

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 All previous versions are no longer in effect.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 5 MG</i>	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG	1		<i>dextroamphetamine sulfate TABS 10 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 7.5 MG, 15 MG (<i>amphetamine-dextroamphetamine</i>)	NF	QL(90 EA per fill retail)	<i>lisdexamfetamine dimesylate CHEW</i>	1	Limited to 1 per day; QL(1 EA daily)
ADDERALL TABS 5 MG, 12.5 MG, 20 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	NF		<i>methamphetamine hcl</i>	2	PA
ADDERALL TABS 10 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 7.5 MG, 15 MG</i>	1	QL(90 EA per fill retail)	<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 EA daily)
<i>amphetamine-dextroamphetamine TABS 5 MG, 12.5 MG, 20 MG, 30 MG</i>	1		<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 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	NF	QL(1 EA daily)
			STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	NF	QL(2 EA daily)
			Stimulants - Misc.		
			APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily)

Updated January 2026

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 54 MG</i>	2	QL(2 EA daily; 180 EA per fill retail)
<i>dexmethylphenidate hcl TABS</i>	1	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)
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>	1	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>	1	QL(1 EA daily; 90 Day(s) limit ; 90 EA per fill retail)
METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF		<i>methylphenidate PTCH</i>	1	QL(1 EA daily)
METADATE CD CPCR 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NF	QL(2 EA daily)	<i>modafinil</i>	1	QL(1 EA daily); ST
METHYLIN SOLN (<i>methylphenidate hcl</i>)	NF		NUVIGIL 150 MG, 200 MG, 250 MG (<i>armodafinil</i>)	NF	PA
<i>methylphenidate hcl CHEW</i>	1		NUVIGIL 50 MG (<i>armodafinil</i>)	NF	PA
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 EA daily; 90 EA per fill retail)	PROVIGIL (<i>modafinil</i>)	NF	QL(1 EA daily); ST
<i>methylphenidate hcl CP24</i>	1	QL(1 EA daily)	QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 EA daily); PA
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1		QUILLICHEW ER CHER 30 MG	3	QL(2 EA daily); PA
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 EA daily)	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 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
RELEXXII TBCR 18 MG (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily; 90 EA per fill retail)	XELJANZ TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(2 EA daily); SP; PA
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	NF	QL(1 EA daily)	Antirheumatic Antimetabolites		
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	NF		OTREXUP SOAJ 10 MG/0.4ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661;; PA
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	NF	QL(3 EA daily)	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			RASUVO SOAJ 20 MG/0.4ML	SP	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	Anti-TNF-alpha - Monoclonal Antibodies		
BETHKIS NEBU (<i>tobramycin</i>)	SP	PA	ADALIMUMAB-AATY (1 PEN) AJKT	SP	QL(0.143 EA daily); PA
HUMATIN	2		ADALIMUMAB-AATY (2 PEN) AJKT	SP	QL(0.143 EA daily); PA
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (<i>tobramycin</i>)	NF		ADALIMUMAB-AATY (2 SYRINGE) PSKT	SP	QL(0.143 EA daily); PA
<i>neomycin sulfate TABS</i>	1		ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	SP	QL(0.143 EA daily); PA
<i>streptomycin sulfate SOLR</i>	SP	PA	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	SP	QL(0.143 ML daily); PA
TOBI PODHALER CAPS	SP	PA			
TOBI NEBU (<i>tobramycin</i>)	NF				
<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			
XELJANZ XR TB24	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(1 EA daily); SP; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	SP	QL(0.072 ML daily); PA	HUMIRA-PED<40KG CROHNS STARTER PSKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
ADALIMUMAB-ADAZ SOSY	SP	QL(0.143 ML daily); PA	HUMIRA-PED>=40KG CROHNS START PSKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
ADALIMUMAB-ADBM (2 PEN) AJKT	SP	QL(0.143 EA daily); PA	HUMIRA-PED>=40KG UC STARTER AJKT	SP	Check plan documents for coverage; QL(0.072 EA daily); PA
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	SP	QL(0.143 EA daily); PA	HUMIRA-PS/UV/ADOL HS STARTER AJKT	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	SP	QL(0.143 EA daily); PA	HUMIRA-PSORIASIS/UEIT STARTER AJKT	SP	Check plan documents for coverage; 1 package(s) per 180 day(s) retail; PA
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	SP	QL(0.143 EA daily); PA	SIMLANDI (1 PEN) AJKT	SP	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 EA daily); PA	SIMLANDI (1 SYRINGE) PSKT	SP	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 40 MG/0.4ML	SP	Check plan documents for coverage; QL(0.143 EA daily); PA	SIMLANDI (2 PEN) AJKT	SP	QL(0.143 EA daily); PA
HUMIRA (2 PEN) AJKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA	SIMLANDI (2 SYRINGE) PSKT	SP	QL(0.143 EA daily); PA
HUMIRA (2 SYRINGE) PSKT	SP	Check plan documents for coverage; QL(0.143 EA daily); PA	YUFLYMA (1 PEN) AJKT	SP	QL(0.143 EA daily); PA
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 EA daily); PA	YUFLYMA (2 PEN) AJKT	SP	QL(0.143 EA daily); PA
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 EA daily); PA	YUFLYMA (2 SYRINGE) PSKT	SP	QL(0.143 EA daily); PA
			YUFLYMA-CD/UC/HS STARTER AJKT	SP	QL(0.143 EA daily); PA
Gold Compounds					
AURANOFIN 3 MG				SP	
RIDAURA				SP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Interleukin-1 Blockers			DAYPRO TABS (<i>oxaprozin</i>)	NF	
ARCALYST	SP	PA;ST; Must Use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>diclofenac potassium TABS 50 MG</i>	1	
			<i>diclofenac sodium TB24</i>	1	
			<i>diclofenac sodium TBEC</i>	1	
			<i>diclofenac w/ misoprostol TBEC</i>	1	
Interleukin-6 Receptor Inhibitors			<i>etodolac CAPS</i>	1	
ACTEMRA ACTPEN SOAJ	SP	QL(3.6 ML per 28 day(s) retail); PA	<i>etodolac TABS</i>	1	
ACTEMRA SOSY	SP	QL(3.6 ML per 28 day(s) retail); PA	<i>etodolac TB24</i>	1	QL(2 EA daily)
KEVZARA SOAJ	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA	FELDENE CAPS 20 MG (<i>piroxicam</i>)	NF	QL(1 EA daily)
			FELDENE CAPS 10 MG (<i>piroxicam</i>)	NF	
			<i>flurbiprofen TABS</i>	1	
			<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
KEVZARA SOSY	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ML daily); PA	INDOCIN SUSP (<i>indomethacin</i>)	NF	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		<i>indomethacin CPCR</i>	1	
(Indomethacin) INDOCIN SUPP	SP		<i>indomethacin SUPP</i>	SP	
ANAPROX DS TABS (<i>naproxen sodium</i>)	NF		<i>indomethacin SUSP</i>	2	
ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	NF		<i>ketoprofen CP24</i>	1	
CELEBREX 400 MG (<i>celecoxib</i>)	NF	QL(2 EA daily); PA	<i>ketorolac tromethamine TABS</i>	1	QL(20 EA per fill retail)
CELEBREX 50 MG, 100 MG, 200 MG (<i>celecoxib</i>)	NF	QL(2 EA daily)	LODINE TABS (<i>etodolac</i>)	NF	
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 EA daily)	LURBIPR TABS 100 MG (<i>flurbiprofen</i>)	NF	
<i>celecoxib 400 MG</i>	1	QL(2 EA daily); PA	LURBIRO TABS 100 MG (<i>flurbiprofen</i>)	NF	
			<i>meclofenamate sodium CAPS</i>	1	
			<i>mefenamic acid CAPS</i>	1	
			<i>meloxicam TABS 7.5 MG</i>	1	QL(2 EA daily)
			<i>meloxicam TABS 15 MG</i>	1	QL(1 EA daily)
			<i>nabumetone 500 MG</i>	1	QL(4 EA daily)
			<i>nabumetone 750 MG</i>	1	QL(3 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NAPROSYN SUSP (<i>naproxen</i>)	NF		ENBREL SURECLICK SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(10 ML daily); SP; PA
NAPROSYN TABS 500 MG (<i>naproxen</i>)	NF				
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1		ENBREL SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(0.143 ML daily); SP; PA
<i>naproxen SUSP</i>	1				
<i>naproxen TABS</i>	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>oxaprozin TABS</i>	1				
<i>piroxicam CAPS 20 MG</i>	1	QL(1 EA daily)	ENBREL SOSY 50 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(0.286 ML daily); SP; PA
<i>piroxicam CAPS 10 MG</i>	1				
<i>sulindac TABS 150 MG</i>	1	QL(2 EA daily)	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>sulindac TABS 200 MG</i>	1		Analgesic Combinations		
Phosphodiesterase 4 (PDE4) Inhibitors			(Butalbital- Acetaminophen) BUPAP TABS 50 MG-300 MG	2	
OTEZLA XR TB24 PO 75 MG	SP	QL(1 EA daily); SP; PA	(Butalbital- Acetaminophen) TENCON TABS 50 MG-325 MG	1	
OTEZLA/OTEZLA XR INITIATION PK TBPk	SP	QL(41 EA per 365 day(s) retail; 41 EA per 365 days mail); PA	(Butalbital- Acetaminophen-Caffeine) BAC (BUTALBITAL- ACETAMIN-CAFF) TABS 40 MG-50 MG-325 MG	1	
OTEZLA TABS	SP	QL(2 EA daily); SP; PA	(Butalbital- Acetaminophen-Caffeine) ESGIC CAPS 40 MG-50 MG-325 MG	1	
OTEZLA TBPk	SP	QL(55 EA per 365 day(s) retail); SP; PA			
OTEZLA TBPk	SP	QL(2 EA daily); SP; PA			
Pyrimidine Synthesis Inhibitors					
ARAVA 10 MG (<i>leflunomide</i>)	NF	QL(2 EA daily)			
ARAVA 20 MG (<i>leflunomide</i>)	NF	QL(1 EA daily)			
<i>leflunomide 10 MG</i>	1	QL(2 EA daily)			
<i>leflunomide 20 MG</i>	1	QL(1 EA daily)			
Soluble Tumor Necrosis Factor Receptor Agents					
ENBREL MINI SOCT	SP	Must use AcariaHealth Specialty Rx at 1-844-538- 4661; QL(0.15 ML daily); PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1		(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
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2				
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	2				
<i>butalbital-aspirin-caffeine CAPS</i>	1				
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	NF				
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) 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	DILAUDID TABS (<i>hydromorphone hcl</i>)	NF	First fill opioids limited to 7 days.
<i>aspirin CHEW</i>	PV	PV	<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA
<i>aspirin TBEC 81 MG</i>	PV	PV	<i>fentanyl citrate LPOP 1600 MCG</i>	2	QL(4 EA daily); PA
<i>diflunisal TABS</i>	1		<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>salsalate</i>	1		<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)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>hydromorphone hcl LIQD</i>	1	First fill opioids limited to 7 days.
Opioid Agonists			<i>hydromorphone hcl TABS</i>	1	First fill opioids limited to 7 days.
(Methadone Hcl) METHADONE HCL INTENSOL CONC	1		<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 EA daily)
(Methadone Hcl) METHADOSE TBSO	1		<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 EA daily)
ACTIQ LPOP 400 MCG (<i>fentanyl citrate</i>)	NF	PA	<i>levorphanol tartrate TABS 3 MG</i>	SP	PA
<i>codeine sulfate TABS</i>	1	First fill opioids limited to 7 days.	<i>levorphanol tartrate TABS 2 MG</i>	SP	First fill opioids limited to 7 days.; PA
CONZIP CP24 (<i>tramadol hcl</i>)	3		<i>meperidine hcl SOLN PO 50 MG/5ML</i>	1	First fill opioids limited to 7 days.
DILAUDID LIQD (<i>hydromorphone hcl</i>)	NF	First fill opioids limited to 7 days.	<i>meperidine hcl TABS 50 MG</i>	1	First fill opioids limited to 7 days.
			<i>methadone hcl CONC</i>	1	
			<i>methadone hcl SOLN PO</i>	1	
			<i>methadone hcl TABS</i>	1	QL(12 EA daily)
			<i>methadone hcl TBSO</i>	1	
			METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
METHADOSE CONC (methadone hcl)	NF		<i>oxymorphone hcl TABS 10 MG</i>	2	First fill opioids limited to 7 days.; QL(8 EA daily)
<i>morphine sulfate beads</i>	2	QL(1 EA daily)	<i>oxymorphone hcl TABS 5 MG</i>	2	First fill opioids limited to 7 days.
<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>oxymorphone hcl TB12</i>	2	QL(2 EA daily)
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order	ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	NF	First fill opioids limited to 7 days.; QL(4 EA daily)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</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>morphine sulfate SUPP</i>	2	First fill opioids limited to 7 days.	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>morphine sulfate TABS 15 MG</i>	1	First fill opioids limited to 7 days.	<i>tramadol hcl TABS 50 MG</i>	1	First fill opioids limited to 7 days.; QL(8 EA daily)
<i>morphine sulfate TABS 30 MG</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
<i>morphine sulfate TBCR</i>	1	QL(3 EA daily)	<i>tramadol hcl TB24</i>	1	
MS CONTIN TBCR (<i>morphine sulfate</i>)	NF	QL(3 EA daily)	<i>tramadol hcl TB24 100 MG</i>	1	QL(3 EA daily)
OXAYDO TABS 5 MG	2	First fill opioids limited to 7 days.	<i>tramadol hcl TB24 200 MG</i>	1	QL(1 EA daily)
OXAYDO TABS 7.5 MG	3	First fill opioids limited to 7 days.; QL(4 EA daily)	Opioid Combinations		
<i>oxycodone hcl CAPS</i>	1	First fill opioids limited to 7 days.	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP-CODEINE	1	First fill opioids limited to 7 days.
<i>oxycodone hcl CONC 100 MG/5ML</i>	1	First fill opioids limited to 7 days.	(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)
<i>oxycodone hcl SOLN</i>	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.
<i>oxycodone hcl TABS 30 MG</i>	1	First fill opioids limited to 7 days.; QL(4 EA daily)	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	First fill opioids limited to 7 days.; QL(6 EA daily)
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	First fill opioids limited to 7 days.			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine SOLN</i>	1	First fill opioids limited to 7 days.	<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	First fill opioids limited to 7 days.
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1	First fill opioids limited to 7 days.	NALOCET TABS	3	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)	<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	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	<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 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>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>butalbital-aspirin-caffeine w/cod</i>	1	First fill opioids limited to 7 days.	OXYCODONE-ACETAMINOPHEN TABS 300 MG-2.5 MG	3	
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	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>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.	PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.; QL(6 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)	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)
<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1	First fill opioids limited to 7 days.	PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.
<i>hydrocodone-acetaminophen TABS 300 MG-7.5 MG</i>	1	First fill opioids limited to 7 days.; QL(6 EA daily)	PROLATE TABS	3	First fill opioids limited to 7 days.
<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2	First fill opioids limited to 7 days.	<i>tramadol-acetaminophen</i>	1	First fill opioids limited to 7 days.; QL(8 EA daily)
Opioid Partial Agonists					
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>				1	QL(2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<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)	(Methyltestosterone) METHITEST TABS	SP	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1		(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ML daily)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 EA daily)	ANDROGEL PUMP GEL TD (<i>testosterone</i>)	NF	Limited to 300 gms per month; QL(10 GM daily)
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 EA daily)	<i>danazol CAPS</i>	1	
<i>buprenorphine PTWK 7.5 MCG/HR</i>	2	QL(4 EA per 28 day(s) retail)	FORTESTA GEL TD (<i>testosterone</i>)	NF	QL(4 GM daily)
<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)	<i>methyltestosterone CAPS</i>	1	
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ML daily)	TESTIM GEL TD (<i>testosterone</i>)	3	QL(10 GM daily); PA
BUTRANS PTWK 7.5 MCG/HR (<i>buprenorphine</i>)	NF	QL(4 EA per 28 day(s) retail)	<i>testosterone cypionate SOLN IM</i>	1	QL(10 ML 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)	<i>testosterone enanthate SOLN IM</i>	1	
<i>pentazocine w/ naloxone hcl</i>	1		<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 GM daily)
SUBLOCADE SOSY	SP	Covered under Medical Benefit; PA	<i>testosterone GEL TD</i>	1	Limited to 300 gms per month; QL(10 GM daily)
SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 EA daily)	<i>testosterone GEL TD 1 %</i>	1	QL(10 GM daily)
SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 EA daily)	<i>testosterone SOLN</i>	1	QL(6 ML daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			VOGELXO PUMP GEL TD (<i>testosterone</i>)	NF	QL(10 GM daily)
Androgens			VOGELXO GEL TD (<i>testosterone</i>)	NF	QL(10 GM daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching					
Intrarectal Steroids					
<i>budesonide (intrarectal)</i>				2	PA
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)				NF	QL(60 ML daily)
CORTIFOAM EX 10 %				2	
<i>hydrocortisone (intrarectal)</i>				1	QL(60 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits
UCERIS (<i>budesonide (intrarectal)</i>)	NF	PA
Rectal Combinations		
ANALPRAM HC LOTN EX	3	
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	2	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	NF	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	SP	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE (<i>praziquantel</i>)	NF	
<i>ivermectin</i>	1	
<i>praziquantel</i>	2	
STROMECTOL (<i>ivermectin</i>)	NF	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 500 MG</i>	1	QL(4 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ranolazine TB12 1000 MG</i>	1	
Nitrates		
ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide dinitrate TABS 40 MG</i>	2	
<i>isosorbide mononitrate TABS</i>	1	
ISOSORBIDE MONONITRATE TABS	2	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NF	QL(1 EA daily)
NITRO-DUR PT24	2	QL(1 EA daily)
<i>nitroglycerin PT24</i>	1	QL(1 EA daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	NF	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	SP	PA
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
VISTARIL CAPS 25 MG (<i>hydroxyzine pamoate</i>)	NF	
Benzodiazepines		

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Drug Name	Drug Tier	Requirements/ Limits
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	2	
ATIVAN TABS (<i>lorazepam</i>)	NF	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	
<i>diazepam SOLN PO 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 EA daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 EA daily)
VALIUM TABS 10 MG (<i>diazepam</i>)	NF	QL(4 EA daily)
VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	NF	
XANAX XR TB24 (<i>alprazolam</i>)	NF	
XANAX TABS (<i>alprazolam</i>)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		

Drug Name	Drug Tier	Requirements/ Limits
<i>disopyramide phosphate CAPS</i>	2	
NORPACE CR CP12	3	
NORPACE CAPS (<i>disopyramide phosphate</i>)	NF	
<i>quinidine gluconate TBCR</i>	2	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<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		
FASENRA PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA
FASENRA SOSY 10 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ML daily); PA

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FASENRA SOSY 30 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ML daily); PA	SINGULAIR PACK (<i>montelukast sodium</i>)	NF	QL(1 EA daily)
Anti-Inflammatory Agents			SINGULAIR TABS (<i>montelukast sodium</i>)	NF	QL(1 EA daily)
<i>cromolyn sodium NEBU</i>	2		<i>zafirlukast 20 MG</i>	1	QL(2 EA daily)
Bronchodilators - Anticholinergics			<i>zafirlukast 10 MG</i>	1	
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 GM daily)	<i>zileuton TB12</i>	SP	ST
INCRUSE ELLIPTA	2	QL(1 EA daily)	ZYFLO TABS	3	ST
<i>ipratropium bromide SOLN 0.02 %</i>	1		Selective Phosphodiesterase 4 (PDE4) Inhibitors		
SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>)	NF	QL(1 EA daily)	DALIRESP (<i>roflumilast</i>)	NF	QL(1 EA daily)
SPIRIVA RESPIMAT AERS IN 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 GM daily)	<i>roflumilast</i>	1	QL(1 EA daily)
SPIRIVA RESPIMAT AERS IN 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 GM daily)	Steroid Inhalants		
<i>tiotropium bromide CAPS IN 18 MCG</i>	2	QL(1 EA daily)	ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	2	QL(1 EA daily)
Leukotriene Modulators			<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ML daily)
ACCOLATE 10 MG (<i>zafirlukast</i>)	NF		<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ML daily)
ACCOLATE 20 MG (<i>zafirlukast</i>)	NF	QL(2 EA daily)	<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ML daily)
<i>montelukast sodium CHEW</i>	1	QL(1 EA daily)	FLOVENT DISKUS AEPB 250 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(8 EA daily)
<i>montelukast sodium PACK</i>	1	QL(1 EA daily)	FLOVENT DISKUS AEPB 100 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(20 EA daily)
<i>montelukast sodium TABS</i>	1	QL(1 EA daily)	FLOVENT DISKUS AEPB 50 MCG/ACT (<i>fluticasone propionate (inhalation)</i>)	NF	QL(40 EA daily)
SINGULAIR CHEW (<i>montelukast sodium</i>)	NF	QL(1 EA daily)	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	NF	QL(0.8 GM daily)
			FLOVENT HFA 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	NF	QL(0.36 GM daily)

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<i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>	1	QL(1 EA daily)	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 EA daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 EA daily)	ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(2 EA daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 EA daily)	ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	NF	QL(0.4 GM daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 EA daily)	AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 GM daily)	AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(0.36 GM daily)	AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 EA daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 EA per fill retail; 3 per fill mail)	<i>albuterol sulfate AERS</i>	1	QL(0.47 GM daily)
PULMICORT SUSP 1 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(2 ML daily)	<i>albuterol sulfate AERS</i>	1	1 package(s) per fill retail; 2 max fill(s) per 30 day(s) retail
PULMICORT SUSP 0.25 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(8 ML daily)	<i>albuterol sulfate AERS</i>	1	QL(0.6 GM daily)
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide (inhalation)</i>)	NF	QL(4 ML daily)	<i>albuterol sulfate NEBU</i>	1	
QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 GM daily)	ALBUTEROL SULFATE NEBU	2	
QVAR REDHALER 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)
			BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	NF	
			BREZTRI AEROSPHERE	2	QL(0.36 GM daily)
			<i>budesonide-formoterol fumarate dihydrate</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
COMBIVENT RESPIMAT AERS	2	Limit 1 inhaler per month; QL(0.16 GM daily)
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 EA daily)
<i>fluticasone-salmeterol AERO</i>	1	QL(0.4 GM daily)
<i>ipratropium-albuterol SOLN</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	1 inhaler per month; QL(0.6 GM daily)
PROAIR RESPICLIK 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 TABS</i>	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)

Drug Name	Drug Tier	Requirements/ Limits
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 ELIX</i>	1	
<i>theophylline SOLN</i>	1	
<i>theophylline TB12 300 MG</i>	1	QL(2 EA daily)
<i>theophylline TB12 450 MG</i>	1	QL(1 EA daily)
<i>theophylline TB24</i>	1	QL(1 EA daily)
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
(Warfarin Sodium) JANTOVEN TABS	1	
<i>warfarin sodium TABS</i>	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 SUSR 1 MG/ML</i>	1	QL(900 ML per 30 day(s) retail)
<i>rivaroxaban TABS 2.5 MG</i>	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		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	SP	PA	<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	2	Limited to 7 days without prior authorization;; QL(9 ML per fill retail); 1 max fill(s) per 365 day(s) retail
ARIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	SP	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA	<i>fondaparinux sodium 2.5 MG/0.5ML</i>	SP	QL(4 ML per 90 day(s) retail; 4 ML per 90 days mail); PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ML daily); PA	<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</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	FRAGMIN SOLN 95000 UNIT/3.8ML	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	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 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 2500 UNIT/0.2ML	SP	
<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	<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	SP	PA
			LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NF	QL(0.1 ML daily); PA
			LOVENOX SOSY 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
			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

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

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VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML	SP	QL(10 EA per 30 day(s) retail); PA	<i>carbamazepine TB12 400 MG</i>	1	QL(4 EA daily)
VALTOCO 5 MG DOSE LIQD	SP	QL(10 EA per 30 day(s) retail); PA	CARBATROL CP12 (<i>carbamazepine</i>)	3	
Anticonvulsants - Misc.			DIACOMIT CAPS 250 MG	SP	QL(12 EA daily); PA
(Carbamazepine) EPITOL TABS	1		DIACOMIT CAPS 500 MG	SP	QL(6 EA daily); PA
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT	2		DIACOMIT PACK 250 MG	SP	QL(12 EA daily); PA
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG	2		DIACOMIT PACK 500 MG	SP	QL(6 EA daily); PA
(Lamotrigine) SUBVENITE TABS	1		EPIDIOLEX	SP	PA
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 EA daily)	<i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i>	1	QL(2 EA daily); PA
APTOM 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NF	QL(2 EA daily); PA	<i>gabapentin CAPS</i>	1	
BANZEL SUSP (<i>rufinamide</i>)	SP		<i>gabapentin SOLN</i>	1	
BANZEL TABS 200 MG (<i>rufinamide</i>)	SP		<i>gabapentin TABS 600 MG, 800 MG</i>	1	
BANZEL TABS 400 MG (<i>rufinamide</i>)	SP	QL(8 EA daily)	KEPPRA XR TB24 (<i>levetiracetam</i>)	3	QL(4 EA daily)
<i>carbamazepine CHEW 100 MG</i>	1		KEPPRA SOLN PO 100 MG/ML (<i>levetiracetam</i>)	3	
<i>carbamazepine CP12</i>	1		KEPPRA TABS (<i>levetiracetam</i>)	3	QL(6 EA daily)
<i>carbamazepine SUSP</i>	1		<i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ML daily)
<i>carbamazepine TABS</i>	1		<i>lacosamide TABS</i>	1	QL(2 EA daily)
<i>carbamazepine TB12 200 MG</i>	1	QL(8 EA daily)	LAMICTAL ODT KIT (<i>lamotrigine</i>)	NF	PA
<i>carbamazepine TB12 100 MG</i>	1		LAMICTAL ODT TBDP (<i>lamotrigine</i>)	3	PA
			LAMICTAL STARTER KIT 25 MG (<i>lamotrigine</i>)	NF	
			LAMICTAL XR KIT	3	PA
			LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>)	NF	PA
			LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>)	NF	QL(2 EA daily)

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX TABS 50 MG (<i>topiramate</i>)	3	QL(8 EA daily)	<i>zonisamide CAPS 100 MG</i>	1	QL(6 EA daily)
TOPAMAX TABS 25 MG (<i>topiramate</i>)	3		<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	3	QL(4 EA daily)	Carbamates		
<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA	<i>felbamate SUSP</i>	1	
<i>topiramate CP24 200 MG</i>	2	QL(2 EA daily); PA	<i>felbamate TABS</i>	1	
<i>topiramate CPSP 15 MG, 25 MG</i>	1		FELBATOL SUSP (<i>felbamate</i>)	3	
<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 EA daily); PA	FELBATOL TABS (<i>felbamate</i>)	NF	
<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 EA daily); PA	GABA Modulators		
<i>topiramate TABS 200 MG</i>	1	QL(2 EA daily)	(Vigabatrin) VIGADRONE, VIGODER PACK	SP	QL(6 EA daily)
<i>topiramate TABS 100 MG</i>	1	QL(4 EA daily)	(Vigabatrin) VIGADRONE TABS	SP	
<i>topiramate TABS 25 MG</i>	1		SABRIL PACK (<i>vigabatrin</i>)	SP	QL(6 EA daily)
<i>topiramate TABS 50 MG</i>	1	QL(8 EA daily)	SABRIL TABS (<i>vigabatrin</i>)	SP	
TRILEPTAL SUSP (<i>oxcarbazepine</i>)	3	QL(40 ML daily)	<i>tiagabine hcl</i>	2	
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	3	QL(8 EA daily)	<i>vigabatrin PACK</i>	SP	QL(6 EA daily)
TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	3	QL(4 EA daily)	<i>vigabatrin TABS</i>	SP	
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	3		Hydantoins		
TROKENDI XR CP24 25 MG, 50 MG, 100 MG (<i>topiramate</i>)	NF	PA	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
TROKENDI XR CP24 200 MG (<i>topiramate</i>)	NF	QL(2 EA daily); PA	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
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	3	
ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	3		DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	
ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	3	QL(6 EA daily)	DILANTIN-125 SUSP (<i>phenytoin</i>)	3	
			DILANTIN SUSP (<i>phenytoin</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1		<i>bupropion hcl TABS</i>	1	
<i>phenytoin CHEW</i>	1		<i>bupropion hcl TB12</i>	1	
<i>phenytoin SUSP</i>	1		<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 EA daily)
Succinimides			<i>bupropion hcl TB24 450 MG</i>	1	QL(1 EA daily); ST
CELONTIN (<i>methsuximide</i>)	3		FORFIVO XL TB24 (<i>bupropion hcl</i>)	NF	
<i>ethosuximide CAPS</i>	1		FORFIVO XL TB24 (<i>bupropion hcl</i>)	3	QL(1 EA daily); ST
<i>ethosuximide SOLN</i>	1		WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NF	
<i>methsuximide</i>	1		WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NF	QL(1 EA daily)
ZARONTIN CAPS (<i>ethosuximide</i>)	3		Monoamine Oxidase Inhibitors (MAOIs)		
ZARONTIN SOLN (<i>ethosuximide</i>)	3		EMSAM	3	QL(1 EA daily)
Valproic Acid			MARPLAN	3	
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3		NARDIL (<i>phenelzine sulfate</i>)	NF	
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3		PARNATE (<i>tranylcypromine sulfate</i>)	NF	
DEPAKOTE TBEC (<i>divalproex sodium</i>)	3		<i>phenelzine sulfate</i>	1	
<i>divalproex sodium CSDR</i>	1		<i>tranylcypromine sulfate</i>	2	
<i>divalproex sodium TB24</i>	1		N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
<i>divalproex sodium TBEC</i>	1		SPRAVATO (56 MG DOSE)	SP	PA
<i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i>	1		SPRAVATO (84 MG DOSE)	SP	PA
<i>valproic acid CAPS</i>	1		Selective Serotonin Reuptake Inhibitors (SSRIs)		
ANTIDEPRESSANTS - Drugs to Treat Depression			CELEXA TABS (<i>citalopram hydrobromide</i>)	NF	QL(1 EA daily)
Alpha-2 Receptor Antagonists (Tetracyclics)			<i>citalopram hydrobromide SOLN</i>	1	QL(20 ML daily)
<i>mirtazapine TABS</i>	1		<i>citalopram hydrobromide TABS</i>	1	QL(1 EA daily)
<i>mirtazapine TBDP</i>	1		<i>escitalopram oxalate SOLN</i>	1	
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	NF				
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NF				
Antidepressants - Misc.					

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<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 EA daily)	PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NF	QL(1 EA daily)
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 EA daily)	<i>sertraline hcl CONC</i>	1	
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		<i>sertraline hcl TABS</i>	1	QL(2 EA daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 EA daily)	ZOLOFT CONC (<i>sertraline hcl</i>)	NF	
<i>fluoxetine hcl CPDR</i>	2		ZOLOFT TABS (<i>sertraline hcl</i>)	NF	QL(2 EA daily)
<i>fluoxetine hcl SOLN</i>	1	QL(15 ML daily)	Serotonin Modulators		
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 EA daily)	<i>nefazodone hcl</i>	1	
<i>fluoxetine hcl TABS 10 MG</i>	1		<i>trazodone hcl TABS</i>	1	
FLUOXETINE HCL TABS (<i>fluoxetine hcl</i>)	NF	QL(1 EA daily)	TRINTELLIX	3	ST
<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 EA daily)	VIIBRYD STARTER PACK KIT	3	PA
<i>fluvoxamine maleate CP24 150 MG</i>	2		VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	NF	
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1		VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	NF	QL(2 EA daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 EA daily)	<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 EA daily)
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	NF	QL(2 EA daily)	<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	NF	QL(1 EA daily)	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>paroxetine hcl SUSP</i>	2		CYMBALTA CPEP (<i>duloxetine hcl</i>)	NF	QL(2 EA daily)
<i>paroxetine hcl TABS</i>	1		<i>desvenlafaxine succinate</i>	1	QL(1 EA daily)
<i>paroxetine hcl TB24</i>	1		<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 EA daily)
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NF		EFFEXOR XR CP24 (<i>venlafaxine hcl</i>)	NF	QL(2 EA daily)
PAXIL SUSP (<i>paroxetine hcl</i>)	NF		FETZIMA TITRATION C4PK	3	ST
PAXIL TABS (<i>paroxetine hcl</i>)	NF		FETZIMA CP24 20 MG	3	QL(2 EA daily); ST
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NF		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 EA daily); ST
			PRISTIQ (<i>desvenlafaxine succinate</i>)	NF	QL(1 EA daily)
			<i>venlafaxine hcl CP24</i>	1	QL(2 EA daily)

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<i>venlafaxine hcl TABS</i>	1		<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	2	QL(1 EA daily)
<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 EA daily)	<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	2	QL(2 EA daily)
<i>venlafaxine hcl TB24 225 MG</i>	1		DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NF	
Tricyclic Agents			<i>glipizide-metformin hcl</i>	1	
<i>amitriptyline hcl TABS</i>	1		<i>glyburide-metformin</i>	1	
<i>amoxapine</i>	1		GLYXAMBI	2	
ANAFRANIL (<i>clomipramine hcl</i>)	NF		JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 EA daily)
<i>clomipramine hcl</i>	2		JANUMET XR TB24 1000 MG-100 MG	2	QL(1 EA daily)
<i>desipramine hcl TABS</i>	1		JANUMET TABS	2	QL(2 EA daily)
<i>doxepin hcl CAPS</i>	1		KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	NF	QL(1 EA daily)
<i>doxepin hcl CONC</i>	1		<i>pioglitazone hcl-glimepiride</i>	2	
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 EA daily)	<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>imipramine hcl TABS 10 MG, 25 MG</i>	1		<i>saxagliptin-metformin hcl</i>	2	QL(1 EA daily)
<i>imipramine pamoate</i>	1		SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 EA daily)
NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	NF		SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 EA daily)
<i>nortriptyline hcl CAPS</i>	1		SYNJARDY TABS	2	QL(2 EA daily)
<i>nortriptyline hcl SOLN</i>	1		TRIJARDY XR	2	
PAMELOR CAPS (<i>nortriptyline hcl</i>)	NF		XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 EA daily)
<i>protriptyline hcl</i>	2		XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(2 EA daily)
<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					
Alpha-Glucosidase Inhibitors					
<i>acarbose</i>	1				
<i>miglitol</i>	1				
Antidiabetic Combinations					
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	NF				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>)	2	QL(1 EA daily)	<i>liraglutide</i>	2	QL(9 ML per 28 day(s) retail); PA
Biguanides			OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(3 ML per 28 day(s) retail); PA
<i>metformin hcl SOLN</i>	2		OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	2	QL(1.5 ML per 28 day(s) retail); PA
<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	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	2	QL(3 ML per 28 day(s) retail); PA
<i>metformin hcl TB24 500 MG, 750 MG</i>	1		OZEMPIC (2 MG/DOSE) SOPN	2	QL(3 ML per 28 day(s) retail); PA
RIOMET SOLN (<i>metformin hcl</i>)	NF		RYBELSUS TABS	2	Not available through mail order; QL(1 EA daily); PA
Diabetic Other			TRULICITY	2	QL(2 ML per 28 day(s) retail); PA
<i>diazoxide</i>	2		VICTOZA (<i>liraglutide</i>)	NF	QL(9 ML per 28 day(s) retail); PA
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)	Insulin		
<i>glucagon SOLR IJ 1 MG</i>	2	QL(1 EA per fill retail; 2 EA per 30 day(s) retail)	AFREZZA POWD	3	QL(6 EA daily)
PROGLYCEM (<i>diazoxide</i>)	NF		AFREZZA POWD	3	QL(3 EA daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			AFREZZA POWD	3	
<i>alogliptin benzoate</i>	2	QL(2 EA daily)	HUMALOG JUNIOR KWIKPEN SOPN	2	QL(1.5 ML daily)
JANUVIA	2	QL(1 EA daily)	HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ML daily)
NESINA (<i>alogliptin benzoate</i>)	NF	QL(2 EA daily)	HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(0.8 ML daily)
ONGLYZA (<i>saxagliptin hcl</i>)	NF		HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)
<i>saxagliptin hcl</i>	1	QL(2 EA daily)	HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ML daily)
Incretin Mimetic Agents			HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ML daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	QL(1.5 ML daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	QL(0.9 ML daily)
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	TRESIBA SOLN	2	QL(1.5 ML daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ML daily)	Insulin Sensitizing Agents		
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	QL(1 EA daily)
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ML daily)	ACTOS 15 MG (<i>pioglitazone hcl</i>)	NF	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl</i> 30 MG, 45 MG	1	QL(1 EA daily)
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ML daily)	<i>pioglitazone hcl</i> 15 MG	1	
HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ML daily)	Meglitinide Analogues		
INSULIN GLARGINE-YFGN SOLN	2	QL(1.5 ML daily)	<i>nateglinide</i>	1	
INSULIN GLARGINE-YFGN SOPN	2	QL(1.5 ML daily)	<i>repaglinide</i>	1	
INSULIN LISPRO (1 UNIT DIAL) SOPN	2	QL(1.5 ML daily)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
INSULIN LISPRO JUNIOR KWIKPEN SOPN	2	QL(1.5 ML daily)	<i>dapagliflozin propanediol</i>	2	QL(1 EA daily)
INSULIN LISPRO PROT & LISPRO SUPN	2	Limit 45mls per month; QL(1.5 ML daily)	FARXIGA (<i>dapagliflozin propanediol</i>)	2	QL(1 EA daily)
INSULIN LISPRO SOLN IJ	2	QL(1.5 ML daily)	JARDIANCE	2	QL(1 EA daily)
TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ML daily)	Sulfonylureas		
			(Glipizide) GLIPIZIDE XL TB24	1	
			<i>glimepiride</i> 1 MG, 2 MG, 4 MG	1	
			<i>glipizide</i> TABS	1	
			<i>glipizide</i> TB24	1	
			GLUCOTROL XL TB24 (<i>glipizide</i>)	NF	
			<i>glyburide micronized</i> 1.5 MG, 3 MG, 6 MG	1	
			<i>glyburide</i> TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
GLYNASE (<i>glyburide micronized</i>)	NF	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
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
<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

Drug Name	Drug Tier	Requirements/ Limits
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
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		
<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)
Antiemetics - Anticholinergic		

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

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NOXAFIL TBEC (<i>posaconazole</i>)	NF		<i>desloratadine TABS</i>	1	QL(1 EA daily); PA
<i>posaconazole SUSP</i>	1		<i>desloratadine TBDP</i>	1	PA
<i>posaconazole TBEC</i>	1		<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC
SPORANOX CAPS (<i>itraconazole</i>)	NF	PA	<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 EA daily); RX/OTC
SPORANOX SOLN (<i>itraconazole</i>)	NF	PA	XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	NF	PA; RX/OTC
TOLSURA CAPS	SP	PA	XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	NF	QL(1 EA daily); RX/OTC
VFEND SUSR (<i>voriconazole</i>)	NF		Antihistamines - Phenothiazines		
VFEND TABS 200 MG (<i>voriconazole</i>)	NF	QL(2 EA daily)	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 EA daily)
<i>voriconazole SUSR</i>	1		(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
<i>voriconazole TABS</i>	1	QL(2 EA daily)	<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2	
ANTIHISTAMINES - Drugs to Treat Allergies			<i>promethazine hcl TABS 12.5 MG</i>	1	
Antihistamines - Ethanolamines			<i>promethazine hcl TABS 50 MG</i>	1	QL(3 EA daily)
(Carbinoxamine Maleate) RYVENT TABS 6 MG	1		<i>promethazine hcl TABS 25 MG</i>	1	QL(6 EA daily)
<i>carbinoxamine maleate SOLN</i>	1		Antihistamines - Piperidines		
<i>carbinoxamine maleate TABS</i>	1		<i>cypiroheptadine hcl SYRP</i>	1	
CARBINOXAMINE MALEATE TABS	3		<i>cypiroheptadine hcl TABS</i>	1	
<i>clemastine fumarate TABS 2.68 MG</i>	1		ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
CLEMASZ TABS 2.68 MG (<i>clemastine fumarate</i>)	NF		Antihyperlipidemics - Combinations		
CLEMSZA TABS 2.68 MG (<i>clemastine fumarate</i>)	NF		<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily)
Antihistamines - Non-Sedating			VYTORIN (<i>ezetimibe-simvastatin</i>)	NF	QL(1 EA daily)
(Levocetirizine Dihydrochloride) ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS	1	QL(1 EA daily); RX/OTC	Antihyperlipidemics - Misc.		
CLARINEX TABS (<i>desloratadine</i>)	NF	QL(1 EA daily); PA	<i>icosapent ethyl</i>	1	PA

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LOVAZA (<i>omega-3-acid ethyl esters</i>)	NF	QL(4 EA daily)	WELCHOL TABS (<i>colesevelam hcl</i>)	NF	QL(6 EA daily)
<i>omega-3-acid ethyl esters</i>	1	QL(4 EA daily)	Fibric Acid Derivatives		
VASCEPA (<i>icosapent ethyl</i>)	NF	PA	<i>choline fenofibrate 135 MG</i>	1	QL(1 EA daily)
Bile Acid Sequestrants			<i>choline fenofibrate 45 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 micronized 67 MG, 134 MG</i>	1	
<i>cholestyramine light PACK</i>	1		<i>fenofibrate CAPS</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>fenofibrate TABS 48 MG, 160 MG</i>	1	
<i>colesevelam hcl PACK</i>	2	QL(1 EA daily)	<i>fenofibric acid 105 MG</i>	2	
<i>colesevelam hcl TABS</i>	1	QL(6 EA daily)	FENOGLIDE TABS (<i>fenofibrate</i>)	NF	
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NF		FIBRICOR 105 MG (<i>fenofibric acid</i>)	NF	
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	NF		FIBRICOR 35 MG (<i>fenofibric acid</i>)	2	
COLESTID GRAN (<i>colestipol hcl</i>)	NF		<i>gemfibrozil TABS</i>	1	
COLESTID PACK (<i>colestipol hcl</i>)	NF		LIPOFEN CAPS (<i>fenofibrate</i>)	NF	
COLESTID TABS (<i>colestipol hcl</i>)	NF		LOPID TABS (<i>gemfibrozil</i>)	NF	
<i>colestipol hcl GRAN</i>	1		TRICOR TABS 48 MG (<i>fenofibrate</i>)	NF	
<i>colestipol hcl PACK</i>	2		TRICOR TABS 145 MG (<i>fenofibrate</i>)	NF	QL(1 EA daily)
<i>colestipol hcl TABS</i>	1		TRILIPIX 135 MG (<i>choline fenofibrate</i>)	NF	QL(1 EA daily)
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NF		TRILIPIX 45 MG (<i>choline fenofibrate</i>)	NF	
QUESTRAN PACK (<i>cholestyramine</i>)	NF		HMG CoA Reductase Inhibitors		
QUESTRAN POWD (<i>cholestyramine</i>)	NF		<i>atorvastatin calcium TABS</i>	1	QL(1 EA daily)
WELCHOL PACK (<i>colesevelam hcl</i>)	NF	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)

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<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		
(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

Drug Name	Drug Tier	Requirements/ Limits
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 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 EA daily)
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 40 MG (<i>lisinopril</i>)	NF	QL(2 EA daily)
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DEMSEER (<i>metyrosine</i>)	SP	
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	NF	Not available through mail
<i>metyrosine</i>	SP	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	NF		CARDURA (<i>doxazosin mesylate</i>)	NF	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	NF	QL(1 EA daily)	CATAPRES-TTS-1 PTWK (<i>clonidine</i>)	NF	
AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	NF		CATAPRES-TTS-2 PTWK (<i>clonidine</i>)	NF	
BENICAR 40 MG (<i>olmesartan medoxomil</i>)	NF	QL(1 EA daily)	CATAPRES-TTS-3 PTWK (<i>clonidine</i>)	NF	
BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	NF		<i>clonidine hcl TABS</i>	1	
<i>candesartan cilexetil 32 MG</i>	1	QL(1 EA daily)	<i>clonidine PTWK</i>	1	
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1		<i>doxazosin mesylate</i>	1	
COZAAR (<i>losartan potassium</i>)	NF		<i>guanfacine hcl</i>	1	
DIOVAN TABS 160 MG (<i>valsartan</i>)	NF	QL(2 EA daily)	<i>methyldopa TABS</i>	1	
DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	NF		MINIPRESS CAPS (<i>prazosin hcl</i>)	NF	
EDARBI 40 MG	3		<i>prazosin hcl CAPS</i>	1	
EDARBI 80 MG	3	QL(1 EA daily)	<i>terazosin hcl 10 MG</i>	1	QL(2 EA daily)
<i>irbesartan</i>	1		<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1	
<i>losartan potassium</i>	1		Antihypertensive Combinations		
MICARDIS 80 MG (<i>telmisartan</i>)	NF	QL(1 EA daily)	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NF	
MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	NF		<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 EA daily)	<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 EA daily)
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1		<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 EA daily)
<i>telmisartan 80 MG</i>	1	QL(1 EA daily)	<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1	
<i>telmisartan 20 MG, 40 MG</i>	1		<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1				
<i>valsartan TABS 160 MG</i>	1	QL(2 EA daily)			
Antiadrenergic Antihypertensives					

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 EA daily)
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NF	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NF	
<i>trandolapril-verapamil hcl</i>	2	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 EA daily)
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NF	
ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NF	QL(2 EA daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NF	
Antihypertensives - Misc.		
VECAMEYL	3	
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	
TEKTURNA (<i>aliskiren fumarate</i>)	NF	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	

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

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Drug Name	Drug Tier	Requirements/ Limits
ALINIA SUSR	3	
ALINIA TABS (<i>nitazoxanide</i>)	NF	
<i>atovaquone</i>	2	
LAMPIT	SP	AC; PA
MEPRON (<i>atovaquone</i>)	NF	
<i>nitazoxanide</i> TABS	2	
Carbapenems		
<i>ertapenem sodium</i> IJ	SP	PA
Glycopeptides		
VANCOCIN CAPS (<i>vancomycin hcl</i>)	NF	QL(2 EA daily)
<i>vancomycin hcl</i> CAPS	1	QL(2 EA daily)
Leprostatics		
<i>dapsone</i> 25 MG	1	
<i>dapsone</i> 100 MG	1	QL(4 EA daily)
Lincosamides		
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	NF	
CLEOCIN (<i>clindamycin hcl</i>)	NF	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Monobactams		
CAYSTON	SP	PA
Oxazolidinones		
<i>linezolid</i> SUSR	1	QL(210 ML per 90 day(s) retail)
<i>linezolid</i> TABS	1	QL(20 EA per 90 day(s) retail)
ZYVOX SUSR (<i>linezolid</i>)	NF	QL(210 ML per 90 day(s) retail)
ZYVOX TABS (<i>linezolid</i>)	NF	QL(20 EA per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
HIPREX (<i>methenamine hippurate</i>)	NF	
MACROBID (<i>nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i> 1 GM	1	
MONUROL (<i>fosfomycin tromethamine</i>)	NF	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 EA daily)
MALARONE (<i>atovaquone-proguanil hcl</i>)	NF	
Antimalarials		
<i>chloroquine phosphate</i> TABS	1	
<i>hydroxychloroquine sulfate</i> 200 MG	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	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>primaquine phosphate TABS</i>	1		MYAMBUTOL TABS 400 MG (<i>ethambutol hcl</i>)	NF	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	NF		MYCOBUTIN (<i>rifabutin</i>)	NF	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NF	QL(2 EA daily); PA	PRIFTIN	3	
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 EA daily); PA	<i>pyrazinamide</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			<i>rifabutin</i>	2	
Antimychasthenic/Cholinergic Agents			<i>rifampin CAPS</i>	1	
MESTINON SOLN PO (<i>pyridostigmine bromide</i>)	SP	PA	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
MESTINON TABS (<i>pyridostigmine bromide</i>)	NF		Alkylating Agents		
MESTINON TBCR (<i>pyridostigmine bromide</i>)	NF		<i>busulfan SOLN</i>	SP	PA
NEOSTIGMINE METHYLSULFATE RFID SOSY (<i>neostigmine methylsulfate</i>)	SP	PA	BUSULFEX SOLN (<i>busulfan</i>)	SP	PA
<i>neostigmine methylsulfate SOSY</i>	SP	PA	<i>cyclophosphamide CAPS</i>	1	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	SP	PA	<i>cyclophosphamide CAPS</i>	1	AC
<i>pyridostigmine bromide SOLN PO</i>	SP	PA	CYCLOPHOSPHAMIDE TABS	2	
<i>pyridostigmine bromide TABS 60 MG</i>	1		GLEOSTINE 10 MG, 40 MG, 100 MG	2	
<i>pyridostigmine bromide TBCR</i>	2		LEUKERAN	2	AC
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)			<i>melphalan</i>	1	AC
Antimycobacterial Agents			<i>melphalan hcl IV</i>	SP	PA
<i>cycloserine</i>	SP		MYLERAN TABS	2	AC
<i>ethambutol hcl TABS</i>	1		<i>temozolomide CAPS</i>	2	AC
<i>isoniazid SYRP</i>	1		Antimetabolites		
<i>isoniazid TABS</i>	1		<i>capecitabine</i>	2	AC
			<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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONUREG TABS	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
PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	NF	AL(Up to 13 yrs old); AC	LENVIMA (24 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
TABLOID	2	AC	LENVIMA (4 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC	LENVIMA (8 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA
XATMEP SOLN PO	SP	AC; PA	Antineoplastic - Anti-HER2 Agents		
XELODA (<i>capecitabine</i>)	NF	AC	TRAZIMERA 420 MG	SP	Covered under Medical Benefit; PA
Antineoplastic - Angiogenesis Inhibitors			TUKYSA	SP	PA
INLYTA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA (10 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA STARTING PACK TBPK	SP	AC; PA
LENVIMA (12 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA TABS 50 MG	SP	AC; PA
LENVIMA (14 MG DAILY DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	VENCLEXTA TABS 10 MG	SP	QL(2 EA daily); 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	VENCLEXTA TABS 100 MG	SP	QL(4 EA daily); AC; PA
			Antineoplastic - EGFR Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erlotinib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	ARIMIDEX (<i>anastrozole</i>)	PV	AC
<i>gefitinib</i>	2	AC; PA	AROMASIN (<i>exemestane</i>)	PV	AC
GILOTRIF	SP	Must use Accredo SP pharmacy; AC; PA	<i>bicalutamide</i>	1	QL(1 EA daily); AC
IRESSA (<i>gefitinib</i>)	NF	AC; PA	CASODEX (<i>bicalutamide</i>)	NF	QL(1 EA daily); AC
TAGRISO	SP	AC; PA	ELIGARD SC	3	PA
TARCEVA 100 MG, 150 MG (<i>erlotinib hcl</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC	EMCYT	2	AC
TARCEVA 25 MG (<i>erlotinib hcl</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661	ERLEADA 60 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
VIZIMPRO	SP	AC; PA	ERLEADA 240 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
Antineoplastic - Hedgehog Pathway Inhibitors			EULEXIN	2	AC
DAURISMO	SP	AC; PA	<i>exemestane</i>	PV	AC
ERIVEDGE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	FARESTON (<i>toremifene citrate</i>)	NF	AC
ODOMZO	SP	AC; PA	FEMARA (<i>letrozole</i>)	NF	AC
Antineoplastic - Hormonal and Related Agents			<i>letrozole</i>	1	AC
(Abiraterone Acetate) ABIRTEGA 250 MG	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA
<i>abiraterone acetate</i>	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	3	covered w-gender transformation diagnosis; PA required for other diagnosis
<i>anastrozole</i>	PV	AC	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
			LYSODREN	2	AC
			<i>megestrol acetate SUSP</i>	1	AC
			<i>megestrol acetate TABS</i>	1	AC
			NILANDRON (<i>nilutamide</i>)	SP	AC

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<i>nilutamide</i>	SP	AC	KISQALI FEMARA (200 MG DOSE)	SP	QL(2 EA daily); SP; AC; PA
NUBEQA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	KISQALI FEMARA (400 MG DOSE)	SP	QL(2.5 EA daily); SP; AC; PA
ORGOVYX	SP	PA	KISQALI FEMARA (600 MG DOSE)	SP	QL(3.25 EA daily); SP; AC; PA
SOLTAMOX SOLN	PV	PV; AC	LONSURF	SP	AC; PA
<i>tamoxifen citrate TABS</i>	PV	PV; AC	Antineoplastic Enzyme Inhibitors		
<i>toremifene citrate</i>	2	AC	(Everolimus) TORPENZ TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
VABRINTY SC 22.5 MG, 30 MG, 45 MG	3	PA	AFINITOR DISPERZ TBSO (<i>everolimus</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
XTANDI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	AFINITOR TABS (<i>everolimus</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA
XTANDI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	ALECENSA	SP	AC; PA
YONSA	SP	SP; AC; PA	ALUNBRIG TABS	SP	AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	ALUNBRIG TBPk	SP	AC; PA
Antineoplastic - Immunomodulators			<i>bortezomib SOLR IJ</i>	SP	PA
POMALYST	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	SP	PA
Antineoplastic Antibiotics			CABOMETYX TABS	SP	QL(1 EA daily); AC; PA
<i>mitoxantrone hcl 25 MG/12.5ML</i>	2	SP; PA	CALQUENCE	SP	QL(2 EA daily); AC; PA
Antineoplastic Combinations			CAPRELSA	SP	AC; PA
INQOVI	SP	PA	COMETRIQ (100 MG DAILY DOSE) KIT	SP	AC; PA
			COMETRIQ (140 MG DAILY DOSE) KIT	SP	AC; PA
			COMETRIQ (60 MG DAILY DOSE) KIT	SP	AC; PA

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COPIKTRA	SP	SP; AC; PA	JAKAFI	SP	QL(2 EA daily); AC; PA
COTELLIC	SP	AC; PA	KISQALI (200 MG DOSE)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 EA daily); SP; AC; PA
<i>dasatinib</i>	SP	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
<i>dasatinib 80 MG</i>	SP	LA; 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
<i>everolimus TABS</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA	<i>lapatinib ditosylate</i>	SP	AC; PA
<i>everolimus TBSO</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); AC; PA	LORBRENA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
GLEEVEC TABS 400 MG (<i>imatinib mesylate</i>)	NF	QL(2 EA daily); AC; PA	LUMAKRAS 120 MG	SP	QL(3 EA daily); AC; PA
GLEEVEC TABS 100 MG (<i>imatinib mesylate</i>)	NF	QL(3 EA daily); AC; PA	LUMAKRAS 240 MG, 320 MG	SP	QL(2 EA daily); AC; PA
IBRANCE CAPS	SP	QL(1 EA daily); SP; AC; PA	LYNPARZA TABS	SP	Refer to Accredo SP Rx; QL(4 EA daily); AC; PA
IBRANCE TABS	SP	QL(1 EA daily); SP; AC; PA	MEKINIST SOLR	SP	PA
ICLUSIG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); SP; AC; PA	MEKINIST TABS	SP	AC; PA
IDHIFA	SP	AC; PA	NERLYNX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate TABS 400 MG</i>	2	QL(2 EA daily); AC; PA			
<i>imatinib mesylate TABS 100 MG</i>	2	QL(3 EA daily); AC; PA			
IMBRUVICA CAPS 140 MG	SP	QL(3 EA daily); AC; PA			
IMBRUVICA CAPS 70 MG	SP	QL(1 EA daily); AC; PA			
IMBRUVICA SUSP	SP	QL(8 ML daily); AC; PA			
IMBRUVICA TABS	SP	QL(1 EA daily); AC; PA			
ISTODAX SOLR (<i>romidepsin</i>)	SP	PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXAVAR (<i>sorafenib tosylate</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	STIVARGA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
<i>nilotinib hcl 150 MG, 200 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	<i>sunitinib malate 25 MG</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
<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	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
<i>pazopanib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	SUTENT 25 MG (<i>sunitinib malate</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
PIQRAY (200 MG DAILY DOSE)	SP	AC; PA	TAFINLAR CAPS	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	TAFINLAR TBSO	SP	PA
PIQRAY (300 MG DAILY DOSE)	SP	QL(2 EA daily); AC; PA	TALZENNA 0.25 MG, 1 MG	SP	AC; PA
<i>romidepsin SOLR</i>	SP	PA	TASIGNA 150 MG, 200 MG (<i>nilotinib hcl</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC
ROZLYTREK CAPS	SP	AC; PA	TASIGNA 150 MG, 200 MG (<i>nilotinib hcl</i>)	NF	AC
RUBRACA	SP	AC; PA	TASIGNA 50 MG (<i>nilotinib hcl</i>)	NF	SP; AC
RYDAPT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	TAZVERIK	SP	PA
<i>sorafenib tosylate</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	<i>temsirolimus</i>	SP	PA
SPRYCEL (<i>dasatinib</i>)	NF	SP; AC	TORISEL (<i>temsirolimus</i>)	SP	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	
<i>leucovorin calcium TABS</i>	1	AC
<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 TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN (<i>entacapone</i>)	NF	
<i>entacapone</i>	1	
TASMAR (<i>tolcapone</i>)	SP	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tolcapone</i>	SP		PARLODEL TABS (<i>bromocriptine mesylate</i>)	NF	
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 TABS 1.5 MG</i>	1	QL(3 EA daily)
<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>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i>	2	
<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 TABS</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		<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 EA daily)	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 TBDP</i>	2		STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NF	
DHIVY TABS	2		STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NF	
DUOPA SUSP	3	PA	STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NF	
INBRIJA CAPS	3	PA			
MIRAPEX ER TB24 3 MG (<i>pramipexole dihydrochloride</i>)	NF	QL(1 EA daily)			
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				
NEUPRO	3				
PARLODEL CAPS (<i>bromocriptine mesylate</i>)	NF				

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STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	NF		VRAYLAR CAPS	SP	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NF		VRAYLAR CPPK	SP	
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NF		<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 EA daily)
Antiparkinson Monoamine Oxidase Inhibitors			<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
AZILECT (<i>rasagiline mesylate</i>)	NF		Benzisoxazoles		
<i>rasagiline mesylate</i>	1		FANAPT	SP	QL(2 EA daily)
<i>selegiline hcl CAPS</i>	1	QL(2 EA daily)	FANAPT TITRATION PACK A	SP	
<i>selegiline hcl TABS</i>	1	QL(2 EA daily)	INVEGA 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NF	
XADAGO	3	PA	<i>paliperidone</i>	1	
ZELAPAR TBDP	3		PERSERIS PRSY	SP	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			RISPERDAL SOLN (<i>risperidone</i>)	NF	
Antimanic Agents			RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	NF	
<i>lithium</i>	1		RISPERDAL TABS 3 MG (<i>risperidone</i>)	NF	QL(2 EA daily)
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1		<i>risperidone SOLN</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 EA daily)	<i>risperidone TABS 3 MG</i>	1	QL(2 EA daily)
<i>lithium carbonate TABS</i>	1		<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>lithium carbonate TBCR</i>	1		<i>risperidone TBDP</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	3		Butyrophenones		
Antipsychotics - Misc.			<i>haloperidol lactate CONC</i>	1	
EQUETRO	3		<i>haloperidol TABS</i>	1	
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	QL(2 EA daily)	Dibenzapines		
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	NF		<i>asenapine maleate</i>	2	
LATUDA (<i>lurasidone hcl</i>)	NF		<i>clozapine TABS</i>	1	
<i>lurasidone hcl</i>	2		<i>clozapine TBDP 12.5 MG</i>	1	
NUPLAZID CAPS	SP	QL(1 EA daily); PA	CLOZARIL TABS (<i>clozapine</i>)	NF	
NUPLAZID TABS 10 MG	SP	QL(1 EA daily); PA	<i>loxapine succinate</i>	1	
			<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 EA daily)

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<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1		<i>fluphenazine hcl TABS</i>	1	
<i>olanzapine TBDP</i>	1		<i>perphenazine TABS</i>	1	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 EA daily)	<i>prochlorperazine</i>	1	QL(2 EA daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1		<i>prochlorperazine maleate TABS</i>	1	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 EA daily)	<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
<i>quetiapine fumarate TB24</i>	1		<i>thioridazine hcl 50 MG</i>	1	QL(4 EA daily)
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 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 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 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 20 MG</i>	1	QL(1 EA daily)
ZYPREXA ZYDIS TBDP (<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 TABS 15 MG</i>	1	QL(2 EA daily)
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>olanzapine</i>)	NF		<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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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 200 MG-300 MG</i>	PV	QL(1 EA daily)	<i>lamivudine TABS</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-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		VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NF	
RETROVIR SYRP (<i>zidovudine</i>)	NF		ZIAGEN SOLN (<i>abacavir sulfate</i>)	NF	
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF		ZIAGEN TABS (<i>abacavir sulfate</i>)	NF	
REYATAZ PACK	2		<i>zidovudine CAPS</i>	1	
<i>ritonavir TABS</i>	1		<i>zidovudine SYRP</i>	1	
RUKOBIA	SP		<i>zidovudine TABS</i>	1	
SELZENTRY SOLN	2		Antiviral Combinations		
SELZENTRY TABS (<i>maraviroc</i>)	NF		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
STRIBILD	2		PAXLOVID (150/100)	PV	
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF		PAXLOVID (300/100)	PV	PV
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF		PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
SYMTUZA	2		TPOXX (TECOVIRIMAT)	5	
<i>tenofovir disoproxil fumarate TABS</i>	1		CMV Agents		
TIVICAY PD TBSO	2		VALCYTE SOLR (<i>valganciclovir hcl</i>)	NF	Limit 630mls per month; QL(21 ML daily)
TIVICAY TABS	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				
VIREAD TABS 150 MG, 200 MG, 250 MG	2				

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EPCLUSA PACK	2	SP; PA
EPCLUSA TABS	2	SP; PA
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 800 MG</i>	1	QL(5 EA daily)
<i>acyclovir TABS PO 400 MG</i>	1	
<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 75 MG (<i>oseltamivir phosphate</i>)	NF	QL(10 EA per fill retail)
TAMIFLU CAPS 30 MG, 45 MG (<i>oseltamivir phosphate</i>)	NF	

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 3.125 MG</i>	1	QL(2 EA daily)
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol phosphate</i>	1	
COREG 3.125 MG (<i>carvedilol</i>)	NF	QL(2 EA daily)
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	NF	
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 5 MG, 20 MG</i>	1	QL(2 EA daily)	<i>isradipine CAPS</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 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</i>	1	QL(1 EA daily)
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 EA daily)	<i>nifedipine TB24 30 MG, 60 MG</i>	1	

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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 5 MG, 10 MG (<i>amlodipine besylate</i>)	NF	QL(1 EA daily)
NORVASC TABS 2.5 MG (<i>amlodipine besylate</i>)	NF	QL(2 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 360 MG</i>	1	QL(1 EA daily)
<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
<i>verapamil hcl CP24 180 MG</i>	1	QL(2 EA daily)
<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 360 MG (<i>verapamil hcl</i>)	2	QL(1 EA daily)
VERELAN CP24 120 MG, 240 MG (<i>verapamil hcl</i>)	NF	
VERELAN CP24 180 MG (<i>verapamil hcl</i>)	NF	QL(2 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-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	2	PA
<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	2	
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</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
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF	
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)
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
<i>sacubitril-valsartan TABS</i>	1	QL(2 EA daily)
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	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>ambrisentan</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
<i>sildenafil citrate</i>	1	QL(0.27 EA daily); PA	<i>bosentan TABS</i>	SP	PA
<i>tadalafil 2.5 MG</i>	1	QL(1 EA daily); PA	<i>bosentan TBSO 32 MG</i>	SP	PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	QL(0.27 EA daily); AL(At least 21 yrs old); PA	LETAIRIS (<i>ambrisentan</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 EA daily); PA
VIAGRA (<i>sildenafil citrate</i>)	NF	QL(0.27 EA daily); PA	OPSUMIT	SP	PA
Prostaglandin Vasodilators			TRACLEER TABS 62.5 MG (<i>bosentan</i>)	NF	USE BOSENTAN TABS
ORENITRAM MONTH 1 TEPK	SP	PA	TRACLEER TABS 125 MG (<i>bosentan</i>)	NF	
ORENITRAM MONTH 2 TEPK	SP	PA	TRACLEER TBSO 32 MG (<i>bosentan</i>)	SP	PA
ORENITRAM MONTH 3 TEPK	SP	PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ORENITRAM TBCR	SP	PA	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	SP	QL(2 EA daily); PA
TYVASO DPI INSTITUTIONAL KIT POWD	SP	QL(4 EA daily); PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	SP	QL(2 EA daily); PA
TYVASO DPI MAINTENANCE KIT POWD	SP	QL(4 EA daily); PA	REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	SP	PA
TYVASO DPI TITRATION KIT POWD	SP	QL(9 EA daily); PA	REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	NF	QL(3 EA daily); PA
TYVASO DPI TITRATION KIT POWD	SP	QL(7 EA daily); PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	SP	PA
TYVASO REFILL KIT SOLN IN	SP	PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	QL(3 EA daily); PA
TYVASO STARTER KIT SOLN IN	SP	PA	<i>tadalafil (pulmonary hypertension) TABS</i>	SP	QL(2 EA daily); PA
TYVASO SOLN IN	SP	PA	Pulmonary Hypertension - Prostacyclin Receptor		
VENTAVIS IN	SP	PA			
Pulmonary Hypertension - Endothelin Receptor Antagonists					

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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 TABS (<i>ivabradine hcl</i>)	NF	QL(2 EA daily); ST
<i>ivabradine hcl</i> TABS	2	QL(2 EA daily); ST
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
<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	

Drug Name	Drug Tier	Requirements/ Limits
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
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	PV	PV

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(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 0.03 MG-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 20 MCG-0.1 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	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSA	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	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, ROSYRAH, SETLAKIN, SIMPESSA 0.03 MG-0.15 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			

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(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	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-Iron) JOYEAUX, 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 1.5 MG-30 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 1 MG-20 MCG-75 MG	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 35 MCG-0.4 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 1.5 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-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	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 1 MG-20 MCG	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 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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<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 TBPk	1	
Emergency Contraceptives			(Dexamethasone) HIDEX 6-DAY, TAPERDEX 6-DAY TBPk	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 TBPk	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 TBPk</i>	1	
			<i>hydrocortisone TABS</i>	1	
			MEDROL TABS 4 MG, 8 MG, 16 MG (<i>methylprednisolone</i>)	NF	
			MEDROL TABS	2	

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MEDROL TBPk (methylprednisolone)	NF		<i>benzonatate</i>	1	
<i>methylprednisolone TABS</i>	1		HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	NF	
<i>methylprednisolone TBPk</i>	1		HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	NF	
ORAPRED ODT TBPk (prednisolone sodium phosphate)	NF		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
ORAPRED ODT TBPk	3		<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
PEDIAPRED SOLN (prednisolone sodium phosphate)	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 TBPk</i>	1		(Guaifenesin-Codeine) GUAIFENESIN AC SYRP	1	
PREDNISOLONE SODIUM PHOSPHATE TBPk 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 10 MG/5ML-388 MG/5ML-28 MG/5ML	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 TBPk</i>	1				
UCERIS TB24 (budesonide)	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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(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		PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3	
			<i>pseudoephed-bromphen- dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
			TUSNEL TABS	3	
			TUSSLIN PEDIATRIC LIQD	3	
			Expectorants		
			<i>potassium iodide (expectorant) SOLN</i>	1	
			SSKI SOLN (<i>potassium iodide (expectorant)</i>)	NF	
			Misc. Respiratory Inhalants		
(Promethazine- Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	1		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
(Pseudoephed-Bromphen- DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	2	
ACTIDOM DMX LIQD	3		HYPERSAL NEBU	3	
CODITUSSIN AC LIQD	3		HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	NF	
DOMETUSS-DMX LIQD	3		NEBUSAL NEBU	3	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	<i>sodium chloride (inhalant) NEBU 7 %</i>	2	
GILTUSS COUGH & COLD TABS	3		<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %</i>	1	
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC	Mucolytics		
<i>guaifenesin-codeine SOLN</i>	1		<i>acetylcysteine SOLN</i>	1	
<i>hydrocodone polistirex- chlorpheniramine polistirex SUER</i>	1		DERMATOLOGICALS - Drugs to Treat Skin Conditions		
NEOTUSS PLUS LIQD	3		Acne Products		
<i>promethazine w/codeine SOLN</i>	1	QL(30 ML daily)	(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE, GNP ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
<i>promethazine w/codeine SYRP</i>	1	QL(30 ML daily)			
<i>promethazine-dm SYRP</i>	1	QL(30 ML daily)			

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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 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 (Topical)) CLINDACIN FOAM	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
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	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
(Erythromycin (Acne Aid)) ERY PADS	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
(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	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	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	<i>adapalene-benzoyl peroxide GEL</i>	1	
(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	<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 0.1 %</i>	1	Limit 45gms per month; QL(1.5 GM daily); RX/OTC
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		<i>adapalene GEL 0.3 %</i>	1	QL(45 GM per fill retail; 135 per fill mail)
			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 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 (topical) LOTN	1		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) SOLN	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) SWAB	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-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) 5 %	1	PA			
dapsone (topical) 7.5 %	1	QL(2 GM daily)			
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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PLEXION LOTN (sulfacetamide sodium w/ sulfur)	NF	PA	VELTIN (clindamycin phosphate-tretinoin)	NF	
RETIN-A MICRO 0.04 % (tretinoin microsphere)	NF	Limit 45gms per month; QL(1.7 GM daily)	ZIANA (clindamycin phosphate-tretinoin)	NF	
RETIN-A MICRO 0.1 % (tretinoin microsphere)	NF	QL(1.67 GM daily)	Agents for External Genital and Perianal Warts		
RETIN-A MICRO PUMP 0.1 % (tretinoin microsphere)	NF	QL(1.67 GM daily)	VEREGEN	3	QL(30 GM per fill retail)
RETIN-A MICRO PUMP 0.04 % (tretinoin microsphere)	NF	Limit 45gms per month; QL(1.7 GM daily)	Antibiotics - Topical		
RETIN-A CREA (tretinoin)	NF		ALTABAX	3	
RETIN-A GEL (tretinoin)	NF		gentamicin sulfate (topical) CREA	1	
sulfacetamide sodium (acne)	1		gentamicin sulfate (topical) OINT	1	
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	1		mupirocin OINT	1	
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	2		Antifungals - Topical		
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	1	PA	(Ciclopirox) CICLODAN SOLN	1	
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	1	QL(1 GM daily)	(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
SULFACETAMIDE-SULFUR IN UREA EMUL	3		(Ketoconazole (Topical)) KETODAN FOAM	2	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 GM daily)	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
tretinoin microsphere 0.04 %	1	Limit 45gms per month; QL(1.7 GM daily)	ciclopirox olamine CREA	1	
tretinoin microsphere 0.1 %	1	QL(1.67 GM daily)	ciclopirox olamine SUSP	1	
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	1		ciclopirox GEL	1	
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	1		ciclopirox SHAM	2	
			ciclopirox SOLN	1	
			clotrimazole w/ betamethasone CREA	1	Limit 1 tube per month; QL(1.5 GM daily)
			clotrimazole w/ betamethasone LOTN	1	QL(2 ML daily)
			econazole nitrate CREA	1	
			ERTACZO	SP	QL(1 GM daily); PA
			EXELDERM CREA (sulconazole nitrate)	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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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 150 MG/ML	SP	QL(0.036 ML daily); PA
VALCHLOR	SP	PA	COSENTYX SOSY 75 MG/0.5ML	SP	QL(0.18 ML daily); PA
Antipruritics - Topical			<i>methoxsalen rapid</i>	2	
<i>doxepin hcl (antipruritic)</i>	2		PYZCHIVA 90 MG/ML	SP	QL(0.04 ML daily); PA
PRUDOXIN (<i>doxepin hcl</i> (<i>antipruritic</i>))	NF		PYZCHIVA SC 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
ZONALON (<i>doxepin hcl</i> (<i>antipruritic</i>))	NF		PYZCHIVA 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
Antipsoriatics			SKYRIZI PEN SOAJ	SP	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
(Calcipotriene) CALCITRENE OINT	1	QL(5 GM daily)	SKYRIZI SOSY	SP	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); PA
<i>acitretin 25 MG</i>	2	QL(2 EA daily)	SORILUX FOAM	SP	PA
<i>acitretin 10 MG</i>	2	QL(1 EA daily)	STELARA SOLN 45 MG/0.5ML	SP	QL(0.02 ML daily); PA
<i>acitretin 17.5 MG</i>	2		STELARA SOSY 90 MG/ML	SP	QL(0.04 ML daily); PA
<i>calcipotriene CREA</i>	2	QL(5 GM daily)	STELARA SOSY 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
CALCIPOTRIENE FOAM	SP	PA	STEQEYMA 90 MG/ML	SP	QL(0.04 ML daily); PA
<i>calcipotriene OINT</i>	1	QL(5 GM daily)	STEQEYMA 45 MG/0.5ML	SP	QL(0.17 ML daily); PA
<i>calcipotriene SOLN</i>	1		<i>tazarotene CREA</i>	1	
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 GM daily)	<i>tazarotene GEL</i>	1	
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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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAZORAC CREA (<i>tazarotene</i>)	NF		ZOVIRAX OINT (<i>acyclovir topical</i>)	NF	QL(1 GM daily)
TAZORAC GEL (<i>tazarotene</i>)	NF		Burn Products		
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	SP	QL(0.018 ML daily); PA	(Silver Sulfadiazine) SSD	1	
TREMFYA PEN SOAJ 100 MG/ML	SP	QL(0.018 ML daily); PA	<i>mafenide acetate</i> PACK	1	
TREMFYA SOSY 100 MG/ML	SP	QL(0.018 ML daily); PA	SILVADENE (<i>silver sulfadiazine</i>)	NF	
VECTICAL (<i>calcitriol topical</i>)	NF	Limit 100gms per month; QL(3.4 GM daily)	<i>silver sulfadiazine</i>	1	
YESINTEK SOLN 45 MG/0.5ML	SP	QL(0.17 ML daily); PA	SULFAMYLON CREA	3	
YESINTEK SOSY 90 MG/ML	SP	QL(0.04 ML daily); PA	SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	NF	
YESINTEK SOSY 45 MG/0.5ML	SP	QL(0.17 ML daily); PA	Corticosteroids - Topical		
Antiseborrheic Products			(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 %	1	
OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NF		(Clobetasol Propionate Emulsion) TOVET	1	
OVACE PLUS SHAM (<i>sulfacetamide sodium</i>)	NF		(Clobetasol Propionate) CLODAN SHAM	1	
OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NF		(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %	1	
<i>selenium sulfide</i> LOTN 2.5 %	1		(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %	1	
SODIUM SULFACETAMIDE-BAKUCHIOL LIQD	3		(Triamcinolone Acetonide (Topical)) TRIDERMA CREA 0.5 %	1	
<i>sulfacetamide sodium</i> LIQD	1		<i>alclometasone dipropionate</i> CREA	1	
<i>sulfacetamide sodium</i> SHAM 10 %	1		<i>alclometasone dipropionate</i> OINT	1	
Antivirals - Topical			<i>amcinonide</i> LOTN	1	
<i>acyclovir topical</i> CREA	1		APEXICON E CREA	2	
<i>acyclovir topical</i> OINT	1	QL(1 GM daily)	<i>betamethasone dipropionate (topical)</i> CREA	1	
ZOVIRAX CREA (<i>acyclovir topical</i>)	NF		<i>betamethasone dipropionate (topical)</i> LOTN	1	

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CETACAINE AERO	3		<i>metronidazole (topical) GEL 1 %</i>	1	
<i>lidocaine hcl SOLN</i>	1		<i>metronidazole (topical) LOTN</i>	1	QL(2 ML daily)
<i>lidocaine-prilocaine CREA</i>	1		MIRVASO (<i>brimonidine tartrate (topical)</i>)	NF	PA
<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 EA daily)	NORITATE CREA	SP	PA
LIDODERM PTCH (<i>lidocaine</i>)	NF	Limited to 3 patches per day; QL(3 EA daily)	ORACEA (<i>doxycycline (rosacea)</i>)	3	QL(1 EA daily); PA
PREMIUM SCAR	3		RHOFADE	3	PA
Misc. Topical			SOOLANTRA (<i>ivermectin (rosacea)</i>)	NF	QL(1.5 GM daily); PA
DRYSOL SOLN	2		Scabicides & Pediculicides		
XERAC AC	3		ELIMITE CREA (<i>permethrin</i>)	NF	QL(2 GM daily)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			<i>malathion</i>	2	
EUCRISA	3	Limited to 60 gm per month; QL(2 GM daily); PA	OVIDE (<i>malathion</i>)	NF	
Rosacea Agents			<i>permethrin CREA</i>	1	QL(2 GM daily)
<i>azelaic acid GEL</i>	1		DIAGNOSTIC PRODUCTS		
<i>brimonidine tartrate (topical)</i>	1	PA	Diagnostic Drugs		
<i>doxycycline (rosacea)</i>	1	QL(1 EA daily); PA	METOPIRONE	3	
FINACEA FOAM	3		Diagnostic Tests		
FINACEA GEL (<i>azelaic acid</i>)	NF		ACCU-CHEK AVIVA PLUS STRP	2	QL(6.7 EA daily); RX/OTC
<i>ivermectin (rosacea)</i>	1	QL(1.5 GM daily); PA	ACCU-CHEK GUIDE TEST STRP	2	QL(6.7 EA daily); RX/OTC
METROCREAM CREA (<i>metronidazole (topical)</i>)	NF		ACCU-CHEK SMARTVIEW STRP	2	QL(6.7 EA daily); RX/OTC
METROGEL GEL 1 % (<i>metronidazole (topical)</i>)	NF		ADVIN COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
<i>metronidazole (topical) CREA</i>	1		BINAXNOW COVID-19 + FLU SELF	PV	
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 GM daily)	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

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Drug Name	Drug Tier	Requirements/ Limits
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
COVID-19 AT-HOME TEST KIT	PV	QL(8 EA per fill retail); PV
COVID-19 FLU A&B 3-IN-1 TEST	PV	
COVID-19 FLU A+B ANTIGEN TEST	PV	
COVID-19 OTC ANTIGEN 1-PACK KIT	PV	QL(8 EA per fill retail); PV
COVID-19 OTC ANTIGEN 2-PACK 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
DIATRUST 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
FASTEP COVID-19 ANTIGEN TEST KIT	PV	QL(8 EA per fill retail); PV
FLOWFLEX COVID-19 AG HOME TEST KIT	PV	QL(8 EA per fill retail); PV
FLOWFLEX PLUS COVID-19/FLU A/B	PV	
FREESTYLE INSULINX TEST STRP	2	QL(6.7 EA daily); RX/OTC
FREESTYLE LITE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	QL(6.7 EA daily); RX/OTC
FREESTYLE PRECISION NEO TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE TEST STRP	2	Limit 200 per month; QL(6.7 EA daily); RX/OTC
GENABIO COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	PV	QL(8 EA per fill retail); PV
IHEALTH COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
INDICAID COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
INTELISWAB COVID-19 RAPID TEST KIT	PV	QL(8 EA per fill retail); PV
OHC COVID-19 ANTIGEN SELF TEST KIT	PV	QL(8 EA per fill retail); PV
ON/GO COVID-19 ANTIGEN 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
PILOT COVID-19 AT-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
PRECISION XTRA KETONE	2	QL(0.36 EA daily)
QUICKVUE AT-HOME COVID-19 TEST KIT	PV	QL(8 EA per fill retail); PV
RAPIDGO FLU A/B COVID-19 HOME	PV	
SPEEDY SWAB COVID-19 ANTIGEN KIT	PV	QL(8 EA per fill retail); PV
SPEEDY SWAB COVID-19/FLU HOME	PV	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	

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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>bumetanide TABS 2 MG</i>	1	QL(5 EA daily)
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure Carbonic Anhydrase Inhibitors <i>acetazolamide CP12</i> 1 QL(2 EA daily) <i>acetazolamide TABS 250 MG</i> 1 QL(4 EA daily) <i>acetazolamide TABS 125 MG</i> 1 <i>methazolamide TABS</i> 1 Diuretic Combinations <i>amiloride & hydrochlorothiazide</i> 1 <i>MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)</i> NF QL(2 EA daily) <i>MAXZIDE TABS (triamterene & hydrochlorothiazide)</i> NF QL(1 EA daily) <i>spironolactone & hydrochlorothiazide</i> 1 <i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i> 1 <i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i> 1 QL(2 EA daily) <i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i> 1 QL(1 EA daily) Loop Diuretics			<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
			BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NF	
			EDECIN (<i>ethacrynic acid</i>)	NF	ST
			<i>ethacrynic acid</i>	2	ST
			<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	1	
			<i>furosemide TABS</i>	1	
			LASIX TABS (<i>furosemide</i>)	NF	
			SOAANZ TABS 20 MG	3	
			<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
			<i>torsemide TABS 100 MG</i>	1	QL(2 EA daily)
			Potassium Sparing Diuretics		
			ALDACTONE TABS (<i>spironolactone</i>)	NF	
			<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	
			<i>metolazone</i>	1	
			THALITONE	2	
			ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones Bone Density Regulators		

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Drug Name	Drug Tier	Requirements/ Limits
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 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>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 EA daily)
<i>calcitonin (salmon) NA</i>	1	
<i>calcitonin (salmon) IJ</i>	SP	PA
FORTEO SOPN (<i>teriparatide</i>)	NF	
FORTEO SOPN (<i>teriparatide</i>)	NF	SP
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 5 MG, 30 MG, 35 MG</i>	1	ST
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 EA daily); ST
<i>teriparatide SOPN</i>	2	SP; PA
TYMLOS	SP	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	SP	PA
Growth Hormones		
HUMATROPE CART IJ	SP	PA

Drug Name	Drug Tier	Requirements/ Limits
NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML	SP	PA
NORDITROPIN FLEXPPO 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
OSPHENA	3	QL(1 EA daily); PA
<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		
<i>betaine</i>	SP	PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	SP	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	SP	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 EA daily)
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN PO</i>	1	

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	SP	PA	<i>estradiol & norethindrone acetate TABS</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	<i>norethindrone acetate-ethinyl estradiol</i>	1	
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	SP	PA	ORIAHNN	SP	PA
SIGNIFOR	SP	PA	PREMPHASE	2	
ESTROGENS - Hormone Replacement/Modifying Drugs			PREMPRO	2	
Estrogen Combinations			Estrogens		
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1		(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 EA daily)
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1		ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 EA daily)
(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS	1		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)
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1		DELESTROGEN (<i>estradiol valerate</i>)	NF	QL(5 ML daily)
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1		DIVIGEL GEL (<i>estradiol</i>)	NF	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	NF		ELESTRIN GEL	3	
ANGELIQ	3		ESTRACE TABS (<i>estradiol</i>)	NF	
CLIMARA PRO	2		<i>estradiol valerate</i>	1	QL(5 ML daily)
COMBIPATCH PTTW	3		<i>estradiol GEL</i>	1	
DUAVEE	3		<i>estradiol GEL</i>	1	Limit 50gms per month; QL(1.67 GM daily)
			<i>estradiol PTTW</i>	1	QL(0.29 EA daily)
			<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 EA daily)
			<i>estradiol TABS</i>	1	
			ESTROGEL GEL (<i>estradiol</i>)	NF	Limit 50gms per month; QL(1.67 GM daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>estrogens, conjugated TABS 0.9 MG</i>	1	
<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG</i>	1	QL(1 EA daily)
EVAMIST SOLN	3	
MENEST 2.5 MG	2	
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 EA daily)
MINIVELLE PTTW (<i>estradiol</i>)	NF	QL(0.29 EA daily)
PREMARIN TABS 0.9 MG (<i>estrogens, conjugated</i>)	NF	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG (<i>estrogens, conjugated</i>)	NF	QL(1 EA daily)
VIVELLE-DOT PTTW (<i>estradiol</i>)	NF	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NF	
<i>levofloxacin SOLN PO</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 EA per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG</i>	1	
<i>ofloxacin 400 MG</i>	1	QL(28 EA per 90 day(s) retail; 28 EA per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		

Drug Name	Drug Tier	Requirements/ Limits
MOTEGRITY (<i>prucalopride succinate</i>)	NF	QL(1 EA daily)
<i>prucalopride succinate</i>	1	QL(1 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		
(Chenodiol) CHENODAL	SP	PA
URSO 250 TABS (<i>ursodiol</i>)	NF	
URSO FORTE TABS (<i>ursodiol</i>)	NF	
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	NF	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	2	
REGLAN TABS (<i>metoclopramide hcl</i>)	NF	
Inflammatory Bowel Agents		
APRISO CP24 (<i>mesalamine</i>)	NF	QL(4 EA daily)
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NF	QL(8 EA daily)
AZULFIDINE TABS (<i>sulfasalazine</i>)	NF	QL(8 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
balsalazide disodium CAPS	1	Limit 280 caps per month; QL(9 EA daily)	SKYRIZI SOCT 180 MG/1.2ML	SP	Check Plan Documents for coverage; QL(0.043 ML daily); PA
CANASA SUPP (mesalamine)	NF	QL(1 EA daily)	sulfasalazine TABS	1	QL(8 EA daily)
COLAZAL CAPS (balsalazide disodium)	NF	Limit 280 caps per month; QL(9 EA daily)	sulfasalazine TBEC	1	QL(8 EA daily)
DELZICOL CPDR (mesalamine)	NF	QL(6 EA daily)	TREMFYA PEN SOAJ SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA
DIPENTUM	3		TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA
INFLECTRA SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP; PA	TREMFYA SOSY SC 200 MG/2ML	SP	QL(0.0715 ML daily); SP; PA
LIALDA TBEC (mesalamine)	NF	QL(4 EA daily)	Intestinal Acidifiers		
mesalamine CP24	2	QL(4 EA daily)	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
mesalamine CPCR	1	QL(8 EA daily); PA	lactulose (encephalopathy)	1	
mesalamine CPDR	2	QL(6 EA daily)	Irritable Bowel Syndrome (IBS) Agents		
mesalamine ENEM	2	QL(60 ML daily)	alosecron hcl	2	
mesalamine SUPP	2	QL(1 EA daily)	LINZESS	2	QL(1 EA daily)
mesalamine TBEC 1.2 GM	2	QL(4 EA daily)	LOTIRONEX (alosecron hcl)	NF	
mesalamine TBEC 800 MG	1		VIBERZI	3	QL(2 EA daily); PA
PENTASA CPCR (mesalamine)	NF	QL(8 EA daily); PA	Peripheral Opioid Receptor Antagonists		
PENTASA CPCR 250 MG	3	PA	alvimopan	SP	
RENFLEXIS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	ENTEREG (alvimopan)	SP	
SKYRIZI SOCT 360 MG/2.4ML	SP	Check Plan Documents for coverage; QL(0.086 ML daily); PA	MOVANTIK	3	QL(1 EA daily)
			Phosphate Binder Agents		
			(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
			calcium acetate (phosphate binder) CAPS	1	
			calcium acetate (phosphate binder) TABS	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	NF	
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	NF	QL(3 EA daily)
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	NF	QL(4 EA daily)
FOSRENOL PACK	3	
<i>lanthanum carbonate</i> CHEW 750 MG	2	QL(4 EA daily)
<i>lanthanum carbonate</i> CHEW 500 MG	2	
<i>lanthanum carbonate</i> CHEW 1000 MG	2	QL(3 EA daily)
REVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	NF	
REVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	NF	QL(5 EA daily)
REVELA TABS (<i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate</i> PACK 0.8 GM	1	
<i>sevelamer carbonate</i> PACK 2.4 GM	1	QL(5 EA daily)
<i>sevelamer carbonate</i> TABS	1	
<i>sevelamer hcl</i> 400 MG	1	
<i>sevelamer hcl</i> 800 MG	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		

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	SP	PA
PROCYSBI CPDR	SP	
PROCYSBI PACK	SP	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 EA daily); PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Prostatic Hypertrophy Agents			MITIGARE CAPS (<i>colchicine</i>)	1	
<i>alfuzosin hcl</i>	1	QL(1 EA daily)	ULORIC 80 MG (<i>febuxostat</i>)	NF	QL(1 EA daily)
AVODART (<i>dutasteride</i>)	NF	AL(At least 40 yrs old)	ULORIC 40 MG (<i>febuxostat</i>)	NF	QL(2 EA daily)
CARDURA XL	3		Uricosurics		
<i>dutasteride</i>	1	AL(At least 40 yrs old)	<i>probenecid</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1		HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
<i>finasteride</i>	1	QL(1 EA daily); AL(At least 40 yrs old)	Antihemophilic Products		
JALYN (<i>dutasteride-tamsulosin hcl</i>)	NF		ALPHANATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PROSCAR (<i>finasteride</i>)	NF	QL(1 EA daily); AL(At least 40 yrs old)	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RAPAFLO 8 MG (<i>silodosin</i>)	NF	QL(1 EA daily)	COAGADEX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
RAPAFLO 4 MG (<i>silodosin</i>)	NF		CORIFACT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>silodosin 4 MG</i>	1		FEIBA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>silodosin 8 MG</i>	1	QL(1 EA daily)	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>tamsulosin hcl</i>	1	QL(2 EA daily)	HUMATE-P SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
UROXATRAL (<i>alfuzosin hcl</i>)	NF	QL(1 EA daily)			
Urinary Stone Agents					
LITHOSTAT	3				
GOUT AGENTS - Drugs to Treat Gout					
Gout Agent Combinations					
<i>colchicine w/ probenecid</i>	1				
Gout Agents					
<i>allopurinol 300 MG</i>	1	QL(2 EA daily)			
<i>allopurinol 100 MG</i>	1	QL(3 EA daily)			
<i>colchicine CAPS</i>	1				
<i>colchicine TABS</i>	1				
COLCRYS TABS (<i>colchicine</i>)	NF				
<i>febuxostat 80 MG</i>	1	QL(1 EA daily)			
<i>febuxostat 40 MG</i>	1	QL(2 EA daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IXINITY SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	RECOMBINATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KCENTRA	SP	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
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	TRETTEN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE SOLR	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	VONVENDI	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	WILATE KIT	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 KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	SP- Acaria Health; SP; PA	(Icatibant Acetate) SAJAZIR SOSY	SP	PA
NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	FIRAZYR SOSY (<i>icatibant acetate</i>)	SP	PA
OBIZUR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>icatibant acetate SOSY</i>	SP	PA
PROFILNINE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Complement Inhibitors		
			HAEGARDA SOLR SC	SP	PA
			Hematorheologic Agents		
			<i>pentoxifylline</i>	1	QL(3 EA daily)
			Human Protein C		
			CEPROTIN	SP	PA
			Plasma Kallikrein Inhibitors		
			ORLADEYO	SP	PA
			TAKHZYRO SOLN	SP	PA
			TAKHZYRO SOSY	SP	PA
			Platelet Aggregation Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	NF		(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
<i>anagrelide hcl</i>	1				
<i>aspirin-dipyridamole</i>	1				
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	NF	QL(2 EA daily)	(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
<i>cilostazol</i>	1	QL(2 EA daily)			
<i>clopidogrel bisulfate</i>	1	QL(2 EA daily)			
<i>dipyridamole</i>	1				
EFFIENT (<i>prasugrel hcl</i>)	NF		(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NF	QL(2 EA daily)	<i>folic acid TABS 400 MCG, 800 MCG</i>	PV	PV
<i>prasugrel hcl</i>	1		<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>ticagrelor 60 MG, 90 MG</i>	1	QL(2 EA daily)	Hematopoietic Growth Factors		
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders			<i>eltrombopag olamine PACK 12.5 MG, 25 MG</i>	2	QL(1 EA daily); PA
Agents for Gaucher Disease			<i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>	2	QL(1 EA daily); PA
(Miglustat) YARGESA	SP	PA	NYVEPRIA	SP	PA
CERDELGA	SP	PA	PROMACTA PACK 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NF	QL(1 EA daily); PA
<i>miglustat</i>	SP	PA	PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NF	QL(1 EA daily); PA
ZAVESCA (<i>miglustat</i>)	SP	PA	RETACRIT	SP	PA
Agents for Sick Cell Disease			UDENYCA ONBODY SOSY	SP	PA
DROXIA CAPS	2		UDENYCA SOAJ	SP	PA
ENDARI (<i>glutamine (sickle cell)</i>)	NF	PA	UDENYCA SOSY	SP	PA
<i>glutamine (sickle cell)</i>	2	PA			
SIKLOS TABS	SP	PA			
SIKLOS TABS	SP	AC; PA			
Folic Acid/Folates					
(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			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZARXIO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	<i>quazepam</i>	3	
Hematopoietic Mixtures			RESTORIL 15 MG (<i>temazepam</i>)	NF	QL(2 EA daily)
FOLIVANE-F	2		RESTORIL 7.5 MG (<i>temazepam</i>)	NF	
INTEGRA F	2		RESTORIL 22.5 MG, 30 MG (<i>temazepam</i>)	NF	QL(1 EA daily)
IRON FOLATE-F	2		<i>temazepam 15 MG</i>	1	QL(2 EA daily)
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			<i>temazepam 22.5 MG, 30 MG</i>	1	QL(1 EA daily)
Hemostatics - Systemic			<i>temazepam 7.5 MG</i>	1	
<i>aminocaproic acid SOLN PO 0.25 GM/ML</i>	2		<i>triazolam 0.125 MG</i>	1	
<i>aminocaproic acid TABS</i>	2		<i>triazolam 0.25 MG</i>	1	QL(1 EA daily)
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	SP	PA	<i>zaleplon</i>	1	QL(1 EA daily)
<i>tranexamic acid SOLN 1000 MG/10ML</i>	SP	PA	<i>zolpidem tartrate TABS</i>	1	QL(1 EA daily)
<i>tranexamic acid TABS</i>	1	QL(6 EA daily; 5 Day(s) limit)	<i>zolpidem tartrate TBCR</i>	1	QL(1 EA daily)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			Orexin Receptor Antagonists		
Barbiturate Hypnotics			BELSOMRA	2	QL(1 EA daily); ST
<i>phenobarbital ELIX</i>	1		Selective Melatonin Receptor Agonists		
<i>phenobarbital TABS</i>	1		<i>ramelteon</i>	1	QL(1 EA daily); ST
Non-Barbiturate Hypnotics			ROZEREM (<i>ramelteon</i>)	NF	QL(1 EA daily); ST
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NF	QL(1 EA daily)	LAXATIVES - Bowel Treatment Drugs		
AMBIEN TABS (<i>zolpidem tartrate</i>)	NF	QL(1 EA daily)	Laxative Combinations		
DORAL (<i>quazepam</i>)	NF		(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBAT	PV	PV
<i>estazolam</i>	1		(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM	PV	QL(4000 ML per fill retail); PV
<i>eszopiclone</i>	1	QL(1 EA daily)	(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK	PV	PV
HALCION 0.25 MG (<i>triazolam</i>)	NF	QL(1 EA daily)			
LUNESTA (<i>eszopiclone</i>)	NF	QL(1 EA daily)			
<i>midazolam hcl SYRP</i>	1				

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GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	PV	QL(4000 ML per fill retail); PV	MIRALAX POWD (<i>polyethylene glycol 3350</i>)	NF	Limit 528gms per month; QL(17.6 GM daily)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	PV	PV	<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 GM daily)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM</i>	PV	QL(4000 ML per fill retail); PV	Stimulant Laxatives		
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	PV	PV	(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	
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				
(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)			
<i>lactulose SOLN</i>	1				

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(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	ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NF	QL(3 EA daily)
<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	ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NF	QL(6 EA per fill retail)
<i>bisacodyl TBEC</i>	1		ZITHROMAX PACK	3	
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	NF		ZITHROMAX SUSR (<i>azithromycin</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	ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NF	QL(3 EA daily)
DULCOLAX TBEC (<i>bisacodyl</i>)	NF		ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NF	QL(6 EA per fill retail)
MACROLIDES - Drugs to Treat Bacterial Infections			Clarithromycin		
Azithromycin			<i>clarithromycin SUSR</i>	1	
<i>azithromycin PACK</i>	1		<i>clarithromycin TABS</i>	1	
<i>azithromycin SUSR</i>	1		<i>clarithromycin TB24</i>	1	QL(14 EA per fill retail)
<i>azithromycin TABS 250 MG</i>	1	QL(6 EA per fill retail)	Erythromycins		
<i>azithromycin TABS 600 MG</i>	1	QL(10 EA per fill retail)	(Erythromycin Base) ERY-TAB TBEC	1	
<i>azithromycin TABS 500 MG</i>	1	QL(3 EA daily)	(Erythromycin Ethylsuccinate) E.E.S. 400 TABS	2	
			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
			E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NF	
			ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NF	
			ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NF	
			<i>erythromycin base CPEP</i>	2	
			<i>erythromycin base TABS</i>	1	
			<i>erythromycin base TBEC</i>	1	
			<i>erythromycin ethylsuccinate SUSR</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate TABS</i>	2		KIMONO COLORS DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
Fidaxomicin			KIMONO MAXX-LARGE FLARE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	NF		KIMONO MICRO THIN PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
<i>fidaxomicin TABS 200 MG</i>	1		KIMONO MICRO THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
MEDICAL DEVICES AND SUPPLIES			KIMONO PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
Contraceptives			KIMONO PS PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
AIMSCO LUBRICATED MISC	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
CAYA DPRH	PV	QL(1 EA per 365 day(s) retail); PV	KIMONO SENSATION PLUS MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
CONDOMS	PV		KIMONO SENSATION MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO SPECIAL DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	KIMONO MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
DUREX TROPICAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	K-Y ME & YOU EXTRA LUBRICATED DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICI DE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			
FANTASY LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			
FC2 FEMALE CONDOM	PV	PV			
FEMCAP DEVI	PV	PV			
KAMELEON LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			

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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	TRUSTEX LUB/RIBBED/STUDDERED 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	TRUSTEX LUB/SPERMICIDE EX ST MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA TEXTURED DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUB/SPERMICIDE XL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA THIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED EX LARGE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN BARESKIN DEVI	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED EXTRA ST MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ENZ MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN MAGNUM MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN/SPERMICIDAL MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX NATURAL CONDOMS + LUBE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN ULTRA THIN MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	TRUSTEX NON-LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV
TROJAN-ENZ LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV			

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TRUSTEX RIA LUB/SPERMICIDE MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACCU-CHEK GUIDE KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX RIA LUBRICATED MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACCU-CHEK SAFE-T PRO 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 SOFTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	PV	QL(1.21 EA daily; 36 EA per fill retail; 36 per fill mail); PV	ACTI-LANCE 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 60	PV	PV	ACTI-LANCE LITE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 65	PV	PV	ACTI-LANCE SPECIAL LANCETS 17G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 70	PV	PV	ACTI-LANCE UNIVERSAL 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 75	PV	PV	ADVANCED MOBILE LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 80	PV	PV	ADVOCATE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 85	PV	PV	ADVOCATE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 90	PV	PV	ADVOCATE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
WIDE-SEAL DIAPHRAGM 95	PV	PV	ADVOCATE SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
Diabetic Supplies					
ACCU-CHEK FASTCLIX LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC			
ACCU-CHEK GUIDE ME KIT	2	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC			

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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
AGAMATRIX ULTRA-THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ASSURE LANCE PLUS SAFETY 25G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
AIMSCO TWIST LANCETS 32G	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
AIMSCO TWIST LANCETS 33G	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
AQUALANCE LANCETS 30G	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
ASSURE COMFORT LANCETS 28G	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
ASSURE HAEMOLANCE PLUS HIGH	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD MICROTAINER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS LOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CAREONE LANCET SUPER THIN 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS MICRO	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CAREONE LANCET THIN 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL	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

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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
CARETOUCH TWIST LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	COAGUCHEK LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CARETOUCH TWIST LANCETS 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
CARETOUCH TWIST LANCETS 33G	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
CARETOUCH TWIST MC LANCETS 30G	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
CHOSEN LANCETS 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
CHOSEN SAFETY 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
CLEANLET LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	COMFORT TOUCH TWIST LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHEK LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	CVS LANCETS ORIGINAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
EMBRACE PRESSURE ACTIVATED 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	FREESTYLE LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
EMBRACE PRESSURE ACTIVATED 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
EZ-LETS LANCETS 21G	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
EZ-LETS LANCETS 26G	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
EZ-LETS LANCETS 28G	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
EZ-LETS LANCETS 30G	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
FIFTY50 SAFETY SEAL 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
FIFTY50 UNILET LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
FINE 30	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
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
GNP STERILE LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	H-E-B INCONTROL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
GNP STERILE LANCETS 30G	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
GNP STERILE LANCETS 33G	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
GOJJI STERILE LANCETS	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
HAEMOLANCE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	IN TOUCH STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KINNEY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KINNEY THIN LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
HAEMOLANCE PLUS HIGH FLOW	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	KROGER HEALTHPRO LANCET 26G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
LANCETS 28G THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	LIVE BETTER LANCET SUPER THIN	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MEDICHOICE SAFETY LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
LANCETS 33G	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
LANCETS MICRO THIN 33G	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
LANCETS SUPER THIN	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
LANCETS SUPER THIN 28G	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
LANCETS THIN	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
LANCETS ULTRA THIN	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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
MEDLANCE UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MPD SAFETY LANCET 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	MYGLUCOHEALTH LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MEIJER LANCETS UNIVERSAL 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MICROLET LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	NOVA SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
MM TWIST 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
MOBILE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	ONETOUCH DELICA PLUS LANCET30G	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
ONETOUCH DELICA PLUS LANCET33G	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 SAFETY LANCING	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 ULTRASOFT 2 LANCETS	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
PERFECT LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PRODIGY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PERFECT LANCETS 30G	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
PERFECT POINT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PRODIGY TWIST TOP LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PHARMACIST CHOICE 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
PIP LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PSS SELECT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PIP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
PRECISION THINS GP LANCETS	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
PRECISION XTRA-GLUCOSE/KETONE DEVI	2	Limit 200 per month without authorization; QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail)	PX LANCETS ULTRA THIN 28G	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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
SOLUS V2 TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	TECHLITE LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
STERILANCE TL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	THINLETS GP LANCETS	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	TODAYS HEALTH THIN LANCETS 28G	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	TODAYS HEALTH THIN LANCETS 30G	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	TRAVEL LANCETS ADVANCED 28G	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	TRUE COMFORT SAFETY 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	TRUE COMFORT TWIST TOP 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
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
TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNILET G.P. LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ULILET CLASSIC LANCETS	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
ULILET LANCETS	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
ULILET SAFETY LANCETS	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
ULILET SAFETY LANCETS 23G	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
ULTRA THIN LANCETS 31G	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
ULTRA-CARE LANCETS 30G	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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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
UNISTIK 2 NEONATAL	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	UNISTIK PRO SAFETY LANCET	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
UNISTIK 2 NORMAL	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
UNISTIK 2 SUPER	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
UNISTIK 3	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
UNISTIK 3 COMFORT	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
UNISTIK 3 EXTRA	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
UNISTIK 3 GENTLE	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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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	BD AUTOSHIELD DUO	2	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 DISP NEEDLES	2	RX/OTC
VERIFINE SAFE LANCET MINI 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD ECLIPSE LUER-LOK NEEDLE	2	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE MINI ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD PEN NEEDLE NANO 2ND GEN	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD LANCETS	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD PEN MISC	3	Limited to 1 device per year; QL(1 EA per fill retail; 1 EA per 365 day(s) retail); RX/OTC
VIVAGUARD LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
VIVAGUARD SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
ZEVRIX TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BD VEO INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC
Parenteral Therapy Supplies			BD VEO INSULIN SYR ULTRAFINE	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	CAREPOINT POLY HUB NEEDLE	2	RX/OTC
			COMFORT EZ INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
			COMFORT EZ INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC
DROPLET INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC	RELION INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL(6.67 EA daily); RX/OTC	TECHLITE 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	TECHLITE INSULIN SYRINGE	2	QL(6.67 EA daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES	2	RX/OTC	Respiratory Therapy Supplies		
EASY TOUCH HYPODERMIC NEEDLE	2	RX/OTC	AIRZONE PEAK FLOW METER	2	RX/OTC
EMBECTA AUTOSHIELD DUO	2	QL(6.67 EA daily); RX/OTC	ASSESS PEAK FLOW METER	2	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	BREATHE EASE PEAK FLOW METER	2	RX/OTC
EMBECTA INSULIN SYR ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	CLEVER CHOICE PEAK FLOW METER	2	RX/OTC
EMBECTA PEN NEEDLE NANO	2	QL(6.67 EA daily); RX/OTC	LUNG PERFORM PEAK FLOW METER	2	RX/OTC
EMBECTA PEN NEEDLE NANO 2 GEN	2	QL(6.67 EA daily); RX/OTC	MICROLIFE DIGITAL PEAK FLOW	2	RX/OTC
EMBECTA PEN NEEDLE ULTRAFINE	2	QL(6.67 EA daily); RX/OTC	MINI WRIGHT PEAK FLOW METER	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	QL(6.67 EA daily); RX/OTC	PEAK A-I-R FLOW METER	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	2	Limit 200 per month; QL(6.67 EA daily); RX/OTC	PEAK AIR PEAK FLOW METER	2	RX/OTC
INSULIN SYRINGES AND PEN NEEDLES	2	MO	PEAK FLOW METER UNIVERSAL RANG	2	RX/OTC
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	PERSONAL BEST FULL RANGE	2	RX/OTC
POLY HUB NEEDLE	2	RX/OTC	PIKO 1	2	RX/OTC
			POCKET PEAK FLOW METER	2	RX/OTC
			POCKETPEAK PEAK FLOW METER	2	RX/OTC
			PURE COMFORT FLOW METER ADULT	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PURE COMFORT FLOW METER CHILD	2	RX/OTC
STRIVE DUAL ZONE PEAK FLOW MTR	2	RX/OTC
TRUZONE PEAK FLOW METER	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
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
EMGALITY SOSY	2	QL(0.07 ML daily); PA
UBRELVY	3	QL(10 EA per 30 day(s) retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ML daily); PA
ERGOMAR SUBL	SP	
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NF	QL(0.27 ML daily); PA
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 EA daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
FROVA (<i>frovatriptan succinate</i>)	NF	Limit 9 per month; QL(0.3 EA daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 EA daily)
IMITREX 5 MG/ACT (<i>sumatriptan</i>)	NF	Limit 6 per month; QL(0.2 EA daily)
IMITREX 20 MG/ACT (<i>sumatriptan</i>)	NF	Limit 6 sprayers per month; QL(2 EA daily)
IMITREX STATDOSE REFILL SOCT (<i>sumatriptan succinate</i>)	NF	PA
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	2	PA
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NF	PA
IMITREX TABS (<i>sumatriptan succinate</i>)	NF	Limit 9 per month; QL(2 EA daily)
MAXALT-MLT TBDP 10 MG (<i>rizatriptan benzoate</i>)	NF	Limit 18 tabs per month; QL(0.6 EA daily)
MAXALT TABS 10 MG (<i>rizatriptan benzoate</i>)	NF	Limit 18 tabs per month; QL(0.6 EA daily)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 EA daily)
RELPAK (<i>eletriptan hydrobromide</i>)	NF	Limit 6 tabs per month; QL(0.2 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 EA daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 EA daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>sumatriptan succinate SOAJ</i>	1	PA
<i>sumatriptan succinate SOCT</i>	1	PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	SP	Limit 2mls per month; QL(0.07 ML daily); PA
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 EA daily)
<i>zolmitriptan SOLN</i>	1	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 EA daily)
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 EA daily)
ZOMIG SOLN (<i>zolmitriptan</i>)	NF	QL(6 EA per 30 day(s) retail; 18 EA per 90 days mail)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
Fluoride		
FLORIVA	3	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	PV	AL(Up to 6 yrs old); PV

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium fluoride CHEW 1 MG</i>	1	AL(Up to 6 yrs old)
<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
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	NF	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ	1	
(Potassium Chloride) Klor-Con, Klor-Con 10 TBCr 8 MEQ	1	
(Potassium Chloride) Klor-Con, Klor-Con 10 TBCr 10 MEQ	1	
(Potassium Chloride) Klor-Con Pack PO 20 MEQ	1	
EFFER-K	3	
K-TAB TBCr 20 MEQ (<i>potassium chloride</i>)	NF	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK PO 20 MEQ</i>	1	
<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	1	
<i>potassium chloride TBCr 8 MEQ, 10 MEQ, 20 MEQ</i>	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	

Drug Name	Drug Tier	Requirements/ Limits
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
REVLIMID	3	QL(1 EA daily); SP; AC; PA
THALOMID	SP	AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
ASTAGRAF XL CP24	3	ST
<i>azathioprine TABS 50 MG</i>	1	
<i>azathioprine TABS 75 MG, 100 MG</i>	2	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NF	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NF	
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NF	
<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
<i>cyclosporine CAPS</i>	1	
<i>everolimus (immunosuppressant)</i>	SP	
IMURAN TABS (<i>azathioprine</i>)	NF	
<i>mycophenolate mofetil CAPS</i>	1	
<i>mycophenolate mofetil SUSR</i>	1	

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<i>mycophenolate mofetil TABS</i>	1	
<i>mycophenolate sodium</i>	2	
MYFORTIC (<i>mycophenolate sodium</i>)	NF	
MYHIBBIN SUSP	3	
NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	NF	
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	NF	
PROGRAF CAPS (<i>tacrolimus</i>)	NF	
PROGRAF PACK	SP	PA
RAPAMUNE SOLN (<i>sirolimus</i>)	NF	
RAPAMUNE TABS (<i>sirolimus</i>)	NF	
SANDIMMUNE CAPS (<i>cyclosporine</i>)	NF	
SANDIMMUNE SOLN PO 100 MG/ML	3	
<i>sirolimus SOLN</i>	2	
<i>sirolimus TABS</i>	2	
<i>tacrolimus CAPS</i>	2	
THYMOGLOBULIN	3	PA
ZORTRESS (<i>everolimus (immunosuppressant)</i>)	SP	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	1	
(Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML	1	
LOKELMA	3	QL(1 EA daily)
<i>sodium polystyrene sulfonate POWD</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	SP	PA
BENLYSTA SOSY	SP	PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat)</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
NYSTATIN (<i>nystatin (mouth-throat)</i>)	NF	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NF	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	QL(3 EA daily)
EVOXAC (<i>cevimeline hcl</i>)	NF	QL(3 EA daily)
MUCOTROL WAFR	3	
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 EA daily)
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 EA daily)
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(4 EA daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(6 EA daily)	<i>pediatric multivitamins w/fl SOLN</i>	1	AL(Up to 6 yrs old); RX/OTC
MULTIVITAMINS			POLY-VI-FLOR CHEW 0.5 MG, 1 MG	2	RX/OTC
Ped Multi Vitamins w/Fl & FE			POLY-VI-FLOR CHEW 0.25 MG	3	RX/OTC
<i>ped multivitamins w/fl & iron SOLN</i>	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR SUSP	2	
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	QUFLORA PEDIATRIC CHEW 0.5 MG, 1 MG	2	RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	QUFLORA PEDIATRIC CHEW 0.25 MG	3	RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			SOLUVITA ACD WITH FLUORIDE SOLN	3	AL(Up to 6 yrs old); RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	SOLUVITA WITH FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC
FLORAFOL PEDIATRIC CHEW	2	RX/OTC	TRI-VI-FLOR SUSP 0.25 MG/ML	2	
FLORAFOL PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	2	
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC	VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC
FLOTREX CHEW 0.25 MG	3	RX/OTC	VITAMINS ACD-FLUORIDE SOLN 0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
FLOTREX CHEW 0.5 MG, 1 MG	2	RX/OTC	Pediatric Multiple Vitamins & Minerals w/ Fluoride		
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	2	RX/OTC	FLORIVA	3	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG	3	RX/OTC	Prenatal Vitamins		
MULTIVITAMIN/FLUORIDE SOLN	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	2		(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	2	RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
MULTI-VIT-FLOR CHEW 0.25 MG	3	RX/OTC			
<i>pediatric multivitamins w/fl CHEW</i>	1	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(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 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
ATABEX EC TBEC	2		NEONATAL PLUS TABS	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		NESTABS	3	
CITRANATAL ASSURE	3		NESTABS DHA	2	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NESTABS ONE	3	
CITRANATAL MEDLEY	3		NIVA-PLUS TABS	2	RX/OTC
C-NATE DHA CAPS	3		OB COMPLETE ONE	3	
COMPLETENATE CHEW	2		OB COMPLETE PETITE	3	
CONCEPT DHA	2		OB COMPLETE PREMIER	3	
CONCEPT OB	2		OB COMPLETE/DHA	3	
DUET DHA 400 MISC	3		ONE VITE WOMENS PLUS TABS	2	RX/OTC
FOLIVANE-OB	2		PNV 27-CA/FE/FA TABS	2	
M-NATAL PLUS TABS	2	RX/OTC	PNV-DHA+DOCUSATE	3	
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		PNV-OMEGA	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PRENA 1 TRUE	2	
NEONATAL 19	3		PRENA1	3	
			PRENA1 PEARL	3	
			PRENAISSANCE	3	
			PRENAISSANCE PLUS CAPS	3	
			PRENATAL 19 CHEW	2	
			PRENATAL 19 TABS	3	RX/OTC
			PRENATAL PLUS VITAMIN/MINERAL TABS	2	RX/OTC
			PRENATAL PLUS TABS	2	RX/OTC
			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
			PRENATAL-U CAPS	2	
			PRENATE	3	

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen TABS 10 MG</i>	1	QL(6 EA daily)
<i>carisoprodol TABS</i>	1	
<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
LIORESAL SOLN IT	SP	Must use Accredo SP pharmacy; PA
<i>metaxalone 400 MG</i>	1	
<i>metaxalone 800 MG</i>	2	QL(4 EA daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
OZOBAX SOLN PO (<i>baclofen</i>)	NF	
SOMA TABS (<i>carisoprodol</i>)	NF	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 EA daily)
<i>tizanidine hcl TABS 2 MG</i>	1	
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NF	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NF	QL(9 EA daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NF	
<i>dantrolene sodium CAPS</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 GM daily)

Drug Name	Drug Tier	Requirements/ Limits
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NF	Limit 1 inhaler per month; QL(0.77 GM daily)
Nasal Antiallergy		
(AzelaStine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ML daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	
Nasal Steroids		
(Fluticasone Propionate (Nasal)) ALLERGY RELIEF, ALLERGY SPRAY 24 HOUR, CLARISPRAY, CVS FLUTICASONE PROPIONATE, EQ ALLERGY RELIEF, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HR ALLERGY NASAL, HM ALLERGY RELIEF, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF SUSP	1	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP	1	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Triamcinolone Acetonide (Nasal)) ALLERGY SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY, GNP 24 HOUR NASAL ALLERGY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR AERO	1	Limit 1 sprayer per month; QL(1.2 ML daily)	RADICAVA ORS SUSP	SP	PA
FLONASE ALLERGY REL CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC	RELYVRIO	SP	PA
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(1.2 ML daily); RX/OTC	RILUTEK TABS (<i>riluzole</i>)	NF	
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 GM daily); RX/OTC	<i>riluzole TABS</i>	1	
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 GM daily); RX/OTC	Spinal Muscular Atrophy Agents (SMA)		
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NF		EVRYSDI	SP	PA
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(1.22 ML daily); RX/OTC	NUTRIENTS		
<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; QL(1.2 ML daily)	Lipids		
XHANCE EXHU	3	QL(1.07 ML daily); ST	DOJOLVI	SP	PA
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			OPHTHALMIC AGENTS - Drugs to Treat the Eye		
ALS Agents			Beta-blockers - Ophthalmic		
RADICAVA ORS STARTER KIT SUSP	SP	PA	(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	2	
			<i>betaxolol hcl (ophth) SOLN</i>	1	
			BETIMOL (<i>timolol</i>)	NF	
			BETOPTIC-S SUSP	2	
			<i>brimonidine tartrate-timolol maleate</i>	1	
			<i>carteolol hcl (ophth)</i>	1	
			COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>)	NF	
			COSOPT (<i>dorzolamide hcl-timolol maleate</i>)	NF	
			COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>)	NF	
			DORZOLAMIDE HCL-TIMOLOL MAL	2	
			<i>dorzolamide hcl-timolol maleate</i>	1	
			ISTALOL SOLN (<i>timolol maleate (ophth)</i>)	NF	
			<i>levobunolol hcl 0.5 %</i>	1	
			<i>timolol</i>	1	
			<i>timolol maleate (ophth) SOLG</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>timolol maleate (ophth) SOLN</i>	2		Ophthalmic Anti-infectives		
<i>timolol maleate (ophth) SOLN</i>	1		(Bacitracin-Polymyxin B (Ophth)) POLYCIN	1	
TIMOPTIC OCUDOSE SOLN (<i>timolol maleate (ophth)</i>)	NF		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
Cycloplegic Mydriatics			<i>bacitracin (ophthalmic)</i>	2	
(Homatropine Hbr) HOMATROPAIRE	1		<i>bacitracin-polymyxin b (ophth)</i>	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1		BESIVANCE	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1		BETADINE OPHTHALMIC PREP	3	
<i>atropine sulfate (ophthalmic) SOLN</i>	1		CILOXAN OINT	2	
ATROPINE SULFATE SOLN 1 %	2		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
CYCLOGYL (<i>cyclopentolate hcl</i>)	NF		ERYTHROMYCIN	2	
CYCLOGYL	2		<i>erythromycin (ophth)</i>	1	
CYCLOMYDRIL	3		<i>gatifloxacin (ophth)</i>	1	
<i>cyclopentolate hcl 1 %</i>	1		<i>gentamicin sulfate (ophth) SOLN</i>	1	
MYDRIACYL SOLN (<i>tropicamide</i>)	NF		KLARITY-A	2	Use Klarity-A 71384-0220-03; QL(0.17 ML daily)
<i>phenylephrine hcl (mydriatic) SOLN</i>	1		<i>levofloxacin (ophth) 1.5 %</i>	2	
PHENYLEPHRINE HCL SOLN (<i>phenylephrine hcl (mydriatic)</i>)	NF		<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
<i>tropicamide SOLN</i>	1		NATACYN	2	
Miotics			<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ML daily)	<i>neomycin-polymyxin-gramicidin</i>	1	
Ophthalmic Adrenergic Agents			OCUFLOX (<i>ofloxacin (ophth)</i>)	NF	QL(5 ML per fill retail; 5 per fill mail)
ALPHAGAN P (<i>brimonidine tartrate</i>)	NF		<i>ofloxacin (ophth)</i>	1	QL(5 ML per fill retail; 5 per fill mail)
<i>apraclonidine hcl</i>	1		<i>polymyxin b-trimethoprim</i>	1	
<i>brimonidine tartrate</i>	1		POVIDONE-IODINE	3	
			<i>sulfacetamide sodium (ophth) OINT</i>	1	

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<i>sulfacetamide sodium (ophth) SOLN</i>	1		<i>difluprednate</i>	1	
<i>tobramycin (ophth) SOLN</i>	1		DUREZOL (<i>difluprednate</i>)	NF	
TOBREX OINT	2		FLAREX	2	
<i>trifluridine</i>	1		<i>fluorometholone (ophth) SUSP</i>	1	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NF		FML FORTE SUSP	2	
ZIRGAN GEL	3		FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NF	
ZYMAXID (<i>gatifloxacin (ophth)</i>)	NF		LOTEMAX GEL (<i>loteprednol etabonate</i>)	NF	
Ophthalmic Immunomodulators			LOTEMAX OINT	3	
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 EA daily)	LOTEMAX SUSP (<i>loteprednol etabonate</i>)	NF	
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	NF	Use generic Cyclosporine (Ophth) Emulsion 0.05%; QL(2 EA daily)	<i>loteprednol etabonate GEL</i>	2	
Ophthalmic Local Anesthetics			<i>loteprednol etabonate SUSP</i>	2	
(Tetracaine Hcl (Ophth)) ALTACAINE	1		MAXIDEX SUSP OP	2	
AKTEN	3		MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	NF	
ALCAINE (<i>proparacaine hcl</i>)	NF		MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	NF	
<i>proparacaine hcl</i>	2		<i>neomycin-polymy-dexameth OINT</i>	1	
<i>tetracaine hcl (ophth)</i>	1		<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	1	
Ophthalmic Steroids			<i>neomycin-polymyxin-hc (ophth)</i>	1	
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 GM per fill retail; 4 per fill mail)	PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NF	
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1		PRED MILD	2	
ALREX SUSP (<i>loteprednol etabonate</i>)	NF		<i>prednisolone acetate (ophth)</i>	1	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 GM per fill retail; 4 per fill mail)	PREDNISOLONE SODIUM PHOSPHATE	3	
<i>dexamethasone sodium phosphate (ophth)</i>	1				

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PREDNISOLONE-MOXIFLOXACIN SOLN	3		<i>azelastine hcl (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone SOLN</i>	1		AZOPT (<i>brinzolamide</i>)	NF	Limit 10mls per month; QL(0.4 ML daily)
TOBRADEX ST SUSP	3		<i>bepotastine besilate</i>	1	QL(0.34 ML daily); ST
TOBRADEX OINT	3		BEPREVE (<i>bepotastine besilate</i>)	NF	QL(0.34 ML daily); ST
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ML per fill retail)	<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ML daily)
ZYLET	3	QL(5 ML per fill retail)	<i>bromfenac sodium (ophth) 0.09 %</i>	1	
Ophthalmic Surgical Aids			<i>bromfenac sodium (ophth) 0.07 %, 0.075 %</i>	2	
GELFILM	3		BROMSITE (<i>bromfenac sodium (ophth)</i>)	NF	
Ophthalmics - Misc.			<i>cromolyn sodium (ophth)</i>	1	
(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, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ML daily); RX/OTC	CYSTARAN	SP	
(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)	<i>diclofenac sodium (ophth)</i>	1	
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NF		<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ML daily)
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NF		DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ML daily)
ACUVAIL	3		<i>epinastine hcl (ophth)</i>	1	
ALOCIL	3		<i>flurbiprofen sodium</i>	1	
ALOMIDE	2		ILEVRO	3	
			<i>ketorolac tromethamine (ophth)</i>	1	
			LASTACFT	3	ST
			NEVANAC	3	
			<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ML daily); RX/OTC
			<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ML daily)
			PATADAY 0.1 % (<i>olopatadine hcl</i>)	NF	Limit 10mls per month; QL(0.34 ML daily)
			PATADAY 0.2 % (<i>olopatadine hcl</i>)	NF	QL(0.09 ML daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PROLENSA (<i>bromfenac sodium (ophth)</i>)	NF	
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
<i>latanoprost SOLN</i>	1	QL(0.09 ML daily)
<i>latanoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ML daily)
<i>tafluprost</i>	1	QL(1 EA daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	NF	Limit 2.5mls per month; QL(0.09 ML daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ML daily)
XALATAN SOLN (<i>latanoprost</i>)	NF	Limit 2.5mls per month; QL(0.09 ML daily)
XALATAN SOLN (<i>latanoprost</i>)	NF	
ZIOPTAN (<i>tafluprost</i>)	NF	QL(1 EA daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	NF	QL(14 EA per fill retail)
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 EA per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	NF	
<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		
GAMASTAN IM	SP	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1		Penicillinase-Resistant Penicillins		
<i>amoxicillin SUSR</i>	1		<i>dicloxacillin sodium</i>	1	
<i>amoxicillin TABS</i>	1		<i>nafcillin sodium IV 10 GM</i>	SP	PA
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	SP	PA	NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML	SP	PA
<i>ampicillin CAPS 500 MG</i>	1		<i>oxacillin sodium IV 10 GM</i>	SP	PA
Natural Penicillins			PROGESTINS - Hormone Replacement/Modifying Drugs		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	SP	PA	Progestins		
BICILLIN L-A SUSY	SP	PA	(Norethindrone Acetate) GALLIFREY TABS	1	
PENICILLIN G POT IN DEXTROSE	SP	PA	<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 EA daily)
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	SP	PA	<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1	
<i>penicillin g sodium</i>	SP	PA	<i>megestrol acetate (appetite)</i>	1	AC
<i>penicillin v potassium SOLR</i>	1		<i>norethindrone acetate TABS</i>	1	
<i>penicillin v potassium TABS</i>	1		<i>progesterone CAPS</i>	1	QL(1 EA daily)
Penicillin Combinations			<i>progesterone OIL</i>	1	PA
<i>amoxicillin & pot clavulanate CHEW</i>	1		PROMETRIUM CAPS (<i>progesterone</i>)	NF	QL(1 EA daily)
<i>amoxicillin & pot clavulanate SUSR</i>	1		PROVERA 5 MG (<i>medroxyprogesterone acetate</i>)	NF	
<i>amoxicillin & pot clavulanate TABS</i>	1		PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	NF	QL(1 EA daily)
<i>amoxicillin & pot clavulanate TB12</i>	1		PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NF		Agents for Chemical Dependency		
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2		<i>acamprosate calcium</i>	1	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NF		<i>disulfiram</i>	1	
BICILLIN C-R	SP	PA	Anti-Cataplectic Agents		
BICILLIN C-R 900/300	SP	PA	SODIUM OXYBATE SOLN	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
Antidementia Agents		
ARICEPT TABS (<i>donepezil hydrochloride</i>)	NF	QL(1 EA daily)
<i>donepezil hydrochloride</i> TABS	1	QL(1 EA daily)
<i>donepezil hydrochloride</i> TBDP	1	QL(1 EA daily)
EXELON (<i>rivastigmine</i>)	NF	
<i>galantamine</i> <i>hydrobromide</i> CP24	1	QL(1 EA daily)
<i>galantamine</i> <i>hydrobromide</i> SOLN	2	
<i>galantamine</i> <i>hydrobromide</i> TABS	1	
<i>memantine hcl</i> CP24	1	PA
<i>memantine hcl</i> SOLN	1	
<i>memantine hcl</i> TABS	1	
<i>memantine hcl</i> TABS 5 MG	1	QL(4 EA daily)
<i>memantine hcl</i> TABS 10 MG	1	QL(2 EA daily)
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NF	
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	NF	PA
NAMENDA TABS 10 MG (<i>memantine hcl</i>)	NF	QL(2 EA daily)
NAMENDA TABS 5 MG (<i>memantine hcl</i>)	NF	QL(4 EA daily)
NAMZARIC C4PK	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i> CAPS	1	
Combination Psychotherapeutics		
<i>chlorthalidone</i> - <i>amitriptyline</i>	1	
<i>olanzapine-fluoxetine hcl</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>perphenazine-amitriptyline</i>	1	
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		
AUSTEDO TABS 6 MG, 9 MG	SP	QL(2 EA daily); PA
AUSTEDO TABS 12 MG	SP	QL(1 EA daily); PA
<i>tetrabenazine</i>	2	Specialty drug- Health Net will refer to SP Pharmacy; PA
XENAZINE (<i>tetrabenazine</i>)	NF	Specialty drug- Health Net will refer to SP Pharmacy; PA
Multiple Sclerosis Agents		
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ML per 28 day(s) retail)
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ML daily)
AMPYRA (<i>dalfampridine</i>)	NF	PA
AUBAGIO (<i>teriflunomide</i>)	NF	QL(1 EA daily)
AVONEX PEN AJKT	SP	PA
AVONEX PREFILLED PSKT	SP	PA
BETASERON KIT	SP	PA
COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	NF	QL(1 ML daily)
COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NF	QL(12 ML per 28 day(s) retail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dalfampridine</i>	2	PA	(Nicotine Polacrilex) CVS	PV	PV
<i>dimethyl fumarate CDPK</i>	2		NICOTINE, CVS		
<i>dimethyl fumarate CPDR</i>	2	QL(2 EA daily)	NICOTINE POLACRILEX, EQ NICOTINE, EQ		
<i>fingolimod hcl</i>	2	QL(1 EA daily); SP	NICOTINE POLACRILEX, FT NICOTINE, FT		
GILENYA (<i>fingolimod hcl</i>)	NF	QL(1 EA daily); SP	NICOTINE MINI, GNP		
<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ML per 28 day(s) retail)	NICOTINE MINI, GNP		
<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ML daily)	NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE		
PLEGRIDY STARTER PACK SOAJ	SP	PA	POLACRILEX, KLS QUIT2, KLS QUIT4,		
PLEGRIDY STARTER PACK SOSY SC	SP	PA	NICOTINE MINI, NICOTINE POLACRILEX		
PLEGRIDY SOAJ	SP	PA	MINI, PX STOP		
PLEGRIDY SOSY SC	SP	PA	SMOKING AID, SM	PV	PV
REBIF REBIDOSE TITRATION PACK SOAJ	SP	PA	NICOTINE POLACRILEX LOZG		
REBIF REBIDOSE SOAJ	SP	PA	(Nicotine Polacrilex) CVS		
REBIF TITRATION PACK SOSY	SP	PA	NICOTINE, CVS		
REBIF SOSY	SP	PA	NICOTINE POLACRILEX, EQ NICOTINE, EQ		
TECFIDERA CDPK (<i>dimethyl fumarate</i>)	NF		NICOTINE POLACRILEX, FT NICOTINE, FT		
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NF	QL(2 EA daily)	NICOTINE MINI, GNP		
<i>teriflunomide</i>	2	QL(1 EA daily)	NICOTINE MINI, GNP		
Premenstrual Dysphoric Disorder (PMDD) Agents			NICOTINE POLACRILEX, GOODSENSE NICOTINE, HM NICOTINE		
<i>fluoxetine hcl (pmdd) TABS</i>	2		POLACRILEX, KLS QUIT2, KLS QUIT4,		
Pseudobulbar Affect (PBA) Agents			NICOTINE MINI, NICOTINE POLACRILEX		
NUEDEXTA	SP	PA	MINI, PX STOP		
Psychotherapeutic and Neurological Agents - Misc.			SMOKING AID, SM		
<i>ergoloid mesylates TABS</i>	1		NICOTINE POLACRILEX LOZG 2 MG		
<i>pimozide</i>	1				
Smoking Deterrents					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, 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	(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
(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, 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) 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

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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	PV	PV	NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</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 7 MG/24HR, 14 MG/24HR	PV	PV	NICORETTE GUM (<i>nicotine polacrilex</i>)	PV	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 LOZG (<i>nicotine polacrilex</i>)	PV	PV
APO-VARENICLINE TABS	PV	QL(2 EA daily); PV	<i>nicotine polacrilex</i> GUM	PV	PV
<i>bupropion hcl (smoking deterrent)</i>	PV	PV	<i>nicotine polacrilex</i> LOZG	PV	PV
CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	PV	QL(2 EA daily); PV	NICOTINE KIT	PV	PV
CHANTIX STARTING MONTH PAK TBPK (<i>varenicline tartrate</i>)	PV	PV	<i>nicotine</i> PT24 TD 7 MG/24HR, 14 MG/24HR	PV	PV
CHANTIX TABS (<i>varenicline tartrate</i>)	PV	QL(2 EA daily); PV	<i>nicotine</i> PT24 TD 21 MG/24HR	PV	
NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR (<i>nicotine</i>)	PV	PV	NICOTROL NS SOLN	PV	PV
NICODERM CQ PT24 TD 21 MG/24HR (<i>nicotine</i>)	PV		NICOTROL INHA	PV	PV
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	PV	PV	<i>varenicline tartrate</i> TABS	PV	QL(2 EA daily); PV
			<i>varenicline tartrate</i> TBPK	PV	PV
			Transthyretin Amyloidosis Agents		
			TEGSEDI	SP	PA
			RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
			Cystic Fibrosis Agents		
			KALYDECO PACK	SP	PA
			KALYDECO TABS	SP	PA
			ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			ORKAMBI PACK 94 MG-75 MG	SP	PA
			ORKAMBI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			PULMOZYME	2	QL(5 ML daily); PA
			SYMDEKO	SP	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA TBPK 50 MG-25 MG	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) 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	
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1		THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2		Antithyroid Agents		
<i>demeclocycline hcl TABS</i>	1		<i>methimazole TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST	<i>propylthiouracil</i>	1	QL(3 EA daily)
			Thyroid Hormones		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1		<i>levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG</i>	1	QL(1 EA daily)
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 EA daily)	<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 EA daily)
(Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1		<i>liothyronine sodium TABS 5 MCG</i>	1	
(Thyroid) NP THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1		NIVA THYROID TABS	1	
ADTHYZA TABS 16.25 MG, 97.5 MG	2		NP THYROID TABS	1	
ADTHYZA TABS 32.5 MG, 65 MG, 130 MG	3		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 EA daily)
ARMOUR THYROID TABS	2		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
ARMOUR THYROID TABS	2		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 EA daily)	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	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	
EVEXITHROID TABS 180 MG	2		TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2	
<i>levothyroxine sodium CAPS</i>	2		TOXOIDS		
<i>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1		Toxoid Combinations		
			ADACEL SUSP	PV	
			ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	PV	
			BOOSTRIX SUSP	PV	
			BOOSTRIX SUSY	PV	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAPTACEL	PV		<i>hyoscyamine sulfate</i> <i>SUBL 0.125 MG</i>	1	
INFANRIX	PV		<i>hyoscyamine sulfate</i> <i>TABS 0.125 MG</i>	1	
KINRIX SUSY	PV		<i>hyoscyamine sulfate</i> <i>TB12 0.375 MG</i>	1	
PEDIARIX SUSY	PV		<i>hyoscyamine sulfate</i> <i>TBDP 0.125 MG</i>	1	
PENTACEL	PV		LEVIBID 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-OPIMUM	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				
<i>glycopyrrolate SOLN PO</i> <i>1 MG/5ML</i>	1				
<i>glycopyrrolate TABS</i> <i>1 MG, 2 MG</i>	1				
GLYCOPYRROLATE 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 20 MG</i>	1	RX/OTC	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 EA daily); AL(Up to 12 yrs old); RX/OTC
<i>famotidine TABS 40 MG</i>	1	QL(2 EA daily)	(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	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 20 MG	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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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(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 30 MG</i>	1	QL(1 EA daily)	<i>rabeprazole sodium TBEC</i>	1	QL(1 EA daily); PA
<i>lansoprazole CPDR 15 MG</i>	1	RX/OTC	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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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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)

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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) SOAJ</i>	2	QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.3ML</i>	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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(Abiraterone Acetate) ABIRTEGA 250 MG38	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 8	(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 SUPP83
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(Alprazolam) ALPRAZOLAM XR TB2413	(Azelastrine Hcl) ALLERGY NASAL SPRAY, ASTEPRO, ASTEPRO ALLERGY, ASTEPRO CHILDRENS 205.5 MCG/SPRAY108	(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG6
(Amiodarone Hcl) PACERONE TABS13	(Bacitracin-Polymyxin B (Ophth)) POLYCIN110	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG6
(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 . 7	(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC 111	(Butalbital-Acetaminophen-Caffeine) BAC (BUTALBITAL-ACETAMIN- CAFF) TABS 40 MG-50 MG-325 MG 6
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		(Calcipotriene) CALCITRENE OINT 64
		(Calcium Acetate (Phosphate Binder)) CALPHRON TABS 76
		(Carbamazepine) EPITOL TABS .. 19
		(Carbinoxamine Maleate) RYVENT TABS 6 MG 29
		(Carisoprodol) VANADOM TABS 350 MG107
		(Chenodiol) CHENODAL75
		(Chlorhexidine Gluconate (Mouth- Throat)) PERIOGARD 104
		(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG 107

(Cholestyramine Light) PREVALITE PACK30	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET52	360 MG 49
(Cholestyramine Light) PREVALITE POWD30	(Dexamethasone) HIDEK 6-DAY, TAPERDEX 6-DAY TBPB 57	(Diltiazem Hcl) DILT-XR CP24 49
(Ciclopirox) CICLODAN SOLN 62	(Dexamethasone) TAPERDEX 12- DAY, TAPERDEX 7-DAY TBPB ...57	(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG 49
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ, CLINDACIN-P SWAB 60	(Dextroamphetamine Sulfate) PROCENTRA SOLN1	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG119
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM 60	(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG 1	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG 119
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC ..60	(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG1	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG 52
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E 0.05 % 65	(Diazepam) DIAZEPAM INTENSOL CONC 13	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG 53
(Clobetasol Propionate Emulsion) TOVET 65	(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 EX63	(Drospirenone-Ethinyl Estradiol- Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG 53
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG103		(Ergotamine W/ Caffeine) MIGERGOT SUPP 101
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN 103		(Erythromycin (Acne Aid)) ERY PADS 60
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG- 0.15 MG52		(Erythromycin Base) ERY-TAB TBEC83
(Desogestrel & Ethinyl Estradiol) APRI, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG 52	(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG 49	(Erythromycin Ethylsuccinate) E.E.S. 400 TABS 83
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA52	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER .49	(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG 83
	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG,	(Estradiol & Norethindrone Acetate) ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS 1 MG-0.5 MG 74
		(Estradiol & Norethindrone Acetate)

ABIGALE, ABIGALE LO, AMABELZ, MIMVEY TABS74	360 MAX ST TABS 20 MG122	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML115
(Estradiol Vaginal) YUVAFEM TABS . 126	(Fluocinolone Acetonide (Otic)) FLAC113	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML115
(Estradiol) DOTTI, LYLLANA PTTW . 74	(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 SUSP108	(Glipizide) GLIPIZIDE XL TB2426
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28)53	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT15	(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML58
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28) 35 MCG-1 MG53	(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 MCG80	(Guaifenesin-Codeine) GUAIFENESIN AC SYRP58
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, VALTYA 1/35, VALTYA 1/50, ZOVIA 1/35 (28) 50 MCG-1 MG53	(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 MCG80	(Homatropine Hbr) HOMATROPAIRE110
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE57	(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 MCG80	(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN . 58
(Everolimus) TORPENZ TABS39	(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 MCG80	(Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %12
(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	(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 MCG80	(Hydrocortisone (Topical)) ALA SCALP LOTN 2 %65
	(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 MCG80	(Hydrocortisone (Topical)) TEXACORT SOLN 2.5 %65
	(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 MCG80	(Hyoscyamine Sulfate) NULEV TBDP 0.125 MG121
	(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 MCG80	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG121
	(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 MCG80	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG121
	(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 MCG80	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG5
	(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 MCG80	(Icatibant Acetate) SAJAZIR SOSY 79
	(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 MCG80	(Indomethacin) INDOCIN SUPP5
	(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 MCG80	(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC62
	(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 MCG80	(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS,

ZENATANE 10 MG 60	ALLERGY RELIEF, CVS ALLERGY RELIEF, EQ ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HR TABS 29	RIVELSA, ROSYRAH, SETLAKIN, SIMPESSSE 53
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 20 MG 60	(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 53	(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 53
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, ZENATANE 30 MG 60	(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 53	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 54
(Ketoconazole (Topical)) KETODAN FOAM 62	(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 53	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAX, MINZOYA 54
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 76	(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 ... 57	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG 120
(Lactulose) CONSTULOSE SOLN 10 GM/15ML 82	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA (28) 53	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 120
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 25 MG 19	(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 53	(Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG 120
(Lamotrigine) SUBVENITE STARTER KIT-BLUE, SUBVENITE STARTER KIT-GREEN, SUBVENITE STARTER KIT-ORANGE KIT 19		(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 % 68
(Lamotrigine) SUBVENITE TABS . 19		(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, QC ANTI-DIARRHEAL CAPS 27
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG . 122		(Lorazepam) LORAZEPAM INTENSOL CONC 13
(Lansoprazole) EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, KLS LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG . 122		(Meclizine Hcl) BONINE, CVS MOTION SICKNESS RELIEF, DRAMAMINE MOTION SICKNESS, FT MOTION SICKNESS, GNP
(Levetiracetam) ROWEEPRA TABS 500 MG 19		
(Levocetirizine Dihydrochloride)		

MOTION SICKNESS RELIEF, MOTION SICKNESS RELIEF, MOTION-TIME, QC TRAVEL EASE, RA MOTION SICKNESS RELIEF CHEW28	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 MG117	NICOTINE POLICRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG117
(Methadone Hcl) METHADONE HCL INTENSOL CONC8		(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 117
(Methadone Hcl) METHADOSE TBSO8		
(Methylergonovine Maleate) METHERGINE TABS113		
(Methyltestosterone) METHITEST TABS11	(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 116	
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG . 126		
(Miglustat) YARGESA80		(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/24HR117
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY (MOMET) SUSP 108		
(Naloxone Hcl) FT NALOXONE HCL, GNP NALOXONE HCL LIQD27		
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN110	(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 MG117	(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/24HR118
(Niacin (Antihyperlipidemic)) NIACOR TABS31		
(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 MG116	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE POLACRILEX, EQ NICOTINE, EQ NICOTINE POLACRILEX, FT NICOTINE, GNP NICOTINE, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE, GOODSENSE	(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 118
(Nicotine Polacrilex) CVS NICOTINE,		(Nicotine) CVS NICOTINE, EQ NICOTINE, FT NICOTINE, GNP NICOTINE, HABITROL, NICOTINE STEP 1, QC NICOTINE TRANSDERMAL SYSTEM PT24 TD

21 MG/24HR118	JUNEL FE 24, LARIN 24 FE, LARIN	Fe) GALBRIELA, KAITLIB FE,
(Norelgestromin-Ethinyl Estradiol)	FE 1.5/30, LARIN FE 1/20,	LAYOLIS FE, WYMZYA FE, XELRIA
XULANE, ZAFEMY56	LOESTRIN FE 1.5/30, LOESTRIN	FE 25 MCG-0.8 MG-75 MG 55
(Norethin Acet & Estrad-Fe)	FE 1/20, MICROGESTIN 24 FE,	(Norethindrone & Ethinyl Estradiol-
AUROVELA 24 FE, AUROVELA FE	MICROGESTIN FE 1.5/30,	Fe) GALBRIELA, KAITLIB FE,
1.5/30, AUROVELA FE 1/20,	MICROGESTIN FE 1/20, TARINA 24	LAYOLIS FE, WYMZYA FE, XELRIA
BLISOVI 24 FE, BLISOVI FE 1.5/30,	FE, TARINA FE 1/20 EQ TABS ... 54	FE 35 MCG-0.4 MG 55
BLISOVI FE 1/20, FEIRZA 1.5/30,	(Norethin Acet & Estrad-Fe)	(Norethindrone (Contraceptive))
FEIRZA 1/20, HAILEY 24 FE,	CHARLOTTE 24 FE, FINZALA,	CAMILA, DEBLITANE, EMZAAH,
HAILEY FE 1.5/30, HAILEY FE 1/20,	MIBELAS 24 FE CHEW 54	ERRIN, HEATHER, INCASSIA,
JUNEL FE 1.5/30, JUNEL FE 1/20,	(Norethin Acet & Estrad-Fe)	JENCYCLA, LYLEQ, LYZA,
JUNEL FE 24, LARIN 24 FE, LARIN	GEMMILY, MERZEE, TAYSOFY	MELEYA, NORA-BE, NORLYROC,
FE 1.5/30, LARIN FE 1/20,	CAPS55	ORQUIDEA, SHAROBEL57
LOESTRIN FE 1.5/30, LOESTRIN	(Norethindrone & Eth Estradiol)	(Norethindrone Acet & Eth Estra)
FE 1/20, MICROGESTIN 24 FE,	ALYACEN 1/35, BALZIVA,	AUROVELA 1.5/30, AUROVELA
MICROGESTIN FE 1.5/30,	BRIELLYN, DASETTA 1/35 (28),	1/20, HAILEY 1.5/30, JUNEL 1.5/30,
MICROGESTIN FE 1/20, TARINA 24	NECON 0.5/35 (28), NORTREL	JUNEL 1/20, LARIN 1.5/30, LARIN
FE, TARINA FE 1/20 EQ TABS 1	0.5/35 (28), NORTREL 1/35 (21),	1/20, LOESTRIN 1.5/30 (21),
MG-20 MCG-75 MG 54	NORTREL 1/35 (28), NYLIA 1/35,	LOESTRIN 1/20 (21), LUIZZA 1.5/30,
(Norethin Acet & Estrad-Fe)	PHILITH, VYFEMLA, WERA 35	LUIZZA 1/20, MICROGESTIN 1.5/30,
AUROVELA 24 FE, AUROVELA FE	MCG-0.4 MG55	MICROGESTIN 1/20 TABS 1 MG-20
1.5/30, AUROVELA FE 1/20,	(Norethindrone & Eth Estradiol)	MCG 55
BLISOVI 24 FE, BLISOVI FE 1.5/30,	ALYACEN 1/35, BALZIVA,	(Norethindrone Acet & Eth Estra)
BLISOVI FE 1/20, FEIRZA 1.5/30,	BRIELLYN, DASETTA 1/35 (28),	AUROVELA 1.5/30, AUROVELA
FEIRZA 1/20, HAILEY 24 FE,	NECON 0.5/35 (28), NORTREL	1/20, HAILEY 1.5/30, JUNEL 1.5/30,
HAILEY FE 1.5/30, HAILEY FE 1/20,	0.5/35 (28), NORTREL 1/35 (21),	JUNEL 1/20, LARIN 1.5/30, LARIN
JUNEL FE 1.5/30, JUNEL FE 1/20,	NORTREL 1/35 (28), NYLIA 1/35,	1/20, LOESTRIN 1.5/30 (21),
JUNEL FE 24, LARIN 24 FE, LARIN	PHILITH, VYFEMLA, WERA 35	LOESTRIN 1/20 (21), LUIZZA 1.5/30,
FE 1.5/30, LARIN FE 1/20,	MCG-0.5 MG55	LUIZZA 1/20, MICROGESTIN 1.5/30,
LOESTRIN FE 1.5/30, LOESTRIN	(Norethindrone & Eth Estradiol)	MICROGESTIN 1/20 TABS 1.5 MG-
FE 1/20, MICROGESTIN 24 FE,	ALYACEN 1/35, BALZIVA,	30 MCG 55
MICROGESTIN FE 1.5/30,	BRIELLYN, DASETTA 1/35 (28),	(Norethindrone Acet & Eth Estra)
MICROGESTIN FE 1/20, TARINA 24	NECON 0.5/35 (28), NORTREL	AUROVELA 1.5/30, AUROVELA
FE, TARINA FE 1/20 EQ TABS 1.5	0.5/35 (28), NORTREL 1/35 (21),	1/20, HAILEY 1.5/30, JUNEL 1.5/30,
MG-30 MCG-75 MG 54	NORTREL 1/35 (28), NYLIA 1/35,	JUNEL 1/20, LARIN 1.5/30, LARIN
(Norethin Acet & Estrad-Fe)	PHILITH, VYFEMLA, WERA 35	1/20, LOESTRIN 1.5/30 (21),
AUROVELA 24 FE, AUROVELA FE	MCG-1 MG55	LOESTRIN 1/20 (21), LUIZZA 1.5/30,
1.5/30, AUROVELA FE 1/20,	(Norethindrone & Ethinyl Estradiol-	LUIZZA 1/20, MICROGESTIN 1.5/30,
BLISOVI 24 FE, BLISOVI FE 1.5/30,	Fe) GALBRIELA, KAITLIB FE,	MICROGESTIN 1/20 TABS 55
BLISOVI FE 1/20, FEIRZA 1.5/30,	LAYOLIS FE, WYMZYA FE, XELRIA	(Norethindrone Acetate) GALLIFREY
FEIRZA 1/20, HAILEY 24 FE,	FE55	TABS114
HAILEY FE 1.5/30, HAILEY FE 1/20,	(Norethindrone & Ethinyl Estradiol-	(Norethindrone Acetate-Ethinyl
JUNEL FE 1.5/30, JUNEL FE 1/20,		

Estradiol) FYAVOLV, JINTELI 74	EYE ALLERGY ITCH & REDNESS, GNP OLOPATADINE HCL, HM EYE ALLERGY ITCH/RED RELIEF 0.1 % . 112	(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N WITH FLAVOR PACK 81
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG74	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG 122	(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..114
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE, XARAH FE55	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 122	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN110
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7 56	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 122	(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, SUPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD 10 MG/5ML-388 MG/5ML-28 MG/5ML 58
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA 56	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE MAGNESIUM, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 123	(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, SUPRESS-DX PEDIATRIC, TUSNEL DM PEDIATRIC, TUSSLIN LIQD 59
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 56	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 9	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG21
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG 56	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .9	(Phenytoin) PHENYTOIN INFATABS CHEW21
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 62	(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG9	(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
(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, RETAINE ALLERGY, SM OLOPATADINE HCL 0.2 %112	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN105	
(Olopatadine Hcl) CVS OLOPATADINE HCL, EQ OLOPATADINE HCL, EYE ALLERGY ITCH/REDNESS REL, FT	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/ASCORBAT81	
	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 236 GM 81	

NATURA-LAX, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX, TRUE LAXATIVE POWD	82	(Pot & Sod Citrates W/Citric Ac) TRICITRATES SOLN	77	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	102	(Potassium Bicarbonate) EFFER-K, K-PRIME, Klor-Con/EF TBEF ..	102	(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 10 MEQ	103	(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 15 MEQ	103	(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20 20 MEQ	102	(Potassium Chloride) Klor-Con Pack PO 20 MEQ	103	(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 10 MEQ ...	103	(Potassium Chloride) Klor-Con, Klor-Con 10 TBCR 8 MEQ	103	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	77	(Potassium Citrate-Citric Acid) CYTRA-K SOLN	77	(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	102	(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F		(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	105	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	105	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	105	(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	106	(Prochlorperazine) COMPRO	45	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	29	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	29	(Promethazine-Phenylephrine-Codeine) PROMETHAZINE VC/CODEINE	59	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	59	(Salicylic Acid) KERALYT SHAM 6 %	68	(Silver Sulfadiazine) SSD	65	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	59	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	59	(Sodium Citrate & Citric Acid)		CYTRA-2	77	(Sodium Polystyrene Sulfonate) KIONEX, SPS (SODIUM POLYSTYRENE SULF) SUSP CO 15 GM/60ML	104	(Sodium Polystyrene Sulfonate) SPS (SODIUM POLYSTYRENE SULF) SUSP PR 30 GM/120ML	104	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	60	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	60	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	34	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	51	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	11	(Tetracaine Hcl (Ophth)) ALTACAINE	111	(Theophylline) ELIXOPHYLLIN ELIX .	16	(Thyroid) NP THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	120	(Timolol Maleate (Ophth)) TIMOLOL MALEATE OCUDOSE SOLN 0.5 %	109	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE	104	(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	109
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(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %65	ACCU-CHEK GUIDE ME KIT86	ACTI-LANCE LITE LANCETS 28G 86
(Urea) CEROVEL LOTN 40 %68	ACCU-CHEK GUIDE TEST STRP 69	ACTI-LANCE SPECIAL LANCETS 17G86
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(Vigabatrin) VIGADRONE, VIGPODER PACK21	ACCU-CHEK SMARTVIEW STRP 69	ACTIMMUNE 100 MCG/0.5ML42
(Warfarin Sodium) JANTOVEN TABS16	ACCU-CHEK SOFTCLIX LANCETS 86	ACTIQ LPOP 400 MCG (fentanyl citrate) 8
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abacavir sulfate SOLN45	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide) 32	ACTONEL TABS 150 MG (risedronate sodium)72
abacavir sulfate TABS45	acebutolol hcl CAPS48	ACTONEL TABS 35 MG (risedronate sodium)72
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ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole)45	acetaminophen w/ codeine TABS 60 MG-300 MG10	ACTOS 30 MG, 45 MG (pioglitazone hcl) 26
ABILIFY TABS 20 MG (aripiprazole) . 45	acetazolamide CP1271	ACULAR (ketorolac tromethamine (ophth)) 112
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60	20 MG, 30 MG (amphetamine-dextroamphetamine) 1	AFLURIA PRESERVATIVE FREE SUSY 124
ADACEL SUSP 120	ADDERALL TABS 7.5 MG, 15 MG (amphetamine-dextroamphetamine) . 1	AFLURIA QUADRIVALENT SUSP 124
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML 120	ADDERALL XR CP24 (amphetamine-dextroamphetamine) . 1	AFLURIA QUADRIVALENT SUSY 0.5 ML 124
ADALIMUMAB-AATY (1 PEN) AJKT . 3	adefovir dipivoxil 47	AFLURIA SUSP 124
ADALIMUMAB-AATY (2 PEN) AJKT . 3	ADEMPAS 52	AFREZZA POWD 25
ADALIMUMAB-AATY (2 SYRINGE) PSKT 3	ADTHYZA TABS 16.25 MG, 97.5 MG 120	AGAMATRIX ULTRA-THIN LANCETS 87
ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML 3	ADTHYZA TABS 32.5 MG, 65 MG, 130 MG 120	AGAMREE 57
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML 3	ADVAIR DISKUS AEPB (fluticasone-salmeterol) 15	AGRYLIN 0.5 MG (anagrelide hcl) 80
ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML 4	ADVAIR HFA AERO (fluticasone-salmeterol) 15	AIMOVIG 101
ADALIMUMAB-ADAZ SOSY 4	ADVANCED MOBILE LANCET ... 86	AIMSCO LUBRICATED MISC 84
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ADALIMUMAB-ADBM(PS/UV STARTER) AJKT 4	ADVOCATE SAFETY LANCETS . 86	AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol) 15
adapalene CREA 60	ADVOCATE SAFETY LANCETS 21G 86	AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol) 15
adapalene GEL 0.1 % 60	ADVOCATE SAFETY LANCETS 23G 87	AIRZONE PEAK FLOW METER 100
adapalene GEL 0.3 % 60	ADVOCATE SAFETY LANCETS 26G 87	AKTEN 111
adapalene-benzoyl peroxide GEL . 60	ADVOCATE SAFETY LANCETS 28G 87	albendazole 12
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ADDERALL TABS 5 MG, 12.5 MG,		ALBUTEROL SULFATE NEBU 15
		albuterol sulfate SYRP 15
		albuterol sulfate TABS 15
		ALCAINE (proparacaine hcl) 111
		alclometasone dipropionate CREA 65

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ALDACTONE TABS (spironolactone) 71	ALTABAX 62	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 32
ALECENSA 39	ALTACE CAPS 1.25 MG, 5 MG, 10 MG (ramipril) 31	amlodipine besylate-valsartan 10 MG-160 MG 32
alendronate sodium SOLN 72	ALUNBRIG TABS 39	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG 32
alendronate sodium TABS 35 MG .72	ALUNBRIG TBPk 39	amlodipine-valsartan-hydrochlorothiazide 32
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alogliptin benzoate 25	amiodarone hcl TABS 13	amphetamine-dextroamphetamine TABS 10 MG 1
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atropine sulfate (ophthalmic) OINT 110	azelastine hcl 0.15 %, 205.5 MCG/SPRAY108	BANZEL TABS 400 MG (rufinamide) 19
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BREZTRI AEROSPHERE	15	BUPHENYL TABS (sodium phenylbutyrate)	72	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	7
BRILINTA 60 MG, 90 MG (ticagrelor) 80		buprenorphine hcl SUBL 2 MG	11	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG	10
brimonidine tartrate (topical)	69	buprenorphine hcl SUBL 8 MG	11	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	10
brimonidine tartrate	110	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	11	butalbital-aspirin-caffeine CAPS	7
brimonidine tartrate-timolol maleate . 109		buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	10	butalbital-aspirin-caffeine w/cod ...	10
brinzolamide	112	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR . 11		butorphanol tartrate NA 10 MG/ML 11	
bromfenac sodium (ophth) 0.07 %, 0.075 %	112	buprenorphine PTWK 7.5 MCG/HR 11		BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (buprenorphine)	11
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BROMSITE (bromfenac sodium (ophth))	112	bupropion hcl TB24 150 MG, 300 MG	22	CABOMETYX TABS	39
budesonide (inhalation) SUSP 0.25 MG/2ML	14	bupropion hcl TB24 450 MG	22	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)	50
budesonide (inhalation) SUSP 0.5 MG/2ML	14	buspirone hcl	12	CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (amlodipine besylate-atorvastatin calcium)	50
budesonide (inhalation) SUSP 1 MG/2ML	14	busulfan SOLN	36	caffeine citrate SOLN PO	1
budesonide (intrarectal)	11	BUSULFEX SOLN (busulfan)	36	CALCIFOL	102
budesonide CPEP	57	butalbital-acetaminophen CAPS 50 MG-300 MG	7	calcipotriene CREA	64
budesonide TB24	57	butalbital-acetaminophen TABS 50 MG-300 MG	7	CALCIPOTRIENE FOAM	64
budesonide-formoterol fumarate dihydrate	15	butalbital-acetaminophen TABS 50 MG-325 MG	7	calcipotriene OINT	64
bumetanide TABS 0.5 MG, 1 MG ..	71	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	7	calcipotriene SOLN	64
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calcium acetate (phosphate binder) TABS76	carbidopa-levodopa TBCR 200 MG- 50 MG43	CARETOUCH TWIST LANCETS 33G88
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CATAPRES-TTS-3 PTWK (clonidine)	32	CELLCEPT CAPS (mycophenolate mofetil)	103	chlorzoxazone TABS	108
CAYA DPRH	84	CELLCEPT SUSR (mycophenolate mofetil)	103	cholestyramine light PACK	30
CAYSTON	35	CELLCEPT TABS (mycophenolate mofetil)	103	cholestyramine light POWD	30
cefaclor CAPS	52	CELONTIN (methsuximide)	22	cholestyramine PACK	30
CEFACLO ER TB12	52	cephalexin CAPS	52	cholestyramine POWD	30
cefadroxil CAPS	52	cephalexin SUSR	52	choline fenofibrate 135 MG	30
cefadroxil SUSR	52	CEPROTIN	79	choline fenofibrate 45 MG	30
cefadroxil TABS	52	CERDELGA	80	CHOSEN LANCETS 30G	88
cefazolin sodium SOLR IV 1 GM ..	52	CERVIDIL INST	113	CHOSEN SAFETY LANCETS 28G ..	88
cefdinir CAPS	52	CETACaine AERO	69	CIALIS 2.5 MG (tadalafil)	50
cefdinir SUSR	52	CETRAXAL (ciprofloxacin hcl (otic)) .	113	CIALIS 5 MG, 10 MG, 20 MG (tadalafil)	51
cefixime CAPS	52	cevimeline hcl	104	ciclopirox GEL	62
cefixime SUSR	52	CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ..	118	ciclopirox olamine CREA	62
CEFOTAN IJ (cefotetan disodium) 52		CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate)	118	ciclopirox olamine SUSP	62
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ciprofloxacin hcl (ophth) SOLN ... 110	CLEOCIN SUPP 126	clindamycin phosphate-benzoyl peroxide (refrigerate) 61
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CITRANATAL ASSURE 106	CLEVER CHOICE PEAK FLOW METER 100	clobazam TABS 20 MG 18
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 106	CLIMARA PRO 74	clobetasol propionate CREA 0.05 % . 66
CITRANATAL MEDLEY 106	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 (estradiol) 74	clobetasol propionate emollient base 0.05 % 66
CLARINEX TABS (desloratadine) . 29	CLINDAGEL GEL (clindamycin phosphate (topical)) 61	clobetasol propionate emulsion ... 66
clarithromycin SUSR 83	clindamycin hcl 35	clobetasol propionate FOAM 66
clarithromycin TABS 83	clindamycin palmitate hydrochloride . 35	clobetasol propionate GEL 0.05 % 66
clarithromycin TB24 83	clindamycin phosphate (topical) FOAM 61	clobetasol propionate LIQD 66
CLEANLET LANCETS 28G 88	clindamycin phosphate (topical) GEL 61	clobetasol propionate LOTN 66
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CLEOCIN (clindamycin palmitate hydrochloride) 35		CLOBEX SPRAY LIQD (clobetasol propionate) 66
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clomipramine hcl	24	(colestipol hcl)	30	30G	88
clonazepam TABS	18	COLESTID FLAVORED PACK		COMIRNATY 5-11 YEARS SUSP 10	
clonazepam TBDP	18	(colestipol hcl)	30	MCG/0.3ML	124
clonidine hcl (adhd) TB12	1	COLESTID GRAN (colestipol hcl) .	30	COMIRNATY SUSP	124
clonidine hcl TABS	32	COLESTID PACK (colestipol hcl) .	30	COMIRNATY SUSY	124
clonidine PTWK	32	COLESTID TABS (colestipol hcl) .	30	COMPLERA 200 MG-300 MG-25 MG	
clopidogrel bisulfate	80	colestipol hcl GRAN	30	(emtricitabine-rilpivirine-tenofovir	
clorazepate dipotassium TABS	13	colestipol hcl PACK	30	disoproxil fumarate)	46
clotrimazole	104	colestipol hcl TABS	30	COMPLETENATE CHEW	106
clotrimazole w/ betamethasone		COMBIGAN (brimonidine tartrate-		COMTAN (entacapone)	42
CREA	62	timolol maleate)	109	CONCEPT DHA	106
clotrimazole w/ betamethasone		COMBIPATCH PTTW	74	CONCEPT OB	106
LOTN	62	COMBIVENT RESPIMAT AERS ..	16	CONCERTA TBCR 18 MG	
clozapine TABS	44	COMBIVIR (lamivudine-zidovudine) .	46	(methylphenidate hcl)	2
clozapine TBDP 12.5 MG	44	COMETRIQ (100 MG DAILY DOSE)		CONCERTA TBCR 27 MG, 36 MG	
CLOZARIL TABS (clozapine)	44	KIT	39	(methylphenidate hcl)	2
C-NATE DHA CAPS	106	COMETRIQ (140 MG DAILY DOSE)		CONCERTA TBCR 54 MG	
COAGADEX	78	KIT	39	(methylphenidate hcl)	2
COAGUCHEK LANCETS	88	COMETRIQ (60 MG DAILY DOSE)		CONDOMS	84
COARTEM	35	KIT	39	CONDYLOX GEL (podofilox)	68
codeine sulfate TABS	8	COMFORT ASSURED LANCETS		CONZIP CP24 (tramadol hcl)	8
CODITUSSIN AC LIQD	59	28G	88	COPAXONE SOSY 20 MG/ML	
COLAZAL CAPS (balsalazide		COMFORT ASSURED LANCETS		(glatiramer acetate)	115
disodium)	76	33G	88	COPAXONE SOSY 40 MG/ML	
colchicine CAPS	78	COMFORT EZ INSULIN SYRINGE .	99	(glatiramer acetate)	115
colchicine TABS	78	COMFORT TOUCH LANCETS 31G .	88	COPIKTRA	40
colchicine w/ probenecid	78	88		CORDRAN CREA (flurandrenolide)	
COLCRYS TABS (colchicine)	78	COMFORT TOUCH PLUS LANCETS		66	
colesevelam hcl PACK	30	28G	88	CORDRAN TAPE	66
colesevelam hcl TABS	30	COMFORT TOUCH PLUS LANCETS		COREG 3.125 MG (carvedilol)	48
COLESTID FLAVORED GRAN		30G	88	COREG 6.25 MG, 12.5 MG, 25 MG	
		COMFORT TOUCH TWIST LANCET		(carvedilol)	48
				COREG CR (carvedilol phosphate)	
				48	

CORGARD TABS 20 MG, 40 MG (nadolol)	49	COVID-19 OTC ANTIGEN 2-PACK KIT	70	microemulsion) CAPS	103
CORIFACT	78	COZAAR (losartan potassium)	32	cyclosporine modified (for microemulsion) SOLN	103
CORLANOR TABS (ivabradine hcl) 52		CREON CPEP	70	CYKLOKAPRON SOLN (tranexamic acid)	81
CORTANE-B	66	CRESEMBA CAPS 186 MG	28	CYMBALTA CPEP (duloxetine hcl) 23	
CORTEF TABS (hydrocortisone) ..	57	CRESTOR TABS (rosuvastatin calcium)	30	cyproheptadine hcl SYRP	29
CORTENEMA (hydrocortisone (intrarectal))	11	CRINONE GEL 8 %	127	cyproheptadine hcl TABS	29
CORTIFOAM EX 10 %	11	cromolyn sodium (ophth)	112	CYSTADANE (betaine)	73
CORTISPORIN-TC	113	cromolyn sodium NEBU	14	CYSTAGON CAPS	77
COSENTYX (300 MG DOSE) SOSY . 64		CTEXLI TABS PO 250 MG	75	CYSTARAN	112
COSENTYX SENSOREADY (300 MG) SOAJ	64	CUPRIMINE CAPS (penicillamine) 103		CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	120
COSENTYX SENSOREADY PEN SOAJ	64	CUVPOSA SOLN PO (glycopyrrolate)	121	CYTOMEL TABS 5 MCG (liothyronine sodium)	120
COSENTYX SOSY 150 MG/ML ...	64	CVS COVID-19 AT HOME TEST KIT KIT	70	CYTOTEC (misoprostol)	123
COSENTYX SOSY 75 MG/0.5ML .	64	CVS LANCETS ORIGINAL	88	CYTRA-3 SYRP	77
COSENTYX UNOREADY SOAJ ..	64	CVS LANCETS THIN 26G	88	dabigatran etexilate mesylate CAPS 110 MG	18
COSOPT (dorzolamide hcl-timolol maleate)	109	CVS ULTRA THIN LANCETS	89	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	18
COSOPT PF (dorzolamide hcl- timolol maleate)	109	cyclobenzaprine hcl TABS 5 MG, 10 MG	108	dalfampridine	116
COTELLIC	40	CYCLOGYL (cyclopentolate hcl) ..	110	DALIRESP (roflumilast)	14
COVID-19 AT HOME ANTIGEN TEST KIT	70	CYCLOGYL	110	danazol CAPS	11
COVID-19 AT HOME TEST KITS .	70	CYCLOMYDRIL	110	DANTRIUM CAPS 25 MG (dantrolene sodium)	108
COVID-19 AT-HOME TEST KIT ...	70	cyclopentolate hcl 1 %	110	dantrolene sodium CAPS	108
COVID-19 FLU A&B 3-IN-1 TEST .	70	cyclophosphamide CAPS	36	dapagliflozin propanediol	26
COVID-19 FLU A+B ANTIGEN TEST	70	CYCLOPHOSPHAMIDE TABS	36	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	24
COVID-19 OTC ANTIGEN 1-PACK KIT	70	cycloserine	36	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	24
		cyclosporine (ophth) EMUL	111		
		cyclosporine CAPS	103		
		cyclosporine modified (for			

dapsone (topical) 5 %	61	sodium)	22	desoximetasone CREA 0.05 %	66
dapsone (topical) 7.5 %	61	DEPEN TITRATABS TABS		desoximetasone CREA 0.25 %	66
dapsone 100 MG	35	(penicillamine)	103	desoximetasone GEL	66
dapsone 25 MG	35	DEPO-SUBQ PROVERA 104		desoximetasone LIQD	66
DAPTACEL	121	(MEDROXYPROGESTERONE		desoximetasone OINT	66
darifenacin hydrobromide	123	ACETATE 104MG/0.65ML) SUSP		DESOXYN (methamphetamine hcl)	1
darunavir TABS	46	PREF SYR	57		
dasatinib	40	DEPO-SUBQ PROVERA 104 SUSY		desvenlafaxine succinate	23
dasatinib 80 MG	40	SC	57	DETROL LA CP24 (tolterodine	
DAURISMO	38	DERMA-SMOOTH/FS BODY OIL		tartrate)	123
DAYPRO TABS (oxaprozin)	5	(fluocinolone acetonide)	66	DETROL TABS (tolterodine tartrate)	123
DAYTRANA PTCH		DERMA-SMOOTH/FS SCALP OIL			
(methylphenidate)	2	(fluocinolone acetonide)	66	dexamethasone ELIX	57
DDAVP TABS 0.1 MG		DERMOTIC (fluocinolone acetonide	113	DEXAMETHASONE INTENSOL	57
(desmopressin acetate)	73	(otic))	113	CONC	57
DDAVP TABS 0.2 MG		DESCOVY 200 MG-25 MG	46	dexamethasone sodium phosphate	
(desmopressin acetate)	73	desipramine hcl TABS	24	(ophth)	111
deferasirox PACK	27	desloratadine TABS	29	dexamethasone SOLN	57
deferasirox TABS	27	desloratadine TBDP	29	dexamethasone TABS	57
deferasirox TBSO	27	DESMOPRESSIN ACETATE SOLN		dexamethasone TBPk	57
deferiprone TABS 500 MG	27	NA	73	DEXEDRINE CP24 10 MG, 15 MG	
DELESTROGEN (estradiol valerate)	74	desmopressin acetate spray	73	(dextroamphetamine sulfate)	1
DELSTRIGO	46	refrigerated 0.01 %	73	dexmethylphenidate hcl CP24	2
DELZICOL CPDR (mesalamine)	76	desmopressin acetate TABS 0.1 MG	73	dexmethylphenidate hcl TABS	2
demeclocycline hcl TABS	119	desmopressin acetate TABS 0.2 MG	73	dextroamphetamine sulfate CP24	1
DEMSEr (metyrosine)	31	desogestrel-ethinyl estradiol		dextroamphetamine sulfate SOLN	1
DEPAKOTE ER TB24 (divalproex		(biphasic)	56	dextroamphetamine sulfate TABS 10	
sodium)	22	desonide CREA	66	MG	1
DEPAKOTE SPRINKLES CSDR		desonide GEL	66	dextroamphetamine sulfate TABS 5	
(divalproex sodium)	22	desonide LOTN	66	MG	1
DEPAKOTE TBEC (divalproex		desonide OINT	66	DHIVY TABS	43

DIACOMIT PACK 250 MG19	diclofenac w/ misoprostol TBEC5	DILANTIN-125 SUSP (phenytoin) .21
DIACOMIT PACK 500 MG19	dicloxacillin sodium 114	DILAUDID LIQD (hydromorphone hcl)8
DIASTAT ACUDIAL GEL (diazepam (anticonvulsant)) 18	dicyclomine hcl CAPS121	DILAUDID TABS (hydromorphone hcl)8
DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant)) 18	dicyclomine hcl SOLN PO121	diltiazem hcl coated beads CP24 ..49
DIATHRIVE LANCET ULTRA THIN 3089	dicyclomine hcl TABS 121	diltiazem hcl CP1249
DIATHRIVE LANCETS89	DIFFERIN CREA (adapalene)61	diltiazem hcl CP2449
DIATRUST COVID-19 HOME TEST KIT70	DIFFERIN GEL 0.1 % (adapalene) 61	diltiazem hcl extended release beads49
diazepam (anticonvulsant) GEL ... 18	DIFFERIN GEL 0.3 % (adapalene) 61	diltiazem hcl TABS49
diazepam CONC13	DIFFERIN LOTN61	diltiazem hcl TB24 49
diazepam SOLN PO 5 MG/5ML ... 13	DIFICID TABS 200 MG (fidaxomicin) 84	dimethyl fumarate CDPK 116
diazepam TABS 10 MG13	diflorasone diacetate CREA 66	dimethyl fumarate CPDR116
diazepam TABS 2 MG, 5 MG13	diflorasone diacetate OINT 66	DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (valsartan-hydrochlorothiazide) 33
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GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ...	82	H-E-B INCONTROL LANCETS 28G . 91		HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	4
GOTOKNOW COVID-19 ANTIGEN RAPI KIT	70	H-E-B INCONTROL LANCETS 30G . 91		HUMIRA-CD/UC/HS STARTER	
granisetron hcl TABS	27	H-E-B INCONTROL LANCETS 33G . 91			
griseofulvin microsize SUSP	28	HEMANGEOL SOLN PO	49		
griseofulvin microsize TABS	28				
griseofulvin ultramicrosize	28				

AJKT 80 MG/0.8ML	4	hydrocodone bitartrate-homatropine methylbromide TABS	58	hydrocortisone valerate CREA	67
HUMIRA-PED<40KG CROHNS STARTER PSKT	4	hydrocodone polistirex-chlorpheniramine polistirex SUER	59	hydrocortisone valerate OINT	67
HUMIRA-PED>=40KG CROHNS START PSKT	4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	10	hydrocortisone w/acetic acid	113
HUMIRA-PED>=40KG UC STARTER AJKT	4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	10	hydromorphone hcl LIQD	8
HUMIRA-PS/UV/ADOL HS STARTER AJKT	4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	10	hydromorphone hcl TABS	8
HUMIRA-PSORIASIS/UVEIT STARTER AJKT	4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG	10	hydromorphone hcl TB24 32 MG ...	8
HUMULIN 70/30 KWIKPEN SUPN	26	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	10	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	8
HUMULIN 70/30 SUSP	26	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG	10	hydroxychloroquine sulfate 200 MG 35	
HUMULIN N KWIKPEN SUPN	26	hydrocodone-ibuprofen 5 MG-200 MG	10	hydroxyurea	42
HUMULIN N SUSP	26	hydrocortisone (intrarectal)	11	hydroxyzine hcl SOLN 50 MG/ML .	12
HUMULIN R SOLN IJ	26	hydrocortisone (rectal) EX 2.5 % ..	12	hydroxyzine hcl SYRP	12
HUMULIN R U-500 (CONCENTRATED) SOLN SC	26	hydrocortisone (topical) CREA 2.5 % 67		hydroxyzine hcl TABS	12
HUMULIN R U-500 KWIKPEN SOPN SC	26	hydrocortisone (topical) LOTN 2 %, 2.5 %	67	hydroxyzine pamoate CAPS	12
HYCAMTIN CAPS	42	hydrocortisone (topical) OINT 2.5 % .	67	hyoscyamine sulfate SUBL 0.125 MG	121
HYCAMTIN SOLR (topotecan hcl) 42		hydrocortisone (topical) SOLN 2.5 % 67		hyoscyamine sulfate TABS 0.125 MG	121
HYCODAN SOLN (hydrocodone bitartrate-homatropine methylbromide)	58	hydrocortisone butyrate CREA	67	hyoscyamine sulfate TB12 0.375 MG 121	
HYCODAN TABS 1.5 MG-5 MG (hydrocodone bitartrate-homatropine methylbromide)	58	hydrocortisone butyrate hydrophilic lipo base	67	hyoscyamine sulfate TBDP 0.125 MG	121
hydralazine hcl TABS	34	hydrocortisone butyrate OINT	67	HYPERSAL NEBU (sodium chloride (inhalant))	59
HYDREA (hydroxyurea)	42	hydrocortisone butyrate SOLN	67	HYPERSAL NEBU	59
hydrochlorothiazide CAPS	71	hydrocortisone TABS	57	HY-VEE LANCETS	91
hydrochlorothiazide TABS	71			HY-VEE THIN LANCETS	91
hydrocodone bitartrate-homatropine methylbromide SOLN	58			HYZAAR (losartan potassium & hydrochlorothiazide)	33
				ibandronate sodium TABS	72
				IBRANCE CAPS	40
				IBRANCE TABS	40

ibuprofen TABS 400 MG, 600 MG, 800 MG	5	IMODIUM A-D CAPS (loperamide hcl)	27	KWIKPEN SOPN	26
icatibant acetate SOSY	79	IMURAN TABS (azathioprine)	103	INSULIN LISPRO PROT & LISPRO SUPN	26
ICLUSIG	40	IN TOUCH STERILE LANCETS 30G	91	INSULIN LISPRO SOLN IJ	26
icosapent ethyl	29	INBRIJA CAPS	43	INSULIN SYRINGES AND PEN NEEDLES	100
IDHIFA	40	INCRELEX	72	INTEGRA F	81
IHEALTH COVID-19 RAPID TEST KIT	70	INCRUSE ELLIPTA	14	INTELENCE (etravirine)	46
ILEVRO	112	indapamide TABS 1.25 MG, 2.5 MG . 71		INTELENCE 25 MG	46
imatinib mesylate TABS 100 MG ..	40	INDERAL LA CP24 (propranolol hcl) . 49		INTELISWAB COVID-19 RAPID TEST KIT	70
imatinib mesylate TABS 400 MG ..	40	INDERAL XL	49	INTUNIV (guanfacine hcl (adhd)) ...	1
IMBRUVICA CAPS 140 MG	40	INDICAID COVID-19 RAPID TEST KIT	70	INVEGA 3 MG, 6 MG, 9 MG (paliperidone)	44
IMBRUVICA CAPS 70 MG	40	INDOCIN SUSP (indomethacin)	5	iodoquinol-hydrocortisone in aloe vehicle	63
IMBRUVICA SUSP	40	indomethacin CAPS 25 MG, 50 MG 5		ipratropium bromide (nasal)	108
IMBRUVICA TABS	40	indomethacin CPCR	5	ipratropium bromide SOLN 0.02 %	14
imipramine hcl TABS 10 MG, 25 MG . 24		indomethacin SUPP	5	ipratropium-albuterol SOLN	16
imipramine hcl TABS 50 MG	24	indomethacin SUSP	5	irbesartan	32
imipramine pamoate	24	INFANRIX	121	irbesartan-hydrochlorothiazide	33
imiquimod 5 %	68	INFLECTRA SOLR	76	IRESSA (gefitinib)	38
IMITREX 20 MG/ACT (sumatriptan) 101		INLYTA	37	IRON FOLATE-F	81
IMITREX 5 MG/ACT (sumatriptan) 101		INNOPRAN XL	49	ISENTRESS CHEW	46
IMITREX STATDOSE REFILL SOCT (sumatriptan succinate)	101	INQOVI	39	ISENTRESS HD TABS	46
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML	101	INSPRA (eplerenone)	34	ISENTRESS PACK	46
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (sumatriptan succinate)	101	INSULIN GLARGINE-YFGN SOLN 26		ISENTRESS TABS	46
IMITREX TABS (sumatriptan succinate)	101	INSULIN GLARGINE-YFGN SOPN 26		isoniazid SYRP	36
		INSULIN LISPRO (1 UNIT DIAL) SOPN	26	isoniazid TABS	36
		INSULIN LISPRO JUNIOR		ISORDIL TITRADOSE TABS (isosorbide dinitrate)	12
				isosorbide dinitrate TABS 40 MG ..	12

isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	12	JANUVIA	25	KIMONO MICRO THIN MISC	84
isosorbide dinitrate-hydralazine hcl 50		JARDIANCE	26	KIMONO MICRO THIN PLUS MISC .	84
isosorbide mononitrate TABS	12	JULUCA	46	KIMONO MISC	84
ISOSORBIDE MONONITRATE TABS	12	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	31	KIMONO PLUS MISC	84
isosorbide mononitrate TB24	12	KALETRA SOLN	46	KIMONO PS MISC	84
isotretinoin 10 MG, 25 MG	61	KALETRA TABS (lopinavir-ritonavir) .	46	KIMONO PS PLUS MISC	84
isotretinoin 20 MG	61	KALYDECO PACK	118	KIMONO SENSATION MISC	84
isotretinoin 30 MG	61	KALYDECO TABS	118	KIMONO SENSATION PLUS MISC	84
isotretinoin 35 MG, 40 MG	61	KAMELEON LUBRICATED MISC .	84	KIMONO SPECIAL DEVI	84
isradipine CAPS	49	KAPVAY TB12 (clonidine hcl (adhd))	1	KINNEY LANCETS	91
ISTALOL SOLN (timolol maleate (ophth))	109	KCENTRA	79	KINNEY THIN LANCETS	91
ISTODAX SOLR (romidepsin)	40	KENALOG AERS (triamcinolone acetonide (topical))	67	KINRIX SUSY	121
itraconazole CAPS	28	KEPPRA SOLN PO 100 MG/ML (levetiracetam)	19	KISQALI (200 MG DOSE)	40
itraconazole SOLN	28	KEPPRA TABS (levetiracetam) ...	19	KISQALI (400 MG DOSE)	40
ivabradine hcl TABS	52	KEPPRA XR TB24 (levetiracetam)	19	KISQALI (600 MG DOSE)	40
ivermectin (rosacea)	69	ketoconazole (topical) CREA	63	KISQALI FEMARA (200 MG DOSE) .	39
ivermectin	12	ketoconazole (topical) FOAM	63	KISQALI FEMARA (400 MG DOSE) .	39
IXINITY SOLR	79	ketoconazole (topical) SHAM 2 % .	63	KISQALI FEMARA (600 MG DOSE) .	39
JADENU SPRINKLE PACK (deferasirox)	27	ketoconazole	28	KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	3
JADENU TABS (deferasirox)	27	ketoprofen CP24	5	KLARITY-A	110
JAKAFI	40	ketorolac tromethamine (ophth) .	112	KLARON (sulfacetamide sodium (acne))	61
JALYN (dutasteride-tamsulosin hcl) .	78	ketorolac tromethamine TABS	5	KLONOPIN TABS (clonazepam) ..	18
JANUMET TABS	24	KEVZARA SOAJ	5	KLOXXADO LIQD	27
JANUMET XR TB24 1000 MG-100 MG	24	KEVZARA SOSY	5	KOATE SOLR	79
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	24	KIMONO COLORS DEVI	84	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	79
		KIMONO MAXX-LARGE FLARE MISC	84		

KOMBIGLYZE XR (saxagliptin-metformin hcl)	24	LAMICTAL CHEW (lamotrigine) ...	20	LANCETS MICRO THIN 33G	92
K-PHOS NO 2	77	LAMICTAL ODT KIT (lamotrigine) .	19	LANCETS SUPER THIN	92
K-PHOS TABS (potassium phosphate monobasic)	102	LAMICTAL ODT TBDP (lamotrigine) .	19	LANCETS SUPER THIN 28G	92
K-PHOS-NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	102	LAMICTAL STARTER KIT 25 MG (lamotrigine)	19	LANCETS THIN	92
KRINTAFEL	35	LAMICTAL TABS (lamotrigine)	20	LANCETS ULTRA THIN	92
KROGER HEALTHPRO LANCET 26G	91	LAMICTAL XR KIT	19	LANCETS ULTRA THIN 30G	92
KROGER LANCETS	92	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (lamotrigine)	20	LANOXIN TABS 125 MCG, 250 MCG (digoxin)	50
KROGER LANCETS SUPER THIN 92		LAMICTAL XR TB24 250 MG (lamotrigine)	19	LANOXIN TABS 62.5 MCG (digoxin) 50	
KROGER LANCETS THIN	92	LAMICTAL XR TB24 300 MG (lamotrigine)	19	lansoprazole CPDR 15 MG	123
K-TAB TBCR 20 MEQ (potassium chloride)	103	lamivudine (hbv) TABS	48	lansoprazole CPDR 30 MG	123
KUVAN PACK (sapropterin dihydrochloride)	73	lamivudine SOLN	46	lansoprazole TBDD 15 MG	123
KUVAN TABS (sapropterin dihydrochloride)	73	lamivudine TABS	46	lansoprazole TBDD 30 MG	123
K-Y ME & YOU EXTRA LUBRICATED DEVI	84	lamivudine-zidovudine	46	lanthanum carbonate CHEW 1000 MG	77
K-Y ME & YOU INTENSE DEVI ...	85	lamotrigine CHEW	20	lanthanum carbonate CHEW 500 MG	77
labetalol hcl TABS 100 MG, 200 MG, 300 MG	48	lamotrigine KIT 25 MG	20	lanthanum carbonate CHEW 750 MG	77
lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML	19	lamotrigine KIT	20	lapatinib ditosylate	40
lacosamide TABS	19	lamotrigine TABS	20	LASIX TABS (furosemide)	71
lactic acid (ammonium lactate) CREA	68	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	20	LASTACAFT	112
lactulose (encephalopathy)	76	lamotrigine TB24 250 MG	20	latanoprost SOLN	113
lactulose SOLN	82	lamotrigine TB24 300 MG	20	LATUDA (lurasidone hcl)	44
LAGEVRIO	48	lamotrigine TBDP	20	leflunomide 10 MG	6
		LAMPIT	35	leflunomide 20 MG	6
		LANCETS	92	lenalidomide	103
		LANCETS 28G THIN	92	LENVIMA (10 MG DAILY DOSE) .	37
		LANCETS 30G	92	LENVIMA (12 MG DAILY DOSE) .	37
		LANCETS 33G	92	LENVIMA (14 MG DAILY DOSE) .	37
				LENVIMA (18 MG DAILY DOSE) .	37

LENVIMA (20 MG DAILY DOSE) .37	levofloxacin TABS75	LIBRAX (chlordiazepoxide hcl-clidinium bromide) 121
LENVIMA (24 MG DAILY DOSE) .37	levonorgestrel & eth estradiol TABS 56	lidocaine hcl (mouth-throat)104
LENVIMA (4 MG DAILY DOSE) .. 37	levonorgestrel (emergency oc) 1.5 MG 57	lidocaine hcl SOLN 69
LENVIMA (8 MG DAILY DOSE) .. 37	levonorgestrel-eth estradiol (triphasic)56	lidocaine PTCH 5 % 69
LESCOL XL TB24 (fluvastatin sodium)31	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG 56	lidocaine-prilocaine CREA69
LETAIRIS (ambrisentan)51	levonorgestrel-ethinyl estradiol (continuous) 56	LIDODERM PTCH (lidocaine) 69
letrozole 38	levonorgestrel-ethinyl estradiol-iron 56	linezolid SUSR35
leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG42	levorphanol tartrate TABS 2 MG8	linezolid TABS 35
leucovorin calcium TABS42	levorphanol tartrate TABS 3 MG8	LINZESS76
LEUKERAN36	levothyroxine sodium CAPS120	LIORESAL SOLN IT (baclofen) .. 108
leuprolide acetate KIT IJ 1 MG/0.2ML38	levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG 120	LIORESAL SOLN IT108
levabuterol hcl 16	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG 120	liothyronine sodium TABS 25 MCG, 50 MCG120
levabuterol tartrate16	LEVSIN TABS (hyoscyamine sulfate)121	liothyronine sodium TABS 5 MCG 120
LEVBID TB12 (hyoscyamine sulfate) 121	LEVSIN/SL SUBL (hyoscyamine sulfate)121	LIPITOR TABS (atorvastatin calcium)31
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML20	LEXAPRO TABS 10 MG, 20 MG (escitalopram oxalate) 23	LIPOFEN CAPS (fenofibrate)30
levetiracetam TABS20	LEXAPRO TABS 5 MG (escitalopram oxalate)23	liraglutide25
levetiracetam TB2420	LEXIVA TABS (fosamprenavir calcium)46	lisdexamfetamine dimesylate CAPS 1
levobunolol hcl 0.5 %109	LIALDA TBEC (mesalamine) 76	lisdexamfetamine dimesylate CHEW . 1
levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML73	LIBERTY MEDICAL LANCETS ...92	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 33
levocarnitine (metabolic modifiers) TABS73		lisinopril & hydrochlorothiazide 25 MG-20 MG 33
levocetirizine dihydrochloride SOLN 29		lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG31
levocetirizine dihydrochloride TABS 29		lisinopril TABS 40 MG 31
levofloxacin (ophth) 1.5 %110		LITE TOUCH LANCETS92
levofloxacin SOLN PO75		LITETOUCH LANCETS92
		lithium44

lithium carbonate CAPS 150 MG, 600 MG	44	etabonate)	111	LUMIGAN SOLN 0.01 %	113
lithium carbonate CAPS 300 MG ..	44	LOTEMAX OINT	111	LUNESTA (eszopiclone)	81
lithium carbonate TABS	44	LOTEMAX SUSP (loteprednol etabonate)	111	LUNG PERFORM PEAK FLOW METER	100
lithium carbonate TBCR	44	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	31	LUPRON DEPOT (1-MONTH) KIT IM 3.75 MG	38
LITHOBID TBCR (lithium carbonate) .	44	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide) .	33	LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	38
LITHOSTAT	78	loteprednol etabonate GEL	111	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	72
LIVALO (pitavastatin calcium)	31	loteprednol etabonate SUSP	111	lurasidone hcl	44
LIVE BETTER LANCET SUPER THIN	92	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) .	33	LURBIPR TABS 100 MG (flurbiprofen)	5
LO LOESTRIN FE TABS	56	LOTRONEX (alosetron hcl)	76	LURBIRO TABS 100 MG (flurbiprofen)	5
LOCOID LIPOCREAM	67	lovastatin TABS	31	LYNPARZA TABS	40
LODINE TABS (etodolac)	5	LOVAZA (omega-3-acid ethyl esters)	30	LYRICA CAPS 225 MG, 300 MG (pregabalin)	20
LODOSYN (carbidopa)	42	LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	17	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	20
LOKELMA	104	LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	18	LYRICA SOLN (pregabalin)	20
LOMOTIL TABS (diphenoxylate w/ atropine)	27	LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	18	LYSODREN	38
LONSURF	39	LOVENOX SOSY 40 MG/0.4ML (enoxaparin sodium)	18	MACROBID (nitrofurantoin monohyd macro)	35
loperamide hcl CAPS	27	LOVENOX SOSY 60 MG/0.6ML (enoxaparin sodium)	17	MACRODANTIN (nitrofurantoin macrocrystal)	35
LOPID TABS (gemfibrozil)	30	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ..	17	mafenide acetate PACK	65
lopinavir-ritonavir SOLN	46	loxapine succinate	44	MALARONE (atovaquone-proguanil hcl)	35
lopinavir-ritonavir TABS	46	lubiprostone	75	malathion	69
LOPRESSOR TABS (metoprolol tartrate)	48	LUMAKRAS 120 MG	40	maraviroc TABS	46
lorazepam CONC	13	LUMAKRAS 240 MG, 320 MG	40	MARINOL CAPS (dronabinol)	28
lorazepam TABS	13			MARPLAN	22
LORBRENA	40				
losartan potassium & hydrochlorothiazide	33				
losartan potassium	32				
LOTEMAX GEL (loteprednol					

MATULANE	42		93	memantine hcl TABS 10 MG	115
MAVYRET TABS	48	MEDLANCE PLUS UNIVERSAL 21G	93	memantine hcl TABS 5 MG	115
MAXALT TABS 10 MG (rizatriptan benzoate)	101	MEDLANCE UNIVERSAL 21G ...	93	memantine hcl TABS	115
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	101	MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	57	MENEST 2.5 MG	75
MAXIDEX SUSP OP	111	MEDROL TABS	57	MENOSTAR PTWK	75
MAXITROL OINT (neomycin-polymyx-dexameth)	111	MEDROL TBPk (methylprednisolone)	58	MENQUADFI 0.5 ML	124
MAXITROL SUSP (neomycin-polymyx-dexameth)	111	medroxyprogesterone acetate 10 MG	114	MENVEO SOLR	124
MAXX MISC	85	medroxyprogesterone acetate 2.5 MG, 5 MG	114	meperidine hcl SOLN PO 50 MG/5ML	8
MAXX PLUS MISC	85	mefenamic acid CAPS	5	meperidine hcl TABS 50 MG	8
MAXZIDE TABS (triamterene & hydrochlorothiazide)	71	mefloquine hcl	35	MEPRON (atovaquone)	35
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	71	megestrol acetate (appetite)	114	mercaptopurine SUSP 2000 MG/100ML	36
meclizine hcl CHEW	28	megestrol acetate SUSP	38	mercaptopurine TABS	36
meclizine hcl TABS 50 MG	28	megestrol acetate TABS	38	mesalamine CP24	76
meclofenamate sodium CAPS	5	MEIJER LANCETS	93	mesalamine CPR	76
MEDICHOICE SAFETY LANCET	92	MEIJER LANCETS UNIVERSAL 21G	93	mesalamine CPDR	76
MEDICHOICE SAFETY LANCET EXTRA	92	MEIJER LANCETS UNIVERSAL 30G	93	mesalamine ENEM	76
MEDICHOICE SAFETY LANCET NORM	92	MEIJER LANCETS UNIVERSAL 33G	93	mesalamine SUPP	76
MEDLANCE EXTRA 21G	92	MEKINIST SOLR	40	mesalamine TBEC 1.2 GM	76
MEDLANCE LITE 25G	92	MEKINIST TABS	40	mesalamine TBEC 800 MG	76
MEDLANCE PLUS EXTRA 21G	92	meloxicam TABS 15 MG	5	mesna TABS	42
MEDLANCE PLUS LANCETS	92	meloxicam TABS 7.5 MG	5	MESNEX TABS	42
MEDLANCE PLUS LITE 25G	93	melphalan	36	MESTINON SOLN PO (pyridostigmine bromide)	36
MEDLANCE PLUS SPECIAL 0.8MM	93	melphalan hcl IV	36	MESTINON TABS (pyridostigmine bromide)	36
MEDLANCE PLUS SUPERLITE 30G		memantine hcl CP24	115	MESTINON TBCR (pyridostigmine bromide)	36
		memantine hcl SOLN	115	METADATE CD CPR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	2

METADATE CD CPR 20 MG, 30 MG (methylphenidate hcl)	2	methyldopa TABS	32	metoprolol & hydrochlorothiazide TABS	33
metaxalone 400 MG	108	methylergonovine maleate TABS	113	metoprolol succinate TB24	48
metaxalone 800 MG	108	METHYLIN SOLN (methylphenidate hcl)	2	metoprolol tartrate TABS	48
metformin hcl SOLN	25	methylphenidate hcl CHEW	2	METROCREAM CREA (metronidazole (topical))	69
metformin hcl TABS 500 MG, 850 MG, 1000 MG	25	methylphenidate hcl CP24 60 MG ..	2	METROGEL GEL 1 % (metronidazole (topical))	69
metformin hcl TB24 500 MG, 750 MG	25	methylphenidate hcl CP24	2	metronidazole (topical) CREA	69
methadone hcl CONC	8	methylphenidate hcl CPR 10 MG, 40 MG, 50 MG, 60 MG	2	metronidazole (topical) GEL 0.75 % ..	69
methadone hcl SOLN PO	8	methylphenidate hcl CPR 20 MG, 30 MG	2	metronidazole (topical) GEL 1 % ..	69
methadone hcl TABS	8	methylphenidate hcl SOLN	2	metronidazole (topical) LOTN	69
methadone hcl TBSO	8	methylphenidate hcl TABS 20 MG ..	2	metronidazole CAPS	34
METHADOSE CONC (methadone hcl)	9	methylphenidate hcl TABS 5 MG, 10 MG	2	metronidazole TABS 250 MG, 500 MG	34
METHADOSE SUGAR-FREE CONC (methadone hcl)	8	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	metronidazole vaginal	126
methamphetamine hcl	1	methylphenidate hcl TB24 36 MG ..	2	metyrosine	31
methazolamide TABS	71	methylphenidate hcl TBCR 10 MG, 20 MG	2	mexiletine hcl	13
methenamine hippurate	35	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	MG217 PSORIASIS MULTI-SYMP TOM OINT	68
methenamine mandelate 1 GM	35	methylphenidate hcl TBCR 54 MG ..	2	MIACALCIN IJ (calcitonin (salmon)) ..	72
methimazole TABS	119	methylphenidate PTCH	2	MICARDIS 20 MG, 40 MG (telmisartan)	32
methocarbamol TABS 500 MG, 750 MG	108	methylprednisolone TABS	58	MICARDIS 80 MG (telmisartan) ...	32
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	36	methylprednisolone TBPk	58	MICARDIS HCT (telmisartan-hydrochlorothiazide)	33
methotrexate sodium SOLR	36	methyltestosterone CAPS	11	MICROLET LANCETS	93
methotrexate sodium TABS 2.5 MG ..	36	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML	75	MICROLIFE DIGITAL PEAK FLOW ..	100
methoxsalen rapid	64	metoclopramide hcl TABS	75	midazolam hcl SYRP	81
methscopolamine bromide	121	metoclopramide hcl TBPk	75	midodrine hcl	127
methsuximide	22	metolazone	71		
		METOPIRONE	69		

MIFEPREX (mifepristone)	73	M-M-R II SOLR	125	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	9
mifepristone	73	M-NATAL PLUS TABS	106	morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	9
miglitol	24	MNEXSPIKE SUSY 10 MCG/0.2ML .	125	morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	9
miglustat	80	MOBILE LANCETS 30G	93	morphine sulfate SUPP	9
MIGRANAL SOLN NA (dihydroergotamine mesylate)	101	modafinil	2	morphine sulfate TABS 15 MG	9
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	56	MODERNA COVID-19 BIVALENT 125		morphine sulfate TABS 30 MG	9
MINI WRIGHT PEAK FLOW METER	100	MODERNA COVID-19 VAC 6M-11Y SUSP	125	morphine sulfate TBCR	9
MINIPRESS CAPS (prazosin hcl) .	32	MODERNA COVID-19 VAC 6M-11Y SUSY	125	MOTTEGRITY (prucalopride succinate)	75
MINIVELLE PTTW (estradiol)	75	MODERNA COVID-19 VACCINE SUSP	126	MOVANTIK	76
minocycline hcl CAPS	119	moexipril hcl	31	moxifloxacin hcl (ophth) SOLN OP 110	
minocycline hcl CP24	119	molindone hcl	45	moxifloxacin hcl TABS	75
minocycline hcl TABS 50 MG, 100 MG	119	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	47	MPD SAFETY LANCET 21G	93
minocycline hcl TABS 75 MG	119	mometasone furoate (nasal) SUSP 109		MPD SAFETY LANCET 23G	93
minoxidil 2.5 MG, 10 MG	34	mometasone furoate CREA	67	MPD SAFETY LANCET 28G	93
MIRALAX POWD (polyethylene glycol 3350)	82	mometasone furoate OINT	67	MPD SAFETY LANCET 30G	93
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) .	43	mometasone furoate SOLN	67	MRESVIA	126
MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)	43	MONOLET LANCETS	93	MS CONTIN TBCR (morphine sulfate)	9
mirtazapine TABS	22	MONOLET OPD LANCETS	93	MUCOTROL WAFR	104
mirtazapine TBDP	22	MONOLETTOR SAFETY LANCETS 93		MULTIVITAMIN/FLUORIDE CHEW 0.25 MG	105
MIRVASO (brimonidine tartrate (topical))	69	montelukast sodium CHEW	14	MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG	105
misoprostol	123	montelukast sodium PACK	14	MULTIVITAMIN/FLUORIDE SOLN 105	
MITIGARE CAPS (colchicine)	78	montelukast sodium TABS	14	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	105
mitoxantrone hcl 25 MG/12.5ML ...	39	MONUROL (fosfomycin tromethamine)	35	MULTI-VIT-FLOR CHEW 0.25 MG	
MM TWIST LANCETS	93	morphine sulfate beads	9		

105	NALOCET TABS	10	NAYZILAM	18
MULTI-VIT-FLOR CHEW 0.5 MG, 1 MG	naloxone hcl LIQD	27	nebivolol hcl	48
mupirocin OINT	naloxone hcl SOSY 2 MG/2ML	27	NEBUPENT IN (pentamidine isethionate)	34
MYALEPT	naltrexone hcl	27	NEBUSAL NEBU	59
MYAMBUTOL TABS 400 MG (ethambutol hcl)	NAMENDA TABS 10 MG (memantine hcl)	115	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	106
MYCOBUTIN (rifabutin)	NAMENDA TABS 5 MG (memantine hcl)	115	nefazodone hcl	23
mycophenolate mofetil CAPS	NAMENDA TITRATION PAK TABS (memantine hcl)	115	neomycin sulfate TABS	3
mycophenolate mofetil SUSR	NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl)	115	neomycin-bacitracin zn-polymyxin 110	
mycophenolate mofetil TABS	NAMZARIC C4PK	115	neomycin-polymy-dexameth OINT 111	
mycophenolate sodium	NAPROSYN SUSP (naproxen)	6	neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %	111
MYDRIACYL SOLN (tropicamide) 110	NAPROSYN TABS 500 MG (naproxen)	6	neomycin-polymyxin-gramicidin .	110
MYFORTIC (mycophenolate sodium)	naproxen sodium TABS 275 MG, 550 MG	6	neomycin-polymyxin-hc (ophth) .	111
MYGLUCOHEALTH LANCETS 30G 93	naproxen SUSP	6	neomycin-polymyxin-hc (otic) SOLN .	113
MYHIBBIN SUSP	naproxen TABS	6	neomycin-polymyxin-hc (otic) SUSP .	113
MYLERAN TABS	naratriptan hcl	101	NEONATAL 19	106
MYSOLINE (primidone)	NARCAN LIQD (naloxone hcl)	27	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	106
MYTESI	NARDIL (phenelzine sulfate)	22	NEONATAL PLUS TABS	106
nabumetone 500 MG	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal))	109	NEORAL CAPS (cyclosporine modified (for microemulsion))	104
nabumetone 750 MG	NASONEX 24HR SUSP (mometasone furoate (nasal))	109	NEORAL SOLN (cyclosporine modified (for microemulsion))	104
nadolol TABS 20 MG, 40 MG, 80 MG	NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	106		
NAFCILLIN SODIUM IN DEXTROSE 1 GM/50ML	NATACYN	110		
nafticillin sodium IV 10 GM	NATAZIA	56		
naftifine hcl CREA	nateglinide	26		
naftifine hcl GEL 2 %				
NAFTIN GEL (naftifine hcl)				

NEOSTIGMINE METHYLSULFATE RFID SOSY (neostigmine methylsulfate)	36	NICORETTE LOZG (nicotine polacrilex)	118	nitrofurantoin macrocrystal	35
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	36	NICORETTE MINI LOZG (nicotine polacrilex)	118	nitrofurantoin monohyd macro	35
neostigmine methylsulfate SOSY ..	36	NICORETTE STARTER KIT GUM (nicotine polacrilex)	118	nitroglycerin (intra-anal)	12
NEOTUSS PLUS LIQD	59	NICOTINE KIT	118	nitroglycerin PT24	12
NERLYNX	40	nicotine polacrilex GUM	118	nitroglycerin SOLN TL 0.4 MG/SPRAY	12
NESINA (alogliptin benzoate)	25	nicotine polacrilex LOZG	118	nitroglycerin SUBL	12
NESTABS	106	nicotine PT24 TD 21 MG/24HR ..	118	NITROLINGUAL SOLN TL (nitroglycerin)	12
NESTABS DHA	106	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR	118	NITROSTAT SUBL (nitroglycerin) ..	12
NESTABS ONE	106	NICOTROL INHA	118	NITYR TABS	73
NEUPRO	43	NICOTROL NS SOLN	118	NIVA THYROID TABS	120
NEURONTIN CAPS (gabapentin) ..	20	nifedipine CAPS	49	NIVA-PLUS TABS	106
NEURONTIN SOLN (gabapentin) ..	20	nifedipine TB24 30 MG, 60 MG ...	49	nizatidine CAPS	122
NEURONTIN TABS (gabapentin) ..	20	nifedipine TB24	49	NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML, 30 MG/3ML	72
NEVANAC	112	NILANDRON (nilutamide)	38	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML	72
nevirapine SUSP	46	nilotinib hcl 150 MG, 200 MG	41	norelgestromin-ethinyl estradiol ...	57
nevirapine TABS	46	nilotinib hcl 50 MG	41	norethin acet & estrad-fe CAPS ...	56
nevirapine TB24 400 MG	46	nilutamide	39	norethin acet & estrad-fe CHEW ..	56
NEXAVAR (sorafenib tosylate) ...	41	nimodipine CAPS	50	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	56
NEXTSTELLIS	56	nimodipine SOLN	50	norethindrone & ethinyl estradiol-fe 56	
niacin (antihyperlipidemic) TABS ..	31	NINLARO	41	norethindrone (contraceptive)	57
niacin (antihyperlipidemic) TBCR ..	31	nisoldipine	50	norethindrone acet & eth estra TABS 56	
nicardipine hcl CAPS	49	nitazoxanide TABS	35	norethindrone acetate TABS	114
NICODERM CQ PT24 TD 21 MG/24HR (nicotine)	118	nitisinone CAPS	73	norethindrone acetate-ethinyl estradiol	74
NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR (nicotine) 118		NITRO-BID OINT	12	norethindrone acetate-ethinyl	
NICORETTE GUM (nicotine polacrilex)	118	NITRO-DUR PT24 (nitroglycerin) ..	12		
		NITRO-DUR PT24	12		
		nitrofurantoin	35		

estradiol-fe	56	NUCORT LOTN	67	OCALIVA	75
norgestimate-ethinyl estradiol (triphasic)	56	NUEDEXTA	116	octreotide acetate SOLN	73
norgestimate-ethinyl estradiol	56	NUPLAZID CAPS	44	octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML	74
NORITATE CREA	69	NUPLAZID TABS 10 MG	44	OCUFLOX (ofloxacin (ophth)) ...	110
NORPACE CAPS (disopyramide phosphate)	13	NUVARING (etonogestrel-ethinyl estradiol)	57	ODEFSEY	46
NORPACE CR CP12	13	NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	126	ODOMZO	38
NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	24	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	2	OFEV	119
NORTHERA (droxidopa)	127	NUVIGIL 50 MG (armodafinil)	2	ofloxacin (ophth)	110
nortriptyline hcl CAPS	24	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	79	ofloxacin (otic)	113
nortriptyline hcl SOLN	24	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	79	ofloxacin 300 MG	75
NORVASC TABS 2.5 MG (amlodipine besylate)	50	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	79	ofloxacin 400 MG	75
NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	50	NYSTATIN (nystatin (mouth-throat)) . 104		OHC COVID-19 ANTIGEN SELF TEST KIT	70
NORVIR PACK	46	nystatin (mouth-throat)	104	olanzapine TABS 15 MG, 20 MG ..	44
NORVIR TABS (ritonavir)	46	nystatin (topical) CREA	63	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	45
NOVA SAFETY LANCETS 23G ..	93	nystatin (topical) OINT	63	olanzapine TBDP	45
NOVA SAFETY LANCETS 28G ..	93	nystatin (topical) POWD EX	63	olanzapine-fluoxetine hcl	115
NOVA SUREFLEX LANCETS	93	nystatin TABS	28	olmesartan medoxomil 40 MG	32
NOVAVAX COVID-19 VACCINE SUSP	126	nystatin-triamcinolone CREA	63	olmesartan medoxomil 5 MG, 20 MG 32	
NOVAVAX COVID-19 VACCINE SUSY	126	nystatin-triamcinolone OINT	63	olmesartan medoxomil-amlodipine- hydrochlorothiazide	33
NOVOPEN ECHO DEVI	100	NYVEPRIA	80	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 33	
NOVOSEVEN RT	79	OB COMPLETE ONE	106	olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	33
NOXAFIL SUSP (posaconazole) ..	28	OB COMPLETE PETITE	106	olopatadine hcl (nasal)	108
NOXAFIL TBEC (posaconazole) ..	29	OB COMPLETE PREMIER	106	olopatadine hcl 0.1 %	112
NP THYROID TABS	120	OB COMPLETE/DHA	106	olopatadine hcl 0.2 %	112
NUBEQA	39	OBIZUR	79		

OLUX-E (clobetasol propionate emulsion)	67	OPTIONS GYNOL II CONTRACEPTIVE GEL	126	OTEZLA/OTEZLA XR INITIATION PK TBPK	6
omega-3-acid ethyl esters	30	ORACEA (doxycycline (rosacea))	69	OTREXUP SOAJ 10 MG/0.4ML	3
omeprazole CPDR 10 MG	123	ORACIT	77	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
omeprazole CPDR 20 MG, 40 MG 123		ORAL CITRATE	77	OVACE PLUS SHAM (sulfacetamide sodium)	65
omeprazole magnesium CPDR ..	123	ORAPRED ODT TBDP (prednisolone sodium phosphate)	58	OVACE PLUS WASH LIQD (sulfacetamide sodium)	65
OMNIFLEX DIAPHRAGM	85	ORAPRED ODT TBDP	58	OVACE WASH LIQD (sulfacetamide sodium)	65
ON/GO COVID-19 ANTIGEN TEST KIT	70	ORAVIG	104	OVIDE (malathion)	69
ON/GO ONE COVID-19 HOME TEST KIT	70	ORENITRAM MONTH 1 TEPK	51	oxacillin sodium IV 10 GM	114
ondansetron hcl SOLN PO 4 MG/5ML	27	ORENITRAM MONTH 2 TEPK	51	oxaprozin TABS	6
ondansetron hcl TABS 4 MG, 8 MG 27		ORENITRAM MONTH 3 TEPK	51	OXAYDO TABS 5 MG	9
ondansetron TBDP 4 MG, 8 MG ..	27	ORENITRAM TBCR	51	OXAYDO TABS 7.5 MG	9
ONE VITE WOMENS PLUS TABS 106		ORFADIN CAPS (nitisinone)	73	oxazepam CAPS 10 MG, 15 MG ..	13
ONETOUCH DELICA PLUS LANCET30G	93	ORFADIN SUSP	73	oxazepam CAPS 30 MG	13
ONETOUCH DELICA PLUS LANCET33G	94	ORGOVYX	39	oxcarbazepine SUSP	20
ONETOUCH DELICA SAFETY LANCING	94	ORIAHNN	74	oxcarbazepine TABS 150 MG	20
ONETOUCH ULTRASOFT 2 LANCETS	94	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	118	oxcarbazepine TABS 300 MG	20
ONFI SUSP (clobazam)	18	ORKAMBI PACK 94 MG-75 MG .	118	oxcarbazepine TABS 600 MG	20
ONFI TABS 10 MG (clobazam)	18	ORKAMBI TABS	118	oxcarbazepine TB24 150 MG, 300 MG	20
ONFI TABS 20 MG (clobazam)	18	ORLADEYO	79	oxcarbazepine TB24 600 MG	20
ONGLYZA (saxagliptin hcl)	25	orphenadrine citrate TB12	108	oxiconazole nitrate CREA	63
ONUREG TABS	37	oseltamivir phosphate CAPS 30 MG, 45 MG	48	OXISTAT CREA (oxiconazole nitrate)	63
OPILL	57	oseltamivir phosphate CAPS 75 MG .	48	OXISTAT LOTN	63
OPSUMIT	51	oseltamivir phosphate SUSR	48	OXTELLAR XR TB24 150 MG, 300 MG (oxcarbazepine)	20
		OSPHERA	72		
		OTEZLA TABS	6		
		OTEZLA TBPK	6		
		OTEZLA XR TB24 PO 75 MG	6		

OXTELLAR XR TB24 600 MG (oxcarbazepine)	20	PANRETIN	64	sodium phosphate)	58
oxybutynin chloride TABS 5 MG .	123	pantoprazole sodium PACK	123	PEDIARIX SUSY	121
oxybutynin chloride TB24	123	pantoprazole sodium TBEC	123	pediatric multivitamins w/fl CHEW 105	
oxycodone hcl CAPS	9	paricalcitol CAPS	73	pediatric multivitamins w/fl SOLN	105
oxycodone hcl CONC 100 MG/5ML	9	PARLODEL CAPS (bromocriptine mesylate)	43	PEDVAX HIB SUSP	124
oxycodone hcl SOLN	9	PARLODEL TABS (bromocriptine mesylate)	43	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	82
oxycodone hcl TABS 30 MG	9	PARNATE (tranylcypromine sulfate) 22		peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 236 GM 82	
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	9	paroxetine hcl SUSP	23	peg 3350-potassium chloride-sod bicarbonate-sod chloride	82
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG .	10	paroxetine hcl TABS	23	PEGASYS SOLN	48
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	10	paroxetine hcl TB24	23	PEG-PREP	82
oxycodone w/ acetaminophen TABS 325 MG-5 MG	10	PATADAY 0.1 % (olopatadine hcl) 112		penicillamine CAPS	103
OXYCODONE-ACETAMINOPHEN TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	10	PATADAY 0.2 % (olopatadine hcl) 112		penicillamine TABS	103
OXYCODONE-ACETAMINOPHEN TABS 300 MG-2.5 MG	10	PAXIL CR TB24 (paroxetine hcl) .	23	PENICILLIN G POT IN DEXTROSE . 114	
oxymorphone hcl TABS 10 MG	9	PAXIL SUSP (paroxetine hcl)	23	penicillin g potassium 5000000 UNIT, 20000000 UNIT	114
oxymorphone hcl TABS 5 MG	9	PAXIL TABS (paroxetine hcl)	23	penicillin g sodium	114
oxymorphone hcl TB12	9	PAXLOVID (150/100)	47	penicillin v potassium SOLR	114
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	25	PAXLOVID (300/100)	47	penicillin v potassium TABS	114
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	25	PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK	47	PENNSAID SOLN EX 2 % (diclofenac sodium (topical))	63
OZEMPIC (2 MG/DOSE) SOPN ...	25	pazopanib hcl	41	PENTACEL	121
OZOBAX SOLN PO (baclofen) ...	108	PEAK A-I-R FLOW METER	100	pentamidine isethionate IN	34
paliperidone	44	PEAK AIR PEAK FLOW METER 100		PENTASA CPCR (mesalamine) ...	76
PALYNZIQ	73	PEAK FLOW METER UNIVERSAL RANG	100	PENTASA CPCR 250 MG	76
PAMELOR CAPS (nortriptyline hcl) 24		ped multivitamins w/fl & iron SOLN 105		pentazocine w/ naloxone hcl	11
		PEDIAPRED SOLN (prednisolone		pentoxifylline	79
				PEPCID AC MAXIMUM STRENGTH	

TABS (famotidine)	122	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	126	pindolol TABS	49
PEPCID TABS 20 MG (famotidine) 122		PFIZER-BIONT COVID-19 VAC- TRIS SUSP	126	pioglitazone hcl 15 MG	26
PEPCID TABS 40 MG (famotidine) 122		PFIZER-BIONTECH COVID-19 VACC SUSP	126	pioglitazone hcl 30 MG, 45 MG	26
perampanel TABS 2 MG	18	PHARMACIST CHOICE LANCETS . 94		pioglitazone hcl-glimepiride	24
perampanel TABS 4 MG	18	phenelzine sulfate	22	pioglitazone hcl-metformin hcl TABS . 24	
perampanel TABS 6 MG	18	phenobarbital ELIX	81	PIP LANCETS 28G	94
perampanel TABS 8 MG, 10 MG, 12 MG	18	phenobarbital TABS	81	PIP LANCETS 30G	94
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	10	phenoxybenzamine hcl	31	PIQRAY (200 MG DAILY DOSE) .	41
PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ...	10	phenylephrine hcl (mydriatic) SOLN 110		PIQRAY (250 MG DAILY DOSE) .	41
PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen) ...	10	PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic)) ...	110	PIQRAY (300 MG DAILY DOSE) .	41
PERFECT LANCETS 28G	94	phenytoin CHEW	22	pirfenidone CAPS	119
PERFECT LANCETS 30G	94	phenytoin sodium extended 100 MG, 200 MG, 300 MG	22	pirfenidone TABS 267 MG, 801 MG 119	
PERFECT POINT SAFETY LANCETS	94	phenytoin SUSP	22	pirfenidone TABS 534 MG	119
PERIDEX (chlorhexidine gluconate (mouth-throat))	104	PHEXX	126	piroxicam CAPS 10 MG	6
perindopril erbumine	31	PHEXXI	126	piroxicam CAPS 20 MG	6
permethrin CREA	69	phytonadione TABS 5 MG	127	pitavastatin calcium	31
perphenazine TABS	45	PIFELTRO	46	PLAN B ONE-STEP (levonorgestrel (emergency oc))	57
perphenazine-amitriptyline	115	PIKO 1	100	PLAQUENIL (hydroxychloroquine sulfate)	35
PERSERIS PRSY	44	pilocarpine hcl (oral) 5 MG	104	PLAVIX 75 MG (clopidogrel bisulfate)	80
PERSONAL BEST FULL RANGE 100		pilocarpine hcl (oral) 7.5 MG	104	PLEGRIDY SOAJ	116
PFIZER COVID-19 VAC BIVALENT . 126		pilocarpine hcl SOLN 1 %, 2 %, 4 % . 110		PLEGRIDY SOSY SC	116
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	126	PILOT COVID-19 AT-HOME TEST KIT	70	PLEGRIDY STARTER PACK SOAJ . 116	
		pimecrolimus	68	PLEGRIDY STARTER PACK SOSY SC	116
		pimozide	116	PLEXION CREA (sulfacetamide sodium w/ sulfur)	61
				PLEXION LOTN (sulfacetamide	

sodium w/ sulfur)62	MEQ 103	prasugrel hcl80
PNEUMOVAX 23 SOLN124	potassium chloride SOLN PO 10 %, 20 %, 10 %103	pravastatin sodium31
PNEUMOVAX 23 SOSY124	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ 103	praziquantel 12
PNV 27-CA/FE/FA TABS106	potassium citrate (alkalinizer) TBCR . 77	prazosin hcl CAPS32
PNV-DHA+DOCUSATE 106	potassium citrate-citric acid SOLN .77	PRECISION THINS GP LANCETS 94
PNV-OMEGA 106	potassium iodide (expectorant) SOLN59	PRECISION XTRA BLOOD GLUCOSE STRP 70
POCKET PEAK FLOW METER . 100	POVIDONE-IODINE 110	PRECISION XTRA KETONE 70
POCKETPEAK PEAK FLOW METER100	PRADAXA CAPS 110 MG (dabigatran etexilate mesylate)18	PRECISION XTRA-GLUCOSE/KETONE DEVI 94
PODOCON-25 SOLN68	PRADAXA CAPS 150 MG (dabigatran etexilate mesylate)18	PRED FORTE (prednisolone acetate (ophth)) 111
podofilox GEL68	PRADAXA CAPS 75 MG (dabigatran etexilate mesylate)18	PRED MILD111
podofilox SOLN68	PRALUENT SOAJ 31	prednisolone acetate (ophth) 111
POLY HUB NEEDLE100	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG 43	PREDNISOLONE SODIUM PHOSPHATE 111
polyethylene glycol 3350 POWD .. 82	pramipexole dihydrochloride TABS 1 MG 43	prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML 58
polymyxin b-trimethoprim 110	pramipexole dihydrochloride TABS 1.5 MG 43	PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG58
POLY-VI-FLOR CHEW 0.25 MG .105	pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG43	prednisolone sodium phosphate TBDP58
POLY-VI-FLOR CHEW 0.5 MG, 1 MG105	PRAMOSONE LOTN 67	prednisolone SOLN58
POLY-VI-FLOR SUSP105	PRAMOSONE OINT67	prednisolone TABS 58
POLY-VI-FLOR/IRON CHEW 105	PRAMOTIC 113	PREDNISOLONE-MOXIFLOXACIN SOLN 112
POLY-VI-FLOR/IRON SUSP105		PREDNISONE INTENSOL CONC .58
POMALYST 39		prednisone SOLN58
posaconazole SUSP29		prednisone TABS 58
posaconazole TBEC29		prednisone TBPK58
pot & sod citrates w/citric ac SOLN 77		
pot phosphate monobasic w/ sod phosphate dibasic & monobasic .102		
potassium chloride CPCR 103		
potassium chloride microencapsulated crystals er ... 103		
potassium chloride PACK PO 20		

pregabalin CAPS 225 MG, 300 MG 20	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 .107	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)36
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TEGRETOL-XR TB12 400 MG (carbamazepine)	20	testosterone enanthate SOLN IM ..	11	ticagrelor 60 MG, 90 MG	80
TEGSEDI	118	testosterone GEL TD 1 %	11	TIKOSYN (dofetilide)	13
TEKTURNA (aliskiren fumarate) ..	34	testosterone GEL TD 10 MG/ACT ..	11	timolol	109
telmisartan 20 MG, 40 MG	32	testosterone GEL TD	11	timolol maleate (ophth) SOLG	109
telmisartan 80 MG	32	testosterone SOLN	11	timolol maleate (ophth) SOLN	110
telmisartan-amlodipine	34	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	121	timolol maleate TABS 10 MG	49
telmisartan-hydrochlorothiazide ...	34	tetrabenazine	115	timolol maleate TABS 5 MG, 20 MG .	49
temazepam 15 MG	81	tetracaine hcl (ophth)	111	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	110
temazepam 22.5 MG, 30 MG	81	tetracycline hcl CAPS	119	tinidazole 250 MG	34
temazepam 7.5 MG	81	THALITONE	71	tinidazole 500 MG	34
temozolomide CAPS	36	THALOMID	103	tiotropium bromide CAPS IN 18 MCG	14
temsirolimus	41	THEO-24 CP24	16	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 (levothyroxine sodium)	120
TENIVAC SUSP 2 LFU-5 LFU ...	121	theophylline ELIX	16	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	120
tenofovir disoproxil fumarate TABS 47		theophylline SOLN	16	TIVICAY PD TBSO	47
TENORETIC 100 (atenolol & chlorthalidone)	34	theophylline TB12 300 MG	16	TIVICAY TABS	47
TENORETIC 50 (atenolol & chlorthalidone)	34	theophylline TB12 450 MG	16	tizanidine hcl CAPS	108
TENORMIN TABS (atenolol)	48	theophylline TB24	16	tizanidine hcl TABS 2 MG	108
terazosin hcl 1 MG, 2 MG, 5 MG ..	32	THERANATAL CORE NUTRITION TABS	107	tizanidine hcl TABS 4 MG	108
terazosin hcl 10 MG	32	THINLETS GP LANCETS	96	TOBI NEBU (tobramycin)	3
terbinafine hcl TABS	28	thioridazine hcl 10 MG, 25 MG, 100 MG	45	TOBI PODHALER CAPS	3
terbutaline sulfate TABS	16	thioridazine hcl 50 MG	45	TOBRADEX OINT	112
terconazole vaginal CREA	126	thiothixene	45	TOBRADEX ST SUSP	112
terconazole vaginal SUPP	126	THRIVITE RX TABS	107		
teriflunomide	116	THYMOGLOBULIN	104		
teriparatide SOPN	72	THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	120		

tobramycin (ophth) SOLN 111	MG 21	tramadol hcl TB24 100 MG 9
tobramycin NEBU 3	topiramate CPSP 15 MG, 25 MG .. 21	tramadol hcl TB24 200 MG 9
tobramycin-dexamethasone SUSP 112	topiramate CS24 100 MG, 150 MG, 200 MG 21	tramadol hcl TB24 9
TOBREX OINT 111	topiramate CS24 25 MG, 50 MG .. 21	tramadol-acetaminophen 10
TODAY SPONGE MISC 126	topiramate TABS 100 MG 21	trandolapril 31
TODAYS HEALTH THIN LANCETS 28G 96	topiramate TABS 200 MG 21	trandolapril-verapamil hcl 34
TODAYS HEALTH THIN LANCETS 30G 96	topiramate TABS 25 MG 21	tranexamic acid SOLN 1000 MG/10ML 81
tolcapone 43	topiramate TABS 50 MG 21	tranexamic acid TABS 81
TOLSURA CAPS 29	topotecan hcl SOLR 42	TRANSDERM SCOP 1 MG/3DAYS (scopolamine) 28
tolterodine tartrate CP24 123	TOPROL XL TB24 (metoprolol succinate) 49	TRANSDERM-SCOP (scopolamine) 28
tolterodine tartrate TABS 123	toremifene citrate 39	tranylcypromine sulfate 22
TOPAMAX SPRINKLE CPSP (topiramate) 20	TORISEL (temsirolimus) 41	TRAVATAN Z SOLN (travoprost) 113
TOPAMAX TABS 100 MG (topiramate) 21	torsemide TABS 100 MG 71	TRAVEL LANCETS ADVANCED 28G 96
TOPAMAX TABS 200 MG (topiramate) 20	torsemide TABS 5 MG, 10 MG, 20 MG 71	travoprost SOLN 113
TOPAMAX TABS 25 MG (topiramate) 21	TOUJEO MAX SOLOSTAR SOPN 26	TRAZIMERA 420 MG 37
TOPAMAX TABS 50 MG (topiramate) 21	TOUJEO SOLOSTAR SOPN 26	trazodone hcl TABS 23
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TOPICORT GEL (desoximetasone) 68	TPOXX (TECOVIRIMAT) 47	TREMFYA ONE-PRESS SOPN SC 100 MG/ML 65
TOPICORT OINT (desoximetasone) . 68	TPOXX CAPS 48	TREMFYA PEN SOAJ 100 MG/ML 65
TOPICORT SPRAY LIQD (desoximetasone) 67	TRACLEER TABS 125 MG (bosentan) 51	TREMFYA PEN SOAJ SC 200 MG/2ML 76
topiramate CP24 200 MG 21	TRACLEER TABS 62.5 MG (bosentan) 51	TREMFYA SOSY 100 MG/ML 65
topiramate CP24 25 MG, 50 MG, 100	TRACLEER TBSO 32 MG (bosentan) 51	TREMFYA SOSY SC 200 MG/2ML 76
	tramadol hcl CP24 100 MG, 200 MG, 300 MG 9	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML 76
	tramadol hcl TABS 100 MG 9	TRESIBA FLEXTOUCH SOPN 100
	tramadol hcl TABS 50 MG 9	

UNIT/ML	26	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	34	TRINTELLIX	23
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	26	TRICARE TABS	107	TRISTART DHA	107
TRESIBA SOLN	26	TRICOR TABS 145 MG (fenofibrate) . 30		TRIUMEQ PD TBSO	47
tretinoin (chemotherapy)	42	TRICOR TABS 48 MG (fenofibrate) 30		TRIUMEQ TABS	47
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	62	trientine hcl	103	TRI-VI-FLOR SUSP 0.25 MG/ML	105
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	62	trifluoperazine hcl TABS	45	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	105
tretinoin microsphere 0.04 %	62	trifluridine	111	TROJAN BARESKIN DEVI	85
tretinoin microsphere 0.1 %	62	trihexyphenidyl hcl SOLN	42	TROJAN ENZ MISC	85
TRETEN	79	trihexyphenidyl hcl TABS	42	TROJAN MAGNUM MISC	85
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	37	TRIJARDY XR	24	TROJAN ULTRA THIN MISC	85
triamcinolone acetonide (mouth) 104		TRIKAFTA TBPk 100 MG-50 MG 119		TROJAN ULTRA THIN/SPERMICIDAL MISC	85
triamcinolone acetonide (nasal) AERO	109	TRIKAFTA TBPk 50 MG-25 MG . 119		TROJAN-ENZ LUBRICATED MISC 85	
triamcinolone acetonide (topical) AERS	68	TRIKAFTA THPK	119	TROJAN-ENZ/SPERMICIDAL MISC . 85	
triamcinolone acetonide (topical) CREA	68	TRILEPTAL SUSP (oxcarbazepine) 21		TROKENDI XR CP24 200 MG (topiramate)	21
triamcinolone acetonide (topical) LOTN	68	TRILEPTAL TABS 150 MG (oxcarbazepine)	21	TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate)	21
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	68	TRILEPTAL TABS 300 MG (oxcarbazepine)	21	tropicamide SOLN	110
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	71	TRILEPTAL TABS 600 MG (oxcarbazepine)	21	trospium chloride CP24	123
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	71	TRILIPIX 135 MG (choline fenofibrate)	30	trospium chloride TABS	123
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	71	TRILIPIX 45 MG (choline fenofibrate)	30	TRUE COMFORT SAFETY LANCETS	96
triamterene CAPS	71	trimethobenzamide hcl CAPS	28	TRUE COMFORT TWIST TOP LANCETS	96
triazolam 0.125 MG	81	trimethoprim TABS	34	TRUE COVER DEVI	85
triazolam 0.25 MG	81	trimipramine maleate CAPS	24	TRUEPLUS LANCETS 26G	97
		TRINATAL RX 1 TABS	107	TRUEPLUS LANCETS 28G	97
				TRUEPLUS LANCETS 30G	97
				TRUEPLUS LANCETS 33G	97

TRUEPLUS SAFETY LANCETS 28G97	fumarate)47	ULORIC 40 MG (febuxostat)78
TRULANCE75	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)47	ULORIC 80 MG (febuxostat)78
TRULICITY25	TRUZONE PEAK FLOW METER 101	ULTILET CLASSIC LANCETS97
TRUMENBA 0.5 ML124	TUKYSA37	ULTILET LANCETS97
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TRUSTEX LUB/RIBBED/STUDED MISC85	TUSSLIN PEDIATRIC LIQD59	ULTILET SAFETY LANCETS 23G 97
TRUSTEX LUB/SPERMICIDE EX ST MISC85	TWINRIX SUSY126	ULTRA THIN LANCETS 31G97
TRUSTEX LUB/SPERMICIDE XL MISC85	TWIRLA57	ULTRA-CARE LANCETS 30G97
TRUSTEX LUBRICATED EX LARGE MISC85	TWIST TOP LANCETS 30G97	ULTRA-THIN II AUTO LANCET ..97
TRUSTEX LUBRICATED EXTRA ST MISC85	TYBLUME CHEW56	ULTRA-THIN II LANCETS97
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TRUSTEX LUBRICATED/SPERMICIDE MISC 85	TYKERB (lapatinib ditosylate)42	UNILET COMFORTOUCH LANCET 97
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TRUSTEX NON-LUBRICATED MISC85	TYVASO DPI INSTITUTIONAL KIT POWD51	UNILET EXCELITE II97
TRUSTEX RIA LUB/SPERMICIDE MISC86	TYVASO DPI MAINTENANCE KIT POWD51	UNILET G.P. LANCET97
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		UNISTIK 2 EXTRA98
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UNISTIK 3 COMFORT98	ursodiol CAPS 75	VALTREX 1 GM (valacyclovir hcl) .48
UNISTIK 3 EXTRA98	ursodiol TABS75	VALTREX 500 MG (valacyclovir hcl) . 48
UNISTIK 3 GENTLE98	VABRINTY SC 22.5 MG, 30 MG, 45 MG 39	VANCOCIN CAPS (vancomycin hcl) . 35
UNISTIK 3 NEONATAL98	VAGIFEM TABS (estradiol vaginal) 127	vancomycin hcl CAPS 35
UNISTIK 3 NORMAL98	valacyclovir hcl 1 GM 48	VANDAZOLE126
UNISTIK CZT COMFORT98	valacyclovir hcl 500 MG48	VANOS CREA (fluocinonide)68
UNISTIK CZT NORMAL98	VALCHLOR64	VAQTA126
UNISTIK NORMAL98	VALCYTE SOLR (valganciclovir hcl) . 47	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML 126
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UNISTIK SAFETY LANCETS 28G 98	valganciclovir hcl SOLR47	varenicline tartrate TBPK118
UNISTIK SAFETY LANCETS 30G 98	valganciclovir hcl TABS47	VARIVAX SUSR126
UNISTIK TOUCH SAFETY LANC 21G98	VALIUM TABS 10 MG (diazepam) 13	VASCEPA (icosapent ethyl)30
UNISTIK TOUCH SAFETY LANC 23G98	VALIUM TABS 2 MG, 5 MG (diazepam) 13	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...34
UNISTIK TOUCH SAFETY LANC 28G98	valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML22	VASOTEC TABS (enalapril maleate) 31
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TBPK	37	VERIFINE SAFE LANCET MINI 23G	99	(vilazodone hcl)	23
VENCLEXTA TABS 10 MG	37	VERIFINE SAFE LANCET MINI 28G	99	VIIBRYD TABS 20 MG (vilazodone hcl)	23
VENCLEXTA TABS 100 MG	37	VERIFINE SAFE LANCET MINI 30G	99	vilazodone hcl TABS 10 MG, 40 MG .	23
VENCLEXTA TABS 50 MG	37	VERIFINE UNIVERSAL LANCETS 28G	99	vilazodone hcl TABS 20 MG	23
venlafaxine hcl CP24	23	VERIFINE UNIVERSAL LANCETS 30G	99	VIMPAT SOLN PO 10 MG/ML (lacosamide)	21
venlafaxine hcl TABS	24	VERIFINE UNIVERSAL LANCETS 33G	99	VIMPAT TABS (lacosamide)	21
venlafaxine hcl TB24 225 MG	24	VERSACLOZ SUSP	45	VINATE DHA RF	107
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	24	VERZENIO	42	VINATE ONE TABS	107
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VENTOLIN HFA AERS (albuterol sulfate)	16	VESICARE TABS 5 MG (solifenacin succinate)	123	VIRAZOLE (ribavirin)	48
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ...	50	VFEND SUSR (voriconazole)	29	VIREAD POWD	47
verapamil hcl CP24 180 MG	50	VFEND TABS 200 MG (voriconazole)	29	VIREAD TABS (tenofovir disoproxil fumarate)	47
verapamil hcl CP24 360 MG	50	VIAGRA (sildenafil citrate)	51	VIREAD TABS 150 MG, 200 MG, 250 MG	47
VERAPAMIL HCL ER CP24 (verapamil hcl)	50	VIBERZI	76	VISTARIL CAPS 25 MG (hydroxyzine pamoate)	12
verapamil hcl TABS	50	VIBRAMYCIN CAPS (doxycycline hyclate)	119	VISTOGARD	27
verapamil hcl TBCR 120 MG	50	VIBRAMYCIN SUSR (doxycycline (monohydrate))	119	VITAFOL GUMMIES	107
verapamil hcl TBCR 180 MG, 240 MG	50	VICTOZA (liraglutide)	25	VITAFOL-NANO	107
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VERELAN CP24 180 MG (verapamil hcl)	50	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	111	VITAMEDMD REDICHEW RX ...	107
VERELAN CP24 360 MG (verapamil hcl)	50	VIIBRYD STARTER PACK KIT ...	23	VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML	105
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VIZIMPRO 38	WIDE-SEAL DIAPHRAGM 75 86	XIGDUO XR (dapagliflozin propanediol-metformin hcl) 25
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VOGELXO PUMP GEL TD (testosterone) 11	WIDE-SEAL DIAPHRAGM 85 86	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG 24
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ZYPREXA ZYDIS TBDP (olanzapine)	45
ZYTIGA (abiraterone acetate)	39
ZYVOX SUSR (linezolid)	35
ZYVOX TABS (linezolid)	35