

California

Essential Drug List

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 All previous versions are no longer in effect.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 or Certificate of Insurance for specific cost share information.

For California Individual & Family Plans:

[Drug Lists](#) Select [Health Net Large Group – Formulary \(pdf\)](#).

For Small Business Group:

[Drug Lists](#) Select [Health Net Small Business Group – Formulary \(pdf\)](#).

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.

California Individual & Family Plans (on-Exchange or off-Exchange)

If you have questions about your pharmacy coverage call Customer Service at 1-800-839-2172

Hours of Operation

8:00am – 6:00pm Monday through Friday

8:00am – 5:00pm Saturday

Small Business Group

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

Hours of Operation

8:00am – 6:00pm Monday through Friday



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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 new information about existing drugs and chooses drugs based on:

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

How do I find a drug in the Drug List?

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

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

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

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

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

How are the drugs listed in the categorical list?

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

Example:

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

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

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

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

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

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

Tier Description Table

<i>Tier</i>	<i>Description</i>
1	Drugs in this tier include generic drugs and low-cost preferred brand drugs.
2	Drugs in this tier are higher cost generic drugs and preferred brand drugs
3	Drugs in this tier are non-preferred brand drugs, brand drugs with generic equivalents on a lower tier, or drugs that have a preferred alternative at a lower tier.
4	Tier 4 Drugs include drugs that are made using biotechnology, drugs that must be distributed through a specialty pharmacy, drugs that require special training for self-administration, or drugs that require regular monitoring of care by a pharmacy, and drugs that cost more than six hundred dollars for a one-month supply.
5	Includes preventive benefit drugs, including contraceptives, covered at no cost to members under the Affordable Care Act. A deductible does not apply.
7	A Brand name is listed for reference only, when a generic equivalent is available. Generic drugs will be used whenever one is available, unless a Brand is specifically requested. You may be asked to pay a higher copayment for the Brand if a generic is available. Refer to your plan documents for coverage details.

Are there any limits on my drug coverage?

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

Abbreviations Table

<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 \$750 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 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 with the exception of 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.
SF	Split Fill	Split-fill means the drug is eligible for our split-fill program. The program provides certain high-cost drugs with an initial 14-day supply at no charge to the member. If the member tolerates the drug and requests a refill, the applicable copay will be applied.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

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

Step Therapy Exception

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

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

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

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

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

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 or urgent 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. Coverage is subject to limitations and restrictions. Prior authorization or step therapy may be required for some other FDA-approved prescription contraceptive drugs, devices, or products prescribed by your doctor.

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.

Continuous blood glucose monitors and supplies are considered durable medical equipment and may be covered under your DME benefit.

Are preventive drugs covered?

Yes, preventive drugs on the Drug List, with “A” and “B” grade recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered. Included are contraceptives 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* or *Certificate of Insurance* 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.

Pharmacy Lock-In Program (Individual Market Only)

Health Net’s pharmacy benefit manager, together with Medical Management, reviews a member's medication usage and history, and using the criteria below, may enroll members in the Pharmacy Lock-In Program.

A member enrolled in the Pharmacy Lock-In Program is limited to using one specific retail pharmacy for a 12-month period to obtain all prescription drugs, except prescription drugs dispensed in conjunction with emergency care, 90-day supplies of maintenance drugs through the mail-order program and specialty drugs obtained through the specialty pharmacy vendor.

A member also has the right to request a review of the decision to place them in a lock-in program upon receiving the notification letter.

Criteria:

A member needs to meet **one** of the following criteria to be considered for the Pharmacy Lock-In Program:

- Prescriptions written on a stolen, forged or altered prescription blank issued by a licensed prescriber, which led to a member conviction within the past 24 months. Generally, this is reported by the Provider to the plan.
- Member has diagnosis in the past 24 months of drug poisoning, drug or alcohol abuse, a suicide attempt or suicidal ideations and has filled prescription medications in two or more pharmacies in the last 180 days. Illicit drug abuse or dependency may be counted as well.
- Referrals from the provider reporting suspected abuse or the prescriber is specifically requesting the lock-in due to alleged abuse. Such provider request will be clearly documented in clinical database.
- Member had two or more violations of a pain contract with the same or different prescriber in a 24-month period.

A member needs to meet **two or more** of the following criteria to be considered for the Pharmacy Lock-In Program:

Prescribed medications do not correlate with the member’s medical condition, as identified by his/her PCP, or ICD-10 code from encounter data.

- Member has filled controlled prescriptions at three or more pharmacies per any 90-day period. Pharmacies are distinct and do not share a database. Example: Two CVS stores would count as one pharmacy but a Walgreens and a CVS store would count as two pharmacies.
- Member receives three or more controlled substance medications from two or more doctors in any 90-day period. The doctors are not affiliated with the same practice.

- Member receives overlapping or duplicative psychiatric medications or anti-anxiety agents from two or more providers in any 90-day period. Providers are not affiliated with the same practice.
- Member has been seen in a hospital emergency room two or more times in any 90-day period with excessive non-emergent claims. Example; toothache, back pain, contusion, unspecified pain, etc.
- Member has a high Morphine Equivalency Dose (MED) of greater than or equal to 90 morphine milligram equivalents (MME) in any 90-day period. If there are any cash claims known and validated, these can be factored into the total MME calculation.
- Member has medication claims in profile of high abuse potential such as combinations of opiates, muscle relaxers, stimulants and benzodiazepines (also known as Holy Trinity or Houston Cocktail) in any 90-day period.

Can I use a mail order pharmacy?

For certain kinds of prescription drugs, you can use the Health Net contracted Mail Order Pharmacy. Generally, 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.

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

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

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

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

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

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

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

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

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

Out-of-pocket costs: Are your expenses for health care benefits that aren't 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.

Split-fill program: For certain high-cost chemotherapy drugs, displayed as “SF”, provides the first fill of the drug at no copayment or coinsurance for up to a 14 day supply. Refills will be at the applicable copayment or coinsurance.

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 defined as a decision based on medical necessity 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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA soln	1	
(Dextroamphetamine Sulfate) ZENZEDI tabs 5 MG, 10 MG	1	
<i>amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	1	
<i>amphetamine-dextroamphetamine cp24</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>dextroamphetamine sulfate cp24</i>	1	
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg</i>	1	
<i>dextroamphetamine sulfate soln</i>	1	
<i>methamphetamine hcl</i>	2	PA
VYVANSE CAPS	2	QL(1 ea daily)
VYVANSE CHEW	2	Limited to 1 per day; QL(1 ea daily)
Analeptics		
<i>caffeine citrate soln or</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P TABS (<i>phentermine hcl</i>)	7	Check plan documents for coverage; PA
ADIPEX-P CAPS (<i>phentermine hcl</i>)	7	Check plan documents for coverage; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>benzphetamine hcl 25 mg</i>	4	Check plan documents for coverage; PA
<i>diethylpropion hcl tabs</i>	4	Check plan documents for coverage; PA
<i>diethylpropion hcl tb24</i>	4	Check plan documents for coverage; PA
LOMAIRA TABS	4	Check plan documents for coverage; PA
<i>phentermine hcl tabs</i>	4	Check plan documents for coverage; PA
<i>phentermine hcl caps</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRACE 8 MG-90 MG	4	Check plan documents for coverage; PA
<i>orlistat</i>	1	PA
SAXENDA	4	Check plan documents for coverage; QL(0.5 ml daily); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily)
<i>atomoxetine hcl 60 mg, 80 mg, 100 mg</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) tb12</i>	1	QL(4 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
Stimulants - Misc.		
<i>armodafinil 50 mg</i>	1	ST; PA
<i>armodafinil 150 mg, 200 mg, 250 mg</i>	1	ST; PA

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl tabs</i>	1	QL(2 ea daily)
<i>dexmethylphenidate hcl cp24</i>	1	QL(1 ea daily)
<i>methylphenidate ptch</i>	1	QL(1 ea daily)
<i>methylphenidate hcl tabs 5 mg, 10 mg</i>	1	
<i>methylphenidate hcl tbcx 54 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl cp24</i>	1	QL(1 ea daily)
<i>methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl tbcx 18 mg, 27 mg, 36 mg</i>	1	QL(1 ea daily)
<i>methylphenidate hcl cpcr 20 mg, 30 mg</i>	1	QL(2 ea daily)
<i>methylphenidate hcl chew</i>	1	
<i>methylphenidate hcl tb24 18 mg, 27 mg, 54 mg</i>	1	QL(1 ea daily; 90 Day(s) limit MG)
<i>methylphenidate hcl cp24 60 mg</i>	1	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 MG)
<i>methylphenidate hcl tbcx 10 mg, 20 mg</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl tabs 20 mg</i>	1	QL(3 ea daily)
<i>methylphenidate hcl soln</i>	1	
<i>modafinil</i>	2	QL(1 ea daily); ST
QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	4	PA
BETHKIS NEBU (<i>tobramycin</i>)	7	LA; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate solr</i>	4	PA
TOBI PODHALER CAPS	4	PA
<i>tobramycin nebu</i>	4	LA; PA
<i>tobramycin nebu</i>	2	PA
<i>tobramycin sulfate soln ij 10 mg/ml, 80 mg/2ml</i>	4	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ 15 MG	4	PA
RINVOQ 30 MG, 45 MG	4	PA
XELJANZ TABS 5 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA
XELJANZ TABS 10 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
Antirheumatic Antimetabolites		
OTREXUP SOAJ 10 MG/0.4ML	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA
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	4	ST; LA; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RASUVO 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	4	ST; LA; PA	Interleukin-6 Receptor Inhibitors		
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA	ACTEMRA SOSY	4	PA
Anti-TNF-alpha - Monoclonal Antibodies			ACTEMRA ACTPEN SOAJ	4	ST; MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
AMJEVITA SOSY 20 MG/0.4ML	4	Check plan documents for coverage; PA	KEVZARA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
AMJEVITA SOAJ	4	Check plan documents for coverage; PA	KEVZARA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PSKT	4	Check plan documents for coverage; PA	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; PA	(Diclofenac Potassium) CATAFLAM, LOFENA tabs 50 MG	1	
HUMIRA PEN PNKT	4	Check plan documents for coverage; PA	(Ibuprofen) IBU tabs 400 MG, 600 MG, 800 MG	1	
HUMIRA PEN-CD/UC/HS STARTER PNKT	4	Check plan documents for coverage; PA	(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; PA	(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; PA	<i>celecoxib</i>	1	QL(2 ea daily); AL(At least 60 yrs old); PA
Gold Compounds			<i>diclofenac potassium tabs 50 mg</i>	1	
RIDAURA	2		<i>diclofenac sodium tbec</i>	1	
Interleukin-1 Blockers			<i>diclofenac sodium tb24</i>	1	
ARCALYST	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; PA	<i>diclofenac w/ misoprostol tbec</i>	1	
			<i>etodolac tabs</i>	1	
			<i>etodolac tb24</i>	1	QL(2 ea daily)
			<i>etodolac caps</i>	1	
			<i>flurbiprofen tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN SUSP	2	
INDOCIN SUPP	3	
<i>indomethacin cpcr</i>	1	
<i>indomethacin caps 25 mg, 50 mg</i>	1	
<i>ketoprofen cp24</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketorolac tromethamine tabs</i>	1	QL(20 ea per fill retail)
<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)
<i>naproxen susp</i>	1	
<i>naproxen tabs</i>	1	
<i>naproxen sodium tabs 275 mg, 550 mg</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam caps 20 mg</i>	1	QL(1 ea daily)
<i>piroxicam caps 10 mg</i>	1	
<i>sulindac tabs 200 mg</i>	1	
<i>sulindac tabs 150 mg</i>	1	QL(2 ea daily)
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs 600 mg</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
OTEZLA TBPB	4	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA

Drug Name	Drug Tier	Requirements/ Limits
Pyrimidine Synthesis Inhibitors		
<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 SOLN	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOSY	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP; PA
ENBREL SOLR	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP; PA
ENBREL MINI SOCT	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP; PA
ENBREL SURECLICK SOAJ	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) TENCON tabs 300 MG-50 MG, 50 MG-300 MG, 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC tabs 325 MG-40 MG-50 MG, 40 MG-50 MG-325 MG	1	

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(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL caps 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG	1		(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB ASPIRIN, SB ASPIRIN ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN tbec 81 MG	5	PV
<i>butalbital-acetaminophen tabs 300 mg-50 mg, 50 mg-300 mg, 50 mg-325 mg</i>	1				
<i>butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg</i>	1				
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg</i>	1				
<i>butalbital-aspirin-caffeine caps 40 mg-50 mg-325 mg</i>	1				
Salicylates					

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(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN chew	5	PV	<i>codeine sulfate tabs</i>	1	
			CONZIP CP24 (<i>tramadol hcl</i>)	7	
			<i>fentanyl pt72 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	1	Limit 15 patches per month; QL(0.5 ea daily)
			<i>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>fentanyl citrate lpop 1600 mcg</i>	2	ST; QL(4 ea daily); PA
			<i>fentanyl citrate lpop 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg</i>	2	ST; PA
			<i>hydromorphone hcl tb24 32 mg</i>	1	QL(2 ea daily)
			<i>hydromorphone hcl tabs</i>	1	
			<i>hydromorphone hcl tb24 8 mg, 12 mg, 16 mg</i>	1	QL(4 ea daily)
			<i>hydromorphone hcl liqd</i>	1	
			<i>levorphanol tartrate tabs</i>	1	ST; PA
			<i>meperidine hcl tabs 50 mg</i>	1	
			<i>meperidine hcl soln or 50 mg/5ml</i>	1	
			<i>methadone hcl conc</i>	1	
			<i>methadone hcl soln or</i>	1	
			<i>methadone hcl tbso</i>	1	
<i>aspirin chew</i>	5	PV	<i>methadone hcl tabs</i>	1	QL(12 ea daily)
<i>aspirin tbec 81 mg</i>	5	PV	<i>morphine sulfate cp24</i>	1	QL(2 ea daily)
<i>diflunisal tabs</i>	1		<i>morphine sulfate soln or 10 mg/0.5ml, 20 mg/5ml, 20 mg/ml, 100 mg/5ml</i>	1	Not available through mail order
<i>salsalate</i>	1		<i>morphine sulfate supp 10 mg, 20 mg, 30 mg</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>morphine sulfate tbcr</i>	1	QL(3 ea daily)
Opioid Agonists			<i>morphine sulfate tabs</i>	1	
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL conc	1		<i>morphine sulfate soln or 10 mg/5ml</i>	1	
(Methadone Hcl) METHADOSE tbso	1		<i>morphine sulfate beads</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA TABS	2	QL(6 ea daily)	<i>acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg</i>	1	
NUCYNTA ER TB12	2	QL(2 ea daily)	<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	1	
OXAYDO TABS 7.5 MG	3	QL(4 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 mg-40 mg-50 mg-325 mg</i>	1	
OXAYDO TABS 5 MG	2		<i>butalbital-aspirin-caffeine w/cod 30 mg-40 mg-50 mg-325 mg</i>	1	
<i>oxycodone hcl soln</i>	1		<i>hydrocodone-acetaminophen soln</i>	1	
<i>oxycodone hcl conc 100 mg/5ml</i>	1		<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	1	QL(240 ea per fill retail)
<i>oxycodone hcl caps</i>	1		<i>hydrocodone-ibuprofen 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg</i>	1	
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg</i>	1		<i>hydrocodone-ibuprofen 10 mg-200 mg</i>	1	Not available through mail order
<i>oxycodone hcl tabs 30 mg</i>	1	QL(4 ea daily)	LORTAB ELIX 10 MG/15ML-300 MG/15ML	3	
<i>oxymorphone hcl tabs 5 mg</i>	1		NALOCET TABS 2.5 MG-300 MG	3	
<i>oxymorphone hcl tb12</i>	1	QL(2 ea daily)	OXYCODONE AND ACETAMINOPHEN TABS 7.5 MG-300 MG	3	
<i>oxymorphone hcl tabs 10 mg</i>	1	QL(8 ea daily)	<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 7.5 mg-325 mg</i>	1	QL(4 ea daily)
<i>tramadol hcl tb24 200 mg</i>	1	QL(1 ea daily)	OXYCODONE/ACETAMINOPHEN TABS	3	
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)	PROLATE TABS	3	
<i>tramadol hcl tabs 100 mg</i>	1		<i>tramadol-acetaminophen 37.5 mg-325 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24</i>	1		Opioid Partial Agonists		
<i>tramadol hcl cp24 100 mg, 200 mg, 300 mg</i>	1				
<i>tramadol hcl tb24 100 mg</i>	1	QL(3 ea daily)			
Opioid Combinations					
(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE 30 MG-40 MG-50 MG-325 MG	1				
(Oxycodone W/ Acetaminophen) ENDOCET tabs 2.5 MG-325 MG, 325 MG-2.5 MG	1				
(Oxycodone W/ Acetaminophen) ENDOCET tabs 10 MG-325 MG, 7.5 MG-325 MG	1	QL(4 ea daily)			
(Oxycodone W/ Acetaminophen) ENDOCET tabs 5 MG-325 MG	1	QL(6 ea daily)			

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Drug Name	Drug Tier	Requirements/ Limits
BUPRENORPHINE PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	3	Limited to 4 patches per month; QL(4 ea per 28 days retail)
<i>buprenorphine hcl subl 8 mg</i>	1	QL(4 ea daily)
<i>buprenorphine hcl subl 2 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film sl 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	1	
<i>butorphanol tartrate na 10 mg/ml</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)
<i>pentazocine w/ naloxone hcl 0.5 mg-50 mg</i>	1	
SUBLOCADE SOSY	4	Covered under the Medical Benefit; PA
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
<i>oxandrolone 10 mg</i>	2	QL(2 ea daily)
<i>oxandrolone 2.5 mg</i>	2	
Androgens		
<i>danazol caps</i>	1	
METHITEST TABS	2	
<i>methyltestosterone caps</i>	1	
TESTIM GEL TD (<i>testosterone</i>)	7	QL(10 gm daily); PA
<i>testosterone gel td 1 %, 25 mg/2.5gm, 50 mg/5gm</i>	1	QL(10 gm daily)
<i>testosterone soln</i>	1	QL(6 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone gel td 1 %, 1.62 %, 20.25 mg/1.25gm, 25 mg/2.5gm, 40.5 mg/2.5gm, 50 mg/5gm</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone gel td 10 mg/act</i>	1	QL(4 gm daily)
<i>testosterone cypionate soln im</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate soln im</i>	1	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
UCERIS	3	ST; PA
Rectal Combinations		
ANALPRAM-HC LOTN EX 1 %-2.5 %	3	
PROCTOFOAM HC FOAM EX 1 %-1 %	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC ex 2.5 %	1	
<i>hydrocortisone (rectal) ex 2.5 %</i>	1	
Vasodilating Agents		
RECTIV	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1	

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BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)	(Alprazolam) ALPRAZOLAM XR tb24	1	
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA	(Diazepam) DIAZEPAM INTENSOL conc	1	
<i>praziquantel</i>	1		(Lorazepam) LORAZEPAM INTENSOL conc	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			<i>alprazolam tabs</i>	1	
Antianginals-Other			<i>alprazolam tb24</i>	1	
<i>ranolazine tb12 1000 mg</i>	1		<i>alprazolam tbdp</i>	2	
<i>ranolazine tb12 500 mg</i>	1	QL(4 ea daily)	ALPRAZOLAM INTENSOL CONC	3	
Nitrates			<i>chlordiazepoxide hcl caps</i>	1	
(Nitroglycerin) MINITRAN pt24	1	QL(1 ea daily)	<i>clorazepate dipotassium tabs</i>	1	
DILATRATE SR CPCR	3		<i>diazepam tabs 10 mg</i>	1	QL(4 ea daily)
GONITRO PACK	3	PA	<i>diazepam tabs 2 mg, 5 mg</i>	1	
<i>isosorbide dinitrate tabs</i>	1		<i>diazepam conc</i>	1	
<i>isosorbide mononitrate tabs</i>	1		<i>diazepam soln or 5 mg/5ml</i>	1	
<i>isosorbide mononitrate tb24</i>	1		<i>lorazepam conc</i>	1	
NITRO-BID OINT	2		<i>lorazepam tabs</i>	1	
NITRO-DUR PT24	2	QL(1 ea daily)	<i>oxazepam caps 10 mg, 15 mg</i>	1	
<i>nitroglycerin soln tl .4 mg/spray</i>	1		<i>oxazepam caps 30 mg</i>	1	QL(2 ea daily)
<i>nitroglycerin pt24</i>	1	QL(1 ea daily)	ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
<i>nitroglycerin subl</i>	1		Antiarrhythmics Type I-A		
ANTIANXIETY AGENTS - Drugs to Treat Anxiety			<i>disopyramide phosphate caps</i>	1	
Antianxiety Agents - Misc.			NORPACE CR CP12	2	
<i>buspirone hcl</i>	1		<i>quinidine gluconate tbc</i>	1	
<i>hydroxyzine hcl tabs</i>	1		<i>quinidine sulfate tabs</i>	1	
<i>hydroxyzine hcl soln 25 mg/ml, 50 mg/ml</i>	4	administered under the medical benefit; PA	Antiarrhythmics Type I-B		
<i>hydroxyzine hcl syrp</i>	1		<i>mexiletine hcl</i>	1	
<i>hydroxyzine pamoate caps</i>	1		Antiarrhythmics Type I-C		
Benzodiazepines			<i>flecainide acetate</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs 225 mg, 300 mg</i>	1	QL(3 ea daily)
<i>propafenone hcl tabs 150 mg</i>	1	QL(6 ea daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE tabs	1	
<i>amiodarone hcl tabs</i>	1	
<i>dofetilide</i>	1	
MULTAQ	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
NUCALA SOLR	4	Must use Acaria Specialty (844) 538-4661; SP; PA
NUCALA SOAJ	4	PA
NUCALA SOSY 100 MG/ML	4	PA
XOLAIR SOSY	4	PA
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide soln .02 %</i>	1	
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 Inhaler per month; QL(0.143 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
Leukotriene Modulators		
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>zafirlukast 20 mg</i>	1	QL(2 ea daily)
<i>zafirlukast 10 mg</i>	1	
<i>zileuton tb12</i>	1	ST
ZYFLO TABS	3	ST
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>roflumilast</i>	1	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	QL(2 ml daily)
<i>budesonide (inhalation) susp .5 mg/2ml</i>	2	QL(4 ml daily)
<i>budesonide (inhalation) susp .25 mg/2ml</i>	2	QL(8 ml daily)
FLOVENT DISKUS AEPB 100 MCG/BLIST	2	QL(20 ea daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST	2	QL(8 ea daily)
FLOVENT DISKUS AEPB 50 MCG/BLIST	2	QL(40 ea daily)
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month; QL(0.8 gm daily)
FLOVENT HFA 44 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)

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PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail MCG/ACT)	<i>budesonide-formoterol fumarate dihydrate</i>	1	Limit 1 inhaler per month; QL(0.34 gm daily)
QVAR REDHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)	COMBIVENT RESPIMAT AERS 20 MCG/ACT-100 MCG/ACT	3	Limit 1 inhaler per month; QL(0.2 gm daily)
QVAR REDHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)	<i>fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act</i>	1	QL(2 ea daily)
Sympathomimetics			<i>fluticasone-salmeterol aero</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)
(Fluticasone-Salmeterol) WIXELA INHUB aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT	1	QL(2 ea daily)	<i>formoterol fumarate nebu</i>	1	QL(4 ml daily)
ADVAIR HFA AERO	2	Limit 1 inhaler per month; QL(0.4 gm daily)	<i>ipratropium-albuterol soln 0.5 mg/3ml-2.5 mg/3ml</i>	1	
<i>albuterol sulfate nebu .083 %, .5 %, .63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1		<i>levalbuterol hcl</i>	1	
<i>albuterol sulfate aers</i>	1	QL(1.2 gm daily)	<i>levalbuterol tartrate</i>	1	QL(0.6 gm daily)
<i>albuterol sulfate tb12</i>	1	QL(2 ea daily)	PROAIR RESPICLIK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
<i>albuterol sulfate tabs</i>	1		SEREVENT DISKUS	2	QL(2 ea daily)
<i>albuterol sulfate aers</i>	1	QL(0.72 gm daily)	STIOLTO RESPIMAT 2.5 MCG/ACT-2.5 MCG/ACT	2	QL(0.14 gm daily)
<i>albuterol sulfate aers</i>	1	QL(0.47 gm daily)	STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>albuterol sulfate syrup</i>	1		<i>terbutaline sulfate tabs</i>	1	
ALBUTEROL SULFATE NEBU	2		TRELEGY ELLIPTA	2	QL(2 ea daily)
ANORO ELLIPTA 25 MCG/INH-62.5 MCG/INH	2	QL(2 ea daily)	Xanthines		
BREO ELLIPTA	2	QL(2 ea daily)	(Theophylline) ELIXOPHYLLIN elix	1	
BREZTRI AEROSPHERE 160 MCG/ACT-4.8 MCG/ACT-9 MCG/ACT	2	QL(0.36 gm daily)	THEO-24 CP24	2	
			<i>theophylline elix</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)

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<i>theophylline soln</i>	1		FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA
ANTICOAGULANTS - Blood Thinners			FRAGMIN SOSY 2500 UNIT/0.2ML	4	
Coumarin Anticoagulants			<i>heparin sodium (porcine) soln ij 10000 unit/ml</i>	4	PA
(Warfarin Sodium) JANTOVEN tabs	1		ANTICONSULSANTS - Drugs to Treat Seizures		
<i>warfarin sodium tabs</i>	1		AMPA Glutamate Receptor Antagonists		
Direct Factor Xa Inhibitors			FYCOMPA TABS 6 MG	3	QL(2 ea daily); SL
ELIQUIS TABS	2	QL(2 ea daily)	FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); SL
ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)	FYCOMPA TABS 2 MG	3	QL(6 ea daily)
XARELTO SUSR	2	QL(900 ml per 30 days retail)	FYCOMPA TABS 4 MG	3	QL(3 ea daily)
XARELTO TABS	2	QL(1 ea daily)	FYCOMPA SUSP	3	QL(24 ml daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)	Anticonvulsants - Benzodiazepines		
Heparins And Heparinoid-Like Agents			<i>clobazam susp</i>	1	
ARIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	7	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA	<i>clobazam tabs 20 mg</i>	1	QL(2 ea daily)
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	7	PA	<i>clobazam tabs 10 mg</i>	1	QL(1 ea daily)
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	1	QL(0.1 ml daily); PA	<i>clonazepam tbdp</i>	1	
<i>enoxaparin sodium sosy</i>	2	QL(4 ml per 7 days retail)	<i>clonazepam tabs</i>	1	
<i>fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	4	PA	<i>diazepam (anticonvulsant) gel</i>	1	QL(0.14 ea daily)
<i>fondaparinux sodium 2.5 mg/0.5ml</i>	4	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA	NAYZILAM	4	QL(10 ea per 30 days retail); PA
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	4	PA	Anticonvulsants - Misc.		
			(Carbamazepine) EPITOL tabs	1	
			(Lamotrigine) SUBVENITE tabs	1	
			(Lamotrigine) SUBVENITE STARTER KIT/BUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE kit 25 MG	1	ST
			(Levetiracetam) ROWEEPRA tabs 250 MG, 500 MG, 750 MG	1	QL(6 ea daily)

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APTIOM	3	QL(2 ea daily); PA	<i>lacosamide soln or 10 mg/ml</i>	1	QL(40 ml daily)
BANZEL TABS 400 MG (<i>rufinamide</i>)	7	QL(8 ea daily)	LAMICTAL TABS (<i>lamotrigine</i>)	7	
BANZEL TABS 200 MG (<i>rufinamide</i>)	7		LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	7	
BANZEL SUSP (<i>rufinamide</i>)	7		LAMICTAL ODT KIT 0	3	ST; PA
<i>carbamazepine tabs</i>	1		LAMICTAL ODT TBDP (<i>lamotrigine</i>)	7	PA
<i>carbamazepine chew</i>	1		LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>)	7	QL(2 ea daily)
<i>carbamazepine tb12 100 mg</i>	1		LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>)	7	PA
<i>carbamazepine cp12</i>	1		LAMICTAL XR KIT 0	3	ST; PA
<i>carbamazepine tb12 400 mg</i>	1	QL(4 ea daily)	LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>)	7	QL(1 ea daily); PA
<i>carbamazepine tb12 200 mg</i>	1	QL(8 ea daily)	<i>lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg</i>	1	QL(1 ea daily); PA
<i>carbamazepine susp</i>	1		<i>lamotrigine tb24 250 mg</i>	1	PA
CARBATROL CP12 (<i>carbamazepine</i>)	7		<i>lamotrigine tbdp</i>	1	PA
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA	<i>lamotrigine kit 0</i>	1	ST; PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA	<i>lamotrigine chew</i>	1	
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	<i>lamotrigine kit 25 mg</i>	1	ST
DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA	<i>lamotrigine tb24 300 mg</i>	1	QL(2 ea daily)
EPIDIOLEX	4	ST; PA	<i>lamotrigine tabs</i>	1	
<i>gabapentin soln</i>	1		<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	
<i>gabapentin tabs 600 mg, 800 mg</i>	1		<i>levetiracetam tabs 250 mg, 500 mg, 750 mg</i>	1	QL(6 ea daily)
<i>gabapentin caps</i>	1		<i>levetiracetam tabs 1000 mg</i>	1	QL(3 ea daily)
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	7		<i>levetiracetam tb24</i>	1	QL(4 ea daily)
KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	7	QL(3 ea daily)	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	7	ST; QL(3 ea daily); PA
KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	7	QL(6 ea daily)	LYRICA SOLN (<i>pregabalin</i>)	7	QL(30 ml daily); PA
KEPPRA XR TB24 (<i>levetiracetam</i>)	7	QL(4 ea daily)	LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	7	ST; QL(2 ea daily); PA
<i>lacosamide tabs</i>	1	QL(1 ea daily)			

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MYSOLINE (<i>primidone</i>)	7		TOPAMAX TABS 200 MG (<i>topiramate</i>)	7	QL(2 ea daily)
NEURONTIN TABS (<i>gabapentin</i>)	7		TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	7	
NEURONTIN CAPS (<i>gabapentin</i>)	7		<i>topiramate cs</i> 24 25 mg, 50 mg	1	QL(2 ea daily); PA
NEURONTIN SOLN (<i>gabapentin</i>)	7		<i>topiramate cp</i> 24 50 mg, 100 mg	1	PA
<i>oxcarbazepine tabs</i> 150 mg	1		<i>topiramate cs</i> 24 100 mg, 150 mg, 200 mg	1	QL(1 ea daily); PA
<i>oxcarbazepine tabs</i> 600 mg	1	QL(4 ea daily)	<i>topiramate tabs</i> 100 mg	1	QL(4 ea daily)
<i>oxcarbazepine tabs</i> 300 mg	1	QL(8 ea daily)	<i>topiramate cp</i> 24 25 mg	1	ST; PA
<i>oxcarbazepine susp</i>	1	QL(40 ml daily)	<i>topiramate cpsp</i>	1	
OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); ST	<i>topiramate tabs</i> 200 mg	1	QL(2 ea daily)
OXTELLAR XR TB24 150 MG, 300 MG	3	ST	<i>topiramate tabs</i> 50 mg	1	QL(8 ea daily)
<i>pregabalin caps</i> 225 mg, 300 mg	1	ST; QL(2 ea daily); PA	<i>topiramate tabs</i> 25 mg	1	
<i>pregabalin caps</i> 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	1	ST; QL(3 ea daily); PA	TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	7	
<i>pregabalin soln</i>	1	QL(30 ml daily); PA	TRILEPTAL SUSP (<i>oxcarbazepine</i>)	7	QL(40 ml daily)
<i>primidone</i>	1		TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	7	QL(4 ea daily)
<i>rufinamide susp</i>	1		TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	7	QL(8 ea daily)
<i>rufinamide tabs</i> 200 mg	1		ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	7	
<i>rufinamide tabs</i> 400 mg	1	QL(8 ea daily)	ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	7	QL(6 ea daily)
TEGRETOL TABS (<i>carbamazepine</i>)	7		<i>zonisamide caps</i> 100 mg	1	QL(6 ea daily)
TEGRETOL SUSP (<i>carbamazepine</i>)	7		<i>zonisamide caps</i> 25 mg, 50 mg	1	
TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	7		Carbamates		
TOPAMAX TABS 50 MG (<i>topiramate</i>)	7	QL(8 ea daily)	<i>felbamate tabs</i>	1	
TOPAMAX TABS 25 MG (<i>topiramate</i>)	7		<i>felbamate susp</i>	1	
TOPAMAX TABS 100 MG (<i>topiramate</i>)	7	QL(4 ea daily)	FELBATOL SUSP (<i>felbamate</i>)	7	
			GABA Modulators		
			(Vigabatrin) VIGADRONE pack	4	QL(6 ea daily)
			GABITRIL (<i>tiagabine hcl</i>)	7	

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SABRIL PACK (<i>vigabatrin</i>)	7	QL(6 ea daily)	<i>divalproex sodium tbec</i>	1	
SABRIL TABS (<i>vigabatrin</i>)	7		<i>divalproex sodium tb24</i>	1	
<i>tiagabine hcl</i>	1		<i>valproate sodium soln or 250 mg/5ml</i>	1	
<i>vigabatrin pack</i>	4	QL(6 ea daily)	<i>valproic acid caps</i>	1	
<i>vigabatrin tabs</i>	4		ANTIDEPRESSANTS - Drugs to Treat Depression		
Hydantoins			Alpha-2 Receptor Antagonists (Tetracyclics)		
(Phenytoin) PHENYTOIN INFATABS chew	1		<i>mirtazapine tabs</i>	1	
DILANTIN 30 MG	3		<i>mirtazapine tbdp</i>	1	
DILANTIN (<i>phenytoin sodium extended</i>)	7		Antidepressants - Misc.		
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	7		<i>bupropion hcl tb24 450 mg</i>	1	QL(1 ea daily); ST
DILANTIN-125 SUSP (<i>phenytoin</i>)	7		<i>bupropion hcl tabs</i>	1	
<i>phenytoin susp</i>	1		<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily)
<i>phenytoin chew</i>	1		<i>bupropion hcl tb12</i>	1	
<i>phenytoin sodium extended 100 mg, 200 mg, 300 mg</i>	1		FORFIVO XL TB24 (<i>bupropion hcl</i>)	7	QL(1 ea daily); ST
Succinimides			<i>maprotiline hcl</i>	1	
CELONTIN	3		Monoamine Oxidase Inhibitors (MAOIs)		
<i>ethosuximide caps</i>	1		EMSAM	3	QL(1 ea daily)
<i>ethosuximide soln</i>	1		MARPLAN	3	
ZARONTIN CAPS (<i>ethosuximide</i>)	7		<i>phenelzine sulfate</i>	1	
ZARONTIN SOLN (<i>ethosuximide</i>)	7		<i>tranylcypromine sulfate</i>	2	
Valproic Acid			Selective Serotonin Reuptake Inhibitors (SSRIs)		
DEPAKOTE TBEC (<i>divalproex sodium</i>)	7		<i>citalopram hydrobromide tabs</i>	1	QL(1 ea daily)
DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	7		<i>citalopram hydrobromide soln</i>	1	QL(20 ml daily)
DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	7		<i>escitalopram oxalate tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>divalproex sodium csdr</i>	1		<i>escitalopram oxalate tabs 5 mg</i>	1	QL(2 ea daily)
			<i>escitalopram oxalate soln</i>	1	
			<i>fluoxetine hcl caps 40 mg</i>	1	QL(1 ea daily)
			<i>fluoxetine hcl tabs 20 mg, 60 mg</i>	1	QL(1 ea daily)

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<i>fluoxetine hcl tabs 10 mg</i>	1		<i>venlafaxine hcl tb24 37.5 mg, 75 mg, 150 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl soln</i>	1	QL(15 ml daily)	<i>venlafaxine hcl tabs</i>	1	
<i>fluoxetine hcl caps 10 mg, 20 mg</i>	1		<i>venlafaxine hcl tb24 225 mg</i>	1	
<i>fluoxetine hcl cpdr</i>	1		<i>venlafaxine hcl cp24</i>	1	QL(2 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)	Tricyclic Agents		
<i>fluvoxamine maleate cp24 150 mg</i>	2		<i>amitriptyline hcl tabs</i>	1	
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1		<i>amoxapine</i>	1	
<i>fluvoxamine maleate cp24 100 mg</i>	2	QL(3 ea daily)	<i>clomipramine hcl</i>	2	
<i>paroxetine hcl tb24</i>	1		<i>desipramine hcl tabs</i>	1	
<i>paroxetine hcl tabs</i>	1		<i>doxepin hcl caps</i>	1	
<i>paroxetine hcl susp</i>	1		<i>doxepin hcl conc</i>	1	
<i>sertraline hcl tabs</i>	1	QL(2 ea daily)	<i>imipramine hcl tabs 10 mg, 25 mg</i>	1	
<i>sertraline hcl conc</i>	1		<i>imipramine hcl tabs 50 mg</i>	1	QL(4 ea daily)
Serotonin Modulators			<i>imipramine pamoate</i>	1	
<i>nefazodone hcl</i>	1		<i>nortriptyline hcl caps</i>	1	
<i>trazodone hcl tabs</i>	1		<i>nortriptyline hcl soln</i>	1	
TRINTELLIX	3	ST	<i>protriptyline hcl</i>	1	
VIIBRYD STARTER PACK KIT	3	PA	<i>trimipramine maleate caps</i>	1	
<i>vilazodone hcl tabs 20 mg</i>	1	QL(2 ea daily)	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
<i>vilazodone hcl tabs 10 mg, 40 mg</i>	1		Alpha-Glucosidase Inhibitors		
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>acarbose</i>	1	
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)	<i>miglitol</i>	1	
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)	Antidiabetic Combinations		
FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST	<i>glipizide-metformin hcl</i>	1	
FETZIMA CP24 20 MG	3	QL(2 ea daily); ST	<i>glyburide-metformin</i>	1	
FETZIMA TITRATION PACK C4PK	3	ST	GLYXAMBI	2	
			JANUMET TABS	2	QL(2 ea daily)
			JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG	2	QL(2 ea daily)
			JANUMET XR TB24 100 MG-1000 MG	2	QL(1 ea daily)

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<i>pioglitazone hcl-glimepiride</i>	1		OZEMPIC SOPN 2 MG/1.5ML	2	Not available through Mail Order; PA
<i>pioglitazone hcl-metformin hcl tabs</i>	1		RYBELSUS TABS	2	Available through Mail Order; PA
SYNJARDY TABS	2	QL(2 ea daily)	TRULICITY	2	Not available through mail order; PA
SYNJARDY XR TB24 12.5 MG-1000 MG, 5 MG-1000 MG	2	QL(2 ea daily)	VICTOZA	2	Not available through mail order; PA
SYNJARDY XR TB24 10 MG-1000 MG, 25 MG-1000 MG	2	QL(1 ea daily)	Insulin		
TRIJARDY XR	2		AFREZZA POWD 0	3	QL(6 ea daily)
XIGDUO XR 10 MG-1000 MG, 10 MG-500 MG	2	QL(1 ea daily)	AFREZZA POWD	3	QL(3 ea daily)
XIGDUO XR 2.5 MG-1000 MG, 5 MG-1000 MG, 5 MG-500 MG	2	QL(2 ea daily)	AFREZZA POWD 0	3	
Biguanides			HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
<i>metformin hcl tb24 500 mg, 750 mg</i>	1		HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)
<i>metformin hcl tabs</i>	5	Only Covered Ca On/Off Individual Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic; PV	HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
<i>metformin hcl soln</i>	1		HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
Diabetic Other			HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)
<i>diazoxide</i>	2		HUMALOG MIX 50/50 SUSP 50 UNIT/ML-50 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 days retail)	HUMALOG MIX 50/50 KWIKPEN SUPN 50 UNIT/ML-50 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMALOG MIX 75/25 SUSP 25 UNIT/ML-75 UNIT/ML	2	Limit 40mls per month; QL(1.34 ml daily)
<i>alogliptin benzoate</i>	1		HUMALOG MIX 75/25 KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
JANUVIA	2	QL(1 ea daily)	HUMULIN 70/30 SUSP 70 UNIT/ML-30 UNIT/ML	2	Limit 40mls per month; QL(1.34 ml daily)
Incretin Mimetic Agents					
OZEMPIC SOPN	2	PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMULIN 70/30 KWIKPEN SUPN 30 UNIT/ML-70 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)	TRESIBA SOLN	2	QL(1.5 ml daily)
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ml daily)
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)	Insulin Sensitizing Agents		
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)	AVANDIA 2 MG, 4 MG	2	
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)	<i>pioglitazone hcl 30 mg, 45 mg</i>	1	QL(1 ea daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)	<i>pioglitazone hcl 15 mg</i>	1	
LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)	Meglitinide Analogues		
LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)	<i>nateglinide</i>	1	
LEVEMIR SOLN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail UNIT/ML)	<i>repaglinide</i>	1	
LEVEMIR FLEXPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail UNIT/ML)	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail UNIT/ML)	FARXIGA	2	QL(1 ea daily)
TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ml daily)	JARDIANCE	2	QL(1 ea daily)
TOUJEO SOLOSTAR SOPN	2	QL(0.15 ml daily)	Sulfonylureas		
			(Glipizide) GLIPIZIDE XL tb24	1	
			<i>glimepiride</i>	1	
			<i>glipizide tb24</i>	1	
			<i>glipizide tabs</i>	1	
			<i>glyburide tabs</i>	1	
			<i>glyburide micronized 1.5 mg, 3 mg, 6 mg</i>	1	
			<i>tolbutamide</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea					
Antidiarrheal - Chloride Channel Antagonists					
			MYTESI	3	QL(2 ea daily); PA

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Drug Name	Drug Tier	Requirements/ Limits
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL caps	1	RX/OTC
<i>diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg</i>	1	
<i>diphenoxylate w/ atropine liqd 0.025 mg/5ml-2.5 mg/5ml</i>	1	
<i>loperamide hcl caps</i>	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	
<i>deferasirox tabs</i>	4	PA
<i>deferasirox pack</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
<i>deferasirox tbso</i>	4	PA
<i>deferiprone tabs 500 mg</i>	4	PA
EXJADE TBSO (<i>deferasirox</i>)	7	PA
FERRIPROX SOLN	4	PA
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	7	PA
JADENU TABS (<i>deferasirox</i>)	7	PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	

Drug Name	Drug Tier	Requirements/ Limits
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl liqd</i>	1	QL(4 ea per 30 days retail)
<i>naloxone hcl sosy</i>	1	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS	3	ST; Limit 2 per month; QL(0.07 ea daily); PA
<i>granisetron hcl tabs</i>	1	ST; Limit 2 tablets per day; QL(2 ea daily); PA
<i>ondansetron tbdp</i>	1	Limit 20 per month; QL(0.67 ea daily)
<i>ondansetron hcl tabs 4 mg, 8 mg</i>	1	Limit 20 per month; QL(0.67 ea daily)
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	Limit 50mls per month; QL(1.67 ml daily)
SANCUSO PTCH	4	QL(0.04 ea daily); PA
ZUPLENZ FILM	3	Limit 20 per month; QL(0.67 ea daily)
Antiemetics - Anticholinergic		
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO 0.5 MG-300 MG	3	QL(2 ea per 28 days retail)
<i>doxylamine-pyridoxine tbec 10 mg-10 mg</i>	1	QL(4 ea daily)
<i>dronabinol caps 10 mg</i>	2	PA
<i>dronabinol caps 2.5 mg</i>	2	ST; PA
<i>dronabinol caps 5 mg</i>	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
SYNDROS SOLN	4	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant caps 80 mg, 125 mg</i>	1	Limit 1 per year; QL(0.04 ea daily)
<i>aprepitant misc</i>	1	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant caps</i>	1	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant caps 40 mg</i>	1	Limit 2 per month; QL(0.07 ea daily)
EMEND SUSR	3	QL(1 ea per 30 days retail)
VARUBI TBPB	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		
<i>flucytosine</i>	1	
<i>griseofulvin microsize tabs</i>	1	
<i>griseofulvin microsize susp</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily; 90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	3	Not available through mail order
<i>fluconazole tabs</i>	1	
<i>fluconazole susr</i>	1	
<i>itraconazole soln</i>	1	PA
<i>itraconazole caps</i>	1	ST; PA
<i>ketoconazole</i>	1	
NOXAFIL SUSP	3	
<i>posaconazole tbec</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
TOLSURA CAPS	4	PA
<i>voriconazole tabs</i>	1	QL(2 ea daily)
<i>voriconazole susr</i>	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA soln	1	
<i>dexchlorpheniramine maleate soln</i>	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate tabs 4 mg</i>	1	
<i>carbinoxamine maleate soln</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate tabs 2.68 mg</i>	1	
<i>diphenhydramine hcl soln 50 mg/ml</i>	4	PA
RYVENT TABS	3	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR tabs	1	QL(1 ea daily); RX/OTC
<i>desloratadine tbdp 2.5 mg</i>	1	ST; PA
<i>desloratadine tabs</i>	1	ST; QL(1 ea daily); PA
<i>desloratadine tbdp 5 mg</i>	1	PA
<i>levocetirizine dihydrochloride soln</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride tabs</i>	1	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN supp 50 MG	2	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Promethazine Hcl) PROMETHEGAN supp 12.5 MG, 25 MG	2		<i>cholestyramine pack</i>	1	
PHENERGAN SOLN (<i>promethazine hcl</i>)	7	PA	<i>cholestyramine light powd</i>	1	
<i>promethazine hcl supp</i> 12.5 mg, 25 mg	2		<i>cholestyramine light pack</i>	1	
<i>promethazine hcl tabs 50 mg</i>	1	QL(3 ea daily)	<i>colesevelam hcl pack</i>	1	QL(1 ea daily)
<i>promethazine hcl syrup</i>	1		<i>colesevelam hcl tabs</i>	1	QL(7 ea daily)
<i>promethazine hcl soln</i> 6.25 mg/5ml	1		<i>colestipol hcl tabs</i>	1	
<i>promethazine hcl tabs</i> 12.5 mg	1		<i>colestipol hcl pack</i>	2	
<i>promethazine hcl soln 25 mg/ml, 50 mg/ml</i>	4	PA	<i>colestipol hcl gran</i>	1	
<i>promethazine hcl tabs 25 mg</i>	1	QL(6 ea daily)	Fibric Acid Derivatives		
Antihistamines - Piperidines			ANTARA 30 MG	3	
<i>cyproheptadine hcl tabs</i>	1		<i>choline fenofibrate 45 mg</i>	1	
<i>cyproheptadine hcl syrup</i>	1		<i>choline fenofibrate 135 mg</i>	1	QL(1 ea daily)
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>fenofibrate tabs 54 mg</i>	1	QL(2 ea daily)
Antihyperlipidemics - Combinations			<i>fenofibrate tabs 48 mg</i>	1	
EZETIMIBE/ATORVASTATIN	2		<i>fenofibrate caps</i>	1	
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	<i>fenofibrate tabs 145 mg, 160 mg</i>	1	QL(1 ea daily)
Antihyperlipidemics - Misc.			FENOFIBRATE TABS	2	QL(1 ea daily)
<i>icosapent ethyl</i>	2	PA	<i>fenofibrate micronized 130 mg, 200 mg</i>	1	QL(1 ea daily)
<i>omega-3-acid ethyl esters</i> 1 gm-375 mg-465 mg	1	QL(4 ea daily)	<i>fenofibrate micronized 30 mg, 43 mg, 67 mg, 90 mg, 134 mg</i>	1	
VASCEPA (<i>icosapent ethyl</i>)	2	PA	FIBRICOR (<i>fenofibric acid</i>)	2	
Bile Acid Sequestrants			<i>gemfibrozil tabs</i>	1	
(Cholestyramine Light) PREVALITE pack	1		LIPOFEN CAPS (<i>fenofibrate</i>)	7	
(Cholestyramine Light) PREVALITE powd	1		HMG CoA Reductase Inhibitors		
<i>cholestyramine powd</i>	1		<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
			<i>fluvastatin sodium caps</i>	1	QL(1 ea daily)
			<i>fluvastatin sodium tb24</i>	1	QL(1 ea daily)
			LIVALO	3	QL(1 ea daily); ST
			<i>lovastatin tabs</i>	1	\$0 copay for Generic only, age 40 to 75; PV

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Drug Name	Drug Tier	Requirements/ Limits
<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)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG	4	ST; PA
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR tabs	1	
<i>niacin (antihyperlipidemic) tbc</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
REPATHA SURECLICK SOAJ	4	ST; PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<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)
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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	
Agents for Pheochromocytoma		
<i>metirosine</i>	1	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil 32 mg</i>	1	QL(1 ea daily)
<i>candesartan cilexetil 4 mg, 8 mg, 16 mg</i>	1	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 ea daily)
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil 5 mg, 20 mg</i>	1	
<i>olmesartan medoxomil 40 mg</i>	1	QL(1 ea daily)
<i>telmisartan 80 mg</i>	1	QL(1 ea daily)
<i>telmisartan 20 mg, 40 mg</i>	1	
<i>valsartan tabs 160 mg</i>	1	QL(2 ea daily)
<i>valsartan tabs 40 mg, 80 mg, 320 mg</i>	1	
Antiadrenergic Antihypertensives		
<i>clonidine hcl tabs</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa tabs</i>	1	
<i>prazosin hcl caps</i>	1	
<i>terazosin hcl 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl 10 mg</i>	1	QL(2 ea daily)
Antihypertensive Combinations		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC 10 MG-12.5 MG	2		<i>quinapril-hydrochlorothiazide 10 mg-12.5 mg, 12.5 mg-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl</i>	1	QL(1 ea daily)	<i>quinapril-hydrochlorothiazide 20 mg-25 mg</i>	1	QL(1 ea daily)
<i>amlodipine besylate-valsartan 10 mg-160 mg, 160 mg-10 mg</i>	1	QL(1 ea daily)	TEKTURNA HCT	3	ST
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		<i>telmisartan-amlodipine</i>	1	
<i>atenolol & chlorthalidone</i>	1		<i>telmisartan-hydrochlorothiazide</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1		<i>trandolapril-verapamil hcl</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1		<i>valsartan-hydrochlorothiazide 25 mg-160 mg</i>	1	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	1		Antihypertensives - Misc.		
<i>captopril & hydrochlorothiazide</i>	1		VECAMYL	3	
EDARBYCLOR	3	QL(1 ea daily)	Direct Renin Inhibitors		
<i>enalapril maleate & hydrochlorothiazide</i>	1		<i>aliskiren fumarate</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1		Selective Aldosterone Receptor Antagonists (SARAs)		
<i>irbesartan-hydrochlorothiazide</i>	1		<i>eplerenone</i>	1	
<i>lisinopril & hydrochlorothiazide 20 mg-25 mg, 25 mg-20 mg</i>	1	QL(2 ea daily)	Vasodilators		
<i>losartan potassium & hydrochlorothiazide</i>	1		<i>hydralazine hcl tabs</i>	1	
<i>methyldopa & hydrochlorothiazide</i>	1		<i>minoxidil 2.5 mg, 10 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tabs</i>	1		ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST	Anti-infective Agents - Misc.		
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 mg-40 mg, 25 mg-40 mg</i>	1	QL(1 ea daily)	<i>metronidazole tabs</i>	1	
<i>propranolol & hydrochlorothiazide</i>	1		<i>metronidazole caps</i>	1	
			<i>pentamidine isethionate in</i>	1	
			PRIMSOL	3	
			<i>tinidazole 500 mg</i>	1	ST
			<i>tinidazole 250 mg</i>	1	ST; PA
			<i>trimethoprim tabs</i>	1	
			TRIMETHOPRIM TABS	2	

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Drug Name	Drug Tier	Requirements/ Limits
XIFAXAN 550 MG	3	QL(2 ea daily); PA
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC susp 40 MG/5ML-200 MG/5ML	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
<i>sulfamethoxazole-trimethoprim susp 40 mg/5ml-200 mg/5ml</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
<i>atovaquone</i>	2	
<i>nitazoxanide tabs</i>	1	
Carbapenems		
<i>ertapenem sodium ij</i>	4	PA
<i>imipenem-cilastatin iv</i>	2	PA
INVANZ IJ (<i>ertapenem sodium</i>)	7	PA
<i>meropenem 500 mg</i>	4	PA
PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	7	PA
Glycopeptides		
FIRVANQ SOLR OR 25 MG/ML	3	PA
<i>vancomycin hcl caps 125 mg</i>	1	PA
<i>vancomycin hcl caps 250 mg</i>	1	
Leprostatics		
<i>dapsone 25 mg</i>	1	
<i>dapsone 100 mg</i>	1	QL(4 ea daily)
Lincosamides		

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Monobactams		
CAYSTON	4	PA
Oxazolidinones		
<i>linezolid susr</i>	1	QL(210 ml per 90 days retail)
<i>linezolid tabs</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate .5 gm, 1 gm</i>	1	
<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 20 MG-120 MG	2	Limit 24 doses per month; QL(0.8 ea daily)
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	
<i>hydroxychloroquine sulfate 200 mg</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail; 6 per fill mail MG)

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Drug Name	Drug Tier	Requirements/ Limits
<i>primaquine phosphate tabs</i>	1	
<i>pyrimethamine</i>	1	PA
<i>quinine sulfate caps 324 mg</i>	1	QL(2 ea daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
GUANIDINE HCL	2	
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	7	PA
<i>pyridostigmine bromide tbc</i>	1	
<i>pyridostigmine bromide soln or</i>	4	PA
<i>pyridostigmine bromide tabs 60 mg</i>	1	
RUZURGI	4	QL(10 ea daily); PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	1	
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
PASER PACK	3	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin caps</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>melphalan hcl</i>)	7	LA; PA

Drug Name	Drug Tier	Requirements/ Limits
<i>busulfan soln</i>	4	PA
BUSULFEX SOLN (<i>busulfan</i>)	7	PA
<i>cyclophosphamide caps</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
<i>melphalan hcl</i>	4	LA; PA
MYLERAN TABS	2	AC
<i>temozolomide caps</i>	1	AC
Antimetabolites		
<i>capecitabine 150 mg</i>	1	AC
<i>capecitabine 500 mg</i>	1	AC
<i>fludarabine phosphate solr</i>	4	PA
<i>mercaptopurine tabs</i>	1	AC
<i>methotrexate sodium tabs 2.5 mg</i>	1	AC
<i>methotrexate sodium solr</i>	4	LA; PA
<i>methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml</i>	4	LA; PA
ONUREG TABS	4	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	4	AC; PA
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	Antineoplastic - Anti-HER2 Agents		
LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	TUKYSA	4	AC; PA
LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 100 MG	4	QL(4 ea daily); AC; PA
LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 10 MG	4	QL(2 ea daily); AC; PA
LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 50 MG	4	AC; PA
			VENCLEXTA STARTING PACK TBPK	4	AC; PA
			Antineoplastic - EGFR Inhibitors		
			<i>erlotinib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; AC; PA
			GILOTRIF	4	Must use Accredo SP pharmacy; LA; AC; PA
			IRESSA	4	AC
			TAGRISSE	4	AC; PA
			TARCEVA (<i>erlotinib hcl</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; AC; PA
			VIZIMPRO	4	AC; PA
			Antineoplastic - Hedgehog Pathway Inhibitors		
			DAURISMO	4	PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ODOMZO	4	AC	SOLTAMOX SOLN	5	PV; AC
Antineoplastic - Hormonal and Related Agents			<i>tamoxifen citrate tabs</i>	5	PV; AC
<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; LA; AC; PA	<i>toremifene citrate</i>	1	AC
<i>anastrozole</i>	5	QL(1 ea daily); PV; AC	XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
AROMASIN (<i>exemestane</i>)	7		XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>bicalutamide</i>	1	QL(1 ea daily); AC	YONSA	4	AC; PA
ELIGARD SC 45 MG	3	PA	ZYTIGA (<i>abiraterone acetate</i>)	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; LA; AC; PA
EMCYT	2	AC	Antineoplastic - Immunomodulators		
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC	Antineoplastic - PDGFR-alpha Inhibitors		
<i>exemestane</i>	5		AYVAKIT 25 MG, 50 MG	4	QL(1 ea daily); SP; AC; PA
<i>flutamide</i>	1	AC	AYVAKIT 100 MG, 200 MG, 300 MG	4	QL(1 ea daily); SP; PA
<i>letrozole</i>	1	AC	Antineoplastic - XPO1 Inhibitors		
<i>leuprolide acetate kit ij 1 mg/0.2ml</i>	1	PA	XPOVIO	4	AC; PA
LUPRON DEPOT (1-MONTH) KIT IM	2	covered w- gender transformation diagnosis; PA required for other diagnosis	XPOVIO 100 MG ONCE WEEKLY	4	PA
LYSODREN	2	AC	XPOVIO 60 MG ONCE WEEKLY	4	PA
<i>megestrol acetate tabs</i>	1	AC			
<i>megestrol acetate susp</i>	1	AC			
<i>nilutamide</i>	1	AC			

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XPOVIO 80 MG ONCE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
Antineoplastic Antibiotics		
<i>mitoxantrone hcl 2 mg/ml</i>	2	PA
Antineoplastic Combinations		
INQOVI 35 MG-100 MG	4	PA
KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	3	AC; PA
KISQALI FEMARA 400 DOSE 2.5 MG-200 MG	3	AC; PA
KISQALI FEMARA 600 DOSE 2.5 MG-200 MG	3	AC; PA
LONSURF	4	AC; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>everolimus</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC; PA
ALECENSA	4	AC; PA
ALUNBRIG TABS	4	AC; PA
ALUNBRIG TBPk	4	AC; PA
BALVERSA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>bortezomib solr ij</i>	4	PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA

Drug Name	Drug Tier	Requirements/ Limits
BOSULIF 100 MG, 500 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BOSULIF 400 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
BRUKINSA	4	AC; PA
CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA
CAPRELSA	4	AC; PA
COMETRIQ KIT	4	AC; PA
COPIKTRA	4	AC; PA
COTELLIC	4	AC; PA
<i>everolimus tabs</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC; PA
<i>everolimus tbso</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); LA; AC; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FARYDAK 15 MG, 20 MG	4	Must use Caremark SP pharmacy; LA; AC; PA	KISQALI	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
FARYDAK 10 MG	3	LA; AC; PA	KOSELUGO	4	PA
IBRANCE TABS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>lapatinib ditosylate</i>	4	AC; PA
IBRANCE CAPS	3	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ICLUSIG 15 MG, 45 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	LYNPARZA TABS	4	Refer to Accredo SP Rx; QL(4 ea daily); AC; PA
ICLUSIG 10 MG, 30 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	MEKINIST	4	AC; PA
IDHIFA	4	AC; PA	MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate 100 mg</i>	1	QL(3 ea daily); AC; PA	NERLYNX	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate 400 mg</i>	1	QL(2 ea daily); AC; PA	NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IMBRUVICA TABS	4	QL(1 ea daily); AC; PA	NINLARO	4	Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA
IMBRUVICA CAPS	4	AC; PA	PIQRAY 200MG DAILY DOSE	4	AC; PA
INREBIC	4	AC; PA	PIQRAY 250MG DAILY DOSE	4	AC; PA
ISTODAX (OVERFILL) SOLR (<i>romidepsin</i>)	7	PA			
JAKAFI	4	QL(2 ea daily); AC; PA			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PIQRAY 300MG DAILY DOSE	4	AC; PA	<i>sunitinib malate 12.5 mg, 37.5 mg, 50 mg</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
QINLOCK	4	AC; PA			
RETEVMO	4	AC; PA			
<i>romidepsin solr</i>	4	PA	SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ROZLYTREK	4	AC; PA			
RUBRACA	4	AC; PA	SUTENT 12.5 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TABRECTA	4	AC; PA
<i>sorafenib tosylate</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TAFINLAR	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SPRYCEL 80 MG, 100 MG, 140 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TALZENNA .25 MG, 1 MG	4	AC; PA
SPRYCEL 20 MG, 50 MG, 70 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TASIGNA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
STIVARGA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TAZVERIK	4	PA
<i>sunitinib malate 25 mg</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>temsirolimus</i>	4	PA
			TIBSOVO	4	AC; PA
			TORISEL (<i>temsirolimus</i>)	7	PA
			TURALIO 200 MG	4	AC; PA
			TYKERB (<i>lapatinib ditosylate</i>)	7	AC; PA
			VELCADE SOLR IJ (<i>bortezomib</i>)	7	PA
			VERZENIO	4	QL(2 ea daily); AC; PA
			VITRAKVI CAPS	4	AC; PA

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VITRAKVI SOLN	4	AC; PA
VOTRIENT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XALKORI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; AC; PA
XOSPATA	4	AC; PA
ZEJULA	4	AC; PA
ZELBORAF	4	AC; PA
ZOLINZA	4	AC; PA
ZYDELIG	3	AC; PA
ZYKADIA TABS	4	AC
Antineoplastics Misc.		
ACTIMMUNE	4	LA; PA
ALFERON N	4	LA; PA
<i>bexarotene</i>	4	AC; PA
<i>hydroxyurea</i>	1	AC
INTRON A SOLR	4	LA; PA
INTRON A SOLN	4	LA; PA
MATULANE	4	AC; PA
TARGRETIN (<i>bexarotene</i>)	7	AC; PA
<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium tabs</i>	1	AC
<i>leucovorin calcium solr 50 mg, 100 mg, 200 mg, 350 mg</i>	4	PA
MESNEX TABS	3	AC
Mitotic Inhibitors		
(Etoposide) TOPOSAR soln 1 GM/50ML, 500 MG/25ML	2	PA

Drug Name	Drug Tier	Requirements/ Limits
(Etoposide) TOPOSAR soln 100 MG/5ML	2	AC; PA
ETOPOPHOS	3	PA
<i>etoposide caps</i>	1	AC
<i>etoposide soln 1 gm/50ml, 500 mg/25ml</i>	2	PA
<i>etoposide soln 100 mg/5ml</i>	2	AC; PA
Topoisomerase I Inhibitors		
HYCANTIN SOLR (<i>topotecan hcl</i>)	7	LA; PA
HYCANTIN CAPS	4	AC; PA
<i>topotecan hcl solr</i>	4	LA; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	4	administered under the medical benefit; PA
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (<i>benztropine mesylate</i>)	7	administered under the medical benefit; PA
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	
<i>tolcapone</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl tabs</i>	1	
<i>amantadine hcl caps</i>	1	
<i>bromocriptine mesylate tabs 2.5 mg</i>	1	

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<i>bromocriptine mesylate caps</i>	1		<i>ropinirole hydrochloride tb24 12 mg</i>	2	QL(2 ea daily)
<i>carbidopa-levodopa tabs</i>	1		RYTARY CPCR 23.75 MG-95 MG	3	ST; QL(10 ea daily); PA
<i>carbidopa-levodopa tbdp</i>	1		RYTARY CPCR 36.25 MG-145 MG, 48.75 MG-195 MG, 61.25 MG-245 MG	3	QL(10 ea daily); PA
<i>carbidopa-levodopa tbc</i>	1	QL(8 ea daily)	Antiparkinson Monoamine Oxidase Inhibitors		
<i>carbidopa-levodopa-entacapone</i>	1		<i>rasagiline mesylate</i>	1	
<i>carbidopa-levodopa-entacapone 18.75 mg-75 mg-200 mg, 31.25 mg-125 mg-200 mg</i>	2		<i>selegiline hcl tabs</i>	1	QL(2 ea daily)
DHIVY TABS 25 MG-100 MG	2		<i>selegiline hcl caps</i>	1	QL(2 ea daily)
DUOPA SUSP 4.63 MG/ML-20 MG/ML	3	PA	XADAGO	3	PA
INBRIJA CAPS	3	PA	ZELAPAR TBDP	3	
KYNMOBI FILM	3	PA	ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
KYNMOBI TITRATION KIT KIT	3	PA	Antimanic Agents		
NEUPRO	3		<i>lithium carbonate caps 300 mg</i>	1	QL(6 ea daily)
<i>pramipexole dihydrochloride tb24 .375 mg, .75 mg, 1.5 mg, 2.25 mg, 4.5 mg</i>	2		<i>lithium carbonate tbc</i>	1	
<i>pramipexole dihydrochloride tabs .125 mg, .25 mg, .5 mg, .75 mg</i>	1		<i>lithium carbonate caps 150 mg, 600 mg</i>	1	
<i>pramipexole dihydrochloride tb24 3.75 mg</i>	1		<i>lithium carbonate tabs</i>	1	
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	QL(4 ea daily)	LITHOBID TBCR (<i>lithium carbonate</i>)	7	
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	QL(3 ea daily)	Antipsychotics - Misc.		
<i>pramipexole dihydrochloride tb24 3 mg</i>	2	QL(1 ea daily)	EQUETRO	3	
<i>ropinirole hydrochloride tb24 8 mg</i>	1		<i>lurasidone hcl</i>	1	
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	2		NUPLAZID CAPS	4	QL(1 ea daily); PA
<i>ropinirole hydrochloride tabs</i>	1		NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA
			VRAYLAR CPPK	4	
			VRAYLAR CAPS	4	
			<i>ziprasidone hcl 60 mg, 80 mg</i>	1	QL(2 ea daily)
			<i>ziprasidone hcl 20 mg, 40 mg</i>	1	
			Benzisoxazoles		

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FANAPT	4	QL(2 ea daily)	SECUADO	3	QL(1 ea daily)
FANAPT TITRATION PACK	4		VERSACLOZ SUSP	3	QL(18 ml daily)
<i>paliperidone</i>	1		Dihydroindolones		
PERSERIS PRSY	4	administered under the medical benefit; PA	<i>molindone hcl</i>	1	
<i>risperidone tabs .25 mg, .5 mg, 1 mg, 2 mg, 4 mg</i>	1		Phenothiazines		
<i>risperidone tabs 3 mg</i>	1	QL(2 ea daily)	(Prochlorperazine) COMPRO	1	QL(2 ea daily)
<i>risperidone tbdp</i>	1		<i>chlorpromazine hcl tabs</i>	2	
<i>risperidone soln</i>	1		<i>fluphenazine hcl conc</i>	1	
Butyrophenones			<i>fluphenazine hcl elix</i>	1	
<i>haloperidol tabs</i>	1		<i>fluphenazine hcl tabs</i>	1	
<i>haloperidol lactate conc</i>	1		<i>perphenazine tabs</i>	1	
Dibenzapines			<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>asenapine maleate</i>	1		<i>prochlorperazine maleate tabs</i>	1	
<i>clozapine tabs</i>	1		<i>thioridazine hcl 10 mg, 25 mg, 100 mg</i>	1	
<i>clozapine tbdp 12.5 mg, 150 mg</i>	1		<i>thioridazine hcl 50 mg</i>	1	QL(4 ea daily)
<i>loxapine succinate</i>	1		<i>trifluoperazine hcl tabs</i>	1	
<i>olanzapine tabs 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	1		Quinolinone Derivatives		
<i>olanzapine tbdp</i>	2		<i>aripiprazole tbdp</i>	1	PA
<i>olanzapine tabs 15 mg, 20 mg</i>	1	QL(1 ea daily)	<i>aripiprazole tabs 20 mg</i>	1	QL(1 ea daily)
<i>quetiapine fumarate tb24 50 mg</i>	1	ST; PA	<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 30 mg</i>	1	
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily)	<i>aripiprazole tabs 15 mg</i>	1	QL(2 ea daily)
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 150 mg</i>	1		<i>aripiprazole soln or</i>	1	
<i>quetiapine fumarate tabs 200 mg</i>	1	QL(4 ea daily)	REXULTI	3	
<i>quetiapine fumarate tb24 150 mg, 200 mg, 300 mg, 400 mg</i>	1	PA	Thioxanthenes		
SAPHRIS 5 MG	3		<i>thiothixene</i>	1	

ANTISEPTICS & DISINFECTANTS

Antiseptics & Disinfectants

formaldehyde soln 10 %

ANTIVIRALS - Drugs to Treat Viral Infections

Antiretrovirals

abacavir sulfate tabs

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate soln</i>	1		<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>abacavir sulfate-lamivudine 600 mg-300 mg</i>	1		<i>emtricitabine caps</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine 150 mg-300 mg-300 mg</i>	1		<i>emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg, 300 mg-200 mg</i>	5	QL(1 ea daily); PV
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
APTIVUS CAPS	2		EMTRIVA SOLN	2	
APTIVUS SOLN	2		<i>etravirine</i>	1	
<i>atazanavir sulfate caps</i>	1		EVOTAZ 150 MG-300 MG	2	
BIKTARVY	2		<i>fosamprenavir calcium tabs</i>	1	
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit	FUZEON SOLR	4	ST; LA; PA
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	GENVOYA 10 MG-150 MG-150 MG-200 MG	2	
CIMDUO 300 MG-300 MG	2		INTELENCE 25 MG	2	
COMPLERA 25 MG-200 MG-300 MG	2		INVIRASE TABS	2	
CRIXIVAN 400 MG	2		ISENTRESS TABS	2	
DELSTRIGO 100 MG-300 MG-300 MG	2		ISENTRESS PACK	2	
DESCOVY 25 MG-200 MG	5	Grand Fathered Plans at Tier 2; PV	ISENTRESS CHEW	2	
DOVATO 300 MG-50 MG	2		ISENTRESS HD TABS	2	
EDURANT	2		JULUCA 50 MG-25 MG	2	
<i>efavirenz tabs</i>	1		<i>lamivudine tabs</i>	1	
<i>efavirenz caps</i>	1		<i>lamivudine soln</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 200 mg-300 mg-600 mg</i>	1	QL(1 ea daily)	<i>lamivudine-zidovudine 150 mg-300 mg</i>	1	
			LEXIVA SUSP	2	
			<i>lopinavir-ritonavir tabs</i>	1	
			<i>lopinavir-ritonavir soln 400 mg/5ml-100 mg/5ml</i>	1	
			<i>maraviroc tabs</i>	1	
			<i>nevirapine tb24</i>	1	
			<i>nevirapine susp</i>	1	
			<i>nevirapine tabs</i>	1	
			NORVIR PACK	2	
			NORVIR SOLN	2	

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Drug Name	Drug Tier	Requirements/ Limits
ODEFSEY 200 MG-25 MG-25 MG	2	
PIFELTRO	2	
PREZCOBIX 150 MG-800 MG	2	
PREZISTA SUSP	2	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	2	
REYATAZ PACK	2	
<i>ritonavir tabs</i>	1	
RUKOBIA	4	
SELZENTRY SOLN	2	
SELZENTRY TABS 25 MG, 75 MG	2	
<i>stavudine caps</i>	1	
STRIBILD 150 MG-150 MG-200 MG-300 MG	2	
SYMTUZA 800 MG-10 MG-150 MG-200 MG	2	
TEMIXYS 300 MG-300 MG	2	
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	2	
TRIUMEQ TABS 50 MG-300 MG-600 MG	2	
TRIUMEQ PD TBSO 60 MG-5 MG-30 MG	2	
TRIZIVIR 150 MG-300 MG-300 MG	2	
TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily); PV
TYBOST	2	
VIRACEPT TABS	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD POWD	2	
<i>zidovudine tabs</i>	1	
<i>zidovudine caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine syrp</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR 10 X 10MG TAB PAK)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
CMV Agents		
<i>cidofovir</i>	4	PA
<i>valganciclovir hcl solr</i>	1	Limit 630mls per month; QL(21 ml daily)
<i>valganciclovir hcl tabs</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	2	
<i>entecavir tabs</i>	2	
EPCLUSA TABS 200 MG-50 MG	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Eplclusa; PA
EPCLUSA PACK	2	SP; PA
<i>lamivudine (hbv) tabs</i>	1	
MAVYRET TABS 40 MG-100 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
PEGASYS SOLN	3	PA
PEGINTRON 50 MCG/0.5ML	3	PA
<i>ribavirin (hepatitis c) caps</i>	1	PA
VEMLIDY	4	ST

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Drug Name	Drug Tier	Requirements/ Limits
VOSEVI 100 MG-100 MG-400 MG	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		
<i>acyclovir caps</i>	1	
<i>acyclovir tabs or 400 mg</i>	1	
<i>acyclovir tabs or 800 mg</i>	1	QL(5 ea daily)
<i>acyclovir susp</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl 500 mg</i>	1	QL(8 ea daily)
<i>valacyclovir hcl 1 gm, 1000 mg</i>	1	QL(4 ea daily)
Influenza Agents		
<i>oseltamivir phosphate susr</i>	1	QL(75 ml daily; 5 Day(s) limit MG/ML); AL(At least 1 yrs old)
<i>oseltamivir phosphate caps 30 mg, 45 mg</i>	1	QL(10 ea per fill retail; 10 per fill mail MG); AL(At least 1 yrs old)
<i>oseltamivir phosphate caps 75 mg</i>	1	
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride tabs</i>	1	
Misc. Antivirals		
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 6.25 mg, 12.5 mg, 25 mg</i>	1	
<i>carvedilol 3.125 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>carvedilol phosphate</i>	1	
<i>labetalol hcl tabs</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)
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>nebivolol hcl</i>	1	
Beta Blockers Non-Selective		
(Sotalol Hcl) SORINE tabs	1	
INDERAL XL	3	
INNOPRAN XL	3	
<i>nadolol tabs 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24</i>	1	
<i>propranolol hcl tabs</i>	1	
<i>propranolol hcl soln or 20 mg/5ml, 40 mg/5ml</i>	1	
<i>sotalol hcl tabs</i>	1	
<i>sotalol hcl (afib/afib)</i>	1	
SOTYLIZE SOLN OR	3	
<i>timolol maleate tabs 5 mg, 20 mg</i>	1	QL(2 ea daily)
<i>timolol maleate tabs 10 mg</i>	1	QL(6 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
(Diltiazem Hcl Coated Beads) CARTIA XT cp24	1	QL(1 ea daily)
(Diltiazem Hcl Coated Beads) MATZIM LA tb24	1	

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Drug Name	Drug Tier	Requirements/ Limits
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
(Diltiazem Hcl) DILT-XR cp24	1	
<i>amlodipine besylate tabs 2.5 mg</i>	1	QL(2 ea daily)
<i>amlodipine besylate tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>diltiazem hcl tabs</i>	1	
<i>diltiazem hcl cp12</i>	1	
<i>diltiazem hcl cp24</i>	1	
<i>diltiazem hcl coated beads cp24</i>	1	QL(1 ea daily)
<i>diltiazem hcl coated beads tb24</i>	1	
<i>diltiazem hcl extended release beads</i>	1	
<i>felodipine 10 mg</i>	1	QL(1 ea daily)
<i>felodipine 2.5 mg, 5 mg</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nifedipine tb24</i>	1	QL(1 ea daily)
<i>nifedipine caps</i>	1	
<i>nifedipine tb24 30 mg, 60 mg</i>	1	
<i>nimodipine caps</i>	1	
<i>nisoldipine</i>	1	
<i>verapamil hcl cp24 360 mg</i>	1	QL(1 ea daily)
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbcR 120 mg</i>	1	
<i>verapamil hcl cp24 180 mg</i>	1	QL(2 ea daily)
<i>verapamil hcl cp24 100 mg, 120 mg, 200 mg, 240 mg, 300 mg</i>	1	
<i>verapamil hcl tbcR 180 mg, 240 mg</i>	1	QL(2 ea daily)
VERELAN CP24 360 MG (<i>verapamil hcl</i>)	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VERELAN PM CP24 (<i>verapamil hcl</i>)	7	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
(Digoxin) DIGITEK, DIGOX tabs .0625 MG, .125 MG, .25 MG, 62.5 MCG, 125 MCG, 250 MCG	1	
<i>digoxin tabs .0625 mg, .125 mg, .25 mg, 62.5 mcg, 125 mcg, 250 mcg</i>	1	
<i>digoxin soln or .05 mg/ml</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	7	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium 10 mg-20 mg, 10 mg-40 mg, 10 mg-80 mg, 80 mg-10 mg</i>	1	
<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>	1	PA
ENTRESTO	3	QL(2 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl 20 mg-37.5 mg</i>	1	
Impotence Agents		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA	<i>bosentan tabs 125 mg</i>	4	ST; MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
<i>tadalafil 2.5 mg</i>	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail MG); PA	<i>bosentan tabs 62.5 mg</i>	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>tadalafil 5 mg, 10 mg, 20 mg</i>	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA	LETAIRIS 5 MG (<i>ambrisentan</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily); PA
Peripheral Vasodilators			LETAIRIS 10 MG (<i>ambrisentan</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA
<i>isoxsuprine hcl</i>	1		OPSUMIT	4	ST; PA
Prostaglandin Vasodilators			TRACLEER TBSO	4	ST; PA
ORENITRAM TBCR	4	PA	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
TYVASO SOLN IN	4	PA	(Tadalafil (Pulmonary Hypertension)) ALYQ tabs	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
TYVASO REFILL SOLN IN	4	PA	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
TYVASO STARTER SOLN IN	4	PA	REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	PA
VENTAVIS	4	PA			
Pulmonary Hypertension - Endothelin Receptor Antagonists					
<i>ambrisentan 5 mg</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily); PA			
<i>ambrisentan 10 mg</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA			

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Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	1	QL(3 ea daily); PA
<i>sildenafil citrate (pulmonary hypertension) susr</i>	4	PA
<i>tadalafil (pulmonary hypertension) tabs</i>	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
UPTRAVI TABS 200 MCG	4	ST; PA
UPTRAVI TITRATION PACK TBPK	4	ST; PA
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	4	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS	3	QL(2 ea daily); ST
Transthyretin Stabilizers		
VYNDAMAX	4	QL(1 ea daily); PA
VYNDAQEL	4	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr iv 1 gm</i>	4	PA
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	1	
<i>cefaclor susr 125 mg/5ml, 375 mg/5ml</i>	1	
CEFACLOR ER TB12	3	
CEFOTAN IJ (<i>cefotetan disodium</i>)	7	PA
<i>cefotetan disodium ij 1 gm, 2 gm</i>	4	PA
<i>cefoxitin sodium iv 1 gm, 2 gm</i>	4	PA
CEFOXITIN SODIUM	4	PA
<i>cefprozil tabs</i>	1	
<i>cefprozil susr</i>	1	
<i>cefuroxime axetil tabs</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefixime caps</i>	1	
<i>cefixime susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
SUPRAX CHEW	3	
SUPRAX SUSR 500 MG/5ML	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG, 0.15 MG-0.03 MG	5	PV
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 20 MCG-90 MCG	5	PV
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZANT	5	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ tabs	5	PV
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE	5	PV	(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MELODETTA 24 FE, MIBELAS 24 FE chew 1 MG-20 MCG-75 MG	5	PV
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY	5	PV	(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY caps 1 MG-20 MCG-75 MG	5	PV
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E	5	PV			
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA tabs	5	PV			
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	5	PV			

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(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA	5	PV	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTec 28, VYLIBRA 0.25 MG-35 MCG	5	PV
(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE	5	PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL 0.3 MG-30 MCG	5	PV
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20	5	PV	BALCOLTRA 0.1 MG-20 MCG-36.5 MG	5	QL(1 ea daily); PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 1 MG-75 MG	5	PV	BEYAZ 0.02 MG-0.451 MG-3 MG (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	7	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 0	5	PV	<i>desogestrel & ethinyl estradiol</i>	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-VYLIBRA LO 0	5	PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV
			<i>drospirenone-ethinyl estradiol</i>	5	PV
			<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	5	PV
			ESTROSTEP FE 1 MG-75 MG (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	7	PV
			<i>ethynodiol diacet & eth estrad</i>	5	PV
			GENERESS FE 75 MG-0.8 MG-25 MCG (<i>norethindrone & ethinyl estradiol-fe</i>)	7	PV
			<i>levonorgestrel & eth estradiol tabs</i>	5	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 mg-0.15 mg, 0.15 mg-0.03 mg</i>	5	PV

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<i>levonorgestrel-ethinyl estradiol (continuous) 90 mcg-20 mcg</i>	5	PV	SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV
LO LOESTRIN FE TABS 1 MG-10 MCG-75 MG	5	QL(1 ea daily); PV	TAYTULLA CAPS 1 MG-20 MCG-75 MG (<i>norethin acet & estrad-fe</i>)	7	PV
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV	TYBLUME CHEW 0.1 MG-20 MCG	5	PV
MINASTRIN 24 FE CHEW 1 MG-20 MCG-75 MG (<i>norethin acet & estrad-fe</i>)	7	PV	YASMIN 28 0.03 MG-3 MG (<i>drospirenone-ethinyl estradiol</i>)	7	PV
MIRCETTE 0 (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	7	PV	YAZ 0.02 MG-3 MG (<i>drospirenone-ethinyl estradiol</i>)	7	PV
NATAZIA	5	QL(1 ea daily); PV	Combination Contraceptives - Transdermal		
NEXTSTELLIS 14.2 MG-3 MG	5	QL(1 ea daily); PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 35 MCG/24HR-150 MCG/24HR	5	365 rtl day(s) supply; PV
<i>norethin acet & estrad-fe chew 1 mg-20 mcg-75 mg</i>	5	PV	TWIRLA 30 MCG/24HR-120 MCG/24HR	5	QL(3 ea per 28 days retail); PV
<i>norethin acet & estrad-fe tabs</i>	5	PV	Combination Contraceptives - Vaginal		
<i>norethin acet & estrad-fe caps 75 mg-1 mg-20 mcg</i>	5	PV	(Etonogestrel-Ethinyl Estradiol) ELURYNG, HALOETTE 0.015 MG/24HR-0.12 MG/24HR	5	PV
<i>norethindrone & ethinyl estradiol-fe</i>	5	PV	ANNOVERA 0.013 MG/24HR-0.15 MG/24HR	5	QL(1 ea daily); PV
<i>norethindrone acet & eth estra</i>	5	PV	<i>etonogestrel-ethinyl estradiol 0.015 mg/24hr-0.12 mg/24hr</i>	5	PV
<i>norethindrone acetate-ethinyl estradiol-fe 1 mg-75 mg</i>	5	PV	NUVARING 0.015 MG/24HR-0.12 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	7	PV
<i>norgestimate-ethinyl estradiol 0.25 mg-35 mcg</i>	5	PV	Emergency Contraceptives		
<i>norgestimate-ethinyl estradiol (triphasic) 0</i>	5	PV			
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	7	PV			
SAFYRAL 3 MG-0.03 MG-0.451 MG (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	7	PV			

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Drug Name	Drug Tier	Requirements/ Limits
(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 mg</i>	5	PV
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	7	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
ORTHO MICRONOR (<i>norethindrone (contraceptive)</i>)	7	PV
SLYND	5	QL(1 ea daily); PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		

Drug Name	Drug Tier	Requirements/ Limits
(Dexamethasone) DECADRON tabs	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY tbpk	1	
<i>budesonide tb24</i>	1	PA
<i>budesonide cpep</i>	2	QL(3 ea daily)
<i>dexamethasone elix</i>	1	
<i>dexamethasone tabs</i>	1	
<i>dexamethasone soln</i>	1	
<i>dexamethasone tbpk</i>	1	
DEXAMETHASONE INTENSOL CONC	2	
<i>hydrocortisone tabs</i>	1	
MEDROL TABS	2	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED TABS	2	
<i>prednisolone tabs</i>	1	
<i>prednisolone sodium phosphate soln</i>	1	
<i>prednisolone sodium phosphate tbdp</i>	1	
<i>prednisone tbpk</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone soln</i>	1	
PREDNISONE INTENSOL CONC	2	
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 1.5 MG/5ML-5 MG/5ML	1	

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<i>benzonatate</i>	1		<i>promethazine & phenylephrine syrp 5 mg/5ml-6.25 mg/5ml</i>	1	QL(30 ml daily)
<i>hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml</i>	1		<i>promethazine w/codeine syrp 10 mg/5ml-6.25 mg/5ml</i>	1	QL(30 ml daily)
<i>hydrocodone bitartrate-homatropine methylbromide tabs 1.5 mg-5 mg</i>	1		<i>promethazine w/codeine soln 10 mg/5ml-6.25 mg/5ml</i>	1	QL(30 ml daily)
Cough/Cold/Allergy Combinations			<i>promethazine-dm syrp 6.25 mg/5ml-15 mg/5ml</i>	1	QL(30 ml daily)
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C soln	1		<i>promethazine-phenylephrine-codeine 10 mg/5ml-5 mg/5ml-6.25 mg/5ml</i>	1	
(Guaifenesin-Codeine) GUAITUSSIN AC, GUAIFENESIN AC syrp 10 MG/5ML-100 MG/5ML	1		PRO-RED AC SYRP 1 MG/5ML-5 MG/5ML-9 MG/5ML	3	
(Guaifenesin-Codeine) VIRTUSSIN AC/ALC liqd 10 MG/5ML-100 MG/5ML	1		<i>pseudoephed-bromphen-dm syrp 2 mg/5ml-10 mg/5ml-30 mg/5ml, 30 mg/5ml-2 mg/5ml-10 mg/5ml</i>	1	
ACTIDOM DMX LIQD 10 MG/5ML-30 MG/5ML-200 MG/5ML	3		TUSNEL TABS 30 MG-60 MG-400 MG	3	
CODITUSSIN AC LIQD 10 MG/5ML-200 MG/5ML	3		TUSSICAPS CP12 8 MG-10 MG	3	
DOMETUSS-DMX LIQD 10 MG/5ML-30 MG/5ML-200 MG/5ML	3		TUSSLIN LIQD 10 MG/5ML-28 MG/5ML-388 MG/5ML	3	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	TUSSLIN PEDIATRIC LIQD 2.5 MG/ML-7.5 MG/ML-88 MG/ML	3	
GILTUSS COUGH & COLD TABS 10 MG-28 MG-388 MG	3		VIRTUSSIN DAC SOLN 10 MG/5ML-30 MG/5ML-70 %-100 MG/5ML	2	
GILTUSS SINUS & CONGESTION TABS 10 MG-388 MG	3	RX/OTC	Misc. Respiratory Inhalants		
<i>guaifenesin-codeine soln</i>	1		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL nebu .9 %, 3 %, 7 %	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer 8 mg/5ml-10 mg/5ml</i>	1		HYPERSAL NEBU	3	
NEOTUSS PLUS LIQD 4 MG/5ML-7.5 MG/5ML-30 MG/5ML	3		NEBUSAL NEBU	3	

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<i>sodium chloride (inhalant) nebu .9 %, 3 %, 7 %</i>	1		(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH emul 1 %-10 %	1	
Mucolytics			(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 foam 5 %-10 %	1	
<i>acetylcysteine soln</i>	1		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH emul 4 %-10 %-10 %	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			(Tretinoin) AVITA gel .01 %, .025 %, .05 %	1	
Acne Products			(Tretinoin) AVITA crea .025 %, .05 %, .1 %	1	
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE gel .1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC	<i>adapalene gel .1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
(Clindamycin Phosphate (Topical)) CLINDACIN foam	1		<i>adapalene crea</i>	1	Limit 45gms per month; QL(1.5 gm daily)
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P swab	1		<i>adapalene gel .3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail %)
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC 1.2 %-5 %	1		<i>adapalene-benzoyl peroxide gel 0.1 %-2.5 %</i>	1	
(Erythromycin (Acne Aid)) ERY pads	1		AZELEX	3	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit MG)	<i>benzoyl peroxide-erythromycin gel 3 %-5 %</i>	1	QL(2 gm daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG, 25 MG	1	QL(4 ea daily; 150 Day(s) limit MG)	<i>clindamycin phosphate (topical) foam</i>	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 35 MG, 40 MG	1	QL(2 ea daily; 150 Day(s) limit MG)	<i>clindamycin phosphate (topical) swab</i>	1	
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit MG)	<i>clindamycin phosphate (topical) gel</i>	1	
			<i>clindamycin phosphate (topical) soln</i>	1	
			<i>clindamycin phosphate (topical) lotn</i>	1	
			<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1	

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<i>clindamycin phosphate-benzoyl peroxide (refrigerate) 1.2 %-5 %</i>	1		TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>clindamycin phosphate-tretinoin 0.025 %-1.2 %</i>	1		<i>tretinoin crea .025 %, .05 %, .1 %</i>	1	
<i>dapsone (topical) 5 %</i>	1	ST; PA	<i>tretinoin gel .01 %, .025 %, .05 %</i>	1	
DIFFERIN LOTN	3		<i>tretinoin microsphere .04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)
<i>erythromycin (acne aid) gel</i>	1		<i>tretinoin microsphere .1 %</i>	1	QL(1.67 gm daily)
<i>erythromycin (acne aid) soln</i>	1		Agents for External Genital and Perianal Warts		
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	VEREGEN	3	QL(30 gm per fill retail)
<i>isotretinoin 20 mg</i>	1	QL(5 ea daily; 150 Day(s) limit MG)	Antibiotics - Topical		
<i>isotretinoin 10 mg, 25 mg</i>	1	QL(4 ea daily; 150 Day(s) limit MG)	ALTABAX	3	
<i>isotretinoin 35 mg, 40 mg</i>	1	QL(2 ea daily; 150 Day(s) limit MG)	CENTANY OINT	2	
<i>isotretinoin 30 mg</i>	1	QL(3 ea daily; 150 Day(s) limit MG)	<i>gentamicin sulfate (topical) crea</i>	1	
RIAX FOAM	3		<i>gentamicin sulfate (topical) oint</i>	1	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL 5 %-10 %	3		<i>mupirocin oint</i>	1	
<i>sulfacetamide sodium (acne)</i>	1		Antifungals - Topical		
<i>sulfacetamide sodium w/ sulfur crea 4.8 %-9.8 %</i>	1		(Ciclopirox) CICLODAN soln	1	
<i>sulfacetamide sodium w/ sulfur liqd 4.8 %-9.8 %, 9.8 %-4.8 %</i>	2		(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC 1 %-1.9 %	1	
<i>sulfacetamide sodium w/ sulfur lotn 5 %-10 %</i>	1	QL(1 gm daily)	(Ketoconazole (Topical)) KETODAN foam	2	
<i>sulfacetamide sodium w/ sulfur lotn 4.8 %-9.8 %</i>	1	PA	(Nystatin (Topical)) NYAMYC, NYSTOP powd ex	1	
			<i>ciclopirox sham</i>	1	
			<i>ciclopirox soln</i>	1	
			<i>ciclopirox gel</i>	1	
			<i>ciclopirox olamine susp</i>	1	
			<i>ciclopirox olamine crea</i>	1	

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<i>clotrimazole w/ betamethasone crea 0.05 %-1 %</i>	1	Limit 1 tube per month; QL(1.5 gm daily)	(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN gel ex	1	RX/OTC
<i>clotrimazole w/ betamethasone lotn 0.05 %-1 %</i>	1	QL(2 ml daily)			
<i>econazole nitrate crea</i>	1				
ERTACZO	4	QL(1 gm daily); PA	<i>diclofenac sodium (topical) gel ex</i>	1	RX/OTC
EXELDERM SOLN	2		<i>diclofenac sodium (topical) soln ex 2 %</i>	1	QL(4 gm daily); PA
EXELDERM CREA (<i>sulconazole nitrate</i>)	7		<i>diclofenac sodium (topical) soln ex 1.5 %</i>	1	QL(5 ml daily)
EXODERM 1 %-25 %	3		PENNSAID SOLN EX	3	QL(4 gm daily); PA
<i>iodoquinol-hydrocortisone in aloe vehicle 1 %-1.9 %</i>	1		Antineoplastic or Premalignant Lesion Agents - Topical		
<i>ketoconazole (topical) sham 2 %</i>	1		<i>bexarotene (topical)</i>	4	PA
<i>ketoconazole (topical) crea</i>	1	QL(2 gm daily)	CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)
<i>ketoconazole (topical) foam</i>	2		<i>diclofenac sodium (actinic keratoses) ex</i>	2	PA
<i>naftifine hcl crea</i>	1		FLUOROPLEX CREA	2	
<i>naftifine hcl gel</i>	1		<i>fluorouracil (topical) crea 5 %</i>	1	
NAFTIN GEL 2 %	3		<i>fluorouracil (topical) soln</i>	1	
<i>nystatin (topical) crea</i>	1		PANRETIN	3	PA
<i>nystatin (topical) oint</i>	1		PICATO	3	
<i>nystatin (topical) powd ex</i>	1		TARGRETIN (<i>bexarotene (topical)</i>)	7	PA
<i>nystatin-triamcinolone crea 1 mg/gm-100000 unit/gm</i>	1		VALCHLOR	4	ST; PA
<i>nystatin-triamcinolone oint 0.1 %-100000 unit/gm</i>	1				
<i>oxiconazole nitrate crea</i>	1				
OXISTAT LOTN	3				
<i>sulconazole nitrate soln</i>	1				
<i>sulconazole nitrate crea</i>	1				
Anti-inflammatory Agents - Topical					

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Antipruritics - Topical		
<i>doxepin hcl (antipruritic)</i>	1	QL(3 gm daily)
Antipsoriatics		
(Calcipotriene) CALCITRENE oint	1	QL(5 gm daily)
<i>acitretin 17.5 mg</i>	2	
<i>acitretin 25 mg</i>	2	QL(2 ea daily)
<i>acitretin 10 mg</i>	2	QL(1 ea daily)
<i>calcipotriene soln</i>	1	
<i>calcipotriene crea</i>	2	QL(5 gm daily)
<i>calcipotriene oint</i>	1	QL(5 gm daily)
<i>calcipotriene foam</i>	1	PA
<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 gm daily)
COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
<i>methoxsalen rapid</i>	1	
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA

Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA
SORILUX FOAM	3	PA
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
<i>tazarotene gel</i>	1	
<i>tazarotene crea</i>	1	
TAZORAC CREA	2	
TREMFYA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
TREMFYA SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
Antiseborrheic Products		
<i>selenium sulfide lotn 2.5 %</i>	1	
SODIUM SULFACETAMIDE WASH LIQD 0.5 %-10 %	3	
<i>sulfacetamide sodium liqd</i>	1	
<i>sulfacetamide sodium sham 10 %</i>	1	
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	QL(1 gm daily)
Burn Products		
(Silver Sulfadiazine) SSD	1	
<i>mafenide acetate pack</i>	1	

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<i>silver sulfadiazine</i>	1		<i>betamethasone dipropionate augmented crea</i>	1	
SULFAMYLON CREA	3		<i>betamethasone dipropionate augmented gel .05 %</i>	1	
Corticosteroids - Topical			<i>betamethasone dipropionate augmented lotn</i>	1	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT .05 %	1		<i>betamethasone dipropionate augmented oint</i>	1	
(Clobetasol Propionate Emulsion) TOVET	1		<i>betamethasone valerate lotn</i>	1	
(Clobetasol Propionate) CLODAN sham	1		<i>betamethasone valerate foam</i>	1	
(Desonide) DESRX gel	1		<i>betamethasone valerate crea</i>	1	
(Flurandrenolide) NOLIX crea	1		<i>betamethasone valerate oint</i>	1	
(Fluticasone Propionate) BESER lotn	1		<i>calcipotriene-betamethasone dipropionate susp 0.005 %-0.064 %</i>	1	QL(2 gm daily); ST
(Hydrocortisone (Topical)) ALA-CORT crea 2.5 %	1		<i>calcipotriene-betamethasone dipropionate oint 0.005 %-0.064 %</i>	2	ST
(Hydrocortisone (Topical)) ALA-SCALP lotn 2 %, 2.5 %	1		CAPEX SHAM	2	
(Triamcinolone Acetonide (Topical)) TRIDERMA crea	1		<i>clobetasol propionate liqd</i>	1	
ALA-SCALP LOTN	3		<i>clobetasol propionate foam</i>	1	
<i>alclometasone dipropionate crea</i>	1		<i>clobetasol propionate oint .05 %</i>	1	
<i>alclometasone dipropionate oint</i>	1		<i>clobetasol propionate soln .05 %</i>	1	
<i>amcinonide lotn</i>	1		<i>clobetasol propionate gel .05 %</i>	1	
<i>amcinonide crea</i>	1		<i>clobetasol propionate crea .05 %</i>	1	
AMCINONIDE OINT	3		<i>clobetasol propionate lotn</i>	1	
APEXICON E CREA	2		<i>clobetasol propionate sham</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1				
<i>betamethasone dipropionate (topical) crea</i>	1				
<i>betamethasone dipropionate (topical) lotn</i>	1				

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<i>clobetasol propionate emollient base .05 %</i>	1		<i>halobetasol propionate crea</i>	1	
<i>clobetasol propionate emulsion</i>	1		<i>halobetasol propionate oint</i>	1	
<i>clocortolone pivalate</i>	1		<i>hydrocortisone (topical) lotn 2 %, 2.5 %</i>	1	
CLODERM (<i>clocortolone pivalate</i>)	7		<i>hydrocortisone (topical) oint 2.5 %</i>	1	
CORDRAN TAPE	3		<i>hydrocortisone (topical) crea 2.5 %</i>	1	
CORTANE-B 1 MG/ML-10 MG/ML-10 MG/ML	3		<i>hydrocortisone butyrate oint</i>	1	
<i>desonide oint</i>	1		<i>hydrocortisone butyrate soln</i>	1	
<i>desonide lotn</i>	1		<i>hydrocortisone butyrate crea</i>	1	
<i>desonide gel</i>	1		<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>desonide crea</i>	1		<i>hydrocortisone valerate oint</i>	1	
<i>desoximetasone liqd</i>	1	ST	<i>hydrocortisone valerate crea</i>	1	
<i>desoximetasone gel</i>	1		<i>mometasone furoate soln</i>	1	
<i>desoximetasone oint</i>	1		<i>mometasone furoate oint</i>	1	
<i>desoximetasone crea</i>	1		<i>mometasone furoate crea</i>	1	
<i>diflorasone diacetate oint</i>	1		NUCORT LOTN	3	
<i>diflorasone diacetate crea</i>	1		PRAMOSONE OINT	3	
EPIFOAM FOAM 1 %-1 %	3		PRAMOSONE LOTN	3	
<i>fluocinolone acetonide oil</i>	1		<i>prednicarbate crea</i>	1	
<i>fluocinolone acetonide crea</i>	1		<i>prednicarbate oint</i>	1	
<i>fluocinolone acetonide oint</i>	1		TEXACORT SOLN 2.5 %	3	
<i>fluocinolone acetonide soln</i>	1		<i>triamcinolone acetonide (topical) lotn</i>	1	
<i>fluocinonide gel</i>	1		<i>triamcinolone acetonide (topical) aers</i>	1	
<i>fluocinonide oint</i>	1		<i>triamcinolone acetonide (topical) oint .025 %, .1 %, .5 %</i>	1	
<i>fluocinonide crea</i>	1		<i>triamcinolone acetonide (topical) crea</i>	1	
<i>fluocinonide soln</i>	1		Eczema Agents		
<i>fluocinonide emulsified base</i>	1				
<i>flurandrenolide crea</i>	1				
<i>fluticasone propionate oint</i>	1				
<i>fluticasone propionate crea .05 %</i>	1				
<i>fluticasone propionate lotn</i>	1				

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DUPIXENT SOSY 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA	<i>salicylic acid in ammonium lactate vehicle 6 %</i>	1	
DUPIXENT SOSY 200 MG/1.14ML	4	PA	SALIMEZ CREA	3	
DUPIXENT SOPN 300 MG/2ML	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	Local Anesthetics - Topical		
Emollient/Keratolytic Agents			CETACAINE AERO 2 %-2 %-14 %	3	
(Urea) CEROVEL lotn 40 %	1		<i>lidocaine ptch 5 %</i>	1	Limited to 3 patches per day; QL(3 ea daily)
<i>urea lotn 40 %</i>	1		<i>lidocaine hcl soln</i>	1	
Enzymes - Topical			<i>lidocaine-prilocaine crea 2.5 %-2.5 %</i>	1	
SANTYL OINT	3		PREMIUM SCAR PATCH 2 %-4 %-30 %	3	
Immunomodulating Agents - Topical			Misc. Topical		
<i>imiquimod 5 %</i>	1		DRYSOL SOLN	2	
Immunosuppressive Agents - Topical			XERAC AC	3	
<i>pimecrolimus</i>	1	QL(2 gm daily)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
<i>tacrolimus (topical) oint .1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)	EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
<i>tacrolimus (topical) oint .03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)	Rosacea Agents		
Keratolytic/Antimitotic Agents			(Metronidazole (Topical)) ROSADAN gel .75 %	1	Limit 45gms per month; QL(1.5 gm daily)
(Salicylic Acid) KERALYT sham 6 %	1		(Metronidazole (Topical)) ROSADAN crea	1	
BENSAL HP OINT	3	RX/OTC	<i>azelaic acid gel</i>	1	
CONDYLOX GEL	2		<i>brimonidine tartrate (topical)</i>	1	ST; PA
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC	<i>doxycycline (rosacea)</i>	1	ST; QL(1 ea daily); PA
PODOCON-25 SOLN	3		FINACEA FOAM	3	
<i>podofilox soln</i>	1		<i>ivermectin (rosacea)</i>	1	QL(1.5 gm daily); PA
<i>salicylic acid sham 6 %</i>	1		<i>metronidazole (topical) lotn</i>	1	QL(2 ml daily)
SALICYLIC ACID OINT	3	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel .75 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>metronidazole (topical) gel 1 %</i>	1	
NORITATE CREA	4	PA
ORACEA (<i>doxycycline (rosacea)</i>)	7	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	1	RX/OTC
<i>ivermectin (pediculicide)</i>	1	RX/OTC
<i>malathion</i>	1	
<i>permethrin crea</i>	1	QL(2 gm daily)
Wound Care Products		
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC	4	PA
METOPIRON	3	
Diagnostic Tests		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	2	
KETOSTIX STRP	2	
ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 10500 UNIT-35500 UNIT- 61500 UNIT, 15200 UNIT- 2600 UNIT-8800 UNIT, 16800 UNIT-56800 UNIT- 98400 UNIT, 21000 UNIT- 54700 UNIT-83900 UNIT, 37000 UNIT-97300 UNIT- 149900 UNIT, 4200 UNIT- 14200 UNIT-24600 UNIT	3	
ZENPEP CPEP	2	

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Carbonic Anhydrase Inhibitors		
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Drug Name	Drug Tier	Requirements/ Limits
<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>dichlorphenamide</i>	4	PA
KEVEYIS (<i>dichlorphenamide</i>)	7	PA
<i>methazolamide tabs</i>	1	
Diuretic Combinations		
ALDACTAZIDE 50 MG-50 MG	2	
<i>amiloride & hydrochlorothiazide 5 mg-50 mg</i>	1	
<i>spironolactone & hydrochlorothiazide 25 mg-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide caps 25 mg-37.5 mg</i>	1	
<i>triamterene & hydrochlorothiazide tabs 50 mg-75 mg</i>	1	QL(1 ea daily)
Loop Diuretics		
<i>bumetanide tabs .5 mg, 1 mg</i>	1	
<i>bumetanide tabs 2 mg</i>	1	QL(5 ea daily)
<i>ethacrynic acid</i>	1	ST
<i>furosemide tabs</i>	1	
<i>furosemide soln or 10 mg/ml, 40 mg/5ml</i>	1	
<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		
<i>amiloride hcl tabs</i>	1	
<i>spironolactone tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene caps</i>	1	
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		
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>alendronate sodium soln</i>	1	
<i>alendronate sodium tabs 35 mg</i>	1	Limit 1 tab per week; QL(0.144 ea daily)
<i>alendronate sodium tabs 70 mg</i>	1	Limit 1 tab per week; QL(0.15 ea daily)
<i>calcitonin (salmon) na</i>	1	
<i>calcitonin (salmon) ij</i>	4	LA; PA
<i>ibandronate sodium tabs</i>	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	7	LA; PA
NATPARA	4	LA; PA
PROLIA SOSY	4	LA; 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
TYMLOS	4	LA; PA

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Growth Hormone Receptor Antagonists			BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	7	PA
SOMAVERT	4	LA; PA	<i>calcitriol caps .5 mcg</i>	1	QL(4 ea daily)
Growth Hormones			<i>calcitriol caps .25 mcg</i>	1	
HUMATROPE CART IJ	4	LA; PA	<i>calcitriol soln or</i>	1	
NORDITROPIN FLEXPPO SOPN	4	LA; PA	<i>cinacalcet hcl</i>	1	PA
SEROSTIM SC	4	LA; PA	CYSTADANE (<i>betaine</i>)	7	PA
ZOMACTON SOLR SC 10 MG	4	PA	<i>doxercalciferol caps</i>	2	
ZORBTIVE SC	4	LA; PA	GALAFOLD	4	QL(0.5 ea daily); PA
Hormone Receptor Modulators			KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
EVISTA (<i>raloxifene hcl</i>)	7	PV	KUVAN PACK (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX
OSPHENA	3	QL(1 ea daily)	<i>levocarnitine (metabolic modifiers) tabs</i>	1	
<i>raloxifene hcl</i>	5	PV	<i>levocarnitine (metabolic modifiers) soln or 1 gm/10ml</i>	1	
Insulin-Like Growth Factors (Somatomedins)			MYALEPT	4	LA; PA
INCRELEX	4	LA; PA	<i>nitisinone caps 2 mg, 5 mg</i>	1	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			<i>nitisinone caps 10 mg</i>	4	PA
FENSOLVI	3	PA	NITYR TABS	4	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis	ORFADIN SUSP	4	PA
SYNAREL	2		ORFADIN CAPS 20 MG	3	PA
Metabolic Modifiers			ORFADIN CAPS 10 MG (<i>nitisinone</i>)	7	PA
(Sapropterin Dihydrochloride) JAVYGTOR tabs	4	Specialty Drug refer to Caremark SP RX	PALYNZIQ	4	PA
(Sapropterin Dihydrochloride) JAVYGTOR pack	4	Specialty Drug refer to Caremark SP RX	<i>paricalcitol caps</i>	1	
<i>betaine</i>	4	PA	RAVICTI	4	
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	7	PA	<i>sapropterin dihydrochloride pack</i>	4	Specialty Drug refer to Caremark SP RX
			<i>sapropterin dihydrochloride tabs</i>	4	Specialty Drug refer to Caremark SP RX

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<i>sodium phenylbutyrate tabs</i>	4	PA	Vasopressin Receptor Antagonists		
<i>sodium phenylbutyrate powd</i>	4	PA	JYNARQUE TBPk	4	PA
STRENSIQ	4	PA	ESTROGENS - Hormone Replacement/Modifying Drugs		
XURIDEN	4		Estrogen Combinations		
Posterior Pituitary Hormones			(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY tabs	1	
DDAVP	2		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
<i>desmopressin acetate tabs .2 mg</i>	1	QL(6 ea daily)	ANGELIQ	3	
<i>desmopressin acetate tabs .1 mg</i>	1		CLIMARA PRO 0.015 MG/DAY-0.045 MG/DAY	2	
DESMOPRESSIN ACETATE SOLN NA	3		COMBIPATCH PTTW	3	
<i>desmopressin acetate spray</i>	1		DUAVEE 0.45 MG-20 MG	3	
<i>desmopressin acetate spray refrigerated</i>	1		<i>estradiol & norethindrone acetate tabs</i>	1	
STIMATE SOLN NA	3		<i>norethindrone acetate-ethinyl estradiol</i>	1	
Progesterone Receptor Antagonists			ORIAHNN 0.5 MG-1 MG-300 MG	4	PA
MIFEPREX (<i>mifepristone</i>)	7		PREFEST	3	
<i>mifepristone</i>	5		PREMPHASE 0.625 MG-5 MG	2	
Prolactin Inhibitors			PREMPRO	2	
<i>cabergoline</i>	1		Estrogens		
Somatostatic Agents			(Estradiol) DOTTI, LYLLANA pttw	1	Limit 8 patches per month; QL(0.29 ea daily)
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml</i>	4	PA	ALORA PTTW	2	Limit 8 patches per month; QL(0.29 ea daily)
<i>octreotide acetate soln 500 mcg/ml, 1000 mcg/ml</i>	4	LA; PA	ELESTRIN GEL	3	
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml</i>	4	PA	<i>estradiol tabs</i>	1	
<i>octreotide acetate sosy 50 mcg/ml, 100 mcg/ml</i>	4	PA	<i>estradiol gel .25 mg/0.25gm, .5 mg/0.5gm, 1 mg/gm</i>	1	
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	7	LA; PA			
SIGNIFOR	4	LA; PA			

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<i>estradiol ptwk</i>	1	Limit 4 patches per month; QL(0.143 ea daily)	OICALIVA 5 MG	4	ST; QL(1 ea daily); PA
<i>estradiol ptw</i>	1	Limit 8 patches per month; QL(0.29 ea daily)	OICALIVA 10 MG	4	QL(1 ea daily); PA
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)	Gallstone Solubilizing Agents		
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)	CHENODAL	4	PA
EVAMIST SOLN	3		<i>ursodiol caps</i>	2	
MENEST	2		<i>ursodiol tabs</i>	1	
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)	Gastrointestinal Chloride Channel Activators		
PREMARIN TABS .3 MG, .45 MG, .625 MG, 1.25 MG	2	QL(1 ea daily)	<i>lubiprostone</i>	1	
PREMARIN TABS .9 MG	2		Gastrointestinal Stimulants		
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections			<i>metoclopramide hcl tbdp</i>	1	
Fluoroquinolones			<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	
CIPRO SUSR	2		<i>metoclopramide hcl tabs</i>	1	
<i>ciprofloxacin susr 5 gm/100ml</i>	1		METOCLOPRAMIDE ODT TBDP	3	
<i>ciprofloxacin hcl tabs</i>	1		Inflammatory Bowel Agents		
<i>levofloxacin tabs</i>	1	QL(14 ea per fill retail)	<i>balsalazide disodium caps</i>	1	Limit 280 caps per month; QL(9 ea daily)
<i>levofloxacin soln or</i>	1		DIPENTUM	3	
<i>moxifloxacin hcl tabs</i>	1		INFLECTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>ofloxacin 400 mg</i>	1	QL(28 ea per 90 days retail; 28 ea per 90 days mail)	<i>mesalamine enem</i>	1	QL(60 ml daily)
<i>ofloxacin 300 mg</i>	1		<i>mesalamine cp24</i>	1	QL(4 ea daily)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs			<i>mesalamine cpcr</i>	1	QL(8 ea daily); PA
Farnesoid X Receptor (FXR) Agonists			<i>mesalamine cpdr</i>	1	QL(6 ea daily)
			<i>mesalamine supp</i>	1	QL(1 ea daily)
			<i>mesalamine tbec 800 mg</i>	1	
			<i>mesalamine tbec 1.2 gm</i>	1	QL(4 ea daily)
			PENTASA CPCR 250 MG	3	PA
			RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA

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SFROWASA ENEM	2	
STELARA 130 MG/26ML	4	LA; PA
<i>sulfasalazine tabs</i>	1	QL(8 ea daily)
<i>sulfasalazine tbec</i>	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
LINZESS	2	QL(1 ea daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	1	
MOVANTIK 25 MG	3	QL(1 ea daily)
MOVANTIK 12.5 MG	3	
RELISTOR SOLN	4	LA; PA
RELISTOR TABS	4	ST; PA
Phosphate Binder Agents		
(Calcium Acetate (Phosphate Binder)) CALPHRON tabs	1	RX/OTC
AURYXIA	3	ST; PA
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL PACK	3	
<i>lanthanum carbonate chew 1000 mg</i>	1	QL(3 ea daily)
<i>lanthanum carbonate chew 750 mg</i>	1	QL(4 ea daily)
<i>lanthanum carbonate chew 500 mg</i>	1	
PHOSLYRA SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>sevelamer carbonate pack 2.4 gm</i>	1	QL(5 ea daily)
<i>sevelamer carbonate pack .8 gm</i>	1	
<i>sevelamer carbonate tabs</i>	1	
<i>sevelamer hcl 800 mg</i>	1	ST; QL(16 ea daily); PA
<i>sevelamer hcl 400 mg</i>	1	ST; PA
Short Bowel Syndrome (SBS) Agents		
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; LA; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	4	ST; Not available through mail; PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 305 MG-700 MG	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 syrp 334 MG/5ML-334 MG/5ML-500 MG/5ML-500 MG/5ML-550 MG/5ML-550 MG/5ML	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS pack 1002 MG-3300 MG	1	
(Potassium Citrate-Citric Acid) CYTRA-K soln 334 MG/5ML-334 MG/5ML-1100 MG/5ML-1100 MG/5ML	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Sodium Citrate & Citric Acid) CYTRA-2 334 MG/5ML-500 MG/5ML-500 MG/5ML-334 MG/5ML	1	RX/OTC
ORACIT 490 MG/5ML-640 MG/5ML	3	
<i>pot & sod citrates w/citric ac soln 334 mg/5ml-500 mg/5ml-550 mg/5ml</i>	1	
<i>potassium citrate (alkalinizer) tbc</i>	1	
<i>potassium citrate-citric acid soln 334 mg/5ml-1100 mg/5ml</i>	1	RX/OTC
<i>sodium citrate & citric acid 334 mg/5ml-500 mg/5ml</i>	1	RX/OTC
Cystinosis Agents		
CYSTAGON CAPS	4	PA
PROCYSBI CPDR	4	
PROCYSBI PACK	4	PA
Interstitial Cystitis Agents		
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl 0.4 mg-0.5 mg</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
<i>silodosin 4 mg</i>	1	
<i>silodosin 8 mg</i>	1	QL(1 ea daily)
<i>tamsulosin hcl</i>	1	QL(2 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC	3	
<i>tiopronin tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid 0.5 mg-500 mg</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	
<i>febuxostat 40 mg</i>	1	QL(2 ea daily)
<i>febuxostat 80 mg</i>	1	QL(1 ea daily)
MITIGARE CAPS (<i>colchicine</i>)	7	
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	4	LA; PA
ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
AFSTYLA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	JIVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
COAGADEX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA	KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA	KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	KOATE-DVI SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA	KOVALTRY	4	LA; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA	MONONINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	NOVOSEVEN RT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
IDELVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
			OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	(Icatibant Acetate) SAJAZIR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; LA; PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	administered under the medical benefit; PA	FIRAZYR (<i>icatibant acetate</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; LA; PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	<i>icatibant acetate</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; LA; PA
RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	Complement Inhibitors		
TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	HAEGARDA SOLR SC	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	Hemataologic - Tyrosine Kinase Inhibitors		
WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	TAVALISSE 150 MG	4	PA
XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	TAVALISSE 100 MG	4	ST; PA
XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA	Hematorheologic Agents		
Bradykinin B2 Receptor Antagonists			<i>pentoxifylline</i>	1	QL(3 ea daily)
			Human Protein C		
			CEPROTIN	4	LA; PA
			Platelet Aggregation Inhibitors		
			<i>anagrelide hcl</i>	1	
			<i>aspirin-dipyridamole 25 mg-200 mg</i>	1	
			BRILINTA	2	QL(2 ea daily)
			<i>cilostazol</i>	1	QL(2 ea daily)
			<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
			<i>dipyridamole</i>	1	
			<i>prasugrel hcl</i>	1	
			HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
			Agents for Gaucher Disease		

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Drug Name	Drug Tier	Requirements/ Limits
CERDELGA	4	PA
CEREZYME 400 UNIT	4	LA; PA
<i>miglustat</i>	4	ST; PA
ZAVESCA (<i>miglustat</i>)	7	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	4	ST; AC; PA
SIKLOS TABS 1000 MG	4	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID tabs 400 MCG, 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID tabs 1 MG	1	RX/OTC
<i>folic acid tabs 1 mg</i>	1	RX/OTC
<i>folic acid tabs 400 mcg, 800 mcg</i>	5	PV
Hematopoietic Growth Factors		
MULPLETA	4	PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
RETACRIT	4	PA
RETACRIT 20000 UNIT/ML	4	PA
RETACRIT	4	PA
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; LA; PA
ZIEXTENZO	4	ST; PA

Drug Name	Drug Tier	Requirements/ Limits
Hematopoietic Mixtures		
FOLIVANE-F 1 MG-3 MG-40 MG-62.5 MG-62.5 MG	2	
INTEGRA F 3 MG-40 MG-62.5 MG-62.5 MG-1000 MCG	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid tabs</i>	1	
<i>aminocaproic acid soln or .25 gm/ml</i>	1	
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	7	PA
<i>tranexamic acid soln 1000 mg/10ml</i>	4	PA
<i>tranexamic acid tabs</i>	1	QL(6 ea daily; 5 Day(s) limit MG)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital tabs</i>	1	
<i>phenobarbital elix</i>	1	
Non-Barbiturate Hypnotics		
DORAL (<i>quazepam</i>)	7	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily)
<i>flurazepam hcl 15 mg</i>	1	QL(2 ea daily)
<i>flurazepam hcl 30 mg</i>	1	QL(1 ea daily)
<i>midazolam hcl syrp</i>	1	
<i>temazepam 22.5 mg, 30 mg</i>	1	QL(1 ea daily)
<i>temazepam 15 mg</i>	1	QL(2 ea daily)
<i>temazepam 7.5 mg</i>	1	
<i>triazolam .125 mg</i>	1	
<i>triazolam .25 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>zaleplon</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tabs</i>	1	QL(1 ea daily)
<i>zolpidem tartrate tbc</i>	1	QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS (<i>tasimelteon</i>)	7	ST; PA
<i>ramelteon</i>	1	QL(1 ea daily); ST
<i>tasimelteon caps</i>	4	ST; PA
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-KCl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE 1.015 GM-2.691 GM-4.7 GM-5.9 GM-7.5 GM-100 GM	5	PV
(PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G solr 2.97 GM-5.86 GM-6.74 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK 1.48 GM-5.72 GM-11.2 GM-420 GM	5	PV
GOLYTELY SOLR 2.97 GM-5.86 GM-6.74 GM-22.74 GM-236 GM (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	7	QL(4000 ml per fill retail); PV
NULYTELY 1.48 GM-5.72 GM-11.2 GM-420 GM (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	7	PV

Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid 1.015 gm-2.691 gm-4.7 gm-5.9 gm-7.5 gm-100 gm</i>	5	PV
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-5.86 gm-6.74 gm-22.74 gm-236 gm</i>	5	QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride 1.48 gm-5.72 gm-11.2 gm-420 gm</i>	5	PV
PEG-PREP 0.74 GM-2.86 GM-5 MG-5.6 GM-210 GM	5	QL(1 ea per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate 1.6 gm/177ml-3.13 gm/177ml-17.5 gm/177ml</i>	5	
SUPREP BOWEL PREP KIT 1.6 GM/177ML-3.13 GM/177ML-17.5 GM/177ML (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	7	
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE soln	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX powd	1	Limit 528gms per month; QL(17.6 gm daily)	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS BISACODYL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX- LAX ULTRA, FEENAMINT, GENTLE LAXATIVE, GNP BISA- LAX, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX- WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE tbec	1	Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>lactulose soln</i>	1				
<i>polyethylene glycol 3350 powd</i>	1	Limit 528gms per month; QL(17.6 gm daily)			
Saline Laxatives					
OSMOPREP 0.398 GM- 1.102 GM	5	PV			
Stimulant Laxatives			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET supp	1	Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/ Limits
<i>bisacodyl supp</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl tbec</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin tabs 500 mg</i>	1	QL(3 ea daily)
<i>azithromycin tabs 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs 600 mg</i>	1	QL(10 ea per fill retail)
<i>azithromycin pack</i>	1	
<i>azithromycin susr</i>	1	
Clarithromycin		
<i>clarithromycin tabs</i>	1	
<i>clarithromycin tb24</i>	1	QL(14 ea per fill retail)
<i>clarithromycin susr</i>	1	
Erythromycins		
(Erythromycin Base) ERY-TAB tbec	1	
(Erythromycin Stearate) ERYTHROCIN STEARATE tabs 250 MG	1	
<i>erythromycin base cpep</i>	1	
<i>erythromycin base tbec</i>	1	
<i>erythromycin base tabs</i>	1	
<i>erythromycin ethylsuccinate susr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>erythromycin ethylsuccinate tabs</i>	1	
Fidaxomicin		
DIFICID TABS	3	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
CAYA DPRH	5	QL(1 ea per 365 days retail); PV
FC2 FEMALE CONDOM	5	PV
FEMCAP DEVI 0	5	PV
OMNIFLEX DIAPHRAGM	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ADVOCATE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACCU-CHEK SAFE-T-PRO LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ADVOCATE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ADVOCATE SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACTI-LANCE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	AGAMATRIX ULTRA-THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACTI-LANCE LITE SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	AIMSCO TWIST LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	AIMSCO TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	AQUALANCE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ASSURE COMFORT LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ADVANCED MOBILE LANCET 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	AURORA LANCET THIN 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	BD LANCET ULTRAFINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	BD LANCET ULTRAFINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	BD MICROTAINER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE LANCE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CAREONE LANCET SUPER THIN/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE LANCE LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CAREONE LANCET THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE LANCE PLUS SAFETYLANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CARESENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE LANCE PLUS SAFETYLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CARETOUCH SAFETY LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CARETOUCH SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
AURORA LANCET SUPER THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CARETOUCH SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	COAGUCHEK LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CARETOUCH TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	COMFORT ASSURED LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CARETOUCH TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	COMFORT ASSURED LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEANLET LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	COMFORT TOUCH LANCETS ULTRA THIN 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEVER CHEK LANCETS ULTRATHIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEVER CHEK LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CVS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CVS LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CLEVER CHOICE COMFORT EZLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CVS LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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CVS LANCETS ORIGINAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	DRUG MART UNILET LANCETSSUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	DRUG MART UNILET LANCETSULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	DRUG MART UNILET MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
CVS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY COMFORT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DIATHRIVE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY COMFORT LANCETS 30G/PULL TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DIATHRIVE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY COMFORT LANCETS 30G/THIN TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DROPLET LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DROPLET PERSONAL LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
DRUG MART LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH LANCETS 32G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 26G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 28G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 30G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	E-Z JECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	E-ZJECT LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EQL COLOR LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EZ-LETS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EQL COLOR LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EZ-LETS LANCETS 26G SUPER-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EQL SUPER THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EZ-LETS LANCETS 28G ULTRA-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
EQL THIN LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EZ-LETS LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
E-Z JECT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	FIFTY50 SAFETY SEAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
E-Z JECT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	FIFTY50 SAFETY SEAL LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
E-Z JECT LANCETS COLOR	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	FIFTY50 UNILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
E-Z JECT LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	FINE 30	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FINGERSTIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FORA LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FREESTYLE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GLUCOCOM LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
FREESTYLE UNISTICK II LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GLUCOCOM LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GENTEEL BUTTERFLY TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GLUCOCOM LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GENTLE-LET GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GNP LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GNP LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GNP LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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GNP STERILE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	HAEMOLANCE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GNP STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GNP STERILE LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	HAEMOLANCE PLUS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	H-E-B INCONTROL LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	H-E-B INCONTROL LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	KROGER LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HY-VEE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	KROGER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
HY-VEE THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	KROGER LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
IN TOUCH STERILE LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	KROGER LANCETS ULTRATHIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KINNEY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KINNEY THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER HEALTHPRO TWIST LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LANCETS 30G TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LANCETS 30G/TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LANCETS 33G EXTRA FINE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
KROGER LANCETS MICRO THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LANCETS 33G UNIVERSAL DESIGN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LIVE BETTER LANCET SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LIVE BETTER LANCET ULTRATHIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LONGS LANCETS STANDARD	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LONGS LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LONGS LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LIBERTY MEDICAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LIFESCAN UNISTIK 2 DEEP PENETRATION	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LIFESCAN UNISTIK II LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LITE TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
LITETOUCH LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEDICHOICE SAFETY LANCETEXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCETNORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEDLANCE PLUS/LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDISENSE THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEDLANCE/EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS EXTRA LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEDLANCE/LITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEDLANCE/UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS LANCETS LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEIJER COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS LITE LANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEIJER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEIJER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEIJER LANCETS UNIVERSAL21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEIJER LANCETS UNIVERSAL30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MEDLANCE PLUS UNIVERSAL LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MEIJER LANCETS UNIVERSAL33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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MEIJER SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MICROLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	NOVA SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MM TWIST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	NOVA SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MONOLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	NOVA SUREFLEX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MONOLET OPD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ONETOUCH CLUB LANCETS FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MONOLETTOR SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ONETOUCH DELICA LANCETS EXTRA FINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MPD SAFETY LANCET 21G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ONETOUCH DELICA LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MPD SAFETY LANCET 28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MPD SAFETY LANCET 30G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ONETOUCH DELICA PLUS LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
MPD SAFETY LANCETS 23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ONETOUCH FINEPOINT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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ONETOUGH ULTRA 2 KIT	2	QL(1 ea per 365 days retail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ONETOUGH ULTRASOFT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ONETOUGH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail); RX/OTC	PHARMACY COUNTER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PC LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PIP LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PERFECT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PIP LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PRECISION THINS GP LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PREFERRED PLUS LANCETS COLORED 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PREFERRED PLUS LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PREFERRED PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PRESSURE ACTIVATED SAFETYLANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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PRO COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PUSH BUTTON SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRO COMFORT LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PX LANCETS MICROTHIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PX LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PX LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRODIGY SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	QC LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PRODIGY TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	QC LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PSS SELECT GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	QC UNILET LANCETS 28G/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PSS SELECT SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	QC UNILET LANCETS 33G/MICRO THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	RA E-ZJECT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
PUSH BUTTON SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	RELION LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RA E-ZJECT LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	RELION LANCETS ULTRA-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
READYLANCE SAFETY LANCETS/21G/2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
READYLANCE SAFETY LANCETS/23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	RELION ULTRA THIN LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
READYLANCE SAFETY LANCETS/26G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	RELION ULTRA THIN PLUS LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
READYLANCE SAFETY LANCETS/28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	RELION ULTRA THIN PLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
READYLANCE SAFETY LANCETS/30G/1.6MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	REXALL LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
REALITY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	RIGHTEST GL300 LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
REALITY TRIGGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SAFE-T-LANCE LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
RELION LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SAFE-T-LANCE NORMAL FLOW21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SAPS HEALTH CARE TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SAPS HEALTH TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCET 21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SAPSCARE TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCET 23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SB LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCET 28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SB LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCET 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SHOPKO ON-THE-GO COMFORTLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SHOPKO UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SHOPKO UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SIDE BUTTON SAFETY LANCET21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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SINGLE-LET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SM MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SURE COMFORT LANCETS 18G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SURE COMFORT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SURE COMFORT LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SURE COMFORT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SMART SENSE THIN LANCETS UNIVERSAL 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SMARTEST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SURE-LANCE FLAT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SURE-LANCE LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SURE-LANCE THIN LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
STERILANCE TL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SURE-LANCE ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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SURELITE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TODAYS HEALTH ULTRA THINLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
SURE-TOUCH LANCETS UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TOPCARE LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TECHLITE AST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TRAVEL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TECHLITE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TRAVEL LANCETS ADVANCED 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TECHLITE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TRUE COMFORT SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TGT LANCET MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TRUE COMFORT TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TGT LANCET THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TRUEPLUS LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TGT LANCET ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TRUEPLUS LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
THINLETS GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TRUEPLUS LANCETS 28G SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TODAYS HEALTH SUPER THINLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TRUEPLUS LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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TRUEPLUS LANCETS 30G ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TRUEPLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ULTRA-CARE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TRUEPLUS LANCETS 33G MICRO THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ULTRA-THIN II AUTO LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TRUEPLUS SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ULTRA-THIN II LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ULTRA-THIN II LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ULTILET CLASSIC LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNILET COMFORTOUCH LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ULTILET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNILET EXCELITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ULTILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNILET EXCELITE II	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ULTILET SAFETY LANCETS 21G X 2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNILET G.P. LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ULTILET SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNILET G.P. SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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UNILET GP 28 ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNISTIK SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNILET LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNISTIK SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNILET LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNISTIK TOUCH SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNILET LANCETS SUPER-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNISTIK TOUCH SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNILET LANCETS ULTRA-THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNISTIK TOUCH SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNILET SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNISTIK TOUCH SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK 3 GENTLE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNIVERSAL 1 LANCETS THIN26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK PRO SAFETY LANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK PRO SAFETY LANCET 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
UNISTIK PRO SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	VALUE PLUS LANCETS STANDARD 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALUE PLUS LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VALUE PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	WALGREENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	WALGREENS THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	WALGREENS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VIDA MIA UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ZEVRX TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	Parenteral Therapy Supplies		
VIVAGUARD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
VIVAGUARD SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
WALGREENS ADVANCED TRAVEL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	BD AUTOSHIELD 29G X 3/16"	2	
			BD AUTOSHIELD 29G X 5/16"	2	
			BD AUTOSHIELD DUO 30G X 5MM	2	
			BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	
			BD NEEDLE/30G X 1/2"	2	

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BD PEN MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2		DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	QL(6.67 ea daily); RX/OTC	EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2		EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	RX/OTC	EMBRACE PEN NEEDLES/31G X 5MM	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	QL(6.67 ea daily)	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Limit 200 per month; QL(6.67 ea daily)	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
			HYPODERMIC NEEDLE 30GX1/2"	2	

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NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC
POLY HUB NEEDLE/30G X 1/2"	2	
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Limit 200 per month; QL(6.67 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily)
TRUEPLUS PEN NEEDLES 31GX5MM	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTIGUARD SAFEPAK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/U-100/0.5ML/31GX6MM	2	QL(6.67 ea daily)
ULTRA FLO INSULIN PEN NEEDLE 31GX5MM	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		

Drug Name	Drug Tier	Requirements/ Limits
AIMOVIG	2	ST; PA
EMGALITY SOAJ	2	ST; PA
EMGALITY SOSY 120 MG/ML	2	ST; PA
UBRELVY	3	QL(10 ea per 30 days retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT supp 2 MG-100 MG	1	
<i>ergotamine w/ caffeine tabs 100 mg-1 mg</i>	1	
Migraine Products		
D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>)	7	PA
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	QL(0.27 ml daily); PA
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	2	PA
ERGOMAR SUBL	2	
Serotonin Agonists		
<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)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)
IMITREX SOLN 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	ST; Limit 2mls per month; QL(0.07 ml daily); PA
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA

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IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	ST; PA	<i>zolmitriptan tbdp</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	7	PA	MINERALS & ELECTROLYTES		
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)	Calcium		
<i>rizatriptan benzoate tbdp</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)	CALCIFOL 1 MG-1.6 MG-10 MG-25 MCG-50 MG-200 UNIT-1342 MG	3	
<i>rizatriptan benzoate tabs</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)	CALCIUM-FOLIC ACID PLUS D 1 MG-10 MG-50 MG-125 MCG-250 MCG-300 UNIT-1342 MG	3	
<i>sumatriptan 20 mg/act</i>	1	Limit 6 sprayers per month; QL(2 ea daily)	MAGNEBIND 400 80 MG-115 MG	3	
<i>sumatriptan 5 mg/act</i>	1	Limit 6 per month; QL(0.2 ea daily)	Fluoride		
<i>sumatriptan succinate soct 4 mg/0.5ml</i>	4	ST; PA	(Sodium Fluoride) FLUORITAB, NAFRINSE DROPS soln .125 MG/DROP, .5 MG/ML	5	AL(Up to 6 yrs old); PV
<i>sumatriptan succinate tabs</i>	1	Limit 9 per month; QL(2 ea daily)	(Sodium Fluoride) NAFRINSE chew 1 MG, 2.2 MG	1	AL(Up to 6 yrs old)
<i>sumatriptan succinate soaj</i>	4	PA	FLORIVA 0.25 MG/ML-400 UNIT/ML	3	
<i>sumatriptan succinate sosy 6 mg/0.5ml</i>	4	PA	<i>sodium fluoride chew .25 mg, .5 mg</i>	5	AL(Up to 6 yrs old); PV
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	4	ST; Limit 2mls per month; QL(0.07 ml daily); PA	<i>sodium fluoride chew 1 mg, 2.2 mg</i>	1	AL(Up to 6 yrs old)
<i>sumatriptan succinate soct 6 mg/0.5ml</i>	4	PA	<i>sodium fluoride tabs .5 mg</i>	5	AL(Up to 6 yrs old); PV
<i>zolmitriptan soln</i>	1	QL(6 ea per 30 days retail; 18 ea per 90 days mail)	<i>sodium fluoride soln .125 mg/drop, .5 mg/ml</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>zolmitriptan tabs</i>	1	Limit 6 per month; QL(0.2 ea daily)	<i>sodium fluoride tabs 1 mg</i>	1	AL(Up to 6 yrs old)
			Phosphate		
			(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) WES-PHOS 250 NEUTRAL 130 MG-155 MG-852 MG	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 tabs	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic 130 mg-155 mg-852 mg</i>	1	RX/OTC
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, K-LOR-CON/EF tbcf	1	
(Potassium Chloride Microencapsulated Crystals ER) K-LOR-CON M10, K-LOR-CON M15, K-LOR-CON M20	1	
(Potassium Chloride) K-LOR-CON pack or 20 MEQ	1	
(Potassium Chloride) K-LOR-CON 10, K-LOR-CON 8 tbcf	1	
EFFER-K	3	
K-TAB TBCF 8 MEQ (<i>potassium chloride</i>)	2	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln or 10 %, 20 %</i>	1	
<i>potassium chloride cpcr</i>	1	
<i>potassium chloride tbcf</i>	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	7	PA
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML	4	PA
<i>potassium chloride microencapsulated crystals er</i>	1	
Sodium		
<i>sodium chloride soln iv 3 %</i>	3	QL(500 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
Zinc		
GALZIN	3	
WILZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
(Trientine Hcl) CLOVIQUE	4	PA
<i>penicillamine tabs</i>	1	
<i>penicillamine caps</i>	1	PA
SYPRINE (<i>trientine hcl</i>)	7	PA
<i>trientine hcl</i>	4	PA
Immunomodulators		
<i>lenalidomide</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
REVLIMID	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
THALOMID	3	Must use Exactus Specialty Rx 1-866-458-9246; AC
Immunosuppressive Agents		
(Azathioprine) AZASAN tabs	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF caps	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF soln	1	
ASTAGRAF XL CP24	3	ST
<i>azathioprine tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>everolimus (immunosuppressant) .25 mg, .5 mg, .75 mg</i>	1	
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil susr</i>	1	
<i>mycophenolate sodium</i>	1	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN OR	3	
<i>sirolimus soln</i>	1	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN	3	administered under the medical benefit; PA
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) SPS susp or 15 GM/60ML	1	
<i>sodium polystyrene sulfonate powd</i>	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
MOUTH/THROAT/DENTAL AGENTS		

Drug Name	Drug Tier	Requirements/ Limits
Anesthetics Topical Oral		
FIRST-MOUTHWASH BLM 0.1 GM/119ML-0.158 GM/119ML-0.8 GM/119ML-1.58 GM/119ML-1.58 GM/119ML	3	
<i>lidocaine hcl (mouth-throat)</i>	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin (mouth-throat)</i>	1	
ORAVIG	3	
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	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)
MULTIVITAMINS		
Ped Multi Vitamins w/FI & FE		

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(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON soln 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP 0.25 MG/ML-7 MG/ML-200 MCG/ML	3		MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW 0.5 MG-10 MG-15 UNIT-200 MCG-400 UNIT	3	AL(Up to 6 yrs old)	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG-0.3 MG-1.05 MG-1.05 MG-1.2 MG-4.5 MCG-13.5 MG-15 UNIT-60 MG-400 UNIT-2500 UNIT	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-1 MG/ML-2 MCG/ML-3 MCG/ML-4 MG/ML-5 UNIT/ML-9.5 MG/ML-36 MG/ML-37.5 MCG/ML-400 UNIT/ML-1500 UNIT/ML	2	AL(Up to 6 yrs old)	MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			<i>pediatric vitamins acid w/ fluoride soln</i>	1	AL(Up to 6 yrs old)
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE chew	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE soln	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR SUSP 0.25 MG/ML-0.4 MG/ML-3.35 MG/ML-8 MG/ML-10 MCG/ML-200 MCG/ML	3	RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE soln	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA GUMMIES CHEW 0.125 MG-0.75 MG-2 MCG-7.5 UNIT-30 MG-100 MCG-300 UNIT-600 UNIT	2	AL(Up to 6 yrs old)
FLORIVA PLUS SOLN 0.6 MG/ML-0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-2 MCG/ML-2 MG/ML-5 UNIT/ML-29.7 MCG/ML-32 MG/ML-400 UNIT/ML-1150 UNIT/ML	2	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			TRI-VI-FLOR	3	
			TRI-VI-FLORO	3	
			Pediatric Multiple Vitamins & Minerals w/ Fluoride		
			FLORIVA	3	
			Prenatal Vitamins		
			(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 tabs 7 MG-1 MG-3 MG-3 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	1	RX/OTC

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(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT tabs 1 MG-3 MG-3.4 MG-10 UNIT-15 MG-20 MG-20 MG-30 MCG-2 MG-6 MG-12 MCG-30 MG-50 MG-90 MG-120 MG-200 MG-400 UNIT-2700 UNIT	1		ATABEX EC TBEC 1 MG-1.5 MG-1.6 MG-3 MG-12 MCG-20 MG-20 MG-20 MG-29 MG-30 MCG-30 MG-30 UNIT-50 MG-100 MG-120 MG-400 UNIT-2500 UNIT	2	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 chew 1 MG-3 MG-3 MG-6 MG-7 MG-12 MCG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	1		CITRANATAL 90 DHA	2	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT 2 MG-3 MG-3.4 MG-6 MG-10 UNIT-12 MCG-15 MG-20 MG-20 MG-27 MG-30 MG-80 MG-120 MG-150 MCG-300 MCG-400 MCG-400 UNIT-600 MCG-2500 UNIT	1		CITRANATAL ASSURE 0.75 MG-1 MG-2 MG-3 MG-3.4 MG-20 MG-25 MG-25 MG-30 UNIT-35 MG-50 MG-120 MG-124 MG-150 MCG-300 MG-400 UNIT	3	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX 1 MG-3 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT-15 MG	1	RX/OTC	CITRANATAL B-CALM 1 MG-20 MG-25 MG-120 MG-120 MG-400 UNIT	3	
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA 10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-200 UNIT-300 MG-400 MCG-600 MCG	1		CITRANATAL BLOOM 1 MG-12 MCG-50 MG-90 MG-120 MG	3	
			CITRANATAL BLOOM DHA 0.75 MG-1 MG-12 MCG-50 MG-90 MG-120 MG-300 MG	2	
			CITRANATAL DHA 0.625 MG-1 MG-2 MG-3 MG-3.4 MG-20 MG-20 MG-25 MG-27 MG-30 UNIT-50 MG-120 MG-124 MG-150 MCG-250 MG-400 UNIT-625 MG	2	
			CITRANATAL ESSENCE 1 MG-2 MG-3 MG-3.4 MG-20 MG-25 MG-25 MG-30 UNIT-35 MG-120 MG-140 MG-150 MCG-300 MG-400 UNIT	2	
			CITRANATAL HARMONY 1 MG-25 MG-27 MG-30 UNIT-50 MG-104 MG-260 MG-400 UNIT	3	
			CITRANATAL MEDLEY 1 MG-12.5 MG-15 UNIT-15 UNIT-27 MG-62 MG-200 MG-200 UNIT	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL RX 1 MG-2 MG-3 MG-3.4 MG-20 MG-20 MG-25 MG-27 MG-30 UNIT-50 MG-120 MG-124 MG-150 MCG-400 UNIT	3		DUET DHA BALANCED MISC 1 MG-1.5 MG-1.8 MG-2 MG-12 MCG-15 MG-20 MG-25 MG-25 MG-25 MG-50 MG-55 MG-65 MCG-120 MG-210 MCG-215 MG-267 MG-640 UNIT-2800 UNIT, 1 MG-1.8 MG-2 MG-3 MG-4 MG-12 MCG-20 MG-25 MG-25 MG-25 MG-50 MG-120 MG-200 MG-220 MCG-400 MG-820 UNIT-2800 UNIT	3	
C-NATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 MG-200 MG-400 UNIT	3		FOLIVANE-OB 1 MG-1.3 MG-5 MG-5 MG-6.9 MG-7 MG-10 MCG-18.2 MG-20 MG-25 MG-85 MG-210 MG-300 MCG-800 MCG	2	
COMPLETENATE CHEW 1 MG-2 MG-3 MG-10 MG-11 UNIT-12 MCG-20 MG-29 MG-120 MG-400 UNIT-1000 UNIT	2		M-NATAL PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
CONCEPT DHA 1 MG-1.8 MG-2 MG-2 MG-3 MG-5 MG-5 MG-10 MG-12.5 MCG-25 MG-25 MG-38 MG-39 MG-53.5 MG-156 MG-200 MG-300 MCG-310 MG	2		NATACHEW CHEW 1 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-20 UNIT-28 MG-120 MG-400 UNIT-2700 UNIT	3	
CONCEPT OB 1 MG-1.3 MG-5 MG-5 MG-6.9 MG-7 MG-10 MCG-18.2 MG-20 MG-25 MG-92.4 MG-130 MG-210 MG-300 MCG-800 MCG	2		NEEVO DHA 1 MG-1.13 MG-1.4 MG-1.4 MG-5 MCG-15 MG-18 MG-25 MG-27 MG-60 MCG-60 MG-85 MG-110 MG-220 MCG, 1.4 MG-1.4 MG-15 MG-18 MG-1 MG-1.13 MG-5 MCG-25 MG-27 MG-60 MCG-60 MG-85 MG-110 MG-220 MCG	3	
DUET DHA 400 MISC 1 MG-1.8 MG-2 MG-3 MG-4 MG-12 MCG-20 MG-25 MG-25 MG-25 MG-50 MG-120 MG-200 MG-220 MCG-400 MG-820 UNIT-2800 UNIT	3		NEONATAL COMPLETE TABS	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEONATAL PLUS TABS 0.2 MG-1 MG-1.84 MG-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	RX/OTC	OB COMPLETE PREMIER 3.4 MG-1 MG-1 MG-2 MG-10 MG-10 MG- 10 MG-15 MCG-15 MG-20 MG-20 UNIT-30 MG-100 MG-120 MG-800 UNIT- 2100 UNIT	3	
NESTABS 3 MG-3 MG-10 MCG-10 MG-30 UNIT-32 MG-50 MG-55 MG-65 MG- 100 MCG-120 MG-155 MG-450 UNIT-1000 MCG	3		OB COMPLETE/DHA 1 MG-1 MG-2 MG-3.4 MG- 10 MG-15 MCG-25 MG-30 MG-30 UNIT-125 MG-200 MG-1000 UNIT	3	
NESTABS DHA 3 MG-3 MG-10 MCG-10 MG-30 MG-30 UNIT-32 MG-45 MG-50 MG-55 MG-100 MCG-120 MG-155 MG- 230 MG-450 UNIT-1000 MCG	2		OBSTETRIX ONE 1 MG- 15 MCG-15 MG-15 UNIT- 18 MG-20 MG-25 MG-30 MG-38 MG-225 MG-250 UNIT	3	
NESTABS ONE 1 MG- 6.25 MCG-10 MG-15 MCG-15 MG-18 MG-20 MG-30 MG-38 MG-225 MG	3		ONE VITE WOMENS PRENATAL VITAMIN PLUS TABS 0.2 MG-1 MG-1.84 MG-2 MG-2 MG- 3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	RX/OTC
NIVA-PLUS TABS 1 MG- 1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT- 4000 UNIT	2	RX/OTC	PNV TABS 29-1 1 MG-3 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-15 MG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG- 150 MCG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
OB COMPLETE ONE 1 MG-2 MG-4 MG-10 MG-10 MG-15 MG-25 MG-30 MG- 30 UNIT-40 MG-40 MG-50 MCG-55 MG-70 MG-150 MCG-200 MCG-300 MG- 476 MG-1000 MCG-1200 UNIT	3		PNV-DHA+DOCUSATE 1.25 MG-25 MG-27 MG-28 MG-30 UNIT-55 MG-160 MG-300 MG-400 UNIT	3	
OB COMPLETE PETITE 3.4 MG-1 MG-1 MG-2 MG- 5 MG-15 MCG-25 MG-30 MG-30 UNIT-35 MG-125 MG-200 MG-1000 UNIT	3		PNV-OMEGA 10 UNIT-12 MCG-25 MG-28 MG-40 MG-45 MG-85 MG-140 MG-150 MCG-200 UNIT- 250 MCG-300 MG-400 MCG-600 MCG	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENA 1 TRUE 1.4 MG-2 MG-3 MG-3.4 MG-10 MG-12 MCG-15 MG-20 MG-25 MG-30 MG-30 UNIT-60 MG-150 MCG-150 MG-300 MCG-300 MG-600 UNIT	2		PRENATAL PLUS IRON 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-29 MG-120 MG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
PRENA1 CHEW 1.4 MG-1.7 MG-2 MG-8 MCG-400 UNIT	3		PRENATAL PLUS VITAMIN AND MINERAL TABS 3 MG-1 MG-1.84 MG-2 MG-9.9 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	RX/OTC
PRENA1 PEARL 1.4 MG-1.7 MG-2 MG-7.5 MG-8 MCG-10 MG-20 MG-25 MG-30 MG-30 MG-30 UNIT-150 MCG-200 MG-300 MCG-400 UNIT	3		PRENATAL VITAMINS PLUS LOW IRON TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 MG-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
PRENAISSANCE 1.25 MG-25 MG-28 MG-29 MG-30 UNIT-55 MG-160 MG-325 MG-800 UNIT	3		PRENATAL-U CAPS 0.8 MG-1 MG-10 MG-1.3 MG-5 MG-6 MG-15 MCG-30 MG-106.5 MG-200 MG-10 MG	2	
PRENAISSANCE PLUS CAPS 1 MG-25 MG-28 MG-30 UNIT-50 MG-100 MG-250 MG-400 UNIT	3		PRENATE 10 MG-25 MG-50 MG-125 MCG-250 MCG-280 MCG-300 UNIT-400 MCG-500 MG-600 MCG	3	
PRENATAL TABS	2	RX/OTC	PRENATE DHA 10 UNIT-13 MCG-18 MG-26 MG-40 MG-50 MG-90 MG-150 MCG-155 MG-220 UNIT-280 MCG-300 MG-400 MCG-600 MCG, 18 MG-25 MCG-26 MG-40 UNIT-50 MG-90 MG-155 MG-300 MG-400 MCG-400 UNIT-600 MCG, 5 MG-5 MG-10 MG-10 UNIT-13 MCG-30 MG-75 MCG-150 MCG-200 MG-400 MCG-500 UNIT-600 MCG	3	
PRENATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	2				
PRENATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	3	RX/OTC			
PRENATAL PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT-25 MG-22 MG	2	RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRENATE ELITE 1.5 MG-3 MG-3.5 MG-13 MCG-15 MG-20 MG-21 MG-21 MG-25 MG-40 UNIT-75 MG-150 MCG-155 MG-330 MCG-400 MCG-600 MCG-600 UNIT-2600 UNIT	3		PREPLUS TABS 1 MG-1.84 MG-2 MG-3 MG-10 MG-12 MCG-20 MG-22 UNIT-25 MG-27 MG-120 MG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC
PRENATE ENHANCE 10 UNIT-12 MCG-25 MG-28 MG-50 MG-85 MG-150 MCG-155 MG-400 MCG-400 MG-500 MCG-600 MCG-1000 UNIT	3		RELNATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 MG-200 MG-400 UNIT	3	
PRENATE ESSENTIAL	3		SELECT-OB CHEW 1 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT	3	
PRENATE MINI 10 UNIT-13 MCG-18 MG-25 MG-25 MG-26 MG-60 MG-80 MG-150 MCG-280 MCG-350 MG-400 MCG-600 MCG-1000 UNIT	3		SELECT-OB CHEW 0.4 MG-0.6 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-25 MG-29 MG-30 UNIT-60 MG-400 UNIT-1700 UNIT	2	
PRENATE PIXIE 5 MG-5 MG-10 MG-10 UNIT-13 MCG-30 MG-75 MCG-150 MCG-200 MG-400 MCG-500 UNIT-600 MCG	3		SELECT-OB+DHA MISC 1 MG-1.6 MG-1.8 MG-2.5 MG-5 MCG-15 MG-15 MG-20 MG-25 MG-29 MG-30 UNIT-60 MG-250 MG-400 UNIT-1700 UNIT	3	
PRENATE RESTORE 10 MG-10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-155 MG-400 MCG-400 MG-500 MCG-600 MCG-1000 UNIT	3		SE-NATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	3	RX/OTC
PRENATRIX TABS 1.3 MG-2.6 MG-3 MG-3.4 MG-10 MCG-20 MCG-20 MG-25 MG-27 MG-30 MG-45 MCG-50 MCG-50 MG-55 MG-70 MCG-120 MG-150 MCG-200 MG-200 MG-1000 MCG-1720 MCG	2	RX/OTC	SE-NATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	2	
PRENATRYL TABS 2.6 MG-3 MG-3.4 MG-10 MCG-20 MCG-20 MG-25 MG-27 MG-30 MG-45 MCG-50 MCG-50 MG-55 MG-70 MCG-120 MG-150 MCG-200 MG-200 MG-1000 MCG-1500 MCG	2	RX/OTC	TARON-PREX 1.2 MG-25 MG-25 MG-30 MG-30 UNIT-55 MG-160 MG-170 UNIT-265 MG	3	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
THERANATAL CORE NUTRITION TABS 1 MG-1.5 MG-1.7 MG-2 MG-6 MG-12 MCG-12 MG-15 MG-20 MG-27 MG-30 MCG-30 MCG-30 UNIT-50 MCG-50 MG-50 MG-70 MCG-100 MG-140 MG-220 MCG-2000 UNIT-3000 UNIT	2	RX/OTC	VINATE DHA RF 1.4 MG-1.4 MG-15 MG-18 MG-1 MG-1.13 MG-5 MCG-25 MG-27 MG-60 MCG-60 MG-85 MG-110 MG-220 MCG	3	
THRIVITE RX 3 MG-1 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-15 MG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT	2	RX/OTC	VINATE ONE TABS 0.03 MG-1 MG-1.5 MG-1.6 MG-2.5 MCG-3 MG-4 MG-7 MG-15 UNIT-17 MG-25 MG-60 MG-80 MG-100 MG-200 MG-400 UNIT-4000 UNIT	2	
TRICARE TABS 1 MG-1.6 MG-1.6 MG-2 MG-3.1 MG-10 MCG-10 MG-12 MCG-20 MG-27 MG-30 UNIT-100 MG-200 MG	2	RX/OTC	VIRT-C DHA 1 MG-1.8 MG-2 MG-2 MG-3 MG-5 MG-5 MG-10 MG-12.5 MCG-25 MG-25 MG-38 MG-39 MG-53.5 MG-156 MG-200 MG-300 MCG-310 MG	2	
TRICARE PRENATAL DHA ONE 1 MG-2 MG-3 MG-3.4 MG-10 MG-20 MG-25 MG-25 MG-27 MG-30 UNIT-45 MG-60 MG-100 MCG-150 MCG-215 MG-300 MCG-500 MG-800 UNIT	3		VIRT-NATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 MG-200 MG-400 UNIT	3	
TRINATAL RX 1 TABS 1 MG-1.5 MG-1.6 MG-2.5 MCG-3 MG-4 MG-7 MG-15 UNIT-17 MG-25 MG-30 MCG-60 MG-80 MG-100 MG-200 MG-400 UNIT-400 UNIT-3600 UNIT	2		VIRT-PN DHA 10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-200 UNIT-300 MG-330 MG-400 MCG-600 MCG	3	
TRISTART DHA 1.3 MG-1.8 MG-5 MG-14 MCG-15 MG-15 UNIT-30 MG-31 MG-35 MG-55 MG-200 MCG-200 MG-400 MCG-600 MCG-1000 UNIT	3		VIRT-PN PLUS 10 UNIT-12 MCG-25 MG-28 MG-40 MG-45 MG-85 MG-140 MG-150 MCG-200 UNIT-250 MCG-300 MG-340 MG-400 MCG-600 MCG	3	
TRISTART ONE 2 MG-5 MCG-15 UNIT-18 MG-35 MG-50 MG-55 MG-200 MCG-215 MG-432 MCG-568 MCG-1000 UNIT	3		VITAFOL GUMMIES 0.333 MG-0.833 MG-2.667 MG-3.33 MG-3.333 MG-5 MG-5 UNIT-5.1 MG-10 MG-25 MG-34.8 MG-50 MCG-333.333 UNIT-366.667 MG	3	
			VITAFOL-NANO 0.4 MG-0.6 MG-2.5 MG-150 MCG-25 MCG-12 MCG-18 MG	3	

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VITAFOL-ONE CAPS 1 MG-1.6 MG-1.8 MG-2 MG-2.5 MG-12 MCG-15 MG-20 MG-20 UNIT-25 MG-29 MG-30 MG-150 MCG-200 MG-1000 UNIT-1100 UNIT	3		WESCAP-C DHA 1 MG-1.8 MG-2 MG-2 MG-3 MG-5 MG-5 MG-10 MG-12.5 MCG-25 MG-25 MG-38 MG-39 MG-53.5 MG-156 MG-200 MG-300 MCG	2	
VITAMEDMD ONE RX/QUATREFOLIC 1.5 MG-1.7 MG-7.5 MG-8 MCG-10 MG-20 MG-21 UNIT-25 MG-30 MG-60 MG-200 MG-300 MCG-400 MCG-400 UNIT-600 MCG	3		WESNATE DHA CAPS 1 MG-1 MG-3 MG-3 MG-10 MCG-15 MCG-20 MG-20 MG-20.1 MG-28 MG-30 MG-100 MG-200 MG	3	
VITAMEDMD REDICHEW RX 1.4 MG-1.7 MG-2 MG-8 MCG-400 UNIT	3		WESTAB PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-9.9 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	RX/OTC
VITAPEARL 1.4 MG-1.7 MG-2 MG-7.5 MG-8 MCG-10 MG-20 MG-25 MG-30 MG-30 MG-30 UNIT-150 MCG-200 MG-300 MCG-400 UNIT	3		WESTGEL DHA 1.3 MG-1.8 MG-5 MG-10 MG-14 MCG-15 MG-25 MCG-30 MG-31 MG-35 MG-55 MG-200 MCG-200 MG-400 MCG-600 MCG	3	
VITATHELY/GINGER TABS 1.9 MG-2.6 MCG-15 MCG-20 MG-27 MG-44 MG-85 MG-330 MCG-1000 MCG	2	RX/OTC	ZATEAN-PN DHA 10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-200 UNIT-300 MG-400 MCG-600 MCG	3	
VITATRUE 1.4 MG-2 MG-3 MG-3.4 MG-10 MG-12 MCG-15 MG-20 MG-25 MG-30 MG-30 UNIT-60 MG-150 MCG-150 MG-300 MCG-300 MG-600 UNIT	2		ZATEAN-PN PLUS 10 UNIT-12 MCG-25 MG-28 MG-40 MG-45 MG-85 MG-140 MG-150 MCG-200 UNIT-250 MCG-300 MG-340 MG-400 MCG-600 MCG	3	
VIVA DHA CAPS 1 MG-1 MG-3 MG-3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 UNIT-200 MG-400 UNIT	3		MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
VP-PNV-DHA CAPS 6 MG-1 MG-1 MG-2.2 MG-12 MCG-15.8 MG-16 MG-20 MG-20 MG-28 MG-30 MG-30 UNIT-50 MG-80 MG-200 MG-400 UNIT-2500 UNIT	3		Central Muscle Relaxants		
			(Carisoprodol) VANADOM tabs	1	
			(Chlorzoxazone) LORZONE tabs 375 MG, 500 MG, 750 MG	1	
			(Cyclobenzaprine Hcl) FEXMID tabs	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>baclofen tabs 5 mg</i>	1	
<i>baclofen tabs 20 mg</i>	1	QL(4 ea daily)
<i>baclofen tabs 10 mg</i>	1	QL(6 ea daily)
<i>baclofen soln it</i>	4	administered under the medical benefit; LA; PA
<i>carisoprodol tabs</i>	1	
<i>chlorzoxazone tabs 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl tabs</i>	1	
GABLOFEN SOLN IT	4	administered under the medical benefit; LA; PA
LIORESAL INTRATHECAL SOLN IT	4	administered under the medical benefit; LA; PA
LIORESAL INTRATHECAL SOLN IT (<i>baclofen</i>)	7	administered under the medical benefit; LA; PA
<i>metaxalone 800 mg</i>	1	QL(4 ea daily)
<i>metaxalone 400 mg</i>	1	
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate tb12</i>	1	
<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	
Direct Muscle Relaxants		
<i>dantrolene sodium caps</i>	1	
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine 16 mg-200 mg-325 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine hcl-fluticasone propionate susp 137 mcg/act-50 mcg/act</i>	1	Limit 1 inhaler per month; QL(0.77 gm daily)
Nasal Antiallergy		
(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS .15 %, 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC
<i>azelastine hcl .15 %, 205.5 mcg/spray</i>	1	QL(1 ml daily); RX/OTC
<i>azelastine hcl .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 NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY susp	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Triamcinolone Acetonide (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY aero	1	QL(1.2 ml daily)	BETIMOL	2	
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC	BETOPTIC-S SUSP	2	
<i>mometasone furoate (nasal) susp</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily)	<i>brimonidine tartrate-timolol maleate 0.2 %-0.5 %</i>	1	
<i>triamcinolone acetonide (nasal) aero</i>	1	QL(1.2 ml daily)	<i>carteolol hcl (ophth)</i>	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles			DORZOLAMIDE HCL/TIMOLOL MALEATE 0.5 %-2 %	2	
ALS Agents			<i>dorzolamide hcl-timolol maleate</i>	1	
RELYVRIO 1 GM-3 GM	4	PA	<i>levobunolol hcl .5 %</i>	1	
<i>riluzole tabs</i>	1		<i>timolol maleate (ophth) soln</i>	1	
Spinal Muscular Atrophy Agents (SMA)			<i>timolol maleate (ophth) solg</i>	1	
EVRYSDI	4	PA	TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2	
NUTRIENTS			Cycloplegic Mydriatics		
Lipids			(Homatropine Hbr) HOMATROPAIRE	1	
DOJOLVI	4	PA	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN soln	1	
OPHTHALMIC AGENTS - Drugs to Treat the Eye			ATROPINE SULFATE SOLN 1 %	2	
Beta-blockers - Ophthalmic			<i>atropine sulfate (ophthalmic) oint</i>	1	
(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE soln	1		<i>atropine sulfate (ophthalmic) soln</i>	1	
<i>betaxolol hcl (ophth) soln</i>	1		CYCLOMYDRIL 0.2 %-1 %	3	
			<i>cyclopentolate hcl</i>	1	
			ISOPTO ATROPINE SOLN	2	
			<i>phenylephrine hcl (mydriatic) soln</i>	1	
			<i>tropicamide soln</i>	1	
			Miotics		
			<i>pilocarpine hcl soln 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Adrenergic Agents			NATACYN	2	
ALPHAGAN P .1 %	2		<i>neomycin-bacitracin zn-polymyxin 3.5 mg/gm-400 unit/gm-10000 unit/gm</i>	1	
<i>apraclonidine hcl</i>	1		<i>neomycin-polymyxin-gramicidin 0.025 mg/ml-1.75 mg/ml-10000 unit/ml</i>	1	
<i>brimonidine tartrate</i>	1		<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail %)
IOPIDINE	3		<i>polymyxin b-trimethoprim 0.1 %-10000 unit/ml</i>	1	
Ophthalmic Anti-infectives			POVIDONE IODINE	3	
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN 500 UNIT/GM-10000 UNIT/GM	1		<i>sulfacetamide sodium (ophth) soln</i>	1	
(Gentamicin Sulfate (Ophth)) GENTAK oint	1		<i>sulfacetamide sodium (ophth) oint</i>	1	
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN 3.5 MG/GM-400 UNIT/GM-10000 UNIT/GM	1		<i>tobramycin (ophth) soln</i>	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)	TOBREX OINT	2	
<i>bacitracin (ophthalmic)</i>	2		<i>trifluridine</i>	1	
<i>bacitracin-polymyxin b (ophth) 500 unit/gm-10000 unit/gm</i>	1		ZIRGAN GEL	3	
BESIVANCE	3		Ophthalmic Immunomodulators		
BETADINE OPHTHALMIC PREP	3		<i>cyclosporine (ophth) emul</i>	1	QL(2 ea daily)
CILOXAN OINT	2		Ophthalmic Local Anesthetics		
<i>ciprofloxacin hcl (ophth) soln</i>	1		(Tetracaine Hcl (Ophth)) ALTACAINE	1	
<i>erythromycin (ophth)</i>	1		AKTEN	3	
<i>gatifloxacin (ophth)</i>	1		<i>proparacaine hcl</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1		<i>tetracaine hcl (ophth)</i>	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)	Ophthalmic Steroids		
<i>levofloxacin (ophth)</i>	1		(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC 1 %-3.5 MG/GM-400 UNIT/GM-10000 UNIT/GM	1	QL(4 gm per fill retail; 4 per fill mail)
<i>moxifloxacin hcl (ophth) soln op</i>	1		(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
			ALREX SUSP	3	

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<i>bacitracin-poly-neomycin-hc 1 %-3.5 mg/gm-400 unit/gm-10000 unit/gm</i>	1	QL(4 gm per fill retail; 4 per fill mail)	<i>sulfacetamide sod-prednisolone soln 0.23 %-10 %</i>	1	
BLEPHAMIDE SUSP 0.2 %-10 %	2		TOBRADEX OINT 0.1 %-0.3 %	3	
BLEPHAMIDE S.O.P. OINT 0.2 %-10 %	2		TOBRADEX ST SUSP 0.05 %-0.3 %	3	
<i>dexamethasone sodium phosphate (ophth)</i>	1		<i>tobramycin-dexamethasone susp 0.1 %-0.3 %</i>	1	QL(5 ml per fill retail)
<i>difluprednate</i>	1		ZYLET 0.3 %-0.5 %	3	QL(5 ml per fill retail)
FLAREX	2		Ophthalmic Surgical Aids		
<i>fluorometholone (ophth) susp</i>	1		GELFILM OP	3	
FML OINT	2		Ophthalmics - Misc.		
FML FORTE SUSP	2		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL .2 %	1	QL(0.09 ml daily); RX/OTC
LOTEMAX OINT	3		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF .1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
<i>loteprednol etabonate gel</i>	1		ACUVAIL	3	
<i>loteprednol etabonate susp</i>	1		ALOCRI	3	
MAXIDEX SUSP OP	2		ALOMIDE	2	
<i>neomycin-polymyx-dexameth susp 0.1 %-3.5 mg/ml-10000 unit/ml</i>	1		<i>azelastine hcl (ophth)</i>	1	
<i>neomycin-polymyx-dexameth oint 0.1 %-3.5 mg/gm-10000 unit/gm</i>	1		<i>bepotastine besilate</i>	1	QL(0.34 ml daily); ST
<i>neomycin-polymyxin-hc (ophth) 1 %-3.5 mg/ml-10000 unit/ml</i>	1				
PRED-G SUSP 0.3 %-1 %	3				
PRED-G S.O.P. OINT 0.3 %-0.6 %	3				
<i>prednisolone acetate (ophth)</i>	1				
PREDNISOLONE SODIUM PHOSPHATE	3				
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOX ACIN SOLN 0.5 %-1 %	3				

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<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
<i>bromfenac sodium (ophth)</i>	1	
BROMSITE	3	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	4	
<i>diclofenac sodium (ophth)</i>	1	
<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ml daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST; RX/OTC
NEVANAC	3	
<i>olopatadine hcl .1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
<i>olopatadine hcl .2 %</i>	1	QL(0.09 ml daily); RX/OTC
PAREMYD 1 %-0.25 %	3	
PROLENSA	3	
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)
LATANOPROST SOLN	2	QL(0.09 ml daily)
LUMIGAN SOLN .01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>tafluprost</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost</i>	1	Limit 2.5mls per month; QL(0.09 ml 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>)	2	QL(14 ea per fill retail)
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 ea per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
(Pramoxine-HC-Chloroxylenol) CORTIC-ND 1 MG/ML-10 MG/ML-10 MG/ML	1	
CIPRO HC 0.2 %-1 %	3	
<i>ciprofloxacin-dexamethasone 0.1 %-0.3 %</i>	1	
<i>ciprofloxacin-fluocinolone acetamide 0.025 %-0.3 %</i>	1	Limit 15mls per month; QL(0.5 ea daily)
CORTISPORIN-TC 0.5 MG/ML-3.3 MG/ML-10 MG/ML-3 MG/ML	3	
<i>neomycin-polymyxin-hc (otic) susp 1 %-3.5 mg/ml-10000 unit/ml</i>	1	
<i>neomycin-polymyxin-hc (otic) soln 1 %-3.5 mg/ml-10000 unit/ml</i>	1	
OTOVEL 0.025 %-0.3 % (<i>ciprofloxacin-fluocinolone acetamide</i>)	7	Limit 15mls per month; QL(0.5 ea daily)
PRAMOTIC 0.1 %-1 %	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid 1 %-2 %</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	
PROSTIN E2 SUPP	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE tabs	1	
<i>methylergonovine maleate tabs</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	4	LA; PA
FLEBOGAMMA DIF SOLN	4	LA; PA
GAMMAGARD LIQUID 1 GM/10ML	4	Covered under Medical Benefit; LA; PA
GAMMAGARD LIQUID 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
GAMMAKED 1 GM/10ML	4	Covered under Medical Benefit; LA; PA
GAMMAPLEX SOLN	4	LA; PA
GAMUNEX-C 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; LA; PA
GAMUNEX-C 1 GM/10ML	4	Covered under Medical Benefit; LA; PA
OCTAGAM SOLN	4	LA; PA

Drug Name	Drug Tier	Requirements/ Limits
PRIVIGEN SOLN	4	LA; PA
Monoclonal Antibodies		
REGEN-COV 300 MG/2.5ML-1332 MG/11.1ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
Passive Immunizing Agents - Combinations		
HYQVIA 2.5 GM/25ML-200 UNT/1.25ML, 20 GM/200ML-1600 UNIT/10ML, 30 GM/300ML-2400 UNIT/15ML, 5 GM/50ML-400 UNIT/2.5ML	4	Some members may obtain their medications through their Medical Group; LA; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin tabs</i>	1	
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew 125 mg, 250 mg</i>	1	
<i>amoxicillin susr</i>	1	
<i>ampicillin caps 500 mg</i>	1	
<i>ampicillin sodium ij 1 gm, 125 mg</i>	4	PA
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN	4	PA
BICILLIN L-A SUSP 2400000 UNIT/4ML	4	PA
BICILLIN L-A SUSY	4	PA
<i>penicillin g potassium</i>	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	PA
PENICILLIN G PROCAINE	4	PA
<i>penicillin g sodium</i>	4	PA
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	

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Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate chew</i>	1	
<i>amoxicillin & pot clavulanate tb12 62.5 mg-1000 mg</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>ampicillin & sulbactam sodium ij 1 gm-2 gm</i>	4	PA
AUGMENTIN SUSR	2	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	4	PA
<i>piperacillin sodium-tazobactam sodium 0.25 gm-2 gm, 0.375 gm-3 gm, 2 gm-0.25 gm, 3 gm-0.375 gm</i>	4	PA
UNASYN IJ 1 GM-2 GM (<i>ampicillin & sulbactam sodium</i>)	7	PA
UNASYN BULK PACK IV 5 GM-10 GM (<i>ampicillin & sulbactam sodium</i>)	7	PA
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	1	
NAFCILLIN 1 GM/50ML-5 %	4	PA
<i>nafcillin sodium iv 2 gm, 10 gm</i>	4	PA
<i>oxacillin sodium iv 10 gm</i>	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate 10 mg</i>	1	QL(1 ea daily)
<i>megestrol acetate (appetite)</i>	1	AC
<i>norethindrone acetate tabs</i>	1	
<i>progesterone oil</i>	1	PA
<i>progesterone caps</i>	1	QL(1 ea daily)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
LUCEMYRA	3	QL(224 ea per 14 days retail); PA
Anti-Cataleptic Agents		
SODIUM OXYBATE	4	ST; PA
XYREM	4	ST; PA
Antidementia Agents		
<i>donepezil hydrochloride tabs</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide soln</i>	1	
<i>galantamine hydrobromide tabs</i>	1	
<i>galantamine hydrobromide cp24</i>	1	QL(1 ea daily)
<i>memantine hcl soln</i>	1	
<i>memantine hcl cp24 14 mg, 21 mg, 28 mg</i>	1	PA
<i>memantine hcl tabs 5 mg</i>	1	QL(4 ea daily)
<i>memantine hcl cp24 7 mg</i>	1	ST; PA
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs</i>	1	

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NAMENDA XR TITRATION PACK CP24	3	ST; PA
NAMZARIC C4PK 10 MG	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>chlorthalidone-amitriptyline</i>	1	
<i>olanzapine-fluoxetine hcl 3 mg-25 mg, 6 mg-50 mg</i>	2	
<i>olanzapine-fluoxetine hcl 12 mg-25 mg, 12 mg-50 mg, 6 mg-25 mg</i>	1	
<i>perphenazine-amitriptyline</i>	1	
Fibromyalgia Agents		
SAVELLA TABS	3	QL(2 ea daily); PA
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 ea daily); PA
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA
INGREZZA CPPK	4	PA
<i>tetrabenazine</i>	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
XENAZINE (<i>tetrabenazine</i>)	7	Specialty drug-Health Net will refer to SP Pharmacy; PA
Multiple Sclerosis Agents		

Drug Name	Drug Tier	Requirements/ Limits
(Glatiramer Acetate) GLATOPA sosy	1	PA
AUBAGIO	2	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); LA; PA
AVONEX PSKT	4	LA; PA
AVONEX PEN AJKT	4	LA; PA
BETASERON KIT	4	PA
<i>dalfampridine</i>	1	PA
<i>dimethyl fumarate misc</i>	2	LA; PA
<i>dimethyl fumarate cpdr</i>	2	LA; PA
<i> fingolimod hcl</i>	1	QL(1 ea daily); PA
GILENYA .5 MG	2	QL(1 ea daily); PA
<i>glatiramer acetate sosy</i>	1	PA
KESIMPTA	4	QL(0.0143 ml daily); PA
MAYZENT TABS 2 MG	3	QL(1 ea daily); PA
MAYZENT TABS .25 MG	3	not available thru mail order; QL(4 ea daily); PA
MAYZENT TABS 1 MG	3	not available thru mail order; PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA
MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA
PLEGRIDY SOPN	4	LA; PA
PLEGRIDY SOSY IM	4	PA
PLEGRIDY SOSY SC	4	LA; PA
PLEGRIDY STARTER PACK SOPN	4	LA; PA
PLEGRIDY STARTER PACK SOSY SC	4	LA; PA
REBIF SOSY	4	LA; PA

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REBIF REBIDOSE SOAJ	4	LA; PA	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX lozg	5	PV
REBIF REBIDOSE TITRATIONPACK SOAJ	4	LA; PA			
REBIF TITRATION PACK SOSY	4	LA; PA			
<i>teriflunomide</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); LA; PA			
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) tabs</i>	1				
Pseudobulbar Affect (PBA) Agents					
NUDEXTA 10 MG-20 MG	4	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates tabs</i>	1				
<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 GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE gum	5	PV	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL	5	PV

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Drug Name	Drug Tier	Requirements/ Limits
SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR		
APO-VARENICLINE TABS 1 MG	5	QL(2 ea daily); PV
APO-VARENICLINE TABS .5 MG	5	QL(1 ea daily); PV
<i>bupropion hcl (smoking deterrent)</i>	5	PV
CHANTIX TABS .5 MG (<i>varenicline tartrate</i>)	7	QL(1 ea daily); PV
CHANTIX TABS 1 MG (<i>varenicline tartrate</i>)	7	QL(2 ea daily); PV
CHANTIX CONTINUING MONTHPAK TABS (<i>varenicline tartrate</i>)	7	QL(2 ea daily); PV
NICODERM CQ PT24 (<i>nicotine</i>)	7	PV
NICORETTE LOZG (<i>nicotine polacrilex</i>)	7	PV
NICORETTE GUM (<i>nicotine polacrilex</i>)	7	PV
NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	7	PV
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	7	PV
<i>nicotine pt24 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i>	5	PV
<i>nicotine polacrilex lozg</i>	5	PV
<i>nicotine polacrilex gum</i>	5	PV
NICOTINE TRANSDERMAL SYSTEM KIT	5	PV
NICOTROL INHALER INHA	5	PV
NICOTROL NS SOLN	5	PV

Drug Name	Drug Tier	Requirements/ Limits
<i>varenicline tartrate tabs .5 mg</i>	5	QL(1 ea daily); PV
<i>varenicline tartrate tabs 1 mg</i>	5	QL(2 ea daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK 50 MG, 75 MG	4	Must use Accredo SP pharmacy; LA; PA
KALYDECO TABS	4	Must use Accredo SP pharmacy; LA; PA
KALYDECO PACK 25 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4662; LA; PA
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; LA; PA
ORKAMBI PACK 75 MG-94 MG	4	PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; LA; PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO	4	LA; PA
TRIKAFTA 25 MG-50 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); LA; PA

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRIKAFTA 50 MG-100 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4662; QL(3 ea daily); LA; PA	<i>doxycycline (monohydrate) caps 150 mg</i>	2	ST
Pulmonary Fibrosis Agents			<i>doxycycline (monohydrate) tabs 150 mg</i>	2	ST
ESBRIET TABS (<i>pirfenidone</i>)	7	Must use Exactus Specialty Rx 1-866-458-9246; LA; PA	<i>doxycycline (monohydrate) susr</i>	1	
OFEV	4	QL(2 ea daily); PA	<i>doxycycline (monohydrate) tabs 75 mg</i>	1	ST
<i>pirfenidone tabs 534 mg</i>	4	PA	<i>doxycycline (monohydrate) tabs 50 mg, 100 mg</i>	1	
<i>pirfenidone tabs 267 mg, 801 mg</i>	4	Must use Exactus Specialty Rx 1-866-458-9246; LA; PA	<i>doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg</i>	2	
SULFONAMIDES - Drugs to Treat Bacterial Infections			<i>doxycycline hyclate caps</i>	1	
Sulfonamides			<i>doxycycline hyclate tabs 20 mg, 100 mg</i>	1	
<i>sulfadiazine tabs</i>	1		<i>minocycline hcl tabs 75 mg</i>	1	PA
TETRACYCLINES - Drugs to Treat Bacterial Infections			<i>minocycline hcl caps</i>	1	
Tetracyclines			<i>minocycline hcl cp24</i>	3	ST
(Doxycycline (Monohydrate)) AVIDOXY tabs 50 MG, 100 MG	1		<i>minocycline hcl tabs 50 mg, 100 mg</i>	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL caps 50 MG, 75 MG, 100 MG	2		<i>tetracycline hcl caps</i>	1	
(Doxycycline Hyclate) LYMEPAK tabs 20 MG, 100 MG	1		VIBRAMYCIN	2	
(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG caps	1		XIMINO CP24	3	ST
<i>demeclocycline hcl tabs</i>	1		THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
			Antithyroid Agents		
			<i>methimazole tabs</i>	1	
			<i>propylthiouracil</i>	1	QL(3 ea daily)
			Thyroid Hormones		
			(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID tabs 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)

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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, 300 MCG	1		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (<i>levothyroxine sodium</i>)	2	
ADTHYZA TABS	2		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (<i>levothyroxine sodium</i>)	2	QL(1 ea daily)
ADTHYZA TABS 130 MG	3		ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
ARMOUR THYROID TABS	2		Antispasmodics		
CYTOMEL TABS 25 MCG, 50 MCG (<i>liothyronine sodium</i>)	2	QL(2 ea daily)	(Hyoscyamine Sulfate) ED-SPAZ, NULEV tbdp .125 MG	1	
CYTOMEL TABS 5 MCG (<i>liothyronine sodium</i>)	2		(Hyoscyamine Sulfate) OSCIMIN tabs .125 MG	1	
<i>levothyroxine sodium tabs 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 137 mcg, 150 mcg, 300 mcg</i>	1		(Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR tb12 .375 MG	1	
<i>levothyroxine sodium caps 125 mcg</i>	1	QL(1 ea daily)	(Hyoscyamine Sulfate) OSCIMIN, SYMAX-SL subl .125 MG	1	
<i>levothyroxine sodium tabs 112 mcg, 125 mcg, 175 mcg, 200 mcg</i>	1	QL(1 ea daily)	BELLADONNA/OPIUM	3	
<i>levothyroxine sodium caps 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg</i>	1		<i>chlordiazepoxide hcl- clidinium bromide 2.5 mg- 5 mg</i>	1	
<i>liothyronine sodium tabs 25 mcg, 50 mcg</i>	1	QL(2 ea daily)	<i>dicyclomine hcl caps</i>	1	
<i>liothyronine sodium tabs 5 mcg</i>	1		<i>dicyclomine hcl soln or</i>	1	
NP THYROID 15 TABS	2		<i>dicyclomine hcl tabs</i>	1	
NP THYROID 30 TABS	1		GLYCATE TABS	3	
NP THYROID 60 TABS	1		<i>glycopyrrolate tabs 1 mg, 2 mg</i>	1	
NP THYROID 90 TABS	1		<i>glycopyrrolate soln or 1 mg/5ml</i>	1	
			GLYCOPYRROLATE TABS	3	
			<i>hyoscyamine sulfate tabs .125 mg</i>	1	
			<i>hyoscyamine sulfate tb12 .375 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>hyoscyamine sulfate sublingual 125 mg</i>	1		<i>cimetidine tabs 300 mg, 800 mg</i>	1	
<i>hyoscyamine sulfate tablet 125 mg</i>	1		<i>famotidine tabs 40 mg</i>	1	QL(2 ea daily)
<i>methscopolamine bromide</i>	1		<i>famotidine tabs 20 mg</i>	1	RX/OTC
H-2 Antagonists			<i>famotidine suspr</i>	1	
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH tabs 20 MG	1	RX/OTC	<i>nizatidine soln</i>	1	
<i>cimetidine tabs 400 mg</i>	1	QL(4 ea daily)	<i>nizatidine caps</i>	1	
			Misc. Anti-Ulcer		
			<i>sucralfate tabs</i>	1	QL(4 ea daily)
			<i>sucralfate susp</i>	1	
			Proton Pump Inhibitors		
			(Lansoprazole) CVS LANSOPRAZOLE tbdd 15 MG	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
			(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE cpdr	1	QL(1 ea daily); RX/OTC
			ACIPHEX SPRINKLE CPSP 5 MG	3	ST; PA
			ACIPHEX SPRINKLE CPSP 10 MG	3	PA
			<i>esomeprazole magnesium pack</i>	1	PA
			FIRST-OMEPRAZOLE SUSP	3	
			<i>lansoprazole tbdd 30 mg</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
			<i>lansoprazole cpdr</i>	1	QL(1 ea daily); RX/OTC
			<i>lansoprazole tbdd 15 mg</i>	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
			NEXIUM PACK	3	PA
			<i>omeprazole cpdr 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>omeprazole cpdr 20 mg, 40 mg</i>	1	QL(1 ea daily); RX/OTC
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>pantoprazole sodium tbec</i>	1	QL(1 ea daily)
<i>pantoprazole sodium pack</i>	1	QL(1 ea daily)
PRILOSEC PACK	3	PA
<i>rabeprazole sodium tbec</i>	2	ST; QL(1 ea daily); PA
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
Ulcer Drugs - Prostaglandins		
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole 30 mg-500 mg-500 mg</i>	1	14 rti MAX day(s) supply; 365 rti lmt day(s)
HELIDAC THERAPY 250 MG-262.4 MG-500 MG	3	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride tb24</i>	1	
<i>oxybutynin chloride tabs</i>	1	QL(4 ea daily)
<i>oxybutynin chloride syrup</i>	1	QL(15 ml daily)
<i>solifenacin succinate tabs 5 mg</i>	1	
<i>solifenacin succinate tabs 10 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs</i>	1	QL(2 ea daily)
<i>tolterodine tartrate cp24</i>	1	QL(1 ea daily)
<i>tropium chloride cp24</i>	1	
<i>tropium chloride tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSY 0	5	
AFLURIA QUADRIVALENT 2021-2022 SUSY 0	5	
AFLURIA QUADRIVALENT 2022-2023 SUSY	5	
COVID VACCINES	5	
FLUARIX QUADRIVALENT 2020-2021 SUSY	5	
FLUARIX QUADRIVALENT 2021-2022 SUSY	5	
FLUARIX QUADRIVALENT 2022-2023 SUSY	5	
FLULAVAL QUADRIVALENT 2020-2021 SUSY	5	
FLULAVAL QUADRIVALENT 2021-2022 SUSY	5	
FLULAVAL QUADRIVALENT 2022-2023 SUSY	5	
FLUMIST QUADRIVALENT	5	
FLUZONE QUADRIVALENT 2020-2021 SUSY	5	
FLUZONE QUADRIVALENT 2021-2022 SUSY	5	

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Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY	5	
VAGINAL AND RELATED PRODUCTS		
Spermicides		
ENCARE SUPP 100 MG	5	PV
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	PV
SHUR-SEAL GEL	5	PV
TODAY SPONGE MISC	5	PV
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	5	PV
VCF VAGINAL CONTRACEPTIVE GEL	5	PV
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 supp 200 MG	1	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal crea</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal supp</i>	1	
<i>terconazole vaginal crea</i>	1	
VANAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI 0.4 %-1 %-1.8 %	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM tabs	1	
<i>estradiol vaginal crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol vaginal tabs</i>	1	
ESTRING RING	2	QL(1 per fill mail MG)
FEMRING	3	QL(1 ea per 90 days retail; 1 ea per 90 days mail)
PREMARIN	2	QL(2 gm daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
EPINEPHRINE SOAJ .3 MG/0.3ML	3	Limited to 2 pens per fill; 4 pens per month; QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj</i>	3	Limited to 2 auto-injectors per fill; QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) soaj</i>	3	QL(2 ea per fill retail; 4 ea per 30 days retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	7	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol caps</i>	1	
<i>phytonadione tabs 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
Water Soluble Vitamins		
POTABA CAPS	3	

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(Amiodarone Hcl) PACERONE tabs 10		(Butalbital-Acetaminophen) TENCON tabs 300 MG-50 MG, 50 MG-300 MG, 50 MG-325 MG 4
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB ASPIRIN, SB ASPIRIN ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN tbec 81 MG 5	(Azathioprine) AZASAN tabs 89 (Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS .15 %, 205.5 MCG/SPRAY99 (Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN 500 UNIT/GM-10000 UNIT/GM 101 (Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC 1 %-3.5 MG/GM-400 UNIT/GM-10000 UNIT/GM 101 (Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS BISACODYL, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FEENAMINT, GENTLE LAXATIVE, GNP BISA-LAX, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE	(Butalbital-Acetaminophen-Caffeine) BAC tabs 325 MG-40 MG-50 MG, 40 MG-50 MG-325 MG4 (Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL caps 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG 5 (Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE 30 MG-40 MG- 50 MG-325 MG7 (Calcipotriene) CALCITRENE oint .48 (Calcium Acetate (Phosphate Binder)) CALPHRON tabs57 (Carbamazepine) EPITOL tabs12 (Carisoprodol) VANADOM tabs98
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE		

(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD90	PIMTREA, SIMLIYA, VIORELE, VOLNEA40	(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER .37
(Chlorzoxazone) LORZONE tabs 375 MG, 500 MG, 750 MG98	(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIAN40	(Diltiazem Hcl) DILT-XR cp2437
(Cholestyramine Light) PREVALITE pack21	(Desonide) DESRX gel49	(Doxycycline (Monohydrate)) AVIDOXY tabs 50 MG, 100 MG ..110
(Cholestyramine Light) PREVALITE powd21	(Dexamethasone) DECADRON tabs .43	(Doxycycline (Monohydrate)) MONDOXYNE NL caps 50 MG, 75 MG, 100 MG110
(Ciclopirox) CICLODAN soln46	(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY tbpk43	(Doxycycline Hyclate) LYMEPAK tabs 20 MG, 100 MG110
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P swab45	(Dexchlorpheniramine Maleate) RYCLORA soln20	(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG caps110
(Clindamycin Phosphate (Topical)) CLINDACIN foam45	(Dextroamphetamine Sulfate) PROCENTRA soln1	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE40
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC 1.2 % -5 %45	(Dextroamphetamine Sulfate) ZENZEDI tabs 5 MG, 10 MG1	(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY .40
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT .05 %49	(Diazepam) DIAZEPAM INTENSOL conc9	(Ergotamine W/ Caffeine) MIGERGOT supp 2 MG-100 MG ..87
(Clobetasol Propionate Emulsion) TOVET49	(Diclofenac Potassium) CATAFLAM, LOFENA tabs 50 MG3	(Erythromycin (Acne Aid)) ERY pads 45
(Clobetasol Propionate) CLODAN sham49	(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, GNP ARTHRITIS PAIN, GOODSENSE ARTHRITIS PAIN, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN gel ex47	(Erythromycin Base) ERY-TAB tbec 64
(Cyclobenzaprine Hcl) FEXMID tabs .98	(Digoxin) DIGITEK, DIGOX tabs .0625 MG, .125 MG, .25 MG, 62.5 MCG, 125 MCG, 250 MCG37	(Erythromycin Stearate) ERYTHROCIN STEARATE tabs 250 MG64
(Cyclosporine Modified (For Microemulsion)) GENGRAF caps .89	(Diltiazem Hcl Coated Beads) CARTIA XT cp2436	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY tabs55
(Cyclosporine Modified (For Microemulsion)) GENGRAF soln ..89	(Diltiazem Hcl Coated Beads) MATZIM LA tb2436	(Estradiol Vaginal) YUVAFEM tabs 114
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN40		(Estradiol) DOTTI, LYLLANA pttw .55
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA,		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E40
		(Etonogestrel-Ethinyl Estradiol)

ELURYNG, HALOETTE 0.015 MG/24HR-0.12 MG/24HR 42	CLARISPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY susp 99	MG/5ML 44 (Homatropine Hbr) HOMATROPAIRE 100 (Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET soln 1.5 MG/5ML-5 MG/5ML 43 (Hydrocortisone (Rectal)) PROCTO- MED HC, PROCTOSOL HC, PROCTOZONE-HC ex 2.5 % 8 (Hydrocortisone (Topical)) ALA- CORT crea 2.5 % 49 (Hydrocortisone (Topical)) ALA- SCALP lotn 2 %, 2.5 % 49 (Hyoscyamine Sulfate) ED-SPAZ, NULEV tbdp .125 MG 111 (Hyoscyamine Sulfate) OSCIMIN SR, SYMAX-SR tb12 .375 MG 111 (Hyoscyamine Sulfate) OSCIMIN tabs .125 MG 111 (Hyoscyamine Sulfate) OSCIMIN, SYMAX-SL subl .125 MG 111 (Ibuprofen) IBU tabs 400 MG, 600 MG, 800 MG 3 (Icatibant Acetate) SAJAZIR 60 (Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC 1 %-1.9 % 46 (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG, 25 MG 45 (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG .. 45 (Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 35 MG, 40 MG 45
(Etoposide) TOPOSAR soln 1 GM/50ML, 500 MG/25ML 31	(Fluticasone Propionate) BESER lotn 49 (Fluticasone-Salmeterol) WIXELA INHUB aepb 50 MCG/ACT-100 MCG/ACT, 50 MCG/ACT-250 MCG/ACT, 50 MCG/ACT-500 MCG/ACT 11	
(Etoposide) TOPOSAR soln 100 MG/5ML 31	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, YL FOLIC ACID tabs 400 MCG, 800 MCG 61 (Folic Acid) KP FOLIC ACID tabs 1 MG 61 (Gentamicin Sulfate (Ophth)) GENTAK oint 101 (Glatiramer Acetate) GLATOPA sosy 106 (Glipizide) GLIPIZIDE XL tb24 18 (Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C soln 44 (Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC syrp 10 MG/5ML-100 MG/5ML 44 (Guaifenesin-Codeine) VIRTUSSIN AC/ALC liqd 10 MG/5ML-100	
(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH tabs 20 MG 112		
(Fluocinolone Acetonide (Otic)) FLAC 103		
(Flurandrenolide) NOLIX crea 49		
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF,		

(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG45	LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENNA tabs40	INTENSOL conc9
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT 52	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG43	(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL conc6
(Ketoconazole (Topical)) KETODAN foam46		(Methadone Hcl) METHADOSE tbso . 6
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC57		(Methylergonovine Maleate) METHERGINE tabs104
(Lactulose) CONSTULOSE soln ..62	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-2840	(Metronidazole (Topical)) ROSADAN crea51
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE kit 25 MG 12		(Metronidazole (Topical)) ROSADAN gel .75 %51
(Lamotrigine) SUBVENITE tabs ...12	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, AMETHIA LO, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESS 0.03 MG-0.15 MG, 0.15 MG-0.03 MG40	(Miconazole Nitrate Vaginal) MICONAZOLE 3 supp 200 MG ...114
(Lansoprazole) CVS LANSOPRAZOLE tbdd 15 MG ...112		(Nabumetone) RELAFEN 500 MG ..3
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE cpdr112	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 20 MCG-90 MCG ...40	(Nabumetone) RELAFEN 750 MG ..3
(Levetiracetam) ROWEEPRA tabs 250 MG, 500 MG, 750 MG12	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID tabs 112 MCG, 125 MCG, 175 MCG, 200 MCG110	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN 3.5 MG/GM-400 UNIT/GM-10000 UNIT/GM101
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR tabs20	(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID tabs 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG111	(Niacin (Antihyperlipidemic)) NIACOR tabs22
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA,	(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI- DIARRHEAL, GNP ANTI- DIARRHEAL, HM ANTI- DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL caps19	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX lozg ...107

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE gum108	TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR108	3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR pt24 7 MG/24HR, 14 MG/24HR, 21 MG/24HR109
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP	(Nitroglycerin) MINITRAN pt249 (Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 35 MCG/24HR-150 MCG/24HR42 (Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, HAILEY 24 FE, HAILEY FE 1.5/30, HAILEY FE 1/20, JUNEL FE 1.5/30, JUNEL FE 1/20, JUNEL FE 24, LARIN 24 FE, LARIN FE 1.5/30, LARIN FE 1/20, LOESTRIN FE 1.5/30, LOESTRIN FE 1/20, MICROGESTIN 24 FE, MICROGESTIN FE 1.5/30, MICROGESTIN FE 1/20, TARINA 24 FE, TARINA FE 1/20, TARINA FE 1/20 EQ tabs40 (Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MELODETTA 24 FE, MIBELAS 24 FE chew 1 MG-20 MCG-75 MG ... 40 (Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY caps 1 MG-20 MCG-75 MG 40 (Norethindrone & Eth Estradiol)

ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA . 41	MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 0.25 MG-35 MCG 41	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE soln .. 91
(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 41	(Norgestrel & Ethinyl Estradiol) CRYSSELLE-28, ELINEST, LOW- OGESTREL 0.3 MG-30 MCG 41	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE soln 91
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA 43	(Nystatin (Topical)) NYAMYC, NYSTOP powd ex 46	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E 1.015 GM-2.691 GM-4.7 GM-5.9 GM-7.5 GM-100 GM 62
(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 41	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL .2 % 102	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G solr 2.97 GM-5.86 GM-6.74 GM- 22.74 GM-236 GM 62
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 55	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF .1 % 102	(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK 1.48 GM-5.72 GM-11.2 GM-420 GM ... 62
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 1 MG-75 MG 41	(Oxycodone W/ Acetaminophen) ENDOCET tabs 10 MG-325 MG, 7.5 MG-325 MG 7	(Penicillin G Potassium) PFIZERPEN 104
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7 0 41	(Oxycodone W/ Acetaminophen) ENDOCET tabs 2.5 MG-325 MG, 325 MG-2.5 MG 7	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN soln 100
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI- LO-SPRINTEC, TRI-VYLIBRA LO 0 . 41	(Oxycodone W/ Acetaminophen) ENDOCET tabs 5 MG-325 MG 7	(Phenytoin) PHENYTOIN INFATABS chew 15
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI- LO-SPRINTEC, TRI-VYLIBRA LO 0 . 41	(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON soln 0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-0.6 MG/ML-5 UNIT/ML-8 MG/ML-10 MG/ML-35 MG/ML-400 UNIT/ML-1500 UNIT/ML 91	(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX powd 63
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI,	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE chew .91	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 syrps 334 MG/5ML-334 MG/5ML-500 MG/5ML-500 MG/5ML- 550 MG/5ML-550 MG/5ML 57

(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) WES-PHOS 250 NEUTRAL 130 MG-155 MG-852 MG	88	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 chew 1 MG-3 MG-3 MG-6 MG-7 MG-12 MCG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	92	% , 7 %	44
(Potassium Bicarbonate) EFFER-K, K-PRIME, Klor-Con/EF tber	89	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT 2 MG-3 MG-3.4 MG-6 MG-10 UNIT-12 MCG-15 MG-20 MG-20 MG-27 MG-30 MG-80 MG-120 MG-150 MCG-300 MCG-400 MCG-400 UNIT-600 MCG-2500 UNIT	92	(Sodium Citrate & Citric Acid) CYTRA-2 334 MG/5ML-500 MG/5ML-500 MG/5ML-334 MG/5ML .	58
(Potassium Chloride Microencapsulated Crystals ER) Klor-Con M10, Klor-Con M15, Klor-Con M20	89	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX 1 MG-3 MG-3 MG-3 MG-7 MG-8 MCG-20 MG-29 MG-30 MCG-30 UNIT-100 MG-120 MG-150 MCG-200 MG-400 UNIT-4000 UNIT-15 MG	92	(Sodium Fluoride) FLUORITAB, NAFRINSE DROPS soln .125 MG/DROP, .5 MG/ML	88
(Potassium Chloride) Klor-Con 10, Klor-Con 8 tber	89	(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA 10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-200 UNIT-300 MG-400 MCG-600 MCG	92	(Sodium Fluoride) NAFRINSE chew 1 MG, 2.2 MG	88
(Potassium Chloride) Klor-Con pack or 20 MEQ	89	(Prochlorperazine) COMPRO	33	(Sodium Polystyrene Sulfonate) SPS susp or 15 GM/60ML	90
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS pack 1002 MG-3300 MG	57	(Promethazine Hcl) PROMETHEGAN supp 12.5 MG, 25 MG	21	(Sotalol Hcl) SORINE tabs	36
(Potassium Citrate-Citric Acid) CYTRA-K soln 334 MG/5ML-334 MG/5ML-1100 MG/5ML-1100 MG/5ML	57	(Promethazine Hcl) PROMETHEGAN supp 50 MG	20	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH emul 1 %-10 %	45
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 tabs	89	(Salicylic Acid) KERALYT sham 6 % . 51		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 foam 5 %-10 %	45
(Pramoxine-HC-Chloroxylenol) CORTIC-ND 1 MG/ML-10 MG/ML-10 MG/ML	103	(Sapropterin Dihydrochloride) JAVYGTOR pack	54	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH emul 4 %-10 %-10 %	45
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 101		(Sapropterin Dihydrochloride) JAVYGTOR tabs	54	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC susp 40 MG/5ML-200 MG/5ML	24
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 tabs 7 MG-1 MG-3 MG-3 MG-12 MCG-15 MG-20 MG-20 MG-25 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	91	(Silver Sulfadiazine) SSD	48	(Tadalafil (Pulmonary Hypertension)) ALYQ tabs	38
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT tabs 1 MG-3 MG-3.4 MG-10 UNIT-15 MG-20 MG-20 MG-30 MCG-2 MG-6 MG-12 MCG-30 MG-50 MG-90 MG-120		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL nebu .9 %, 3		(Tetracaine Hcl (Ophth)) ALTACAINE	101
				(Theophylline) ELIXOPHYLLIN elix 11	
				(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE soln ...	100
				(Tretinoin) AVITA crea .025 %, .05 %, .1 %	45
				(Tretinoin) AVITA gel .01 %, .025 %, .05 %	45
				(Triamcinolone Acetonide (Mouth))	

ORALONE DENTAL PASTE90	ACCU-CHEK SAFE-T-PRO PLUSLANCETS65	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G65
(Triamcinolone Acetonide (Nasal))		
ALLERGY NASAL SPRAY 24 HOUR, CVS NASAL ALLERGY SPRAY, EQ NASAL ALLERGY SPRAY, GNP 24 HOUR NASAL ALLERGY SPRAY, GOODSENSE NASAL ALLERGY SPRAY, NASAL ALLERGY 24 HOUR, NASAL ALLERGY 24 HOUR MULTI-SYMPTOM, RA NASAL ALLERGY SPRAY aero100	ACCU-CHEK SOFTCLIX LANCETS 65	ACTIMMUNE31
(Triamcinolone Acetonide (Topical))		
TRIDERM crea49	ACCURETIC 10 MG-12.5 MG23	ACUVAIL102
(Trientine Hcl) CLOVIQUE89	acebutolol hcl caps36	acyclovir caps36
(Urea) CEROVEL lotn 40 %51	acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml7	acyclovir susp36
(Vigabatrin) VIGADRONE pack14	acetaminophen w/ codeine tabs 15 mg-300 mg, 30 mg-300 mg7	acyclovir tabs or 400 mg36
(Warfarin Sodium) JANTOVEN tabs . 12	acetazolamide cp1253	acyclovir tabs or 800 mg36
1ST TIER UNILET COMFORTOUCH LANCETS 28G64	acetazolamide tabs 125 mg53	acyclovir topical oint48
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abacavir sulfate tabs33	acetylcysteine soln45	adapalene gel .3 %45
abacavir sulfate-lamivudine 600 mg-300 mg34	ACIPHEX SPRINKLE CPSP 10 MG . 112	adapalene-benzoyl peroxide gel 0.1 %-2.5 %45
abacavir sulfate-lamivudine-zidovudine 150 mg-300 mg-300 mg 34	ACIPHEX SPRINKLE CPSP 5 MG 112	adefovir dipivoxil35
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AFREZZA POWD	17	aliskiren fumarate	23	amiloride & hydrochlorothiazide 5 mg-50 mg	53
AFSTYLA	58	allopurinol 100 mg	58	amiloride hcl tabs	53
AGAMATRIX ULTRA-THIN LANCETS 33G	65	allopurinol 300 mg	58	aminocaproic acid soln or .25 gm/ml . 61	
AIMOVIG	87	almotriptan malate	87	aminocaproic acid tabs	61
AIMSCO TWIST LANCETS 32G ..	65	ALOCRIAL	102	amiodarone hcl tabs	10
AIMSCO TWIST LANCETS 33G ..	65	alogliptin benzoate	17	amitriptyline hcl tabs	16
AKTEN	101	ALOMIDE	102	AMJEVITA SOAJ	3
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ALA-SCALP LOTN	49	alosetron hcl	57	amlodipine besylate tabs 2.5 mg ..	37
albendazole	8	ALPHAGAN P .1 %	101	amlodipine besylate tabs 5 mg, 10 mg	37
albuterol sulfate aers	11	ALPHANATE SOLR	58	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	37
albuterol sulfate nebu .083 %, .5 %, .63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	11	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	58	amlodipine besylate-atorvastatin calcium 10 mg-20 mg, 10 mg-40 mg, 10 mg-80 mg, 80 mg-10 mg	37
ALBUTEROL SULFATE NEBU	11	ALPRAZOLAM INTENSOL CONC ..	9	amlodipine besylate-benazepril hcl 23	
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albuterol sulfate tabs	11	alprazolam tb24	9	amlodipine-valsartan-hydrochlorothiazide	23
albuterol sulfate tb12	11	alprazolam tbdp	9	amoxapine	16
alclometasone dipropionate crea ..	49	ALPROLIX	59	amoxicillin & pot clavulanate chew 105	
alclometasone dipropionate oint ...	49	ALREX SUSP	101	amoxicillin & pot clavulanate susr 105	
ALDACTAZIDE 50 MG-50 MG	53	ALTABAX	46	amoxicillin & pot clavulanate tabs 105	
ALECENSA	28	ALUNBRIG TABS	28		
alendronate sodium soln	53	ALUNBRIG TBPK	28		
alendronate sodium tabs 35 mg ...	53	alvimopan	57		
alendronate sodium tabs 5 mg, 10 mg	53	amantadine hcl caps	31		
alendronate sodium tabs 70 mg ...	53	amantadine hcl tabs	31		
ALFERON N	31	ambrisentan 10 mg	38		
		ambrisentan 5 mg	38		
		amcinonide crea	49		

amoxicillin & pot clavulanate tb12 62.5 mg-1000 mg	105	APO-VARENICLINE TABS .5 MG 109	60
amoxicillin caps	104	APO-VARENICLINE TABS 1 MG	109
amoxicillin chew 125 mg, 250 mg	104	apraclonidine hcl	101
amoxicillin susr	104	aprepitant caps 40 mg	20
amoxicillin tabs	104	aprepitant caps 80 mg, 125 mg	20
amoxicillin-clarithromycin w/ lansoprazole 30 mg-500 mg-500 mg . 113		aprepitant caps	20
amphetamine-dextroamphetamine cp24	1	aprepitant misc	20
amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 5 mg-5 mg-5 mg-5 mg, 7.5 mg- 7.5 mg-7.5 mg-7.5 mg	1	APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	34
ampicillin & sulbactam sodium ij 1 gm-2 gm	105	APTOM	13
ampicillin caps 500 mg	104	APTIVUS CAPS	34
ampicillin sodium ij 1 gm, 125 mg	104	APTIVUS SOLN	34
anagrelide hcl	60	AQUALANCE LANCETS ULTRA THIN 30G	65
ANALPRAM-HC LOTN EX 1 %-2.5 %	8	ARCALYST	3
anastrozole	27	ARIKAYCE	2
ANDEXXA 200 MG	19	aripiprazole soln or	33
ANGELIQ	55	aripiprazole tabs 15 mg	33
ANNOVERA 0.013 MG/24HR-0.15 MG/24HR	42	aripiprazole tabs 2 mg, 5 mg, 10 mg, 30 mg	33
ANORO ELLIPTA 25 MCG/INH-62.5 MCG/INH	11	aripiprazole tabs 20 mg	33
ANTARA 30 MG	21	aripiprazole tbdp	33
ANZEMET TABS	19	armodafinil 150 mg, 200 mg, 250 mg 1	
APEXICON E CREA	49	armodafinil 50 mg	1
		ARMOUR THYROID TABS	111
		ARNUITY ELLIPTA	10
		asenapine maleate	33
		aspirin chew	6
		aspirin tbec 81 mg	6
		aspirin-dipyridamole 25 mg-200 mg	
		ASSURE COMFORT LANCETS ULTRA THIN 28G	65
		ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	65
		ASSURE HAEMOLANCE PLUS LOW FLOW 25G	66
		ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	66
		ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	66
		ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	66
		ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	85
		ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	85
		ASSURE LANCE LANCETS	66
		ASSURE LANCE LANCETS 21G	66
		ASSURE LANCE PLUS SAFETYLANCETS 25G	66
		ASSURE LANCE PLUS SAFETYLANCETS 30G	66
		ASSURE LANCE SAFETY LANCET 28G	66
		ASTAGRAF XL CP24	89
		ATABEX EC TBEC 1 MG-1.5 MG-1.6 MG-3 MG-12 MCG-20 MG-20 MG-20 MG-29 MG-30 MCG-30 MG-30 UNIT-50 MG-100 MG-120 MG-400 UNIT-2500 UNIT	92
		atazanavir sulfate caps	34
		atenolol & chlorthalidone	23
		atenolol tabs	36

atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg	1	BD MICROTAINER LANCETS	66
atomoxetine hcl 60 mg, 80 mg, 100 mg	1	BD NEEDLE/30G X 1/2"	85
atorvastatin calcium tabs	21	BD PEN MINI MISC	86
atovaquone	24	BD PEN MISC	86
atovaquone-proguanil hcl	24	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	86
atropine sulfate (ophthalmic) oint .100		BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	86
atropine sulfate (ophthalmic) soln 100		BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	86
ATROPINE SULFATE SOLN 1 % 100		BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	86
ATROVENT HFA	10	BD PEN	
AUBAGIO	106	NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	86
AUGMENTIN SUSR	105	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	86
AURORA LANCET SUPER THIN30G	66	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	86
AURORA LANCET THIN 23G	66	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	86
AURYXIA	57	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	86
AUSTEDO TABS 12 MG	106	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	86
AUSTEDO TABS 6 MG	106	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64"	86
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AVANDIA 2 MG, 4 MG	18	BELLADONNA/OPIUM	111
AVONEX PEN AJKT	106	BELSOMRA	62
AVONEX PSKT	106	benazepril & hydrochlorothiazide .	23
AYVAKIT 100 MG, 200 MG, 300 MG 27		benazepril hcl	22
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AZASITE	101		
azathioprine tabs	89		
azelaic acid gel	51		
azelastine hcl (ophth)	102		
azelastine hcl .1 %, 137 mcg/spray			
99			
azelastine hcl .15 %, 205.5 mcg/spray	99		
azelastine hcl-fluticasone propionate susp 137 mcg/act-50 mcg/act	99		
AZELEX	45		
azithromycin pack	64		
azithromycin susr	64		
azithromycin tabs 250 mg	64		
azithromycin tabs 500 mg	64		
azithromycin tabs 600 mg	64		
bacitracin (ophthalmic)	101		
bacitracin-polymyxin b (ophth) 500 unit/gm-10000 unit/gm	101		
bacitracin-poly-neomycin-hc 1 %-3.5 mg/gm-400 unit/gm-10000 unit/gm 102			
baclofen soln it	99		
baclofen tabs 10 mg	99		
baclofen tabs 20 mg	99		
baclofen tabs 5 mg	99		
BALCOLTRA 0.1 MG-20 MCG-36.5 MG	41		
balsalazide disodium caps	56		
BALVERSA	28		
BD AUTOSHIELD 29G X 3/16"	85		
BD AUTOSHIELD 29G X 5/16"	85		
BD AUTOSHIELD DUO 30G X 5MM	85		
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	85		
BD LANCET ULTRAFINE 30G	66		
BD LANCET ULTRAFINE 33G	66		

BENLYSTA SOAJ	90	BETASERON KIT	106	BOSULIF 400 MG	28
BENLYSTA SOSY	90	betaxolol hcl (ophth) soln	100	BRAFTOVI 75 MG	28
BENSAL HP OINT	51	betaxolol hcl	36	BREO ELLIPTA	11
BENZNIDAZOLE	9	bethanechol chloride	113	BREZTRI AEROSPHERE 160 MCG/ACT-4.8 MCG/ACT-9 MCG/ACT	11
benzonatate	44	BETIMOL	100	BRILINTA	60
benzoyl peroxide-erythromycin gel 3 %-5 %	45	BETOPTIC-S SUSP	100	brimonidine tartrate (topical)	51
benzphetamine hcl 25 mg	1	bexarotene (topical)	47	brimonidine tartrate	101
benztropine mesylate soln	31	bexarotene	31	brimonidine tartrate-timolol maleate 0.2 %-0.5 %	100
benztropine mesylate tabs	31	bicalutamide	27	brinzolamide	103
bepotastine besilate	102	BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML	105	bromfenac sodium (ophth)	103
BESIVANCE	101	BICILLIN L-A SUSP 2400000 UNIT/4ML	104	bromocriptine mesylate caps	32
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betaine	54	BIKTARVY	34	BROMSITE	103
betamethasone dipropionate (topical) crea	49	bimatoprost soln	103	BRUKINSA	28
betamethasone dipropionate (topical) lotn	49	bisacodyl supp	64	budesonide (inhalation) susp .25 mg/2ml	10
betamethasone dipropionate (topical) oint	49	bisacodyl tbec	64	budesonide (inhalation) susp .5 mg/2ml	10
betamethasone dipropionate augmented crea	49	bisoprolol & hydrochlorothiazide ..	23	budesonide (inhalation) susp 1 mg/2ml	10
betamethasone dipropionate augmented gel .05 %	49	bisoprolol fumarate	36	budesonide cpep	43
betamethasone dipropionate augmented lotn	49	BIVIGAM SOLN	104	budesonide tb24	43
betamethasone dipropionate augmented oint	49	BLEPHAMIDE S.O.P. OINT 0.2 %-10 %	102	budesonide-formoterol fumarate dihydrate	11
betamethasone valerate crea	49	BLEPHAMIDE SUSP 0.2 %-10 % 102		bumetanide tabs .5 mg, 1 mg	53
betamethasone valerate foam	49	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	28	bumetanide tabs 2 mg	53
betamethasone valerate lotn	49	bortezomib solr ij	28	buprenorphine hcl subl 2 mg	8
betamethasone valerate oint	49	bosentan tabs 125 mg	38	buprenorphine hcl subl 8 mg	8
		bosentan tabs 62.5 mg	38	buprenorphine hcl-naloxone hcl	
		BOSULIF 100 MG, 500 MG	28		

dihydrate film sl 0.5 mg-2 mg, 1 mg-4 mg, 2 mg-8 mg	8	CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	34	candesartan cilexetil 32 mg	22
buprenorphine hcl-naloxone hcl dihydrate subl	8	cabergoline	55	candesartan cilexetil 4 mg, 8 mg, 16 mg	22
BUPRENORPHINE PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	8	CABOMETYX TABS 20 MG, 60 MG	28	candesartan cilexetil-hydrochlorothiazide	23
bupropion hcl (smoking deterrent) 109		CABOMETYX TABS 40 MG	28	capecitabine 150 mg	25
bupropion hcl tabs	15	caffeine citrate soln or	1	capecitabine 500 mg	25
bupropion hcl tb12	15	CALCIFOL 1 MG-1.6 MG-10 MG-25 MCG-50 MG-200 UNIT-1342 MG	88	CAPEX SHAM	49
bupropion hcl tb24 150 mg, 300 mg 15		calcipotriene crea	48	CAPRELSA	28
bupropion hcl tb24 450 mg	15	calcipotriene foam	48	captopril & hydrochlorothiazide	23
buspirone hcl	9	calcipotriene oint	48	captopril	22
busulfan soln	25	calcipotriene soln	48	carbamazepine chew	13
butalbital-acetaminophen tabs 300 mg-50 mg, 50 mg-300 mg, 50 mg-325 mg	5	calcipotriene-betamethasone dipropionate oint 0.005 %-0.064 %	49	carbamazepine cp12	13
butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg	5	calcipotriene-betamethasone dipropionate susp 0.005 %-0.064 %	49	carbamazepine susp	13
butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg	5	calcitonin (salmon) ij	53	carbamazepine tabs	13
butalbital-acetaminophen-caffeine w/ codeine 30 mg-40 mg-50 mg-325 mg	7	calcitonin (salmon) na	53	carbamazepine tb12 100 mg	13
butalbital-aspirin-caffeine caps 40 mg-50 mg-325 mg	5	calcitriol (topical)	48	carbamazepine tb12 200 mg	13
butalbital-aspirin-caffeine w/cod 30 mg-40 mg-50 mg-325 mg	7	calcitriol caps .25 mcg	54	carbamazepine tb12 400 mg	13
butorphanol tartrate na 10 mg/ml	8	calcitriol caps .5 mcg	54	carbidopa	31
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	34	calcitriol soln or	54	carbidopa-levodopa tabs	32
		calcium acetate (phosphate binder) caps	57	carbidopa-levodopa tbc	32
		calcium acetate (phosphate binder) tabs	57	carbidopa-levodopa tbdp	32
		CALCIUM-FOLIC ACID PLUS D 1 MG-10 MG-50 MG-125 MCG-250 MCG-300 UNIT-1342 MG	88	carbidopa-levodopa-entacapone	32
		CALQUENCE	28	carbidopa-levodopa-entacapone 18.75 mg-75 mg-200 mg, 31.25 mg-125 mg-200 mg	32
				carbinoxamine maleate soln	20
				carbinoxamine maleate tabs 4 mg	20
				CARBINOXAMINE MALEATE TABS	20
				CARDURA XL	58
				CAREONE LANCET SUPER	

THIN/30G66	cefadroxil tabs39	chlordiazepoxide hcl-clidinium bromide 2.5 mg-5 mg111
CAREONE LANCET THIN66	cefazolin sodium solr iv 1 gm39	chlordiazepoxide-amitriptyline ...106
CARESENS LANCETS66	cefdinir caps39	chlorhexidine gluconate (mouth- throat)90
CARETOUCH SAFETY LANCETS/26G66	cefdinir susr39	chloroquine phosphate tabs24
CARETOUCH SAFETY LANCETS/28G66	cefixime caps39	chlorpromazine hcl tabs33
CARETOUCH SAFETY LANCETS/30G66	cefixime susr39	chlorthalidone 25 mg, 50 mg53
CARETOUCH TWIST LANCETS 28G67	cefotetan disodium ij 1 gm, 2 gm ...39	chlorzoxazone tabs 375 mg, 500 mg, 750 mg99
CARETOUCH TWIST LANCETS 30G67	CEFOXITIN SODIUM39	cholestyramine light pack21
CARETOUCH TWIST LANCETS 33G67	cefoxitin sodium iv 1 gm, 2 gm39	cholestyramine light powd21
CARETOUCH TWIST LANCETS MULTI COLOR/30G67	cefpodoxime proxetil susr39	cholestyramine pack21
carisoprodol tabs99	cefpodoxime proxetil tabs39	cholestyramine powd21
carisoprodol w/ aspirin & codeine 16 mg-200 mg-325 mg99	cefprozil susr39	choline fenofibrate 135 mg21
carteolol hcl (ophth)100	cefprozil tabs39	choline fenofibrate 45 mg21
carvedilol 3.125 mg36	cefuroxime axetil tabs39	ciclopirox gel46
carvedilol 6.25 mg, 12.5 mg, 25 mg 36	celecoxib3	ciclopirox olamine crea46
carvedilol phosphate36	CELONTIN15	ciclopirox olamine susp46
CAYA DPRH64	CENTANY OINT46	ciclopirox sham46
CAYSTON24	cephalexin caps39	ciclopirox soln46
cefaclor caps39	cephalexin susr39	cidofovir35
CEFACLOR ER TB1239	cephalexin tabs39	cilostazol60
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				clonidine hcl (adhd) tb12	1
				clonidine hcl tabs	22
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desloratadine tbdp 2.5 mg	20	dexmethylphenidate hcl tabs	2	dicloxacillin sodium	105
		dextroamphetamine sulfate cp24	1	dicyclomine hcl caps	111

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dicyclomine hcl tabs	111	diphenoxylate w/ atropine tabs 0.025 mg-2.5 mg	19	doxycycline (monohydrate) tabs 50 mg, 100 mg	110
diethylpropion hcl tabs	1	dipyridamole	60	doxycycline (monohydrate) tabs 75 mg	110
diethylpropion hcl tb24	1	disopyramide phosphate caps	9	doxycycline (rosacea)	51
DIFFERIN LOTN	46	disulfiram	105	doxycycline hyclate caps	110
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diflorasone diacetate oint	50	divalproex sodium tb24	15	dronabinol caps 10 mg	19
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diphenhydramine hcl soln 50 mg/ml 20		doxycycline (monohydrate) caps 50 mg, 75 mg, 100 mg	110		
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51	30G/TWIST 69	600 mg 34
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ethosuximide soln	15	ezetimibe	22	FEMRING	114
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etoposide caps	31	EZ-LETS LANCETS 30G	70	FENOFIBRATE TABS	21
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EUCRISA	51	famotidine tabs 20 mg	112	fantanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr ..	6
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everolimus tbso	28	FARYDAK 10 MG	29	FETZIMA CP24 40 MG, 80 MG, 120 MG	16
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EXELDERM SOLN	47	FC2 FEMALE CONDOM	64	FIFTY50 SAFETY SEAL LANCETS 32G	70
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E-Z JECT LANCETS 21G	70	felbamate susp	14		
E-Z JECT LANCETS COLOR	70	felbamate tabs	14		
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finasteride	58	FLUARIX QUADRIVALENT 2021-2022 SUSY	113	fluoxetine hcl caps 40 mg	15
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FINGERSTIX LANCETS	71	fluconazole susr	20	fluoxetine hcl soln	16
fingolimod hcl	106	fluconazole tabs	20	fluoxetine hcl tabs 10 mg	16
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FIRST-MOUTHWASH BLM 0.1 GM/119ML-0.158 GM/119ML-0.8 GM/119ML-1.58 GM/119ML-1.58 GM/119ML	90	fludarabine phosphate solr	25	fluphenazine hcl conc	33
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flavoxate hcl	113	FLULAVAL QUADRIVALENT 2022-2023 SUSY	113	flurazepam hcl 15 mg	61
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FLORIVA 0.25 MG/ML-400 UNIT/ML 88		fluocinolone acetonide oil	50	flutamide	27
FLORIVA PLUS SOLN 0.6 MG/ML-0.25 MG/ML-0.4 MG/ML-0.5 MG/ML-2 MCG/ML-2 MG/ML-5 UNIT/ML-29.7 MCG/ML-32 MG/ML-400 UNIT/ML-1150 UNIT/ML	91	fluocinolone acetonide oint	50	fluticasone propionate (nasal) susp 100	
FLOVENT DISKUS AEPB 100 MCG/BLIST	10	fluocinolone acetonide soln	50	fluticasone propionate crea .05 %	50
FLOVENT DISKUS AEPB 250 MCG/BLIST	10	fluocinonide crea	50	fluticasone propionate lotn	50
FLOVENT DISKUS AEPB 50 MCG/BLIST	10	fluocinonide emulsified base	50	fluticasone propionate oint	50
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	10	fluocinonide gel	50	fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act	11
FLOVENT HFA 44 MCG/ACT	10	fluocinonide oint	50	fluticasone-salmeterol aero	11
FLUARIX QUADRIVALENT 2020-2021 SUSY	113	fluocinonide soln	50	fluvastatin sodium caps	21
		fluorometholone (ophth) susp	102	fluvastatin sodium tb24	21
		FLUOROPLEX CREA	47	fluvoxamine maleate cp24 100 mg	16
		fluorouracil (topical) crea 5 %	47	fluvoxamine maleate cp24 150 mg	16
		fluorouracil (topical) soln	47	fluvoxamine maleate tabs 100 mg	16
		fluoxetine hcl (pmdd) tabs	107	fluvoxamine maleate tabs 25 mg, 50 mg	16
		fluoxetine hcl caps 10 mg, 20 mg ..	16	FLUZONE QUADRIVALENT 2020-	

2021 SUSY	113	12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML ..	12	galantamine hydrobromide cp24 ..	105
FLUZONE QUADRIVALENT 2021-2022 SUSY	113	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	71	galantamine hydrobromide soln ..	105
FLUZONE QUADRIVALENT 2022-2023 SUSY	114	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	71	galantamine hydrobromide tabs ..	105
FML FORTE SUSP	102	FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	52	GALZIN	89
FML OINT	102	FREESTYLE INSULINX BLOODGLUCOSE TEST STRP ..	52	GAMMAGARD LIQUID 1 GM/10ML 104	
folic acid tabs 1 mg	61	FREESTYLE LANCETS	71	GAMMAGARD LIQUID 2.5 GM/25ML	104
folic acid tabs 400 mcg, 800 mcg ..	61	FREESTYLE LITE TEST STRIPS STRP	52	GAMMAKED 1 GM/10ML	104
FOLIVANE-F 1 MG-3 MG-40 MG-62.5 MG-62.5 MG	61	FREESTYLE TEST STRIPS STRP 52		GAMMAPLEX SOLN	104
FOLIVANE-OB 1 MG-1.3 MG-5 MG-5 MG-6.9 MG-7 MG-10 MCG-18.2 MG-20 MG-25 MG-85 MG-210 MG-300 MCG-800 MCG	93	FREESTYLE UNISTICK II LANCETS	71	GAMUNEX-C 1 GM/10ML	104
fondaparinux sodium 2.5 mg/0.5ml 12		frovatriptan succinate	87	GAMUNEX-C 2.5 GM/25ML	104
fondaparinux sodium 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml	12	furosemide soln or 10 mg/ml, 40 mg/5ml	53	gatifloxacin (ophth)	101
FORA LANCETS	71	furosemide tabs	53	GATTEX	57
formaldehyde soln 10 %	33	FUZEON SOLR	34	GELFILM OP	102
formoterol fumarate nebu	11	FYCOMPA SUSP	12	gemfibrozil tabs	21
fosamprenavir calcium tabs	34	FYCOMPA TABS 2 MG	12	gentamicin sulfate (ophth) soln ...	101
fosfomycin tromethamine	24	FYCOMPA TABS 4 MG	12	gentamicin sulfate (topical) crea ...	46
fosinopril sodium & hydrochlorothiazide	23	FYCOMPA TABS 6 MG	12	gentamicin sulfate (topical) oint ...	46
fosinopril sodium	22	FYCOMPA TABS 8 MG, 10 MG, 12 MG	12	GENTEEL BUTTERFLY TOUCH LANCETS	71
FOSRENOL PACK	57	gabapentin caps	13	GENTLE-LET GP LANCETS	71
FRAGMIN SOLN 95000 UNIT/3.8ML 12		gabapentin soln	13	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	71
FRAGMIN SOSY 2500 UNIT/0.2ML 12		gabapentin tabs 600 mg, 800 mg ..	13	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 71	
FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML,		GABLOFEN SOLN IT	99	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	71
		GALAFOLD	54	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	71
				GENVOYA 10 MG-150 MG-150 MG-200 MG	34

GILENYA .5 MG106	GLYCATE TABS111	GUANIDINE HCL 25
GILOTRIF 26	glycopyrrolate soln or 1 mg/5ml ..111	GYNAZOLE-1114
GILPHEX TR TABS 10 MG-388 MG . 44	glycopyrrolate tabs 1 mg, 2 mg ...111	HAEGARDA SOLR SC 60
GILTUSS COUGH & COLD TABS 10 MG-28 MG-388 MG44	GLYCOPYRROLATE TABS111	HAEMOLANCE72
GILTUSS SINUS & CONGESTION TABS 10 MG-388 MG 44	GLYXAMBI 16	HAEMOLANCE LOW FLOW LANCETS 72
glatiramer acetate sosy106	GNP LANCETS 21G71	HAEMOLANCE PLUS72
GLEOSTINE 10 MG, 40 MG, 100 MG25	GNP LANCETS THIN71	HAEMOLANCE PLUS HIGH FLOW . 72
glimepiride18	GNP LANCETS THIN 26G71	HAEMOLANCE PLUS LOW FLOW . 72
glipizide tabs 18	GNP STERILE LANCETS 28G ...72	HAEMOLANCE PLUS MAX FLOW 72
glipizide tb24 18	GNP STERILE LANCETS 30G ...72	HAEMOLANCE PLUS PEDIATRIC FLOW72
glipizide-metformin hcl 16	GNP STERILE LANCETS 33G ...72	halobetasol propionate crea 50
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ...86	GOJJI STERILE LANCETS 30G ..72	halobetasol propionate oint50
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"86	GONITRO PACK9	haloperidol lactate conc33
GLOBAL INJECT EASE LANCETS 28G71	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..72	haloperidol tabs33
GLOBAL INJECT EASE LANCETS 30G71	GOODSENSE LANCETS MICRO- THIN 33G72	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G72
GLUCAGEN DIAGNOSTIC52	GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL72	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"86
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR17	GOODSENSE LANCETS ULTRA- THIN 30G72	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16"86
GLUCOCOM LANCETS 28G71	GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL72	H-E-B INCONTROL LANCETS MICRO THIN 33G72
GLUCOCOM LANCETS 30G71	granisetron hcl tabs19	H-E-B INCONTROL LANCETS SUPER THIN 30G72
GLUCOCOM LANCETS 33G71	griseofulvin microsize susp20	H-E-B INCONTROL LANCETS ULTRA THIN 28G73
glyburide micronized 1.5 mg, 3 mg, 6 mg18	griseofulvin microsize tabs20	HELIDAC THERAPY 250 MG-262.4 MG-500 MG113
glyburide tabs 18	griseofulvin ultramicrosize20	
glyburide-metformin 16	guaifenesin-codeine soln 44	
	guanfacine hcl (adhd)1	
	guanfacine hcl22	

HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	59	HUMULIN 70/30 SUSP 70 UNIT/ML- 30 UNIT/ML	17	%	50
heparin sodium (porcine) soln ij 10000 unit/ml	12	HUMULIN N KWIKPEN SUPN	18	hydrocortisone (topical) oint 2.5 %	50
HUMALOG JUNIOR KWIKPEN SOPN	17	HUMULIN N SUSP	18	hydrocortisone butyrate crea	50
HUMALOG KWIKPEN SOPN 100 UNIT/ML	17	HUMULIN R SOLN IJ	18	hydrocortisone butyrate hydrophilic lipo base	50
HUMALOG KWIKPEN SOPN 200 UNIT/ML	17	HUMULIN R U-500 (CONCENTRATED) SOLN SC	18	hydrocortisone butyrate oint	50
HUMALOG MIX 50/50 KWIKPEN SUPN 50 UNIT/ML-50 UNIT/ML ...	17	HUMULIN R U-500 KWIKPEN SOPN SC	18	hydrocortisone butyrate soln	50
HUMALOG MIX 50/50 SUSP 50 UNIT/ML-50 UNIT/ML	17	HYCANTIN CAPS	31	hydrocortisone tabs	43
HUMALOG MIX 75/25 KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML ...	17	hydralazine hcl tabs	23	hydrocortisone valerate crea	50
HUMALOG MIX 75/25 SUSP 25 UNIT/ML-75 UNIT/ML	17	hydrochlorothiazide caps	53	hydrocortisone valerate oint	50
HUMALOG SOCT	17	hydrochlorothiazide tabs	53	hydrocortisone w/acetic acid 1 %-2 %	104
HUMALOG SOLN IJ	17	hydrocodone bitartrate-homatropine methylbromide soln 1.5 mg/5ml-5 mg/5ml	44	hydromorphone hcl liqd	6
HUMATE-P SOLR	59	hydrocodone bitartrate-homatropine methylbromide tabs 1.5 mg-5 mg ..	44	hydromorphone hcl tabs	6
HUMATROPE CART IJ	54	hydrocodone polistirex-chlorpheniramine polistirex suer 8 mg/5ml-10 mg/5ml	44	hydromorphone hcl tb24 32 mg	6
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	3	hydrocodone-acetaminophen soln ..	7	hydromorphone hcl tb24 8 mg, 12 mg, 16 mg	6
HUMIRA PEN PNKT	3	hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg, 7.5 mg-325 mg ..	7	hydroxychloroquine sulfate 200 mg 24	
HUMIRA PEN-CD/UC/HS STARTER PNKT	3	hydrocodone-ibuprofen 10 mg-200 mg, 5 mg-200 mg, 7.5 mg-200 mg ..	7	hydroxyurea	31
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	3	hydrocodone-ibuprofen 10 mg-200 mg	7	hydroxyzine hcl soln 25 mg/ml, 50 mg/ml	9
HUMIRA PEN-PS/UV STARTER PNKT	3	hydrocortisone (intrarectal)	8	hydroxyzine hcl syrp	9
HUMIRA PSKT	3	hydrocortisone (rectal) ex 2.5 %	8	hydroxyzine hcl tabs	9
HUMULIN 70/30 KWIKPEN SUPN 30 UNIT/ML-70 UNIT/ML	18	hydrocortisone (topical) crea 2.5 % 50		hydroxyzine pamoate caps	9
		hydrocortisone (topical) lotn 2 %, 2.5		hyoscyamine sulfate sub1 .125 mg 112	
				hyoscyamine sulfate tabs .125 mg 111	
				hyoscyamine sulfate tb12 .375 mg 111	
				hyoscyamine sulfate tbdp .125 mg 112	

HYPERSAL NEBU	44	imiquimod 5 %	51	vehicle 1 %-1.9 %	47
HYPODERMIC NEEDLE 30GX1/2" . 86		IN TOUCH STERILE LANCETS30G 73		IOPIDINE	101
HYQVIA 2.5 GM/25ML-200 UNT/1.25ML, 20 GM/200ML-1600 UNIT/10ML, 30 GM/300ML-2400 UNIT/15ML, 5 GM/50ML-400 UNIT/2.5ML	104	INBRIJA CAPS	32	ipratropium bromide (nasal)	99
HY-VEE LANCETS	73	INCRELEX	54	ipratropium bromide soln .02 % ...	10
HY-VEE THIN LANCETS	73	INCRUSE ELLIPTA	10	ipratropium-albuterol soln 0.5 mg/3ml-2.5 mg/3ml	11
ibandronate sodium tabs	53	indapamide tabs 1.25 mg, 2.5 mg .	53	irbesartan	22
IBRANCE CAPS	29	INDERAL XL	36	irbesartan-hydrochlorothiazide ...	23
IBRANCE TABS	29	INDOCIN SUPP	4	IRESSA	26
ibuprofen tabs 400 mg, 600 mg, 800 mg	4	INDOCIN SUSP	4	ISENTRESS CHEW	34
icatibant acetate	60	indomethacin caps 25 mg, 50 mg ...	4	ISENTRESS HD TABS	34
ICLUSIG 10 MG, 30 MG	29	indomethacin cpcr	4	ISENTRESS PACK	34
ICLUSIG 15 MG, 45 MG	29	INFLECTRA	56	ISENTRESS TABS	34
icosapent ethyl	21	INGREZZA CAPS 40 MG, 80 MG 106		isoniazid syrps	25
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	59	INGREZZA CAPS 60 MG	106	isoniazid tabs	25
IDELVION 3500 UNIT	59	INGREZZA CPPK	106	ISOPTO ATROPINE SOLN	100
IDHIFA	29	INLYTA	25	isosorbide dinitrate tabs	9
ILEVRO	103	INNOPRAN XL	36	isosorbide dinitrate-hydralazine hcl 20 mg-37.5 mg	37
imatinib mesylate 100 mg	29	INQOVI 35 MG-100 MG	28	isosorbide mononitrate tabs	9
imatinib mesylate 400 mg	29	INREBIC	29	isosorbide mononitrate tb24	9
IMBRUVICA CAPS	29	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN 25 UNIT/ML-75 UNIT/ML	18	isotretinoin 10 mg, 25 mg	46
IMBRUVICA TABS	29	INTEGRA F 3 MG-40 MG-62.5 MG- 62.5 MG-1000 MCG	61	isotretinoin 20 mg	46
imipenem-cilastatin iv	24	INTELENCE 25 MG	34	isotretinoin 30 mg	46
imipramine hcl tabs 10 mg, 25 mg .	16	INTRON A SOLN	31	isotretinoin 35 mg, 40 mg	46
imipramine hcl tabs 50 mg	16	INTRON A SOLR	31	isoxsuprine hcl	38
imipramine pamoate	16	INVIRASE TABS	34	isradipine caps	37
		iodoquinol-hydrocortisone in aloe		itraconazole caps	20
				itraconazole soln	20
				ivermectin (pediculicide)	52
				ivermectin (rosacea)	51

ivermectin	9	KEVZARA SOAJ	3	KYNMOBI TITRATION KIT KIT	32
IXINITY SOLR	59	KEVZARA SOSY	3	labetalol hcl tabs	36
JAKAFI	29	KINNEY LANCETS	73	lacosamide soln or 10 mg/ml	13
JANUMET TABS	16	KINNEY THIN LANCETS	73	lacosamide tabs	13
JANUMET XR TB24 100 MG-1000 MG	16	KISQALI	29	lactulose (encephalopathy)	57
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG	16	KISQALI FEMARA 200 DOSE 200 MG-2.5 MG	28	lactulose soln	63
JANUVIA	17	KISQALI FEMARA 400 DOSE 2.5 MG-200 MG	28	LAMICTAL ODT KIT 0	13
JARDIANCE	18	KISQALI FEMARA 600 DOSE 2.5 MG-200 MG	28	LAMICTAL XR KIT 0	13
JIVI	59	KLARITY-A	101	lamivudine (hbv) tabs	35
JULUCA 50 MG-25 MG	34	KLOXXADO LIQD	19	lamivudine soln	34
JUXTAPID 10 MG, 20 MG, 30 MG	22	KOATE SOLR	59	lamivudine tabs	34
JUXTAPID 5 MG	22	KOATE-DVI SOLR	59	lamivudine-zidovudine 150 mg-300 mg	34
JYNARQUE TBPk	55	KOSELUGO	29	lamotrigine chew	13
KALYDECO PACK 25 MG	109	KOVALTRY	59	lamotrigine kit 0	13
KALYDECO PACK 50 MG, 75 MG 109		K-PHOS NO 2 305 MG-700 MG ..	57	lamotrigine kit 25 mg	13
KALYDECO TABS	109	KRINTAFEL	24	lamotrigine tabs	13
KCENTRA	59	KROGER HEALTHPRO TWIST LANCETS/26G	73	lamotrigine tb24 25 mg, 50 mg, 100 mg, 200 mg	13
KESIMPTA	106	KROGER LANCETS	73	lamotrigine tb24 250 mg	13
ketoconazole (topical) crea	47	KROGER LANCETS 21G	73	lamotrigine tb24 300 mg	13
ketoconazole (topical) foam	47	KROGER LANCETS MICRO THIN33G	73	lamotrigine tbdp	13
ketoconazole (topical) sham 2 % ..	47	KROGER LANCETS SUPER THIN 73		LANCETS	73
ketoconazole	20	KROGER LANCETS THIN	73	LANCETS 30G	73
KETONE STRP	52	KROGER LANCETS THIN 26G ..	73	LANCETS 30G TWIST TOP	73
ketoprofen caps 50 mg, 75 mg	4	KROGER LANCETS	73	LANCETS 30G/TWIST TOP	73
ketoprofen cp24	4	KROGER LANCETS ULTRATHIN30G	73	LANCETS 33G EXTRA FINE	73
ketorolac tromethamine (ophth) .	103	KYNMOBI FILM	32	LANCETS 33G UNIVERSAL DESIGN	73
ketorolac tromethamine tabs	4			LANCETS MICRO THIN 33G	74
KETOSTIX STRP	52			LANCETS SUPER THIN 28G	74

LANCETS THIN	74	mg, 200 mg, 350 mg	31	levonorgestrel-ethinyl estradiol (continuous) 90 mcg-20 mcg	42
LANCETS ULTRA THIN	74	leucovorin calcium tabs	31	levorphanol tartrate tabs	6
LANCETS ULTRA THIN 30G	74	LEUKERAN	25	levothyroxine sodium caps 125 mcg . 111	
lansoprazole cpdr	112	leuprolide acetate kit ij 1 mg/0.2ml	27	levothyroxine sodium caps 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	111
lansoprazole tbdd 15 mg	112	levalbuterol hcl	11	levothyroxine sodium tabs 112 mcg, 125 mcg, 175 mcg, 200 mcg	111
lansoprazole tbdd 30 mg	112	levalbuterol tartrate	11	levothyroxine sodium tabs 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 137 mcg, 150 mcg, 300 mcg	111
lanthanum carbonate chew 1000 mg . 57		LEVEMIR FLEXPEN SOPN	18	LEXIVA SUSP	34
lanthanum carbonate chew 500 mg 57		LEVEMIR FLEXTOUCH SOPN	18	LIBERTY MEDICAL LANCETS 30G . 74	
lanthanum carbonate chew 750 mg 57		LEVEMIR SOLN	18	lidocaine hcl (mouth-throat)	90
LANTUS SOLN	18	levetiracetam soln or 100 mg/ml, 500 mg/5ml	13	lidocaine hcl soln	51
LANTUS SOLOSTAR SOPN	18	levetiracetam tabs 1000 mg	13	lidocaine ptch 5 %	51
lapatinib ditosylate	29	levetiracetam tabs 250 mg, 500 mg, 750 mg	13	lidocaine-prilocaine crea 2.5 %-2.5 %	51
LASTACRAFT	103	levetiracetam tb24	13	LIFESCAN UNISTIK 2 DEEP PENETRATION	74
latanoprost soln	103	levobunolol hcl .5 %	100	LIFESCAN UNISTIK II LANCETS .	74
LATANOPROST SOLN	103	levocarnitine (metabolic modifiers) soln or 1 gm/10ml	54	linezolid susr	24
leflunomide 10 mg	4	levocarnitine (metabolic modifiers) tabs	54	linezolid tabs	24
leflunomide 20 mg	4	levocetirizine dihydrochloride soln .	20	LINZESS	57
lenalidomide	89	levocetirizine dihydrochloride tabs .	20	LIORESAL INTRATHECAL SOLN IT 99	
LENVIMA 10 MG DAILY DOSE ...	26	levofloxacin (ophth)	101	liothyronine sodium tabs 25 mcg, 50 mcg	111
LENVIMA 12MG DAILY DOSE ...	26	levofloxacin soln or	56	liothyronine sodium tabs 5 mcg ..	111
LENVIMA 14 MG DAILY DOSE ...	26	levofloxacin tabs	56	lisinopril & hydrochlorothiazide 20 mg-25 mg, 25 mg-20 mg	23
LENVIMA 18 MG DAILY DOSE ...	26	levonorgestrel & eth estradiol tabs	41		
LENVIMA 20 MG DAILY DOSE ...	26	levonorgestrel (emergency oc) 1.5 mg	43		
LENVIMA 24 MG DAILY DOSE ...	26	levonorgestrel-eth estradiol (triphasic)	41		
LENVIMA 4 MG DAILY DOSE	26	levonorgestrel-ethinyl estradiol (91- day) 0.03 mg-0.15 mg, 0.15 mg-0.03 mg	41		
LENVIMA 8 MG DAILY DOSE	26				
letrozole	27				
leucovorin calcium solr 50 mg, 100					

lisinopril tabs 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg	22	losartan potassium & hydrochlorothiazide	23	MAYZENT TABS 2 MG	106
lisinopril tabs 40 mg	22	losartan potassium	22	meclofenamate sodium caps	4
LITE TOUCH LANCETS	74	LOTEMAX OINT	102	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	74
LITETOUCH LANCETS MICRO THIN 33G	74	loteprednol etabonate gel	102	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	74
lithium carbonate caps 150 mg, 600 mg	32	loteprednol etabonate susp	102	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	74
lithium carbonate caps 300 mg	32	lovastatin tabs	21	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	74
lithium carbonate tabs	32	loxapine succinate	33	MEDICHOICE SAFETY LANCETEXTRA	74
lithium carbonate tbcr	32	lubiprostone	56	MEDICHOICE SAFETY LANCETNORMAL	75
LITHOSTAT	58	LUCEMYRA	105	MEDICHOICE SAFETY LANCETS THIN LANCETS	75
LIVALO	21	LUMIGAN SOLN .01 %	103	MEDLANCE PLUS EXTRA LANCETS 21G	75
LIVE BETTER LANCET SUPERTHIN 30G	74	LUPRON DEPOT (1-MONTH) KIT IM	27	MEDLANCE PLUS LANCETS	75
LIVE BETTER LANCET ULTRATHIN 28G	74	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	54	MEDLANCE PLUS LANCETS LITE 25G	75
LO LOESTRIN FE TABS 1 MG-10 MCG-75 MG	42	lurasidone hcl	32	MEDLANCE PLUS LITE LANCETS 25G	75
LOMAIRA TABS	1	LYNPARZA TABS	29	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	75
LONGS LANCETS STANDARD ..	74	LYSODREN	27	MEDLANCE PLUS SUPERLITE 30G	75
LONGS LANCETS THIN	74	mafenide acetate pack	48	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	75
LONGS LANCETS ULTRA THIN ..	74	MAGNEBIND 400 80 MG-115 MG	88	MEDLANCE PLUS UNIVERSAL LANCETS 21G	75
LONSURF	28	malathion	52	MEDLANCE PLUS/LITE 25G	75
loperamide hcl caps	19	maprotiline hcl	15	MEDLANCE/EXTRA	75
lopinavir-ritonavir soln 400 mg/5ml- 100 mg/5ml	34	maraviroc tabs	34	MEDLANCE/LITE	75
lopinavir-ritonavir tabs	34	MARPLAN	15	MEDLANCE/UNIVERSAL	75
lorazepam conc	9	MATULANE	31		
lorazepam tabs	9	MAVYRET TABS 40 MG-100 MG	35		
LORBRENA	29	MAXIDEX SUSP OP	102		
LORTAB ELIX 10 MG/15ML-300 MG/15ML	7	MAYZENT STARTER PACK TBPK 106			
		MAYZENT TABS .25 MG	106		
		MAYZENT TABS 1 MG	106		

MEDROL TABS	43	memantine hcl tabs 5 mg	105	methimazole tabs	110
medroxyprogesterone acetate 10 mg 105		memantine hcl tabs	105	METHITEST TABS	8
medroxyprogesterone acetate 2.5 mg, 5 mg	105	MENEST	56	methocarbamol tabs	99
mefenamic acid caps	4	MENOSTAR PTWK	56	methotrexate sodium soln 1 gm/40ml, 50 mg/2ml, 250 mg/10ml, 1000 mg/40ml	25
mefloquine hcl	24	meperidine hcl soln or 50 mg/5ml ...	6	methotrexate sodium solr	25
megestrol acetate (appetite)	105	meperidine hcl tabs 50 mg	6	methotrexate sodium tabs 2.5 mg ..	25
megestrol acetate susp	27	mercaptopurine tabs	25	methoxsalen rapid	48
megestrol acetate tabs	27	meropenem 500 mg	24	methscopolamine bromide	112
MEIJER COLOR LANCETS UNIVERSAL 33G	75	mesalamine cp24	56	methyldopa & hydrochlorothiazide 23	
MEIJER LANCETS	75	mesalamine cpcr	56	methyldopa tabs	22
MEIJER LANCETS THIN	75	mesalamine cpdr	56	methylergonovine maleate tabs ..	104
MEIJER LANCETS UNIVERSAL21G	75	mesalamine enem	56	methylphenidate hcl chew	2
MEIJER LANCETS UNIVERSAL30G	75	mesalamine supp	56	methylphenidate hcl cp24 60 mg ...	2
MEIJER LANCETS UNIVERSAL33G	75	mesalamine tbec 1.2 gm	56	methylphenidate hcl cp24	2
MEIJER LANCETS UNIVERSAL33G	75	mesalamine tbec 800 mg	56	methylphenidate hcl cpcr 10 mg, 40 mg, 50 mg, 60 mg	2
MEIJER SUPER THIN LANCETS	76	MESNEX TABS	31	methylphenidate hcl cpcr 20 mg, 30 mg	2
MEKINIST	29	metaxalone 400 mg	99	methylphenidate hcl soln	2
MEKTOVI	29	metaxalone 800 mg	99	methylphenidate hcl tabs 20 mg	2
meloxicam tabs 15 mg	4	metformin hcl soln	17	methylphenidate hcl tabs 5 mg, 10 mg	2
meloxicam tabs 7.5 mg	4	metformin hcl tabs	17	methylphenidate hcl tb24 18 mg, 27 mg, 54 mg	2
melphalan	25	metformin hcl tb24 500 mg, 750 mg 17		methylphenidate hcl tb24 36 mg	2
melphalan hcl	25	methadone hcl conc	6	methylphenidate hcl tbcr 10 mg, 20 mg	2
memantine hcl cp24 14 mg, 21 mg, 28 mg	105	methadone hcl soln or	6	methylphenidate hcl tbcr 18 mg, 27 mg, 36 mg	2
memantine hcl cp24 7 mg	105	methadone hcl tabs	6	methylphenidate hcl tbcr 54 mg	2
memantine hcl soln	105	methadone hcl tbso	6		
memantine hcl tabs 10 mg	105	methamphetamine hcl	1		
		methazolamide tabs	53		
		methenamine hippurate	24		
		methenamine mandelate .5 gm, 1 gm	24		

methylphenidate ptch	2	miglustat	61	montelukast sodium chew	10
methylprednisolone tabs	43	MILLIPRED TABS	43	montelukast sodium pack	10
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methyltestosterone caps	8	minocycline hcl cp24	110	morphine sulfate beads	.6
metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml	56	minocycline hcl tabs 50 mg, 100 mg . 110		morphine sulfate cp24	.6
metoclopramide hcl tabs	56	minocycline hcl tabs 75 mg	110	morphine sulfate soln or 10 mg/0.5ml, 20 mg/5ml, 20 mg/ml, 100 mg/5ml	.6
metoclopramide hcl tbdp	56	minoxidil 2.5 mg, 10 mg	23	morphine sulfate soln or 10 mg/5ml .	.6
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metolazone	53	mirtazapine tbdp	15	morphine sulfate tabs	.6
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naftifine hcl gel	47	neomycin-polymyxin-hc (otic) soln 1 % -3.5 mg/ml-10000 unit/ml	103	nicotine polacrilex lozg	109
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50 mg	8	phenytoin sodium extended 100 mg,	
pentoxifylline	60	200 mg, 300 mg	15
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selegiline hcl tabs	32	SIDE BUTTON SAFETY LANCET21G	80	sodium chloride soln iv 3 %	89
selenium sulfide lotn 2.5 %	48	SIGNIFOR	55	sodium citrate & citric acid 334 mg/5ml-500 mg/5ml	58
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SE-NATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	96	sildenafil citrate (pulmonary hypertension) susr	39	sodium fluoride soln .125 mg/drop, .5 mg/ml	88
SE-NATAL 19 CHEW 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	96	sildenafil citrate (pulmonary hypertension) tabs	39	sodium fluoride tabs .5 mg	88
SE-NATAL 19 TABS 1 MG-3 MG-3 MG-7 MG-12 MCG-15 MG-20 MG-20 MG-29 MG-30 UNIT-100 MG-200 MG-400 UNIT-1000 UNIT	96	sildenafil citrate	38	sodium fluoride tabs 1 mg	88
SEREVENT DISKUS	11	silodosin 4 mg	58	SODIUM OXYBATE	105
SEROSTIM SC	54	silodosin 8 mg	58	sodium phenylbutyrate powd	55
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SOMAVERT	54	SUBLOCADE SOSY	8	sumatriptan 20 mg/act	88
sorafenib tosylate	30	sucalfate susp	112	sumatriptan 5 mg/act	88
SORILUX FOAM	48	sucalfate tabs	112	sumatriptan succinate soaj	88
sotalol hcl (afib/af)	36	sulconazole nitrate crea	47	sumatriptan succinate soct 4 mg/0.5ml	88
sotalol hcl tabs	36	sulconazole nitrate soln	47	sumatriptan succinate soct 6 mg/0.5ml	88
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SPIRIVA HANDIHALER CAPS	10	sulfacetamide sodium (ophth) oint 101		sumatriptan succinate sosy 6 mg/0.5ml	88
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	10	sulfacetamide sodium (ophth) soln 101		sumatriptan succinate tabs	88
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	10	sulfacetamide sodium liqd	48	sunitinib malate 12.5 mg, 37.5 mg, 50 mg	30
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spironolactone tabs	53	sulfacetamide sodium w/ sulfur crea 4.8 %-9.8 %	46	SUPER THIN LANCETS	81
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theophylline tb12 300 mg	11	tizanidine hcl tabs 4 mg	99	topiramate tabs 100 mg	14
theophylline tb12 450 mg	11	TOBI PODHALER CAPS	2	topiramate tabs 200 mg	14
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TIBSOVO	30	TODAYS HEALTH ULTRA		tramadol hcl cp24 100 mg, 200 mg, 300 mg	7
timolol maleate (ophth) solg	100	THINLANCETS 28G	82	tramadol hcl tabs 100 mg	7
timolol maleate (ophth) soln	100	tolbutamide	18	tramadol hcl tabs 50 mg	7
timolol maleate tabs 10 mg	36	tolcapone	31	tramadol hcl tb24 100 mg	7
timolol maleate tabs 5 mg, 20 mg .	36	tolmetin sodium caps	4	tramadol hcl tb24 200 mg	7
tinidazole 250 mg	23	tolmetin sodium tabs 600 mg	4	tramadol hcl tb24	7
tinidazole 500 mg	23	TOLSURA CAPS	20	tramadol hcl tb24	7
tiopronin tabs	58	tolterodine tartrate cp24	113	tramadol-acetaminophen 37.5 mg- 325 mg	7
TIVICAY TABS	35	tolterodine tartrate tabs	113	trandolapril	22
tizanidine hcl caps	99	TOPCARE LANCETS MICRO-THIN 33G	82	trandolapril-verapamil hcl	23
		topiramate cp24 25 mg	14	tranexamic acid soln 1000 mg/10ml 61	
		topiramate cp24 50 mg, 100 mg ...	14	tranexamic acid tabs	61
		topiramate cpsp	14	tranylcypromine sulfate	15
		topiramate cs24 100 mg, 150 mg, 200 mg	14	TRAVEL LANCETS 30G	82

TRAVEL LANCETS ADVANCED 28G	82	caps 25 mg-37.5 mg	53	97		
travoprost	103	triamterene & hydrochlorothiazide tabs 50 mg-75 mg	53		TRINTELLIX	16
trazodone hcl tabs	16	triamterene & hydrochlorothiazide tabs	53		TRISTART DHA 1.3 MG-1.8 MG-5 MG-14 MCG-15 MG-15 UNIT-30 MG-31 MG-35 MG-55 MG-200 MCG-200 MG-400 MCG-600 MCG-1000 UNIT	97
TRECTOR	25	triamterene caps	53		TRISTART ONE 2 MG-5 MCG-15 UNIT-18 MG-35 MG-50 MG-55 MG-200 MCG-215 MG-432 MCG-568 MCG-1000 UNIT	97
TRELEGY ELLIPTA	11	triazolam .125 mg	61			
TREMFYA SOPN	48	triazolam .25 mg	61			
TREMFYA SOSY	48					
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	18	TRICARE PRENATAL DHA ONE 1 MG-2 MG-3 MG-3.4 MG-10 MG-20 MG-25 MG-25 MG-27 MG-30 UNIT-45 MG-60 MG-100 MCG-150 MCG-215 MG-300 MCG-500 MG-800 UNIT	97			
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	18	TRICARE TABS 1 MG-1.6 MG-1.6 MG-2 MG-3.1 MG-10 MCG-10 MG-12 MCG-20 MG-27 MG-30 UNIT-100 MG-200 MG	97		TRIUMEQ PD TBSO 60 MG-5 MG-30 MG	35
TRESIBA SOLN	18	trientine hcl	89		TRIUMEQ TABS 50 MG-300 MG-600 MG	35
tretinoin (chemotherapy)	31	trifluoperazine hcl tabs	33		TRI-VI-FLOR	91
tretinoin crea .025 %, .05 %, .1 %	46	trifluridine	101		TRI-VI-FLORO	91
tretinoin gel .01 %, .025 %, .05 %	46	trihexyphenidyl hcl soln	31		TRIZIVIR 150 MG-300 MG-300 MG	35
tretinoin microsphere .04 %	46	trihexyphenidyl hcl tabs	31			
tretinoin microsphere .1 %	46	TRIJARDY XR	17			
TRETEN	60	TRIKAFTA 25 MG-50 MG	109			
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	25	TRIKAFTA 50 MG-100 MG	110			
triamcinolone acetonide (mouth)	90	trimethobenzamide hcl caps	19			
triamcinolone acetonide (nasal) aero .100		trimethoprim tabs	23			
triamcinolone acetonide (topical) aers	50	TRIMETHOPRIM TABS	23			
triamcinolone acetonide (topical) crea	50					
triamcinolone acetonide (topical) lotn 50		trimipramine maleate caps	16			
triamcinolone acetonide (topical) oint .025 %, .1 %, .5 %	50	TRINATAL RX 1 TABS 1 MG-1.5 MG-1.6 MG-2.5 MCG-3 MG-4 MG-7 MG-15 UNIT-17 MG-25 MG-30 MCG-60 MG-80 MG-100 MG-200 MG-400 UNIT-400 UNIT-3600 UNIT				
triamterene & hydrochlorothiazide						

THIN	83	ULTILET LANCETS	83	25G	84
TRUEPLUS PEN NEEDLES		ULTILET LANCETS 33G	83	UNISTIK PRO SAFETY LANCET	
31GX5MM	87	ULTILET SAFETY LANCETS 21G X		28G	84
TRUEPLUS SAFETY LANCETS 28G		2.2MM	83	UNISTIK SAFETY LANCETS 28G	
.....	83	ULTILET SAFETY LANCETS 23G		84	
TRULICITY	17	83		UNISTIK SAFETY LANCETS 30G	
TUKYSA	26	ULTRA FLO INSULIN PEN NEEDLE		84	
TURALIO 200 MG	30	31GX5MM	87	UNISTIK TOUCH SAFETY	
TUSNEL TABS 30 MG-60 MG-400		ULTRA THIN LANCETS 31G	83	LANCETS 21G	84
MG	44	ULTRA-CARE LANCETS 30G ...	83	UNISTIK TOUCH SAFETY	
TUSSICAPS CP12 8 MG-10 MG ..	44	ULTRA-THIN II AUTO LANCET ..	83	LANCETS 23G	84
TUSSLIN LIQD 10 MG/5ML-28		ULTRA-THIN II LANCETS 28G ..	83	UNISTIK TOUCH SAFETY	
MG/5ML-388 MG/5ML	44	ULTRA-THIN II LANCETS 30G ...	83	LANCETS 28G	84
TUSSLIN PEDIATRIC LIQD 2.5		UNILET COMFORTOUCH LANCET		UNISTIK TOUCH SAFETY	
MG/ML-7.5 MG/ML-88 MG/ML	44	83		LANCETS 30G	84
TWIRLA 30 MCG/24HR-120		UNILET EXCELITE	83	UNIVERSAL 1 LANCETS THIN26G .	
MCG/24HR	42	UNILET EXCELITE II	83	84	
TWIST TOP LANCETS 30G	83	UNILET G.P. LANCET	83	UNIVERSAL 1 LANCETS ULTRA	
TYBLUME CHEW 0.1 MG-20 MCG		UNILET G.P. SUPERLITE LANCET .		THIN 30G	84
42		83		UNIVERSAL 1	
TYBOST	35	UNILET GP 28 ULTRA THIN	84	LANCETS/33G/MICRO-THIN	84
TYMLOS	53	UNILET LANCET	84	UPTRAVI TABS 200 MCG	39
TYVASO REFILL SOLN IN	38	UNILET LANCETS MICRO-THIN33G		UPTRAVI TABS 400 MCG, 600	
TYVASO SOLN IN	38		84	MCG, 800 MCG, 1000 MCG, 1200	
TYVASO STARTER SOLN IN	38	UNILET LANCETS SUPER-		MCG, 1400 MCG, 1600 MCG	39
UBRELVY	87	THIN30G	84	UPTRAVI TITRATION PACK TBPk	
UCERIS	8	UNILET LANCETS ULTRA-THIN		39	
ULTIGUARD SAFEPAK MINI PEN		28G	84	urea lotn 40 %	51
NEEDLE/31G X 3/16"/SHARPS		UNILET SUPERLITE LANCET ...	84	ursodiol caps	56
CONTAI	87	UNISTIK 3 GENTLE	84	ursodiol tabs	56
ULTILET CLASSIC LANCETS	83	UNISTIK PRO SAFETY LANCET		valacyclovir hcl 1 gm, 1000 mg	36
ULTILET INSULIN SYRINGE/U-		21G	84	valacyclovir hcl 500 mg	36
100/0.5ML/31GX6MM	87	UNISTIK PRO SAFETY LANCET		VALCHLOR	47
				valganciclovir hcl solr	35

valganciclovir hcl tabs35	TBPK26	VIIBRYD STARTER PACK KIT16
valproate sodium soln or 250 mg/5ml 15	VENCLEXTA TABS 10 MG26	vilazodone hcl tabs 10 mg, 40 mg .16
valproic acid caps15	VENCLEXTA TABS 100 MG 26	vilazodone hcl tabs 20 mg 16
valsartan tabs 160 mg22	VENCLEXTA TABS 50 MG26	VINATE DHA RF 1.4 MG-1.4 MG-15 MG-18 MG-1 MG-1.13 MG-5 MCG- 25 MG-27 MG-60 MCG-60 MG-85 MG-110 MG-220 MCG97
valsartan tabs 40 mg, 80 mg, 320 mg22	venlafaxine hcl cp24 16	VINATE ONE TABS 0.03 MG-1 MG- 1.5 MG-1.6 MG-2.5 MCG-3 MG-4 MG-7 MG-15 UNIT-17 MG-25 MG-60 MG-80 MG-100 MG-200 MG-400 UNIT-4000 UNIT97
valsartan-hydrochlorothiazide 25 mg- 160 mg23	venlafaxine hcl tabs16	
VALUE PLUS LANCETS STANDARD 21G84	venlafaxine hcl tb24 225 mg16	
VALUE PLUS LANCETS SUPERTHIN 30G 85	venlafaxine hcl tb24 37.5 mg, 75 mg, 150 mg 16	
VALUE PLUS LANCETS THIN 26G . 85	VENTAVIS38	
VALUMARK LANCET SUPER THIN 30G85	verapamil hcl cp24 100 mg, 120 mg, 200 mg, 240 mg, 300 mg37	VIRACEPT TABS35
VALUMARK LANCET ULTRA THIN 28G85	verapamil hcl cp24 180 mg37	VIREAD POWD35
vancomycin hcl caps 125 mg24	verapamil hcl cp24 360 mg37	VIREAD TABS 150 MG, 200 MG, 250 MG35
vancomycin hcl caps 250 mg24	verapamil hcl tabs37	
VANDAZOLE114	verapamil hcl tbc 120 mg37	VIRT-C DHA 1 MG-1.8 MG-2 MG-2 MG-3 MG-5 MG-5 MG-10 MG-12.5 MCG-25 MG-25 MG-38 MG-39 MG- 53.5 MG-156 MG-200 MG-300 MCG- 310 MG97
varenicline tartrate tabs .5 mg109	verapamil hcl tbc 180 mg, 240 mg 37	VIRT-NATE DHA CAPS 1 MG-1 MG- 3 MG-3 MG-15 MCG-20 MG-20 MG- 28 MG-30 MG-30 UNIT-100 MG-200 MG-400 UNIT97
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VARUBI TBPK20	VERIFINE UNIVERSAL LANCETS 30G85	
VCF VAGINAL CONTRACEPTIVE FILM FILM114	VERSACLOZ SUSP33	
VCF VAGINAL CONTRACEPTIVE FOAM FOAM114	VERZENIO30	
VCF VAGINAL CONTRACEPTIVEGEL GEL114	VIBERZI57	
VECAMYL23	VIBRAMYCIN110	
VEMLIDY35	VICTOZA17	
VENCLEXTA STARTING PACK	VIDA MIA UNILET LANCETS SUPER THIN 30G85	VIRT-PN PLUS 10 UNIT-12 MCG-25 MG-28 MG-40 MG-45 MG-85 MG- 140 MG-150 MCG-200 UNIT-250 MCG-300 MG-340 MG-400 MCG- 600 MCG97
	VIDA MIA UNILET LANCETS ULTRA THIN 28G85	VIRTUSSIN DAC SOLN 10 MG/5ML- 30 MG/5ML-70 %-100 MG/5ML ... 44
	vigabatrin pack15	VISTOGARD 19
	vigabatrin tabs 15	VITAFOL GUMMIES 0.333 MG-

0.833 MG-2.667 MG-3.33 MG-3.333 MG-5 MG-5 UNIT-5.1 MG-10 MG-25 MG-34.8 MG-50 MCG-333.333 UNIT-366.667 MG 97	VIVAGUARD LANCETS 85	WESCAP-C DHA 1 MG-1.8 MG-2 MG-2 MG-3 MG-5 MG-5 MG-10 MG- 12.5 MCG-25 MG-25 MG-38 MG-39 MG-53.5 MG-156 MG-200 MG-300 MCG 98
VITAFOL-NANO 0.4 MG-0.6 MG-2.5 MG-150 MCG-25 MCG-12 MCG-18 MG 97	VIZIMPRO 26	WESNATE DHA CAPS 1 MG-1 MG- 3 MG-3 MG-10 MCG-15 MCG-20 MG-20 MG-20.1 MG-28 MG-30 MG- 100 MG-200 MG 98
VITAFOL-ONE CAPS 1 MG-1.6 MG- 1.8 MG-2 MG-2.5 MG-12 MCG-15 MG-20 MG-20 UNIT-25 MG-29 MG- 30 MG-150 MCG-200 MG-1000 UNIT-1100 UNIT 98	VONVENDI 60	WESTAB PLUS TABS 1 MG-1.84 MG-2 MG-3 MG-9.9 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG- 120 MG-200 MG-1200 MCG 98
VITAMEDMD ONE RX/QUATREFOLIC 1.5 MG-1.7 MG- 7.5 MG-8 MCG-10 MG-20 MG-21 UNIT-25 MG-30 MG-60 MG-200 MG- 300 MCG-400 MCG-400 UNIT-600 MCG 98	voriconazole susr 20	WESTGEL DHA 1.3 MG-1.8 MG-5 MG-10 MG-14 MCG-15 MG-25 MCG-30 MG-31 MG-35 MG-55 MG- 200 MCG-200 MG-400 MCG-600 MCG 98
VITAMEDMD REDICHEW RX 1.4 MG-1.7 MG-2 MG-8 MCG-400 UNIT . 98	voriconazole tabs 20	WIDE-SEAL SILICONE DIAPHRAGM KIT 60 64
VITAPEARL 1.4 MG-1.7 MG-2 MG- 7.5 MG-8 MCG-10 MG-20 MG-25 MG-30 MG-30 MG-30 UNIT-150 MCG-200 MG-300 MCG-400 UNIT 98	VOSEVI 100 MG-100 MG-400 MG 36	WIDE-SEAL SILICONE DIAPHRAGM KIT 65 64
VITATHELY/GINGER TABS 1.9 MG- 2.6 MCG-15 MCG-20 MG-27 MG-44 MG-85 MG-330 MCG-1000 MCG . 98	VOTRIENT 31	WIDE-SEAL SILICONE DIAPHRAGM KIT 70 64
VITATRUE 1.4 MG-2 MG-3 MG-3.4 MG-10 MG-12 MCG-15 MG-20 MG- 25 MG-30 MG-30 UNIT-60 MG-150 MCG-150 MG-300 MCG-300 MG- 600 UNIT 98	VP-PNV-DHA CAPS 6 MG-1 MG-1 MG-2.2 MG-12 MCG-15.8 MG-16 MG-20 MG-20 MG-28 MG-30 MG-30 UNIT-50 MG-80 MG-200 MG-400 UNIT-2500 UNIT 98	WIDE-SEAL SILICONE DIAPHRAGM KIT 75 64
VITRAKVI CAPS 30	VRAYLAR CAPS 32	WIDE-SEAL SILICONE DIAPHRAGM KIT 80 64
VITRAKVI SOLN 31	VRAYLAR CPPK 32	WIDE-SEAL SILICONE DIAPHRAGM KIT 85 64
VIVA DHA CAPS 1 MG-1 MG-3 MG- 3 MG-15 MCG-20 MG-20 MG-28 MG-30 MG-30 UNIT-100 UNIT-200 MG-400 UNIT 98	VYNDAMAX 39	WIDE-SEAL SILICONE DIAPHRAGM KIT 90 64
	VYNDAQEL 39	WIDE-SEAL SILICONE DIAPHRAGM KIT 95 64
	VYVANSE CAPS 1	WILATE KIT 60
	VYVANSE CHEW 1	WILZIN 89
	WALGREENS ADVANCED TRAVELLANCETS 28G 85	XADAGO 32
	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G 85	XALKORI 31
	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G 85	
	WALGREENS LANCETS 85	
	WALGREENS THIN LANCETS ... 85	
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XARELTO STARTER PACK TBPK 12	YONSA	27	zolpidem tartrate tbc	62
XARELTO SUSR	zafirlukast 10 mg	10	ZOMACTON SOLR SC 10 MG	54
XARELTO TABS	zafirlukast 20 mg	10	zonisamide caps 100 mg	14
XATMEP SOLN	zaleplon	62	zonisamide caps 25 mg, 50 mg	14
XELJANZ TABS 10 MG	ZARXIO	61	ZORBTIVE SC	54
XELJANZ TABS 5 MG	ZATEAN-PN DHA 10 UNIT-12 MCG-25 MG-27 MG-45 MG-85 MG-140 MG-200 UNIT-300 MG-400 MCG-600 MCG	98	ZUPLENZ FILM	19
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XERMELO	ZELAPAR TBDP	32	ZYKADIA TABS	31
XIFAXAN 200 MG	ZELBORAF	31	ZYLET 0.3 %-0.5 %	102
XIFAXAN 550 MG	ZENPEP CPEP	52		
XIGDUO XR 10 MG-1000 MG, 10 MG-500 MG	ZEVRX TWIST TOP LANCETS 30G 85			
XIGDUO XR 2.5 MG-1000 MG, 5 MG-1000 MG, 5 MG-500 MG	zidovudine caps	35		
XIMINO CP24	zidovudine syrp	35		
XOLAIR SOSY	zidovudine tabs	35		
XOSPATA	ZIEXTENZO	61		
XPOVIO	zileuton tb12	10		
XPOVIO 100 MG ONCE WEEKLY 27	ziprasidone hcl 20 mg, 40 mg	32		
XPOVIO 60 MG ONCE WEEKLY	ziprasidone hcl 60 mg, 80 mg	32		
XPOVIO 80 MG ONCE WEEKLY	ZIRGAN GEL	101		
XPOVIO 80 MG TWICE WEEKLY 28	ZOLINZA	31		
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XTANDI TABS	zolmitriptan tabs	88		
XURIDEN	zolmitriptan tbdp	88		
XYNTHA	zolpidem tartrate tabs	62		
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XYREM				