

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 All previous versions are no longer in effect.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 current information about existing drugs and chooses drugs based on:

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

How do I find a drug in the Drug List?

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

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

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

Categorical list: The drugs are grouped into 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	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.

<i>Tier</i>	<i>Description</i>
1	Drugs in this Tier include most generic drugs and low-cost preferred brand name drugs.
2	Drugs in this Tier includes nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the Plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Drugs in this Tier include nonpreferred brand name drugs or drugs that are recommended by the Plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Drugs that are biologics, drugs that the FDA or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply.
5	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:

<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

Abbreviation	Definition	Description
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.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the formulary.
RX/OTC	Prescription & Over the Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC
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.
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.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A request for an exception to a step therapy requirement may be submitted in the same manner as a request for prior authorization. The request shall be treated in the same manner, and shall be responded to in the same manner, as a request for prior authorization for prescription drugs. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to enrolled in a Health Net plan, you will not have to undergo step therapy and the drug will be approved for coverage when medically necessary.

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

Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. 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. Male condoms can be provided by your pharmacy and billed through the pharmacy Claims system with a zero copay.

What blood glucose supplies covered?

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

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* 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 / Exchange 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. 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. The drugs available through mail order are drugs that you take on a regular basis for a chronic or long-term medical condition. Tier 4 or Specialty drugs are not available through mail order.

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

How can I save money on my prescription drugs?

You can save time and money with these simple steps:

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

Definitions

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

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

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

Cost sharing: includes applicable copayments, coinsurances, or deductibles.

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 applicable step therapy protocol in favor of coverage of the prescription drug prescribed by a health care provider for an individual member.

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines					
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1		<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1		<i>lisdexamfetamine dimesylate CHEW</i>	1	Limited to 1 per day; QL(1 ea daily)
<i>amphetamine-dextroamphetamine CP24</i> 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1	QL(2 ea daily; 90 Day(s) limit)	<i>methamphetamine hcl</i>	2	PA
<i>amphetamine-dextroamphetamine</i> TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG	1	QL(90 ea per fill retail)	VYVANSE CAPS	2	QL(1 ea daily)
<i>amphetamine-dextroamphetamine</i> 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		VYVANSE CHEW	2	Limited to 1 per day; QL(1 ea daily)
<i>dextroamphetamine sulfate CP24</i>	1		Analeptics		
<i>dextroamphetamine sulfate SOLN</i>	1		<i>caffeine citrate SOLN OR</i>	1	
Anorexiants Non-Amphetamine					
<i>ADIPEX-P CAPS (phentermine hcl)</i>					
<i>ADIPEX-P TABS (phentermine hcl)</i>					
<i>benzphetamine hcl 50 MG</i>					
<i>diethylpropion hcl TABS</i>					
<i>diethylpropion hcl TB24</i>					
<i>LOMAIRA TABS</i>					
<i>phentermine hcl CAPS</i>					
<i>phentermine hcl TABS</i>					
<i>QSYMIA</i>					
Anti-Obesity Agents					
<i>CONTRAVE</i>					

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>orlistat</i>	4	Check plan documents for coverage; PA	<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
SAXENDA	4	Check plan documents for coverage; QL(0.5 ml daily); PA	<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
XENICAL (<i>orlistat</i>)	7	Check plan documents for coverage; PA	<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)	<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)	<i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG</i>	1	QL(1 ea daily)
<i>clonidine hcl (adhd) TB12</i>	1	QL(4 ea daily)	<i>methylphenidate PTCH</i>	1	QL(1 ea daily)
<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)	<i>modafinil</i>	2	QL(1 ea daily); ST
Stimulants - Misc.			QUILLIVANT XR SRER	3	ST; QL(12 ml daily); PA
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	ST; PA	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>armodafinil 50 MG</i>	1	ST; PA	Aminoglycosides		
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily)	ARIKAYCE	4	PA
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)	BETHKIS NEBU (<i>tobramycin</i>)	7	PA
<i>methylphenidate hcl CHEW</i>	1		HUMATIN	2	
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)	<i>neomycin sulfate TABS</i>	1	
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)	<i>streptomycin sulfate SOLR</i>	4	PA
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1		TOBI PODHALER CAPS	4	PA
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 ea daily)	<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	4	PA
<i>methylphenidate hcl SOLN</i>	1		<i>tobramycin NEBU</i>	4	PA
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)	<i>tobramycin NEBU</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RINVOQ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	AMJEVITA SOAJ	4	Check plan documents for coverage; PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	AMJEVITA SOSY 20 MG/0.4ML	4	Check plan documents for coverage; PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 days retail); PA
Antirheumatic Antimetabolites			HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
OTREXUP SOAJ 10 MG/0.4ML	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 days retail); 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; PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	Check plan documents for coverage; QL(4 ea per 365 days retail); PA
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;; PA	HUMIRA PEN PNKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(0.072 ea daily; 2 ea per 28 days retail); PA
RASUVO SOAJ 20 MG/0.4ML	4	ST; PA	HUMIRA PEN PNKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA
Anti-TNF-alpha - Monoclonal Antibodies			HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER PNKT	4	Check plan documents for coverage; QL(3 ea per 365 days retail); PA	(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
HUMIRA PSKT	4	Check plan documents for coverage; QL(0.143 ea daily); PA	(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
Gold Compounds					
RIDAURA	2		<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)
Interleukin-1 Blockers					
ARCALYST	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA
Interleukin-6 Receptor Inhibitors					
KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA	<i>diclofenac potassium TABS 50 MG</i>	1	
KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA	<i>diclofenac sodium TB24</i>	1	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			<i>diclofenac sodium TBEC</i>	1	
(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	1		<i>etodolac CAPS</i>	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		<i>etodolac TABS</i>	1	
(Indomethacin) INDOCIN SUPP	1		<i>etodolac TB24</i>	1	QL(2 ea daily)
			<i>flurbiprofen TABS</i>	1	
			<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
			<i>INDOCIN SUSP</i>	2	
			<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
			<i>indomethacin CPCR</i>	1	
			<i>indomethacin SUPP</i>	1	
			<i>ketoprofen CAPS 50 MG, 75 MG</i>	1	
			<i>ketoprofen CP24</i>	1	
			<i>kеторолак трометамин TABS</i>	1	QL(20 ea per fill retail)
			<i>meclofenamate sodium CAPS</i>	1	
			<i>mefenamic acid CAPS</i>	1	
			<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
			<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
			<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
			<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
			<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
			<i>naproxen SUSP</i>	1	

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<i>naproxen TABS</i>	1		ENBREL SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.286 ea daily); PA
<i>oxaprozin</i>	1		ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); PA
<i>piroxicam CAPS 10 MG</i>	1		ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); PA
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)	ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)	Analgesic Combinations		
<i>sulindac TABS 200 MG</i>	1		(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	
Phosphodiesterase 4 (PDE4) Inhibitors			(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
OTEZLA TABS	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); PA	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 days retail); PA	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	
Pyrimidine Synthesis Inhibitors			<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)	<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)	<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	1	
Soluble Tumor Necrosis Factor Receptor Agents					
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA			
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA			
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA			

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butilbital-aspirin-caffeine CAPS	1		(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
Salicylates					
(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, FT LOW DOSE ASPIRIN, GNP ASPIRIN, GNP ASPIRIN LOW DOSE, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN LOW DOSE, H-E-B ASPIRIN, HM ASPIRIN EC LOW DOSE, KLS ASPIRIN LOW DOSE, KP ASPIRIN, MM ASPIRIN, PX ENTERIC ASPIRIN, QC ASPIRIN LOW DOSE, RA ASPIRIN EC, RA ASPIRIN EC ADULT LOW STRENGTH, SB LOW DOSE ASA EC, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN EC LOW STRENGTH, SM ASPIRIN LOW DOSE, ST JOSEPH ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN TBEC 81 MG	5	PV	aspirin CHEW	5	PV
analgesics - opioid - Drugs to Treat Pain, Muscle and Joint Conditions					
Opioid Agonists					
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC			1		
(Methadone Hcl) METHADOSE TBSO			1		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
codeine sulfate TABS	1		morphine sulfate TABS	1	
CONZIP CP24 (tramadol hcl)	7		morphine sulfate TBCR	1	QL(3 ea daily)
fentanyl citrate LPOP 1600 MCG	2	ST; QL(4 ea daily); PA	NUCYNTA ER TB12	2	QL(2 ea daily)
fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	2	ST; PA	NUCYNTA TABS	2	QL(6 ea daily)
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	1	Limit 15 per month; QL(0.5 ea daily)	OXAYDO TABS 5 MG	2	
fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	1	Limit 15 patches per month; QL(0.5 ea daily)	OXAYDO TABS 7.5 MG	3	QL(4 ea daily)
hydromorphone hcl LIQD	1		oxycodone hcl CAPS	1	
hydromorphone hcl TABS	1		oxycodone hcl CONC 100 MG/5ML	1	
hydromorphone hcl TB24 32 MG	1	QL(2 ea daily)	oxycodone hcl SOLN	1	
hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	1	QL(4 ea daily)	oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	1	
levorphanol tartrate TABS	1	ST; PA	oxycodone hcl TABS 30 MG	1	QL(4 ea daily)
meperidine hcl SOLN OR 50 MG/5ML	1		oxymorphone hcl TABS 10 MG	1	QL(8 ea daily)
meperidine hcl TABS 50 MG	1		oxymorphone hcl TABS 5 MG	1	
methadone hcl CONC	1		oxymorphone hcl TB12	1	QL(2 ea daily)
methadone hcl SOLN OR	1		tramadol hcl CP24 100 MG, 200 MG, 300 MG	1	
methadone hcl TABS	1	QL(12 ea daily)	tramadol hcl TABS 100 MG	1	
methadone hcl TBSO	1		tramadol hcl TABS 50 MG	1	QL(8 ea daily)
morpheine sulfate beads	1	QL(1 ea daily)	tramadol hcl TB24 100 MG	1	QL(3 ea daily)
morpheine sulfate CP24	1	QL(2 ea daily)	tramadol hcl TB24	1	
morpheine sulfate SOLN OR 10 MG/5ML	1		tramadol hcl TB24 200 MG	1	QL(1 ea daily)
morpheine sulfate SOLN OR 10 MG/0.5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	1	Not available through mail order	Opioid Combinations		
morpheine sulfate SUPP 10 MG, 20 MG, 30 MG	1		(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	1	
			(Oxycodone W/Acetaminophen) ENDOCET TABS 325 MG-5 MG	1	QL(6 ea daily)

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(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 2.5 MG	1		<i>hydrocodone-ibuprofen 10 MG-200 MG</i>	1	Not available through mail order
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 10 MG, 325 MG-7.5 MG	1	QL(4 ea daily)	LORTAB ELIX	3	
<i>acetaminophen w/ codeine SOLN</i>	1		NALOCET TABS	3	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)	OXYCODONE AND ACETAMINOPHEN TABS	3	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		<i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>	1	
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	1	PA	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG</i>	1	QL(4 ea daily)
<i>butalbital-acetaminophen- caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	1		OXYCODONE/ACETAMIN OPHEN TABS	3	
<i>butalbital-aspirin-caffeine w/cod</i>	1		PROLATE TABS	3	
<i>hydrocodone- acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML- 7.5 MG/15ML</i>	1		<i>tramadol-acetaminophen</i>	1	QL(8 ea daily)
<i>hydrocodone- acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG</i>	1		Opioid Partial Agonists		
<i>hydrocodone- acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	QL(240 ea per fill retail)	<i>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>hydrocodone- acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)	<i>buprenorphine hcl- naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	1		<i>buprenorphine hcl- naloxone hcl dihydrate SUBL</i>	1	
			<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 PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	Limited to 4 patches per month; QL(4 ea per 28 days retail)

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<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)	<i>budesonide (intrarectal)</i>	1	ST; PA			
<i>pentazocine w/ naloxone hcl</i>	1		CORTIFOAM EX 10 %	2				
SUBLOCADE SOSY	4	Covered under the Medical Benefit; PA	<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)			
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones								
Anabolic Steroids								
<i>oxandrolone 2.5 MG</i>	2		ANALPRAM-HC LOTN EX	3				
<i>oxandrolone 10 MG</i>	2	QL(2 ea daily)	PROCTOFOAM HC FOAM EX	2				
Androgens								
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml per fill retail)	(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1				
<i>danazol CAPS</i>	1		<i>hydrocortisone (rectal) EX 2.5 %</i>	1				
METHITEST TABS	2		Vasodilating Agents					
<i>methyltestosterone CAPS</i>	1		RECTIV	3				
TESTIM GEL TD (<i>testosterone</i>)	7	QL(10 gm daily); PA	ANTHELMINTICS - Drugs to Treat Worm Infections					
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml per fill retail)	Anthelmintics					
<i>testosterone enanthate SOLN IM</i>	1		<i>albendazole</i>	1				
<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)	BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)			
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	QL(10 gm daily)	<i>ivermectin</i>	1	QL(5 ea per fill retail); PA			
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)	<i>praziquantel</i>	1				
<i>testosterone SOLN</i>	1	QL(6 ml daily)	ANTIANGINAL AGENTS - Drugs to Treat Chest Pain					
ANOORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching								
Intrarectal Steroids								
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate TABS</i>	1		<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
<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 30 MG</i>	1	QL(2 ea daily)
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)	<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1		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 TBCR</i>	1	
<i>hydroxyzine hcl SYRP</i>	1		<i>quinidine sulfate TABS</i>	1	
<i>hydroxyzine hcl TABS</i>	1		Antiarrhythmics Type I-B		
<i>hydroxyzine pamoate CAPS</i>	1		<i>mexiletine hcl</i>	1	
Benzodiazepines			Antiarrhythmics Type I-C		
(Alprazolam) ALPRAZOLAM XR TB24	1		<i>flecainide acetate</i>	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1		<i>propafenone hcl CP12</i>	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1		<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
ALPRAZOLAM INTENSOL CONC	3		<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
<i>alprazolam TABS</i>	1		Antiarrhythmics Type III		
<i>alprazolam TB24</i>	1		(Amiodarone Hcl) PACERONE TABS	1	
<i>alprazolam TBDP</i>	2		<i>amiodarone hcl TABS</i>	1	
<i>chlordiazepoxide hcl CAPS</i>	1		<i>dofetilide</i>	1	
<i>clorazepate dipotassium TABS</i>	1		MULTAQ	2	
<i>diazepam CONC</i>	1		ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
<i>diazepam SOLN OR 5 MG/5ML</i>	1		Antiasthmatic - Monoclonal Antibodies		
<i>diazepam TABS 2 MG, 5 MG</i>	1		FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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NUCALA SOAJ	4	PA	Steroid Inhalants		
NUCALA SOLR	4	Must use Acaria Specialty (844) 538-4661; SP; PA	ARNUITY ELLIPTA	2	QL(1 ea daily)
NUCALA SOSY 100 MG/ML	4	PA	<i>budesonide (inhalation)</i> <i>SUSP 0.5 MG/2ML</i>	2	QL(4 ml daily)
Anti-Inflammatory Agents			<i>budesonide (inhalation)</i> <i>SUSP 0.25 MG/2ML</i>	2	QL(8 ml daily)
<i>cromolyn sodium NEBU</i>	1		<i>budesonide (inhalation)</i> <i>SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
Bronchodilators - Anticholinergics			FLOVENT DISKUS AEPB 50 MCG/BLIST	2	QL(40 ea daily)
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)	FLOVENT DISKUS AEPB 100 MCG/BLIST	2	QL(20 ea daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)	FLOVENT DISKUS AEPB 250 MCG/BLIST	2	QL(8 ea daily)
<i>ipratropium bromide</i> <i>SOLN 0.02 %</i>	1		FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT	2	Limit 2 inhalers per month; QL(0.8 gm daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 Inhaler per month; QL(0.143 gm daily)	FLOVENT HFA 44 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)	PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail)
<i>tiotropium bromide</i> <i>monohydrate CAPS</i>	1	QL(1 ea daily)	QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)
Leukotriene Modulators			QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)
<i>montelukast sodium</i> <i>CHEW</i>	1	QL(1 ea daily)	Sympathomimetics		
<i>montelukast sodium</i> <i>PACK</i>	1	QL(1 ea daily)	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
<i>montelukast sodium</i> <i>TABS</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)			

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(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)	<i>ipratropium-albuterol SOLN</i>	1	
ADVAIR HFA AERO	2	Limit 1 inhaler per month; QL(0.4 gm daily)	<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 AERS</i>	1	QL(0.47 gm daily)	PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)
<i>albuterol sulfate AERS</i>	1	QL(0.72 gm daily)	SEREVENT DISKUS	2	QL(2 ea daily)
<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1		STIOLTO RESPIMAT	2	QL(0.14 gm daily)
ALBUTEROL SULFATE NEBU	2		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>albuterol sulfate SYRP</i>	1		<i>terbutaline sulfate TABS</i>	1	
<i>albuterol sulfate TABS</i>	1		TRELEGY ELLIPTA	2	QL(2 ea daily)
ANORO ELLIPTA	2	QL(2 ea daily)	Xanthines		
BREO ELLIPTA 100 MCG/INH-25 MCG/INH, 200 MCG/INH-25 MCG/INH	2	QL(2 ea daily)	(Theophylline) ELIXOPHYLLIN ELIX	1	
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)	THEO-24 CP24	2	
<i>budesonide-formoterol fumarate dihydrate</i>	1		<i>theophylline ELIX</i>	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)	<i>theophylline SOLN</i>	1	
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	1	QL(2 ea daily)	<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)
<i>formoterol fumarate NEBU</i>	1	QL(4 ml daily)	<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)
			<i>theophylline TB24</i>	1	QL(1 ea daily)
			ANTICOAGULANTS - Blood Thinners		
			Coumarin Anticoagulants		
			(Warfarin Sodium) JANTOVEN TABS	1	
			<i>warfarin sodium TABS</i>	1	
			Direct Factor Xa Inhibitors		
			ELIQUIS STARTER PACK TBPK	2	QL(74 ea per 30 days retail)
			ELIQUIS TABS	2	QL(2 ea daily)
			XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)

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XARELTO SUSR	2	QL(900 ml per 30 days retail)	FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily); SL
XARELTO TABS	2	QL(1 ea daily)	FYCOMPA TABS 2 MG	3	QL(6 ea daily)
Heparins And Heparinoid-Like Agents					
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	7	PA	FYCOMPA TABS 6 MG	3	QL(2 ea daily); SL
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	Anticonvulsants - Benzodiazepines		
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ml daily); PA	<i>clobazam SUSP</i>	1	
ENOXAPARIN SODIUM SOLN IJ	3	QL(4 ml per 7 days retail)	<i>clobazam TABS 10 MG</i>	1	QL(1 ea daily)
<i>enoxaparin sodium SOSY</i>	2	QL(4 ml per 7 days retail)	<i>clobazam TABS 20 MG</i>	1	QL(2 ea daily)
<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	4	PA	<i>clonazepam TABS</i>	1	
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA	<i>clonazepam TBDP</i>	1	
FRAGMIN SOLN 95000 UNIT/3.8ML	4	PA	<i>diazepam (anticonvulsant) GEL</i>	1	QL(0.14 ea daily)
FRAGMIN SOSY 2500 UNIT/0.2ML	4		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	VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 days retail); PA
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA	VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 days retail); PA
ANTICONVULSANTS - Drugs to Treat Seizures					
AMPA Glutamate Receptor Antagonists					
FYCOMPA SUSP	3	QL(24 ml daily)	<i>(Carbamazepine) EPITOL TABS</i>	1	
FYCOMPA TABS 4 MG	3	QL(3 ea daily)	<i>(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT</i>	1	ST
			<i>(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT</i>	1	ST

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(Lamotrigine) SUBVENITE TABS	1		KEPPRA TABS 250 MG, 500 MG, 750 MG <i>(levetiracetam)</i>	7	QL(6 ea daily)
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)	KEPPRA TABS 1000 MG <i>(levetiracetam)</i>	7	QL(3 ea daily)
APTIOM	3	QL(2 ea daily); PA	<i>lacosamide SOLN OR 10 MG/ML</i>	1	QL(40 ml daily)
BANZEL SUSP <i>(rufinamide)</i>	7		<i>lacosamide TABS</i>	1	QL(2 ea daily)
BANZEL TABS 200 MG <i>(rufinamide)</i>	7		LAMICTAL CHEWABLE DISPERSIBLE CHEW <i>(lamotrigine)</i>	7	
BANZEL TABS 400 MG <i>(rufinamide)</i>	7	QL(8 ea daily)	LAMICTAL ODT KIT	3	ST; PA
<i>carbamazepine CHEW</i>	1		LAMICTAL ODT TBDP <i>(lamotrigine)</i>	7	PA
<i>carbamazepine CP12</i>	1		LAMICTAL XR KIT	3	ST; PA
<i>carbamazepine SUSP</i>	1		LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG <i>(lamotrigine)</i>	7	QL(1 ea daily); PA
<i>carbamazepine TABS</i>	1		LAMICTAL XR TB24 250 MG <i>(lamotrigine)</i>	7	PA
<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)	LAMICTAL XR TB24 300 MG <i>(lamotrigine)</i>	7	QL(2 ea daily)
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)	LAMICTAL TABS <i>(lamotrigine)</i>	7	
<i>carbamazepine TB12 100 MG</i>	1		<i>lamotrigine CHEW</i>	1	
CARBATROL CP12 <i>(carbamazepine)</i>	7		<i>lamotrigine KIT</i>	1	ST; PA
DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA	<i>lamotrigine KIT 25 MG</i>	1	ST
DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA	<i>lamotrigine TABS</i>	1	
DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA	<i>lamotrigine TB24 250 MG</i>	1	PA
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 TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	1	QL(1 ea daily); PA
<i>gabapentin CAPS</i>	1		<i>lamotrigine TBDP</i>	1	PA
<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 1000 MG</i>	1	QL(3 ea daily)
KEPPRA XR TB24 <i>(levetiracetam)</i>	7	QL(4 ea daily)	<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)
KEPPRA SOLN OR 100 MG/ML <i>(levetiracetam)</i>	7		<i>levetiracetam TB24</i>	1	QL(4 ea daily)

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

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Carbamates					
<i>felbamate SUSP</i>	1		<i>ethosuximide CAPS</i>	1	
<i>felbamate TABS</i>	1		<i>ethosuximide SOLN</i>	1	
FELBATOL SUSP <i>(felbamate)</i>	7		<i>methsuximide</i>	1	
GABA Modulators					
(Vigabatrin) VIGADRONE PACK	4	QL(6 ea daily)	ZARONTIN CAPS <i>(ethosuximide)</i>	7	
(Vigabatrin) VIGADRONE TABS	4		ZARONTIN SOLN <i>(ethosuximide)</i>	7	
GABITRIL <i>(tiagabine hcl)</i>	7		Valproic Acid		
SABRIL PACK <i>(vigabatrin)</i>	7	QL(6 ea daily)	DEPAKOTE ER TB24 <i>(divalproex sodium)</i>	7	
SABRIL TABS <i>(vigabatrin)</i>	7		DEPAKOTE SPRINKLES CSDR <i>(divalproex sodium)</i>	7	
<i>tiagabine hcl</i>	1		DEPAKOTE TBEC <i>(divalproex sodium)</i>	7	
<i>vigabatrin PACK</i>	4	QL(6 ea daily)	<i>divalproex sodium CSDR</i>	1	
<i>vigabatrin TABS</i>	4		<i>divalproex sodium TB24</i>	1	
Hydantoins			<i>divalproex sodium TBEC</i>	1	
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1		<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	
(Phenytoin) PHENYTOIN INFATABS CHEW	1		<i>valproic acid CAPS</i>	1	
DILANTIN 30 MG	3		ANTIDEPRESSANTS - Drugs to Treat Depression		
DILANTIN (phenytoin sodium extended)	7		Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN INFATABS CHEW (phenytoin)	7		<i>mirtazapine TABS</i>	1	
DILANTIN-125 SUSP (phenytoin)	7		<i>mirtazapine TBDP</i>	1	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1		Antidepressants - Misc.		
<i>phenytoin CHEW</i>	1		<i>bupropion hcl TABS</i>	1	
<i>phenytoin SUSP</i>	1		<i>bupropion hcl TB12</i>	1	
Succinimides			<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)
CELONTIN <i>(methsuximide)</i>	7		<i>bupropion hcl TB24 450 MG</i>	1	QL(1 ea daily); ST
Monoamine Oxidase Inhibitors (MAOIs)			<i>FORFIVO XL TB24 (bupropion hcl)</i>	7	QL(1 ea daily); ST
EMSAM	3	QL(1 ea daily)			
MARPLAN	3				
<i>phenelzine sulfate</i>	1				

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<i>tranylcypromine sulfate</i>	2		Serotonin Modulators		
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>nefazodone hcl</i>	1	
SPRAVATO 56MG DOSE	4	PA	<i>trazodone hcl TABS</i>	1	
SPRAVATO 84MG DOSE	4	PA	TRINTELLIX	3	ST
Selective Serotonin Reuptake Inhibitors (SSRIs)			VIIBRYD STARTER PACK KIT	3	PA
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ml daily)	<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)
<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)	<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1	
<i>escitalopram oxalate SOLN</i>	1		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 ea daily)	<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)	<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1		FETZIMA TITRATION PACK C4PK	3	ST
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)	FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
<i>fluoxetine hcl CPDR</i>	1		FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)	<i>venlafaxine hcl CP24</i>	1	QL(2 ea daily)
<i>fluoxetine hcl TABS 10 MG</i>	1		<i>venlafaxine hcl TABS</i>	1	
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 ea daily)	<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)
<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 ea daily)	<i>venlafaxine hcl TB24 225 MG</i>	1	
<i>fluvoxamine maleate CP24 150 MG</i>	2		Tricyclic Agents		
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)	<i>amitriptyline hcl TABS</i>	1	
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1		<i>amoxapine</i>	1	
<i>paroxetine hcl SUSP</i>	1		<i>clomipramine hcl</i>	2	
<i>paroxetine hcl TABS</i>	1		<i>desipramine hcl TABS</i>	1	
<i>paroxetine hcl TB24</i>	1		<i>doxepin hcl CAPS</i>	1	
<i>sertraline hcl CONC</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>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
			<i>imipramine pamoate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl CAPS</i>	1		<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
<i>nortriptyline hcl SOLN</i>	1		<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
<i>protriptyline hcl</i>	1		Diabetic Other		
<i>trimipramine maleate CAPS</i>	1		<i>diazoxide</i>	2	
ANTIDIABETICS - Drugs to Regulate Blood Sugar			<i>GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR</i>	2	QL(1 ea per fill retail; 2 ea per 30 days retail)
Alpha-Glucosidase Inhibitors			Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>acarbose</i>	1		<i>alogliptin benzoate</i>	1	
<i>miglitol</i>	1		<i>JANUVIA</i>	2	QL(1 ea daily)
Antidiabetic Combinations			Incretin Mimetic Agents		
<i>glipizide-metformin hcl</i>	1		<i>OZEMPIC SOPN</i>	2	Not available through mail order; PA
<i>glyburide-metformin</i>	1		<i>RYBELSUS TABS 7 MG, 14 MG</i>	2	PA
<i>GLYXAMBI</i>	2		<i>RYBELSUS TABS 3 MG</i>	2	Not available through mail order; PA
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)	<i>TRULICITY</i>	2	Not available through mail order; PA
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)	<i>VICTOZA</i>	2	Not available through mail order; PA
JANUMET TABS	2	QL(2 ea daily)	Insulin		
<i>pioglitazone hcl-glimepiride</i>	1		<i>AFREZZA POWD</i>	3	QL(3 ea daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	1		<i>AFREZZA POWD</i>	3	QL(6 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)	<i>AFREZZA POWD</i>	3	
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)	<i>HUMALOG JUNIOR KWIKPEN SOPN</i>	2	Limit 45mls per month; QL(1.5 ml daily)
SYNJARDY TABS	2	QL(2 ea daily)			
TRIJARDY XR	2				
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)			
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)			
Biguanides					
<i>metformin hcl SOLN</i>	1				

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HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)	LANTUS SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	Limit 24mls per Month; QL(0.8 ml daily)	LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	LEVEMIR FLEXPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)	LEVEMIR FLEXTOUCH SOPN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	LEVEMIR SOLN	2	Limit 45mls per month; QL(1.5 ml daily; 135 per fill mail)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ml daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)	TOUJEO SOLOSTAR SOPN	2	QL(0.15 ml daily)
HUMALOG SOLN IJ	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 70/30 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 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	TRESIBA SOLN	2	QL(1.5 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	Insulin Sensitizing Agents		
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)	Meglitinide Analogues		
HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)	<i>nateglinide</i>	1	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
			FARXIGA	2	QL(1 ea daily)
			JARDIANCE	2	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Sulfonylureas					
(Glipizide) GLIPIZIDE XL TB24	1		<i>defeprone TABS 500 MG</i>	4	PA
<i>glimepiride</i>	1		EXJADE TBSO (<i>deferasirox</i>)	7	PA
<i>glipizide TABS</i>	1		FERRIPROX SOLN	4	PA
<i>glipizide TB24</i>	1		FERRIPROX TABS 500 MG (<i>defeprone</i>)	7	PA
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1		JADENU SPRINKLE PACK (<i>deferasirox</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>glyburide TABS</i>	1		JADENU TABS (<i>deferasirox</i>)	7	PA
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea					
Antidiarrheal - Chloride Channel Antagonists					
MYTESI	3	QL(2 ea daily); PA	Antidotes and Specific Antagonists		
Antiperistaltic Agents					
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	1	RX/OTC	KLOXXADO LIQD	2	
<i>diphenoxylate w/ atropine LIQD</i>	1		<i>naloxone hcl LIQD</i>	1	QL(4 ea per 30 days retail); RX/OTC
<i>diphenoxylate w/ atropine TABS</i>	1		<i>naloxone hcl SOSY</i>	1	
<i>loperamide hcl CAPS</i>	1	RX/OTC	<i>naltrexone hcl</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS					
Antidotes - Chelating Agents					
CHEMET	3		ANZEMET TABS 50 MG	3	ST; Limit 2 per month; QL(0.07 ea daily); PA
<i>deferasirox PACK</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>granisetron hcl TABS</i>	1	ST; Limit 2 tablets per day; QL(2 ea daily); PA
<i>deferasirox TABS</i>	4	PA	<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ml daily)
<i>deferasirox TBSO</i>	4	PA	<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 ea daily)
			<i>ondansetron TBDP</i>	1	Limit 20 per month; QL(0.67 ea daily)

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SANCUSO PTCH	4	QL(0.04 ea daily); PA	<i>griseofulvin microsize TABS</i>	1				
ZUPLENZ FILM	3	Limit 20 per month; QL(0.67 ea daily)	<i>griseofulvin ultramicrosize nystatin TABS</i>	1				
Antiemetics - Anticholinergic								
<i>scopolamine</i>	1		<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 days retail)			
<i>trimethobenzamide hcl CAPS</i>	1		Imidazole-Related Antifungals					
Antiemetics - Miscellaneous								
AKYNZEO	3	QL(2 ea per 28 days retail)	CRESEMBA CAPS 186 MG	3	Not available through mail order			
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily)	<i>fluconazole SUSR</i>	1				
<i>dronabinol CAPS 5 MG</i>	2	PA	<i>fluconazole TABS</i>	1				
<i>dronabinol CAPS 10 MG</i>	2	PA	<i>itraconazole CAPS</i>	1	ST; PA			
<i>dronabinol CAPS 2.5 MG</i>	2	ST; PA	<i>itraconazole SOLN</i>	1	PA			
SYNDROS SOLN	4	PA	<i>ketoconazole</i>	1				
Substance P/Neurokinin 1 (NK1) Receptor Antagonists			<i>posaconazole SUSP</i>	1				
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 ea daily)	<i>posaconazole TBEC</i>	1				
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 ea daily)	TOLSURA CAPS	4	PA			
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 ea daily)	<i>voriconazole SUSR</i>	1				
<i>aprepitant MISC</i>	1	Limit 3 per month; QL(0.1 ea daily)	<i>voriconazole TABS</i>	1	QL(2 ea daily)			
EMEND SUSR	3	QL(1 ea per 30 days retail)	ANTIHISTAMINES - Drugs to Treat Allergies					
VARUBI TBPK	3	QL(4 ea per fill retail)	Antihistamines - Alkylamines					
ANTIFUNGALS - Drugs to Treat Fungal Infections								
Antifungals								
<i>flucytosine</i>	1		(Dexchlorpheniramine Maleate) RYCLORA SOLN	1				
<i>griseofulvin microsize SUSR</i>	1		<i>dexchlorpheniramine maleate SOLN</i>	1				
Antihistamines - Ethanolamines								
<i>carbinoxamine maleate SOLN</i>	1		<i>carbinoxamine maleate TABS 4 MG</i>	1				
<i>carbinoxamine maleate TABS 4 MG</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			

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RYVENT TABS	3		<i>cyproheptadine hcl TABS</i>	1				
Antihistamines - Non-Sedating								
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC	ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol					
<i>desloratadine TABS</i>	1	ST; QL(1 ea daily); PA	Antihyperlipidemics - Combinations					
<i>desloratadine TBDP 5 MG</i>	1	PA	<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)			
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA	Antihyperlipidemics - Misc.					
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC	<i>icosapent ethyl</i>	2	PA			
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 ea daily); RX/OTC	<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)			
Antihistamines - Phenothiazines			<i>VASCEPA (icosapent ethyl)</i>	2	PA			
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)	Bile Acid Sequestrants					
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2		(Cholestyramine Light) PREVALITE PACK	1				
PHENERGAN SOLN (<i>promethazine hcl</i>)	7	PA	(Cholestyramine Light) PREVALITE POWD	1				
<i>promethazine hcl SOLN 6.25 MG/5ML</i>	1		<i>cholestyramine light PACK</i>	1				
<i>promethazine hcl SOLN 25 MG/ML, 50 MG/ML</i>	4	PA	<i>cholestyramine light POWD</i>	1				
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2		<i>cholestyramine PACK</i>	1				
<i>promethazine hcl SYRP</i>	1		<i>cholestyramine POWD</i>	1				
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>colesevelam hcl PACK</i>	1	QL(1 ea daily)			
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)	<i>colesevelam hcl TABS</i>	1	QL(7 ea daily)			
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)	<i>colestipol hcl GRAN</i>	1				
Antihistamines - Piperidines			<i>colestipol hcl PACK</i>	2				
<i>cyproheptadine hcl SYRP</i>	1		<i>colestipol hcl TABS</i>	1				
Fibrin Acid Derivatives			Fibric Acid Derivatives					
ANTARA 30 MG						<i>ANTARA 30 MG</i>	3	
<i>choline fenofibrate 135 MG</i>						<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
<i>choline fenofibrate 45 MG</i>						<i>choline fenofibrate 45 MG</i>	1	
<i>fenofibrate micronized 130 MG, 200 MG</i>						<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
<i>fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG</i>						<i>fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG</i>	1	
<i>fenofibrate CAPS</i>						<i>fenofibrate CAPS</i>	1	

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<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)	<i>niacin (antihyperlipidemic) TBCR</i>	1		
<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			
<i>fenofibrate TABS 48 MG</i>	1		<i>PRALUENT SOAJ</i>	4	PA	
FENOFIBRATE TABS	2	QL(1 ea daily)	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			
FIBRICOR (<i>fenofibric acid</i>)	2		ACE Inhibitors			
<i>gemfibrozil TABS</i>	1		<i>benazepril hcl</i>	1		
LIPOFEN CAPS (<i>fenofibrate</i>)	7		<i>captopril</i>	1		
HMG CoA Reductase Inhibitors			<i>enalapril maleate TABS</i>	1	QL(2 ea daily)	
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)	<i>fosinopril sodium</i>	1		
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)	<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)	<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)	
LIVALO	3	QL(1 ea daily); ST	<i>moexipril hcl</i>	1		
<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV	<i>perindopril erbumine</i>	1		
<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); PV	QBRELIS SOLN	3	QL(5 ml daily)	
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)	<i>quinapril hcl</i>	1		
<i>simvastatin TABS</i>	1	QL(1 ea daily)	<i>ramipril CAPS</i>	1	QL(2 ea daily)	
Intestinal Cholesterol Absorption Inhibitors			<i>trandolapril</i>	1		
<i>ezetimibe</i>	1		Agents for Pheochromocytoma			
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			<i>metyrosine</i>	1		
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA	<i>phenoxybenzamine hcl</i>	1	Not available through mail	
JUXTAPID 5 MG	4	ST; PA	Angiotensin II Receptor Antagonists			
Nicotinic Acid Derivatives			<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1		<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)	
			<i>EDARBI 40 MG</i>	3		
			<i>EDARBI 80 MG</i>	3	QL(1 ea daily)	
			<i>irbesartan</i>	1		
			<i>losartan potassium</i>	1		
			<i>olmesartan medoxomil 5 MG, 20 MG</i>	1		

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<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)	<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>telmisartan 20 MG, 40 MG</i>	1		<i>EDARBYCLOR</i>	3	QL(1 ea daily)
<i>telmisartan 80 MG</i>	1	QL(1 ea daily)	<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)	<i>irbesartan-hydrochlorothiazide</i>	1	
Antiadrenergic Antihypertensives			<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>clonidine hcl TABS</i>	1		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>doxazosin mesylate</i>	1		<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>guanfacine hcl</i>	1		<i>metoprolol & hydrochlorothiazide TABS</i>	1	
<i>methyldopa TABS</i>	1		<i>olmesartan medoxomilamlodipine-hydrochlorothiazide</i>	1	ST
<i>prazosin hcl CAPS</i>	1		<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)	<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
Antihypertensive Combinations			<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>ACCURETIC</i>	2		<i>TEKTURN HCT</i>	3	ST
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		<i>telmisartan-amlodipine</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)	<i>telmisartan-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		<i>trandolapril-verapamil hcl</i>	1	
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)			
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1				
<i>atenolol & chlorthalidone</i>	1				
<i>benazepril & hydrochlorothiazide</i>	1				
<i>bisoprolol & hydrochlorothiazide</i>	1				

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<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)	<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1		<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antihypertensives - Misc.					
VECAMYL	3		ALINIA SUSR	3	
Direct Renin Inhibitors					
<i>aliskiren fumarate</i>	1		<i>atovaquone</i>	2	
Selective Aldosterone Receptor Antagonists (SARAs)			LAMPIT	4	PA
<i>eplerenone</i>	1		<i>nitazoxanide TABS</i>	1	
Vasodilators			Carbapenems		
<i>hydralazine hcl TABS</i>	1		<i>ertapenem sodium IJ</i>	4	PA
<i>minoxidil 2.5 MG, 10 MG</i>	1		<i>imipenem-cilastatin IV</i>	2	PA
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			<i>INVANZ IJ (ertapenem sodium)</i>	7	PA
Anti-infective Agents - Misc.			<i>meropenem 500 MG</i>	4	PA
<i>metronidazole CAPS</i>	1		PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	7	PA
<i>metronidazole TABS</i>	1		Glycopeptides		
<i>pentamidine isethionate IN</i>	1		<i>vancomycin hcl CAPS 125 MG</i>	1	PA
PRIMSOL	3		<i>vancomycin hcl CAPS 250 MG</i>	1	
<i>tinidazole 250 MG</i>	1	ST; PA	<i>vancomycin hcl SOLR OR 25 MG/ML</i>	1	PA
<i>tinidazole 500 MG</i>	1	ST	Leprostatics		
<i>trimethoprim TABS</i>	1		<i>dapsone 100 MG</i>	1	QL(4 ea daily)
XIFAXAN 550 MG	3	QL(2 ea daily); PA	<i>dapsone 25 MG</i>	1	
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA	Lincosamides		
Anti-infective Misc. - Combinations			<i>clindamycin hcl</i>	1	
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1		<i>clindamycin palmitate hydrochloride</i>	1	
Monobactams			Monobactams		
CAYSTON	4	PA	CAYSTON	4	PA
Oxazolidinones			Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail)	<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail)

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<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail)	FIRDAPSE	4	ST; PA			
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)	MESTINON SOLN OR <i>(pyridostigmine bromide)</i>	7	PA			
Urinary Anti-infectives								
<i>fosfomycin tromethamine</i>	1		<i>neostigmine methylsulfate SOSY</i>	4	PA			
<i>methenamine hippurate</i>	1		NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	4	PA			
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1		NEOSTIGMINE METHYLSULFATE SOSY <i>(neostigmine methylsulfate)</i>	7	PA			
<i>nitrofurantoin</i>	1		<i>pyridostigmine bromide SOLN OR</i>	4	PA			
<i>nitrofurantoin macrocrystal</i>	1		<i>pyridostigmine bromide TABS 60 MG</i>	1				
<i>nitrofurantoin monohyd macro</i>	1		<i>pyridostigmine bromide TBCR</i>	1				
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)								
Antimalarial Combinations								
<i>atovaquone-proguanil hcl</i>	1		RUZURGI	4	QL(10 ea daily); PA			
COARTEM	2	Limit 24 doses per month; QL(0.8 ea daily)	ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)					
Antimalarials								
<i>chloroquine phosphate TABS</i>	1		Antimycobacterial Agents					
DARAPRIM <i>(pyrimethamine)</i>	7	PA	<i>cycloserine</i>	1				
<i>hydroxychloroquine sulfate 200 MG</i>	1		<i>ethambutol hcl TABS</i>	1				
KRINTAFEL	2	QL(2 ea per 30 days retail)	<i>isoniazid SYRP</i>	1				
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail; 6 per fill mail)	<i>isoniazid TABS</i>	1				
<i>primaquine phosphate TABS</i>	1		PASER PACK	3				
<i>pyrimethamine</i>	4	PA	PRIFTIN	3				
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA	<i>pyrazinamide</i>	1				
ANTIMYASTHENIC/CHOLINERGIC AGENTS			<i>rifabutin</i>	1				
Antimyasthenic/Cholinergic Agents			<i>rifampin CAPS</i>	1				
Alkylating Agents			TRECATOR	2				
ALKERAN (<i>melphalan hcl</i>)								
<i>busulfan SOLN</i>								

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BUSULFEX SOLN <i>(busulfan)</i>	7	PA	LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
cyclophosphamide CAPS	1	AC	LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
CYCLOPHOSPHAMIDE TABS	2		LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC	LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LEUKERAN	2	AC	LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>melphalan</i>	1	AC	LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
<i>melphalan hcl</i>	4	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
MYLERAN TABS	2	AC			
<i>temozolomide CAPS</i>	1	AC			
Antimetabolites					
<i>capecitabine 500 MG</i>	1	AC			
<i>capecitabine 150 MG</i>	1	AC			
<i>fludarabine phosphate SOLR</i>	4	PA			
<i>mercaptopurine TABS</i>	1	AC			
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	4	PA			
<i>methotrexate sodium SOLR</i>	4	PA			
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC			
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; AC; PA			

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LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	<i>abiraterone acetate</i>	4	Must use AcariaHealth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Anti-HER2 Agents					
TUKYSA	4	AC; PA	<i>anastrozole</i>	5	QL(1 ea daily); PV; AC
Antineoplastic - BCL-2 Inhibitors					
VENCLEXTA STARTING PACK TBPK	4	AC; PA	ARIMIDEX (<i>anastrozole</i>)	7	QL(1 ea daily); PV; AC
VENCLEXTA TABS 50 MG	4	AC; PA	<i>AROMASIN (exemestane)</i>	7	PV
VENCLEXTA TABS 10 MG	4	QL(2 ea daily); AC; PA	<i>bicalutamide</i>	1	QL(1 ea daily); AC
VENCLEXTA TABS 100 MG	4	QL(4 ea daily); AC; PA	ELIGARD SC	3	PA
Antineoplastic - EGFR Inhibitors			EMCYT	2	AC
<i>erlotinib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
<i>gefitinib</i>	4	AC	ERLEADA 60 MG	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; SP; AC; PA
GILOTRIFF	4	Must use Accredo SP pharmacy; AC; PA	EULEXIN	2	AC
IRESSA (<i>gefitinib</i>)	7	AC	<i>exemestane</i>	5	PV
TAGRISSO	4	AC; PA	<i>flutamide</i>	1	AC
VIZIMPRO	4	AC; PA	<i>letrozole</i>	1	AC
Antineoplastic - Hedgehog Pathway Inhibitors			<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA
DAURISMO	4	PA	LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis
ERIVEDGE	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; AC; PA	LYSODREN	2	AC
ODOMZO	4	AC	<i>megestrol acetate SUSP</i>	1	AC
Antineoplastic - Hormonal and Related Agents			<i>megestrol acetate TABS</i>	1	AC
			<i>nilutamide</i>	1	AC

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NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>mitoxantrone hcl 2 MG/ML</i>	2	PA
SOLTAMOX SOLN	5	PV; AC	Antineoplastic Combinations		
<i>tamoxifen citrate TABS</i>	5	PV; AC	INQOVI	4	PA
<i>toremifene citrate</i>	1	AC	KISQALI FEMARA 200 DOSE	4	AC; PA
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI FEMARA 400 DOSE	4	AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	KISQALI FEMARA 600 DOSE	4	AC; PA
YONSA	4	AC; PA	LONSURF	4	AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	7	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA	Antineoplastic Enzyme Inhibitors		
Antineoplastic - Immunomodulators			AFINITOR DISPERZ TBSO (<i>everolimus</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	AFINITOR TABS (<i>everolimus</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
Antineoplastic - PDGFR-alpha Inhibitors			ALECENSA	4	AC; PA
AYVAKIT	4	QL(1 ea daily); SP; AC; PA	ALUNBRIG TABS	4	AC; PA
AYVAKIT	4	QL(1 ea daily); SP; PA	ALUNBRIG TBPK	4	AC; PA
Antineoplastic - XPO1 Inhibitors			BALVERSA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XPOVIO	4	AC; PA	<i>bortezomib SOLR IJ</i>	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA
Antineoplastic Antibiotics			BOSULIF 100 MG, 500 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA

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BOSULIF 400 MG	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; SP; AC; PA	IBRANCE TABS	3	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; SP; AC; PA	ICLUSIG 10 MG, 30 MG	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
BRUKINSA	4	AC; PA	ICLUSIG 15 MG, 45 MG	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA	IDHIFA	4	AC; PA
CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA	<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA	<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA
CALQUENCE	4	QL(2 ea daily); AC; PA	IMBRUICA CAPS	4	AC; PA
CAPRELSA	4	AC; PA	IMBRUICA TABS	4	QL(1 ea daily); AC; PA
COMETRIQ KIT	4	AC; PA	INREBIC	4	AC; PA
COPIKTRA	4	AC; PA	ISTODAX SOLR (<i>romidepsin</i>)	7	PA
COTELLIC	4	AC; PA	JAKAFI	4	QL(2 ea daily); AC; PA
everolimus TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA	KISQALI	3	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
everolimus TBSO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA	KOSELUGO	4	PA
FARYDAK 15 MG, 20 MG	4	Must use Caremark SP pharmacy; AC; PA	<i>lapatinib ditosylate</i>	4	AC; PA
FARYDAK 10 MG	4	AC; PA	LORBRENA	4	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; SP; AC; PA
IBRANCE CAPS	3	SF; AC; Must use AcariaHealth SP pharmacy 1-844-538-4661; AC; PA			

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LYNPARZA TABS	4	Refer to Accredo SP Rx; QL(4 ea daily); AC; PA	RYDAPT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
MEKINIST TABS	4	AC; PA	<i>sorafenib tosylate</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
MEKTOVI	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	SPRYCEL 20 MG, 50 MG, 70 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
NERLYNX	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; AC; PA
NEXAVAR (<i>sorafenib tosylate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	STIVARGA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
NINLARO	4	Limited to 3 capsules per month;; QL(0.1 ea daily); 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); AC; PA
<i>pazopanib hcl</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	<i>sunitinib malate 25 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY 200MG DAILY DOSE	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); AC; PA
PIQRAY 250MG DAILY DOSE	4	AC; PA	SUTENT 25 MG (<i>sunitinib malate</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
PIQRAY 300MG DAILY DOSE	4	AC; PA	TABRECTA	4	AC; PA
QINLOCK	4	AC; PA			
RETEVMO	4	AC; PA			
<i>romidepsin SOLR</i>	4	PA			
ROZLYTREK	4	AC; PA			
RUBRACA	4	AC; PA			

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TAFINLAR CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA	ZEJULA TABS	4	PA	
TALZENNA 0.25 MG, 1 MG	4	AC; PA	ZELBORAF	4	AC; PA	
TASIGNA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	ZOLINZA	4	AC; PA	
TAZVERIK	4	PA	ZYDELIG	3	AC; PA	
<i>temsirolimus</i>	4	PA	ZYKADIA TABS	4	AC	
TIBSOVO	4	AC; PA	Antineoplastics Misc.			
TORISEL (<i>temsirolimus</i>)	7	PA	ACTIMMUNE	4	PA	
TURALIO 200 MG	4	AC; PA	ALFERON N	4	PA	
TYKERB (<i>lapatinib ditosylate</i>)	7	AC; PA	BESREMI	4	PA	
VELCADE SOLR IJ (<i>bortezomib</i>)	7	PA	<i>bexarotene</i>	4	AC; PA	
VERZENIO	4	QL(2 ea daily); AC; PA	<i>hydroxyurea</i>	1	AC	
VITRAKVI CAPS	4	AC; PA	INTRON A SOLN 6000000 UNIT/ML	4	PA	
VITRAKVI SOLN	4	AC; PA	INTRON A SOLR	4	PA	
VOTRIENT	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	MATULANE	4	AC; PA	
VOTRIENT (<i>pazopanib hcl</i>)	7	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA	TARGRETIN (<i>bexarotene</i>)	7	AC; PA	
XALKORI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	<i>tretinoin (chemotherapy)</i>	2	AC	
XOSPATA	4	AC; PA	Chemotherapy Rescue/Antidote/Protective Agents			
ZEJULA CAPS	4	AC; PA	<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	4	PA	
			<i>leucovorin calcium TABS</i>	1	AC	
			MESNEX TABS	3	AC	
			Mitotic Inhibitors			
			(Etoposide) TOPOSAR SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	2	PA	
			ETOPOPHOS	3	PA	
			<i>etoposide CAPS</i>	1	AC	
			<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	PA	
			<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	AC; PA	
			Topoisomerase I Inhibitors			
			HYCAMTIN CAPS	4	AC; PA	

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HYCAMTIN SOLR <i>(topotecan hcl)</i>	7	PA	<i>carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	2	
<i>topotecan hcl SOLR</i>	4	PA	<i>carbidopa-levodopa TABS</i>	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease					
Antiparkinson Adjunctive Therapy					
<i>carbidopa</i>	2		<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
Antiparkinson Anticholinergics					
<i>benztropine mesylate SOLN</i>	4	administered under the medical benefit; PA	<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>benztropine mesylate TABS</i>	1		<i>carbidopa-levodopa TBDP</i>	1	
COGENTIN SOLN <i>(benztropine mesylate)</i>	7	administered under the medical benefit; PA	DHIVY TABS	2	
<i>trihexyphenidyl hcl SOLN</i>	1		DUOPA SUSP	3	PA
<i>trihexyphenidyl hcl TABS</i>	1		INBRIJA CAPS	3	PA
Antiparkinson COMT Inhibitors			NEUPRO	3	
<i>entacapone</i>	1		<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)
<i>tolcapone</i>	1		<i>pramipexole dihydrochloride TABS</i>	1	
Antiparkinson Dopaminergics			<i>0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>		
<i>amantadine hcl CAPS</i>	1		<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)
<i>amantadine hcl TABS</i>	1		<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 ea daily)
<i>bromocriptine mesylate CAPS</i>	1		<i>pramipexole dihydrochloride TB24 3.75 MG</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1		<i>pramipexole dihydrochloride TB24</i>	2	
<i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i>	1		<i>0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG</i>		
			<i>ropinirole hydrochloride TABS</i>	1	
			<i>ropinirole hydrochloride TB24 8 MG</i>	1	
			<i>ropinirole hydrochloride TB24 12 MG</i>	2	QL(2 ea daily)
			<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG</i>	2	

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RYTARY CPCR 95 MG-23.75 MG	3	ST; QL(10 ea daily); PA	FANAPT TITRATION PACK	4	
RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	3	QL(10 ea daily); PA	<i>paliperidone</i>	1	
Antiparkinson Monoamine Oxidase Inhibitors					
<i>rasagiline mesylate</i>	1		<i>PERSERIS PRSY</i>	4	administered under the medical benefit; PA
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)	<i>risperidone SOLN</i>	1	
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)	<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
XADAGO	3	PA	<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)
ZELAPAR TBDP	3		<i>risperidone TBDP</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders					
Antimanic Agents					
LITHIUM	3		Butyrophenones		
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1		<i>haloperidol lactate CONC</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)	<i>haloperidol TABS</i>	1	
<i>lithium carbonate TABS</i>	1		Dibenzapines		
<i>lithium carbonate TBCR</i>	1		<i>asenapine maleate</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	7		<i>clozapine TABS</i>	1	
Antipsychotics - Misc.			<i>clozapine TBDP 12.5 MG</i>	1	
EQUETRO	3		<i>loxapine succinate</i>	1	
<i>lurasidone hcl</i>	1		<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)
NUPLAZID CAPS	4	QL(1 ea daily); PA	<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1	
NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA	<i>olanzapine TBDP</i>	2	
VRAYLAR CAPS	4		<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)
VRAYLAR CPPK	4		<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1		<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)	<i>quetiapine fumarate TB24 50 MG</i>	1	ST; PA
Benzisoxazoles			<i>quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG</i>	1	PA
FANAPT	4	QL(2 ea daily)	SAPHRIS 5 MG	3	
			SECUADO	3	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ SUSP	3	QL(18 ml daily)	<i>abacavir sulfate SOLN</i>	1	
Dihydroindolones				<i>abacavir sulfate TABS</i>	1
<i>molindone hcl</i>	1		APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
Phenothiazines				APTIVUS CAPS	2
(Prochlorperazine) COMPRO	1	QL(2 ea daily)	<i>atazanavir sulfate CAPS</i>	1	
<i>chlorpromazine hcl TABS</i>	2		BIKTARVY 200 MG-50 MG-25 MG	2	
<i>fluphenazine hcl CONC</i>	1		CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
<i>fluphenazine hcl ELIX</i>	1		CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
<i>fluphenazine hcl TABS</i>	1		CIMDUO	2	
<i>perphenazine TABS</i>	1		COMPLERA	2	
<i>prochlorperazine</i>	1	QL(2 ea daily)	CRIXIVAN 400 MG	2	
<i>prochlorperazine maleate TABS</i>	1		<i>darunavir TABS</i>	1	
<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)	DELSTRIGO	2	
<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1		DESCOVY 200 MG-25 MG	5	Grand Fathered Plans at Tier 2; PV
<i>trifluoperazine hcl TABS</i>	1		DOVATO	2	
Quinolinone Derivatives				EDURANT	2
<i>ariPIPrazole SOLN OR</i>	1		<i>efavirenz CAPS</i>	1	
<i>ariPIPrazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>ariPIPrazole TABS 15 MG</i>	1	QL(2 ea daily)	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>ariPIPrazole TABS 20 MG</i>	1	QL(1 ea daily)	<i>efavirenz TABS</i>	1	
<i>ariPIPrazole TBDP</i>	1	PA	<i>emtricitabine CAPS</i>	1	
REXULTI	3		<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)
Thioxanthenes					
<i>thiothixene</i>	1				
ANTISEPTICS & DISINFECTANTS					
Antiseptics & Disinfectants					
<i>formaldehyde SOLN 10 %</i>	1				
ANTIVIRALS - Drugs to Treat Viral Infections					
Antiretrovirals					
<i>abacavir sulfate-lamivudine</i>	1				

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<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 ea daily); PV	SELZENTRY SOLN	2		
EMTRIVA SOLN	2		SELZENTRY TABS 25 MG, 75 MG	2		
<i>etravirine</i>	1		<i>stavudine CAPS</i>	1		
EVOTAZ	2		STRIBILD	2		
<i>fosamprenavir calcium TABS</i>	1		SYMTUZA	2		
FUZEON SOLR	4	ST; PA	<i>tenofovir disoproxil fumarate TABS</i>	1		
GENVOYA	2		TIVICAY TABS	2		
INTELENCE 25 MG	2		TRIUMEQ PD TBSO	2		
INVIRASE TABS	2		TRIUMEQ TABS	2		
ISENTRESS HD TABS	2		TRIZIVIR	2		
ISENTRESS CHEW	2		TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	7	QL(1 ea daily); PV	
ISENTRESS PACK	2		TYBOST	2		
ISENTRESS TABS	2		VIRACEPT TABS	2		
JULUCA	2		VIREAD POWD	2		
<i>lamivudine SOLN</i>	1		VIREAD TABS 150 MG, 200 MG, 250 MG	2		
<i>lamivudine TABS</i>	1		<i>zidovudine CAPS</i>	1		
<i>lamivudine-zidovudine</i>	1		<i>zidovudine SYRP</i>	1		
LEXIVA SUSP	2		<i>zidovudine TABS</i>	1		
<i>lopinavir-ritonavir SOLN</i>	1		Antiviral Combinations			
<i>lopinavir-ritonavir TABS</i>	1		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)	
<i>maraviroc TABS</i>	1		PAXLOVID 100 MG-150 MG	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 12 yrs old); PV	
<i>nevirapine SUSP</i>	1		CMV Agents			
<i>nevirapine TABS</i>	1		<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ml daily)	
<i>nevirapine TB24</i>	1					
NORVIR PACK	2					
NORVIR SOLN	2					
ODEFSEY	2					
PIFELTRO	2					
PREZCOBIX	2					
PREZISTA SUSP	2					
PREZISTA TABS 75 MG, 150 MG	2					
REYATAZ PACK	2					
<i>ritonavir TABS</i>	1					
RUKOBIA	4					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>valganciclovir hcl TABS</i>	1		<i>oseltamivir phosphate CAPS 30 MG, 45 MG</i>	1	QL(10 ea per fill retail; 10 per fill mail); AL(At least 1 yrs old)	
Hepatitis Agents				<i>oseltamivir phosphate SUSR</i>		
<i>adefovir dipivoxil</i>	2		RELENZA DISKHALER	3		
<i>entecavir TABS</i>	2		<i>rimantadine hydrochloride TABS</i>	1		
EPCLUSA PACK	2	SP; PA	Misc. Antivirals			
EPCLUSA TABS 50 MG-200 MG	2	SP; PA	LAGEVRIO	5	5 rtl MAX day(s) supply; 30 rtl lmt day(s); AL(At least 18 yrs old); PV	
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA	TPOXX (TECOVIRIMAT CAP 200 MG)	5		
<i>lamivudine (hbv) TABS</i>	1		TPOXX CAPS	5	PV	
MAVYRET TABS	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	TPOXX SOLN	5	PV	
PEGASYS SOLN	3	PA	Respiratory Syncytial Virus (RSV) Agents			
<i>ribavirin (hepatitis c) CAPS</i>	1	PA	<i>ribavirin</i>	1		
VEMLIDY	4	ST	BETA BLOCKERS - Drugs to Treat High Blood Pressure			
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Alpha-Beta Blockers			
Herpes Agents				<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>acyclovir CAPS</i>	1		<i>carvedilol 3.125 MG</i>	1	QL(2 ea daily)	
<i>acyclovir SUSP</i>	1		<i>carvedilol phosphate</i>	1		
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)	<i>labetalol hcl TABS</i>	1		
<i>acyclovir TABS OR 400 MG</i>	1		Beta Blockers Cardio-Selective			
<i>famciclovir</i>	1		<i>acebutolol hcl CAPS</i>	1		
<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)	<i>atenolol TABS</i>	1		
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)	<i>betaxolol hcl</i>	1		
Influenza Agents			<i>bisoprolol fumarate</i>	1	QL(1 ea daily)	
<i>oseltamivir phosphate CAPS 75 MG</i>	1		<i>metoprolol succinate TB24</i>	1		
			<i>metoprolol tartrate TABS</i>	1		

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<i>nebivolol hcl</i>	1		(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
Beta Blockers Non-Selective					
(Sotalol Hcl) SORINE TABS	1		<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
INDERAL XL	3		<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)
INNOPRAN XL	3		<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1		<i>diltiazem hcl extended release beads</i>	1	
<i>pindolol TABS</i>	1		<i>diltiazem hcl CP12</i>	1	
<i>propranolol hcl CP24</i>	1		<i>diltiazem hcl CP24</i>	1	
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1		<i>diltiazem hcl TABS</i>	1	
<i>propranolol hcl TABS</i>	1		<i>diltiazem hcl TB24</i>	1	
<i>sotalol hcl (afib/afl)</i>	1		<i>felodipine 10 MG</i>	1	QL(1 ea daily)
<i>sotalol hcl TABS</i>	1		<i>felodipine 2.5 MG, 5 MG</i>	1	
SOTYLIZE SOLN OR	3		<i>isradipine CAPS</i>	1	
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)	<i>nicardipine hcl CAPS</i>	1	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily)	<i>nifedipine CAPS</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>nifedipine TB24</i>	1	QL(1 ea daily)
Calcium Channel Blockers			<i>nifedipine TB24 30 MG, 60 MG</i>	1	
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)	<i>nimodipine CAPS</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1		<i>nisoldipine</i>	1	
(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1		<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
(Diltiazem Hcl) DILT-XR CP24	1		<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
			<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)
			<i>verapamil hcl TABS</i>	1	
			<i>verapamil hcl TBCR 120 MG</i>	1	
			<i>verapamil hcl TBCR 180 MG, 240 MG</i>	1	QL(2 ea daily)
			VERELAN PM CP24 (<i>verapamil hcl</i>)	7	

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VERELAN CP24 360 MG <i>(verapamil hcl)</i>	2	QL(1 ea daily)	<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 ea per 30 days retail); AL(At least 21 yrs old); PA
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm					
Cardiac Glycosides					
(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1		<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
(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1		<i>tadalafil 2.5 MG</i>	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA
<i>digoxin SOLN OR 0.05 MG/ML</i>	1		Peripheral Vasodilators		
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1		<i>isoxsuprine hcl</i>	1	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	7		Prostaglandin Vasodilators		
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			ORENITRAM TBCR	4	PA
Cardiovascular Agents Misc. - Combinations			TYVASO REFILL SOLN IN	4	PA
<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	TYVASO STARTER SOLN IN	4	PA
<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	1		TYVASO SOLN IN	4	PA
ENTRESTO	3	QL(2 ea daily); PA	VENTAVIS	4	PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1		Pulmonary Hypertension - Endothelin Receptor Antagonists		
Impotence Agents			<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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bosentan TABS 62.5 MG	4	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	sildenafil citrate (pulmonary hypertension) SUSR	4	PA
bosentan TABS 125 MG	4	ST; MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	sildenafil citrate (pulmonary hypertension) TABS	1	QL(3 ea daily); PA
LETAIRIS 5 MG (ambrisentan)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; QL(1 ea daily); PA	tadalafil (pulmonary hypertension) TABS	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
LETAIRIS 10 MG (ambrisentan)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
OPSUMIT	4	ST; PA	UPTRAVI TITRATION PACK TBPK	4	ST; PA
TRACLEER TBSO	4	ST; PA	UPTRAVI TABS 200 MCG	4	ST; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors			UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	7	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA	ADEMPAS	4	PA
REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	7	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	

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<i>cefadroxil TABS</i>	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
<i>cefazolin sodium SOLR IV 1 GM</i>	4	PA	(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
<i>cephalexin CAPS</i>	1		(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
<i>cephalexin SUSR</i>	1		(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZIANT	5	PV
Cephalosporins - 2nd Generation			(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
<i>CEFACLOR ER TB12</i>	3		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
<i>cefaclor CAPS</i>	1		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1		(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG	5	PV
<i>CEFOTAN IJ (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			
<i>CEFOXITIN SODIUM</i>	4	PA			
<i>cefprozil SUSR</i>	1				
<i>cefprozil TABS</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 SUSR</i>	1				
<i>cefpodoxime proxetil TABS</i>	1				
<i>SUPRAX CHEW</i>	3				
<i>SUPRAX SUSR 500 MG/5ML</i>	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
(Ethynodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG	5	PV	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	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 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESSE	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 30 MCG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG	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 20 MCG-0.1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
			(Levonorgestrel-Ethinyl Estradiol-Ferrous Bisglycinate) JOYEUX	5	QL(1 ea daily); PV

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

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(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG	5	PV	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL 30 MCG-0.3 MG	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 1 MG-20 MCG	5	PV	BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>)	7	QL(1 ea daily); PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	PV	BEYAZ (<i>drosipренone-ethinyl estradiol-levomefолate 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	5	PV	<i>desogestrel & ethinyl estradiol</i>	5	PV
(Norgestimate-Ethiny Estradiol (Triphasic)) TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-VYLIBRA LO	5	PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	5	PV
(Norgestimate-Ethiny Estradiol) ESTARYLLA, FEMYNOR, MILI, MONOLINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	5	PV	<i>drosipренone-ethinyl estradiol</i>	5	PV
			<i>drosipренone-ethinyl estradiol-levomefолate calcium</i>	5	PV
			ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	7	PV
			<i>ethynodiol diacet & eth estrad</i>	5	PV
			GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	7	PV
			<i>levonorgestrel & eth estradiol TABS</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (triphasic)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	5	PV
			<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>	5	QL(1 ea daily); PV
			LO LOESTRIN FE TABS	5	QL(1 ea daily); PV

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LOSEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	7	PV	YASMIN 28 <i>(drospirenone-ethinyl estradiol)</i>	7	PV	
MINASTRIN 24 FE CHEW <i>(norethrin acet & estrad-fe)</i>	7	PV	YAZ <i>(drospirenone-ethinyl estradiol)</i>	7	PV	
MIRCETTE <i>(desogestrel-ethinyl estradiol (biphasic))</i>	7	PV	Combination Contraceptives - Transdermal			
NATAZIA	5	QL(1 ea daily); PV	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	365 rtl day(s) supply; PV	
NEXTSTELLIS	5	QL(1 ea daily); PV	TWIRLA	5	QL(3 ea per 28 days retail); PV	
<i>norethrin acet & estrad-fe CAPS</i>	5	PV	Combination Contraceptives - Vaginal			
<i>norethrin acet & estrad-fe CHEW</i>	5	PV	(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV	
<i>norethrin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	5	PV	ANNOVERA	5	QL(1 ea daily); PV	
<i>norethindrone & ethinyl estradiol-fe</i>	5	PV	<i>etongestrel-ethinyl estradiol</i>	5	PV	
<i>norethindrone acet & eth estra</i>	5	PV	NUVARING <i>(etongestrel-ethinyl estradiol)</i>	7	PV	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	5	PV	Emergency Contraceptives			
<i>norgestimate-ethinyl estradiol</i>	5	PV	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG	5	PV	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV	ELLA	5	PV	
QUARTETTE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	7	PV	<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV	
SAFYRAL <i>(drospirenone-ethinyl estradiol-levomefolate calcium)</i>	7	PV	PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i>	7	PV	
SEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	7	PV	Progestin Contraceptives - Injectable			
TAYTULLA CAPS <i>(norethrin acet & estrad-fe)</i>	7	PV				
TYBLUME CHEW	5	PV				

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DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit	<i>methylprednisolone TBPK</i>	1	
Progestin Contraceptives - Oral			MILLIPRED TABS	2	
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	5	PV	<i>prednisolone sodium phosphate SOLN</i>	1	
<i>norethindrone (contraceptive)</i>	5	PV	<i>prednisolone sodium phosphate TBDP</i>	1	
SLYND	5	QL(1 ea daily); PV	<i>prednisolone SOLN</i>	1	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			<i>prednisolone TABS</i>	1	
Glucocorticosteroids			PREDNISONE INTENSOL CONC	2	
(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	1		<i>prednisone SOLN</i>	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPK	1		<i>prednisone TABS</i>	1	
(Prednisolone) MILLIPRED TABS	1		<i>prednisone TBPK</i>	1	
<i>budesonide CPEP</i>	2	QL(3 ea daily)	Mineralocorticoids		
<i>budesonide TB24</i>	1	PA	<i>fludrocortisone acetate TABS</i>	1	
DEXAMETHASONE INTENSOL CONC	2		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
<i>dexamethasone ELIX</i>	1		Antitussives		
<i>dexamethasone SOLN</i>	1		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>dexamethasone TABS</i>	1		<i>benzonatate</i>	1	
<i>dexamethasone TBPK</i>	1		<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	
<i>hydrocortisone TABS</i>	1		<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1	
MEDROL TABS	2		Cough/Cold/Allergy Combinations		
<i>methylprednisolone TABS</i>	1		(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC, VIRTUSSIN A/C SOLN 10 MG/5ML-100 MG/5ML	1	
			(Guaifenesin-Codeine) GUAIATUSSIN AC, GUAIFENESIN AC SYRP	1	

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(Guaifenesin-Codeine) VIRTUSSIN AC/ALC LIQD 10 MG/5ML-100 MG/5ML	1		VIRTUSSIN DAC SOLN	2	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		Expectorants		
ACTIDOM DMX LIQD	3		<i>potassium iodide (expectorant) SOLN</i>	1	
CODITUSSIN AC LIQD	3		Misc. Respiratory Inhalants		
DOMETUSS-DMX LIQD	3		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
GILTUSS COUGH & COLD TABS	3		HYPERSAL NEBU	3	
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC	NEBUSAL NEBU	3	
<i>guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML</i>	1		<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1		Mucolytics		
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)	<i>acetylcysteine SOLN</i>	1	
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)	Acne Products		
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)	(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
<i>promethazine-phenylephrine-codeine</i>	1		(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1		(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
TUSNEL TABS	3		(Erythromycin (Acne Aid)) ERY PADS	1	
TUSSICAPS CP12 8 MG-10 MG	3		(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	QL(2 ea daily; 150 Day(s) limit)
TUSSLIN PEDIATRIC LIQD	3				
TUSSLIN LIQD	3				

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(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	QL(4 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) GEL</i>	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	QL(5 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) LOTN</i>	1	
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	QL(3 ea daily; 150 Day(s) limit)	<i>clindamycin phosphate (topical) SOLN</i>	1	
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1		<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1		<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1		<i>clindamycin phosphate-tretinoxin</i>	1	
(Tretinoin) AVITA CREA 0.025 %	1		<i>dapsone (topical) 5 %</i>	1	ST; PA
(Tretinoin) AVITA GEL 0.025 %	1		DIFFERIN LOTN	3	
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1		<i>erythromycin (acne aid) GEL</i>	1	
<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)	<i>erythromycin (acne aid) SOLN</i>	1	
<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC	FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)	<i>isotretinoin 30 MG</i>	1	QL(3 ea daily; 150 Day(s) limit)
AZELEX	3		<i>isotretinoin 35 MG, 40 MG</i>	1	QL(2 ea daily; 150 Day(s) limit)
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)	<i>isotretinoin 20 MG</i>	1	QL(5 ea daily; 150 Day(s) limit)
<i>clindamycin phosphate (topical) FOAM</i>	1		<i>isotretinoin 10 MG, 25 MG</i>	1	QL(4 ea daily; 150 Day(s) limit)
			RIAX FOAM	3	
			SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
			<i>sulfacetamide sodium (acne)</i>	1	

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<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		(Nystatin (Topical)) NYAMYC, NYSTOP POWD EX	1	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2		<i>ciclopirox olamine CREA</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 gm daily)	<i>ciclopirox olamine SUSP</i>	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA	<i>ciclopirox GEL</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>ciclopirox SHAM</i>	1	
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 gm daily)	<i>ciclopirox SOLN</i>	1	
<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)	<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 gm daily)
<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1		<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)
<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1		<i>econazole nitrate CREA</i>	1	
Agents for External Genital and Perianal Warts			ERTACZO	4	QL(1 gm daily); PA
VEREGEN	3	QL(30 gm per fill retail)	EXELDERM CREA <i>(sulconazole nitrate)</i>	7	
Antibiotics - Topical			EXELDERM SOLN	2	
ALTABAX	3		EXODERM	3	
CENTANY OINT	2		<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
<i>gentamicin sulfate (topical) CREA</i>	1		<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
<i>gentamicin sulfate (topical) OINT</i>	1		<i>ketoconazole (topical) FOAM</i>	2	
<i>mupirocin OINT</i>	1		<i>ketoconazole (topical) SHAM 2 %</i>	1	
Antifungals - Topical			<i>naftifine hcl CREA</i>	1	
(Ciclopirox) CICLODAN SOLN	1		<i>naftifine hcl GEL</i>	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1		<i>nystatin (topical) CREA</i>	1	
(Ketoconazole (Topical)) KETODAN FOAM	2		<i>nystatin (topical) OINT</i>	1	
			<i>nystatin (topical) POWD EX</i>	1	
			<i>nystatin-triamcinolone CREA</i>	1	
			<i>nystatin-triamcinolone OINT</i>	1	
			<i>oxiconazole nitrate CREA</i>	1	
			EXISTAT LOTN	3	
			<i>sulconazole nitrate CREA</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
sulconazole nitrate SOLN	1		fluorouracil (topical) SOLN	1		
Anti-inflammatory Agents - Topical						
(Diclofenac Sodium (Topical)) ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	PANRETIN	3	PA	
<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC	TARGRETIN (bexarotene (topical))	7	PA	
<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)	VALCHLOR	4	ST; PA	
<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 gm daily); PA	Antipruritics - Topical			
PENNSAID SOLN EX	3	QL(4 gm daily); PA	<i>doxepin hcl (antipruritic)</i>	1	QL(3 gm daily)	
Antineoplastic or Premalignant Lesion Agents - Topical				Antipsoriatics		
<i>bexarotene (topical)</i>	4	PA	(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)	
CARAC CREA (fluorouracil (topical))	2	QL(1 gm daily)	<i>acitretin 17.5 MG</i>	2		
<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA	<i>acitretin 25 MG</i>	2	QL(2 ea daily)	
FLUOROPLEX CREA	2		<i>acitretin 10 MG</i>	2	QL(1 ea daily)	
<i>fluorouracil (topical) CREA 5 %</i>	1		<i>calcipotriene CREA</i>	2	QL(5 gm daily)	
			<i>calcipotriene FOAM</i>	1	PA	
			<i>calcipotriene OINT</i>	1	QL(5 gm daily)	
			<i>calcipotriene SOLN</i>	1		
			<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 gm daily)	
			COSENTYX SENSOREADY PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA	
			COSENTYX UNOREADY SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA	
			COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA	

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COSENTYX SOSY 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA	TAZORAC CREA	2	
COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA	TREMFYA SOPN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
<i>methoxsalen rapid</i>	1		TREMFYA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA
SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	Antiseborrheic Products		
SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 days retail); PA	<i>selenium sulfide LOTN 2.5 %</i>	1	
SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	SODIUM SULFACETAMIDE WASH LIQD	3	
SORILUX FOAM	3	PA	<i>sulfacetamide sodium LIQD</i>	1	
STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>sulfacetamide sodium SHAM 10 %</i>	1	
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); PA	Antivirals - Topical		
STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA	<i>acyclovir topical OINT</i>	1	QL(1 gm daily)
<i>tazarotene CREA</i>	1		Burn Products		
<i>tazarotene GEL</i>	1		(Silver Sulfadiazine) SSD	1	
			<i>mafenide acetate PACK</i>	1	
			<i>silver sulfadiazine</i>	1	
			SULFAMYLYON CREA	3	
			Corticosteroids - Topical		
			(Clobetasol Propionate Emollient Base)	1	
			CLOBETASOL PROPIONATE E,		
			CLOBETASOL PROPIONATE EMOLLIENT 0.05 %		
			(Clobetasol Propionate Emulsion) TOVET	1	
			(Clobetasol Propionate) CLODAN SHAM	1	

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(Desonide) DESRX GEL	1		<i>betamethasone valerate FOAM</i>	1	
(Flurandrenolide) NOLIX CREA	1		<i>betamethasone valerate LOTN</i>	1	
(Fluticasone Propionate) BESER LOTN	1		<i>betamethasone valerate OINT</i>	1	
(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 %	1		<i>calcipotriene- betamethasone dipropionate OINT</i>	2	ST
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 %	1		<i>calcipotriene- betamethasone dipropionate SUSP</i>	1	QL(2 gm daily); ST
ALA-SCALP LOTN	3		CAPEX SHAM	2	
<i>alclometasone dipropionate CREA</i>	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate emulsion</i>	1	
<i>amcinonide CREA</i>	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>amcinonide LOTN</i>	1		<i>clobetasol propionate FOAM</i>	1	
<i>amcinonide OINT</i>	1		<i>clobetasol propionate GEL 0.05 %</i>	1	
APEXICON E CREA	2		<i>clobetasol propionate LIQD</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate SHAM</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SOLN 0.05 %</i>	1	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1		<i>clocortolone pivalate</i>	1	
<i>betamethasone dipropionate augmented LOTN</i>	1		CLODERM (<i>clocortolone pivalate</i>)	7	
<i>betamethasone dipropionate augmented OINT</i>	1		CORDRAN TAPE	3	
<i>betamethasone valerate CREA</i>	1		CORTANE-B	3	
			<i>desonide CREA</i>	1	
			<i>desonide GEL</i>	1	
			<i>desonide LOTN</i>	1	

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<i>desonide OINT</i>	1		<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>desoximetasone CREA</i>	1		<i>hydrocortisone butyrate CREA</i>	1	
<i>desoximetasone GEL</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<i>desoximetasone LIQD</i>	1	ST	<i>hydrocortisone butyrate SOLN</i>	1	
<i>desoximetasone OINT</i>	1		<i>hydrocortisone valerate CREA</i>	1	
<i>diflorasone diacetate CREA</i>	1		<i>hydrocortisone valerate OINT</i>	1	
<i>diflorasone diacetate OINT</i>	1		<i>mometasone furoate CREA</i>	1	
EPIFOAM FOAM	3		<i>mometasone furoate OINT</i>	1	
<i>fluocinolone acetonide CREA</i>	1		<i>mometasone furoate SOLN</i>	1	
<i>fluocinolone acetonide OIL</i>	1		NUCORT LOTN	3	
<i>fluocinolone acetonide OINT</i>	1		PRAMOSONE LOTN	3	
<i>fluocinolone acetonide SOLN</i>	1		PRAMOSONE OINT	3	
<i>fluocinonide emulsified base</i>	1		<i>prednicarbate OINT</i>	1	
<i>fluocinonide CREA</i>	1		TEXACORT SOLN 2.5 %	3	
<i>fluocinonide GEL</i>	1		<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>fluocinonide OINT</i>	1		<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>fluocinonide SOLN</i>	1		<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>flurandrenolide CREA</i>	1		<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>fluticasone propionate CREA 0.05 %</i>	1		Eczema Agents		
<i>fluticasone propionate LOTN</i>	1		DUPIXENT SOPN 300 MG/2ML	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
<i>fluticasone propionate OINT</i>	1		DUPIXENT SOSY 300 MG/2ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>halobetasol propionate CREA</i>	1				
<i>halobetasol propionate OINT</i>	1				
<i>hydrocortisone (topical) CREA 2.5 %</i>	1				
<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1				
<i>hydrocortisone (topical) OINT 2.5 %</i>	1				

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DUPIXENT SOSY 200 MG/1.14ML	4	PA	<i>lidocaine hcl SOLN</i>	1	
Emollient/Keratolytic Agents			<i>lidocaine-prilocaine CREA</i>	1	
(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		PREMIUM SCAR PATCH	3	
Enzymes - Topical			Misc. Topical		
SANTYL OINT	3		DRYSOL SOLN	2	
Immunomodulating Agents - Topical			XERAC AC	3	
<i>imiquimod 5 %</i>	1		Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
Immunosuppressive Agents - Topical			EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
<i>pimecrolimus</i>	1	QL(2 gm daily)	Rosacea Agents		
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)	(Metronidazole (Topical)) ROSADAN CREA	1	
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)	(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limit 45gms per month; QL(1.5 gm daily)
Keratolytic/Antimitotic Agents			<i>azelaic acid GEL</i>	1	
(Salicylic Acid) KERALYT SHAM 6 %	1		<i>brimonidine tartrate (topical)</i>	1	ST; PA
BENSAL HP OINT	3	RX/OTC	<i>doxycycline (rosacea)</i>	1	ST; QL(1 ea daily); PA
CONDYLOX GEL	2		FINACEA FOAM	3	
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC	<i>ivermectin (rosacea)</i>	1	QL(1.5 gm daily); PA
PODOCON-25 SOLN	3		<i>metronidazole (topical) CREA</i>	1	
<i>podofilox SOLN</i>	1		<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>salicylic acid in ammonium lactate vehicle</i>	1		<i>metronidazole (topical) GEL 1 %</i>	1	
SALICYLIC ACID OINT	3	RX/OTC	<i>metronidazole (topical) LOTN</i>	1	QL(2 ml daily)
<i>salicylic acid SHAM 6 %</i>	1		NORITATE CREA	4	PA
SALIMEZ CREA	3				
Local Anesthetics - Topical					
(Lidocaine) LIDOCAN PTCH 5 %	1	Limited to 3 patches per day; QL(3 ea daily)			
CETACAIN AERO	3				

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ORACEA (<i>doxycycline (rosacea)</i>)	7	ST; QL(1 ea daily); PA	FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
RHOFADE	3	ST; PA	KETONE STRP	2	
Scabicides & Pediculicides					
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	1	RX/OTC	KETOSTIX STRP	2	
<i>ivermectin (pediculicide)</i>	1	RX/OTC	ONETOUCH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
<i>malathion</i>	1		ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
<i>permethrin CREA</i>	1	QL(2 gm daily)	PRECISION XTRA	2	QL(0.36 ea daily)
Wound Care Products					
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
DIAGNOSTIC PRODUCTS					
Diagnostic Drugs					
METOPIRONE	3		DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Diagnostic Tests					
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC	Digestive Enzymes		
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC	CREON CPEP	2	
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT-4200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC			

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ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2		<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
Carbonic Anhydrase Inhibitors			<i>ethacrynic acid</i>	1	ST
<i>acetazolamide CP12</i>	1	QL(2 ea daily)	<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	
<i>acetazolamide TABS 125 MG</i>	1		<i>furosemide TABS</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)	<i>torsemide TABS 5 MG, 10 MG, 20 MG</i>	1	
<i>dichlorphenamide</i>	4	PA	<i>torsemide TABS 100 MG</i>	1	QL(2 ea daily)
KEVEYIS (dichlorphenamide)	7	PA	Potassium Sparing Diuretics		
<i>methazolamide TABS</i>	1		<i>amiloride hcl TABS</i>	1	
Diuretic Combinations			<i>spironolactone TABS</i>	1	
ALDACTAZIDE	2		<i>triamterene CAPS</i>	1	
<i>amiloride & hydrochlorothiazide</i>	1		Thiazides and Thiazide-Like Diuretics		
<i>spironolactone & hydrochlorothiazide</i>	1		<i>chlorthalidone 25 MG, 50 MG</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1		DIURIL SUSP	3	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)	<i>hydrochlorothiazide CAPS</i>	1	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)	<i>hydrochlorothiazide TABS</i>	1	
Loop Diuretics			<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 SOLN</i>	1	
			<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
			<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 ea daily)
			<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 ea daily)

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<i>calcitonin (salmon) NA</i>	1		FENSOLVI SC	3	PA	
<i>calcitonin (salmon) IJ</i>	4	PA	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis	
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)	SYNAREL	2		
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	7	PA	Metabolic Modifiers			
NATPARA	4	PA	(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX	
PROLIA SOSY	4	PA	(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX	
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 ea daily); ST	<i>betaine</i>	4	PA	
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST	BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	7	PA	
TYMLOS	4	PA	BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	7	PA	
Growth Hormone Receptor Antagonists			<i>calcitriol CAPS 0.25 MCG</i>	1		
SOMAVERT	4	PA	<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)	
Growth Hormones			<i>calcitriol SOLN OR</i>	1		
HUMATROPE CART IJ	4	PA	<i>cinacalcet hcl</i>	1	PA	
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML	4	PA	CYSTADANE (<i>betaine</i>)	7	PA	
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML	4	PA	<i>doxercalciferol CAPS</i>	2		
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA	GALAFOLD	4	QL(0.5 ea daily); PA	
ZOMACTON SOLR SC 10 MG	4	PA	KUVAN PACK (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX	
ZORBTIVE SC	4	PA	KUVAN TABS (<i>sapropterin dihydrochloride</i>)	7	Specialty Drug refer to Caremark SP RX	
Hormone Receptor Modulators			<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1		
EVISTA (<i>raloxifene hcl</i>)	7	PV	<i>levocarnitine (metabolic modifiers) TABS</i>	1		
OSPHENA	3	QL(1 ea daily)	MYALEPT	4	PA	
<i>raloxifene hcl</i>	5	PV				
Insulin-Like Growth Factors (Somatomedins)						
INCRELEX	4	PA				
LHRH/GnRH Agonist Analog Pituitary Suppressants						

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone CAPS 10 MG</i>	4	PA	Prolactin Inhibitors		
<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA	<i>cabergoline</i>	1	
NITYR TABS	4	PA	Somatostatic Agents		
ORFADIN CAPS 10 MG (<i>nitisinone</i>)	7	PA	<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML</i>	4	PA
ORFADIN CAPS 20 MG	3	PA	<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML</i>	4	PA
ORFADIN SUSP	4	PA	<i>octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML</i>	4	PA
PALYNZIQ	4	PA	<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	4	PA
<i>paricalcitol CAPS</i>	1		SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	7	PA
RAVICTI	4		SIGNIFOR	4	PA
<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX	Vasopressin Receptor Antagonists		
<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX	JYNARQUE TBPK	4	PA
<i>sodium phenylbutyrate POWD</i>	4	PA	ESTROGENS - Hormone Replacement/Modifying Drugs		
<i>sodium phenylbutyrate TABS</i>	4	PA	Estrogen Combinations		
STRENSIQ	4	PA	(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
XURIDEN	4		(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
Posterior Pituitary Hormones			(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
<i>desmopressin acetate spray</i>	1		(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
<i>desmopressin acetate spray refrigerated</i>	1		ANGELIQ	3	
DESMOPRESSIN ACETATE SOLN NA	3		CLIMARA PRO	2	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)			
<i>desmopressin acetate TABS 0.1 MG</i>	1				
STIMATE SOLN NA	3				
Progesterone Receptor Antagonists					
MIFEPREX (<i>mifepristone</i>)	7	PV			
<i>mifepristone</i>	5	PV			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH PTTW	3		Infections		
DUAVEE	3		Fluoroquinolones		
<i>estradiol & norethindrone acetate TABS</i>	1		<i>ciprofloxacin hcl TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1		<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
ORIAHNN	4	PA	CIPRO SUSR	2	
PREFEST	3		<i>levofloxacin SOLN OR</i>	1	
PREMPHASE	2		<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
PREMPRO	2		<i>moxifloxacin hcl TABS</i>	1	
Estrogens			<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 days retail; 28 ea per 90 days mail)
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)	<i>ofloxacin 300 MG</i>	1	
ALORA PTTW	2	QL(0.29 ea daily)	GASTROINTESTINAL AGENTS - MISC. -		
ELESTRIN GEL	3		Miscellaneous Gastrointestinal Drugs		
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)	Farnesoid X Receptor (FXR) Agonists		
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM</i>	1		OCALIVA 10 MG	4	QL(1 ea daily); PA
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)	OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 ea daily)	Gallstone Solubilizing Agents		
<i>estradiol TABS</i>	1		CHENODAL	4	PA
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)	<i>ursodiol CAPS</i>	2	
EVAMIST SOLN	3		<i>ursodiol TABS</i>	1	
MENEST	2		Gastrointestinal Chloride Channel Activators		
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)	<i>lubiprostone</i>	1	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)	Gastrointestinal Stimulants		
PREMARIN TABS 0.9 MG	2		<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
FLUOROQUINOLONES - Drugs to Treat Bacterial			<i>metoclopramide hcl TABS</i>	1	
			<i>metoclopramide hcl TBDP</i>	1	
			METOCLOPRAMIDE ODT TBDP	3	
Inflammatory Bowel Agents					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 ea daily)	<i>alosetron hcl</i>	2		
DIPENTUM	3		LINZESS	2	QL(1 ea daily)	
INFLECTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	VIBERZI	3	PA	
<i>mesalamine CP24</i>	1	QL(4 ea daily)	Peripheral Opioid Receptor Antagonists			
<i>mesalamine CPCR</i>	1	QL(8 ea daily); PA	<i>alvimopan</i>	1		
<i>mesalamine CPDR</i>	1	QL(6 ea daily)	MOVANTIK	3	QL(1 ea daily)	
<i>mesalamine ENEM</i>	1	QL(60 ml daily)	Phosphate Binder Agents			
<i>mesalamine SUPP</i>	1	QL(1 ea daily)	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC	
<i>mesalamine TBEC 800 MG</i>	1		AURYXIA	3	ST; PA	
<i>mesalamine TBEC 1.2 GM</i>	1	QL(4 ea daily)	<i>calcium acetate (phosphate binder) CAPS</i>	1		
PENTASA CPCR 500 MG	3	QL(8 ea daily); PA	<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC	
PENTASA CPCR 250 MG	3	PA	FOSRENOL PACK	3		
RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA	<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)	
SFROWASA ENEM	2		<i>lanthanum carbonate CHEW 500 MG</i>	1		
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 rtl pack lmt per fill; PA	<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)	
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)	PHOSLYRA SOLN	3		
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)	<i>sevelamer carbonate PACK 0.8 GM</i>	1		
Intestinal Acidifiers			<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)	
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1		<i>sevelamer carbonate TABS</i>	1		
<i>lactulose (encephalopathy)</i>	1		<i>sevelamer hcl 800 MG</i>	1	ST; QL(16 ea daily); PA	
Irritable Bowel Syndrome (IBS) Agents			<i>sevelamer hcl 400 MG</i>	1	ST; PA	
Short Bowel Syndrome (SBS) Agents						
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; PA	Tryptophan Hydroxylase Inhibitors			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XERMELO	4	ST; Not available through mail; PA	<i>dutasteride</i>	1	AL(At least 40 yrs old)
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			<i>dutasteride-tamsulosin hcl</i>	1	
Acidifiers			<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
K-PHOS NO 2	2		<i>silodosin 8 MG</i>	1	QL(1 ea daily)
Alkalinizers			<i>silodosin 4 MG</i>	1	
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1		<i>tamsulosin hcl</i>	1	QL(2 ea daily)
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1		Urinary Stone Agents		
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC	LITHOSTAT	3	
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC	THIOLA EC TBEC	3	
ORACIT	3		<i>tiopronin TABS</i>	1	
<i>pot & sod citrates w/citric ac SOLN</i>	1		GOUT AGENTS - Drugs to Treat Gout		
<i>potassium citrate (alkalinizer) TBCR</i>	1		Gout Agent Combinations		
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC	<i>colchicine w/ probenecid</i>	1	
<i>sodium citrate & citric acid</i>	1	RX/OTC	Gout Agents		
Cystinosis Agents			<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
CYSTAGON CAPS	4	PA	<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
PROCYSB1 CPDR	4		<i>colchicine CAPS</i>	1	
PROCYSB1 PACK	4	PA	<i>colchicine TABS</i>	1	
Interstitial Cystitis Agents			<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
ELMIRON CAPS	3	QL(3 ea daily); PA	<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
Prostatic Hypertrophy Agents			MITIGARE CAPS (<i>colchicine</i>)	7	
<i>alfuzosin hcl</i>	1	QL(1 ea daily)	Uricosurics		
CARDURA XL	3		<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products			ADVATE	4	PA
			ADYNOVATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AFSTYLA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	IDEVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	IDEVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	IXINITY SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	JIVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COAGADEX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KCENTRA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	KOVALTRY	4	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	MONONINE 1000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOSEVEN RT	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	XYNTHA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 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; PA	XYNTHA SOLOFUSE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Bradykinin B2 Receptor Antagonists		
PROFILNINE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Icatibant Acetate) SAJAZIR SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	administered under the medical benefit; PA	FIRAZYR SOSY (<i>icatibant acetate</i>)	7	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RECOMBINATE SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>icatibant acetate SOLN</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RIXUBIS SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	<i>icatibant acetate SOSY</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRETEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	Complement Inhibitors		
VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	HAEGARDA SOLR SC	4	Specialty drug- Health Net will refer to SP Pharmacy; PA
Hematologic - Tyrosine Kinase Inhibitors					
TAVALISSE 150 MG		4	PA		
TAVALISSE 100 MG		4	ST; PA		
Hematorheologic Agents					

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<i>pentoxifylline</i>	1	QL(3 ea daily)	(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 800 MCG	5	PV
Human Protein C					
CEPROTIN	4	PA			
Platelet Aggregation Inhibitors					
<i>anagrelide hcl</i>	1				
<i>aspirin-dipyridamole</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					
(Miglustat) YARGESA	4	ST; PA	(Folic Acid) KP FOLIC ACID TABS 1 MG	1	RX/OTC
CERDELGA	4	PA	<i>folic acid TABS 1 MG</i>	1	RX/OTC
CEREZYME 400 UNIT	4	PA	<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
<i>miglustat</i>	4	ST; PA	Hematopoietic Growth Factors		
ZAVESCA (<i>miglustat</i>)	7	ST; PA	MULPLETA	4	PA
Agents for Sickle Cell Disease			PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
DROXIA CAPS	2		PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
SIKLOS TABS 1000 MG	4	AC; PA	PROMACTA TABS	4	QL(1 ea daily); PA
SIKLOS TABS 100 MG	4	ST; AC; PA	RETACRIT	4	PA
Folic Acid/Folates			RETACRIT	4	PA
(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	5	PV	RETACRIT 20000 UNIT/ML	4	PA
			UDENYCA SOSY	4	PA
			ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
			ZIEXTENZO	4	PA
			Hematopoietic Mixtures		
			FOLIVANE-F	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
INTEGRA F	2		Selective Melatonin Receptor Agonists				
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders							
Hemostatics - Systemic							
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1		<i>ramelteon</i>	1	QL(1 ea daily); ST		
<i>aminocaproic acid TABS</i>	1		LAXATIVES - Bowel Treatment Drugs				
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	7	PA	Laxative Combinations				
<i>tranexamic acid SOLN 1000 MG/10ML</i>	4	PA	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV		
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	5	QL(4000 ml per fill retail); PV		
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS							
Barbiturate Hypnotics							
<i>phenobarbital ELIX</i>	1		(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK	5	PV		
<i>phenobarbital TABS</i>	1		GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	7	QL(4000 ml per fill retail); PV		
Non-Barbiturate Hypnotics							
<i>DORAL (quazepam)</i>	7		NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	7	PV		
<i>estazolam</i>	1		<i>peg 3350-kcl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV		
<i>eszopiclone</i>	1	QL(1 ea daily)	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i>	5	QL(4000 ml per fill retail); PV		
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV		
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)	PEG-PREP	5	QL(1 ea per fill retail); PV		
<i>midazolam hcl SYRP</i>	1		<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV		
<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 0.125 MG</i>	1						
<i>triazolam 0.25 MG</i>	1	QL(1 ea daily)					
<i>zaleplon</i>	1	QL(1 ea daily)					
<i>zolpidem tartrate TABS</i>	1	QL(1 ea daily)					
<i>zolpidem tartrate TBCR</i>	1	QL(1 ea daily)					
Orexin Receptor Antagonists							
BELSOMRA	2	QL(1 ea daily); ST					

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	7	PV	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, CVS CLAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
Laxatives - Miscellaneous					
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1				
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD	1	Limit 528gms per month; QL(17.6 gm daily)			
<i>lactulose</i> SOLN	1				
<i>polyethylene glycol 3350</i> POWD	1	Limit 528gms per month; QL(17.6 gm daily)			
Saline Laxatives					
OSMOPREP	5	PV			
Stimulant Laxatives					
			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	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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<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>erythromycin ethylsuccinate SUSR</i>	1	
<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	Fidaxomicin		
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					
<i>azithromycin PACK</i>	1		AIMSCO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>azithromycin SUSR</i>	1		CAYA DPRH	5	QL(1 ea per 365 days retail); PV
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)	CONDOMS	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)	DUREX EXTRA SENSITIVE THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)	FANTASY LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
Clarithromycin					
<i>clarithromycin SUSR</i>	1		FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>clarithromycin TABS</i>	1		FC2 FEMALE CONDOM	5	PV
<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)	FEMCAP DEVI	5	PV
Erythromycins					
(Erythromycin Base) ERY-TAB TBEC	1		KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1		KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>erythromycin base CPEP</i>	1		KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
<i>erythromycin base TABS</i>	1				
<i>erythromycin base TBEC</i>	1				

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KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	MAXX PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	OMNIFLEX DIAPHRAGM	5	PV
KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	PREMIUM CONDOMS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX CONDOMS/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA TEXTURED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	REALITY LATEX/ULTRA THIN DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX COLOR CONDOMS + LUBE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRALARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
KIMONO SPECIAL DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
K-Y ME & YOU INTENSE DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
MAXX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
			TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	Diabetic Supplies		
TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK SAFE-T-PRO LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TRUSTEX/RIA LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK SAFE-T-PRO PLUSLANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
TRUSTEX/RIA NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	ACCU-CHEK SOFTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	5	PV	ACTI-LANCE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	5	PV	ACTI-LANCE LITE SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	5	PV	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
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			

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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)
ADVOCATE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	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)	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	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)	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	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)	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	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)	ASSURE LANCE LANCETS	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)	ASSURE LANCE LANCETS 21G	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)	ASSURE LANCE PLUS SAFETYLANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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ASSURE LANCE PLUS SAFETYLANCETS 30G	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)
ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CARETOUCH TWIST 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 TWIST LANCETS 30G	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)	CARETOUCH TWIST LANCETS 33G	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)	CARETOUCH TWIST LANCETS MULTI COLOR/30G	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)	CLEANLET LANCETS 28G	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)	CLEVER CHEK LANCETS ULTRATHIN	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)	CLEVER CHEK LANCETS ULTRATHIN 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)	CLEVER CHOICE COMFORT EZLANCETS 21G	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)	CLEVER CHOICE COMFORT EZLANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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CLEVER CHOICE COMFORT EZLANCESTS 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)
COAGUCHEK LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	CVS LANCETS ORIGINAL	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)	CVS LANCETS THIN 26G	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)	CVS LANCETS ULTRA THIN 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)	CVS LANCETS ULTRA-THIN 30G	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)	CVS ULTRA THIN LANCETS	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)	DIATHRIVE LANCETS	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)	DIATHRIVE LANCETS ULTRA THIN 30G	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)	DROPLET LANCETS ULTRA THIN 30G	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)	DROPLET PERSONAL LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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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)
DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	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)	EASY TOUCH LANCETS 26G/PULL-TOP	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)	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	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)	EASY TOUCH LANCETS 28G/PULL-TOP	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)	EASY TOUCH LANCETS 28G/TWIST	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)	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	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)	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	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)	EASY TOUCH LANCETS 30G/PULL-TOP	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)	EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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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)
EASY TOUCH LANCETS 32G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	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)	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	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)	EQL COLOR LANCETS 21G	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)	EQL COLOR LANCETS MICRO THIN 33G	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)	EQL SUPER THIN LANCETS 30G	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)	EQL THIN LANCETS 26G	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)	E-Z JECT LANCETS	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)	E-Z JECT LANCETS 21G	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)	E-Z JECT LANCETS COLOR	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
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)
E-Z JECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	FINGERSTIX LANCETS	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)	FORA LANCETS	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)	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	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)	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	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)	FREESTYLE LANCETS	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)	FREESTYLE UNISTICK II 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)	GENTEL BUTTERFLY TOUCH LANCETS	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)	GENTLE-LET GP LANCETS	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)	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	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
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	GNP STERILE LANCETS 28G	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)	GNP STERILE LANCETS 30G	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)	GNP STERILE LANCETS 33G	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)	GOJJI STERILE LANCETS 30G	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)	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	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)	GOODSENSE LANCETS MICRO-THIN 33G	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)	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	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)	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	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)	GOODSENSE LANCETS ULTRA-THIN 30G	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)	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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HAEMOLANCE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	H-E-B INCONTROL LANCETS ULTRA THIN 28G	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)	HY-VEE LANCETS	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)	HY-VEE THIN LANCETS	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)	IN TOUCH STERILE LANCETS30G	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)	KINNEY LANCETS	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)	KINNEY THIN LANCETS	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)	KROGER HEALTHPRO TWIST LANCETS/26G	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)	KROGER LANCETS	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)	KROGER LANCETS 21G	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)	KROGER LANCETS MICRO THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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KROGER LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	LANCETS MICRO THIN 33G	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)	LANCETS SUPER THIN 28G	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)	LANCETS THIN	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)	LANCETS ULTRA THIN	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)	LANCETS ULTRA THIN 30G	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)	LIBERTY MEDICAL LANCETS 30G	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)	LITE TOUCH 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)	LITETOUCH LANCETS MICRO THIN 33G	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)	LIVE BETTER LANCET SUPERTHIN 30G	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)	LIVE BETTER LANCET ULTRATHIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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LONGS LANCETS STANDARD	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)
LONGS LANCETS THIN	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)
LONGS LANCETS ULTRA THIN	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)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	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)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	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)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	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)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	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)
MEDICHOICE SAFETY LANCETEXTRA	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)
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)

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MEDLANCE/LITE	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)
MEDLANCE/UNIVERSAL	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)
MEIJER COLOR LANCETS UNIVERSAL 33G	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)
MEIJER LANCETS	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)
MEIJER LANCETS THIN	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)
MEIJER LANCETS UNIVERSAL21G	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)
MEIJER LANCETS UNIVERSAL30G	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)
MEIJER LANCETS UNIVERSAL33G	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)
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)

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NOVA SAFETY LANCETS 28G	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)
NOVA SUREFLEX LANCETS	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)
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	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)
ONETOUCH DELICA PLUS LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	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)
ONETOUCH ULTRASOFT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	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 SELECT LANCETS/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)

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PREFERRED PLUS LANCETS SUPER THIN 30G	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)
PREFERRED PLUS LANCETS THIN 26G	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 LANCETS 30G	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)
PRO COMFORT LANCETS 31G	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)
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	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 PRESSURE ACTIVATED SAFETY 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)
PRODIGY SAFETY 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)
PRODIGY TWIST TOP 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)
PSS SELECT GP LANCETS	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)
PSS SELECT SAFETY LANCETS	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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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAFE-T-LANCE PLUS SAFETYLANCET HIGH 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 LOW 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)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	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 30G/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 LANCETS	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 LANCETS 21G	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 23G	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 28G	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/PRESSURE ACTIVATED/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SINGLE-LET	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)	SM MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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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 LANCETSUNIVERSAL 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)
SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	SURELITE LANCETS	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)	SURE-TOUCH LANCETS UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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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)
TODAYS HEALTH ULTRA THINLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	TRUEPLUS LANCETS 30G ULTRA THIN	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)	TRUEPLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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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)
ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	UNILET GP 28 ULTRA THIN	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)	UNILET LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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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)
UNISTIK SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	VALUE PLUS LANCETS SUPERTHIN 30G	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)	VALUE PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)

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VALUMARK LANCET SUPER THIN 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)
VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	VIVAGUARD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	VIVAGUARD SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	WALGREENS ADVANCED TRAVELLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)	WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail)
VERIFINE UNIVERSAL LANCETS 28G	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)
VERIFINE UNIVERSAL LANCETS 30G	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 33G	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)

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Parenteral Therapy Supplies					
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD PEN MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD NEEDLE/30G X 1/2"	2	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC

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DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC	AIMOVIG	2	PA
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC	EMGALITY SOAJ	2	PA
			EMGALITY SOSY	2	PA
			UBRELVY	3	QL(10 ea per 30 days retail); ST
			Migraine Combinations		

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(Ergotamine W/ Caffeine) MIGERGOT SUPP	1		<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
<i>ergotamine w/ caffeine TABS</i>	1		<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
Migraine Products					
D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>)	7	PA	<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(0.27 ml daily); PA	<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA	<i>sumatriptan succinate SOAJ</i>	4	PA
ERGOMAR SUBL	2		<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	4	PA
Serotonin Agonists					
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)	<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	4	ST; PA
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ml daily); PA
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)	<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (<i>sumatriptan succinate</i>)	7	ST; PA	<i>zolmitriptan SOLN</i>	1	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	PA	<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	7	PA	<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
IMITREX SOLN 6 MG/0.5ML (<i>sumatriptan succinate</i>)	7	ST; Limit 2mls per month; QL(0.07 ml daily); PA	ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)
<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)	MINERALS & ELECTROLYTES		
			Calcium		
			CALCIFOL	3	
			CALCIUM-FOLIC ACID PLUS D	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAGNEBIND 400	3		(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
Fluoride			(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	
(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	5	AL(Up to 6 yrs old); PV	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
FLORIVA	3		(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)	EFFER-K	3	
<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC	K-TAB TBCR 8 MEQ (<i>potassium chloride</i>)	2	
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV	<i>potassium chloride microencapsulated crystals er</i>	1	
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)	<i>potassium chloride CPCR</i>	1	
Phosphate			<i>potassium chloride PACK OR 20 MEQ</i>	1	
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1		<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1		POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	7	PA
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1		<i>potassium chloride TBCR</i>	1	
Potassium			Zinc		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1		GALZIN	3	
			WILZIN	3	
			MISCELLANEOUS THERAPEUTIC CLASSES		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Chelating Agents					
CUPRIMINE CAPS <i>(penicillamine)</i>	7	PA	<i>mycophenolate mofetil SUSR</i>	1	
<i>penicillamine CAPS</i>	4	PA	<i>mycophenolate mofetil TABS</i>	1	
<i>penicillamine TABS</i>	1		<i>mycophenolate sodium</i>	1	
SYPRINE <i>(trientine hcl)</i>	7	PA	PROGRAF PACK	4	PA
<i>trientine hcl</i>	4	PA	SANDIMMUNE SOLN OR	3	
Immunomodulators					
<i>lenalidomide</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA	<i>sirolimus SOLN</i>	1	
THALOMID	3	Must use Exactus Specialty Rx 1-866-458-9246; AC	<i>sirolimus TABS</i>	1	
Immunosuppressive Agents					
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1		<i>tacrolimus CAPS</i>	1	
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		THYMOGLOBULIN	3	administered under the medical benefit; PA
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		Potassium Removing Agents		
ASTAGRAF XL CP24	3	ST	(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
<i>azathioprine TABS</i>	1		LOKELMA	3	QL(1 ea daily); PA
<i>cyclosporine modified (for microemulsion) CAPS</i>	1		<i>sodium polystyrene sulfonate POWD</i>	1	
<i>cyclosporine modified (for microemulsion) SOLN</i>	1		Systemic Lupus Erythematosus Agents		
<i>cyclosporine CAPS</i>	1		BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
<i>everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG</i>	1		BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
<i>mycophenolate mofetil CAPS</i>	1		MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral					
FIRST-MOUTHWASH BLM	3		FIRST-MOUTHWASH BLM	3	
<i>lidocaine hcl (mouth-throat)</i>	1		<i>lidocaine hcl (mouth-throat)</i>	1	
Anti-infectives - Throat					
<i>clotrimazole</i>	1		<i>clotrimazole</i>	1	

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<i>nystatin (mouth-throat)</i>	1		(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC			
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)) KOURZEQ, ORALONE DENTAL PASTE	1		(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC			
<i>triamcinolone acetonide (mouth)</i>	1							
Throat Products - Misc.								
<i>cevimeline hcl</i>	1	QL(3 ea daily)	POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)			
MUCOTROL WAFR	3		POLY-VI-FLOR/IRON SUSP	3				
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)	QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)			
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)	Ped MV w/ Fluoride					
MULTIVITAMINS								
Ped Multi Vitamins w/FI & FE								
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	AL(Up to 6 yrs old); RX/OTC			
			(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	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			
			(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC			

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(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	1	RX/OTC
(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1	
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1	
FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1	
MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC
MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC	(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA	1	
MULTI-VIT-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	ATABEX EC TBEC	2	
<i>pediatric multivitamins w/fi CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2	
<i>pediatric vitamins acd w/ fluoride SOLN</i>	1	AL(Up to 6 yrs old)	CITRANATAL ASSURE	3	
POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3	
POLY-VI-FLOR SUSP	3		CITRANATAL BLOOM	3	
QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)	CITRANATAL BLOOM DHA	2	
QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL DHA	2	
QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC	CITRANATAL ESSENCE	2	
TRI-VI-FLOR	3		CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3	
TRI-VI-FLORO	3				
Pediatric Multiple Vitamins & Minerals w/ Fluoride					
FLORIVA	3				
Prenatal Vitamins					

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CITRANATAL MEDLEY	3		OB COMPLETE PREMIER	3	
CITRANATAL RX	3		OB COMPLETE/DHA	3	
C-NATE DHA CAPS	3		OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	3	
COMPLETENATE CHEW	2		ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	RX/OTC
CONCEPT DHA	2		PNV TABS 29-1 TABS	2	RX/OTC
CONCEPT OB	2		PNV-DHA+DOCUSATE	3	
DUET DHA 400 MISC	3		PNV-OMEGA	3	
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3		PRENA 1 TRUE	2	
FOLIVANE-OB	2		PRENA1 CHEW	3	
M-NATAL PLUS TABS	2	RX/OTC	PRENA1 PEARL	3	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENAISSANCE	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PRENAISSANCE PLUS CAPS	3	
NEONATAL 19	3		PRENATAL 19 CHEW	2	
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC	PRENATAL 19 TABS	3	RX/OTC
NEONATAL PLUS TABS	2	RX/OTC	PRENATAL PLUS IRON TABS	2	RX/OTC
NESTABS	3		PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	RX/OTC
NESTABS DHA	2		PRENATAL PLUS TABS	2	RX/OTC
NESTABS ONE	3		PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
NIVA-PLUS TABS	2	RX/OTC	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
OB COMPLETE ONE	3		PRENATAL-U CAPS	2	
OB COMPLETE PETITE	3		PRENATE	3	

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PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3		SE-NATAL 19 TABS	3	RX/OTC
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		TARON-PREX	3	
PRENATE ENHANCE	3		THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		THRIVITE RX TABS	2	RX/OTC
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3		TRICARE TABS	2	RX/OTC
PRENATE PIXIE	3		TRINATAL RX 1 TABS	2	
PRENATE RESTORE	3		TRISTART DHA	3	
PRENATRIX TABS	2	RX/OTC	TRISTART ONE	3	
PRENATRYL TABS	2	RX/OTC	VINATE DHA RF	3	
PREPLUS TABS	2	RX/OTC	VINATE ONE TABS	2	
RELNATE DHA CAPS	3		VIRT-C DHA	2	
SELECT-OB+DHA MISC	3		VIRT-NATE DHA CAPS	3	
SELECT-OB CHEW 60 MG-2.5 MG-1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT-29 MG-1700 UNIT	3		VIRT-PN DHA	3	
SELECT-OB CHEW 60 MG-2.5 MG-0.4 MG-1.6 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	2		VIRT-PN PLUS	3	
SE-NATAL 19 CHEW	2		VITAFOL GUMMIES	3	
			VITAFOL-NANO	3	
			VITAFOL-ONE CAPS	3	
			VITAMEDMD ONE RX/QUATREFOLIC	3	
			VITAMEDMD REDICHEW RX	3	
			VITAPEarl	3	
			VITATHELY/GINGER TABS	2	RX/OTC
			VITATRUE	2	
			VIVA DHA CAPS	3	
			VP-PNV-DHA CAPS	3	
			WESCAP-C DHA	2	
			WESNATE DHA CAPS	3	
			WESTAB PLUS TABS	2	RX/OTC
			WESTGEL DHA	3	
			ZATEAN-PN DHA	3	
			ZATEAN-PN PLUS	3	
			MUSCULOSKELETAL THERAPY AGENTS -		
			Drugs to Treat Spasms		
			Central Muscle Relaxants		

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(Carisoprodol) VANADOM TABS 350 MG	1		Drugs to treat the Nose or Sinus		
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1		Nasal Agent Combinations		
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML</i>	4	administered under the medical benefit; PA	<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 gm daily)
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)	Nasal Antiallergy		
<i>baclofen TABS 5 MG</i>	1		(Azelastine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)	<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ml daily); RX/OTC
<i>carisoprodol TABS</i>	1		<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1		<i>olopatadine hcl (nasal)</i>	1	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1		Nasal Anticholinergics		
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	4	administered under the medical benefit; PA	<i>ipratropium bromide (nasal)</i>	1	
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	4	administered under the medical benefit; PA	Nasal Steroids		
LIORESAL INTRATHECAL SOLN IT (<i>baclofen</i>)	7	administered under the medical benefit; 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 2 MG</i>	1				
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)			
Direct Muscle Relaxants					
<i>dantrolene sodium CAPS</i>	1				
Muscle Relaxant Combinations					
<i>carisoprodol w/ aspirin & codeine</i>	1				

NASAL AGENTS - SYSTEMIC AND TOPICAL -

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(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC	NASONEX 24HR SUSP	2	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC
(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)	<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ml daily)
<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC	XHANCE EXHU	3	QL(1.07 ml daily); ST
<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
			ALS Agents		
			RADICAVA ORS STARTER KIT SUSP	4	PA
			RADICAVA ORS SUSP	4	PA
			RELYVRIO	4	PA
			<i>riluzole TABS</i>	1	
			Spinal Muscular Atrophy Agents (SMA)		
			EVRYSDI	4	PA
			NUTRIENTS		
			Lipids		
			DOJOLVI	4	PA
			OPHTHALMIC AGENTS - Drugs to Treat the Eye		
			Beta-blockers - Ophthalmic		
			(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	1	
			<i>betaxolol hcl (ophth) SOLN</i>	1	
			BETIMOL	2	
			BETOPTIC-S SUSP	2	
			<i>brimonidine tartrate-timolol maleate</i>	1	
			<i>carteolol hcl (ophth)</i>	1	
			DORZOLAMIDE HCL/TIMOLOL MALEATE	2	
			<i>dorzolamide hcl-timolol maleate</i>	1	
			<i>levobunolol hcl 0.5 %</i>	1	

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<i>timolol maleate (ophth)</i> SOLG	1		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
<i>timolol maleate (ophth)</i> SOLN	1		AZASITE	3	Use Klarify-A 71384-0220-03; QL(0.17 ml daily)
TIMOPTIC-XE SOLG (<i>timolol maleate (ophth)</i>)	2		<i>bacitracin (ophthalmic)</i>	2	
Cycloplegic Mydriatics			<i>bacitracin-polymyxin b (ophth)</i>	1	
(Homatropine Hbr) HOMATROPAIRE	1		BESIVANCE	3	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1		BETADINE OPHTHALMIC PREP	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1		CILOXAN OINT	2	
<i>atropine sulfate (ophthalmic) SOLN</i>	1		<i>ciprofloxacin hcl (ophth)</i> SOLN	1	
ATROPINE SULFATE SOLN 1 %	2		ERYTHROMYCIN	2	
CYCLOGYL	2		<i>erythromycin (ophth)</i>	1	
CYCLOMYDRIL	3		<i>gatifloxacin (ophth)</i>	1	
<i>cyclopentolate hcl</i>	1		<i>gentamicin sulfate (ophth)</i> SOLN	1	
ISOPTO ATROPINE SOLN	2		KLARITY-A	3	Use Klarify-A 71384-0220-03; QL(0.17 ml daily)
<i>phenylephrine hcl (mydriatic) SOLN</i>	1		<i>levofloxacin (ophth)</i>	1	
<i>tropicamide SOLN</i>	1		<i>moxifloxacin hcl (ophth)</i> SOLN OP	1	
Miotics			NATACYN	2	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)	<i>neomycin-bacitracin zn-polymyxin</i>	1	
Ophthalmic Adrenergic Agents			<i>neomycin-polymyxin-gramicidin</i>	1	
<i>apraclonidine hcl</i>	1		<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail)
<i>brimonidine tartrate</i>	1		<i>polymyxin b-trimethoprim</i>	1	
IOPIDINE	3		POVIDONE IODINE	3	
Ophthalmic Anti-infectives			<i>sulfacetamide sodium (ophth) OINT</i>	1	
(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCIN	1		<i>sulfacetamide sodium (ophth) SOLN</i>	1	
(Gentamicin Sulfate (Ophth)) GENTAK OINT	1				

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<i>tobramycin (ophth) SOLN</i>	1		<i>loteprednol etabonate SUSP</i>	1	
TOBREX OINT	2		MAXIDEX SUSP OP	2	
<i>trifluridine</i>	1		<i>neomycin-polymy-dexameth OINT</i>	1	
ZIRGAN GEL	3		<i>neomycin-polymy-dexameth SUSP</i>	1	
Ophthalmic Immunomodulators			<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)	PRED MILD	2	
Ophthalmic Local Anesthetics			PRED-G S.O.P. OINT	3	
(Tetracaine Hcl (Ophth)) ALTACAINE	1		PRED-G SUSP	3	
AKTEN	3		<i>prednisolone acetate (ophth)</i>	1	
<i>proparacaine hcl</i>	1		PREDNISOLONE SODIUM PHOSPHATE	3	
<i>tetracaine hcl (ophth)</i>	1		PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOX ACIN SOLN	3	
Ophthalmic Steroids			<i>sulfacetamide sod-prednisolone SOLN</i>	1	
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail; 4 per fill mail)	TOBRADEX ST SUSP	3	
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1		TOBRADEX OINT	3	
ALREX SUSP	3		<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail; 4 per fill mail)	ZYLET	3	QL(5 ml per fill retail)
BLEPHAMIDE S.O.P. OINT	2		Ophthalmic Surgical Aids		
BLEPHAMIDE SUSP	2		GELFILM OP	3	
<i>dexamethasone sodium phosphate (ophth)</i>	1		Ophthalmics - Misc.		
<i>difluprednate</i>	1				
FLAREX	2				
<i>fluorometholone (ophth) SUSP</i>	1				
FML FORTE SUSP	2				
FML OINT	2				
LOTEMAX OINT	3				
<i>loteprednol etabonate GEL</i>	1				

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(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ml daily); RX/OTC	<i>ketorolac tromethamine (ophth)</i>	1	
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC	LASTACRAFT	3	ST; RX/OTC
ACUVAIL	3		NEVANAC	3	
ALOCRIL	3		<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
ALOMIDE	2		<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ml daily); RX/OTC
<i>azelastine hcl (ophth)</i>	1		PAREMYD	3	
<i>bepotastine besilate</i>	1	QL(0.34 ml daily); ST	PROLENSA	3	
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)	Prostaglandins - Ophthalmic		
<i>bromfenac sodium (ophth)</i>	1		<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
BROMSITE	3		<i>latanoprost SOLN</i>	1	QL(0.09 ml daily)
<i>cromolyn sodium (ophth)</i>	1		LATANOPROST SOLN	2	QL(0.09 ml daily)
CYSTARAN	4		LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>diclofenac sodium (ophth)</i>	1		<i>tafluprost</i>	1	QL(1 ea daily)
<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ml daily)	<i>travoprost</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)	OTIC AGENTS - Drugs to Treat the Ear		
<i>epinastine hcl (ophth)</i>	1		Otic Agents - Miscellaneous		
<i>flurbiprofen sodium</i>	1		<i>acetic acid (otic)</i>	1	
ILEVRO	3		Otic Anti-infectives		
			<i>ciprofloxacin hcl (otic)</i>	1	QL(14 ea per fill retail)
			<i>ofloxacin (otic)</i>	1	
			Otic Combinations		
			(Pramoxine-HC-Chloroxylenol) CORTIC-ND	1	
			CIPRO HC	3	

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<i>ciprofloxacin-dexamethasone</i>	1		FLEBOGAMMA DIF SOLN	4	PA
<i>ciprofloxacin-fluocinolone acetonide</i>	1	Limit 15mls per month; QL(0.5 ea daily)	FLEBOGAMMA DIF SOLN 5 GM/50ML	4	PA
CORTISPORIN-TC	3		GAMASTAN	4	PA
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1		GAMMAGARD LIQUID 1 GM/10ML	4	Covered under Medical Benefit; PA
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1		GAMMAGARD LIQUID 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>)	7	Limit 15mls per month; QL(0.5 ea daily)	GAMMAKED 1 GM/10ML	4	Covered under Medical Benefit; PA
PRAMOTIC	3		GAMMAPLEX SOLN 5 GM/50ML	4	PA
Otic Steroids			GAMMAPLEX SOLN	4	PA
(Fluocinolone Acetonide (Otic) FLAC	1		GAMUNEX-C 1 GM/10ML	4	Covered under Medical Benefit; PA
<i>fluocinolone acetonide (otic)</i>	1		GAMUNEX-C 2.5 GM/25ML	4	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ml per fill retail)	OCTAGAM SOLN	4	PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			OCTAGAM SOLN 5 GM/50ML	4	PA
Abortifacients/Agents for Cervical Ripening			PRIVIGEN SOLN 5 GM/50ML	4	PA
CERVIDIL INST	3		PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	4	PA
PREPIDIL GEL	3		Passive Immunizing Agents - Combinations		
Oxytocics			HYQVIA 1600 UNIT/10ML-20 GM/200ML, 200 UNT/1.25ML-2.5 GM/25ML, 2400 UNIT/15ML-30 GM/300ML, 400 UNIT/2.5ML-5 GM/50ML	4	Some members may obtain their medications through their Medical Group; PA
(Methylergonovine Maleate) METHERGINE TABS	1		PENICILLINS - Drugs to Treat Bacterial Infections		
<i>methylergonovine maleate TABS</i>	1		Aminopenicillins		
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			<i>amoxicillin CAPS</i>	1	
Immune Serums					
BIVIGAM SOLN 10 %	4	PA			
BIVIGAM SOLN 5 GM/50ML	4	PA			

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<i>amoxicillin CHEW 125 MG, 250 MG</i>	1		<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	4	PA	
<i>amoxicillin SUSR</i>	1		<i>UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)</i>	7	PA	
<i>amoxicillin TABS</i>	1		<i>UNASYN BULK PACK IV (ampicillin & sulbactam sodium)</i>	7	PA	
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA	Penicillinase-Resistant Penicillins			
<i>ampicillin CAPS 500 MG</i>	1		<i>dicloxacillin sodium</i>	1		
Natural Penicillins			<i>NAFCILLIN 1 GM/50ML-5 %</i>	4	PA	
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	4	PA	<i>nafcillin sodium IV 2 GM, 10 GM</i>	4	PA	
BICILLIN L-A SUSY	4	PA	<i>oxacillin sodium IV 10 GM</i>	4	PA	
<i>penicillin g potassium</i>	4	PA	PROGESTINS - Hormone Replacement/Modifying Drugs			
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	PA	Progestins			
PENICILLIN G PROCAINE	4	PA	<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1		
<i>penicillin g sodium</i>	4	PA	<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)	
<i>penicillin v potassium SOLR</i>	1		<i>megestrol acetate (appetite)</i>	1	AC	
<i>penicillin v potassium TABS</i>	1		<i>norethindrone acetate TABS</i>	1		
Penicillin Combinations			<i>progesterone CAPS</i>	1	QL(1 ea daily)	
<i>amoxicillin & pot clavulanate CHEW</i>	1		<i>progesterone OIL</i>	1	PA	
<i>amoxicillin & pot clavulanate SUSR</i>	1		PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			
<i>amoxicillin & pot clavulanate TABS</i>	1		Agents for Chemical Dependency			
<i>amoxicillin & pot clavulanate TB12</i>	1		<i>acamprostate calcium</i>	1		
<i>ampicillin & sulbactam sodium IJ 2 GM-1 GM</i>	4	PA	<i>disulfiram</i>	1		
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2		<i>LUCEMYRA</i>	3	QL(224 ea per 14 days retail); PA	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	4	PA				

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Anti-Cataplectic Agents					
SODIUM OXYBATE SOLN	4	ST; PA	SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA
XYREM SOLN	4	ST; PA	SAVELLA TABS	3	QL(2 ea daily); PA
Antidementia Agents					
<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)	AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA
<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)	AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA
<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)	AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA
<i>galantamine hydrobromide SOLN</i>	1		INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA
<i>galantamine hydrobromide TABS</i>	1		INGREZZA CAPS 40 MG, 80 MG	4	QL(1 ea daily); PA
<i>memantine hcl CP24 14 MG, 21 MG, 28 MG</i>	1	PA	INGREZZA CPPK	4	PA
<i>memantine hcl CP24 7 MG</i>	1	ST; PA	<i>tetrabenazine</i>	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
<i>memantine hcl SOLN</i>	1		XENAZINE (<i>tetrabenazine</i>)	7	Specialty drug-Health Net will refer to SP Pharmacy; PA
<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)	Multiple Sclerosis Agents		
<i>memantine hcl TABS</i>	1		(Glatiramer Acetate) GLATOPA SOSY	1	PA
<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)	AVONEX PEN AJKT	4	PA
NAMZARIC C4PK	3	PA	AVONEX PSKT	4	PA
<i>rivastigmine</i>	1		BETASERON KIT	4	PA
<i>rivastigmine tartrate CAPS</i>	1		<i>dalfampridine</i>	1	PA
Combination Psychotherapeutics			<i>dimethyl fumarate CDPK</i>	2	PA
<i>chlordiazepoxide-amitriptyline</i>	1		<i>dimethyl fumarate CPDR</i>	2	PA
<i>olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG</i>	1		<i>fingolimod hcl</i>	1	QL(1 ea daily); PA
<i>olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG</i>	2		GILENYA 0.5 MG	2	QL(1 ea daily); PA
<i>perphenazine-amitriptyline</i>	1		<i>glatiramer acetate SOSY</i>	1	PA
			KESIMPTA	4	QL(0.0143 ml daily); PA

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MAYZENT STARTER PACK TBPK	3	not available thru mail order; QL(12 ea per 5 days retail); PA	<i>pimozide</i>	1	
MAYZENT STARTER PACK TBPK	3	not available thru mail order; PA	Smoking Deterrents		
MAYZENT TABS 0.25 MG	3	not available thru mail order; QL(4 ea daily); 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 4 MG	5	PV
MAYZENT TABS 1 MG	3	not available thru mail order; PA			
MAYZENT TABS 2 MG	3	QL(1 ea daily); PA			
PLEGRIDY STARTER PACK SOPN	4	PA			
PLEGRIDY STARTER PACK SOSY SC	4	PA			
PLEGRIDY SOPN	4	PA			
PLEGRIDY SOSY SC	4	PA			
PLEGRIDY SOSY IM	4	PA			
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA			
REBIF REBIDOSE SOAJ	4	PA			
REBIF TITRATION PACK SOSY	4	PA			
REBIF SOSY	4	PA			
<i>teriflunomide</i>	1	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(1 ea daily); PA			
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	1				
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	4	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	1				

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/ STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL 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	5	PV	SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR, 21 MG/24HR		

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 1, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM 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	SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR		
			APO-VARENICLINE TABS 1 MG	5	QL(2 ea daily); PV
			APO-VARENICLINE TABS 0.5 MG	5	QL(1 ea daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	5	PV
			NICODERM CQ PT24 TD (<i>nicotine</i>)	7	PV
			NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	7	PV
			NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	7	PV
			NICORETTE GUM (<i>nicotine polacrilex</i>)	7	PV
			NICORETTE LOZG (<i>nicotine polacrilex</i>)	7	PV
			<i>nicotine polacrilex GUM</i>	5	PV
			<i>nicotine polacrilex LOZG</i>	5	PV
			NICOTINE TRANSDERMAL SYSTEM KIT	5	PV
			<i>nicotine MISC XX</i>	5	PV
			<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	5	PV
			NICOTROL INHALER INHA	5	PV
			NICOTROL NS SOLN	5	PV
			<i>varenicline tartrate TABS 1 MG</i>	5	QL(2 ea daily); PV
			<i>varenicline tartrate TABS 0.5 MG</i>	5	QL(1 ea daily); PV
			Transthyretin Amyloidosis Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TEGSEDI	4	PA	OFEV	4	QL(2 ea daily); PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions			<i>pirfenidone CAPS</i>	4	QL(3 ea daily); LA; PA
Cystic Fibrosis Agents			<i>pirfenidone TABS</i>	4	QL(3 ea daily); LA; PA
KALYDECO PACK 25 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4662; PA	SULFONAMIDES - Drugs to Treat Bacterial Infections		
KALYDECO PACK 50 MG, 75 MG	4	Must use Accredo SP pharmacy; PA	Sulfonamides		
KALYDECO TABS	4	Must use Accredo SP pharmacy; PA	<i>sulfadiazine TABS</i>	1	
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	TETRACYCLINES - Drugs to Treat Bacterial Infections		
ORKAMBI PACK 94 MG-75 MG	4	PA	Tetracyclines		
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
PULMOZYME	2	QL(5 ml daily); PA	(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 75 MG, 100 MG	2	
SYMDEKO	4	PA	(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
TRIKAFTA TBPK 100 MG-50 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4662; QL(3 ea daily); PA	(Doxycycline Hyclate) MORGIDOX 1X100MG, MORGIDOX 2X100MG CAPS 100 MG	1	
TRIKAFTA TBPK 50 MG-25 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); PA	<i>demeclercycline hcl TABS</i>	1	
Pulmonary Fibrosis Agents			<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2	
ESBRIET CAPS (<i>pirfenidone</i>)	7	QL(3 ea daily); LA; PA	<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST
ESBRIET TABS (<i>pirfenidone</i>)	7	QL(3 ea daily); LA; PA	<i>doxycycline (monohydrate) SUSR</i>	1	
			<i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>	1	
			<i>doxycycline (monohydrate) TABS 150 MG</i>	2	ST

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2		<i>hyoscyamine sulfate</i> <i>TBDP 0.125 MG</i>	1	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG	3		<i>methscopolamine bromide</i>	1	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG	3		H-2 Antagonists		
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			(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 MAXIMUM STRENGTH, HEARTBURN RELIEF MAXIMUM STRENGTH, 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
Antispasmodics			<i>cimetidine TABS 300 MG, 800 MG</i>	1	
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	1		<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)
(Hyoscyamine Sulfate) OSCIMIN SR TB12 0.375 MG	1				
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	1				
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	1				
BELLADONNA/OPIUM	3				
<i>chlordiazepoxide hcl-clidinium bromide</i>	1				
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN OR</i>	1				
<i>dicyclomine hcl TABS</i>	1				
GLYCATE TABS	3				
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1				
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1				
GLCOPYRROLATE TABS	3				
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	1				
<i>hyoscyamine sulfate TABS 0.125 MG</i>	1				
<i>hyoscyamine sulfate TB12 0.375 MG</i>	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>famotidine SUSR</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ	1	QL(1 ea daily)
<i>famotidine TABS 20 MG</i>	1	RX/OTC	OMEPRAZOLE MAGNESIUM, GNP		
<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)	OMEPRAZOLE MAGNESIUM, KP		
<i>nizatidine CAPS</i>	1		OMEPRAZOLE MAGNESIUM, QC		
<i>nizatidine SOLN</i>	1		OMEPRAZOLE MAGNESIUM CPDR		
Misc. Anti-Ulcer					
<i>sucralfate SUSP</i>	1		(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ	1	QL(1 ea daily)
<i>sucralfate TABS</i>	1	QL(4 ea daily)	OMEPRAZOLE MAGNESIUM, GNP		
Proton Pump Inhibitors			OMEPRAZOLE MAGNESIUM, KP		
(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG	1	QL(1 ea daily); RX/OTC	OMEPRAZOLE MAGNESIUM, QC		
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	OMEPRAZOLE MAGNESIUM CPDR 20 MG		
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG	1	QL(1 ea daily)	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 CPDR</i>	1	QL(1 ea daily); RX/OTC
			<i>lansoprazole TBDD 30 MG</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)
			<i>lansoprazole TBDD 15 MG</i>	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
			NEXIUM PACK	3	PA
			OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
			<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
			<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
			<i>omeprazole CPDR 10 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
pantoprazole sodium PACK	1	QL(1 ea daily)	VACCINES		
pantoprazole sodium TBEC	1	QL(1 ea daily)	Viral Vaccines		
PRILOSEC PACK	3	PA	AFLURIA QUADRIVALENT 2021-2022 SUSY	5	PV
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA	AFLURIA QUADRIVALENT 2022-2023 SUSY	5	PV
rabeprazole sodium TBEC	2	ST; QL(1 ea daily); PA	AFLURIA QUADRIVALENT 2023-2024 SUSY	5	PV
Ulcer Drugs - Prostaglandins			COVID VACCINES	5	
misoprostol	1		FLUAD QUADRIVALENT 2021-2022	5	PV
Ulcer Therapy Combinations			FLUAD QUADRIVALENT 2022-2023	5	PV
amoxicillin-clarithromycin w/ lansoprazole THPK	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)	FLUAD QUADRIVALENT 2023-2024	5	PV
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms					
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			FLUARIX QUADRIVALENT 2021-2022 SUSY	5	PV
darifenacin hydrobromide	1		FLUARIX QUADRIVALENT 2022-2023 SUSY	5	PV
fesoterodine fumarate	1	QL(1 ea daily)	FLUARIX QUADRIVALENT 2023-2024 SUSY	5	PV
oxybutynin chloride TABS 5 MG	1	QL(4 ea daily)	FLULAVAL QUADRIVALENT 2021-2022 SUSY	5	PV
oxybutynin chloride TB24	1		FLULAVAL QUADRIVALENT 2022-2023 SUSY	5	PV
solifenacina succinate TABS 5 MG	1		FLULAVAL QUADRIVALENT 2023-2024 SUSY	5	PV
solifenacina succinate TABS 10 MG	1	QL(1 ea daily)	FLUMIST QUADRIVALENT	5	PV
tolterodine tartrate CP24	1	QL(1 ea daily)	FLUZONE HIGH-DOSE PF 2021-2022	5	PV
tolterodine tartrate TABS	1	QL(2 ea daily)	FLUZONE HIGH-DOSE PF 2022-2023	5	PV
trospium chloride CP24	1				
trospium chloride TABS	1	QL(2 ea daily)			
Urinary Antispasmodics - Cholinergic Agonists					
bethanechol chloride	1				
Urinary Antispasmodics - Direct Muscle Relaxants					
flavoxate hcl	1				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
FLUZONE HIGH-DOSE PF 2023-2024	5	PV	VANDAZOLE	2				
FLUZONE QUADRIVALENT 2021-2022 SUSY	5	PV	Vaginal Contraceptive - pH Modulators					
FLUZONE QUADRIVALENT 2022-2023 SUSY	5	PV	PHEXXI	5	PV			
FLUZONE QUADRIVALENT 2023-2024 SUSY	5	PV	Vaginal Estrogens					
HEPLISAV-B SOSY	5	Medical Benefit; PV	(Estradiol Vaginal) YUVAFEM TABS	1				
VAGINAL AND RELATED PRODUCTS								
Spermicides								
ENCARE SUPP 100 MG	5	PV	estradiol vaginal CREA	1				
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	5	PV	estradiol vaginal TABS	1				
TODAY SPONGE MISC	5	PV	ESTRING RING	2	QL(1 per fill mail)			
VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV	FEMRING	3	QL(1 ea per 90 days retail; 1 ea per 90 days mail)			
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	5	PV	PREMARIN	2	QL(2 gm daily)			
VCF VAGINAL CONTRACEPTIVE GEL GEL	5	PV	Vaginal Progestins					
Vaginal Anti-infectives								
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1		CRINONE GEL 8 %	3	PA			
CLEOCIN SUPP	3		ENDOMETRIN INST	3	ST; PA			
<i>clindamycin phosphate vaginal CREA</i>	1		VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions					
CLINDESSE	3		Anaphylaxis Therapy Agents					
GYNAZOLE-1	3		<i>epinephrine (anaphylaxis) SOAJ</i>	3	QL(2 ea per fill retail; 4 ea per 30 days retail)			
<i>metronidazole vaginal</i>	1		<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>terconazole vaginal CREA</i>	1		EPINEPHRINE SOAJ 0.3 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>terconazole vaginal SUPP</i>	1		Neurogenic Orthostatic Hypotension (NOH) - Agents					
			<i>droxidopa</i>	4	PA			
			NORTHERA (<i>droxidopa</i>)	7	PA			

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Drug Name	Drug Tier	Requirements/ Limits
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol CAPS</i>	1	
<i>phytonadione TABS 5 MG</i>	1	
Water Soluble Vitamins		
POTABA CAPS	3	

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(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	58	STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID	(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX
(Estradiol Vaginal) YUVAFEM TABS . 120		CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER	FOLIC ACID, QC FOLIC ACID, RA
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(Hyoscyamine Sulfate) OSCIMIN SR TB12 0.375 MG117	(Lamotrigine) SUBVENITE TABS . 14		(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .42
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG117	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG . .118		(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE- STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG4	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG . .118		.45
(Icatibant Acetate) SAJAZIR SOSY 63		(Levetiracetam) ROWEEPRA TABS 500 MG14	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28
(Indomethacin) INDOCIN SUPP4	(Levetiracetam) ROWEEPRA TABS 500 MG14	.42
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC49	(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS22	(Levonorgestrel-Ethinyl Estradiol (91- Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMESS, JOLESSA, LOJAIMESS, RIVELSA, SETLAKIN, SIMPESSE
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG .. .48		(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . .42		.42
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG .. .48		(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG . .42		.42
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS,				

(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE 0.03 MG-0.15 MG .42	(Methylergonovine Maleate) METHERGINE TABS .....104	LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG .....107
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE .....42	(Metronidazole (Topical)) ROSADAN CREA .....54	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .120
(Levonorgestrel-Ethinyl Estradiol-Ferrous Bisglycinate) JOYEAUX .42	(Metronidazole (Topical)) ROSADAN GEL 0.75 %54	(Miglustat) YARGESA .....64
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG .....116	(Nabumetone) RELAFEN 500 MG ..4	(Nabumetone) RELAFEN 750 MG ..4
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....116	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....101	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....101
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG .....116	(Niacin (Antihyperlipidemic)) NIACOR TABS .....23	(Niacin (Antihyperlipidemic)) NIACOR TABS .....23
(Lidocaine) LIDOCAN PTCH 5 % .54	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, EQ 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 .108	(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
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS .....20	NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG .....108	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS
(Lorazepam) LORAZEPAM INTENSOL CONC .....10	NICOTINE POLACRILEX LOZG 2 MG .....108	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC .....6	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS
(Methadone Hcl) METHADOSE TBSO .....6	POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI	POLACRILEX, EQL NICOTINE POLACRILEX, GNP NICOTINE MINI

QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 109	CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE	CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 109	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 SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR	TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM ....109	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 TD 14 MG/24HR	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 TD 14 MG/24HR
(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1,	(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 1, CVS NICOTINE TRANSDERMALSYSTEM STEP 2,	(Nicotine) 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
TRANSDERMALSYSTEM, GNP NICOTINE	TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL
TRANSDERMALSYSTEM STEP 2, HABITROL, HM NICOTINE	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL	SYSTEM STEP 2, HM NICOTINE TRANSDERMAL
TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE
SYSTEM STEP 2, HM NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE
TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE
TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE	TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE	TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL
TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE	TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL
TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL
SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL
NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE	TRANSDERMAL SYSTEM/STEP 3/CLEAR, QC NICOTINE	TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE TRANSDERMAL
TRANSDERMAL SYSTEM/STEP 3/CLEAR, QC NICOTINE	TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM/STEP 3/CLEAR, RA NICOTINE TRANSDERMAL
TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM, SM NICOTINE
SYSTEM/STEP 2, RA NICOTINE TRANSDERMAL	TRANSDERMAL SYSTEM, SM NICOTINE	TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL
RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL
TRANSDERMAL SYSTEM, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL
NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 3/CLEAR, SM NICOTINE	NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR
NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE	TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR	111
NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR	(Nicotine) CVS NICOTINE	(Norelgestromin-Ethynodiol)
113	TRANSDERMALSYSTEM, CVS NICOTINE	XULANE, ZAFEMY
(Nicotine) CVS NICOTINE	TRANSDERMALSYSTEM STEP 1, CVS NICOTINE	45
TRANSDERMALSYSTEM, CVS NICOTINE	TRANSDERMALSYSTEM STEP 2, CVS NICOTINE	(Norethindrone Acetate & Estradiol)
TRANSDERMALSYSTEM STEP 1, CVS NICOTINE	TRANSDERMALSYSTEM STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE	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,
TRANSDERMALSYSTEM STEP 2, CVS NICOTINE	TRANSDERMALSYSTEM, GNP NICOTINE	
TRANSDERMALSYSTEM STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE		

MICROGESTIN FE 1.5/30,	(Norethindrone & Eth Estradiol)	(Norethindrone Acetate-Ethinyl
MICROGESTIN FE 1/20, TARINA 24	ALYACEN 1/35, BALZIVA,	Estradiol-Fe) TILA FE, TRI-LEGEST
FE, TARINA FE 1/20, TARINA FE	BRIELLYN, CYCLAFEM 1/35,	FE 44
1/20 EQ TABS 1 MG-20 MCG-75 MG	DASETTA 1/35, NECON 0.5/35-28,	
..... 43	NORTREL 0.5/35 (28), NORTREL	
(Norethin Acet & Estrad-Fe)	1/35, NYLIA 1/35, PHILITH,	(Norethindrone-Eth Estradiol
AUROVELA 24 FE, AUROVELA FE	PIRMELLA 1/35, VYFEMLA, WERA	(Triphasic) ALYACEN 7/7/7,
1.5/30, AUROVELA FE 1/20,	35 MCG-1 MG 43	ARANELLE, CYCLAFEM 7/7/7,
BLISOVI 24 FE, BLISOVI FE 1.5/30,	(Norethindrone & Ethinyl Estradiol-	DASETTA 7/7/7, LEENA, NORTREL
BLISOVI FE 1/20, HAILEY 24 FE,	Fe) KAITLIB FE, LAYOLIS FE,	7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7
HAILEY FE 1.5/30, HAILEY FE 1/20,	WYMZYA FE 25 MCG-0.8 MG-75	..... 44
JUNEL FE 1.5/30, JUNEL FE 1/20,	MG 43	
JUNEL FE 24, LARIN 24 FE, LARIN	(Norethindrone & Ethinyl Estradiol-	(Norgestimate-Ethinyl Estradiol
FE 1.5/30, LARIN FE 1/20,	Fe) KAITLIB FE, LAYOLIS FE,	(Triphasic) TRI-LO-ESTARYLLA,
LOESTRIN FE 1.5/30, LOESTRIN	WYMZYA FE 35 MCG-0.4 MG 43	TRI-LO-MARZIA, TRI-LO-MILI, TRI-
FE 1/20, MICROGESTIN 24 FE,	(Norethindrone (Contraceptive))	LO-SPRINTEC, TRI-VYLIBRA LO
MICROGESTIN FE 1.5/30,	CAMILA, DEBLITANE, ERRIN,	44
MICROGESTIN FE 1/20, TARINA 24	HEATHER, INCASSIA, JENCYCLA,	
FE, TARINA FE 1/20, TARINA FE	LYLEQ, LYZA, NORA-BE,	(Norgestimate-Ethinyl Estradiol)
1/20 EQ TABS 1.5 MG-30 MCG-75	NORLYDA, NORLYROC,	ESTARYLLA, FEMYNOR, MILI,
MG 43	SHAROBEL, TULANA 46	MONO-LINYAH, NYMYO,
(Norethin Acet & Estrad-Fe)	(Norethindrone Acet & Eth Estra)	PREVIFEM, SPRINTEC 28,
CHARLOTTE 24 FE, FINZALA,	AUROVELA 1.5/30, AUROVELA	VYLIBRA 44
MIBELAS 24 FE CHEW 43	1/20, HAILEY 1.5/30, JUNEL 1.5/30,	
(Norethin Acet & Estrad-Fe)	JUNEL 1/20, LARIN 1.5/30, LARIN	(Norgestrel & Ethinyl Estradiol)
GEMMILY, MERZEE, TAYSOFY	1/20, LOESTRIN 1.5/30-21,	CRYSELLE-28, ELINEST, LOW-
CAPS 43	LOESTRIN 1/20-21, MICROGESTIN	OGESTREL 30 MCG-0.3 MG 44
(Norethindrone & Eth Estradiol)	1.5/30, MICROGESTIN 1/20 1 MG-	
ALYACEN 1/35, BALZIVA,	20 MCG 44	(Nystatin (Topical)) NYAMYC,
BRIELLYN, CYCLAFEM 1/35,	(Norethindrone Acet & Eth Estra)	NYSTOP POWD EX 49
DASETTA 1/35, NECON 0.5/35-28,	AUROVELA 1.5/30, AUROVELA	
NORTREL 0.5/35 (28), NORTREL	1/20, HAILEY 1.5/30, JUNEL 1.5/30,	(Olopatadine Hcl) CVS
1/35, NYLIA 1/35, PHILITH,	JUNEL 1/20, LARIN 1.5/30, LARIN	OLOPATADINE HYDROCHLORIDE,
PIRMELLA 1/35, VYFEMLA, WERA	1/20, LOESTRIN 1.5/30-21,	EYE ALLERGY ITCH RELIEF, GNP
35 MCG-0.4 MG 43	LOESTRIN 1/20-21, MICROGESTIN	OLOPATADINE HYDROCHLORIDE,
(Norethindrone & Eth Estradiol)	1.5/30, MICROGESTIN 1/20 1.5 MG-	HM EYE ALLERGY ITCH RELIEF,
ALYACEN 1/35, BALZIVA,	30 MCG 44	QC OLOPATADINE
BRIELLYN, CYCLAFEM 1/35,	(Norethindrone Acetate-Ethinyl	HYDROCHLORIDE, SM
DASETTA 1/35, NECON 0.5/35-28,	Estradiol) FYAVOLV, JINTELI 58	OLOPATADINE HCL 0.2 % 103
NORTREL 0.5/35 (28), NORTREL	(Norethindrone Acetate-Ethinyl	
1/35, NYLIA 1/35, PHILITH,	Estradiol) FYAVOLV, JINTELI 1 MG-	(Olopatadine Hcl) CVS
PIRMELLA 1/35, VYFEMLA, WERA	5 MCG 58	OLOPATADINE HYDROCHLORIDE,
35 MCG-0.5 MG 43		EYE ALLERGY
		ITCH/REDNESSRELIEF, GNP
		OLOPATADINE HYDROCHLORIDE,
		HM EYE ALLERGY ITCH/REDNESS
		RELIEF 0.1 % 103
		(Omeprazole Magnesium) ACID
		REDUCER, CVS OMEPRAZOLE,

EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP	MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500	(Phenytoin) PHENYTOIN INFATABS CHEW .....16
OMEPRAZOLE MAGNESIUM, QC	UNIT/ML-0.6 MG/ML-8 MG/ML-0.25	(Polyethylene Glycol 3350)
OMEPRAZOLE MAGNESIUM CPDR 20 MG .....118	MG/ML-10 MG/ML-5 UNIT/ML .....95	CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 95	CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE
OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....118	(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 95	CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD .....66
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP	(Pediatric Multivitamins W/FI) MULTI- VITAMIN/FLUORIDE DROPS SOLN 96	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP .....61
OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR.....118	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML .....96	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL .....93
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG .....8	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN .....96	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF ..93
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG .8	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E .....65	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ .....93
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ....7	(PEG 3350-Kcl-Sod Bicarb-Sod Chloride-Sod Sulfate) GAVILYTE-G SOLR 6.74 GM-2.97 GM-5.86 GM- 22.74 GM-236 GM .....65	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ .....93
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML .....95	(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK ....65	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ .....93
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML ...95	(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..105	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ .....93
(Ped Multivitamins W/FI & Iron)	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....101	(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ .....93
	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG .....16	

(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	93	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	22	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS	40
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	61	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML- 30 MG/5ML-2 MG/5ML	47	(Testosterone Cypionate) DEPO- TESTOSTERONE SOLN IM	9
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	61	(Salicylic Acid) KERALYT SHAM 6 %	54	(Tetracaine Hcl (Ophth)) ALTACAINE	102
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	93	(Sapropterin Dihydrochloride) JAVYGTOR PACK	57	(Theophylline) ELIXOPHYLLIN ELIX . 12	
(Pramoxine-HC-Chloroxylenol) CORTIC-ND	103	(Sapropterin Dihydrochloride) JAVYGTOR TABS	57	(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 %	100
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 102		(Silver Sulfadiazine) SSD	51	(Tretinoin) AVITA CREA 0.025 % . 48	
(Prednisolone) MILLIPRED TABS .46		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 47		(Tretinoin) AVITA GEL 0.025 % ... 48	
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS	96	NEBUSAL, PULMOSAL NEBU 7 % 47		(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	95
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	96	(Sodium Citrate & Citric Acid) CYTRA-2	61	(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	100
(Prenatal Vit W/ Ferrous Fumarate- Folic Acid) PRENATAL 19 CHEW .96		(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	93	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.1 %, 0.5 % 52	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV- SELECT	96	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	93	(Urea) CEROVEL LOTN 40 % 54	
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT- 8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG-4000 UNIT- 200 MG-150 MCG-30 UNIT-29 MG 96		(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	94	(Vigabatrin) VIGADRONE PACK .. 16	
(Prenatal Without A W/ Fe Fumarate- L Methylfolate-FA-DHA) PNV-DHA 96		(Sotalol Hcl) SORINE TABS	38	(Vigabatrin) VIGADRONE TABS .. 16	
(Prochlorperazine) COMPRO	35	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	48	(Warfarin Sodium) JANTOVEN TABS	12
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	22	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	48	1ST TIER UNILET COMFORTOUCH LANCETS 28G	69
		(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP ..	25	1ST TIER UNILET COMFORTOUCH LANCETS 30G	69

abacavir sulfate SOLN	35	ACTIDOM DMX LIQD	47	ADVOCATE LANCETS 30G	70
abacavir sulfate TABS	35	ACTI-LANCE LANCETS 28G	69	ADVOCATE SAFETY LANCETS	70
abacavir sulfate-lamivudine	35	ACTI-LANCE LITE SAFETY LANCETS 28G	69	ADVOCATE SAFETY LANCETS 26G	70
abiraterone acetate	28	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	69	ADYNOVATE	61
acamprosate calcium	105	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	70	AFLURIA QUADRIVALENT 2021- 2022 SUSY	119
acarbose	18	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	70	AFLURIA QUADRIVALENT 2022- 2023 SUSY	119
ACCU-CHEK FASTCLIX LANCETS ..	69	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	70	AFLURIA QUADRIVALENT 2023- 2024 SUSY	119
ACCU-CHEK SAFE-T-PRO LANCETS	69	ACTIMMUNE	32	AFREZZA POWD	18
ACCU-CHEK SAFE-T-PRO PLUS LANCETS	69	ACUVAIL	103	AFSTYLA	62
ACCU-CHEK SOFTCLIX LANCETS ..	69	acyclovir CAPS	37	AGAMATRIX ULTRA-THIN LANCETS 33G	70
ACCURETIC	24	acyclovir SUSP	37	AIMOVIG	91
acebutolol hcl CAPS	37	acyclovir TABS OR 400 MG	37	AIMSCO LUBRICATED MISC	67
acetaminophen w/ codeine SOLN ..	8	acyclovir TABS OR 800 MG	37	AIMSCO TWIST LANCETS 32G ..	70
acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	8	acyclovir topical OINT	51	AIMSCO TWIST LANCETS 33G ..	70
acetaminophen w/ codeine TABS 60 MG-300 MG	8	adapalene CREA	48	AKTEN	102
acetazolamide CP12	56	adapalene GEL 0.1 %	48	AKYNZEO	21
acetazolamide TABS 125 MG	56	adapalene GEL 0.3 %	48	ALA-SCALP LOTN	52
acetazolamide TABS 250 MG	56	adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	48	albendazole	9
acetic acid (otic)	103	adefovir dipivoxil	37	albuterol sulfate AERS	12
acetylcysteine SOLN	47	ADEMPAS	40	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	12
ACIPHEX SPRINKLE CPSP 10 MG ..	118	ADTHYZA TABS 130 MG	116	ALBUTEROL SULFATE NEBU	12
ACIPHEX SPRINKLE CPSP 5 MG 118		ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	116	albuterol sulfate SYRP	12
acitretin 10 MG	50	ADVAIR HFA AERO	12	albuterol sulfate TABS	12
acitretin 17.5 MG	50	ADVANCED MOBILE LANCET 30G 70		alclometasone dipropionate CREA ..	52
acitretin 25 MG	50	ADVATE	61	alclometasone dipropionate OINT ..	52

ALDACTAZIDE .....	.56	alvimopan	60	amlodipine besylate-valsartan 10 MG-160 MG	24
ALECENSA .....	.29	amantadine hcl CAPS	33	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG	24
alendronate sodium SOLN .....	.56	amantadine hcl TABS	33	amlodipine-valsartan-hydrochlorothiazide	24
alendronate sodium TABS 35 MG ..	.56	ambrisentan 10 MG	39	amoxapine	17
alendronate sodium TABS 5 MG, 10 MG .....	.56	ambrisentan 5 MG	39	amoxicillin & pot clavulanate CHEW ..	105
alendronate sodium TABS 70 MG ..	.56	amcinonide CREA	52	amoxicillin & pot clavulanate SUSR ..	105
ALFERON N .....	.32	amcinonide LOTN	52	amoxicillin & pot clavulanate TABS ..	105
alfuzosin hcl .....	.61	amcinonide OINT	52	amoxicillin & pot clavulanate TB12 ..	105
ALINIA SUSR .....	.25	amiloride & hydrochlorothiazide ..	.56	amoxicillin CAPS	104
aliskiren fumarate .....	.25	amiloride hcl TABS .....	.56	amoxicillin CHEW 125 MG, 250 MG ..	105
allopurinol 100 MG .....	.61	aminocaproic acid SOLN OR 0.25 GM/ML .....	.65	amoxicillin SUSR	105
allopurinol 300 MG .....	.61	aminocaproic acid TABS .....	.65	amoxicillin TABS	105
almotriptan malate .....	.92	amiodarone hcl TABS .....	.10	amoxicillin-clarithromycin w/ lansoprazole THPK	119
ALOCRIL .....	.103	amitriptyline hcl TABS .....	.17	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
alogliptin benzoate .....	.18	AMJEVITA SOAJ .....	.3	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
ALOMIDE .....	.103	AMJEVITA SOSY 20 MG/0.4ML ..	.3	amphetamine-dextroamphetamine TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG	1
ALORA PTTW .....	.59	amlodipine besylate TABS 2.5 MG ..	.38		
alosetron hcl .....	.60	amlodipine besylate TABS 5 MG, 10 MG .....	.38		
ALPHANATE SOLR .....	.62	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 .....	.39		
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....	.62	amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG, 10 MG-80 MG .....	.39		
ALPRAZOLAM INTENSOL CONC 10 alprazolam TABS .....	.10	amlodipine besylate-benazepril hcl 10 MG-2.5 MG .....	.24		
alprazolam TB24 .....	.10	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG .....	.24		
alprazolam TBDP .....	.10	5 MG, 40 MG-10 MG, 40 MG-5 MG .....	.24		
ALPROLIX .....	.62	5 MG, 40 MG-10 MG, 40 MG-5 MG .....	.24		
ALREX SUSP .....	.102	5 MG, 40 MG-10 MG, 40 MG-5 MG .....	.24		
ALTABAX .....	.49	5 MG, 40 MG-10 MG, 40 MG-5 MG .....	.24		
ALUNBRIG TABS .....	.29	5 MG, 40 MG-10 MG, 40 MG-5 MG .....	.24		
ALUNBRIG TBPK .....	.29	5 MG, 40 MG-10 MG, 40 MG-5 MG .....	.24		

MG-1.875 MG, 3.75 MG-3.75 MG-3.75 MG	ARIKAYCE	2	ASSURE LANCE LANCETS	70
	aripiprazole SOLN OR	35	ASSURE LANCE LANCETS 21G	.70
ampicillin & sulbactam sodium IJ 2 GM-1 GM	aripiprazole TABS 15 MG	35	ASSURE LANCE PLUS SAFETYLANCETS 25G	70
ampicillin CAPS 500 MG	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	35	ASSURE LANCE PLUS SAFETYLANCETS 30G .....	.71
ampicillin sodium IJ 1 GM, 125 MG 105	aripiprazole TABS 20 MG	35	ASSURE LANCE SAFETY LANCET 28G .....	.71
anagrelide hcl	aripiprazole TBDP	35	ASTAGRAF XL CP24 .....	.94
ANALPRAM-HC LOTN EX	armodafinil 150 MG, 200 MG, 250 MG	2	ATABEX EC TBEC .....	.96
anastrozole	armodafinil 50 MG	2	atazanavir sulfate CAPS .....	.35
ANDEXXA 200 MG	ARMOUR THYROID TABS	116	atenolol & chlorthalidone .....	.24
ANGELIQ	ARNUITY ELLIPTA	11	atenolol TABS .....	.37
ANNOVERA	asenapine maleate	34	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG .....	.2
ANORO ELLIPTA	aspirin CHEW	6	atomoxetine hcl 60 MG, 80 MG, 100 MG .....	.2
ANTARA 30 MG	aspirin TBEC 81 MG	6	atorvastatin calcium TABS .....	.23
ANZEMET TABS 50 MG	aspirin-dipyridamole	64	atovaquone .....	.25
APEXICON E CREA	ASSURE COMFORT LANCETS ULTRA THIN 28G	70	atovaquone-proguanil hcl .....	.26
APO-VARENICLINE TABS 0.5 MG 114	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	70	atropine sulfate (ophthalmic) OINT 101	
APO-VARENICLINE TABS 1 MG 114	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	70	atropine sulfate (ophthalmic) SOLN 101	
apraclonidine hcl	ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	70	ATROPINE SULFATE SOLN 1 % 101	
aprepitant CAPS 40 MG	ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	70	ATROVENT HFA .....	.11
aprepitant CAPS 80 MG, 125 MG .21	ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	70	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML .....	.105
aprepitant CAPS	ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	90	AURORA LANCET SUPER THIN30G .....	.71
aprepitant MISC	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	90	AURORA LANCET THIN 23G ....	.71
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	90	AURYXIA .....	.60
APTIOM				
APTVUS CAPS				
AQUALANCE LANCETS ULTRA THIN 30G				
ARCALYST				

AUSTEDO TABS 12 MG	106	BALVERSA	29	BELSOMRA	65
AUSTEDO TABS 6 MG	106	BD AUTOSHIELD DUO 30G X 5MM		benazepril & hydrochlorothiazide	.24
AUSTEDO TABS 9 MG	106	.....	90	benazepril hcl .....	.23
AVONEX PEN AJKT	106	BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	90	BENEFIX KIT .....	.62
AVONEX PSKT	106	BD MICROAINER LANCETS	.71	BENLYSTA SOAJ .....	.94
AYVAKIT	29	BD NEEDLE/30G X 1/2"	90	BENLYSTA SOSY .....	.94
AZASITE	101	BD PEN MINI MISC	90	BENSAL HP OINT .....	.54
azathioprine TABS	94	BD PEN MISC	90	BENZNIDAZOLE .....	.9
azelaic acid GEL	54	BD PEN NEEDLE/MICRO/ULTRA-		benzonatate .....	.46
azelastine hcl (ophth)	103	FINE/32G X 6MM	90	benzoyl peroxide-erythromycin GEL .	
azelastine hcl 0.1 %, 137		BD PEN NEEDLE/MINI/ULTRA-		48	
MCG/SPRAY	99	FINE/31G X 5MM	90	benzphetamine hcl 50 MG .....	.1
azelastine hcl 0.15 %, 205.5		BD PEN NEEDLE/NANO 2ND		benztropine mesylate SOLN .....	.33
MCG/SPRAY	99	GEN/32G X 5/32"	90	benztropine mesylate TABS .....	.33
azelastine hcl-fluticasone propionate		BD PEN NEEDLE/NANO/ULTRA-		bepotastine besilate .....	.103
SUSP	99	FINE/32G X 4MM	90		
AZELEX	48	BD PEN		BESIVANCE .....	.101
azithromycin PACK	67	NEEDLE/ORIGINAL/ULTRA-		BESREMI .....	.32
azithromycin SUSR	67	FINE/29G X 12.7MM	90	BETADINE OPHTHALMIC PREP	
azithromycin TABS 250 MG	67	BD PEN NEEDLE/SHORT/ULTRA-		101	
azithromycin TABS 500 MG	67	FINE/31G X 8MM	90	betaine .....	.57
azithromycin TABS 600 MG	67	BD SAFETYGLIDE INSULIN		betamethasone dipropionate (topical)	
bacitracin (ophthalmic)	101	SYRINGE/0.5ML/31G X 15/64" ...	90	CREA .....	.52
bacitracin-polymyxin b (ophth) ...	101	BD SAFETYGLIDE INSULIN		betamethasone dipropionate (topical)	
bacitracin-poly-neomycin-hc	102	SYRINGE/1ML/31G X 15/64"	90	LOTN .....	.52
baclofen SOLN IT 40 MG/20ML, 500		BD VEO INSULIN SYRINGE ULTRA-		betamethasone dipropionate (topical)	
MCG/ML	99	FINE/0.5ML/31G X 6MM	90	OINT .....	.52
baclofen TABS 10 MG	99	BD VEO INSULIN SYRINGE ULTRA-		betamethasone dipropionate	
baclofen TABS 20 MG	99	FINE/U-100/1ML/31G X 15/64" ...	90	augmented CREA .....	.52
baclofen TABS 5 MG	99	BD VEO INSULIN SYRINGE ULTR-		betamethasone dipropionate	
balsalazide disodium CAPS	60	FINE/U-100/0.5ML/31G X 15/64" .	90	augmented GEL 0.05 % .....	.52
		BELLADONNA/OPIUM	117	betamethasone dipropionate	
				augmented LOTN .....	.52
				betamethasone dipropionate	

augmented OINT	52	bortezomib SOLR IJ	29	bumetanide TABS 0.5 MG, 1 MG ..	56
betamethasone valerate CREA ..	52	bosentan TABS 125 MG	40	bumetanide TABS 2 MG	56
betamethasone valerate FOAM ..	52	bosentan TABS 62.5 MG	40	buprenorphine hcl SUBL 2 MG ..	8
betamethasone valerate LOTN ..	52	BOSULIF 100 MG, 500 MG	29	buprenorphine hcl SUBL 8 MG ..	8
betamethasone valerate OINT ..	52	BOSULIF 400 MG	30	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1	
BETASERON KIT	106	BRAFTOVI 75 MG	30	MG-4 MG, 2 MG-8 MG	8
betaxolol hcl (ophth) SOLN	100	BREO ELLIPTA 100 MCG/INH-25		buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ..	8
betaxolol hcl	37	MCG/INH, 200 MCG/INH-25			
bethanechol chloride	119	MCG/INH	12	buprenorphine hcl-naloxone hcl dihydrate SUBL	8
BETIMOL	100	BREZTRI AEROSPHERE	12		
BETOPTIC-S SUSP	100	BRILINTA	64	buprenorphine PTWK 5 MCG/HR, 10	
bexarotene (topical)	50	brimonidine tartrate (topical)	54	MCG/HR, 15 MCG/HR, 20 MCG/HR ..	
bexarotene	32	brimonidine tartrate	101	8	
bicalutamide	28	brimonidine tartrate-timolol maleate ..		bupropion hcl (smoking deterrent)	
BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML	105	100		114	
BICILLIN L-A SUSY	105	brinzolamide	103	bupropion hcl TABS	16
BIKTARVY 200 MG-50 MG-25 MG 35		bromfenac sodium (ophth)	103	bupropion hcl TB12	16
bimatoprost SOLN	103	bromocriptine mesylate CAPS	33	bupropion hcl TB24 150 MG, 300 MG ..	16
bisacodyl SUPP	67	bromocriptine mesylate TABS 2.5		bupropion hcl TB24 450 MG	16
bisacodyl TBEC	67	MG	33	buspirone hcl	10
bisoprolol & hydrochlorothiazide ..	24	BROMSITE	103	busulfan SOLN	26
bisoprolol fumarate	37	BRUKINSA	30	butalbital-acetaminophen TABS 50	
BIVIGAM SOLN 10 %	104	budesonide (inhalation) SUSP 0.25		MG-300 MG, 50 MG-325 MG	5
BIVIGAM SOLN 5 GM/50ML	104	MG/2ML	11	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40	
BLEPHAMIDE S.O.P. OINT	102	budesonide (inhalation) SUSP 0.5		MG-50 MG-325 MG	5
BLEPHAMIDE SUSP	102	MG/2ML	11	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	29	budesonide (inhalation) SUSP 1		butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300	
		MG/2ML	11	MG	8
		budesonide (intrarectal)	9	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325	
		budesonide CPEP	46		
		budesonide TB24	46		
		budesonide-formoterol fumarate dihydrate	12		

MG	8	TABS	60	MG-31.25 MG-200 MG, 75 MG-18.75
butalbital-aspirin-caffeine CAPS	6	CALCIUM-FOLIC ACID PLUS D ..	92	MG-200 MG
butalbital-aspirin-caffeine w/cod	8	CALQUENCE	30	33 carbinoxamine maleate SOLN
butorphanol tartrate NA 10 MG/ML .	9	candesartan cilexetil 32 MG	23	21 carbinoxamine maleate TABS 4 MG .
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	35	candesartan cilexetil 4 MG, 8 MG, 16 MG	23	21 CARBINOXAMINE MALEATE TABS .
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	35	candesartan cilexetil-hydrochlorothiazide	24	CARDURA XL
cabergoline	58	capecitabine 150 MG	27	CAREONE LANCET SUPER THIN/30G
CABOMETYX TABS 20 MG, 60 MG . 30		capecitabine 500 MG	27	71 CAREONE LANCET THIN
CABOMETYX TABS 40 MG	30	CAPEX SHAM	52	71 CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"
caffeine citrate SOLN OR	1	CAPRELSA	30	90 CARESENS LANCETS
CALCIFOL	92	captotril	23	71 CARETOUCH SAFETY LANCETS/26G
calcipotriene CREA	50	carbamazepine CHEW	14	71 CARETOUCH SAFETY LANCETS/28G
calcipotriene FOAM	50	carbamazepine CP12	14	71 CARETOUCH SAFETY LANCETS/30G
calcipotriene OINT	50	carbamazepine SUSP	14	71 CARETOUCH SAFETY LANCETS/30G
calcipotriene SOLN	50	carbamazepine TABS	14	71 CARETOUCH SAFETY LANCETS/30G
calcipotriene-betamethasone dipropionate OINT	52	carbamazepine TB12 100 MG	14	71 CARETOUCH SAFETY LANCETS/30G
calcipotriene-betamethasone dipropionate SUSP	52	carbamazepine TB12 200 MG	14	71 CARETOUCH SAFETY LANCETS/30G
calcitonin (salmon) IJ	57	carbamazepine TB12 400 MG	14	71 CARETOUCH SAFETY LANCETS/30G
calcitonin (salmon) NA	57	carbidopa	33	71 CARETOUCH SAFETY LANCETS/30G
calcitriol (topical)	50	carbidopa-levodopa TABS	33	71 CARETOUCH SAFETY LANCETS/30G
calcitriol CAPS 0.25 MCG	57	carbidopa-levodopa TBCR 100 MG-25 MG	33	71 CARETOUCH SAFETY LANCETS/30G
calcitriol CAPS 0.5 MCG	57	carbidopa-levodopa TBCR 200 MG-50 MG	33	71 CARETOUCH SAFETY LANCETS/30G
calcitriol SOLN OR	57	50 MG	33	99 carisoprodol TABS
calcium acetate (phosphate binder) CAPS	60	carbidopa-levodopa TBDP	33	99 carisoprodol w/ aspirin & codeine ..
calcium acetate (phosphate binder)		carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG, 150 MG-37.5 MG-200 MG, 200 MG-50 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG	33	100 carteolol hcl (ophth)
		carbidopa-levodopa-entacapone 125		37 carvedilol 3.125 MG
				37 carvedilol 6.25 MG, 12.5 MG, 25 MG

carvedilol phosphate	37	CEREZYME 400 UNIT	64	cimetidine TABS 300 MG, 800 MG 117	
CAYA DPRH	67	CERVIDIL INST	104	cimetidine TABS 400 MG	117
CAYSTON	25	CETACAINE AERO	54	cinacalcet hcl	57
cefaclor CAPS	41	cevimeline hcl	95	CIPRO HC	103
CEFACLOR ER TB12	41	CHEMET	20	CIPRO SUSR	59
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	41	CHENODAL	59	ciprofloxacin hcl (ophth) SOLN ...	101
cefadroxil CAPS	40	chlordiazepoxide hcl CAPS	10	ciprofloxacin hcl (otic)	103
cefadroxil SUSR	40	chlordiazepoxide hcl-clidinium bromide	117	ciprofloxacin hcl TABS	59
cefadroxil TABS	41	chlordiazepoxide-amitriptyline ...	106	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	59
cefazolin sodium SOLR IV 1 GM ..	41	chlorhexidine gluconate (mouth- throat)	95	ciprofloxacin-dexamethasone	104
cefdinir CAPS	41	chloroquine phosphate TABS	26	ciprofloxacin-fluocinolone acetonide ..	104
cefdinir SUSR	41	chlorpromazine hcl TABS	35	citalopram hydrobromide SOLN ...	17
cefixime CAPS	41	chlorthalidone 25 MG, 50 MG	56	citalopram hydrobromide TABS ...	17
cefixime SUSR	41	chlorzoxazone TABS 375 MG, 500 MG, 750 MG	99	CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG- 20 MG-50 MG-25 MG-2 MG-159 MG- 90 MG-150 MCG-30 UNIT-0.75 MG- 300 MG	96
cefotetan disodium IJ 1 GM, 2 GM	41	cholestyramine light PACK	22	CITRANATAL ASSURE	96
CEFOXITIN SODIUM	41	cholestyramine light POWD	22	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	
cefoxitin sodium IV 1 GM, 2 GM ...	41	cholestyramine PACK	22	96	
cefpodoxime proxetil SUSR	41	cholestyramine POWD	22	CITRANATAL BLOOM	96
cefpodoxime proxetil TABS	41	choline fenofibrate 135 MG	22	CITRANATAL BLOOM DHA	96
cefprozil SUSR	41	choline fenofibrate 45 MG	22	CITRANATAL DHA	96
cefprozil TABS	41	ciclopirox GEL	49	CITRANATAL ESSENCE	96
cefuroxime axetil TABS	41	ciclopirox olamine CREA	49	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	96
celecoxib 400 MG	4	ciclopirox olamine SUSP	49	CITRANATAL MEDLEY	97
celecoxib 50 MG, 100 MG, 200 MG	4	ciclopirox SHAM	49	CITRANATAL RX	97
CENTANY OINT	49	ciclopirox SOLN	49		
cephalexin CAPS	41	cilostazol	64		
cephalexin SUSR	41	CILOXAN OINT	101		
CEPROTIN	64	CIMDUO	35		
CERDELGA	64				

clarithromycin SUSR	67	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	48	clotrimazole w/ betamethasone LOTN	49
clarithromycin TABS	67	clindamycin phosphate-tretinoin ..	48	clozapine TABS	34
clarithromycin TB24	67	CLINDESSE	120	clozapine TBDP 12.5 MG	34
CLEANLET LANCETS 28G	71	clobazam SUSP	13	C-NATE DHA CAPS	97
clemastine fumarate TABS 2.68 MG .	21	clobazam TABS 10 MG	13	COAGADEX	62
CLEOCIN SUPP	120	clobazam TABS 20 MG	13	COAGUCHEK LANCETS	72
CLEVER CHEK LANCETS		clobetasol propionate CREA 0.05 % .		COARTEM	26
ULTRATHIN	71	52		codeine sulfate TABS	7
CLEVER CHEK LANCETS		clobetasol propionate emollient base		CODITUSSIN AC LIQD	47
ULTRATHIN 30G	71	0.05 %	52	colchicine CAPS	61
CLEVER CHOICE COMFORT		clobetasol propionate emulsion ..	52	colchicine TABS	61
EZLANCETS 21G	71	clobetasol propionate FOAM	52	colchicine w/ probenecid	61
CLEVER CHOICE COMFORT		clobetasol propionate GEL 0.05 %	52	colesevelam hcl PACK	22
EZLANCETS 23G	71	clobetasol propionate LIQD	52	colesevelam hcl TABS	22
CLEVER CHOICE COMFORT		clobetasol propionate LOTN	52	colestipol hcl GRAN	22
EZLANCETS 28G	72	clobetasol propionate OINT 0.05 %		colestipol hcl PACK	22
CLIMARA PRO	58	52		colestipol hcl TABS	22
clindamycin hcl	25	clobetasol propionate SHAM	52	COMBIPATCH PTTW	59
clindamycin palmitate hydrochloride .	25	clobetasol propionate SOLN 0.05 % .		COMBIVENT RESPIMAT AERS ..	12
clindamycin phosphate (topical)		52		COMETRIQ KIT	30
FOAM	48	clocortolone pivalate	52	COMFORT ASSURED LANCETS	
clindamycin phosphate (topical) GEL		clomipramine hcl	17	MICRO THIN 33G	72
48		clonazepam TABS	13	COMFORT ASSURED LANCETS	
clindamycin phosphate (topical)		clonazepam TBDP	13	SUPER THIN 28G	72
LOTN	48	clonidine hcl (adhd) TB12	2	COMFORT LANCETS	72
clindamycin phosphate (topical)		clonidine hcl TABS	24	COMFORT TOUCH LANCETS	
SOLN	48	clopidogrel bisulfate	64	ULTRA THIN 31G	72
clindamycin phosphate (topical)		clorazepate dipotassium TABS ..	10	COMFORT TOUCH PLUS SAFETY	
SWAB	48	clotrimazole	94	LANCETS PRESSURE ACTIVATED	
clindamycin phosphate vaginal CREA		clotrimazole w/ betamethasone		28G	72
.....120		CREA	49	COMFORT TOUCH PLUS SAFETY	
clindamycin phosphate-benzoyl					
peroxide (refrigerate)	48				

LANCETS PRESSURE ACTIVATED 30G	72	CVS LANCETS 21G	72	dantrolene sodium CAPS	99
COMPLERA	35	CVS LANCETS MICRO THIN 33G 72		dapsone (topical) 5 %	48
COMPLETENATE CHEW	97	CVS LANCETS MICRO-THIN 33G 72		dapsone 100 MG	25
CONCEPT DHA	97	CVS LANCETS ORIGINAL	72	dapsone 25 MG	25
CONCEPT OB	97	CVS LANCETS THIN 26G	72	darifenacin hydrobromide	119
CONDOMS	67	CVS LANCETS ULTRA THIN 30G 72		darunavir TABS	35
CONDYLOX GEL	54	CVS LANCETS ULTRA-THIN 30G 72		DAURISMO	28
CONTRAVE	1	CVS ULTRA THIN LANCETS	72	deferasirox PACK	20
COPIKTRA	30	CVS ULTRA THIN LANCETS	72	deferasirox TABS	20
CORDRAN TAPE	52	cyclobenzaprine hcl TABS 5 MG, 10 MG	99	deferasirox TBSO	20
CORIFACT	62	CYCLOGYL	101	deferiprone TABS 500 MG	20
CORLANOR SOLN	40	CYCLOMYDRIL	101	DELSTRIGO	35
CORLANOR TABS	40	cyclopentolate hcl	101	demeocycline hcl TABS	115
CORTANE-B	52	cyclophosphamide CAPS	27	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	46
CORTIFOAM EX 10 %	9	CYCLOPHOSPHAMIDE TABS	27	DESCOVY 200 MG-25 MG	35
CORTISPORIN-TC	104	cycloserine	26	desipramine hcl TABS	17
COSENTYX SENSOREADY PEN SOAJ	50	cyclosporine (ophth) EMUL	102	desloratadine TABS	22
COSENTYX SOSY 150 MG/ML ..	50	cyclosporine CAPS	94	desloratadine TBDP 2.5 MG	22
COSENTYX SOSY 150 MG/ML ..	51	cyclosporine modified (for microemulsion) CAPS	94	desloratadine TBDP 5 MG	22
COSENTYX SOSY 75 MG/0.5ML ..	51	cyclosporine modified (for microemulsion) SOLN	94	DESMOPRESSIN ACETATE SOLN NA	58
COSENTEYX UNOREADY SOAJ ..	50	cyproheptadine hcl SYRP	22	desmopressin acetate spray	58
COTELLIC	30	cyproheptadine hcl TABS	22	desmopressin acetate spray refrigerated	58
COVID VACCINES	119	CYSTAGON CAPS	61	desmopressin acetate TABS 0.1 MG ..	58
CREON CPEP	55	CYSTARAN	103	desmopressin acetate TABS 0.2 MG ..	58
CRESEMBA CAPS 186 MG	21	dalfampridine	106	desogestrel & ethinyl estradiol ..	44
CRINONE GEL 8 %	120	danazol CAPS	9		
CRIXIVAN 400 MG	35				
cromolyn sodium (ophth)	103				
cromolyn sodium NEBU	11				

desogestrel-ethinyl estradiol (biphasic)	44	DIATHRIVE LANCETS	72	diflorasone diacetate OINT	53
desonide CREA	52	DIATHRIVE LANCETS ULTRA THIN 30G	72	diflunisal TABS	6
desonide GEL	52	diazepam (anticonvulsant) GEL ..	13	difluprednate	102
desonide LOTN	52	diazepam CONC	10	digoxin SOLN OR 0.05 MG/ML ..	39
desonide OINT	53	diazepam SOLN OR 5 MG/5ML ..	10	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	39
desoximetasone CREA	53	diazepam TABS 10 MG	10	dihydroergotamine mesylate SOLN IJ 1 MG/ML	92
desoximetasone GEL	53	diazepam TABS 2 MG, 5 MG	10	dihydroergotamine mesylate SOLN NA 4 MG/ML	92
desoximetasone LIQD	53	diazoxide	18	DILANTIN 30 MG	16
desoximetasone OINT	53	dichlorphenamide	56	diltiazem hcl coated beads CP24 ..	38
desvenlafaxine succinate	17	diclofenac potassium TABS 50 MG .	4	diltiazem hcl CP12	38
dexamethasone ELIX	46	diclofenac sodium (actinic keratoses) EX	50	diltiazem hcl CP24	38
DEXAMETHASONE INTENSOL CONC	46	diclofenac sodium (ophth)	103	diltiazem hcl extended release beads	38
dexamethasone sodium phosphate (ophth)	102	diclofenac sodium (topical) GEL EX 50		diltiazem hcl TABS	38
dexamethasone SOLN	46	diclofenac sodium (topical) SOLN EX 1.5 %	50	diltiazem hcl TB24	38
dexamethasone TABS	46	diclofenac sodium (topical) SOLN EX 2 %	50	dimethyl fumarate CDPK	106
dexamethasone TBPK	46	diclofenac sodium TB24	4	dimethyl fumarate CPDR	106
dexchlorpheniramine maleate SOLN .. 21		diclofenac sodium TBEC	4	DIPENTUM	60
dextroamphetamine sulfate CP24 .. 1		diclofenac w/ misoprostol TBEC ..	4	diphenhydramine hcl SOLN 50 MG/ML	21
dextroamphetamine sulfate SOLN .. 1		dicloxacillin sodium	105	diphenoxylate w/ atropine LIQD ..	20
dextroamphetamine sulfate TABS 5 MG, 10 MG	1	dicyclomine hcl CAPS	117	diphenoxylate w/ atropine TABS ..	20
DHIVY TABS	33	dicyclomine hcl SOLN OR	117	dipyridamole	64
DIACOMIT CAPS 250 MG	14	dicyclomine hcl TABS	117	disopyramide phosphate CAPS ..	10
DIACOMIT CAPS 500 MG	14	diethylpropion hcl TABS	1	disulfiram	105
DIACOMIT PACK 250 MG	14	diethylpropion hcl TB24	1	DIURIL SUSP	56
DIACOMIT PACK 500 MG	14	DIFFERIN LOTN	48	divalproex sodium CSDR	16
		DIFCID TABS	67	divalproex sodium TB24	16
		diflorasone diacetate CREA	53		

divalproex sodium TBEC	16	doxylamine-pyridoxine TBEC	21	DUAVEE	59
dofetilide	10	dronabinol CAPS 10 MG	21	DUET DHA 400 MISC	97
DOJOLVI	100	dronabinol CAPS 2.5 MG	21	DUET DHA BALANCED MISC 120	
DOMETUSS-DMX LIQD	47	dronabinol CAPS 5 MG	21	MG-50 MG-15 MG-1 MG-640 UNIT-	
donepezil hydrochloride TABS ...	106	DROPLET INSULIN SYRINGE U-		12 MCG-2 MG-55 MG-20 MG-215	
donepezil hydrochloride TBDP ...	106	100/1ML/31G X 15/64"	91	MG-1.5 MG-25 MG-25 MG-1.8 MG-	
dorzolamide hcl	103	DROPLET INSULIN SYRINGE/U-		2800 UNIT-25 MG-210 MCG-65	
DORZOLAMIDE HCL	103	100/0.5ML/31G X 15/64"	91	MCG-267 MG	97
DORZOLAMIDE HCL/TIMOLOL		DROPLET INSULIN SYRINGE/U-		duloxetine hcl CPEP 20 MG, 30 MG,	
MALEATE	100	100/1ML/31G X 15/64"	91	60 MG	17
dorzolamide hcl-timolol maleate .	100	DROPLET LANCETS ULTRA THIN		DUOPA SUSP	33
DOVATO	35	30G	72	DUPIXENT SOPN 300 MG/2ML ..	53
doxazosin mesylate	24	DROPLET PERSONAL		DUPIXENT SOSY 200 MG/1.14ML	
doxepin hcl (antipruritic)	50	LANCETS30G	72	54	
doxepin hcl CAPS	17	DROPSAFE INSULIN SAFETY		DUPIXENT SOSY 300 MG/2ML ..	53
doxepin hcl CONC	17	SYRINGE/FIXED NEEDLE		DUREX EXTRA SENSITIVE THIN	
doxercalciferol CAPS	57	31GX6MM 0.5ML	91	DEVI	67
doxycycline (monohydrate) CAPS		DROPSAFE INSULIN SAFETY		dutasteride	61
150 MG	115	SYRINGE/FIXED NEEDLE		dutasteride-tamsulosin hcl	61
doxycycline (monohydrate) CAPS 50		31GX6MM 1ML	91	EASY COMFORT LANCETS	73
MG, 75 MG, 100 MG	115	drospirenone-ethinyl estradiol	44	EASY COMFORT LANCETS	
doxycycline (monohydrate) SUSR		drospirenone-ethinyl estradiol-		30G/PULL TOP	73
115		levomefolate calcium	44	EASY COMFORT LANCETS	
doxycycline (monohydrate) TABS		DROXIA CAPS	64	30G/THIN TOP	73
150 MG	115	droxidopa	120	EASY COMFORT LANCETS TWIST	
doxycycline (monohydrate) TABS 50		DRUG MART LANCETS THIN	73	TOP	73
MG, 100 MG	115	DRUG MART ON-THE-GO		EASY TOUCH FLIPLOCK NEEDLES	
doxycycline (monohydrate) TABS 75		LANCETS GENTLE 30G	73	30GX1/2"	91
MG	116	DRUG MART UNILET		EASY TOUCH HYPODERMIC	
doxycycline (rosacea)	54	LANCETSSUPER THIN 30G	73	NEEDLES 30GX1/2"	91
doxycycline hyclate CAPS	116	DRUG MART UNILET		EASY TOUCH LANCETS	
doxycycline hyclate TABS 20 MG,		LANCETSULTRA THIN 28G	73	21G/PRESSURE ACTIVATED	73
100 MG	116	DRUG MART UNILET MICRO THIN		EASY TOUCH LANCETS	
		LANCETS 33G	73	23G/PRESSURE ACTIVATED	73
		DRYSOL SOLN	54	EASY TOUCH LANCETS	

26G/PRESSURE ACTIVATED ....73	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED .....74	EMEND SUSR .....21
EASY TOUCH LANCETS 26G/PULL- TOP .....73	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED .....74	EMGALITY SOAJ .....91
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED ....73	econazole nitrate CREA .....49	EMGALITY SOSY .....91
EASY TOUCH LANCETS 28G/PULL- TOP .....73	EDARBI 40 MG .....23	EMSAM .....16
EASY TOUCH LANCETS 28G/TWIST .....73	EDARBI 80 MG .....23	emtricitabine CAPS .....35
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED .....73	EDARBYCLOR .....24	emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG .....35
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED ....73	EDURANT .....35	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG .....36
EASY TOUCH LANCETS 30G/PULL- TOP .....73	efavirenz CAPS .....35	EMTRIVA SOLN .....36
EASY TOUCH LANCETS 30G/TWIST .....73	efavirenz TABS .....35	enalapril maleate & hydrochlorothiazide .....24
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED ....74	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....35	enalapril maleate TABS .....23
EASY TOUCH LANCETS 32G/PULL- TOP .....74	EFFER-K .....93	ENBREL MINI SOCT .....5
EASY TOUCH LANCETS 32G/TWIST .....74	ELESTRIN GEL .....59	ENBREL SOLN .....5
EASY TOUCH LANCETS 32G/TWIST .....74	eletriptan hydrobromide .....92	ENBREL SOLR .....5
EASY TOUCH LANCETS 33G/TWIST .....74	ELIGARD SC .....28	ENBREL SOSY 25 MG/0.5ML .....5
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED .....74	ELIQUIS STARTER PACK TBPK .12	ENBREL SOSY 50 MG/ML .....5
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED .....74	ELIQUIS TABS .....12	ENBREL SURECLICK SOAJ .....5
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED .....74	ELLA .....45	ENCARE SUPP 100 MG .....120
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....74	ELMIRON CAPS .....61	ENDOMETRIN INST .....120
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....74	ELOCTATE .....62	enoxaparin sodium SOLN IJ 300 MG/3ML .....13
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....74	EMBRACE LANCETS ULTRA THIN 30G .....74	ENOXAPARIN SODIUM SOLN IJ .13
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....74	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G .....74	enoxaparin sodium SOSY .....13
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....74	EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G .....74	entacapone .....33
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED .....74	EMCYT .....28	entecavir TABS .....37
		ENTRESTO .....39
		EPCLUSIA PACK .....37
		EPCLUSIA TABS 100 MG-400 MG .37
		EPCLUSIA TABS 50 MG-200 MG .37

EPIDIOLEX	14	erythromycin ethylsuccinate SUSR 67	etoposide CAPS	32	
EPIFOAM FOAM	53	escitalopram oxalate SOLN	17	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	32
epinastine hcl (ophth)	103	escitalopram oxalate TABS 10 MG, 20 MG	17	etravirine	36
epinephrine (anaphylaxis) SOAJ .	120	escitalopram oxalate TABS 5 MG .	17	EUCRISA	54
EPINEPHRINE SOAJ 0.3 MG/0.3ML 120		esomeprazole magnesium PACK 118		EULEXIN	28
eplerenone	25	estazolam	65	EVAMIST SOLN	59
EQL COLOR LANCETS 21G	74	estradiol & norethindrone acetate TABS	59	everolimus (immunosuppressant) 0.25 MG, 0.5 MG, 0.75 MG	94
EQL COLOR LANCETS MICRO THIN 33G	74	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	59	everolimus TABS	30
EQL SUPER THIN LANCETS 30G 74		estradiol PTTW	59	everolimus TBSO	30
EQL THIN LANCETS 26G	74	estradiol PTWK	59	EVOTAZ	36
EQUETRO	34	estradiol TABS	59	EVRYSDI	100
ergocalciferol CAPS	121	estradiol vaginal CREA	120	EXELDERM SOLN	49
ergoloid mesylates TABS	107	estradiol vaginal TABS	120	exemestane	28
ERGOMAR SUBL	92	estradiol valerate	59	EXODERM	49
ergotamine w/ caffeine TABS	92	ESTRING RING	120	E-Z JECT LANCETS	74
ERIVEDGE	28	ESTROGEL GEL	59	E-Z JECT LANCETS 21G	74
ERLEADA 240 MG	28	eszopiclone	65	E-Z JECT LANCETS COLOR	74
ERLEADA 60 MG	28	ethacrynic acid	56	E-Z JECT LANCETS SUPER THIN 30G	75
erlotinib hcl	28	ethambutol hcl TABS	26	E-Z JECT LANCETS THIN 26G ..	75
ERTACZO	49	ethosuximide CAPS	16	ezetimibe	23
ertapenem sodium IJ	25	ethosuximide SOLN	16	ezetimibe-simvastatin	22
erythromycin (acne aid) GEL	48	ethynodiol diacet & eth estrad ..	44	E-ZJECT LANCETS MICRO-THIN 33G	75
erythromycin (acne aid) SOLN	48	etodolac CAPS	4	EZ-LETS LANCETS 21G	75
erythromycin (ophth)	101	etodolac TABS	4	EZ-LETS LANCETS 26G SUPER- SOFT	75
ERYTHROMYCIN	101	etodolac TB24	4	EZ-LETS LANCETS 28G ULTRA- SOFT	75
erythromycin base CPEP	67	etonogestrel-ethinyl estradiol ..	45	EZ-LETS LANCETS 30G	75
erythromycin base TABS	67	ETOPOPHOS	32		
erythromycin base TBEC	67				

FABIOR FOAM	48	fenofibrate TABS 48 MG	23	FLAREX	102
famciclovir	37	fenofibrate TABS 54 MG	23	flavoxate hcl	119
famotidine SUSR	118	FENOFIBRATE TABS	23	FLEBOGAMMA DIF SOLN 5	
famotidine TABS 20 MG	118	FENSOLVI SC	57	GM/50ML	104
famotidine TABS 40 MG	118	fentanyl citrate LPOP 1600 MCG ...	7	FLEBOGAMMA DIF SOLN	104
FANAPT	34	fentanyl citrate LPOP 200 MCG, 400		flecainide acetate	10
FANAPT TITRATION PACK	34	MCG, 600 MCG, 800 MCG, 1200		FLORIVA	93
FANTASY LUBRICATED MISC ..	67	MCG	7	FLORIVA	96
FANTASY		fentanyl PT72 12 MCG/HR, 25		FLORIVA PLUS SOLN	96
LUBRICATED/SPERMICIDE MISC		MCG/HR, 50 MCG/HR, 75 MCG/HR,		FLOVENT DISKUS AEPB 100	
67		100 MCG/HR	7	MCG/BLIST	11
		fentanyl PT72 37.5 MCG/HR, 62.5		FLOVENT DISKUS AEPB 250	
FARXIGA	19	MCG/HR, 87.5 MCG/HR	7	MCG/BLIST	11
FARYDAK 10 MG	30	FERRIPROX SOLN	20	FLOVENT DISKUS AEPB 50	
FARYDAK 15 MG, 20 MG	30	fesoterodine fumarate	119	MCG/BLIST	11
FASENRA PEN SOAJ	10	FETZIMA CP24 20 MG	17	FLOVENT HFA 110 MCG/ACT, 220	
FC2 FEMALE CONDOM	67	FETZIMA CP24 40 MG, 80 MG, 120		MCG/ACT	11
febuxostat 40 MG	61	MG	17	FLOVENT HFA 44 MCG/ACT	11
febuxostat 80 MG	61	FETZIMA TITRATION PACK C4PK		FLUAD QUADRIVALENT 2021-2022	
FEIBA	62	17		.....	119
felbamate SUSP	16	FIFTY50 SAFETY SEAL LANCETS		FLUAD QUADRIVALENT 2022-2023	
felbamate TABS	16	30G	75	.....	119
felodipine 10 MG	38	FIFTY50 SAFETY SEAL LANCETS		FLUAD QUADRIVALENT 2023-2024	
felodipine 2.5 MG, 5 MG	38	32G	75	.....	119
FEMCAP DEVI	67	FIFTY50 UNILET LANCETS 33G	.75	FLUARIX QUADRIVALENT 2021-	
FEMRING	120	.75		2022 SUSY	119
fenofibrate CAPS	22	FINACEA FOAM	54	FLUARIX QUADRIVALENT 2022-	
fenofibrate micronized 130 MG, 200		finasteride	61	2023 SUSY	119
MG	22	FINE 30	75	FLUARIX QUADRIVALENT 2023-	
fenofibrate micronized 30 MG, 43		FINGERSTIX LANCETS	75	2024 SUSY	119
MG, 67 MG, 90 MG, 134 MG	22	fingolimod hcl	106	fluconazole SUSR	21
fenofibrate TABS 145 MG, 160 MG		FIRDAPSE	26	fluconazole TABS	21
23		FIRST-MOUTHWASH BLM	94	flucytosine	21
		FIRST-OMEPRAZOLE SUSP	118	fludarabine phosphate SOLR	27

fludrocortisone acetate TABS	46	fluphenazine hcl ELIX	35	FLUZONE QUADRIVALENT 2021-2022 SUSY	120
FLULALVAL QUADRIVALENT 2021-2022 SUSY	119	fluphenazine hcl TABS	35	FLUZONE QUADRIVALENT 2022-2023 SUSY	120
FLULALVAL QUADRIVALENT 2022-2023 SUSY	119	flurandrenolide CREA	53	FLUZONE QUADRIVALENT 2023-2024 SUSY	120
FLULALVAL QUADRIVALENT 2023-2024 SUSY	119	flurazepam hcl 15 MG	65	FML FORTE SUSP	102
FLUMIST QUADRIVALENT	119	flurazepam hcl 30 MG	65	FML OINT	102
fluocinolone acetonide (otic)	104	flurbiprofen sodium	103	folic acid TABS 1 MG	64
fluocinolone acetonide CREA	53	flurbiprofen TABS	4	folic acid TABS 400 MCG, 800 MCG	64
fluocinolone acetonide OIL	53	flutamide	28	FOLIVANE-F	64
fluocinolone acetonide OINT	53	fluticasone propionate (nasal) SUSP .	100	FOLIVANE-OB	97
fluocinolone acetonide SOLN	53	fluticasone propionate CREA 0.05 %	53	fondaparinux sodium 2.5 MG/0.5ML	13
fluocinonide CREA	53	fluticasone propionate LOTN	53	fondaparinux sodium 5 MG/0.4ML,	
fluocinonide emulsified base	53	fluticasone propionate OINT	53	7.5 MG/0.6ML, 10 MG/0.8ML	13
fluocinonide GEL	53	fluticasone-salmeterol AEPB 100		FORA LANCETS	75
fluocinonide OINT	53	MCG/ACT-50 MCG/ACT, 250		formaldehyde SOLN 10 %	35
fluocinonide SOLN	53	MCG/ACT-50 MCG/ACT, 500		formoterol fumarate NEBU	12
fluorometholone (ophth) SUSP	102	MCG/ACT-50 MCG/ACT	12	fosamprenavir calcium TABS	36
FLUOROPLEX CREA	50	fluvastatin sodium CAPS	23	fosfomycin tromethamine	26
fluorouracil (topical) CREA 5 %	50	fluvastatin sodium TB24	23	fosinopril sodium &	
fluorouracil (topical) SOLN	50	fluvoxamine maleate CP24 100 MG		hydrochlorothiazide	24
fluoxetine hcl (pmdd) TABS	107	17		fosinopril sodium	23
fluoxetine hcl CAPS 10 MG, 20 MG	17	fluvoxamine maleate CP24 150 MG		FOSRENOL PACK	60
fluoxetine hcl CAPS 40 MG	17	17		FRAGMIN SOLN 95000 UNIT/3.8ML	
fluoxetine hcl CPDR	17	fluvoxamine maleate TABS 100 MG	.	13	
fluoxetine hcl SOLN	17	17		FRAGMIN SOSY 2500 UNIT/0.2ML	
fluoxetine hcl TABS 10 MG	17	fluvoxamine maleate TABS 25 MG,		13	
fluoxetine hcl TABS 20 MG, 60 MG	17	50 MG	17	FRAGMIN SOSY 5000 UNIT/0.2ML,	
fluphenazine hcl CONC	35	FLUZONE HIGH-DOSE PF 2021-		7500 UNIT/0.3ML, 10000 UNIT/ML,	
		2022	119	12500 UNIT/0.5ML, 15000	
		FLUZONE HIGH-DOSE PF 2022-		UNIT/0.6ML, 18000 UNT/0.72ML ..	13
		2023	119		
		FLUZONE HIGH-DOSE PF 2023-			
		2024	120		

FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	75	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	99	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT 76
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	75	GALAFOLD	57	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	55	galantamine hydrobromide CP24 106	106	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT
FREESTYLE INSULINX BLOODGLUCOSE TEST STRP ..	55	galantamine hydrobromide SOLN	106	GENVOYA
FREESTYLE LANCETS	75	galantamine hydrobromide TABS	106	GILENYA 0.5 MG
FREESTYLE LITE TEST STRIPS STRP	55	GALZIN	93	GILOTrif
FREESTYLE LANCETS	75	GAMASTAN	104	GILPHEX TR TABS 10 MG-388 MG 47
FREESTYLE LITE TEST STRIPS STRP	55	GAMMAGARD LIQUID 1 GM/10ML 104	104	GILTUSS COUGH & COLD TABS 47
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	55	GAMMAGARD LIQUID 2.5 GM/25ML 104	104	GILTUSS SINUS & CONGESTION TABS
FREESTYLE TEST STRIPS STRP 55		GAMMAKED 1 GM/10ML	104	glatiramer acetate SOSY
FREESTYLE UNISTICK II LANCETS	75	GAMMAPLEX SOLN 5 GM/50ML 104	104	GLEOSTINE 10 MG, 40 MG, 100 MG 27
frovatriptan succinate	92	GAMMAPLEX SOLN	104	glimepiride
furosemide SOLN OR 10 MG/ML, 40 MG/5ML	56	GAMUNEX-C 1 GM/10ML	104	glipizide TABS
furosemide TABS	56	GAMUNEX-C 2.5 GM/25ML	104	glipizide TB24
FUZEON SOLR	36	gatifloxacin (ophth)	101	glipizide-metformin hcl
FYCOMPA SUSP	13	GATTEX	60	GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" ..
FYCOMPA TABS 2 MG	13	gefitinib	28	91
FYCOMPA TABS 4 MG	13	GELFILM OP	102	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" ..
FYCOMPA TABS 6 MG	13	gemfibrozil TABS	23	91
FYCOMPA TABS 8 MG, 10 MG, 12 MG	13	gentamicin sulfate (ophth) SOLN	.101	GLOBAL INJECT EASE LANCETS 28G
gabapentin CAPS	14	gentamicin sulfate (topical) CREA	.49	76
gabapentin SOLN	14	gentamicin sulfate (topical) OINT	.49	GLOBAL INJECT EASE LANCETS 30G
gabapentin TABS 600 MG, 800 MG 14		GENTEEL BUTTERFLY TOUCH LANCETS	75	76
		GENTLE-LET GP LANCETS	75	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR
		GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..	75	18
				GLUCOCOM LANCETS 28G
				76
				GLUCOCOM LANCETS 30G
				76

GLUCOCOM LANCETS 33G	76	griseofulvin microsize TABS	21	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	62
glyburide micronized 1.5 MG, 3 MG, 6 MG	20	griseofulvin ultramicrosize	21	heparin sodium (porcine) SOLN IJ 10000 UNIT/ML	13
glyburide TABS	20	guaifenesin-codeine SOLN 10 MG/5ML-100 MG/5ML	47	HEPLISAV-B SOSY	120
glyburide-metformin	18	guanfacine hcl (adhd)	2	HUMALOG JUNIOR KWIKPEN SOPN	18
GLYCATE TABS	117	guanfacine hcl	24	HUMALOG KWIKPEN SOPN 100 UNIT/ML	19
glycopyrrolate SOLN OR 1 MG/5ML . 117		GYNAZOLE-1	120	HUMALOG KWIKPEN SOPN 200 UNIT/ML	19
glycopyrrolate TABS 1 MG, 2 MG 117		HAEGARDA SOLR SC	63	HUMALOG MIX 50/50 KWIKPEN SUPN	19
GLYCOPYRROLATE TABS	117	HAEMOLANCE	77	HUMALOG MIX 50/50 SUSP	19
GLYXAMBI	18	HAEMOLANCE LOW FLOW LANCETS	77	HUMALOG MIX 75/25 KWIKPEN SUPN	19
GNP LANCETS 21G	76	HAEMOLANCE PLUS	77	HUMALOG SOCT	19
GNP LANCETS THIN 26G	76	HAEMOLANCE PLUS HIGH FLOW . 77		HUMALOG SOLN IJ	19
GNP STERILE LANCETS 28G ...	76	HAEMOLANCE PLUS LOW FLOW . 77		HUMATE-P SOLR	62
GNP STERILE LANCETS 30G ...	76	HAEMOLANCE PLUS MAX FLOW 77		HUMATIN	2
GNP STERILE LANCETS 33G ...	76	HAEMOLANCE PLUS PEDIATRIC FLOW	77	HUMATROPE CART IJ	57
GOJJI STERILE LANCETS 30G ..	76	halobetasol propionate CREA	53	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	3
GONITRO PACK	9	halobetasol propionate OINT	53	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT ..	3
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL ..	76	haloperidol lactate CONC	34	HUMIRA PEN PNKT 80 MG/0.8ML .3	
GOODSENSE LANCETS MICRO- THIN 33G	76	haloperidol TABS	34	HUMIRA PEN PNKT	3
GOODSENSE LANCETS MICRO- THIN 33G UNIVERSAL	76	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	77	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	3
GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL	76	H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	91	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	3
GOODSENSE LANCETS ULTRA- THIN 30G	76	H-E-B INCONTROL LANCETS MICRO THIN 33G	77		
GOODSENSE LANCETS ULTRA- THIN 30G UNIVERSAL	76	H-E-B INCONTROL LANCETS SUPER THIN 30G	77		
granisetron hcl TABS	20	H-E-B INCONTROL LANCETS ULTRA THIN 28G	77		
griseofulvin microsize SUSP	21				

HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	3	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	8	hydroxyzine hcl TABS	10
HUMIRA PEN-PS/UV STARTER PNKT	3	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG ..	8	hydroxyzine pamoate CAPS	10
HUMIRA PEN-PS/UV STARTER PNKT	4	hydrocodone-ibuprofen 10 MG-200 MG	8	hyoscyamine sulfate SUBL 0.125 MG	117
HUMIRA PSKT	4	hydrocortisone (intrarectal)	9	hyoscyamine sulfate TABS 0.125 MG	117
HUMULIN 70/30 KWIKPEN SUPN	19	hydrocortisone (rectal) EX 2.5 % ..	9	hyoscyamine sulfate TB12 0.375 MG	117
HUMULIN 70/30 SUSP	19	hydrocortisone (topical) CREA 2.5 % ..	9	hyoscyamine sulfate TBDP 0.125 MG	117
HUMULIN N KWIKPEN SUPN ..	19	hydrocortisone (topical) CREA 2.5 % ..	9	HYPERSAL NEBU	47
HUMULIN N SUSP	19	hydrocortisone (topical) LOTN 2 %, 2.5 %	53	HYPODERMIC NEEDLE 30GX1/2" .	91
HUMULIN R SOLN IJ	19	hydrocortisone (topical) OINT 2.5 % ..	53	HYQVIA 1600 UNIT/10ML-20 GM/200ML, 200 UNT/1.25ML-2.5	
(CONCENTRATED) SOLN SC	19	hydrocortisone butyrate CREA	53	GM/25ML, 2400 UNIT/15ML-30 GM/300ML, 400 UNIT/2.5ML-5	
HUMULIN R U-500 KWIKPEN SOPN SC	19	hydrocortisone butyrate hydrophilic lipo base	53	GM/50ML	104
HYCAMTIN CAPS	32	hydrocortisone butyrate OINT	53	HY-VEE LANCETS	77
hydralazine hcl TABS	25	hydrocortisone butyrate SOLN	53	HY-VEE THIN LANCETS	77
hydrochlorothiazide CAPS	56	hydrocortisone TABS	46	ibandronate sodium TABS	57
hydrochlorothiazide TABS	56	hydrocortisone valerate CREA	53	IBRANCE CAPS	30
hydrocodone bitartrate-homatropine methylbromide SOLN	46	hydrocortisone valerate OINT	53	IBRANCE TABS	30
hydrocodone bitartrate-homatropine methylbromide TABS	46	hydrocortisone w/acetic acid	104	ibuprofen TABS 400 MG, 600 MG, 800 MG	4
hydrocodone polistirex-chlorpheniramine polistirex SUER	.47	hydromorphone hcl LIQD	7	icatibant acetate SOLN	63
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	8	hydromorphone hcl TABS	7	icatibant acetate SOSY	63
hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG	8	hydromorphone hcl TB24 32 MG ..	7	ICLUSIG 10 MG, 30 MG	30
hydrocodone-acetaminophen TABS 300 MG-7.5 MG	8	hydromorphone hcl TB24 8 MG, 12 MG, 16 MG	7	ICLUSIG 15 MG, 45 MG	30
hydroxyzine hcl SYRP	10	hydroxychloroquine sulfate 200 MG 26		icosapent ethyl	22
hydroxyzine hcl TABS	10	hydroxyurea	32	IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	62
hydroxyzine hcl SYRP	10	hydroxyzine hcl SYRP	10	IDELVION 3500 UNIT	62
				IDHIFA	30

ILEVRO	103	INREBIC	30	isotretinoin 30 MG	48
imatinib mesylate 100 MG	30	INSULIN LISPRO		isotretinoin 35 MG, 40 MG	48
imatinib mesylate 400 MG	30	PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	19	isoxyprine hcl	39
IMBRUVICA CAPS	30	INTEGRA F	65	isradipine CAPS	38
IMBRUVICA TABS	30	INTELENCE 25 MG	36	itraconazole CAPS	21
imipenem-cilastatin IV	25	INTRON A SOLN 6000000 UNIT/ML		itraconazole SOLN	21
imipramine hcl TABS 10 MG, 25 MG ..	32	INTRON A SOLR	32	ivermectin (pediculicide)	55
17		INVIRASE TABS	36	ivermectin (rosacea)	54
imipramine hcl TABS 50 MG	17	iodoquinol-hydrocortisone in aloe		ivermectin	9
imipramine pamoate	17	vehicle	49	IXINITY SOLR	62
imiquimod 5 %	54	IOPIDINE	101	JAKAFI	30
IN TOUCH STERILE LANCETS30G		ipratropium bromide (nasal)	99	JANUMET TABS	18
77		ipratropium bromide SOLN 0.02 %	11	JANUMET XR TB24 1000 MG-100	
INBRIJA CAPS	33	ipratropium-albuterol SOLN	12	MG	18
INCRELEX	57	irbesartan	23	JANUMET XR TB24 1000 MG-50	
INCRUSE ELLIPTA	11	irbesartan-hydrochlorothiazide	24	MG, 500 MG-50 MG	18
indapamide TABS 1.25 MG, 2.5 MG ..	56	ISENTRESS CHEW	36	JANUVIA	18
56		ISENTRESS HD TABS	36	JARDIANC	19
INDERAL XL	38	ISENTRESS PACK	36	JIVI	62
INDOCIN SUSP	4	ISENTRESS TABS	36	JULUCA	36
indomethacin CAPS 25 MG, 50 MG	4	isoniazid SYRP	26	JUXTAPID 10 MG, 20 MG, 30 MG	23
4		isoniazid TABS	26	JUXTAPID 5 MG	23
indomethacin CPCR	4	ISOPTO ATROPINE SOLN	101	JYNARQUE TBPK	58
indomethacin SUPP	4	isosorbide dinitrate TABS	9	KALYDECO PACK 25 MG	115
INFLECTRA	60	isosorbide dinitrate-hydralazine hcl		KALYDECO PACK 50 MG, 75 MG	
INGREZZA CAPS 40 MG, 80 MG	106	39	115	KALYDECO TABS	115
106		isosorbide mononitrate TABS	10	KAMELEON LUBRICATED MISC	.67
INGREZZA CAPS 60 MG	106	isosorbide mononitrate TB24	10	KCENTRA	62
INGREZZA CPPK	106	isotretinoin 10 MG, 25 MG	48	KESIMPTA	106
INLYTA	27	isotretinoin 20 MG	48	ketoconazole (topical) CREA	49
INNOPRAN XL	38				
INQOVI	29				

ketoconazole (topical) FOAM	49	KINNEY THIN LANCETS	77	lactulose (encephalopathy)	60
ketoconazole (topical) SHAM 2 % .	49	KISQALI	30	lactulose SOLN	66
ketoconazole	21	KISQALI FEMARA 200 DOSE	29	LAGEVRIO	37
KETONE STRP	55	KISQALI FEMARA 400 DOSE	29	LAMICTAL ODT KIT	14
ketoprofen CAPS 50 MG, 75 MG ...	4	KISQALI FEMARA 600 DOSE	29	LAMICTAL XR KIT	14
ketoprofen CP24	4	KLARITY-A	101	lamivudine (hbv) TABS	37
ketorolac tromethamine (ophth) .	103	KLOXXADO LIQD	20	lamivudine SOLN	36
ketorolac tromethamine TABS	4	KOATE SOLR	62	lamivudine TABS	36
KETOSTIX STRP	55	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	62	lamivudine-zidovudine	36
KEVZARA SOAJ	4	KOSELUGO	30	lamotrigine CHEW	14
KEVZARA SOSY	4	KOVALTRY	62	lamotrigine KIT 25 MG	14
KIMONO COLORS DEVI	67	K-PHOS NO 2	61	lamotrigine KIT	14
KIMONO LUBRICATED MISC	67	KRINTAFEL	26	lamotrigine TABS	14
KIMONO MICRO THIN MISC	68	KROGER HEALTHPRO TWIST LANCETS/26G	77	lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG	14
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	68	KROGER LANCETS	77	lamotrigine TB24 250 MG	14
KIMONO PLUS SPERMICIDE LUBRICATED MISC	68	KROGER LANCETS 21G	77	lamotrigine TB24 300 MG	14
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	68	KROGER LANCETS MICRO THIN33G	77	lamotrigine TBDP	14
KIMONO PS LUBRICATED MISC .	68	KROGER LANCETS SUPER THIN 78	78	LAMPIT	25
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	68	KROGER LANCETS THIN	78	LANCETS	78
KIMONO SENSATION LUBRICATED MISC	68	KROGER LANCETS THIN 26G	78	LANCETS 30G	78
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	68	KROGER LANCETS ULTRATHIN30G	78	LANCETS 30G TWIST TOP	78
KIMONO SPECIAL DEVI	68	K-Y ME & YOU EXTRA LUBRICATED DEVI	68	LANCETS 30G/TWIST TOP	78
KINNEY LANCETS	77	K-Y ME & YOU INTENSE DEVI	68	LANCETS 33G EXTRA FINE	78
		labetalol hcl TABS	37	LANCETS 33G UNIVERSAL DESIGN	78
		Iacosamide SOLN OR 10 MG/ML .	14	LANCETS MICRO THIN 33G	78
		Iacosamide TABS	14	LANCETS SUPER THIN 28G	78
				LANCETS THIN	78
				LANCETS ULTRA THIN	78
				LANCETS ULTRA THIN 30G	78

lansoprazole CPDR	118	leuprolide acetate KIT IJ 1 MG/0.2ML	28	(continuous)	44
lansoprazole TBDD 15 MG	118	levalbuterol hcl	12	levonorgestrel-ethinyl estradiol-ferrous bisglycinate	44
lansoprazole TBDD 30 MG	118	levalbuterol tartrate	12	levorphanol tartrate TABS	7
lanthanum carbonate CHEW 1000 MG	60	LEVEMIR FLEXPEN SOPN	19	levothyroxine sodium CAPS	116
lanthanum carbonate CHEW 500 MG	60	LEVEMIR FLEXTOUCH SOPN	19	levothyroxine sodium TABS	112
lanthanum carbonate CHEW 750 MG	60	LEVEMIR SOLN	19	MCG, 125 MCG, 175 MCG, 200 MCG	116
LANTUS SOLN	19	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	14	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	100
LANTUS SOLOSTAR SOPN	19	levetiracetam TABS 1000 MG	14	116	
lapatinib ditosylate	30	levetiracetam TABS 250 MG, 500 MG, 750 MG	14	LEXIVA SUSP	36
LASTACRAFT	103	levetiracetam TB24	14	LIBERTY MEDICAL LANCETS 30G . 78	
latanoprost SOLN	103	levobunolol hcl 0.5 %	100	lidocaine hcl (mouth-throat)	94
LATANOPROST SOLN	103	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	57	lidocaine hcl SOLN	54
leflunomide 10 MG	5	levocarnitine (metabolic modifiers) TABS	57	lidocaine PTCH 5 %	54
leflunomide 20 MG	5	levocetirizine dihydrochloride SOLN	22	lidocaine-prilocaine CREA	54
lenalidomide	94	levocetirizine dihydrochloride TABS	22	linezolid SUSR	25
LENVIMA 10 MG DAILY DOSE ..	27	levofloxacin (ophth)	101	linezolid TABS	26
LENVIMA 12MG DAILY DOSE ..	27	levofloxacin SOLN OR	59	LINZESS	60
LENVIMA 14 MG DAILY DOSE ..	27	levofloxacin TABS	59	LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	99
LENVIMA 18 MG DAILY DOSE ..	27	levonorgestrel & eth estradiol TABS	44	liothyronine sodium TABS 25 MCG, 50 MCG	116
LENVIMA 20 MG DAILY DOSE ..	27	levonorgestrel (emergency oc) 1.5 MG	45	liothyronine sodium TABS 5 MCG	116
LENVIMA 24 MG DAILY DOSE ..	27	levonorgestrel-eth estradiol	44	lisdexamphetamine dimesylate CAPS 1	
LENVIMA 4 MG DAILY DOSE ..	27	(triphasic)	44	lisdexamphetamine dimesylate CHEW . 1	
LENVIMA 8 MG DAILY DOSE ..	28	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	44	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	24
letrozole	28	levonorgestrel-ethinyl estradiol	44	lisinopril & hydrochlorothiazide 25	
leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG	32	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	44		
leucovorin calcium TABS	32	levonorgestrel-ethinyl estradiol	44		
LEUKERAN	27	levonorgestrel-ethinyl estradiol	44		

MG-20 MG	24	LORTAB ELIX	8	MAYZENT TABS 0.25 MG	107
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	23	losartan potassium & hydrochlorothiazide	24	MAYZENT TABS 1 MG	107
lisinopril TABS 40 MG	23	losartan potassium	23	MAYZENT TABS 2 MG	107
LITE TOUCH LANCETS	78	LOTEMAX OINT	102	meclofenamate sodium CAPS	4
LITETOUCH LANCETS MICRO THIN 33G	78	loteprednol etabonate GEL	102	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	79
LITHIUM	34	loteprednol etabonate SUSP	102	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	79
lithium carbonate CAPS 150 MG, 600 MG	34	lovastatin TABS	23	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	79
lithium carbonate CAPS 300 MG ..	34	loxapine succinate	34	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	79
lithium carbonate TABS	34	lubiprostone	59	MEDICHOICE SAFETY LANCETEXTRA	79
lithium carbonate TBCR	34	LUCEMYRA	105	MEDICHOICE SAFETY LANCETNORMAL	79
LITHOSTAT	61	LUMIGAN SOLN 0.01 %	103	MEDISENSE THIN LANCETS	79
LIVALO	23	LUPRON DEPOT (1-MONTH) KIT IM	28	MEDLANCE PLUS EXTRA LANCETS 21G	79
LIVE BETTER LANCET SUPERTHIN 30G	78	LUPRON DEPOT-PED (1-MONTH) 7.5 MG	57	MEDLANCE PLUS LANCETS	79
LIVE BETTER LANCET ULTRATHIN 28G	78	Iurasidone hcl	34	MEDLANCE PLUS LITE LANCETS 25G	79
LO LOESTRIN FE TABS	44	LYNPARZA TABS	31	MEDLANCE PLUS LITE LANCETS 25G	79
LOKELMA	94	LYSODREN	28	Mafenide acetate PACK	51
LOMAIRA TABS	1	mafenide acetate PACK	51	MAGNEBIND 400	93
LONGS LANCETS STANDARD ..	79	malathion	55	malathion	55
LONGS LANCETS THIN	79	maraviroc TABS	36	MARPLAN	16
LONGS LANCETS ULTRA THIN ..	79	MARPLAN	16	MATULANE	32
LONSURF	29	MATULANE	32	MAVYRET TABS	37
loperamide hcl CAPS	20	MAVYRET TABS	37	MAXIDEX SUSP OP	102
lopinavir-ritonavir SOLN	36	MAXIDEX SUSP OP	102	MAXX LUBRICATED MISC	68
lopinavir-ritonavir TABS	36	MAXX PLUS SPERMICIDE LUBRICATED MISC	68	MAXX PLUS SPERMICIDE LUBRICATED MISC	68
lorazepam CONC	10	MAYZENT STARTER PACK TBPK	107	MAYZENT TABS 0.25 MG	107
lorazepam TABS	10	MAYZENT TABS 1 MG	107	MAYZENT TABS 2 MG	107
LORBRENA	30	MAYZENT TABS 2 MG	107	MEDLANCE/LITE 25G	79
				MEDLANCE/EXTRA	79

MEDLANCE/LITE	80	memantine hcl SOLN	106	methenamine hippurate	26
MEDLANCE/UNIVERSAL	80	memantine hcl TABS 10 MG	106	methenamine mandelate 0.5 GM, 1 GM	26
MEDROL TABS	46	memantine hcl TABS 5 MG	106	methimazole TABS	116
medroxyprogesterone acetate 10 MG	105	memantine hcl TABS	106	METHITEST TABS	9
medroxyprogesterone acetate 2.5 MG, 5 MG	105	MENEST	59	methocarbamol TABS	99
mefenamic acid CAPS	4	MENOSTAR PTWK	59	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	27
mefloquine hcl	26	meperidine hcl SOLN OR 50 MG/5ML	7	methotrexate sodium SOLR	27
megestrol acetate (appetite)	105	meperidine hcl TABS 50 MG	7	methotrexate sodium TABS 2.5 MG	27
megestrol acetate SUSP	28	mercaptopurine TABS	27	methoxsalen rapid	51
megestrol acetate TABS	28	meropenem 500 MG	25	methscopolamine bromide	117
MEIJER COLOR LANCETS UNIVERSAL 33G	80	mesalamine CP24	60	methylsuximide	16
MEIJER LANCETS	80	mesalamine CPCR	60	methyldopa TABS	24
MEIJER LANCETS THIN	80	mesalamine CPDR	60	methylergonovine maleate TABS	104
MEIJER LANCETS UNIVERSAL21G	80	mesalamine ENEM	60	methylphenidate hcl CHEW	2
MEIJER LANCETS UNIVERSAL30G	80	mesalamine SUPP	60	methylphenidate hcl CP24 60 MG ..	2
MEIJER LANCETS UNIVERSAL33G	80	mesalamine TBEC 1.2 GM	60	methylphenidate hcl CP24	2
MEIJER SUPER THIN LANCETS	80	mesalamine TBEC 800 MG	60	methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG	2
MEKINIST TABS	31	MESNEX TABS	32	methylphenidate hcl CPCR 20 MG, 30 MG	2
MEKTOVI	31	metaxalone 400 MG	99	methylphenidate hcl SOLN	2
meloxicam TABS 15 MG	4	metaxalone 800 MG	99	methylphenidate hcl TABS 20 MG ..	2
meloxicam TABS 7.5 MG	4	metformin hcl SOLN	18	methylphenidate hcl TABS 5 MG, 10 MG	2
melphalan	27	metformin hcl TABS	18	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2
melphalan hcl	27	metformin hcl TB24 500 MG, 750 MG	18	methylphenidate hcl TB24 36 MG ..	2
memantine hcl CP24 14 MG, 21 MG, 28 MG	106	methadone hcl CONC	7	methylphenidate hcl TBCR 10 MG, 20 MG	2
memantine hcl CP24 7 MG	106	methadone hcl SOLN OR	7		
		methadone hcl TABS	7		
		methadone hcl TBSO	7		
		methamphetamine hcl	1		
		methazolamide TABS	56		

methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2	midodrine hcl	121	MONONINE 1000 UNIT	62
methylphenidate hcl TBCR 54 MG ..	2	mifepristone	58	montelukast sodium CHEW	11
methylphenidate PTCH	2	miglitol	18	montelukast sodium PACK	11
methylprednisolone TABS	46	miglustat	64	montelukast sodium TABS	11
methylprednisolone TBPK	46	MILLIPRED TABS	46	morphine sulfate beads	7
methyltestosterone CAPS	9	minocycline hcl CAPS	116	morphine sulfate CP24	7
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	59	minocycline hcl CP24	116	morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML	7
metoclopramide hcl TABS	59	minocycline hcl TABS 50 MG, 100 MG	116	morphine sulfate SOLN OR 10 MG/5ML	7
metoclopramide hcl TBDP	59	minocycline hcl TABS 75 MG	116	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	7
METOCLOPRAMIDE ODT TBDP ..	59	minoxidil 2.5 MG, 10 MG	25	mirtazapine TABS	16
metolazone	56	mirtazapine TBDP	16	morphine sulfate TABS	7
METOPIRONE	55	misoprostol	119	morphine sulfate TBCR	7
metoprolol & hydrochlorothiazide TABS	24	mitoxantrone hcl 2 MG/ML	29	MOVANTIK	60
metoprolol succinate TB24	37	MM TWIST LANCETS	80	moxifloxacin hcl (ophth) SOLN OP 101	
metoprolol tartrate TABS	37	M-NATAL PLUS TABS	97	moxifloxacin hcl TABS	59
metronidazole (topical) CREA	54	modafinil	2	MPD SAFETY LANCET 21G/1.8MM 80	
metronidazole (topical) GEL 0.75 % 54		moexipril hcl	23	MPD SAFETY LANCET 28G/1.8MM 80	
metronidazole (topical) GEL 1 % ..	54	molindone hcl	35	MPD SAFETY LANCET 30G/1.8MM 80	
metronidazole (topical) LOTN	54	MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	36	MPD SAFETY LANCETS 23G/1.8MM	80
metronidazole CAPS	25	mometasone furoate (nasal) SUSP 100		MUCOTROL WAFR	95
metronidazole TABS	25	mometasone furoate CREA	53	MULPLETA	64
metronidazole vaginal	120	mometasone furoate OINT	53	MULTAQ	10
metyrosine	23	mometasone furoate SOLN	53	MULTIVITAMIN + FLUORIDE CHEW	96
mexiletine hcl	10	MONOLET LANCETS	80	MULTIVITAMIN WITH FLUORIDE CHEW	96
MG217 PSORIASIS MULTI-SYMTOX OINT	54	MONOLET OPD LANCETS	80		
MICROLET LANCETS	80	MONOLETTOR SAFETY LANCETS 80			
midazolam hcl SYRP	65				

MULTI-VIT-FLOR CHEW	96	20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 97	NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	26	
mupirocin OINT	49		neostigmine methylsulfate SOSY ..	26	
MYALEPT	57	NATACYN	101	NERLYNX	31
mycophenolate mofetil CAPS	94	NATAZIA	45	NESTABS	97
mycophenolate mofetil SUSR	94	nateglinide	19	NESTABS DHA	97
mycophenolate mofetil TABS	94	NATPARA	57	NESTABS ONE	97
mycophenolate sodium	94	NAYZILAM	13	NEUPRO	33
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	80	nebivolol hcl	38	NEVANAC	103
MYLERAN TABS	27	NEBUSAL NEBU	47	nevirapine SUSP	36
MYTESI	20	NEEVO DHA 85 MG-25 MG-15 MG- 5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	97	nevirapine TABS	36
nabumetone 500 MG	4	nefazodone hcl	17	nevirapine TB24	36
nabumetone 750 MG	4	neomycin sulfate TABS	2	NEXIUM PACK	118
nadolol TABS 20 MG, 40 MG, 80 MG	38	neomycin-bacitracin zn-polymyxin 101		NEXTSTELLIS	45
NAFCILLIN 1 GM/50ML-5 %	105	neomycin-polomy-dexameth OINT 102		niacin (antihyperlipidemic) TBCR ..	23
nafcillin sodium IV 2 GM, 10 GM .	105	neomycin-polomy-dexameth SUSP 102		nicardipine hcl CAPS	38
naftifine hcl CREA	49	neomycin-polomy-dexameth SUSP 102		nicotine MISC XX	114
naftifine hcl GEL	49	neomycin-polomyx-in-gramicidin .	101	nicotine polacrilex GUM	114
NALOCET TABS	8	neomycin-polomyx-in-hc (ophth) .	102	nicotine polacrilex LOZG	114
naloxone hcl LIQD	20	neomycin-polomyx-in-hc (otic) SOLN .	104	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	114
naloxone hcl SOSY	20	neomycin-polomyx-in-hc (otic) SUSP .	104	NICOTINE TRANSDERMAL SYSTEM KIT	114
naltrexone hcl	20	NEONATAL 19	97	NICOTROL INHALER INHA	114
NAMZARIC C4PK	106	NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG- 27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	97	NICOTROL NS SOLN	114
naproxen sodium TABS 275 MG, 550 MG	4	NEONATAL PLUS TABS	97	nifedipine CAPS	38
naproxen SUSP	4			nifedipine TB24 30 MG, 60 MG ...	38
naproxen TABS	5			nifedipine TB24	38
naratriptan hcl	92			nilutamide	28
NASONEX 24HR SUSP	100			nimodipine CAPS	38
NATACHEW CHEW 120 MG-10 MG-				NINLARO	31

nisoldipine	38	norethindrone acetate TABS	105	NUCYNTA TABS	7
nitazoxanide TABS	25	norethindrone acetate-ethinyl estradiol	59	NUEDEXTA	107
nitisinone CAPS 10 MG	58	norethindrone acetate-ethinyl estradiol-fe	45	NUPLAZID CAPS	34
nitisinone CAPS 2 MG, 5 MG, 20 MG	58	norgestimate-ethinyl estradiol (triphasic)	45	NUPLAZID TABS 10 MG	34
NITRO-BID OINT	10	norgestimate-ethinyl estradiol	45	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	63
NITRO-DUR PT24	10	NORITATE CREA	54	nystatin (mouth-throat)	95
nitrofurantoin	26	NORPACE CR CP12	10	nystatin (topical) CREA	49
nitrofurantoin macrocrystal	26	nortriptyline hcl CAPS	18	nystatin (topical) OINT	49
nitrofurantoin monohyd macro	26	nortriptyline hcl SOLN	18	nystatin (topical) POWD EX	49
nitroglycerin PT24	10	NORVIR PACK	36	nystatin TABS	21
nitroglycerin SOLN TL 0.4 MG/SPRAY	10	NORVIR SOLN	36	nystatin-triamcinolone CREA	49
nitroglycerin SUBL	10	NOVA SAFETY LANCETS 23G ..	80	nystatin-triamcinolone OINT	49
NITYR TABS	58	NOVA SAFETY LANCETS 28G ..	81	OB COMPLETE ONE	97
NIVA THYROID TABS	116	NOVA SUREFLEX LANCETS ..	81	OB COMPLETE PETITE	97
NIVA-PLUS TABS	97	NOVOEIGHT	63	OB COMPLETE PREMIER	97
nizatidine CAPS	118	NOVOPEN ECHO DEVI	91	OB COMPLETE/DHA	97
nizatidine SOLN	118	NOVOSEVEN RT	63	OBIZUR	63
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML	57	NP THYROID 120 TABS	116	OBSTETRIX ONE 30 MG-15 UNIT- 250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG ..	97
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML	57	NP THYROID 15 TABS	116	OCALIVA 10 MG	59
norethin acet & estrad-fe CAPS ..	45	NP THYROID 30 TABS	116	OCALIVA 5 MG	59
norethin acet & estrad-fe CHEW ..	45	NP THYROID 60 TABS	116	OCTAGAM SOLN 5 GM/50ML ..	104
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	45	NP THYROID 90 TABS	116	OCTAGAM SOLN	104
norethindrone & ethinyl estradiol-fe 45		NUBEQA	29	octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200	
norethindrone (contraceptive) ..	46	NUCALA SOAJ	11	MCG/ML	58
norethindrone acet & eth estra ..	45	NUCALA SOLR	11	octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML	58
		NUCALA SOSY 100 MG/ML	11	octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML	58
		NUCORT LOTN	53		
		NUCYNTA ER TB12	7		

octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML	58	SFALKA SUSP	118	ORIAHNN	59
ODEFSEY	36	omeprazole CPDR 10 MG	118	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	115
ODOMZO	28	omeprazole CPDR 20 MG, 40 MG 118		ORKAMBI PACK 94 MG-75 MG ..	115
OFEV	115	omeprazole magnesium CPDR ..	118	ORKAMBI TABS	115
ofloxacin (ophth)	101	OMNIFLEX DIAPHRAGM	68	orlistat	2
ofloxacin (otic)	103	ondansetron hcl SOLN OR 4 MG/5ML	20	orphenadrine citrate TB12	99
ofloxacin 300 MG	59	ondansetron hcl TABS 4 MG, 8 MG 20		oseltamivir phosphate CAPS 30 MG, 45 MG	37
ofloxacin 400 MG	59	ondansetron TBDP	20	oseltamivir phosphate CAPS 75 MG ..	
olanzapine TABS 15 MG, 20 MG ..	34	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS ..	97	oseltamivir phosphate SUSR	37
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	34	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G ..	81	OSMOPREP	66
olanzapine TBDP	34	ONETOUCH DELICA PLUS LANCETS FINE 30G	81	OSPHENA	57
olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG 106		ONETOUCH ULTRA STRP	55	OTEZLA TABS	5
olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG	106	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	81	OTEZLA TBPK	5
olmesartan medoxomil 40 MG	24	ONETOUCH ULTRASOFT LANCETS	81	OTREXUP SOAJ 10 MG/0.4ML ..	3
olmesartan medoxomil 5 MG, 20 MG 23		ONETOUCH VERIO TEST STRIPS STRP	55	OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3
olmesartan medoxomil-amlodipine- hydrochlorothiazide	24	ONUREG TABS	27	oxacillin sodium IV 10 GM	105
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG ..		OPSUMIT	40	oxandrolone 10 MG	9
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	24	OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL 120		oxandrolone 2.5 MG	9
olopatadine hcl (nasal)	99	ORACIT	61	oxaprozin	5
olopatadine hcl 0.1 %	103	ORAVIG	95	OXAYDO TABS 5 MG	7
olopatadine hcl 0.2 %	103	ORENITRAM TBCR	39	OXAYDO TABS 7.5 MG	7
omega-3-acid ethyl esters	22	ORFADIN CAPS 20 MG	58	oxazepam CAPS 10 MG, 15 MG ..	10
OMEPRAZOLE + SYRSPEND		ORFADIN SUSP	58	oxazepam CAPS 30 MG	10
				oxcarbazepine SUSP	15
				oxcarbazepine TABS 150 MG ..	15
				oxcarbazepine TABS 300 MG ..	15

oxcarbazepine TABS 600 MG	15	UNIT-14200 UNIT-4200 UNIT, 61500	PENICILLIN G POTASSIUM IN ISO-
oxiconazole nitrate CREA	49	UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000	OSMOTIC DEXTROSE .....105
OXISTAT LOTN	49	UNIT, 98400 UNIT-56800 UNIT-	PENICILLIN G PROCAINE .....105
OXTELLAR XR TB24 150 MG, 300 MG	15	16800 UNIT .....55	penicillin g sodium .....105
OXTELLAR XR TB24 600 MG	15	PANRETIN .....50	penicillin v potassium SOLR .....105
oxybutynin chloride TABS 5 MG .	119	pantoprazole sodium PACK .....119	penicillin v potassium TABS .....105
oxybutynin chloride TB24	119	pantoprazole sodium TBEC .....119	PENNSAID SOLN EX .....50
OXYCODONE AND ACETAMINOPHEN TABS	8	PAREMYD .....103	pentamidine isethionate IN .....25
oxycodone hcl CAPS	7	paricalcitol CAPS .....58	PENTASA CPCR 250 MG .....60
oxycodone hcl CONC 100 MG/5ML	7	paroxetine hcl SUSP .....17	PENTASA CPCR 500 MG .....60
oxycodone hcl SOLN	7	paroxetine hcl TABS .....17	pentazocine w/ naloxone hcl .....9
oxycodone hcl TABS 30 MG	7	paroxetine hcl TB24 .....17	pentoxifylline .....64
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	7	PASER PACK .....26	PERFECT LANCETS 30G .....81
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ...	8	PAXLOVID 100 MG-150 MG .....36	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G .....81
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	8	pazopanib hcl .....31	perindopril erbumine .....23
oxycodone w/ acetaminophen TABS 325 MG-5 MG	8	PC LANCETS SUPER THIN 30G .81	permethrin CREA .....55
OXYCODONE/ACETAMINOPHEN TABS	8	pediatric multivitamins w/fl CHEW .96	perphenazine TABS .....35
oxymorphone hcl TABS 10 MG	7	pediatric vitamins acd w/ fluoride	perphenazine-amitriptyline .....106
oxymorphone hcl TABS 5 MG	7	SOLN .....96	PERSERIS PRSY .....34
oxymorphone hcl TB12	7	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid .....65	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN .81
OZEMPIC SOPN	18	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM- 2.97 GM-5.86 GM-22.74 GM-236 GM	PHARMACIST CHOICE ULTRA THIN LANCETS .....81
paliperidone	34	.....65	PHARMACIST CHOICE ULTRA THIN LANCETS 28G .....81
PALYNZIQ .....	.58	peg 3350-potassium chloride-sod bicarbonate-sod chloride .....65	PHARMACIST CHOICE ULTRA THIN LANCETS 30G .....81
PANCREAZE CPEP 149900 UNIT- 97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600		PEGASYS SOLN .....37	PHARMACIST CHOICE ULTRA THIN LANCETS 31G .....81
		PEG-PREP .....65	PHARMACIST CHOICE ULTRA THIN LANCETS 33G .....81
		penicillamine CAPS .....94	PHARMACY COUNTER LANCETS .
		penicillamine TABS .....94	
		penicillin g potassium .....105	

81	piperacillin sodium-tazobactam	posaconazole TBEC
phenelzine sulfate	sodium 2 GM-0.25 GM, 3 GM-0.375 GM	21 pot & sod citrates w/citric ac SOLN 61
phenobarbital ELIX	PIQRAY 200MG DAILY DOSE ...	31
phenobarbital TABS	PIQRAY 250MG DAILY DOSE ...	31
phenoxybenzamine hcl	PIQRAY 300MG DAILY DOSE ...	31
phentermine hcl CAPS	pirfenidone CAPS	115
phentermine hcl TABS	pirfenidone TABS	115
phenylephrine hcl (mydriatic) SOLN 101	piroxicam CAPS 10 MG	5
phenytoin CHEW	piroxicam CAPS 20 MG	5
phenytoin sodium extended 100 MG, 200 MG, 300 MG	PLEGRIDY SOPN	107
phenytoin SUSP	PLEGRIDY SOSY IM	107
PHEXXI	PLEGRIDY SOSY SC	107
PHOSLYRA SOLN	PLEGRIDY STARTER PACK SOPN ..	107
phytonadione TABS 5 MG	PLEGRIDY STARTER PACK SOSY SC	107
PIFELTRO	PNV TABS 29-1 TABS	97
pilocarpine hcl (oral) 5 MG	PNV-DHA+DOCUSATE	97
pilocarpine hcl (oral) 7.5 MG	PNV-OMEGA	97
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 101	PODOCON-25 SOLN	54
pimecrolimus	podofilox SOLN	54
pimozide	POLY HUB NEEDLE/30G X 1/2" .	91
pindolol TABS	polyethylene glycol 3350 POWD ..	66
pioglitazone hcl 15 MG	polymyxin b-trimethoprim	101
pioglitazone hcl 30 MG, 45 MG	POLY-VI-FLOR CHEW	96
pioglitazone hcl-glimepiride	POLY-VI-FLOR SUSP	96
pioglitazone hcl-metformin hcl TABS . 18	POLY-VI-FLOR/IRON CHEW	95
PIP LANCETS/28G	POLY-VI-FLOR/IRON SUSP	95
PIP LANCETS/30G	POMALYST	29
	posaconazole SUSP	21
	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	33
	pramipexole dihydrochloride TABS 1 MG	33
	pramipexole dihydrochloride TABS 1.5 MG	33
	pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG	33
	pramipexole dihydrochloride TB24 3 MG	33
	pramipexole dihydrochloride TB24 3.75 MG	33

PRAMOSONE LOTN	53	COLORED 21G	81	1200 MCG-27 MG-200 MG-1.84 MG-	
PRAMOSONE OINT	53	PREFERRED PLUS LANCETS		25 MG-2 MG-10 MG	97
PRAMOTIC	104	SUPER THIN 30G	82	PRENATAL VITAMINS PLUS LOW	
prasugrel hcl	64	PREFERRED PLUS LANCETS THIN		IRON TABS	97
pravastatin sodium	23	26G	82	PRENATAL-U CAPS	97
praziquantel	9	PREFEST	59	PRENATE	97
prazosin hcl CAPS	24	pregabalin CAPS 225 MG, 300 MG		PRENATE DHA 90 MG-26 MG-400	
PRECISION THINS GP LANCET ..	81	15		MCG-400 UNIT-25 MCG-155 MG-50	
PRECISION XTRA	55	pregabalin CAPS 25 MG, 50 MG, 75		MG-300 MG-40 UNIT-600 MCG-18	
PRECISION XTRA BLOOD		MG, 100 MG, 150 MG, 200 MG ...	15	MG	98
GLUCOSE TEST STRIPS STRP ..	55	pregabalin SOLN	15	PRENATE ELITE 75 MG-21 MG-330	
PRED MILD	102	PREMARIN	120	MCG-400 MCG-600 UNIT-13 MCG-	
PRED-G S.O.P. OINT	102	PREMARIN TABS 0.3 MG, 0.45 MG,		3.5 MG-21 MG-3 MG-155 MG-25	
PRED-G SUSP	102	0.625 MG, 1.25 MG	59	MG-15 MG-1.5 MG-2600 UNIT-150	
prednicarbate OINT	53	PREMARIN TABS 0.9 MG	59	MCG-40 UNIT-600 MCG-20 MG ..	98
prednisolone acetate (ophth)	102	PREMIUM CONDOMS		PRENATE ENHANCE	98
PREDNISOLONE SODIUM		LUBRICATED MISC	68	PRENATE ESSENTIAL 90 MG-26	
PHOSPHATE	102	PREMIUM SCAR PATCH	54	MG-280 MCG-400 MCG-220 UNIT-	
prednisolone sodium phosphate		PREMPHASE	59	13 MCG-155 MG-50 MG-300 MG-	
SOLN	46	PREMPRO	59	150 MCG-10 UNIT-40 MG-600 MCG-	
prednisolone sodium phosphate		PRENA 1 TRUE	97	18 MG	98
TBDP	46	PRENA1 CHEW	97	PRENATE MINI 60 MG-26 MG-280	
PREDNISOLONE SODIUM		PRENA1 PEARL	97	MCG-400 MCG-1000 UNIT-13 MCG-	
PHOSPHATE/MOXIFLOXACIN		PRENAISSANCE	97	80 MG-25 MG-350 MG-18 MG-150	
SOLN	102	PRENAISSANCE PLUS CAPS	97	MCG-10 UNIT-600 MCG-25 MG ..	98
prednisolone SOLN	46	PRENATAL 19 CHEW	97	PRENATE PIXIE	98
prednisolone TABS	46	PRENATAL 19 TABS	97	PRENATE RESTORE	98
PREDNISONE INTENSOL CONC	46	PRENATAL PLUS IRON TABS	97	PRENATRIX TABS	98
prednisone SOLN	46	PRENATAL PLUS TABS	97	PRENATRYL TABS	98
prednisone TABS	46	PRENATAL PLUS VITAMIN		PREPIDIL GEL	104
prednisone TBPK	46	ANDMINERAL TABS	97	PREPLUS TABS	98
PREFERRED PLUS LANCETS		PRENATAL TABS 120 MG-10 MG-1		PREZCOBIX	36
		MG-10 MCG-12 MCG-3 MG-20 MG-		PREZISTA SUSP	36
				PREZISTA TABS 75 MG, 150 MG	36
				PRIFTIN	26

PRILOSEC PACK	119	PROMACTA PACK 25 MG	64	10 MG/5ML-30 MG/5ML-2 MG/5ML 47	
primaquine phosphate TABS	26	PROMACTA TABS	64	PSS SELECT GP LANCETS	82
primidone 50 MG, 250 MG	15	promethazine & phenylephrine SYRP	47	PSS SELECT SAFETY LANCETS 82	
PRIMSOL	25	..... promethazine hcl SOLN 25 MG/ML, 50 MG/ML	22	PULMICORT FLEXHALER AEPB .11	
PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	104	..... promethazine hcl SOLN 6.25 MG/5ML	22	PULMOZYME	115
PRIVIGEN SOLN 5 GM/50ML	104	..... promethazine hcl SUPP 12.5 MG, 25 MG	22	PURE COMFORT LANCETS 30G 82	
PRO COMFORT LANCETS 30G ..	82	..... promethazine hcl SYRP	22	PURIXAN SUSP	27
PRO COMFORT LANCETS 31G ..	82	..... promethazine hcl TABS 12.5 MG ..22	.....	PX LANCETS MICROTHIN 33G ..82	
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ..	82	..... promethazine hcl TABS 25 MG ...22	.....	PX LANCETS ULTRA THIN	82
PROAIR RESPICLICK AEPB	12	..... promethazine hcl TABS 50 MG ...22	.....	PX LANCETS ULTRA THIN 28G ..82	
probenecid	61	..... promethazine w/codeine SOLN ...47	.....	pyrazinamide	26
prochlorperazine	35	..... promethazine w/codeine SYRP ...47	.....	pyridostigmine bromide SOLN OR 26	
prochlorperazine maleate TABS ..	35	..... promethazine-dm SYRP	47	pyridostigmine bromide TABS 60 MG	26
PROTOFOAM HC FOAM EX	9	..... promethazine-phenylephrine-codeine	47	pyridostigmine bromide TBCR ..26	
PROCYSBI CPDR	61	..... propafenone hcl CP12	10	pyrimethamine	26
PROCYSBI PACK	61	..... propafenone hcl TABS 150 MG ... 10	.....	QBRELIS SOLN	23
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	82	..... propafenone hcl TABS 225 MG, 300 MG	10	QC LANCETS SUPER THIN	82
PRODIGY SAFETY LANCETS ..	82	..... proparacaine hcl	102	QC LANCETS ULTRA THIN	82
PRODIGY TWIST TOP LANCETS 82		..... propranolol hcl CP24	38	QC UNILET LANCETS 28G/ULTRA THIN	82
PROFILNINE	63	..... propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	38	QC UNILET LANCETS 33G/MICRO THIN	82
progesterone CAPS	105	..... propranolol hcl TABS	38	QINLOCK	31
progesterone OIL	105	..... propylthiouracil	116	QSYMIA	1
PROGRAF PACK	94	..... PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	47	quetiapine fumarate TABS 200 MG 34	
PROLATE TABS	8	..... protriptyline hcl	18	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	34
PROLENSA	103	..... pseudoephed-bromphen-dm SYRP		quetiapine fumarate TABS 300 MG,	
PROLIA SOSY	57				
PROMACTA PACK 12.5 MG	64				

400 MG	34	ramelteon	65	REBIF TITRATION PACK SOSY .107
quetiapine fumarate TB24 150 MG, 200 MG, 300 MG, 400 MG	34	ramipril CAPS	23	REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT
quetiapine fumarate TB24 50 MG .	34	ranolazine TB12 1000 MG	9	63
QUFLORA FE PEDIATRIC LIQD .	95	ranolazine TB12 500 MG	9	RECOMBINATE SOLR
QUFLORA GUMMIES CHEW	96	rasagiline mesylate	34	9
QUFLORA PEDIATRIC CHEW	96	RASUVO SOAJ 20 MG/0.4ML	3	REGRANEX
QUFLORA PEDIATRIC SOLN	96	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15	10	RELENZA DISKHALER
QUILLIVANT XR SRER	2	MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30	22.5	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"
quinapril hcl	23	MG/0.6ML	3	91
quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	24	RAVICTI	58	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"
quinapril-hydrochlorothiazide 25 MG- 20 MG	24	READYLANCE SAFETY LANCETS/21G/2.2MM	83	91
quinidine gluconate TBCR	10	READYLANCE SAFETY LANCETS/23G/1.8MM	83	RELION LANCETS MICRO- THIN33G
quinidine sulfate TABS	10	READYLANCE SAFETY LANCETS/26G/1.8MM	83	83
quinine sulfate CAPS 324 MG	26	READYLANCE SAFETY LANCETS/28G/1.8MM	83	RELION LANCETS THIN 26G
QVAR REDIHALER 40 MCG/ACT .	11	READYLANCE SAFETY LANCETS/30G/1.6MM	83	83
QVAR REDIHALER 80 MCG/ACT .	11	READYLANCE SAFETY LANCETS/30G/1.6MM	83	RELION ULTRA THIN LANCETS/30G
RA E-ZJECT LANCETS 28G	82	REALITY LANCETS	83	83
RA E-ZJECT LANCETS THIN 26G 82		REALITY LATEX CONDOMS/LUBRICATED MISC ..	68	RELION ULTRA THIN PLUS LANCETS 32G
RA E-ZJECT LANCETS THIN 28G 83		REALITY LATEX/ULTRA TEXTURED DEVI	68	83
RA E-ZJECT LANCETS ULTRATHIN 30G	83	REALITY LATEX/ULTRA THIN DEVI 68	68	RELION ULTRA THIN PLUS LANCETS 33G
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	119	REALITY TRIGGER LANCETS ...	83	83
rabeprazole sodium TBEC	119	REBIF REBIDOSE SOAJ	107	RELNATE DHA CAPS
RADICAVA ORS STARTER KIT SUSP	100	REBIF REBIDOSE TITRATIONPACK SOAJ	107	100
RADICAVA ORS SUSP	100	REBIF SOSY	107	RENFLEXIS
raloxifene hcl	57			repaglinide
				19
				RETACRIT
				64
				RETACRIT 20000 UNIT/ML
				64
				RETEVMO
				31

REXALL LANCETS ULTRA THIN	83	ropinirole hydrochloride TABS 12 MG 33	ACTIVATED	84
REXULTI	35	ropinirole hydrochloride TABS 2 MG, 4 MG, 6 MG	SAFETY LANCETS	84
REYATAZ PACK	36	ropinirole hydrochloride TABS 8 MG	SAFETY LANCETS 21G	84
RHOFADE	55	33	SAFETY LANCETS 23G	84
RIAX FOAM	48	33	SAFETY LANCETS 28G	84
ribavirin (hepatitis c) CAPS	37	rosuvastatin calcium TABS	SAFETY LANCETS/PRESSURE	
ribavirin	37	ROZLYTREK	ACTIVATED/28G	84
RIDAURA	4	RUBRACA	salicylic acid in ammonium lactate vehicle	54
rifabutin	26	rufinamide SUSP	SALICYLIC ACID OINT	54
rifampin CAPS	26	rufinamide TABS 200 MG	salicylic acid SHAM 6 %	54
RIGHTEST GL300 LANCETS	83	rufinamide TABS 400 MG	SALIMEZ CREA	54
riluzole TABS	100	RUKOBIA	salsalate	6
rimantadine hydrochloride TABS	37	RUZURGI	SANCUSO PTCH	21
RINVOQ	3	RYBELSUS TABS 3 MG	SANDIMMUNE SOLN OR	94
risedronate sodium TABS 150 MG	57	RYBELSUS TABS 7 MG, 14 MG ..	SANTYL OINT	54
risedronate sodium TABS 5 MG, 30 MG, 35 MG	57	RYDAPT	SAPHRIS 5 MG	34
risperidone SOLN	34	RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG	saproterin dihydrochloride PACK ..	58
risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	34	34	saproterin dihydrochloride TABS ..	58
risperidone TABS 3 MG	34	RYVENT TABS	SAPS HEALTH CARE TWIST TOP LANCETS	84
risperidone TBDP	34	SAFE-T-LANCE LOW FLOW 25G 83	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	84
ritonavir TABS	36	SAFE-T-LANCE NORMAL FLOW21G	SAPS HEALTH TWIST TOP LANCETS 30G	84
rivastigmine	106	SAFE-T-LANCE PLUS	SAPSCARE TWIST TOP LANCETS 30G	84
rivastigmine tartrate CAPS	106	SAFETY LANCET HIGH FLOW ...	SAVELLA TABS	106
RIXUBIS SOLR	63	SAFE-T-LANCE PLUS SAFETY LANCET LOW FLOW ...	SAVELLA TITRATION PACK MISC 106	
rizatriptan benzoate TABS	92	SAFE-T-LANCE PLUS SAFETY LANCET NORMAL FLOW	SAXENDA	2
rizatriptan benzoate TBDP	92	84	SB LANCETS THIN	84
roflumilast	11	SAFETY LANCET 30G/PRESSURE		
romidepsin SOLR	31			
ropinirole hydrochloride TABS	33			

SB LANCETS ULTRA THIN	84	SHOPKO ON-THE-GO COMFORTLANCETS 30G	84	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	85
scopolamine	21	SHOPKO UNILET LANCETS SUPER THIN 30G	84	SMART SENSE THIN LANCETSUNIVERSAL 26G	85
SECUADO	34	SHOPKO UNILET LANCETS ULTRA THIN 28G	84	SMARTEST LANCETS 28G	85
SELECT-OB CHEW 60 MG-2.5 MG- 0.4 MG-1.6 MG-400 UNIT-5 MCG- 1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	98	SIGNIFOR	58	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	47
SELECT-OB CHEW 60 MG-2.5 MG- 1 MG-400 UNIT-5 MCG-1.8 MG-15 MG-1.6 MG-25 MG-15 MG-30 UNIT- 29 MG-1700 UNIT	98	SIKLOS TABS 100 MG	64	sodium citrate & citric acid	61
SELECT-OB+DHA MISC	98	SIKLOS TABS 1000 MG	64	sodium fluoride CHEW 0.25 MG, 0.5 MG	93
selegiline hcl CAPS	34	sildenafil citrate (pulmonary hypertension) SUSR	40	sodium fluoride CHEW 1 MG, 2.2 MG	93
selegiline hcl TABS	34	sildenafil citrate (pulmonary hypertension) TABS	40	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	93
selenium sulfide LOTN 2.5 %	51	sildenafil citrate	39	sodium fluoride TABS 0.5 MG	93
SELZENTRY SOLN	36	silodosin 4 MG	61	sodium fluoride TABS 1 MG	93
SELZENTRY TABS 25 MG, 75 MG 36		silodosin 8 MG	61	SODIUM OXYBATE SOLN	106
SE-NATAL 19 CHEW	98	silver sulfadiazine	51	sodium phenylbutyrate POWD	58
SE-NATAL 19 TABS	98	simvastatin TABS	23	sodium phenylbutyrate TABS	58
SEREVENT DISKUS	12	SINGLE-LET	84	sodium polystyrene sulfonate POWD 94	
SEROSTIM SC 4 MG, 5 MG, 6 MG 57		sirolimus SOLN	94	SODIUM SULFACETAMIDE WASH LIQD	51
sertraline hcl CONC	17	sirolimus TABS	94	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	48
sertraline hcl TABS	17	SIVEXTRO TABS	26	60	
sevelamer carbonate PACK 0.8 GM . 60		SKYRIZI PEN SOAJ	51	sodium sulfate-potassium sulfate- magnesium sulfate	65
sevelamer carbonate PACK 2.4 GM . 60		SKYRIZI PSKT	51	SLYND	46
sevelamer carbonate TABS	60	SKYRIZI SOCT	60	SM MICRO THIN LANCETS 33G ..	84
sevelamer hcl 400 MG	60	SKYRIZI SOSY	51	SMART SENSE COLOR LANCETS UNIVERSAL 33G	85
sevelamer hcl 800 MG	60	SLYND	46	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	85
SFROWASA ENEM	60	SM MICRO THIN LANCETS 33G ..	84	SOLTAMOX SOLN	29
		SMART SENSE THIN LANCETSUNIVERSAL 26G	85	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	85

SOLUS V2 TWIST LANCETS 30G	85	SUBLOCADE SOSY	9	sumatriptan 20 MG/ACT	92
SOMAVERT	57	sucralfate SUSP	118	sumatriptan 5 MG/ACT	92
sorafenib tosylate	31	sucralfate TABS	118	sumatriptan succinate SOAJ	92
SORILUX FOAM	51	sulconazole nitrate CREA	49	sumatriptan succinate SOCT 4	
sotalol hcl (afib/afl)	38	sulconazole nitrate SOLN	50	MG/0.5ML	92
sotalol hcl TABS	38	sulfacetamide sodium (acne)	48	sumatriptan succinate SOCT 6	
SOTYLIZE SOLN OR	38	sulfacetamide sodium (ophth) OINT		MG/0.5ML	92
SPIRIVA RESPIMAT AERS 1.25		101		sumatriptan succinate SOLN 6	
MCG/ACT	11	sulfacetamide sodium (ophth) SOLN .		MG/0.5ML	92
SPIRIVA RESPIMAT AERS 2.5		101		sumatriptan succinate TABS	92
MCG/ACT	11	sulfacetamide sodium LIQD	51	sunitinib malate 12.5 MG, 37.5 MG,	
spironolactone & hydrochlorothiazide	56	sulfacetamide sodium SHAM 10 %		50 MG	31
.....		51		sunitinib malate 25 MG	31
spironolactone TABS	56	sulfacetamide sodium w/ sulfur		SUPER THIN LANCETS	85
SPRAVATO 56MG DOSE	17	CREA 9.8 %-4.8 %	49	SUPRAX CHEW	41
SPRAVATO 84MG DOSE	17	sulfacetamide sodium w/ sulfur LIQD		SUPRAX SUSR 500 MG/5ML	41
SPRYCEL 20 MG, 50 MG, 70 MG	31	9.8 %-4.8 %	49	SURE COMFORT LANCETS 18G	
SPRYCEL 80 MG, 100 MG, 140 MG	31	sulfacetamide sodium w/ sulfur LOTN		85	
stavudine CAPS	36	10 %-5 %	49	SURE COMFORT LANCETS 21G	
STELARA SOLN 45 MG/0.5ML	51	sulfacetamide sodium w/ sulfur LOTN		85	
STELARA SOSY 45 MG/0.5ML	51	9.8 %-4.8 %	49	SURE COMFORT LANCETS 23G	
STELARA SOSY 90 MG/ML	51	sulfacetamide sod-prednisolone		85	
STERILANCE TL	85	SOLN	102	SURE COMFORT LANCETS 28G	
STIMATE SOLN NA	58	sulfadiazine TABS	115	85	
STIOLTO RESPIMAT	12	sulfamethoxazole-trimethoprim SUSP		SURE COMFORT LANCETS 30G	
STIVARGA	31	.....25	85		
STRENSIQ	58	sulfamethoxazole-trimethoprim TABS		SURE-LANCE FLAT LANCETS ..	85
streptomycin sulfate SOLR	2	.....25		SURE-LANCE LANCETS 26G ..	85
STRIBILD	36	SULFAMYLYON CREA	51	SURE-LANCE THIN LANCETS 28G	
STRIVERDI RESPIMAT	12	sulfasalazine TABS	60	85	
		sulfasalazine TBEC	60	SURE-LANCE ULTRA THIN	
		sulindac TABS 150 MG	5	LANCETS	85
		sulindac TABS 200 MG	5	SURELITE LANCETS	85
				SURE-TOUCH LANCETS	

UNIVERSAL	85	tazarotene GEL	51	testosterone enanthate SOLN IM ..	9
SYMDEKO	115	TAZORAC CREA	51	testosterone GEL TD 1 %, 1.62 %,	
SYMTUZA	36	TAZVERIK	32	20.25 MG/1.25GM, 25 MG/2.5GM,	
SYNAREL	57	TECHLITE AST LANCETS	86	40.5 MG/2.5GM, 50 MG/5GM	9
SYNDROS SOLN	21	TECHLITE INSULIN SYRINGE U-		testosterone GEL TD 1 %, 25	
SYNJARDY TABS	18	100/0.5ML/31G X 15/64"	91	MG/2.5GM, 50 MG/5GM	9
SYNJARDY XR TB24 1000 MG-10		TECHLITE INSULIN SYRINGE U-		testosterone GEL TD 10 MG/ACT ..	9
MG, 1000 MG-25 MG	18	100/1ML/31G X 15/64"	91	testosterone SOLN	9
SYNJARDY XR TB24 1000 MG-12.5		TECHLITE LANCETS	86	tetrabenazine	106
MG, 1000 MG-5 MG	18	TECHLITE LANCETS 30G	86	tetracaine hcl (ophth)	102
TABLOID	27	TEGSEDI	115	tetracycline hcl CAPS	116
TABRECTA	31	TEKTURNA HCT	24	TEXACORT SOLN 2.5 %	53
tacrolimus (topical) OINT 0.03 % ..	54	telmisartan 20 MG, 40 MG	24	TGT LANCET MICRO THIN 33G ..	86
tacrolimus (topical) OINT 0.1 % ..	54	telmisartan 80 MG	24	TGT LANCET THIN 26G	86
tacrolimus CAPS	94	telmisartan-amlodipine	24	TGT LANCET ULTRA THIN 30G ..	86
tadalafil (pulmonary hypertension)		telmisartan-hydrochlorothiazide ..	24	THALITONE	56
TABS	40	temazepam 15 MG	65	THALOMID	94
tadalafil 2.5 MG	39	temazepam 22.5 MG, 30 MG	65	THEO-24 CP24	12
tadalafil 5 MG, 10 MG, 20 MG	39	temazepam 7.5 MG	65	theophylline ELIX	12
TAFINLAR CAPS	32	temozolomide CAPS	27	theophylline SOLN	12
tafluprost	103	temsirolimus	32	theophylline TB12 300 MG	12
TAGRISSO	28	tenofovir disoproxil fumarate TABS		theophylline TB12 450 MG	12
TALZENNA 0.25 MG, 1 MG	32	36		theophylline TB24	12
tamoxifen citrate TABS	29	terazosin hcl 1 MG, 2 MG, 5 MG ..	24	THERANATAL CORE NUTRITION	
tamsulosin hcl	61	terazosin hcl 10 MG	24	TABS	98
TARON-PREX	98	terbinafine hcl TABS	21	THINLETS GP LANCETS	86
TASIGNA	32	terbutaline sulfate TABS	12	THIOLA EC TBEC	61
TAVALISSE 100 MG	63	terconazole vaginal CREA	120	thioridazine hcl 10 MG, 25 MG, 100	
TAVALISSE 150 MG	63	terconazole vaginal SUPP	120	MG	35
tazarotene CREA	51	teriflunomide	107	thioridazine hcl 50 MG	35
TAZAROTENE FOAM	49	testosterone cypionate SOLN IM ..	9	thiothixene	35
				THRIVITE RX TABS	98

THYMOGLOBULIN	94	TODAYS HEALTH SUPER THINLANCETS 30G	86	TPOXX SOLN	37
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	117	TODAYS HEALTH ULTRA THINLANCETS 28G	86	TRACLEER TBSO	40
tiagabine hcl	16	tolcapone	33	tramadol hcl CP24 100 MG, 200 MG, 300 MG	7
TIBSOVO	32	TOLSURA CAPS	21	tramadol hcl TABS 100 MG	7
timolol maleate (ophth) SOLG	101	tolterodine tartrate CP24	119	tramadol hcl TABS 50 MG	7
timolol maleate (ophth) SOLN	101	tolterodine tartrate TABS	119	tramadol hcl TB24 100 MG	7
timolol maleate TABS 10 MG	38	TOPCARE LANCETS MICRO-THIN 33G	86	tramadol hcl TB24 200 MG	7
timolol maleate TABS 5 MG, 20 MG .	38	topiramate CP24 200 MG	15	tramadol-acetaminophen	8
tinidazole 250 MG	25	topiramate CP24 25 MG	15	trandolapril	23
tinidazole 500 MG	25	topiramate CP24 50 MG, 100 MG .	15	trandolapril-verapamil hcl	24
tiopronin TABS	61	topiramate CPSP	15	tranexamic acid SOLN 1000 MG/10ML	65
tiotropium bromide monohydrate CAPS	11	topiramate CS24 100 MG, 150 MG,	15	tranexamic acid TABS	65
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG	117	200 MG	15	tranylcypromine sulfate	17
TIVICAY TABS	36	topiramate CS24 25 MG, 50 MG ..	15	TRAVEL LANCETS 30G	86
tizanidine hcl CAPS	99	topiramate TABS 100 MG	15	TRAVEL LANCETS ADVANCED 28G	86
tizanidine hcl TABS 2 MG	99	topiramate TABS 200 MG	15	travoprost	103
tizanidine hcl TABS 4 MG	99	topiramate TABS 25 MG	15	trazodone hcl TABS	17
TOBI PODHALER CAPS	2	topiramate TABS 50 MG	15	TRECATOR	26
TOBRADEX OINT	102	topotecan hcl SOLR	33	TRELEGY ELLIPTA	12
TOBRADEX ST SUSP	102	toremifene citrate	29	TREMFYA SOPN	51
tobramycin (ophth) SOLN	102	torsemide TABS 100 MG	56	TREMFYA SOSY	51
tobramycin NEBU	2	torsemide TABS 5 MG, 10 MG, 20 MG	56	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	19
tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML	2	TOUJEO MAX SOLOSTAR SOPN 19		TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	19
tobramycin-dexamethasone SUSP 102		TOUJEO SOLOSTAR SOPN	19	TRESIBA SOLN	19
TOBREX OINT	102	TPOXX (TECOVIRIMAT CAP 200 MG)	37	tretinoin (chemotherapy)	32
TODAY SPONGE MISC	120	TPOXX CAPS	37	tretinoin CREA 0.025 %, 0.05 %, 0.1	

%	49	trihexyphenidyl hcl TABS	33	TRUEPLUS LANCETS 33G MICRO THIN	87
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	49	TRIJARDY XR	18	TRUEPLUS SAFETY LANCETS 28G	87
tretinoin microsphere 0.04 %	49	TRIKAFTA TBPK 100 MG-50 MG 115		TRULICITY	18
tretinoin microsphere 0.1 %	49	TRIKAFTA TBPK 50 MG-25 MG .115		TRUSTEX COLOR CONDOMS + LUBE MISC	68
TRETEN	63	trimethobenzamide hcl CAPS	21	TRUSTEX LUBRICATED EXTRALARGE MISC	68
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	27	trimethoprim TABS	25	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	68
triamcinolone acetonide (mouth) ..95		trimipramine maleate CAPS	18	TRUSTEX LUBRICATED MISC	69
triamcinolone acetonide (nasal) AERO	100	TRINATAL RX 1 TABS	98	TRUSTEX LUBRICATED/RIBBED/STUDDED MISC	68
triamcinolone acetonide (topical) AERS	53	TRINTELLIX	17	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	68
triamcinolone acetonide (topical) CREA	53	TRISTART DHA	98	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	68
triamcinolone acetonide (topical) LOTN	53	TRISTART ONE	98	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	69
triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	53	TRIUMEQ PD TBSO	36	TRUSTEX NON-LUBRICATED MISC	69
triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	56	TRIUMEQ TABS	36	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	69
triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	56	TRI-VI-FLOR	96	TRUSTEX/RIA LUBRICATED MISC	69
triamterene & hydrochlorothiazide TABS 50 MG-75 MG	56	TRI-VI-FLORO	96	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	69
triamterene CAPS	56	TRIZIVIR	36		
triazolam 0.125 MG	65	tropicamide SOLN	101		
triazolam 0.25 MG	65	trospium chloride CP24	119		
TRICARE TABS	98	trospium chloride TABS	119		
trientine hcl	94	TRUE COMFORT SAFETY LANCETS/30G	86		
trifluoperazine hcl TABS	35	TRUE COMFORT TWIST TOP LANCETS 30G	86		
trifluridine	102	TRUEPLUS LANCETS 26G	86		
trihexyphenidyl hcl SOLN	33	TRUEPLUS LANCETS 28G	86		
		TRUEPLUS LANCETS 28G SUPER THIN	86		
		TRUEPLUS LANCETS 30G ULTRA THIN	86		
		TRUEPLUS LANCETS 33G	86		

TRUSTEX/RIA NON-LUBRICATED	87	UNIVERSAL 1 LANCETS THIN26G .
MISC	69	88
TUKYSA	28	UNIVERSAL 1 LANCETS ULTRA
TURALIO 200 MG	32	THIN 30G .....88
TUSNEL TABS	47	UNIVERSAL 1
TUSSICAPS CP12 8 MG-10 MG ..47	87	LANCETS/33G/MICRO-THIN ....88
TUSSLIN LIQD	47	UPTRAVI TABS 200 MCG .....40
TUSSLIN PEDIATRIC LIQD	47	UPTRAVI TABS 400 MCG, 600
TWIRLA	45	MCG, 800 MCG, 1000 MCG, 1200
TWIST TOP LANCETS 30G	87	MCG, 1400 MCG, 1600 MCG .....40
TYBLUME CHEW	45	UPTRAVI TITRATION PACK TBPK
TYBOST	36	40
TYMLOS	57	urea LOTN 40 %54
TYVASO REFILL SOLN IN	39	ursodiol CAPS .....59
TYVASO SOLN IN	39	ursodiol TABS .....59
TYVASO STARTER SOLN IN	39	valacyclovir hcl 1 GM, 1000 MG ...37
UBRELVY	91	valacyclovir hcl 500 MG .....37
UDENYCA SOSY	64	VALCHLOR .....50
ULTILET CLASSIC LANCETS	87	valganciclovir hcl SOLR .....36
ULTILET LANCETS	87	valganciclovir hcl TABS .....37
ULTILET LANCETS 33G	87	valproate sodium SOLN OR 250
ULTILET SAFETY LANCETS 21G X 2.2MM	87	MG/5ML .....16
ULTILET SAFETY LANCETS 23G 87		valproic acid CAPS .....16
ULTRA THIN LANCETS 31G	87	valsartan TABS 160 MG .....24
ULTRA-CARE LANCETS 30G	87	valsartan TABS 40 MG, 80 MG, 320
ULTRA-THIN II AUTO LANCET ..87		MG .....24
ULTRA-THIN II LANCETS 28G ..87		valsartan-hydrochlorothiazide 12.5
ULTRA-THIN II LANCETS 30G ..87		MG-160 MG, 12.5 MG-320 MG, 12.5
UNILET COMFORTOUCH LANCET		MG-80 MG, 25 MG-320 MG .....25
		valsartan-hydrochlorothiazide 25 MG-
		160 MG .....25
		VALTOCO 10 MG DOSE LIQD ...13
		VALTOCO 15 MG DOSE LQPK ...13
		VALTOCO 20 MG DOSE LQPK ...13

VALTOCO 5 MG DOSE LIQD	13	venlafaxine hcl TABS	17	VIDA MIA UNILET LANCETS ULTRA THIN 28G	89
VALUE PLUS LANCETS STANDARD 21G	88	venlafaxine hcl TB24 225 MG	17	vigabatrin PACK	16
VALUE PLUS LANCETS SUPERTHIN 30G	88	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	17	vigabatrin TABS	16
VALUE PLUS LANCETS THIN 26G	88	VENTAVIS	39	VIIBRYD STARTER PACK KIT	17
VALUMARK LANCET SUPER THIN 30G	89	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG	38	vilazodone hcl TABS 10 MG, 40 MG	17
VALUMARK LANCET ULTRA THIN 28G	89	verapamil hcl CP24 180 MG	38	vilazodone hcl TABS 20 MG	17
verapamil hcl CAPS 125 MG	25	verapamil hcl CP24 360 MG	38	VINATE DHA RF	98
verapamil hcl CAPS 250 MG	25	verapamil hcl TABS	38	VINATE ONE TABS	98
vancomycin hcl SOLR OR 25 MG/ML	25	verapamil hcl TBCR 120 MG	38	VIRACEPT TABS	36
VEREGEN	49	verapamil hcl TBCR 180 MG, 240 MG	38	VIREAD POWD	36
VANDAZOLE	120	VERIFINE SAFETY LANCET MINI 21G X 2.4MM	89	VIREAD TABS 150 MG, 200 MG, 250 MG	36
varenicline tartrate TABS 0.5 MG	114	VERIFINE SAFETY LANCET MINI 23G X 1.8MM	89	VIRT-C DHA	98
varenicline tartrate TABS 1 MG	114	VERIFINE SAFETY LANCET MINI 28G X 1.8MM	89	VIRT-NATE DHA CAPS	98
VARUBI TBPK	21	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	89	VIRT-PN DHA	98
VCF VAGINAL CONTRACEPTIVE FILM FILM	120	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	89	VIRT-PN PLUS	98
VCF VAGINAL CONTRACEPTIVE FOAM FOAM	120	VERIFINE UNIVERSAL LANCETS 28G	89	VIRTUSSIN DAC SOLN	47
VCF VAGINAL CONTRACEPTIVE GEL	120	VERIFINE UNIVERSAL LANCETS 30G	89	VISTOGARD	20
VECAMYL	25	VERIFINE UNIVERSAL LANCETS 30G	89	VITAFOL GUMMIES	98
VEMLIDY	37	VERIFINE UNIVERSAL LANCETS 33G	89	VITAFOL-NANO	98
VENCLEXTA STARTING PACK TBPK	28	VERSACLOZ SUSP	35	VITAFOL-ONE CAPS	98
VENCLEXTA TABS 10 MG	28	VERZENIO	32	VITAMEDMD ONE RX/QUATREFOLIC	98
VENCLEXTA TABS 100 MG	28	VIBERZI	60	VITAMEDMD REDICHEW RX	98
VENCLEXTA TABS 50 MG	28	VICTOZA	18	VITAPEARL	98
venlafaxine hcl CP24	17	VIDA MIA UNILET LANCETS SUPER THIN 30G	89	VITATHELY/GINGER TABS	98
				VITATRUE	98
				VITRAKVI CAPS	32
				VITRAKVI SOLN	32

VIVA DHA CAPS	98	WESTAB PLUS TABS	98	XIFAXAN 200 MG	25
VIVAGUARD LANCETS	89	WESTGEL DHA	98	XIFAXAN 550 MG	25
VIVAGUARD SAFETY LANCETS/28G	89	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	69	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	18
VIZIMPRO	28	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	69	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	18
VONVENDI	63	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	69	XIMINO CP24	116
voriconazole SUSR	21	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	69	XOSPATA	32
voriconazole TABS	21	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	69	XPOVIO	29
VOSEVI	37	WIDE-SEAL SILICONE DIAPHRAGM KIT 85	69	XPOVIO 80 MG TWICE WEEKLY 29	
VOTRIENT	32	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	69	XTANDI CAPS	29
VP-PNV-DHA CAPS	98	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	69	XTANDI TABS	29
VRAYLAR CAPS	34	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	69	XURIDEN	58
VRAYLAR CPPK	34	WIDE-SEAL SILICONE DIAPHRAGM KIT 90	69	XYNTHA	63
VYNDAMAX	40	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	69	XYNTHA SOLOFUSE	63
VYNDAQEL	40	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	69	XYREM SOLN	106
VYVANSE CAPS	1	WILATE KIT	63	YONSA	29
VYVANSE CHEW	1	WILZIN	93	zafirlukast 10 MG	11
WALGREENS ADVANCED TRAVELLANCETS 28G	89	XADAGO	34	zafirlukast 20 MG	11
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	89	XALKORI	32	zaleplon	65
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	89	XARELTO STARTER PACK TBPK 12	13	ZARXIO	64
WALGREENS LANCETS	89	XARELTO SUSR	13	ZATEAN-PN DHA	98
WALGREENS THIN LANCETS	89	XARELTO TABS	13	ZATEAN-PN PLUS	98
WALGREENS ULTRA THIN LANCETS	89	XATMEP SOLN	27	ZEJULA CAPS	32
warfarin sodium TABS	12	XELJANZ SOLN	3	ZEJULA TABS	32
WESCAP-C DHA	98	XELJANZ TABS	3	ZELAPAR TBDP	34
WESNATE DHA CAPS	98	XELJANZ XR TB24	3	ZELBORAF	32
		XERAC AC	54	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT,	
		XERMELO	61		
		XHANCE EXHU	100		

24000 UNIT-17000 UNIT-5000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT- 15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	56
ZEVRX TWIST TOP LANCETS 30G 89	
zidovudine CAPS	36
zidovudine SYRP	36
zidovudine TABS	36
ZIEXTENZO	64
zileuton TB12	11
ziprasidone hcl 20 MG, 40 MG	34
ziprasidone hcl 60 MG, 80 MG	34
ZIRGAN GEL	102
ZOLINZA	32
zolmitriptan SOLN	92
zolmitriptan TABS	92
zolmitriptan TBDP	92
zolpidem tartrate TABS	65
zolpidem tartrate TBCR	65
ZOMACTON SOLR SC 10 MG	57
ZOMIG SOLN 2.5 MG	92
zonisamide CAPS 100 MG	15
zonisamide CAPS 25 MG, 50 MG .	15
ZORBTIVE SC	57
ZUPLENZ FILM	21
ZYDELIG	32
ZYFLO TABS	11
ZYKADIA TABS	32
ZYLET	102