROMAX PACK	85	zonisamide CAPS 100 MG	21
ZEJULA TABS	43	ZITHROMAX SUSR (azithromycin) 85		zonisamide CAPS 25 MG, 50 MG .	21
ZELAPAR TBDP	45	ZITHROMAX TABS 250 MG		ZORBTIVE SC	73
ZELBORAF	43			ZORTRESS (everolimus (immunosuppressant))	106
ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	74			ZOVIRAX CREA (acyclovir topical) 66	
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-				ZOVIRAX OINT (acyclovir topical) .	66

ZYCLARA (imiquimod)	69
ZYCLARA PUMP (imiquimod)	69
ZYDELIG	43
ZYFLO TABS	14
ZYKADIA TABS	43
ZYLET	114
ZYMAXID (gatifloxacin (ophth)) ..	113
ZYPREXA TABS 15 MG, 20 MG (olanzapine)	46
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	46
ZYPREXA ZYDIS TBDP (olanzapine)	46
ZYTIGA (abiraterone acetate)	39
ZYVOX SUSR (linezolid)	35
ZYVOX TABS (linezolid)	35