

California

Essential Drug List

For Small Business Group

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 All previous versions are no longer in effect.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

[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.

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

Updated January 1, 2025



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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 are in ***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	Before 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.

Tier Descriptions

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

Nonpreferred Generic Drugs

- Non-preferred generic drugs have been placed at Tier 2.
- Non-preferred Brand drugs are placed at Tier 3.

Specialty or drugs over \$600 (net of rebates) are placed at Tier 4.

<i>Tier</i>	<i>Description</i>
1	Tier one shall consist of most generic drugs and low-cost preferred brand name drugs.
2	Tier two shall consist of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three shall consist of non-preferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Tier four shall consist of drugs that the Food and Drug Administration of the United States Department Health and Human Services or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan more than six hundred dollars (\$600) net of rebates for a one-month supply.
5	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).

<i>Abbreviation</i>	<i>Definition</i>	<i>Description</i>
LA	Limited Access	Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to any of the following reasons: The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies, or prescribers, or certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
PA	Prior Authorization	This drug requires prior authorization. This means that you or your prescriber must get approval from us before you fill your prescription. If you do not get approval, we may not cover the drug.
PV	Preventive Drugs	Drugs under the Affordable Care Act (ACA) as preventive health drugs, including prescription and OTC contraceptive drugs and devices, covered at no charge. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force (USPSTF). Members in grandfathered Groups may pay a copayment.
QL	Quantity Limit	These drugs have a limit on the amount that will be covered. Your doctor must request approval for a higher quantity of the drug from Health Net. Health Net covers a 12-month supply when dispensed at one time of all self-administered hormonal contraceptives on the Formulary.
RX/OTC	Prescription & Over the Counter (OTC)	Certain drugs are available both in a prescription form and in an OTC form. Only prescription drugs are covered by your plan except for some insulin, insulin supplies and some covered preventive drugs. OTC drugs on the drug list, including OTC preventive drugs and contraceptives, require a prescription to be covered.
ST	Step Therapy	Step therapy is when you are required to use one drug before another, in a stepwise fashion. Unless an exception is made, one or more preferred drugs must be tried first before progressing to a drug that is subject to step therapy.
SP	Specialty Drug	Specialty drugs are required to be provided through a Health Net contracted Specialty Pharmacy. Once Health Net approves the medication, our contracted Specialty pharmacy will contact you to arrange for delivery.

How often does the Drug List change?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Are all contraceptives covered?

Contraceptive benefits include coverage for a variety of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive methods. If your doctor determines that none of the covered methods on the drug list or if a covered therapeutic equivalent of a drug, device, or product is not available, and is medically necessary for you, Health Net will provide coverage. OTC oral contraceptives or condoms can be provided by your pharmacy without a prescription and billed through the pharmacy Claims system with a zero copay. Members obtaining OTC oral contraceptives should inform their physician.

What blood glucose supplies covered?

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

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

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

Can I go to any pharmacy?

Except in emergency and urgent situations, Health Net does not cover drugs dispensed by non-network pharmacies.

Health Net contracts with most U.S. chain pharmacies and many independent pharmacies. These pharmacies are called in-network pharmacies. To find an in-network pharmacy near you, visit our website at [Find a pharmacy](#) or call us at the telephone number on your Health Net ID card or listed on the front cover of this book.

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

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

Can I use a mail order pharmacy?

For 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.

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

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

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

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

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

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

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

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

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

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

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

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

plan.

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1	
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG, 10 MG	1	
<i>amphetamine-dextroamphetamine 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, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>amphetamine-dextroamphetamine 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</i>	1	QL(90 ea per fill retail)
<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG</i>	1	
<i>dextroamphetamine sulfate CP24</i>	1	
<i>dextroamphetamine sulfate SOLN</i>	1	
<i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CAPS</i>	2	QL(1 ea daily)
<i>lisdexamfetamine dimesylate CHEW</i>	2	
<i>methamphetamine hcl</i>	1	PA
VYVANSE CAPS	3	QL(1 ea daily)
VYVANSE CHEW	3	
Analeptics		
<i>caffeine citrate SOLN OR</i>	1	
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
ADIPEX-P TABS (<i>phentermine hcl</i>)	4	Check plan documents for coverage; PA
<i>benzphetamine hcl 50 MG</i>	2	PA
<i>diethylpropion hcl TABS</i>	4	Check plan documents for coverage; PA
<i>diethylpropion hcl TB24</i>	4	Check plan documents for coverage; PA
LOMAIRA TABS	4	Check plan documents for coverage; PA
<i>phentermine hcl CAPS</i>	4	Check plan documents for coverage; PA
<i>phentermine hcl TABS</i>	4	Check plan documents for coverage; PA
QSYMIA	4	Check plan documents for coverage; QL(1 ea daily); PA
Anti-Obesity Agents		
CONTRAVE	4	Check plan documents for coverage; PA
<i>orlistat</i>	4	Check plan documents for coverage; PA

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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>)	4	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 54 MG</i>	1	QL(2 ea daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)	<i>methylphenidate hcl TBCR 10 MG, 20 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<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>	1	QL(1 ea daily); ST
Stimulants - Misc.			QUILLICHEW ER CHER 30 MG	3	QL(2 ea daily); PA
<i>armodafinil 50 MG</i>	1	ST; PA	QUILLICHEW ER CHER 20 MG, 40 MG	3	QL(1 ea daily); PA
<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	ST; PA	QUILLIVANT XR SRER	3	QL(12 ml daily); PA
<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily)	AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)	Aminoglycosides		
<i>methylphenidate hcl CHEW</i>	1		ARIKAYCE	4	PA
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)	BETHKIS NEBU (<i>tobramycin</i>)	4	PA
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)	HUMATIN	2	
<i>methylphenidate hcl CPCR 10 MG, 40 MG, 50 MG, 60 MG</i>	1		KITABIS PAK NEBU (<i>tobramycin</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>methylphenidate hcl CPCR 20 MG, 30 MG</i>	1	QL(2 ea daily)	<i>neomycin sulfate TABS</i>	1	
<i>methylphenidate hcl SOLN</i>	1		<i>streptomycin sulfate SOLR</i>	4	PA
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1		TOBI PODHALER CAPS	4	PA
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)	TOBI NEBU (<i>tobramycin</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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PV=Preventive Drugs AL=Age Limit PA=Prior Authorization QL=Quantity Limit ST=Step Therapy
AC=Anti-Cancer LA=Limited Access SP=Specialty Drug RX/OTC=Prescription & Over-the-Counter

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin NEBU 300 MG/4ML</i>	4	PA	RASUVO SOAJ 20 MG/0.4ML	4	ST; PA
<i>tobramycin NEBU 300 MG/5ML</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 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	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions					
Antirheumatic - Enzyme Inhibitors			Anti-TNF-alpha - Monoclonal Antibodies		
RINVOQ TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; PA	ADALIMUMAB-ADAZ SOAJ	4	Check plan documents for coverage; QL(0.143 ml daily); PA
XELJANZ XR TB24	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA	ADALIMUMAB-ADAZ SOSY	4	Check plan documents for coverage; QL(0.143 ml daily); PA
XELJANZ SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA	HADLIMA PUSHTOUCH SOAJ	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
XELJANZ TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA	HADLIMA SOSY	4	Use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
Antirheumatic Antimetabolites			HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	Check plan documents for coverage; QL(2 ea per 365 day(s) 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 PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); PA
OTREXUP SOAJ 10 MG/0.4ML	4	ST; 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
HUMIRA PEN AJKT SC 80 MG/0.8ML	4	Check Plan Documents for coverage; QL(0.072 ea daily); SP; PA	HUMIRA PSKT 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA
HUMIRA PEN AJKT SC 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4	Check plan documents for coverage; QL(0.143 ea daily); SP; PA
HUMIRA PEN AJKT SC 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	Gold Compounds		
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); SP; PA	RIDAURA	4	
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML	4	Check plan documents for coverage; QL(1 ea per 365 day(s) retail); SP; PA	Interleukin-1 Blockers		
HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML	4	Check plan documents for coverage; QL(0.143 ea daily); PA	ARCALYST	4	ST; Must use AcariaHlth Specialty Rx at 1-844-538-4661; PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC	4	Check plan documents for coverage; QL(4 ea per 365 day(s) retail); SP; PA	Interleukin-6 Receptor Inhibitors		
HUMIRA PEN-PS/UV STARTER AJKT SC	4	Check plan documents for coverage; QL(0.143 ea daily); PA	KEVZARA SOAJ	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
HUMIRA PEN-PS/UV STARTER AJKT SC	4	Check plan documents for coverage; QL(3 ea per 365 day(s) retail); PA	KEVZARA SOSY	4	ST; Check plan documents for coverage-Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA
			Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
			(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	1	
			(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1	
			(Indomethacin) INDOCIN SUPP	4	

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Drug Name	Drug Tier	Requirements/Limits
(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)
(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)
<i>celecoxib 400 MG</i>	1	QL(2 ea daily); PA
<i>celecoxib 50 MG, 100 MG, 200 MG</i>	1	QL(2 ea daily)
<i>diclofenac potassium TABS 50 MG</i>	1	
<i>diclofenac sodium TB24 100 MG</i>	1	
<i>diclofenac sodium TBEC</i>	1	
<i>diclofenac w/ misoprostol TBEC</i>	1	
<i>etodolac CAPS</i>	1	
<i>etodolac TABS</i>	1	
<i>etodolac TB24 400 MG, 500 MG, 600 MG</i>	1	QL(2 ea daily)
<i>fenoprofen calcium TABS</i>	6	
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	1	
<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>indomethacin CPR</i>	1	
<i>indomethacin SUPP</i>	4	
<i>indomethacin SUSP</i>	2	
<i>ketoprofen CP24</i>	1	
<i>ketorolac tromethamine TABS</i>	1	QL(20 ea per fill retail)
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	2	
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)
<i>piroxicam CAPS 10 MG</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
<i>sulindac TABS 200 MG</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS 30 MG	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(2 ea daily); SP; PA
OTEZLA TABS 20 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); SP; PA
OTEZLA TBPK	4	Must use AcariaHlth Sp Rx 1-844-538-4661; QL(55 ea per 365 day(s) retail); SP; PA
OTEZLA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(55 ea per 365 day(s) retail); SP; PA
Pyrimidine Synthesis Inhibitors		
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOLN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); SP; PA
ENBREL SOSY 25 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); SP; PA
ENBREL SOSY 50 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); SP; PA

ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions

Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	2	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1	
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	2	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	1	
<i>butalbital-acetaminophen TABS 50 MG-300 MG</i>	2	
<i>butalbital-aspirin-caffeine CAPS</i>	1	
Salicylates		

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONZIP CP24 (<i>tramadol hcl</i>)	3		<i>morphine sulfate SOLN OR 10 MG/5ML</i>	1	
<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	ST; PA	<i>morphine sulfate SOLN OR 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order
<i>fentanyl citrate LPOP 1600 MCG</i>	2	ST; QL(4 ea daily); PA	<i>morphine sulfate SUPP</i>	2	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 ea daily)	<i>morphine sulfate TABS</i>	1	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 ea daily)	<i>morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG, 200 MG</i>	1	QL(3 ea daily)
<i>hydrocodone bitartrate T24A</i>	2	PA	OXAYDO TABS 7.5 MG	3	QL(4 ea daily)
<i>hydromorphone hcl LIQD</i>	1		OXAYDO TABS 5 MG	2	
<i>hydromorphone hcl TABS</i>	1		<i>oxycodone hcl CAPS</i>	1	
<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	
<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)	<i>oxycodone hcl SOLN</i>	1	
HYSINGLA ER T24A	3	PA	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	
<i>levorphanol tartrate TABS 3 MG</i>	4		<i>oxycodone hcl TABS 30 MG</i>	1	QL(4 ea daily)
<i>levorphanol tartrate TABS 2 MG</i>	4	PA	<i>oxymorphone hcl TABS 5 MG</i>	2	
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	2		<i>oxymorphone hcl TABS 10 MG</i>	2	QL(8 ea daily)
<i>meperidine hcl TABS 50 MG</i>	1		<i>oxymorphone hcl TB12</i>	2	QL(2 ea daily)
<i>methadone hcl CONC</i>	1		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>methadone hcl SOLN OR 5 MG/5ML, 10 MG/5ML</i>	1		<i>tramadol hcl TABS 100 MG</i>	1	
<i>methadone hcl TABS</i>	1	QL(12 ea daily)	<i>tramadol hcl TABS 50 MG</i>	1	QL(8 ea daily)
<i>methadone hcl TBSO</i>	1		<i>tramadol hcl TB24 100 MG</i>	1	QL(3 ea daily)
<i>morphine sulfate beads</i>	2	QL(1 ea daily)	<i>tramadol hcl TB24</i>	1	
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)	<i>tramadol hcl TB24 200 MG</i>	1	QL(1 ea daily)
			Opioid Combinations		
			(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 2.5 MG	1		<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)
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 10 MG, 325 MG-7.5 MG	1	QL(4 ea daily)	<i>hydrocodone-ibuprofen 5 MG-200 MG</i>	2	
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG- 5 MG	1	QL(6 ea daily)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG</i>	1	
<i>acetaminophen w/ codeine SOLN</i>	1		NALOCET TABS	3	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	1		OXYCODONE AND ACETAMINOPHEN TABS	3	
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	1	QL(6 ea daily)	<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		<i>oxycodone w/ acetaminophen TABS 325 MG-5 MG</i>	1	QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod</i>	1		OXYCODONE/ACETAMIN OPHEN 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		PROLATE TABS	3	
<i>hydrocodone- acetaminophen TABS 300 MG-7.5 MG</i>	1	QL(6 ea daily)	<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>buprenorphine hcl- naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)
			<i>buprenorphine hcl- naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	1	QL(3 ea daily)
			<i>buprenorphine hcl- naloxone hcl dihydrate SUBL</i>	1	
			<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)
			<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<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 day(s) retail)
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)
<i>pentazocine w/ naloxone hcl</i>	1	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
(Methyltestosterone) METHITEST TABS	4	
(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM 100 MG/ML, 200 MG/ML	1	QL(10 ml per fill retail)
<i>danazol CAPS</i>	1	
<i>methyltestosterone CAPS</i>	4	
TESTIM GEL TD (<i>testosterone</i>)	3	QL(10 gm daily); PA
<i>testosterone cypionate SOLN IM 100 MG/ML, 200 MG/ML</i>	1	QL(10 ml per fill retail)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>	1	QL(10 gm daily)
<i>testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)
<i>testosterone SOLN</i>	1	QL(6 ml daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		

Drug Name	Drug Tier	Requirements/Limits
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	2	PA
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	2	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	2	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
<i>ivermectin</i>	1	QL(5 ea per fill retail); PA
<i>praziquantel</i>	2	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
<i>ranolazine TB12 1000 MG</i>	1	
<i>ranolazine TB12 500 MG</i>	1	QL(4 ea daily)
Nitrates		
GONITRO PACK	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate TABS 10 MG, 20 MG, 30 MG</i>	1	
<i>isosorbide dinitrate TABS 5 MG, 40 MG</i>	2	
<i>isosorbide mononitrate TABS</i>	1	
<i>isosorbide mononitrate TB24</i>	1	
NITRO-BID OINT	2	
NITRO-DUR PT24	2	QL(1 ea daily)
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1	
<i>nitroglycerin SUBL</i>	1	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl SYRP</i>	1	
<i>hydroxyzine hcl TABS</i>	1	
<i>hydroxyzine pamoate CAPS</i>	1	
Benzodiazepines		
(Alprazolam) ALPRAZOLAM XR TB24	1	
(Diazepam) DIAZEPAM INTENSOL CONC	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1	
ALPRAZOLAM INTENSOL CONC	3	
<i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG</i>	1	
<i>alprazolam TB24</i>	1	
<i>alprazolam TBDP</i>	2	
<i>chlordiazepoxide hcl CAPS</i>	1	
<i>clorazepate dipotassium TABS</i>	1	
<i>diazepam CONC</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
<i>diazepam TABS 2 MG, 5 MG</i>	1	
<i>lorazepam CONC</i>	1	
<i>lorazepam TABS</i>	1	
<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	1	
NORPACE CR CP12	2	
<i>quinidine gluconate TBCR</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl CP12</i>	2	
<i>propafenone hcl TABS 225 MG, 300 MG</i>	1	QL(3 ea daily)
<i>propafenone hcl TABS 150 MG</i>	1	QL(6 ea daily)
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
<i>amiodarone hcl TABS</i>	1	
<i>dofetilide</i>	2	
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		

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Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
FASENRA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
NUCALA SOAJ	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
NUCALA SOLR	4	Must use Acaria Specialty (844) 538-4661; SP; PA
NUCALA SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
<i>tiotropium bromide monohydrate CAPS</i>	2	QL(1 ea daily)
Leukotriene Modulators		

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium CHEW</i>	1	QL(1 ea daily)
<i>montelukast sodium PACK</i>	1	QL(1 ea daily)
<i>montelukast sodium 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)
Steroid Inhalants		
ARNUIITY ELLIPTA	2	QL(1 ea daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ml daily)
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ml daily)
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	Limit 2 inhalers per month; QL(0.36 gm daily)
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	1	QL(0.8 gm daily)
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)	<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)
QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)	<i>fluticasone-salmeterol AERO</i>	1	Limit 1 inhaler per month; QL(0.4 gm daily)
Sympathomimetics					
(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1		<i>formoterol fumarate NEBU</i>	2	QL(4 ml daily)
(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	1	QL(2 ea daily)	<i>ipratropium-albuterol SOLN</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(1.2 gm daily)	<i>levalbuterol hcl</i>	1	
<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)	<i>levalbuterol tartrate</i>	1	QL(0.6 gm daily)
<i>albuterol sulfate AERS</i>	1	QL(0.72 gm daily)	PROAIR RESPICLIK AEPB	3	Limit 2 inhalers per month; QL(0.07 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		SEREVENT DISKUS	2	QL(2 ea daily)
ALBUTEROL SULFATE NEBU	2		STIOLTO RESPIMAT	2	QL(0.14 gm daily)
<i>albuterol sulfate SYRP</i>	1		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>albuterol sulfate TABS</i>	1		<i>terbutaline sulfate TABS</i>	1	
ANORO ELLIPTA	2	QL(2 ea daily)	TRELEGY ELLIPTA	2	QL(2 ea daily)
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)	Xanthines		
<i>budesonide-formoterol fumarate dihydrate</i>	1		(Theophylline) ELIXOPHYLLIN ELIX	1	
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.2 gm daily)	THEO-24 CP24	2	
<i>fluticasone furoate-vilanterol</i>	1	QL(2 ea daily)	<i>theophylline ELIX</i>	1	
			<i>theophylline SOLN</i>	1	
			<i>theophylline TB12 450 MG</i>	1	QL(1 ea 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		

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Drug Name	Drug Tier	Requirements/Limits
(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 day(s) retail)
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 day(s) retail)
XARELTO SUSR	2	QL(900 ml per 30 day(s) retail)
XARELTO TABS 10 MG	2	QL(2 ea daily)
XARELTO TABS 2.5 MG, 15 MG, 20 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA 2.5 MG/0.5ML (<i>fondaparinux sodium</i>)	4	QL(4 ml per 90 day(s) retail; 4 ml per 90 days mail); PA
ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (<i>fondaparinux sodium</i>)	4	PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ml daily); PA
<i>enoxaparin sodium SOSY</i>	1	QL(4 ml per 7 day(s) retail)
<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	4	PA
<i>fondaparinux sodium 2.5 MG/0.5ML</i>	4	QL(4 ml per 90 day(s) retail; 4 ml per 90 days mail); PA
FRAGMIN SOLN 95000 UNIT/3.8ML	4	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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOSY 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	4	PA
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 ea daily)
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA SUSP	4	QL(24 ml daily)
FYCOMPA TABS 6 MG	4	QL(2 ea daily); SL
FYCOMPA TABS 4 MG	4	QL(3 ea daily)
FYCOMPA TABS 2 MG	4	QL(6 ea daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	4	QL(1 ea daily); SL
Anticonvulsants - Benzodiazepines		
<i>clobazam SUSP</i>	2	
<i>clobazam TABS 10 MG</i>	2	QL(1 ea daily)
<i>clobazam TABS 20 MG</i>	2	QL(2 ea daily)
<i>clonazepam TABS</i>	1	
<i>clonazepam TBDP</i>	1	
<i>diazepam (anticonvulsant) GEL</i>	2	Limit 4 per month; QL(0.14 ea daily)
NAYZILAM	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 10 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 15 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA
VALTOCO 20 MG DOSE LQPK	4	QL(10 ea per 30 day(s) retail); PA

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VALTOCO 5 MG DOSE LIQD	4	QL(10 ea per 30 day(s) retail); PA	DIACOMIT CAPS 500 MG	4	QL(6 ea daily); PA
Anticonvulsants - Misc.			DIACOMIT CAPS 250 MG	4	QL(12 ea daily); PA
(Carbamazepine) EPITOL TABS	1		DIACOMIT PACK 500 MG	4	QL(6 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	2		DIACOMIT PACK 250 MG	4	QL(12 ea daily); PA
(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	2		EPIDIOLEX	4	ST; PA
(Lamotrigine) SUBVENITE TABS	1		<i>gabapentin CAPS</i>	1	
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)	<i>gabapentin SOLN</i>	1	
APTIOM	3	QL(2 ea daily); ST	<i>gabapentin TABS 600 MG, 800 MG</i>	1	
BRIVIACT SOLN OR 10 MG/ML	4		KEPPRA XR TB24 (<i>levetiracetam</i>)	3	QL(4 ea daily)
BRIVIACT TABS 25 MG, 50 MG, 75 MG	4		KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	3	
BRIVIACT TABS 10 MG	4	ST	KEPPRA TABS 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	QL(6 ea daily)
BRIVIACT TABS 100 MG	4	QL(2 ea daily)	KEPPRA TABS 1000 MG (<i>levetiracetam</i>)	3	QL(3 ea daily)
<i>carbamazepine CHEW</i>	1		<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	1	QL(40 ml daily)
<i>carbamazepine CP12</i>	1		<i>lacosamide TABS</i>	1	QL(2 ea daily)
<i>carbamazepine SUSP</i>	1		LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	3	
<i>carbamazepine TABS</i>	1		LAMICTAL XR KIT	3	PA
<i>carbamazepine TB12 100 MG</i>	1		LAMICTAL TABS (<i>lamotrigine</i>)	3	
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)	<i>lamotrigine CHEW 5 MG, 25 MG</i>	1	
<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)	<i>lamotrigine KIT 25 MG</i>	2	
CARBATROL CP12 (<i>carbamazepine</i>)	3		<i>lamotrigine KIT</i>	2	PA
			<i>lamotrigine TABS</i>	1	
			<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	2	QL(1 ea daily); PA
			<i>lamotrigine TB24 250 MG</i>	2	PA
			<i>lamotrigine TB24 300 MG</i>	2	QL(2 ea daily)
			<i>lamotrigine TBDP</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1		TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	3	
<i>levetiracetam TABS 250 MG, 500 MG, 750 MG</i>	1	QL(6 ea daily)	TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	3	
<i>levetiracetam TABS 1000 MG</i>	1	QL(3 ea daily)	TOPAMAX TABS 200 MG (<i>topiramate</i>)	3	QL(2 ea daily)
<i>levetiracetam TB24</i>	1	QL(4 ea daily)	TOPAMAX TABS 50 MG (<i>topiramate</i>)	3	QL(8 ea daily)
MYSOLINE (<i>primidone</i>)	3		TOPAMAX TABS 100 MG (<i>topiramate</i>)	3	QL(4 ea daily)
NEURONTIN CAPS (<i>gabapentin</i>)	3		TOPAMAX TABS 25 MG (<i>topiramate</i>)	3	
NEURONTIN SOLN (<i>gabapentin</i>)	3		<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	2	PA
NEURONTIN TABS (<i>gabapentin</i>)	3		<i>topiramate CP24 200 MG</i>	2	QL(2 ea daily); PA
<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)	<i>topiramate CPSP</i>	1	
<i>oxcarbazepine TABS 150 MG</i>	1		<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	2	QL(1 ea daily); PA
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)	<i>topiramate CS24 25 MG, 50 MG</i>	2	QL(2 ea daily); PA
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)	<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)
<i>oxcarbazepine TB24 600 MG</i>	1	QL(4 ea daily); ST	<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)
<i>oxcarbazepine TB24 150 MG, 300 MG</i>	1	ST	<i>topiramate TABS 100 MG</i>	1	QL(4 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 25 MG</i>	1	
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	ST; QL(2 ea daily); PA	TRILEPTAL SUSP (<i>oxcarbazepine</i>)	3	QL(40 ml daily)
<i>pregabalin SOLN</i>	2	QL(30 ml daily); PA	TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	3	
<i>primidone 50 MG, 250 MG</i>	1		TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	3	QL(8 ea daily)
<i>rufinamide SUSP</i>	2		TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	3	QL(4 ea daily)
<i>rufinamide TABS 200 MG</i>	2		ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	3	QL(6 ea daily)
<i>rufinamide TABS 400 MG</i>	2	QL(8 ea daily)	ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	3	
TEGRETOL SUSP (<i>carbamazepine</i>)	3		<i>zonisamide CAPS 25 MG, 50 MG</i>	1	
TEGRETOL TABS (<i>carbamazepine</i>)	3		<i>zonisamide CAPS 100 MG</i>	1	QL(6 ea daily)

Carbamates

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>felbamate SUSP</i>	1		<i>methsuximide</i>	1	
<i>felbamate TABS</i>	1		ZARONTIN CAPS (<i>ethosuximide</i>)	3	
FELBATOL SUSP (<i>felbamate</i>)	3		ZARONTIN SOLN (<i>ethosuximide</i>)	3	
GABA Modulators			Valproic Acid		
(Vigabatrin) VIGADRONE, VIGPODER PACK	4	QL(6 ea daily)	DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3	
(Vigabatrin) VIGADRONE TABS	4		DEPAKOTE SPRINKLES CSDR 125 MG (<i>divalproex sodium</i>)	3	
SABRIL PACK (<i>vigabatrin</i>)	4	QL(6 ea daily)	DEPAKOTE TBEC (<i>divalproex sodium</i>)	3	
SABRIL TABS (<i>vigabatrin</i>)	4		<i>divalproex sodium CSDR</i>	1	
<i>tiagabine hcl</i>	2		<i>divalproex sodium TB24</i>	1	
<i>vigabatrin PACK</i>	4	QL(6 ea daily)	<i>divalproex sodium TBEC</i>	1	
<i>vigabatrin TABS</i>	4		<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	1	
Hydantoins			<i>valproic acid CAPS</i>	1	
(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1		ANTIDEPRESSANTS - Drugs to Treat Depression		
(Phenytoin) PHENYTOIN INFATABS CHEW	1		Alpha-2 Receptor Antagonists (Tetracyclics)		
DILANTIN (<i>phenytoin sodium extended</i>)	3		<i>mirtazapine TABS</i>	1	
DILANTIN	3		<i>mirtazapine TBDP</i>	1	
DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3		Antidepressants - Misc.		
DILANTIN-125 SUSP (<i>phenytoin</i>)	3		<i>bupropion hcl TABS 75 MG, 100 MG</i>	1	
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	1		<i>bupropion hcl TB12</i>	1	
<i>phenytoin CHEW</i>	1		<i>bupropion hcl TB24 450 MG</i>	1	QL(1 ea daily); ST
<i>phenytoin SUSP</i>	1		<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)
Succinimides			FORFIVO XL TB24 (<i>bupropion hcl</i>)	3	QL(1 ea daily); ST
CELONTIN (<i>methsuximide</i>)	3		Monoamine Oxidase Inhibitors (MAOIs)		
<i>ethosuximide CAPS</i>	1		EMSAM	3	QL(1 ea daily)
<i>ethosuximide SOLN</i>	1		MARPLAN	3	
			<i>phenelzine sulfate</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl CAPS</i>	1	
<i>nortriptyline hcl SOLN</i>	1	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate CAPS</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
Antidiabetic Combinations		
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	1	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-50 MG, 500 MG-50 MG	2	QL(2 ea daily)
JANUMET XR TB24 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-25 MG	2	QL(1 ea daily)
SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR	2	
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
Biguanides		
<i>metformin hcl SOLN</i>	2	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</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>metformin hcl TB24 500 MG, 750 MG</i>	1	
Diabetic Other		
<i>diazoxide</i>	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	2	QL(1 ea per fill retail; 2 ea per 30 day(s) retail)
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	2	
JANUVIA	2	QL(1 ea daily)
<i>saxagliptin hcl</i>	1	QL(2 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	2	Not available through mail order.; PA
RYBELSUS TABS	2	Not available through mail order; PA
TRULICITY SC	2	Not available through mail order; PA
VICTOZA (<i>liraglutide</i>)	2	Not available through mail order; SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Insulin			Insulin Sensitizing Agents		
AFREZZA POWD	3	QL(3 ea daily)	HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
AFREZZA POWD	3		HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ml daily)
AFREZZA POWD	3	QL(6 ea daily)	HUMULIN R SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	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 SOLOSTAR SOPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)	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)	TOUJEO MAX SOLOSTAR SOPN	2	Limit 2 pens per month; QL(0.2 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)	TOUJEO SOLOSTAR SOPN	2	Limit 3 pens per month; QL(0.15 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	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)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	Limited to 27 mls /month without prior authorization; QL(0.9 ml daily)
HUMALOG SOCT 100 UNIT/ML	2	Limit 45mls per month; QL(1.5 ml daily)	TRESIBA SOLN	2	QL(1.5 ml daily)
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)	Meglitinide Analogues		
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	<i>pioglitazone hcl 15 MG</i>	1	
HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	Sodium-Glucose Co-Transporter 2 (SGLT2)		
HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)	<i>nateglinide</i>	1	
HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)	<i>repaglinide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Inhibitors		
<i>dapagliflozin propanediol</i>	1	QL(1 ea daily)
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
<i>glimepiride 1 MG, 2 MG, 4 MG</i>	1	
<i>glipizide TABS 2.5 MG, 5 MG, 10 MG</i>	1	
<i>glipizide TB24</i>	1	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS 2 MG	1	RX/OTC
<i>diphenoxylate w/ atropine LIQD</i>	1	
<i>diphenoxylate w/ atropine TABS</i>	1	
<i>loperamide hcl CAPS 2 MG</i>	1	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	3	

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox PACK</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
<i>deferasirox TABS</i>	4	PA
<i>deferasirox TBSO</i>	4	PA
<i>deferiprone TABS 500 MG</i>	4	PA
EXJADE TBSO (<i>deferasirox</i>)	4	PA
FERRIPROX SOLN	4	PA
FERRIPROX TABS 500 MG (<i>deferiprone</i>)	4	PA
JADENU SPRINKLE PACK (<i>deferasirox</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
JADENU TABS (<i>deferasirox</i>)	4	PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	4	PA
VISTOGARD	4	
Opioid Antagonists		
KLOXXADO LIQD	2	
<i>naloxone hcl LIQD</i>	1	QL(4 ea per 30 day(s) retail); RX/OTC
<i>naloxone hcl SOSY 2 MG/2ML</i>	1	
<i>naltrexone hcl</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	ST; Limit 2 per month; QL(0.07 ea daily); PA
<i>granisetron hcl TABS</i>	1	ST; Limit 2 tablets per day; QL(2 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	1	Limit 50mls per month; QL(1.67 ml daily)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 ea daily)
<i>ondansetron TBP 4 MG, 8 MG</i>	1	Limit 20 per month; QL(0.67 ea daily)
SANCUSO PTCH	4	QL(0.04 ea daily); PA
Antiemetics - Anticholinergic		
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl CAPS</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO	3	QL(2 ea per 28 day(s) retail)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily)
<i>dronabinol CAPS 10 MG</i>	2	PA
<i>dronabinol CAPS 2.5 MG, 5 MG</i>	1	PA
SYNDROS SOLN	4	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS</i>	1	Limit 3 per month; QL(0.1 ea daily)
<i>aprepitant CAPS 80 MG, 125 MG</i>	1	Limit 1 per year; QL(0.04 ea daily)
<i>aprepitant CAPS 40 MG</i>	1	Limit 2 per month; QL(0.07 ea daily)
<i>aprepitant MISC</i>	1	Limit 3 per month; QL(0.1 ea daily)
EMEND SUSR	3	QL(1 ea per 30 day(s) retail)
VARUBI TBP	3	QL(4 ea per fill retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
ANCOBON (<i>flucytosine</i>)	4	
<i>flucytosine</i>	4	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	Not available through mail order
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	ST; PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
<i>posaconazole SUSP</i>	2	
<i>posaconazole TBEC</i>	2	
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
(Dexchlorpheniramine Maleate) RYCLORA SOLN	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate SOLN</i>	1	
<i>carbinoxamine maleate TABS 4 MG</i>	1	
CARBINOXAMINE MALEATE TABS	3	
<i>clemastine fumarate TABS 2.68 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	4	PA	Bile Acid Sequestrants		
RYVENT TABS	3		(Cholestyramine Light) PREVALITE PACK	1	
Antihistamines - Non-Sedating			(Cholestyramine Light) PREVALITE POWD	1	
<i>desloratadine TABS</i>	1	ST; QL(1 ea daily); PA	<i>cholestyramine light PACK</i>	1	
<i>desloratadine TBDP 2.5 MG</i>	1	ST; PA	<i>cholestyramine light POWD</i>	1	
<i>desloratadine TBDP 5 MG</i>	1	PA	<i>cholestyramine PACK</i>	1	
Antihistamines - Phenothiazines			<i>cholestyramine POWD</i>	1	
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)	<i>colesevelam hcl PACK</i>	2	QL(1 ea daily)
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2		<i>colesevelam hcl TABS</i>	2	QL(7 ea daily)
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	1		<i>colestipol hcl GRAN</i>	1	
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	2		<i>colestipol hcl PACK</i>	2	
<i>promethazine hcl TABS 12.5 MG</i>	1		<i>colestipol hcl TABS</i>	1	
<i>promethazine hcl TABS 50 MG</i>	1	QL(3 ea daily)	Fibric Acid Derivatives		
<i>promethazine hcl TABS 25 MG</i>	1	QL(6 ea daily)	<i>choline fenofibrate 135 MG</i>	1	QL(1 ea daily)
Antihistamines - Piperidines			<i>choline fenofibrate 45 MG</i>	1	
<i>cyproheptadine hcl SYRP</i>	1		<i>fenofibrate micronized 130 MG, 200 MG</i>	1	QL(1 ea daily)
<i>cyproheptadine hcl TABS</i>	1		<i>fenofibrate micronized 43 MG, 67 MG, 134 MG</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol			<i>fenofibrate CAPS</i>	1	
Antihyperlipidemics - Combinations			<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)	<i>fenofibrate TABS 145 MG, 160 MG</i>	1	QL(1 ea daily)
Antihyperlipidemics - Misc.			<i>fenofibrate TABS 48 MG</i>	1	
<i>icosapent ethyl</i>	2	PA	FENOFIBRATE TABS	2	QL(1 ea daily)
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)	FIBRICOR (<i>fenofibric acid</i>)	2	
VASCEPA (<i>icosapent ethyl</i>)	2	PA	<i>gemfibrozil TABS</i>	1	
			LIPOFEN CAPS 50 MG (<i>fenofibrate</i>)	3	
			HMG CoA Reductase Inhibitors		
			<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)
<i>lovastatin TABS</i>	1	\$0 copay for Generic only, age 40 to 75; PV
<i>pitavastatin calcium</i>	1	QL(1 ea daily); ST
<i>pravastatin sodium</i>	1	\$0 copay for Generic only, age 40 to 75; QL(1 ea daily); PV
<i>rosuvastatin calcium TABS</i>	1	QL(1 ea daily)
<i>simvastatin TABS</i>	1	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 10 MG, 20 MG, 30 MG	4	PA
JUXTAPID 5 MG	4	ST; PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TABS</i>	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
<i>benazepril hcl 5 MG, 10 MG, 20 MG, 40 MG</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril</i>	1	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS SOLN	3	QL(5 ml daily)
<i>quinapril hcl</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)
<i>trandolapril</i>	1	
Agents for Pheochromocytoma		
DEMSEER (<i>metyrosine</i>)	4	
<i>metyrosine</i>	4	
<i>phenoxybenzamine hcl</i>	1	Not available through mail
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)
<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
EDARBI 40 MG	3	
EDARBI 80 MG	3	QL(1 ea daily)
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
<i>telmisartan 20 MG, 40 MG</i>	1	
<i>telmisartan 80 MG</i>	1	QL(1 ea daily)
<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)
Antiadrenergic Antihypertensives		

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl TABS</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
<i>methyldopa TABS</i>	1	
<i>prazosin hcl CAPS</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1	
Antihypertensive Combinations		
<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>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</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	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
EDARBYCLOR	3	QL(1 ea daily)
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide TABS</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
TEKTURNA HCT 12.5 MG-150 MG, 12.5 MG-300 MG, 25 MG-300 MG	3	ST
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</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>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
Antihypertensives - Misc.		

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Drug Name	Drug Tier	Requirements/Limits
VECAMYL	3	
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	1	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	1	
Vasodilators		
<i>hydralazine hcl TABS</i>	1	
<i>minoxidil 2.5 MG, 10 MG</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>metronidazole CAPS</i>	2	
<i>metronidazole TABS</i>	1	
<i>pentamidine isethionate IN</i>	2	
<i>tinidazole</i>	1	ST
<i>trimethoprim TABS</i>	1	
XIFAXAN 550 MG	3	QL(2 ea daily); PA
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
<i>sulfamethoxazole-trimethoprim SUSP</i>	1	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
<i>atovaquone</i>	2	
LAMPIT	4	PA
<i>nitazoxanide TABS</i>	2	
Carbapenems		

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium IJ</i>	4	PA
<i>imipenem-cilastatin IV</i>	2	PA
INVANZ IJ (<i>ertapenem sodium</i>)	4	PA
<i>meropenem 500 MG</i>	4	PA
PRIMAXIN IV IV 500 MG-500 MG (<i>imipenem-cilastatin</i>)	4	PA
Glycopeptides		
<i>vancomycin hcl CAPS</i>	1	QL(2 ea daily)
Leprostatics		
<i>dapsone 25 MG</i>	1	
<i>dapsone 100 MG</i>	1	QL(4 ea daily)
Lincosamides		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
Monobactams		
CAYSTON	4	PA
Oxazolidinones		
<i>linezolid SUSR</i>	1	QL(210 ml per 90 day(s) retail)
<i>linezolid TABS</i>	1	QL(20 ea per 90 day(s) retail)
SIVEXTRO TABS	2	QL(6 ea per 90 day(s) retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal 25 MG, 50 MG, 100 MG</i>	1	
<i>nitrofurantoin monohyd macro 100 MG</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria		

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Drug Name	Drug Tier	Requirements/Limits
(Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 ea daily)
Antimalarials		
<i>chloroquine phosphate TABS</i>	1	
DARAPRIM (<i>pyrimethamine</i>)	4	PA
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	6	
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail; 6 per fill mail)
<i>primaquine phosphate TABS</i>	1	
<i>pyrimethamine</i>	4	PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	4	ST; PA
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	4	PA
<i>neostigmine methylsulfate SOSY</i>	4	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	4	PA
<i>pyridostigmine bromide SOLN OR</i>	4	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	4	
<i>ethambutol hcl TABS</i>	1	
<i>isoniazid SYRP</i>	1	
<i>isoniazid TABS</i>	1	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	2	
<i>rifampin CAPS</i>	1	
TRECTOR	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
<i>cyclophosphamide CAPS</i>	1	AC
CYCLOPHOSPHAMIDE TABS	2	
GLEOSTINE 10 MG, 40 MG, 100 MG	2	AC
LEUKERAN	2	AC
<i>melphalan</i>	1	AC
MYLERAN TABS	2	AC
<i>temozolomide CAPS</i>	2	SP; AC
Antimetabolites		
<i>capecitabine</i>	2	SP; 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>	1	
<i>methotrexate sodium SOLR</i>	1	
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONUREG TABS	4	AC; PA	LENVIMA 24 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC			
TABLOID	4	AC			
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC	LENVIMA 4 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
XATMEP SOLN	4	AC; PA			
Antineoplastic - Angiogenesis Inhibitors					
INLYTA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	LENVIMA 8 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA
LENVIMA 10 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA			
LENVIMA 12MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA			
LENVIMA 14 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	Antineoplastic - Anti-HER2 Agents		
LENVIMA 18 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	TUKYSA	4	AC; PA
LENVIMA 20 MG DAILY DOSE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); SP; AC; PA	Antineoplastic - BCL-2 Inhibitors		
			VENCLEXTA STARTING PACK TBPK	4	AC; PA
			VENCLEXTA TABS 100 MG	4	QL(4 ea daily); AC; PA
			VENCLEXTA TABS 50 MG	4	AC; PA
			VENCLEXTA TABS 10 MG	4	QL(2 ea daily); AC; PA
			Antineoplastic - EGFR Inhibitors		
			<i>erlotinib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
			<i>gefitinib</i>	2	SP; AC; PA
			GILOTRIF	4	Must use Accredo SP pharmacy; AC; PA
			TAGRISSE	4	SP; AC; PA
			VIZIMPRO	4	AC; PA

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Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	4	PA
ERIVEDGE	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
ODOMZO	4	AC
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
<i>anastrozole</i>	5	QL(1 ea daily); PV; AC
ARIMIDEX (<i>anastrozole</i>)	5	QL(1 ea daily); PV; AC
AROMASIN (<i>exemestane</i>)	5	PV
<i>bicalutamide</i>	1	QL(1 ea daily); AC
ELIGARD KIT SC 7.5 MG, 45 MG	3	PA
EMCYT	2	AC
ERLEADA 60 MG	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	4	Must use AcariaHealth SP 1-844-538-4661; SP; AC; PA
EULEXIN	2	AC
<i>exemestane</i>	5	PV
<i>flutamide</i>	1	AC
<i>letrozole</i>	1	AC
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (1-MONTH) KIT IM	3	covered w-gender transformation diagnosis; PA required for other diagnosis
LYSODREN	2	AC
<i>megestrol acetate SUSP</i>	1	AC
<i>megestrol acetate TABS</i>	1	AC
NILANDRON (<i>nilutamide</i>)	4	AC; PA
<i>nilutamide</i>	4	AC; PA
NUBEQA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SOLTAMOX SOLN	5	PV; AC
<i>tamoxifen citrate TABS</i>	5	PV; AC
<i>toremifene citrate</i>	2	AC
XTANDI CAPS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
XTANDI TABS	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
YONSA	4	AC; PA
ZYTIGA (<i>abiraterone acetate</i>)	4	Must use AcariaHlth SP pharmacy 1-844-538-4665; AC; PA
Antineoplastic - Immunomodulators		
POMALYST	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic - PDGFR-alpha Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AYVAKIT	4	QL(1 ea daily); SP; PA	BOSULIF CAPS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
AYVAKIT	4	QL(1 ea daily); SP; AC; PA	BOSULIF TABS	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
Antineoplastic - XPO1 Inhibitors			BRAFTOVI 75 MG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XPOVIO	4	AC; PA	BRUKINSA	4	AC; PA
XPOVIO 80 MG TWICE WEEKLY	4	PA	CABOMETYX TABS 20 MG, 60 MG	4	QL(1 ea daily); AC; PA
Antineoplastic Antibiotics			CABOMETYX TABS 40 MG	4	QL(2 ea daily); AC; PA
<i>mitoxantrone hcl 2 MG/ML</i>	2	PA	CALQUENCE	4	QL(2 ea daily); AC; PA
Antineoplastic Combinations			CALQUENCE	4	QL(2 ea daily); AC; PA
INQOVI	4	PA	CAPRELSA	4	AC; PA
KISQALI FEMARA 200 DOSE	4	AC; PA	COMETRIQ KIT	4	AC; PA
KISQALI FEMARA 400 DOSE	4	AC; PA	COPIKTRA	4	AC; PA
KISQALI FEMARA 600 DOSE	4	AC; PA	COTELLIC	4	AC; PA
LONSURF	4	AC; PA	<i>dasatinib 80 MG, 100 MG, 140 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
Antineoplastic Enzyme Inhibitors			<i>dasatinib 20 MG, 50 MG, 70 MG</i>	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
(Everolimus) TORPENZ TABS	4	QL(1 ea daily); SP; AC; PA	<i>everolimus TABS</i>	4	QL(1 ea daily); SP; AC; PA
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	4	QL(1 ea daily); SP; AC; PA	<i>everolimus TBSO</i>	4	QL(1 ea daily); SP; AC; PA
AFINITOR TABS (<i>everolimus</i>)	4	QL(1 ea daily); SP; AC; PA			
ALECENSA	4	AC; PA			
ALUNBRIG TABS	4	AC; PA			
ALUNBRIG TBPk	4	AC; PA			
BALVERSA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA			
<i>bortezomib SOLR IJ</i>	4	PA			
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	4	SP; PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	LORBRENA	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
IBRANCE TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	LYNPARZA TABS	4	QL(4 ea daily); SP; AC; PA
ICLUSIG	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	MEKINIST SOLR	4	SP; AC; PA
IDHIFA	4	AC; PA	MEKINIST TABS	4	SP; AC; PA
<i>imatinib mesylate 100 MG</i>	4	QL(3 ea daily); SP; AC; PA	MEKTOVI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>imatinib mesylate 400 MG</i>	4	QL(2 ea daily); SP; AC; PA	NERLYNX	4	Must use AcariaHlth Specialty pharmacy 1-844-538-4661; SP; AC; PA
IMBRUVICA CAPS 70 MG	4	QL(1 ea daily); SP; AC; PA	NEXAVAR (<i>sorafenib tosylate</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
IMBRUVICA CAPS 140 MG	4	QL(3 ea daily); SP; AC; PA	NINLARO	4	Limited to 3 capsules per month;; QL(0.1 ea daily); AC; PA
IMBRUVICA SUSP	4	QL(8 ml daily); SP; AC; PA	<i>pazopanib hcl</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
IMBRUVICA TABS	4	QL(1 ea daily); AC; PA	PIQRAY 200MG DAILY DOSE	4	AC; PA
INREBIC	4	AC; PA	PIQRAY 250MG DAILY DOSE	4	AC; PA
ISTODAX SOLR (<i>romidepsin</i>)	4	PA	PIQRAY 300MG DAILY DOSE	4	AC; PA
JAKAFI	4	QL(2 ea daily); AC; PA	QINLOCK	4	AC; PA
KISQALI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	RETEVMO CAPS	4	AC; PA
KOSELUGO	4	PA	<i>romidepsin SOLR</i>	4	PA
<i>lapatinib ditosylate</i>	4	AC; PA			

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS	4	AC; PA
RUBRACA	4	AC; PA
RYDAPT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>sorafenib tosylate</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
SPRYCEL 20 MG, 50 MG, 70 MG (<i>dasatinib</i>)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; SP; AC; PA
SPRYCEL 80 MG, 100 MG, 140 MG (<i>dasatinib</i>)	4	SF; AC; Must use AcariaHlth SP pharmacy 1-844-538-4661; AC; PA
STIVARGA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>sunitinib malate 25 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>sunitinib malate 12.5 MG, 37.5 MG, 50 MG</i>	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA
TABRECTA	4	AC; PA

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TAFINLAR TBSO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
TALZENNA	4	SP; AC; PA
TASIGNA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
TAZVERIK	4	PA
<i>temsirolimus</i>	4	PA
TIBSOVO	4	AC; PA
TORISEL (<i>temsirolimus</i>)	4	PA
TURALIO 200 MG	4	AC; PA
TYKERB (<i>lapatinib ditosylate</i>)	4	AC; PA
VELCADE SOLR IJ (<i>bortezomib</i>)	4	PA
VERZENIO	4	QL(2 ea daily); AC; PA
VITRAKVI CAPS	4	AC; PA
VITRAKVI SOLN	4	AC; PA
VOTRIENT (<i>pazopanib hcl</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XALKORI CAPS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA

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Drug Name	Drug Tier	Requirements/Limits
XALKORI CPSP	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XOSPATA	4	AC; PA
ZEJULA TABS	4	PA
ZELBORAF	4	AC; PA
ZOLINZA	4	AC; PA
ZYDELIG	3	AC; PA
ZYKADIA TABS	4	AC
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	4	PA
ALFERON N	4	PA
BESREMI	4	PA
<i>bexarotene</i>	4	SP; AC; PA
<i>hydroxyurea</i>	1	AC
INTRON A SOLR 10000000 UNIT	4	PA
MATULANE	4	AC; PA
TARGRETIN (<i>bexarotene</i>)	4	SP; AC; PA
<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	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>	2	AC

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	AC; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	2	PA
Topoisomerase I Inhibitors		
HYCANTIN CAPS	4	AC; PA
HYCANTIN SOLR (<i>topotecan hcl</i>)	4	PA
<i>topotecan hcl SOLR</i>	4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	4	administered under the medical benefit; PA
<i>benztropine mesylate TABS</i>	1	
<i>trihexyphenidyl hcl SOLN</i>	1	
<i>trihexyphenidyl hcl TABS</i>	1	
Antiparkinson COMT Inhibitors		
<i>entacapone</i>	1	
TASMAR (<i>tolcapone</i>)	4	
<i>tolcapone</i>	4	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	1	
<i>amantadine hcl TABS</i>	1	
<i>bromocriptine mesylate CAPS</i>	1	
<i>bromocriptine mesylate TABS 2.5 MG</i>	1	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>carbidopa-levodopa TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa TBCR 100 MG-25 MG</i>	1	QL(8 ea daily)
<i>carbidopa-levodopa TBCR 200 MG-50 MG</i>	1	
<i>carbidopa-levodopa TBDP</i>	2	
DHIVY TABS	2	
DUOPA SUSP	3	PA
INBRIJA CAPS	3	PA
NEUPRO	4	
<i>pramipexole dihydrochloride TABS 1 MG</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG</i>	1	
<i>pramipexole dihydrochloride TABS 1.5 MG</i>	1	QL(3 ea daily)
<i>pramipexole dihydrochloride TB24 3 MG</i>	2	QL(1 ea daily)
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG</i>	2	
<i>ropinirole hydrochloride TABS</i>	1	
<i>ropinirole hydrochloride TB24 12 MG</i>	1	QL(2 ea daily)
<i>ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG, 8 MG</i>	1	
RYTARY CPCR	4	QL(10 ea daily); PA
Antiparkinson Monoamine Oxidase Inhibitors		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)
XADAGO	3	PA

Drug Name	Drug Tier	Requirements/Limits
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
<i>lithium carbonate CAPS 150 MG, 600 MG</i>	1	
<i>lithium carbonate CAPS 300 MG</i>	1	QL(6 ea daily)
<i>lithium carbonate TABS</i>	1	
<i>lithium carbonate TBCR</i>	1	
LITHOBID TBCR (<i>lithium carbonate</i>)	3	
Antipsychotics - Misc.		
EQUETRO	3	
<i>lurasidone hcl</i>	2	
NUPLAZID CAPS	4	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	4	QL(1 ea daily); PA
VRAYLAR CAPS	4	SP
VRAYLAR CPPK	4	SP
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
Benzisoxazoles		
FANAPT	4	QL(2 ea daily)
FANAPT TITRATION PACK	4	
<i>paliperidone</i>	1	
PERSERIS PRSY	4	administered under the medical benefit; PA
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>risperidone TBDP</i>	1		<i>prochlorperazine</i>	1	QL(2 ea daily)
Butyrophenones			<i>prochlorperazine maleate TABS</i>	1	
<i>haloperidol lactate CONC</i>	1		<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>haloperidol TABS</i>	1		<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
Dibenzapines			<i>trifluoperazine hcl TABS</i>	1	
<i>asenapine maleate</i>	2		Quinolinone Derivatives		
<i>clozapine TABS</i>	1		<i>aripiprazole SOLN OR</i>	1	
<i>clozapine TBDP 25 MG, 100 MG</i>	2		<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
<i>clozapine TBDP 12.5 MG</i>	1		<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)
<i>loxapine succinate</i>	1		<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1		<i>aripiprazole TBDP</i>	1	PA
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)	REXULTI	3	
<i>olanzapine TBDP</i>	1		Thioxanthenes		
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)	<i>thiothixene</i>	1	
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1		ANTISEPTICS & DISINFECTANTS		
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)	Antiseptics & Disinfectants		
<i>quetiapine fumarate TB24</i>	1		<i>formaldehyde SOLN 10 %</i>	1	
SAPHRIS 5 MG	3		ANTIVIRALS - Drugs to Treat Viral Infections		
SECUADO	3	QL(1 ea daily)	Antiretrovirals		
VERSACLOZ SUSP	4	QL(18 ml daily)	<i>abacavir sulfate-lamivudine</i>	1	
Dihydroindolones			<i>abacavir sulfate SOLN</i>	1	
<i>molindone hcl</i>	1		<i>abacavir sulfate TABS</i>	1	
Phenothiazines			APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit
(Prochlorperazine) COMPRO	1	QL(2 ea daily)	APTIVUS CAPS	2	
<i>chlorpromazine hcl TABS</i>	2		<i>atazanavir sulfate CAPS</i>	1	
<i>fluphenazine hcl CONC</i>	1		BIKTARVY	2	
<i>fluphenazine hcl ELIX</i>	1		CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	5	Available through the Medical Benefit
<i>fluphenazine hcl TABS</i>	1				
<i>perphenazine TABS</i>	1				

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CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	5	Available through the Medical Benefit	JULUCA	2	
CIMDUO	2		<i>lamivudine SOLN</i>	1	
COMPLERA	2		<i>lamivudine TABS</i>	1	
<i>darunavir TABS</i>	1		<i>lamivudine-zidovudine</i>	1	
DELSTRIGO	2		<i>lopinavir-ritonavir SOLN</i>	1	
DESCOVY 200 MG-25 MG	5	PV	<i>lopinavir-ritonavir TABS</i>	1	
DOVATO	2		<i>maraviroc TABS</i>	1	
EDURANT	2		<i>nevirapine SUSP</i>	1	
<i>efavirenz CAPS</i>	1		<i>nevirapine TABS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)	<i>nevirapine TB24</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1		NORVIR PACK	2	
<i>efavirenz TABS</i>	1		ODEFSEY	2	
<i>emtricitabine CAPS</i>	1		PIFELTRO	2	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	5	QL(1 ea daily); PV	PREZCOBIX	2	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)	PREZISTA SUSP	2	
EMTRIVA SOLN	2		PREZISTA TABS 75 MG, 150 MG	2	
<i>etravirine</i>	1		REYATAZ PACK	2	
EVOTAZ	2		<i>ritonavir TABS</i>	1	
<i>fosamprenavir calcium TABS</i>	1		RUKOBIA	4	
FUZEON SOLR	4	ST; PA	SELZENTRY SOLN	2	
GENVOYA	2		STRIBILD	2	
INTELENCE 25 MG	2		SYMTUZA	2	
ISENTRESS HD TABS	2		<i>tenofovir disoproxil fumarate TABS</i>	1	
ISENTRESS CHEW	2		TIVICAY TABS 50 MG	2	
ISENTRESS PACK	2		TRIUMEQ PD TBSO	2	
ISENTRESS TABS	2		TRIUMEQ TABS	2	
			TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	5	QL(1 ea daily); PV
			TYBOST	2	
			VIRACEPT TABS	2	
			VIREAD POWD	2	
			VIREAD TABS 150 MG, 200 MG, 250 MG	2	
			<i>zidovudine CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine SYRP</i>	1	
<i>zidovudine TABS</i>	1	
Antiviral Combinations		
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
PAXLOVID 100 MG-150 MG	5	5 day(s) max supply per 30 day(s) retail; AL(At least 12 yrs old); PV
CMV Agents		
<i>valganciclovir hcl SOLR</i>	1	Limit 630mls per month; QL(21 ml daily)
<i>valganciclovir hcl TABS</i>	1	
Hepatitis Agents		
<i>adefovir dipivoxil</i>	2	
<i>entecavir TABS</i>	2	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS 100 MG-400 MG	2	Use Brand Epclusa; PA
EPCLUSA TABS 50 MG-200 MG	2	SP; PA
<i>lamivudine (hbv) TABS</i>	2	
MAVYRET TABS	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
PEGASYS SOLN	3	PA
<i>ribavirin (hepatitis c) CAPS</i>	1	PA
VEMLIDY	4	SP; ST
VOSEVI	2	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Herpes Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	
<i>acyclovir TABS OR 400 MG</i>	1	
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<i>famciclovir</i>	1	
<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
Influenza Agents		
<i>oseltamivir phosphate CAPS</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride TABS</i>	1	
Misc. Antivirals		
LAGEVRIO	5	5 day(s) max supply per 30 day(s) retail; AL(At least 18 yrs old); PV
TPOXX (TECOVIRIMAT CAP 200 MG)	5	
TPOXX CAPS	5	PV
TPOXX SOLN	5	PV
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	1	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol 3.125 MG</i>	1	QL(2 ea daily)
<i>carvedilol 6.25 MG, 12.5 MG, 25 MG</i>	1	
<i>carvedilol phosphate</i>	1	
<i>labetalol hcl TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Beta Blockers Cardio-Selective			(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
<i>acebutolol hcl CAPS</i>	1		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
<i>atenolol TABS 25 MG, 50 MG, 100 MG</i>	1		(Diltiazem Hcl) DILT-XR CP24	1	
<i>betaxolol hcl</i>	1		(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)	<i>amlodipine besylate TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>metoprolol succinate TB24</i>	1		<i>amlodipine besylate TABS 2.5 MG</i>	1	QL(2 ea daily)
<i>metoprolol tartrate TABS</i>	1		<i>diltiazem hcl coated beads CP24</i>	1	QL(1 ea daily)
<i>nebivolol hcl</i>	1		<i>diltiazem hcl extended release beads</i>	1	
Beta Blockers Non-Selective			<i>diltiazem hcl CP12</i>	1	
(Sotalol Hcl) SORINE TABS	1		<i>diltiazem hcl CP24</i>	1	
HEMANGEOL SOLN OR	3	PA	<i>diltiazem hcl TABS</i>	1	
INDERAL XL	3		<i>diltiazem hcl TB24</i>	1	
INNOPRAN XL	3		<i>felodipine 10 MG</i>	1	QL(1 ea daily)
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	1		<i>felodipine 2.5 MG, 5 MG</i>	1	
<i>pindolol TABS</i>	1		<i>isradipine CAPS</i>	1	
<i>propranolol hcl CP24</i>	1		<i>nicardipine hcl CAPS</i>	1	
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	1		<i>nifedipine CAPS</i>	1	
<i>propranolol hcl TABS</i>	1		<i>nifedipine TB24 30 MG, 60 MG, 90 MG</i>	1	QL(1 ea daily)
<i>sotalol hcl (afib/af)</i>	1		<i>nifedipine TB24 30 MG, 60 MG</i>	1	
<i>sotalol hcl TABS</i>	1		<i>nimodipine CAPS</i>	2	
SOTYLIZE SOLN OR	3		<i>nisoldipine</i>	2	
<i>timolol maleate TABS 5 MG, 20 MG</i>	1	QL(2 ea daily)	<i>verapamil hcl CP24 180 MG</i>	1	QL(2 ea daily)
<i>timolol maleate TABS 10 MG</i>	1	QL(6 ea daily)	<i>verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure					
Calcium Channel Blockers					
(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl CP24 360 MG</i>	1	QL(1 ea daily)	<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	Check plan documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA
<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)			
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm			Prostaglandin Vasodilators		
Cardiac Glycosides			ORENITRAM TITRATION KIT MONTH 1 TEPK	4	SP; PA
(Digoxin) DIGITEK TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1		ORENITRAM TITRATION KIT MONTH 2 TEPK	4	SP; PA
<i>digoxin SOLN OR 0.05 MG/ML</i>	1		ORENITRAM TITRATION KIT MONTH 3 TEPK	4	SP; PA
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1		ORENITRAM TBCR	4	SP; PA
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3		TYVASO DPI INSTITUTIONALKIT POWD	4	QL(4 ea daily); PA
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			TYVASO DPI MAINTENANCE KIT POWD	4	QL(8 ea daily); PA
Cardiovascular Agents Misc. - Combinations			TYVASO DPI MAINTENANCE KIT POWD	4	QL(4 ea daily); PA
<i>amlodipine besylate-atorvastatin calcium</i>	2		TYVASO DPI TITRATION KIT POWD	4	QL(7 ea daily); PA
ENTRESTO TABS	3	QL(2 ea daily); PA	TYVASO DPI TITRATION KIT POWD	4	QL(9 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1		TYVASO REFILL KIT SOLN IN	4	PA
Impotence Agents			TYVASO STARTER KIT SOLN IN	4	PA
<i>sildenafil citrate</i>	1	Check plan documents for coverage; QL(8 ea per 30 day(s) retail); AL(At least 21 yrs old); PA	TYVASO SOLN IN	4	PA
<i>tadalafil 2.5 MG</i>	1	QL(1 ea daily; 30 ea per fill retail; 90 per fill mail); PA	VENTAVIS	4	PA
			Pulmonary Hypertension - Endothelin Receptor Antagonists		
			<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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<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	ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
<i>bosentan TABS 62.5 MG</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	2	PA
<i>bosentan TABS 125 MG</i>	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; SP; PA	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	2	QL(3 ea daily); PA
LETAIRIS 10 MG (<i>ambrisentan</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST; QL(1 ea daily); PA	<i>tadalafil (pulmonary hypertension) TABS</i>	4	New commercial members to be referred to AcariaHealth; QL(2 ea daily); PA
LETAIRIS 5 MG (<i>ambrisentan</i>)	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 - ST for 5 mg; 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 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG	4	QL(2 ea daily); PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors			UPTRAVI TABS 200 MCG	4	ST; 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		
			ADEMPAS	4	PA
			Sinus Node Inhibitors		
			CORLANOR SOLN	3	QL(15 ml daily); ST
			<i>ivabradine hcl TABS</i>	1	QL(2 ea daily); ST
			Transthyretin Stabilizers		
			VYNDAMAX	4	QL(1 ea daily); PA
			VYNDAQEL	4	QL(4 ea daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - Drugs to Treat Bacterial Infections					
Cephalosporins - 1st Generation					
<i>cefadroxil CAPS</i>	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	5	PV
<i>cefadroxil SUSR</i>	1		(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	5	PV
<i>cefadroxil TABS</i>	1		(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	5	PV
<i>cefazolin sodium SOLR IV 1 GM</i>	4	PA	(Desogestrel-Ethinyl Estradiol (Triphasic)) VELIVET	5	PV
<i>cephalexin CAPS</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	5	PV
<i>cephalexin SUSR 125 MG/5ML, 250 MG/5ML</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	5	PV
Cephalosporins - 2nd Generation					
CEFACTOR ER TB12	3		(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	5	PV
<i>cefaclor CAPS</i>	1		(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG	5	PV
<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	1				
CEFOTAN IJ (<i>cefotetan disodium</i>)	4	PA			
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	4	PA			
<i>cefoxitin sodium IV 1 GM, 2 GM</i>	4	PA			
CEFOXITIN SODIUM	4	PA			
<i>cefprozil 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				
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					

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(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOIVIA 1/35 50 MCG-1 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	5	PV	(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	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	5	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	5	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	5	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	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

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(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, 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	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	5	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	5	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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 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 TABS 1 MG-20 MCG	5	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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	(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 TABS 1.5 MG-30 MCG	5	PV
			(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	5	PV

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(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	5	PV	FEMLYV TBDP	5	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO	5	PV	GENERESS FE (norethindrone & ethinyl estradiol-fe)	5	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONOLINYAH, NYMYO, SPRINTEC 28, VYLIBRA	5	PV	levonorgestrel & eth estradiol TABS	5	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	5	PV	levonorgestrel-eth estradiol (triphasic)	5	PV
BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)	5	PV	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	5	PV
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	5	PV	levonorgestrel-ethinyl estradiol (continuous)	5	PV
desogestrel & ethinyl estradiol	5	PV	levonorgestrel-ethinyl estradiol-iron	5	PV
desogestrel-ethinyl estradiol (biphasic)	5	PV	LO LOESTRIN FE TABS	5	PV
drospirenone-ethinyl estradiol	5	PV	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	5	PV
drospirenone-ethinyl estradiol-levomefolate calcium	5	PV	MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	5	PV
ethynodiol diacet & eth estrad	5	PV	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	5	PV
			NATAZIA	5	PV
			NEXTSTELLIS	5	PV
			norethin acet & estrad-fe CAPS	5	PV
			norethin acet & estrad-fe CHEW	5	PV
			norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	5	PV
			norethindrone & ethinyl estradiol-fe	5	PV
			norethindrone acet & eth estra TABS	5	PV
			norethindrone acetate-ethinyl estradiol-fe	5	PV
			norgestimate-ethinyl estradiol	5	PV

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<i>norgestimate-ethinyl estradiol (triphasic)</i>	5	PV
QUARTETTE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	5	PV
SAFYRAL <i>(drospirenone-ethinyl estradiol-levomefolate calcium)</i>	5	PV
SEASONIQUE <i>(levonorgestrel-ethinyl estradiol (91-day))</i>	5	PV
TAYTULLA CAPS <i>(norethin acet & estrad-fe)</i>	5	PV
TYBLUME CHEW	5	PV
YASMIN 28 <i>(drospirenone-ethinyl estradiol)</i>	5	PV
YAZ <i>(drospirenone-ethinyl estradiol)</i>	5	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	5	PV
<i>norelgestromin-ethinyl estradiol</i>	5	PV
TWIRLA	5	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	5	PV
ANNOVERA	5	PV
<i>etonogestrel-ethinyl estradiol</i>	5	PV
NUVARING <i>(etonogestrel-ethinyl estradiol)</i>	5	PV
Emergency Contraceptives		

Drug Name	Drug Tier	Requirements/ Limits
(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
ELLA	5	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	5	PV
PLAN B ONE-STEP <i>(levonorgestrel (emergency oc))</i>	5	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	5	Available through the Medical Benefit
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYROC, SHAROBEL	5	PV
<i>norethindrone (contraceptive)</i>	5	PV
OPILL	5	PV
SLYND	5	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPB	1	

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Drug Name	Drug Tier	Requirements/Limits
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	4	SP; PA
<i>budesonide TB24</i>	2	PA
<i>deflazacort SUSP</i>	4	SP; PA
<i>deflazacort TABS</i>	4	SP; PA
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBPk</i>	1	
EMFLAZA SUSP (<i>deflazacort</i>)	4	SP; PA
EMFLAZA TABS (<i>deflazacort</i>)	4	SP; PA
<i>hydrocortisone TABS</i>	1	
MEDROL TABS	2	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPk 4 MG</i>	1	
<i>prednisolone sodium phosphate SOLN</i>	1	
<i>prednisolone sodium phosphate TBPk</i>	1	
<i>prednisolone SOLN</i>	1	
<i>prednisolone TABS</i>	1	
PREDNISON INTENSOL CONC	2	
<i>prednisone SOLN</i>	2	
<i>prednisone TABS</i>	1	
<i>prednisone TBPk</i>	1	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		

Drug Name	Drug Tier	Requirements/Limits
(Hydrocodone Bitartrate- Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate</i>	1	
<i>hydrocodone bitartrate- homatropine methylbromide SOLN</i>	1	
<i>hydrocodone bitartrate- homatropine methylbromide TABS</i>	1	
Cough/Cold/Allergy Combinations		
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1	
(Pseudoephed-Bromphen- DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1	
ACTIDOM DMX LIQD	3	
CODITUSSIN AC LIQD	3	
DOMETUSS-DMX LIQD	3	
GILTUSS COUGH & COLD TABS	3	
GILTUSS SINUS & CONGESTION TABS	3	
<i>guaifenesin-codeine SOLN</i>	1	
<i>hydrocodone polistirex- chlorpheniramine polistirex SUER</i>	1	
NEOTUSS PLUS LIQD	3	
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)

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<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)	(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1	
<i>promethazine-phenylephrine-codeine</i>	1		(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1	
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		(Erythromycin (Acne Aid)) ERY PADS	1	
<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1		(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	2	
TUSNEL TABS	3		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
TUSSLIN PEDIATRIC LIQD	3		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
TUSSLIN LIQD	3		(Tretinoin) AVITA CREA 0.025 %	1	
Expectorants			(Tretinoin) AVITA GEL 0.025 %	1	
<i>potassium iodide (expectorant) SOLN</i>	1		<i>adapalene-benzoyl peroxide GEL</i>	1	
Misc. Respiratory Inhalants			<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1		<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)
(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1		<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
HYPERSAL NEBU	2		AZELEX	3	
NEBUSAL NEBU	3		<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1		<i>clindamycin phosphate (topical) FOAM</i>	1	
Mucolytics			<i>clindamycin phosphate (topical) GEL</i>	1	
<i>acetylcysteine SOLN</i>	1		<i>clindamycin phosphate (topical) LOTN</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin					
Conditions					
Acne Products					
(Adapalene) ADAPALENE TREATMENT, CVS ADAPALENE GEL 0.1 %	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC			
(Clindamycin Phosphate (Topical)) CLINDACIN ETZ PLEDGETS, CLINDACIN-P SWAB	1				

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<i>clindamycin phosphate (topical) SOLN</i>	1		<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)
<i>clindamycin phosphate (topical) SWAB</i>	1		<i>tretinoin microsphere 0.08 %</i>	2	QL(1.7 gm daily)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1		<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>clindamycin phosphate-tretinoin</i>	2		Agents for External Genital and Perianal Warts		
<i>dapsone (topical) 7.5 %</i>	1	QL(2 gm daily)	VEREGEN	3	QL(30 gm per fill retail)
<i>dapsone (topical) 5 %</i>	1	ST; PA	Antibiotics - Topical		
DIFFERIN LOTN	2		CENTANY OINT	2	
<i>erythromycin (acne aid) GEL</i>	1		<i>gentamicin sulfate (topical) CREA</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1		<i>gentamicin sulfate (topical) OINT</i>	1	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>mupirocin OINT</i>	1	
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	2		Antifungals - Topical		
<i>sulfacetamide sodium (acne)</i>	1		(Ciclopirox) CICLODAN SOLN	1	
<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1		(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	2	
<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2		(Ketoconazole (Topical)) KETODAN FOAM	2	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 gm daily)	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA	<i>ciclopirox olamine CREA</i>	1	
TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)	<i>ciclopirox olamine SUSP</i>	1	
<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 gm daily)	<i>ciclopirox GEL</i>	1	
			<i>ciclopirox SHAM</i>	1	
			<i>ciclopirox SOLN</i>	1	
			<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 gm daily)

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<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC
<i>econazole nitrate CREA</i>	1				
ERTACZO	4	QL(1 gm daily); PA			
EXELDERM SOLN	2				
EXODERM	3				
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	2				
JUBLIA	4	QL(0.27 ml daily)			
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)			
<i>ketoconazole (topical) FOAM</i>	2				
<i>ketoconazole (topical) SHAM 2 %</i>	1				
<i>naftifine hcl CREA</i>	2				
<i>naftifine hcl GEL 2 %</i>	2				
<i>nystatin (topical) CREA</i>	1				
<i>nystatin (topical) OINT</i>	1				
<i>nystatin (topical) POWD EX</i>	1				
<i>nystatin-triamcinolone CREA</i>	1				
<i>nystatin-triamcinolone OINT</i>	1				
<i>oxiconazole nitrate CREA</i>	2				
OXISTAT LOTN	3				
<i>sulconazole nitrate CREA</i>	2				
<i>sulconazole nitrate SOLN</i>	1				
Anti-inflammatory Agents - Topical			Antineoplastic or Premalignant Lesion Agents - Topical		
			<i>bexarotene (topical)</i>	2	PA
			CARAC CREA	4	QL(1 gm daily)
			<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA
			<i>fluorouracil (topical) CREA 5 %</i>	2	
			<i>diclofenac sodium (topical) GEL EX</i>	1	RX/OTC
			<i>diclofenac sodium (topical) SOLN EX 2 %</i>	1	QL(4 gm daily); PA
			<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	1	QL(5 ml daily)
			PENNSAID SOLN EX	3	QL(4 gm daily); PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical) CREA 0.5 %</i>	4	QL(1 gm daily)	COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.72 ml daily); PA
<i>fluorouracil (topical) SOLN</i>	1				
PANRETIN	3	PA			
VALCHLOR	4	ST; PA	COSENTYX SOSY 150 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.036 ml daily); PA
Antipruritics - Topical					
<i>doxepin hcl (antipruritic)</i>	2	QL(3 gm daily)	<i>methoxsalen rapid</i>	2	
Antipsoriatics			SKYRIZI PEN SOAJ	4	Check plan documents for coverage; QL(1 ml per 84 day(s) retail); PA
(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)			
<i>acitretin 10 MG</i>	2	QL(1 ea daily)	SKYRIZI PSKT	4	Check plan documents for coverage; QL(1 ea per 84 day(s) retail); PA
<i>acitretin 17.5 MG</i>	2				
<i>acitretin 25 MG</i>	2	QL(2 ea daily)	SKYRIZI SOSY	4	Check plan documents for coverage; QL(1 ml per 84 day(s) retail); PA
<i>calcipotriene CREA</i>	2	QL(5 gm daily)			
<i>calcipotriene FOAM</i>	1	PA	SORILUX FOAM	3	PA
CALCIPOTRIENE FOAM	3	PA	STELARA SOLN 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
<i>calcipotriene OINT</i>	1	QL(5 gm daily)			
<i>calcipotriene SOLN</i>	1		STELARA SOSY 90 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); SP; PA
<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 75 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.18 ml daily); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 45 MG/0.5ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.012 ml daily); SP; PA	(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1	
<i>tazarotene CREA</i>	1		(Clobetasol Propionate Emulsion) TOVET	2	
<i>tazarotene GEL</i>	1		(Clobetasol Propionate) CLODAN SHAM	1	
TREMFYA SOAJ 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA	(Desonide) DESRX GEL	1	
TREMFYA SOSY 100 MG/ML	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.018 ml daily); PA	(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 %	1	
Antiseborrheic Products			(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1	
<i>selenium sulfide LOTN 2.5 %</i>	1		<i>alclometasone dipropionate CREA</i>	1	
<i>sulfacetamide sodium LIQD</i>	1		<i>alclometasone dipropionate OINT</i>	1	
<i>sulfacetamide sodium SHAM 10 %</i>	1		<i>amcinonide LOTN</i>	1	
Antivirals - Topical			APEXICON E CREA	3	
<i>acyclovir topical CREA</i>	1		<i>betamethasone dipropionate (topical) CREA</i>	1	
<i>acyclovir topical OINT</i>	1	QL(1 gm daily)	<i>betamethasone dipropionate (topical) LOTN</i>	1	
Burn Products			<i>betamethasone dipropionate (topical) OINT 0.05 %</i>	1	
(Silver Sulfadiazine) SSD	1		<i>betamethasone dipropionate augmented CREA</i>	1	
<i>mafenide acetate PACK</i>	1		<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
<i>silver sulfadiazine</i>	1		<i>betamethasone dipropionate augmented LOTN</i>	1	
SULFAMYLON CREA	3		<i>betamethasone dipropionate augmented OINT</i>	1	
Corticosteroids - Topical					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate CREA</i>	1		<i>desoximetasone CREA</i>	1	
<i>betamethasone valerate FOAM</i>	2		<i>desoximetasone GEL</i>	1	
<i>betamethasone valerate LOTN</i>	1		<i>desoximetasone LIQD</i>	1	ST
<i>betamethasone valerate OINT</i>	1		<i>desoximetasone OINT 0.25 %</i>	1	
<i>calcipotriene-betamethasone dipropionate OINT</i>	2	ST	<i>desoximetasone OINT 0.05 %</i>	2	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 gm daily); ST	<i>diflorasone diacetate CREA</i>	1	
<i>clobetasol propionate emollient base 0.05 %</i>	1		<i>diflorasone diacetate OINT</i>	1	
<i>clobetasol propionate emulsion</i>	2		EPIFOAM FOAM	3	
<i>clobetasol propionate CREA 0.05 %</i>	1		<i>fluocinolone acetonide CREA</i>	1	
<i>clobetasol propionate FOAM</i>	2		<i>fluocinolone acetonide OIL</i>	1	
<i>clobetasol propionate GEL 0.05 %</i>	1		<i>fluocinolone acetonide OINT</i>	1	
<i>clobetasol propionate LIQD</i>	2		<i>fluocinolone acetonide SOLN</i>	1	
<i>clobetasol propionate LOTN</i>	1		<i>fluocinonide emulsified base</i>	1	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>fluocinonide CREA</i>	1	
<i>clobetasol propionate SHAM</i>	1		<i>fluocinonide GEL</i>	1	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinonide OINT</i>	1	
<i>clocortolone pivalate</i>	1		<i>fluocinonide SOLN</i>	1	
CORDRAN TAPE	3		<i>fluticasone propionate CREA 0.05 %</i>	1	
CORTANE-B	3		<i>fluticasone propionate LOTN</i>	1	
<i>desonide CREA</i>	1		<i>fluticasone propionate OINT</i>	1	
<i>desonide GEL</i>	1		<i>halobetasol propionate CREA</i>	1	
<i>desonide LOTN</i>	1		<i>halobetasol propionate OINT</i>	1	
<i>desonide OINT</i>	1		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
			<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1	

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<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>hydrocortisone butyrate CREA</i>	1	
<i>hydrocortisone butyrate OINT</i>	1	
<i>hydrocortisone butyrate SOLN</i>	1	
<i>hydrocortisone valerate CREA</i>	1	
<i>hydrocortisone valerate OINT</i>	1	
LOCOID LIPOCREAM	3	
<i>mometasone furoate CREA</i>	1	
<i>mometasone furoate OINT</i>	1	
<i>mometasone furoate SOLN</i>	1	
NUCORT LOTN	3	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
<i>prednicarbate OINT</i>	1	
TEXACORT SOLN 2.5 %	3	
<i>triamcinolone acetonide (topical) AERS</i>	1	
<i>triamcinolone acetonide (topical) CREA</i>	1	
<i>triamcinolone acetonide (topical) LOTN</i>	1	
<i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>	1	
Eczema Agents		
DUPIXENT SOAJ SC 300 MG/2ML	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA
Emollient/Keratolytic Agents		
<i>urea LOTN 40 %</i>	1	
Enzymes - Topical		
SANTYL OINT	3	
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	1	
Immunosuppressive Agents - Topical		
<i>pimecrolimus</i>	1	QL(2 gm daily)
<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(2 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(2 gm daily); AL(At least 15 yrs old)
Keratolytic/Antimitotic/Vesicant Agents		
(Salicylic Acid) KERALYT SHAM 6 %	1	
BENSAL HP OINT	3	RX/OTC
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC
PODOCON-25 SOLN	3	
<i>podofilox GEL</i>	2	
<i>podofilox SOLN</i>	1	
<i>salicylic acid in ammonium lactate vehicle</i>	1	
SALICYLIC ACID OINT	3	RX/OTC
<i>salicylic acid SHAM 6 %</i>	1	
SALIMEZ CREA	3	
SALYCIM CREA	3	
Local Anesthetics - Topical		
(Lidocaine) LIDOCAN, TRIDACAINE II, TRIDACAINE III PTCH 5 %	1	Limited to 3 patches per day; QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
CETACAINE AERO	3	
<i>lidocaine hcl SOLN</i>	1	
<i>lidocaine-prilocaine CREA</i>	1	
<i>lidocaine PTCH 5 %</i>	1	Limited to 3 patches per day; QL(3 ea daily)
PREMIUM SCAR PATCH	3	
Misc. Topical		
DRYSOL SOLN	2	
XERAC AC	3	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA	3	ST; Limited to 60 gm per month; QL(2 gm daily); PA
Rosacea Agents		
(Metronidazole (Topical)) ROSADAN CREA	1	
(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limit 45gms per month; QL(1.5 gm daily)
<i>azelaic acid GEL</i>	1	
<i>brimonidine tartrate (topical)</i>	2	PA
<i>doxycycline (rosacea)</i>	1	ST; QL(1 ea daily); PA
FINACEA FOAM	3	
<i>ivermectin (rosacea)</i>	1	QL(1.5 gm daily); PA
<i>metronidazole (topical) CREA</i>	1	
<i>metronidazole (topical) GEL 0.75 %</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>metronidazole (topical) GEL 1 %</i>	1	
<i>metronidazole (topical) LOTN</i>	1	QL(2 ml daily)
NORITATE CREA	4	PA

Drug Name	Drug Tier	Requirements/Limits
ORACEA (<i>doxycycline (rosacea)</i>)	3	ST; QL(1 ea daily); PA
RHOFADE	3	ST; PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN	2	
<i>ivermectin (pediculicide)</i>	2	
<i>malathion</i>	2	
<i>permethrin CREA</i>	1	QL(2 gm daily)
<i>spinosad</i>	2	AL(At least 4 yrs old)
Wound Care Products		
REGRANEX	3	QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
METOPIRONE	3	
Diagnostic Tests		
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 FLU A&B 3-IN-1 TEST KIT	5	PV
FLOWFLEX PLUS COVID-19/FLU A/B HOME TEST	5	PV
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
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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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
KETONE STRP	6	
KETOSTIX STRP	6	
ONETOUGH ULTRA BLUE TESTSTRIP STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUGH ULTRA STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
ONETOUGH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
PRECISION XTRA	2	QL(0.36 ea daily)
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
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	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
(Dichlorphenamide) ORMALVI	4	PA
<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>dichlorphenamide</i>	4	PA
KEVEYIS (<i>dichlorphenamide</i>)	4	PA
<i>methazolamide TABS</i>	1	
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
Loop Diuretics		

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Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>ethacrynic acid</i>	1	ST
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	
<i>furosemide TABS</i>	1	
SOAANZ TABS 20 MG	2	
<i>torseamide TABS 100 MG</i>	1	QL(2 ea daily)
<i>torseamide TABS 5 MG, 10 MG, 20 MG</i>	1	
Potassium Sparing Diuretics		
<i>amiloride hcl TABS</i>	1	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	2	
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	1	
<i>metolazone</i>	1	
THALITONE	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
- Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium SOLN</i>	2	
<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 ea daily)
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
<i>calcitonin (salmon) IJ 200 UNIT/ML</i>	4	PA
<i>calcitonin (salmon) NA 200 UNIT/ACT</i>	1	
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ 200 UNIT/ML (<i>calcitonin (salmon)</i>)	4	PA
PROLIA SOSY	4	PA
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 ea daily); ST
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST
TYMLOS	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	4	PA
Growth Hormones		
HUMATROPE CART IJ	4	PA
NORDITROPIN FLEXPRO SOPN	4	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	4	PA
ZOMACTON SOLR SC 10 MG	4	PA
ZORBIVE SC	4	PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	5	PV
OSPHENA	3	QL(1 ea daily)
<i>raloxifene hcl</i>	5	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	3	PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	
Metabolic Modifiers		
(Sapropterin Dihydrochloride) JAVYGTOR PACK	4	Specialty Drug refer to Caremark SP RX
(Sapropterin Dihydrochloride) JAVYGTOR TABS	4	Specialty Drug refer to Caremark SP RX
<i>betaine</i>	4	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)
<i>calcitriol CAPS 0.25 MCG</i>	1	
<i>calcitriol SOLN OR</i>	1	
<i>cinacalcet hcl</i>	2	PA
CYSTADANE (<i>betaine</i>)	4	PA
<i>doxercalciferol CAPS</i>	2	
GALAFOLD	4	QL(0.5 ea daily); PA
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	4	Specialty Drug refer to Caremark SP RX
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	
<i>levocarnitine (metabolic modifiers) TABS</i>	2	
MYALEPT	4	PA
<i>nitisinone CAPS 10 MG</i>	1	PA
<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA
NITYR TABS	4	PA
ORFADIN SUSP	4	PA

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ	4	PA
<i>paricalcitol CAPS</i>	1	
<i>sapropterin dihydrochloride PACK</i>	4	Specialty Drug refer to Caremark SP RX
<i>sapropterin dihydrochloride TABS</i>	4	Specialty Drug refer to Caremark SP RX
<i>sodium phenylbutyrate POWD</i>	2	SP; PA
<i>sodium phenylbutyrate TABS</i>	2	SP; PA
STRENSIQ	4	PA
XURIDEN	4	
Posterior Pituitary Hormones		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.1 MG</i>	1	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	5	PV
<i>mifepristone</i>	5	PV
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML</i>	4	PA
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML</i>	4	PA
<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	4	PA
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	4	PA
SIGNIFOR	4	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPB	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol & norethindrone acetate TABS</i>	1	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	4	PA
PREMPHASE	2	QL(1 ea daily)
PREMPRO	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Estrogens		
(Estradiol) DOTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL(0.29 ea daily)
ELESTRIN GEL	3	QL(1.74 gm daily)
<i>estradiol valerate</i>	1	QL(5 ml per fill retail)
<i>estradiol GEL 0.06 %</i>	1	Limit 50gms per month; QL(1.67 gm daily)
<i>estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</i>	1	
<i>estradiol PTTW</i>	1	QL(0.29 ea daily)
<i>estradiol PTWK</i>	1	Limit 4 patches per month; QL(0.143 ea daily)
<i>estradiol TABS</i>	1	
EVAMIST SOLN	3	QL(0.27 ml daily)
MENEST 0.3 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
MENEST 2.5 MG	2	QL(3 ea daily)
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)
PREMARIN TABS	2	QL(1 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	
CIPRO SUSR	2	
<i>levofloxacin SOLN OR</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 400 MG</i>	2	QL(28 ea per 90 day(s) retail; 28 ea per 90 days mail)
<i>ofloxacin 300 MG</i>	1	
GASTROINTESTINAL AGENTS - MISC. -		
Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA 5 MG	4	ST; QL(1 ea daily); PA
OCALIVA 10 MG	4	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	4	PA
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	1	
Inflammatory Bowel Agents		
<i>balsalazide disodium CAPS</i>	1	Limit 280 caps per month; QL(9 ea daily)
DIPENTUM	3	
INFLECTRA SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
<i>mesalamine CP24</i>	1	QL(4 ea daily)
<i>mesalamine CPCR</i>	1	QL(8 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine CPDR</i>	1	QL(6 ea daily)
<i>mesalamine ENEM</i>	1	QL(60 ml daily)
<i>mesalamine SUPP</i>	2	QL(1 ea daily)
<i>mesalamine TBEC 1.2 GM</i>	2	QL(4 ea daily)
<i>mesalamine TBEC 800 MG</i>	1	
PENTASA CPCR 250 MG	3	PA
RENFLEXIS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661 ; PA
SFROWASA ENEM	2	
SKYRIZI SOCT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; 1 package(s) per fill retail; PA
<i>sulfasalazine TABS</i>	1	QL(8 ea daily)
<i>sulfasalazine TBEC</i>	1	QL(8 ea daily)
Intestinal Acidifiers		
(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
<i>lactulose (encephalopathy)</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl</i>	2	
LINZESS	2	QL(1 ea daily)
VIBERZI	3	PA
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	4	
ENTEREG (<i>alvimopan</i>)	4	
MOVANTIK	3	QL(1 ea daily)
Phosphate Binder Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
AURYXIA	3	ST; PA	(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
<i>calcium acetate (phosphate binder) CAPS</i>	1		(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
<i>calcium acetate (phosphate binder) TABS</i>	1	RX/OTC	(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
FOSRENOL PACK	3		ORACIT	3	
<i>lanthanum carbonate CHEW 500 MG</i>	2		ORAL CITRATE	3	
<i>lanthanum carbonate CHEW 750 MG</i>	2	QL(4 ea daily)	<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>lanthanum carbonate CHEW 1000 MG</i>	2	QL(3 ea daily)	<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>sevelamer carbonate PACK 0.8 GM</i>	1		<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)	<i>sodium citrate & citric acid</i>	1	RX/OTC
<i>sevelamer carbonate TABS</i>	1		Cystinosis Agents		
<i>sevelamer hcl 800 MG</i>	1	QL(16 ea daily); PA	CYSTAGON CAPS	4	PA
<i>sevelamer hcl 400 MG</i>	1	PA	PROCYSBI CPDR	4	
Short Bowel Syndrome (SBS) Agents			PROCYSBI PACK	4	PA
GATTEX	4	ST; Specialty Drug refer to Caremark SP RX; PA	Interstitial Cystitis Agents		
Tryptophan Hydroxylase Inhibitors			ELMIRON CAPS	3	QL(3 ea daily); PA
XERMELO	4	ST; Not available through mail; PA	Prostatic Hypertrophy Agents		
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System			<i>alfuzosin hcl</i>	1	QL(1 ea daily)
Acidifiers			CARDURA XL	3	
K-PHOS NO 2	2		<i>dutasteride</i>	1	AL(At least 40 yrs old)
Alkalinizers			<i>dutasteride-tamsulosin hcl</i>	1	
			<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
			<i>silodosin 4 MG</i>	1	
			<i>silodosin 8 MG</i>	1	QL(1 ea daily)
			<i>tamsulosin hcl</i>	1	QL(2 ea daily)
			Urinary Stone Agents		

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Drug Name	Drug Tier	Requirements/Limits
LITHOSTAT	3	
<i>tiopronin TABS</i>	2	
<i>tiopronin TBEC</i>	2	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
MITIGARE CAPS (<i>colchicine</i>)	3	
Uricosurics		
<i>probenecid</i>	1	
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
AFSTYLA	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

Drug Name	Drug Tier	Requirements/Limits
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPROLIX	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALTUVIIIIO	4	PA
BENEFIX KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CORIFACT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ELOCTATE	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FEIBA	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; 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
HUMATE-P SOLR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
IDELVION 3500 UNIT	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IDELVION 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	PROFILNINE	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	REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT	4	administered under the medical benefit; PA
JIVI	4	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
KCENTRA	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
KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	TRETTEN	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOATE SOLR	3	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA	VONVENDI	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
KOVALTRY	4	PA	WILATE KIT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NOVOEIGHT	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	XYNTHA	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 SOLOFUSE	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	Bradykinin B2 Receptor Antagonists		
OBIZUR	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA			

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Drug Name	Drug Tier	Requirements/Limits
(Icatibant Acetate) SAJAZIR SOSY	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	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
<i>icatibant acetate SOSY</i>	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Complement Inhibitors		
FABHALTA	4	PA
HAEGARDA SOLR SC	4	Specialty drug-Health Net will refer to SP Pharmacy; PA
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE 150 MG	4	PA
TAVALISSE 100 MG	4	ST; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Human Protein C		
CEPROTIN	4	PA
Platelet Aggregation Inhibitors		
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	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	

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	4	ST; PA
CERDELGA	4	PA
CEREZYME 400 UNIT	4	PA
<i>miglustat</i>	4	ST; PA
ZAVESCA (<i>miglustat</i>)	4	ST; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
SIKLOS TABS 100 MG	4	ST; AC; PA
SIKLOS TABS 1000 MG	4	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	5	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	5	PV

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Drug Name	Drug Tier	Requirements/Limits
(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	5	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 1 MG</i>	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	5	PV
Hematopoietic Growth Factors		
MULPLETA	4	PA
NYVEPRIA	4	SP; PA
PROMACTA PACK 25 MG	4	QL(1 ea daily); PA
PROMACTA PACK 12.5 MG	4	QL(1 ea daily); PA
PROMACTA TABS	4	QL(1 ea daily); PA
RETACRIT 20000 UNIT/ML	4	PA
RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/2ML, 40000 UNIT/ML	4	PA
UDENYCA ONBODY SOSY	4	SP; PA
UDENYCA SOAJ	4	SP; PA
UDENYCA SOSY	4	PA
ZARXIO	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
Hematopoietic Mixtures		
FOLIVANE-F	2	

Drug Name	Drug Tier	Requirements/Limits
INTEGRA F	2	
IRON FOLATE-F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	2	
<i>aminocaproic acid TABS</i>	2	
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	4	PA
<i>tranexamic acid SOLN 1000 MG/10ML</i>	4	PA
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily)
<i>flurazepam hcl 15 MG</i>	2	QL(2 ea daily)
<i>flurazepam hcl 30 MG</i>	2	QL(1 ea daily)
<i>midazolam hcl SYRP</i>	1	
<i>quazepam</i>	2	
<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 0.25 MG</i>	1	QL(1 ea daily)
<i>triazolam 0.125 MG</i>	1	
<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		

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Drug Name	Drug Tier	Requirements/Limits
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 ea daily); ST
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG-3350/ELECTROLYTES/A SCORBATE	5	PV
(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
(PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride) GAVILYTE-N/FLAVOR PACK	5	PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	5	QL(4000 ml per fill retail); PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	5	PV
<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>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	5	PV
PEG-PREP	5	QL(1 ea per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	5	PV
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	5	PV

Drug Name	Drug Tier	Requirements/Limits
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, TRUE LAXATIVE POWD	1	Limit 528gms per month; QL(17.6 gm daily)
<i>lactulose SOLN</i>	1	
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 gm daily)
Saline Laxatives		
OSMOPREP	5	PV
Stimulant Laxatives		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV	<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
			<i>bisacodyl TBEC</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
MACROLIDES - Drugs to Treat Bacterial Infections					
Azithromycin					
			<i>azithromycin PACK</i>	1	
			<i>azithromycin SUSR</i>	1	
			<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
			<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
			<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
Clarithromycin					
			<i>clarithromycin SUSR</i>	2	
			<i>clarithromycin TABS</i>	1	
			<i>clarithromycin TB24</i>	1	QL(14 ea per fill retail)
Erythromycins					
			(Erythromycin Base) ERY-TAB TBEC	1	
			(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG	1	
			<i>erythromycin base CPEP</i>	2	
			<i>erythromycin base TABS</i>	1	
			<i>erythromycin base TBEC</i>	1	
(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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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
Fidaxomicin			KIMONO MAXX/LARGE FLARE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
DIFICID TABS	3		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
MEDICAL DEVICES AND SUPPLIES			KIMONO MICRO THIN MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
Contraceptives			KIMONO PLUS SPERMICIDE LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
AIMSCO 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)
CAYA DPRH	5	QL(1 ea per 365 day(s) retail); PV	KIMONO PS LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
CONDOMS	5	PV	KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
DUREX EXTRA SENSITIVE 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)
DUREX EXTRA SENSITIVE THIN 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)
DUREX TROPICAL 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)
FANTASY LUBRICATED/SPERMICIDE 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)
FANTASY LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)			
FC2 FEMALE CONDOM	5	PV			
FEMCAP DEVI	5	PV			
KAMELEON LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)			
KIMONO COLORS DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)			

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K-Y ME & YOU INTENSE DEVI	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)
MAXX 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)
MAXX PLUS SPERMICIDE LUBRICATED MISC	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)
OMNIFLEX DIAPHRAGM	5	PV	TRUSTEX LUBRICATED/RIBBED/STUDDERED 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)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE 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)	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH 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)	TRUSTEX LUBRICATED/SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN MAGNUM 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)
TROJAN ULTRA THIN LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN-ENZ LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX NON-LUBRICATED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TROJAN-ENZ W/SPERMICIDAL MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)
TRUE COVER DEVI	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	5	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail)

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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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
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); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	5	PV	ACTI-LANCE SPECIAL SAFETYLANCETS 17G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	5	PV	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	5	PV	ADVANCED MOBILE LANCET 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	5	PV	ADVOCATE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	5	PV			
Diabetic Supplies					
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC			
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC			
ACCU-CHEK FASTCLIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC			

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ADVOCATE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE PLUS SAFETYLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ADVOCATE SAFETY LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ASSURE LANCE SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AGAMATRIX ULTRA-THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	AURORA LANCET SUPER THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AIMSCO TWIST LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	AURORA LANCET THIN 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AIMSCO TWIST LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD MICROTAINER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
AQUALANCE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CAREONE LANCET SUPER THIN/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE COMFORT LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CAREONE LANCET THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARESENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ASSURE LANCE LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	CARETOUCH SAFETY LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

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

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EASY COMFORT LANCETS 30G/PULL TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/PULL-TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH LANCETS 28G/TWIST	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EQL THIN LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS COLOR	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-Z JECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
EQL SUPER THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	EZ-LETS LANCETS 28G ULTRA-SOFT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EZ-LETS LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	FREESTYLE UNISTICK II LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTEEL BUTTERFLY TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FIFTY50 SAFETY SEAL LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FIFTY50 UNILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FINE 30	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FINGERSTIX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FORA LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
FREESTYLE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GLUCOCOM LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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GLUCOCOM LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GLUCOCOM LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE LOW FLOW LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GNP STERILE LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOJJI STERILE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	HAEMOLANCE PLUS MAX FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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HAEMOLANCE PLUS PEDIATRIC FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER HEALTHPRO TWIST LANCETS/26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS MICRO THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HY-VEE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
HY-VEE THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
IN TOUCH STERILE LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	KROGER LANCETS ULTRATHIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KINNEY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
KINNEY THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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LANCETS 30G TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LITE TOUCH LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 30G/TWIST TOP	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LITETOUCH LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G EXTRA FINE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS 33G UNIVERSAL DESIGN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LIVE BETTER LANCET ULTRATHIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS STANDARD	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS SUPER THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	LONGS LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
LIBERTY MEDICAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS UNIVERSAL LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE PLUS/LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/LITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEDLANCE/UNIVERSAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LANCETS LITE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS LITE LANCETS 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MEIJER LANCETS UNIVERSAL30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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MEIJER LANCETS UNIVERSAL33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MPD SAFETY LANCETS 23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MEIJER SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MICROLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MM TWIST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLET LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	NOVA SUREFLEX LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLET OPD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MONOLETTOR SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA PLUS LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 21G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
MPD SAFETY LANCET 30G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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ONETOUCH ULTRASOFT LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PC LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PERFECT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PHARMACY COUNTER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PERFECT POINT SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PIP LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PERFECT POINT SAFETY LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PIP LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRECISION THINS GP LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS COLORED 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PRO COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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PRO COMFORT LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	PX LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC LANCETS SUPER THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 28G/ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PRODIGY TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	QC UNILET LANCETS 33G/MICRO THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PSS SELECT GP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PSS SELECT SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PX LANCETS MICROTHIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RA E-ZJECT LANCETS ULTRATHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
PX LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	READYLANCE SAFETY LANCETS/21G/2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
READYLANCE SAFETY LANCETS/23G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/26G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION LANCETS ULTRA-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/28G/1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS/30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
READYLANCE SAFETY LANCETS/30G/1.6MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN LANCETS30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
REALITY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 32G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
REALITY TRIGGER LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RELION ULTRA THIN PLUS LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION 2-IN-1 LANCET DEVICES 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	REXALL LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION 2-IN-1 LANCING DEVICE 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	RIGHTEST GL300 LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION 2-IN-1 LANCING DEVICE 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE LOW FLOW 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
RELION LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAFE-T-LANCE NORMAL FLOW21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAPS HEALTH TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SAPSCARE TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCET 30G/PRESSURE ACTIVATED	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SB LANCETS THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SB LANCETS ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SHOPKO ON-THE-GO COMFORTLANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SHOPKO UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAFETY LANCETS/PRESSURE ACTIVATED/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SINGLE-LET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SAPS HEALTH CARE TWIST TOP LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SM MICRO THIN LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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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); RX/OTC	SURE COMFORT LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SMART SENSE THIN LANCETS UNIVERSAL 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SURE COMFORT LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SMARTEST LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	SURELITE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TECHLITE AST LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
STERILANCE TL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TECHLITE LANCETS 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SUPER THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TGT LANCET MICRO THIN 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
SURE COMFORT LANCETS 18G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	TGT LANCET THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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

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ULTILET LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET EXCELITE II	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 21G X 2.2MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTILET SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET G.P. SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA THIN LANCETS 31G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET GP 28 ULTRA THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-CARE LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II AUTO LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS MICRO-THIN33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS SUPER-THIN30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
ULTRA-THIN II LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET COMFORTOUCH LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNILET SUPERLITE LANCET	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNILET EXCELITE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 1	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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UNISTIK 2	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 GENTLE	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 COMFORT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 NEONATAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK 3 NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NEONATAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK CZT COMFORT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK CZT NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 2 SUPER	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK NORMAL	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK PRO SAFETY LANCET 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 COMFORT	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK PRO SAFETY LANCET 25G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 EXTRA	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK PRO SAFETY LANCET 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	UNISTIK SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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UNISTIK SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUE PLUS LANCETS THIN 26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUMARK LANCET SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 23G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VALUMARK LANCET ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 21G X 2.4MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNISTIK TOUCH SAFETY LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 23G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS THIN26G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 28G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCETS STANDARD 21G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC

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VIDA MIA UNILET LANCETS SUPER THIN 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	WALGREENS ULTRA THIN LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIVAGUARD LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	ZEV RX TWIST TOP LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC
VIVAGUARD LANCETS 30G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	Parenteral Therapy Supplies		
VIVAGUARD SAFETY LANCETS/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
VIVAGUARD SAFETY LANCETS28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC
WALGREENS ADVANCED TRAVELLANCETS 28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD NEEDLE/30G X 1/2"	2	RX/OTC
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 day(s) retail); RX/OTC
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	2	Available through Mail Order; QL(6.67 ea daily)
WALGREENS LANCETS	2	QL(6.67 ea daily; 200 ea per fill retail; 600 per fill mail); RX/OTC	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
			BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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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 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/ULTRA-FINE/32G X 4MM	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/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	Available through Mail Order; QL(6.67 ea daily)	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 15/64"	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 day(s) retail); RX/OTC	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); 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
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	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
			DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

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EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	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
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16"	6	RX/OTC
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC
NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 day(s) retail); RX/OTC
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	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
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Available through Mail Order; QL(6.67 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AJOVY SOAJ	2	PA
AJOVY SOSY	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY	2	PA
UBRELVY	3	QL(10 ea per 30 day(s) retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	2	QL(0.27 ml daily); PA
ERGOMAR SUBL	4	
Serotonin Agonists		
(Zolmitriptan) ZOMIG TABS	1	Limit 6 per month; QL(0.2 ea daily)
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>eletriptan hydrobromide</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
<i>frovatriptan succinate</i>	1	Limit 9 per month; QL(0.3 ea daily)

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<i>naratriptan hcl</i>	1	Limit 9 per month; QL(0.3 ea daily)
<i>rizatriptan benzoate TABS</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>sumatriptan succinate SOAJ</i>	1	PA
<i>sumatriptan succinate SOCT</i>	1	PA
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	4	ST; Limit 2mls per month; QL(0.07 ml daily); PA
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)
<i>zolmitriptan SOLN</i>	1	QL(6 ea per 30 day(s) retail; 18 ea per 90 days mail)
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)
MINERALS & ELECTROLYTES		
Calcium		
CALCIFOL	3	
MAGNEBIND 400	3	
Fluoride		
(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
FLORIVA	3	
<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride SOLN 0.5 MG/ML</i>	5	AL(Up to 6 yrs old); PV; RX/OTC
<i>sodium fluoride TABS 0.5 MG</i>	5	AL(Up to 6 yrs old); PV
<i>sodium fluoride TABS 1 MG</i>	1	AL(Up to 6 yrs old)
SOLUVITA SOLN	5	AL(Up to 6 yrs old); PV; RX/OTC
Phosphate		
(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
Potassium		
(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 15 MEQ	1	

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(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1		<i>trientine hcl 500 MG</i>	4	PA
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1		<i>trientine hcl 250 MG</i>	4	PA
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1		Immunomodulators		
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1		<i>lenalidomide 2.5 MG, 5 MG</i>	4	QL(1 ea daily); SP; AC; PA
EFFER-K	3		<i>lenalidomide 10 MG, 15 MG, 20 MG, 25 MG</i>	4	QL(1 ea daily); AC; PA
<i>potassium chloride microencapsulated crystals er 10 MEQ, 15 MEQ, 20 MEQ</i>	1		<i>lenalidomide 5 MG</i>	1	SF; Must use AcariaHlth SP pharmacy 1-844-538-4661; QL(1 ea daily); AC; PA
<i>potassium chloride CPCR</i>	1		THALOMID 50 MG, 100 MG	4	SP; AC; PA
<i>potassium chloride PACK OR 20 MEQ</i>	1		Immunosuppressive Agents		
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1		(Azathioprine) AZASAN TABS 75 MG, 100 MG	2	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	4	PA	(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1	
<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	1		(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1	
Zinc			ASTAGRAF XL CP24	3	ST
GALZIN	3		<i>azathioprine TABS 75 MG, 100 MG</i>	2	
WILZIN	3		<i>azathioprine TABS 50 MG</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES			<i>cyclosporine modified (for microemulsion) CAPS</i>	1	
Chelating Agents			<i>cyclosporine modified (for microemulsion) SOLN</i>	1	
CUPRIMINE CAPS (<i>penicillamine</i>)	4	PA	<i>cyclosporine CAPS</i>	1	
DEPEN TITRATABS TABS (<i>penicillamine</i>)	4		<i>everolimus (immunosuppressant)</i>	4	
<i>penicillamine CAPS</i>	4	PA	<i>mycophenolate mofetil CAPS</i>	1	
<i>penicillamine TABS</i>	4		<i>mycophenolate mofetil SUSR</i>	2	
SYPRINE (<i>trientine hcl</i>)	4	PA	<i>mycophenolate mofetil TABS</i>	1	

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<i>mycophenolate sodium</i> 180 MG, 360 MG	2	
PROGRAF PACK	4	PA
SANDIMMUNE SOLN OR 100 MG/ML	3	
<i>sirolimus</i> SOLN	2	
<i>sirolimus</i> TABS	2	
<i>tacrolimus</i> CAPS	2	
THYMOGLOBULIN	3	administered under the medical benefit; PA
ZORTRESS (<i>everolimus</i> (immunosuppressant))	4	
Potassium Removing Agents		
(Sodium Polystyrene Sulfonate) KIONEX, SPS SUSP CO 15 GM/60ML	1	
LOKELMA	3	QL(1 ea daily); PA
<i>sodium polystyrene sulfonate</i> POWD	1	
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
BENLYSTA SOSY	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl</i> (mouth-throat)	1	
Anti-infectives - Throat		
<i>clotrimazole</i>	1	
<i>nystatin</i> (mouth-throat)	1	
ORAVIG	3	

Drug Name	Drug Tier	Requirements/Limits
Antiseptics - Mouth/Throat		
(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	
<i>chlorhexidine gluconate</i> (mouth-throat)	1	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide</i> (mouth)	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	QL(3 ea daily)
MUCOTROL WAFR	3	
<i>pilocarpine hcl</i> (oral) 5 MG	1	QL(6 ea daily)
<i>pilocarpine hcl</i> (oral) 7.5 MG	1	QL(4 ea daily)
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-5 UNIT/ML-0.6 MG/ML-0.25 MG/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(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-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC

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(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRO N 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	FLORAFOL PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)	FLORIVA PLUS SOLN	2	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON SUSP	3	RX/OTC	MULTIVITAMIN + FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)	MULTIVITAMIN WITH FLUORIDE CHEW	2	AL(Up to 6 yrs old); RX/OTC
Ped MV w/ Fluoride			MULTIVITAMIN WITH FLUORIDE SOLN	2	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	MULTI-VIT-FLOR CHEW	2	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	<i>pediatric multivitamins w/fi CHEW</i>	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTI-VITAMIN/FLUORIDE DROPS SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR CHEW	2	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	POLY-VI-FLOR SUSP	3	
(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	QUFLORA GUMMIES CHEW	2	AL(Up to 6 yrs old)
(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC	QUFLORA PEDIATRIC CHEW	2	AL(Up to 6 yrs old); RX/OTC
			QUFLORA PEDIATRIC SOLN	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA SOLN 35 MG/ML-0.5 MG/ML-8 MG/ML-0.4 MG/ML-0.6 MG/ML-10 MCG/ML-3.35 MG/ML-450 MCG/ML-2 MCG/ML-0.25 MG/ML, 35 MG/ML-0.5 MG/ML-8 MG/ML-0.4 MG/ML-0.6 MG/ML-10 MCG/ML-3.35 MG/ML-450 MCG/ML-2 MCG/ML-0.5 MG/ML	2	AL(Up to 6 yrs old); RX/OTC
			SOLUVITA SOLN 35 MG/ML-10 MCG/ML-450 MCG/ML-0.25 MG/ML	3	AL(Up to 6 yrs old); RX/OTC
			VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.5 MG/ML-450 MCG/ML	2	AL(Up to 6 yrs old); RX/OTC
			VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.25 MG/ML-450 MCG/ML	3	AL(Up to 6 yrs old); RX/OTC

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Pediatric Multiple Vitamins & Minerals w/ Fluoride			FOLIVANE-OB	2	
FLORIVA	3		M-NATAL PLUS TABS	2	RX/OTC
Prenatal Vitamins			NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3	
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS	1		NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3	
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW	1		NEONATAL 19	3	
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT	1		NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC
(Prenatal Vit W/ Iron Carbonyl-Folic Acid) PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	1	RX/OTC	NEONATAL PLUS TABS	2	RX/OTC
ATABEX EC TBEC	2		NESTABS	3	
CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	2		NESTABS DHA	2	
CITRANATAL ASSURE	3		NESTABS ONE	3	
CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	3		NIVA-PLUS TABS	2	RX/OTC
CITRANATAL DHA	2		OB COMPLETE ONE	3	
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	3		OB COMPLETE PETITE	3	
CITRANATAL MEDLEY	3		OB COMPLETE PREMIER	3	
C-NATE DHA CAPS	3		OB COMPLETE/DHA	3	
COMPLETENATE CHEW	2		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	
CONCEPT DHA	2		ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	RX/OTC
CONCEPT OB	2		PNV-DHA+DOCUSATE	3	
			PNV-OMEGA	3	
			PRENA 1 TRUE	2	
			PRENA1 CHEW	3	

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PRENA1 PEARL	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	
PRENAISSANCE	3		SE-NATAL 19 CHEW	2	
PRENAISSANCE PLUS CAPS	3		SE-NATAL 19 TABS	3	RX/OTC
PRENATAL 19 CHEW	2		THERANATAL CORE NUTRITION TABS	2	RX/OTC
PRENATAL 19 TABS	3	RX/OTC	THRIVITE RX TABS	2	RX/OTC
PRENATAL PLUS VITAMIN ANDMINERAL TABS	2	RX/OTC	TRICARE TABS	2	RX/OTC
PRENATAL PLUS TABS	2	RX/OTC	TRINATAL RX 1 TABS	2	
PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC	TRISTART DHA	3	
PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC	VINATE DHA RF	3	
PRENATAL-U CAPS	2		VIRT-NATE DHA CAPS	3	
PRENATE	2		VITAFOL GUMMIES	3	
PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	3		VITAFOL-NANO	3	
PRENATE ENHANCE	2		VITAFOL-ONE CAPS	3	
PRENATE PIXIE	3		VITAMEDMD ONE RX/QUATREFOLIC	2	
PRENATE RESTORE	3		VITAMEDMD REDICHEW RX	3	
PRENATRIX TABS	2	RX/OTC	VITAPEARL	3	
PRENATRYL TABS	2	RX/OTC	VITATHELY/GINGER TABS	2	RX/OTC
RELNATE DHA CAPS	3		VITATRUE	2	
SELECT-OB+DHA MISC	3		VIVA 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		WESCAP-C DHA	2	
			WESNATE DHA CAPS	3	
			WESTAB PLUS TABS	2	RX/OTC
			WESTGEL DHA	3	
			MUSCULOSKELETAL THERAPY AGENTS -		
			Drugs to Treat Spasms		
			Central Muscle Relaxants		
			(Carisoprodol) VANADOM TABS 350 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 40000 MCG/20ML</i>	4	administered under the medical benefit; PA
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
<i>baclofen TABS 5 MG</i>	1	
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<i>chlorzoxazone TABS 250 MG</i>	1	QL(4 ea daily)
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	4	administered under the medical benefit; PA
LIORESAL INTRATHECAL SOLN IT	4	administered under the medical benefit; PA
LIORESAL INTRATHECAL SOLN IT (<i>baclofen</i>)	4	administered under the medical benefit; PA
<i>metaxalone 400 MG</i>	1	
<i>metaxalone 800 MG</i>	1	QL(4 ea daily)
<i>methocarbamol TABS 500 MG, 750 MG</i>	1	
<i>orphenadrine citrate TB12</i>	1	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
<i>tizanidine hcl TABS 2 MG</i>	1	
Direct Muscle Relaxants		
<i>dantrolene sodium CAPS</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	QL(0.77 gm daily)
Nasal Antiallergy		
(AzelaStine Hcl) ASTEPRO, ASTEPRO CHILDRENS 205.5 MCG/SPRAY	1	QL(1 ml daily); RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	1	Limit 1 sprayer per month; QL(1.2 ml daily)
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	1	QL(1 ml daily); RX/OTC
<i>olopatadine hcl (nasal)</i>	1	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	1	
Nasal Steroids		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC	<i>fluticasone propionate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC
			<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC
			<i>triamcinolone acetonide (nasal) AERO</i>	1	QL(1.2 ml daily)
			XHANCE EXHU	3	QL(1.07 ml daily); ST
			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 %	2	
			<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	
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP	1	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-SYMPATOM, RA NASAL ALLERGY SPRAY AERO	1	QL(1.2 ml daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol maleate</i>	1		(Bacitracin-Polymyxin B (Ophth)) AK-POLY-BAC, POLYCYN	1	
<i>levobunolol hcl 0.5 %</i>	1		(Gentamicin Sulfate (Ophth)) GENTAK OINT	1	
<i>timolol maleate (ophth) SOLG</i>	1		(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCYN	1	
<i>timolol maleate (ophth) SOLN</i>	2		AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
Cycloplegic Mydriatics			<i>bacitracin (ophthalmic)</i>	2	
(Homatropine Hbr) HOMATROPAIRE	1		<i>bacitracin-polymyxin b (ophth)</i>	1	
(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN	1		BESIVANCE	3	
<i>atropine sulfate (ophthalmic) OINT</i>	1		BETADINE OPHTHALMIC PREP	3	
<i>atropine sulfate (ophthalmic) SOLN</i>	1		CILOXAN OINT	2	
ATROPINE SULFATE SOLN 1 %	2		<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
CYCLOGYL	2		ERYTHROMYCIN	2	
CYCLOMYDRIL	3		<i>erythromycin (ophth)</i>	1	
<i>cyclopentolate hcl</i>	1		<i>gatifloxacin (ophth)</i>	1	
ISOPTO ATROPINE SOLN	2		<i>gentamicin sulfate (ophth) SOLN</i>	1	
<i>phenylephrine hcl (mydriatic) SOLN</i>	1		KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>tropicamide SOLN</i>	1		<i>levofloxacin (ophth) 1.5 %</i>	2	
Miotics			<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	1	QL(0.5 ml daily)	NATACYN	2	
Ophthalmic Adrenergic Agents			<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>apraclonidine hcl</i>	2		<i>neomycin-polymyxin-gramicidin</i>	1	
<i>brimonidine tartrate</i>	1		<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail)
IOPIDINE	3		<i>polymyxin b-trimethoprim</i>	1	
Ophthalmic Anti-infectives			POVIDONE IODINE	3	

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

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Drug Name	Drug Tier	Requirements/ Limits
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 %	1	QL(0.09 ml daily); RX/OTC
(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
ACUVAIL	3	
ALOCRIAL	3	
ALOMIDE	2	
<i>azelastine hcl (ophth)</i>	1	
<i>bepotastine besilate</i>	1	QL(0.34 ml daily); ST
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)
<i>bromfenac sodium (ophth)</i> 0.07 %, 0.075 %	2	
<i>bromfenac sodium (ophth)</i> 0.09 %	1	
<i>cromolyn sodium (ophth)</i>	1	
CYSTARAN	4	
<i>diclofenac sodium (ophth)</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ml daily)
DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)
<i>epinastine hcl (ophth)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	1	
LASTACAFT	3	ST
NEVANAC	3	
<i>olopatadine hcl 0.2 %</i>	1	QL(0.09 ml daily); RX/OTC
<i>olopatadine hcl 0.1 %</i>	1	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
Prostaglandins - Ophthalmic		
<i>bimatoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
<i>latanoprost SOLN</i>	1	QL(0.09 ml daily)
LATANOPROST SOLN	2	QL(0.09 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>tafluprost</i>	1	QL(1 ea daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
<i>ciprofloxacin hcl (otic)</i>	2	QL(14 ea per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	1	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1	
<i>amoxicillin SUSR</i>	1	
<i>amoxicillin TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	4	PA
<i>ampicillin CAPS 500 MG</i>	1	
Natural Penicillins		
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	4	PA
BICILLIN L-A SUSY	4	PA
<i>penicillin g potassium</i>	4	PA
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	PA
PENICILLIN G PROCAINE	4	PA
<i>penicillin g sodium</i>	4	PA
<i>penicillin v potassium SOLR</i>	1	
<i>penicillin v potassium TABS</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	1	
<i>amoxicillin & pot clavulanate SUSR</i>	1	
<i>amoxicillin & pot clavulanate TABS</i>	1	
<i>amoxicillin & pot clavulanate TB12</i>	1	
<i>ampicillin & sulbactam sodium IJ 2 GM-1 GM</i>	4	PA
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	4	PA
<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)	4	PA
UNASYN BULK PACK IV (ampicillin & sulbactam sodium)	4	PA
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	1	
nafcillin sodium IV 2 GM, 10 GM	4	PA
oxacillin sodium IV 10 GM	4	PA
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
(Norethindrone Acetate) GALLIFREY TABS	1	
medroxyprogesterone acetate 2.5 MG, 5 MG	1	
medroxyprogesterone acetate 10 MG	1	QL(1 ea daily)
megestrol acetate (appetite)	2	AC
norethindrone acetate TABS	1	
progesterone CAPS	1	QL(1 ea daily)
progesterone OIL	1	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium	1	
disulfiram	1	
lofexidine hcl	2	QL(224 ea per 14 day(s) retail); PA
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	4	ST; PA

Drug Name	Drug Tier	Requirements/Limits
XYREM SOLN	4	ST; PA
Antidementia Agents		
donepezil hydrochloride TABS	1	QL(1 ea daily)
donepezil hydrochloride TBDP	1	QL(1 ea daily)
galantamine hydrobromide CP24	1	QL(1 ea daily)
galantamine hydrobromide SOLN	1	
galantamine hydrobromide TABS	1	
memantine hcl CP24	1	PA
memantine hcl SOLN	1	
memantine hcl TABS 5 MG	1	QL(4 ea daily)
memantine hcl TABS 10 MG	1	QL(2 ea daily)
memantine hcl TABS	1	
NAMZARIC C4PK	3	PA
NAMZARIC CP24 14 MG-10 MG, 28 MG-10 MG	3	PA
rivastigmine	1	
rivastigmine tartrate CAPS	1	
Combination Psychotherapeutics		
chlordiazepoxide-amitriptyline	1	
olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG	2	
olanzapine-fluoxetine hcl 25 MG-6 MG	4	
perphenazine-amitriptyline	1	
SYMBYAX 25 MG-6 MG (olanzapine-fluoxetine hcl)	4	
Fibromyalgia Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK MISC	4	QL(2 ea daily); PA	AUBAGIO (<i>teriflunomide</i>)	4	QL(1 ea daily); SP
SAVELLA TABS	4	QL(2 ea daily); PA	AVONEX PEN AJKT	4	PA
Movement Disorder Drug Therapy			AVONEX PSKT	4	PA
AUSTEDO PATIENT TITRATION KIT TBPB	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	BETASERON KIT	4	PA
AUSTEDO XR PATIENT TITRATION KIT TEPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	<i>dalfampridine</i>	2	SP; PA
AUSTEDO XR TB24	4	QL(1 ea daily); SP; PA	<i>dimethyl fumarate CDPK</i>	4	QL(60 ea per 365 day(s) retail); SP
AUSTEDO TABS 12 MG	4	QL(4 ea daily); PA	<i>dimethyl fumarate CPDR</i>	4	QL(2 ea daily); SP
AUSTEDO TABS 9 MG	4	QL(2 ea daily); PA	<i> fingolimod hcl</i>	4	QL(1 ea daily); SP
AUSTEDO TABS 6 MG	4	ST; QL(2 ea daily); PA	GILENYA 0.5 MG	4	QL(1 ea daily); SP
INGREZZA CAPS 40 MG, 80 MG	4	QL(1 ea daily); PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ml daily)
INGREZZA CAPS 60 MG	4	QL(1 ea daily); PA	<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 day(s) retail)
INGREZZA CPPK	4	1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail; SP; PA	KESIMPTA	4	QL(0.0143 ml daily); PA
INGREZZA CPSP	4	QL(1 ea daily); SP; PA	MAYZENT STARTER PACK TBPB	4	SP; PA
<i>tetrabenazine</i>	2	SP; PA	MAYZENT STARTER PACK TBPB	4	QL(12 ea per 5 day(s) retail); SP; PA
Multiple Sclerosis Agents			MAYZENT TABS 1 MG	4	SP; PA
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)	MAYZENT TABS 2 MG	4	QL(1 ea daily); SP; PA
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 day(s) retail)	MAYZENT TABS 0.25 MG	4	QL(4 ea daily); SP; PA
			PLEGRIDY STARTER PACK SOAJ SC	4	PA
			PLEGRIDY STARTER PACK SOSY SC	4	PA
			PLEGRIDY SOAJ SC	4	PA
			PLEGRIDY SOSY IM	4	PA
			PLEGRIDY SOSY SC	4	PA
			REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA
			REBIF REBIDOSE SOAJ	4	PA
			REBIF TITRATION PACK SOSY	4	PA
			REBIF SOSY	4	PA

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TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	4	QL(60 ea per 365 day(s) retail); SP	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 2 MG	5	PV
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	4	QL(2 ea daily); SP			
<i>teriflunomide</i>	4	QL(1 ea daily); SP			
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	2				
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	4	PA			
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS</i>	1				
<i>pimozide</i>	1				
Smoking Deterrents					

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

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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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, 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	5	PV	NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 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 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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, 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	5	PV	NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, 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	5	PV	NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR		

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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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, 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	5	PV	NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, 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	5	PV	NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 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>)	5	PV
			NICORETTE MINI LOZG (<i>nicotine polacrilex</i>)	5	PV
			NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	5	PV
			NICORETTE GUM (<i>nicotine polacrilex</i>)	5	PV
			NICORETTE LOZG (<i>nicotine polacrilex</i>)	5	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

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	5	PV
<i>varenicline tartrate TABS 0.5 MG</i>	5	QL(1 ea daily); PV
<i>varenicline tartrate TABS 1 MG</i>	5	QL(2 ea daily); PV
Transthyretin Amyloidosis Agents		
TEGSEDI	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	4	PA
KALYDECO TABS	4	PA
ORKAMBI PACK 94 MG-75 MG	4	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	4	MUST USE ACARIA SPECIALTY RX 844-538-4661; PA
ORKAMBI TABS	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO	4	PA
TRIKAFTA TBPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); SP; PA
TRIKAFTA THPK	4	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
OFEV	4	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone CAPS</i>	2	QL(3 ea daily); SP; PA
<i>pirfenidone TABS</i>	2	QL(3 ea daily); SP; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS</i>	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
<i>demeclocycline hcl TABS</i>	1	
<i>doxycycline (monohydrate) CAPS 150 MG</i>	2	ST
<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	2	
<i>doxycycline (monohydrate) SUSR</i>	1	
<i>doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG</i>	1	
<i>doxycycline (monohydrate) TABS 75 MG</i>	1	ST
<i>doxycycline hyclate CAPS 50 MG, 100 MG</i>	1	
<i>doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG</i>	1	
<i>minocycline hcl CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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		CYTOMEL TABS 25 MCG, 50 MCG <i>(liothyronine sodium)</i>	2	QL(2 ea daily)
<i>minocycline hcl TABS 75 MG</i>	1	PA	<i>levothyroxine sodium CAPS</i>	2	
<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>levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG</i>	1	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			<i>liothyronine sodium TABS 5 MCG</i>	1	
Antithyroid Agents			<i>liothyronine sodium TABS 25 MCG, 50 MCG</i>	1	QL(2 ea daily)
<i>methimazole TABS</i>	1		NIVA THYROID TABS	2	
<i>propylthiouracil</i>	1	QL(3 ea daily)	NP THYROID 120 TABS	2	
Thyroid Hormones			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, 300 MCG	1		NP THYROID 30 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 60 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 90 TABS	2	
ADTHYZA TABS 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG, 120 MG	2		SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG <i>(levothyroxine sodium)</i>	2	
ADTHYZA TABS 130 MG	3		SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG <i>(levothyroxine sodium)</i>	2	QL(1 ea daily)
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	2		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	2	
			TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG	3	

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TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG	3		(Famotidine) ACID CONTROL MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE MAXIMUM STRENGTH, EQL HEARTBURN PREVENTION/MAXIMUM STRENGTH, FAMOTIDINE MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH, GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF MAXIMUMSTRENGTH, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, 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
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions					
Antispasmodics					
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 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 10 MG/5ML</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				
GLYCOPYRROLATE 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				
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	1				
<i>methscopolamine bromide</i>	1				
H-2 Antagonists			<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)
			<i>cimetidine TABS 300 MG, 800 MG</i>	1	
			<i>famotidine SUSR</i>	1	
			<i>famotidine TABS 20 MG</i>	1	RX/OTC
			<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)
			<i>nizatidine CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Misc. Anti-Ulcer			(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)
<i>sucralfate SUSP</i>	1		<i>lansoprazole CPDR</i>	1	QL(1 ea daily); RX/OTC
<i>sucralfate TABS</i>	1	QL(4 ea daily)	<i>lansoprazole TBDD 30 MG</i>	2	QL(1 ea daily); AL(Up to 12 yrs old)
Proton Pump Inhibitors			<i>lansoprazole TBDD 15 MG</i>	2	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
(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	<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	2	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	<i>omeprazole CPDR 10 MG</i>	1	
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG	1	QL(1 ea daily)	<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
(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)	<i>pantoprazole sodium PACK</i>	2	QL(1 ea daily)
			<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
			PRILOSEC PACK	3	PA
			RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
			<i>rabeprazole sodium TBEC</i>	1	QL(1 ea daily); PA
Ulcer Drugs - Prostaglandins					
			<i>misoprostol</i>	1	
Ulcer Therapy Combinations					
			<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 day(s) max supply per 365 day(s) retail
URINARY ANTISPASMODICS - Drugs to Treat					
Miscellaneous Bladder Spasms					
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>darifenacin hydrobromide</i>	2		FLUBLOK 2024-2025 SOSY	5	PV
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)	FLUCELVAX 2024-2025 SUSP	5	PV
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)	FLULAVAL QUADRIVALENT 2022-2023 SUSY	5	PV
<i>oxybutynin chloride TB24 5 MG, 10 MG, 15 MG</i>	1		FLULAVAL QUADRIVALENT 2023-2024 SUSY	5	PV
<i>solifenacin succinate TABS 5 MG</i>	1		FLUMIST QUADRIVALENT	5	PV
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily)	FLUZONE HIGH-DOSE PF 2022-2023	5	PV
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)	FLUZONE HIGH-DOSE PF 2023-2024	5	PV
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)	FLUZONE QUADRIVALENT 2022-2023 SUSY	5	PV
<i>trospium chloride CP24</i>	1		FLUZONE QUADRIVALENT 2023-2024 SUSY	5	PV
<i>trospium chloride TABS</i>	1	QL(2 ea daily)	HEPLISAV-B SOSY	5	Medical Benefit; PV
Urinary Antispasmodics - Cholinergic Agonists			MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	5	PV
<i>bethanechol chloride 5 MG, 10 MG, 25 MG, 50 MG</i>	1		NOVAVAX COVID-19 VACCINE/2024-25 SUSY	5	PV
Urinary Antispasmodics - Direct Muscle Relaxants			VAGINAL AND RELATED PRODUCTS		
<i>flavoxate hcl</i>	1		Spermicides		
VACCINES			ENCARE SUPP 100 MG	5	PV
Viral Vaccines			OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL	5	PV
AFLURIA QUADRIVALENT 2022-2023 SUSY	5	PV	TODAY SPONGE MISC	5	PV
AFLURIA QUADRIVALENT 2023-2024 SUSY	5	PV	VCF VAGINAL CONTRACEPTIVE FILM FILM	5	PV
COVID VACCINES	5		VCF VAGINAL CONTRACEPTIVEGEL GEL	5	PV
FLUAD QUADRIVALENT 2022-2023	5	PV			
FLUAD QUADRIVALENT 2023-2024	5	PV			
FLUARIX QUADRIVALENT 2022-2023 SUSY	5	PV			
FLUARIX QUADRIVALENT 2023-2024 SUSY	5	PV			

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Drug Name	Drug Tier	Requirements/Limits
Vaginal Anti-infectives		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
CLEOCIN SUPP	3	
<i>clindamycin phosphate vaginal CREA</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal CREA</i>	1	
<i>terconazole vaginal SUPP</i>	1	
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	5	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 per fill mail)
FEMRING	3	QL(1 ea per 90 day(s) retail; 1 ea per 90 days mail)
PREMARIN	2	QL(2 gm daily)
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	ST; PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) SOAJ</i>	2	QL(2 ea per fill retail; 4 ea per 30 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa</i>	4	PA
NORTHERA (<i>droxidopa</i>)	4	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>ergocalciferol CAPS</i>	1	
<i>phytonadione TABS 5 MG</i>	2	

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(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE	7	(Bacitracin-Polymyxin B (Ophth)) AK- POLY-BAC, POLYCIN	101	(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	6
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE	7	(Bacitracin-Poly-Neomycin-HC) NEO- POLYCIN HC	102	(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG ..	6
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE	7	(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	66	(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	6
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE	7	(Bisacodyl) ALOPHEN, BISACODYL EC, CVS C-LAX LAXATIVE, CVS GENTLE LAXATIVE, CVS GENTLE LAXATIVE WOMENS, EQ GENTLE LAXATIVE, EQL GENTLE LAXATIVE, EQL LAXATIVE, EQL WOMANS LAXATIVE, EX-LAX ULTRA, FLEET STIMULANT, FT LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, GNP WOMENS GENTLE LAXATIVE, GOODSENSE BISACODYL EC, GOODSENSE BISACODYL LAXATIVE, GOODSENSE WOMENS LAXATIVE, HM LAXATIVE, KP BISACODYL, LAXATIVE, PX LAXATIVE, QC GENTLE LAXATIVE, QC GENTLE LAXATIVE WOMENS, QC LAXATIVE, RA LAXATIVE, RA WOMENS LAXATIVE, SB BISACODYL LAXATIVE EC, SB GENTLE LAX-WOMEN, SM GENTLE LAXATIVE, WOMANS LAXATIVE, WOMENS LAXATIVE TBEC	66	(Butalbital-Aspirin-Caffeine W/Cod) ASCOMP/CODEINE	8
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE	7	(Calcipotriene) CALCITRENE OINT 50		(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	60
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE	7	(Carbamazepine) EPITOL TABS ..	15	(Carisoprodol) VANADOM TABS 350 MG	98
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE	7	(Chlorhexidine Gluconate (Mouth-			

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(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	51	(Diazepam) DIAZEPAM INTENSOL CONC	11	(Doxycycline Hyclate) LYMEPAK TABS 100 MG	115
(Clobetasol Propionate Emulsion) TOVET	51	(Dichlorphenamide) ORMALVI ...	55	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	41
(Clobetasol Propionate) CLODAN SHAM	51	(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	4	(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	41
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	94	(Diclofenac Sodium (Topical)) ALEVE ARTHRITIS PAIN, ARTHRITIS PAIN RELIEVER, ASPERCREME ARTHRITIS PAIN RELIEVER, CVS DICLOFENAC SODIUM, CVS DICLOFENAC SODIUM, EQ ARTHRITIS PAIN, EQ ARTHRITIS PAIN RELIEVER, FT ARTHRITIS PAIN, GNP ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MM ARTHRITIS PAIN RELIEVER, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	49	(Ergotamine W/ Caffeine) MIGERGOT SUPP	92
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(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15					

(Erythromycin Base) ERY-TAB TBEC.....66	GNP ACID REDUCER MAXIMUMSTRENGTH, HEARTBURN RELIEF	FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG 63
(Erythromycin Stearate) ERYTHROCIN STEARATE TABS 250 MG .....66	MAXIMUMSTRENGTH, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 63
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG 58	MAXIMUM STRENGTH, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 63
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS .....58	MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG 63
(Estradiol Vaginal) YUVAFEM TABS . 120	360 MAXIMUM STRENGTH TABS 20 MG117	(Folic Acid) CVS FOLIC ACID, FOLATE, FT FOLIC ACID, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG 64
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(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 35 MCG-1 MG41	(Fluticasone Propionate (Nasal)) ALLERGY NASAL SPRAY 24 HOUR, ALLERGY RELIEF, CLARISPRAY, CVS FLUTICASONE PROPIONATE NASAL SPRAY, CVS FLUTICASONE PROPRIONATE NASAL SPRAY, EQ ALLERGY RELIEF, EQL FLUTICASONE PROPIONATE, EQL FLUTICASONE PROPIONATE CHILDRENS, FT ALLERGY RELIEF 24 HR, GNP FLUTICASONE PROPIONATE, GOODSENSE 24-HOUR ALLERGY NASAL SPRAY, HM ALLERGY RELIEF NASAL SPRAY 24HR, KLS ALLER-FLO, QC ALLERGY RELIEF, SM ALLERGY RELIEF NASAL SPRAY SUSP 100	(Gentamicin Sulfate (Ophth)) GENTAK OINT 101
(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35 50 MCG-1 MG .....42	(Fluticasone-Salmeterol) WIXELA INHUB AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT .....13	(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML 106
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE45	(Folic Acid) CVS FOLIC ACID, REDUCER MAXIMUM STRENGTH, FT ACID REDUCER MAXIMUM STRENGTH,	(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML 106
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(Everolimus) TORPENZ TABS 30		(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML 46
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		(Homatropine Hbr) HOMATROPAIRE101
		(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN .

46	(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 % 10	REDUCER, GNP LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE, HM LANSOPRAZOLE, KLS LANSOPRAZOLE, QC LANSOPRAZOLE, SM LANSOPRAZOLE CPDR 15 MG .118	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28 42
	(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 % 51	(Lansoprazole) CVS	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA 42
	(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG 117	LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .118	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESSA 42
	(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG 117	(Levetiracetam) ROWEEPRA TABS 500 MG 15	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG 117	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG 4	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Icatibant Acetate) SAJAZIR SOSY 63	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Indomethacin) INDOCIN SUPP 4	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC 48	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT, EQ IVERMECTIN 54	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Ketoconazole (Topical)) KETODAN FOAM 48	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC 59	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Lactulose) CONSTULOSE SOLN 10 GM/15ML 65	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT 15	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LESSINA, LEVORA 0.15/30-28, LUTERA, MARLISSA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG .42	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Lamotrigine) SUBVENITE TABS . 15	(Levonorgestrel (Emergency OC)) AFTERA, AFTERPILL, CURAE, ECONTRA EZ, ECONTRA ONE-STEP, HER STYLE, MY CHOICE, MY WAY, NEW DAY, OPCICON ONE-STEP, OPTION 2, REACT, TAKE ACTION 1.5 MG 45	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42
	(Lansoprazole) CVS LANSOPRAZOLE, EQ LANSOPRAZOLE, EQL LANSOPRAZOLE, FT ACID	(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 45	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 42

GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS 2 MG 21	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 .108	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 .108
(Lorazepam) LORAZEPAM INTENSOL CONC 11		
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC .....7		
(Methadone Hcl) METHADOSE TBSO .....7		
(Methylergonovine Maleate) METHERGINE TABS .....104		
(Methyltestosterone) METHITEST TABS 10		
(Metronidazole (Topical)) ROSADAN CREA .....54		
(Metronidazole (Topical)) ROSADAN GEL 0.75 % 54		
(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG .120		
(Miglustat) YARGESA .....63		
(Mometasone Furoate (Nasal)) ALLERGY NASAL SPRAY SUSP 100		
(Nabumetone) RELAFEN 500 MG ..5		
(Nabumetone) RELAFEN 750 MG ..5		
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....101		
(Niacin (Antihyperlipidemic)) NIACOR TABS .....24		
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE	(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, NICOTINE MINI LOZENGE, NICOTINE POLACRILEX MINI, PX STOP SMOKING AID, RA MINI NICOTINE, RA NICOTINE POLACRILEX, SM NICOTINE, SM NICOTINE POLACRILEX LOZG 4 MG .....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, FT NICOTINE, 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 .....109
(Nicotine Polacrilex) CVS NICOTINE LOZENGE, CVS NICOTINE POLACRILEX, EQ NICOTINE LOZENGES, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX, FT NICOTINE, FT NICOTINE MINI, GNP NICOTINE MINI LOZENGE, GNP NICOTINE POLACRILEX, GNP NICOTINE POLACRILEX MINI, GOODSENSE NICOTINE, GOODSENSE NICOTINE POLACRILEX, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG .....109		

(Nicotine Polacrilex) CVS NICOTINE, TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE
CVS NICOTINE GUM, CVS TRANSDERMAL SYSTEM STEP 2,
NICOTINE POLACRILEX, CVS NICOTINE TRANSDERMAL
NICOTINE POLACRILEX STARTER, SYSTEM STEP 2/CLEAR,
EQ NICOTINE POLACRILEX, EQL NICOTINE TRANSDERMAL
NICOTINE POLACRILEX REFILL, SYSTEM STEP 3, NICOTINE
EQL NICOTINE POLACRILEX TRANSDERMAL SYSTSTEM STEP
STARTER, FT NICOTINE, GNP 3/CLEAR, QC NICOTINE
NICOTINE GUM, GNP NICOTINE TRANSDERMAL SYSTEM/STEP 1,
POLACRILEX, GOODSENSE QC NICOTINE TRANSDERMAL
NICOTINE GUM, GOODSENSE SYSTEM/STEP 2, RA NICOTINE,
NICOTINE POLACRILEX GUM, HM RA NICOTINE TRANSDERMAL
NICOTINE POLACRILEX, KLS SYSTEM, SM NICOTINE
QUIT2, KLS QUIT4, PX STOP TRANSDERMAL SYSTEM/STEP
SMOKING AID, RA NICOTINE, RA 1/CLEAR, SM NICOTINE
NICOTINE GUM, SM NICOTINE, SM TRANSDERMAL SYSTEM/STEP
NICOTINE POLACRILEX, THRIVE 2/CLEAR, SM NICOTINE
GUM 109 TRANSDERMAL SYSTEM/STEP
(Nicotine) CVS NICOTINE 3/CLEAR PT24 TD 14 MG/24HR, 21
TRANSDERMALSYSTEM, CVS MG/24HR 110
NICOTINE
TRANSDERMALSYSTEM STEP 1, (Nicotine) CVS NICOTINE
CVS NICOTINE TRANSDERMALSYSTEM, CVS
TRANSDERMALSYSTEM STEP 2, NICOTINE
CVS NICOTINE TRANSDERMALSYSTEM STEP 1,
TRANSDERMALSYSTEM/STEP 3, CVS NICOTINE
EQ NICOTINE, EQ NICOTINE STEP TRANSDERMALSYSTEM STEP 2,
3, FT NICOTINE TRANSDERMAL CVS NICOTINE
SYSTEM/STEP 1/CLEAR, FT TRANSDERMALSYSTEM/STEP 3,
NICOTINE TRANSDERMAL EQ NICOTINE, EQ NICOTINE STEP
SYSTEM/STEP 2/CLEAR, FT 3, FT NICOTINE TRANSDERMAL
NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT
SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMAL
NICOTINE SYSTEM/STEP 2/CLEAR, FT
TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMAL
NICOTINE SYSTEM/STEP 3/CLEAR, GNP
TRANSDERMALSYSTEM STEP 2, NICOTINE
HABITROL, HM NICOTINE TRANSDERMALSYSTEM, GNP
TRANSDERMAL SYSTEM STEP 1, NICOTINE
HM NICOTINE TRANSDERMAL TRANSDERMALSYSTEM STEP 2,
SYSTEM STEP 2, HM NICOTINE HABITROL, HM NICOTINE
TRANSDERMAL SYSTEM STEP 3, TRANSDERMAL SYSTEM STEP 1,
NICOTINE STEP 1, NICOTINE HM NICOTINE TRANSDERMAL
STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE
SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 3,

NICOTINE STEP 1, NICOTINE
STEP 3, NICOTINE TRANSDERMAL
SYSTEM STEP 1, NICOTINE
TRANSDERMAL SYSTEM STEP
1/CLEAR, NICOTINE
TRANSDERMAL SYSTEM STEP 2,
NICOTINE TRANSDERMAL
SYSTEM STEP 2/CLEAR,
NICOTINE TRANSDERMAL
SYSTEM STEP 3, NICOTINE
TRANSDERMAL SYSTSTEM STEP
3/CLEAR, QC NICOTINE
TRANSDERMAL SYSTEM/STEP 1,
QC NICOTINE TRANSDERMAL
SYSTEM/STEP 2, RA NICOTINE,
RA NICOTINE TRANSDERMAL
SYSTEM, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
1/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
2/CLEAR, SM NICOTINE
TRANSDERMAL SYSTEM/STEP
3/CLEAR PT24 TD 14 MG/24HR, 21
MG/24HR 110
(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, FT NICOTINE TRANSDERMAL
SYSTEM/STEP 1/CLEAR, FT
NICOTINE TRANSDERMAL
SYSTEM/STEP 2/CLEAR, FT
NICOTINE TRANSDERMAL
SYSTEM/STEP 3/CLEAR, 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

(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, FT NICOTINE TRANSDERMAL
SYSTEM/STEP 1/CLEAR, FT
NICOTINE TRANSDERMAL
SYSTEM/STEP 2/CLEAR, FT
NICOTINE TRANSDERMAL
SYSTEM/STEP 3/CLEAR, 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,
HM NICOTINE TRANSDERMAL

SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 21 MG/24HR 113	TRANSDERMAL SYSTEM STEP 1, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 1, NICOTINE STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 2, NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR, NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE TRANSDERMAL SYSTEM STEP 3/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, QC NICOTINE TRANSDERMAL SYSTEM/STEP 2, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR, 21 MG/24HR 114	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/STEP 1/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..112
(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HABITROL, HM NICOTINE	(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, FT NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR, GNP NICOTINE TRANSDERMAL SYSTEM, GNP	(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 45 (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	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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 .43	5 MCG 58
(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	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE
42	43	43
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7
43	43	44
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, EMZAHH, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORABE, NORLYROC, SHAROBEL	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-LO-ESTARYLLA, TRI-LO-MARZIA, TRI-LO-MILI, TRI-LO-SPRINTEC, TRI-MILI, TRI-NYMYO, TRI-SPRINTEC, TRI-VYLIBRA, TRI-VYLIBRA LO .
43	45	44
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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 43	(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 TABS 1 MG-20 MCG	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, SPRINTEC 28, VYLIBRA
43	43	44
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, 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 43	(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 TABS 1.5 MG-30 MCG	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG
43	43	44
(Norethindrone Acetate) GALLIFREY TABS	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ...
105	58	48
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH RELIEF, FT EYE ALLERGY ITCH RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH RELIEF, QC OLOPATADINE HYDROCHLORIDE, SM OLOPATADINE HCL 0.2 % ..	103
	(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EQ OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE	

ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %103	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	5000000 UNIT, 20000000 UNIT ..104 (Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....101 (Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG .....17
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG .....118	(Ped Multivitamins W/Fl & 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 .....96	(Phenytoin) PHENYTOIN INFATABS CHEW .....17 (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, TRUE LAXATIVE POWD .....65
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....118	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 96 (Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 96	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP .....60
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR.....118	(Pediatric Multivitamins W/Fl) MULTIVITAMIN/FLUORIDE SOLN 96 (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, WES-PHOS 250 NEUTRAL .....93
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG .....9	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE SOLN .....96	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF ..93
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG ..9	(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 .....94
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG ...9	(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/Fl & 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/Fl & Iron)	(Penicillin G Potassium) PFIZERPEN	

(Potassium Chloride) Klor-Con 10, Klor-Con 8 TBCR 10 MEQ 94	(Potassium Chloride) Klor-Con 10, Klor-Con 8 TBCR 8 MEQ 94	(Potassium Chloride) Klor-Con Pack or 20 MEQ 94	(Potassium Citrate-Citric Acid) Cytra K Crystals Pack 60	(Potassium Citrate-Citric Acid) Cytra-K Soln 60	(Potassium Phosphate Monobasic) Phospho-Trin K500 Tabs 93	(Prednisolone Acetate (Ophth)) Prednisolone Acetate P-F 102	(Prednisolone) Millipred Tabs .46	(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) Inatal GT Tabs 97	(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) Prenatal 19 Chew .97	(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-Select 97	(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 97	(Prochlorperazine) Compro 35	(Promethazine Hcl) Promethegan Supp 12.5 MG, 25 MG 23	(Promethazine Hcl) Promethegan Supp 50 MG 23	(Pseudoephed-Bromphen-DM) Bromfed DM Syrp 10 MG/5ML-	30 MG/5ML-2 MG/5ML 46	(Salicylic Acid) Keralyt Sham 6 % 53	(Sapropterin Dihydrochloride) Javygtor Pack 57	(Sapropterin Dihydrochloride) Javygtor Tabs 57	(Silver Sulfadiazine) SSD 51	(Sodium Chloride (Inhalant)) Nebusal, Pulmosal Nebu 3 % 47	(Sodium Chloride (Inhalant)) Nebusal, Pulmosal Nebu 7 % 47	(Sodium Citrate & Citric Acid) Cytra-2 60	(Sodium Fluoride) Nafrinse Chew 2.2 MG 93	(Sodium Polystyrene Sulfonate) Kionex, Sps Susp Co 15 GM/60ML 95	(Sotalol Hcl) Sorine Tabs 38	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, Sulfamez Wash Emul 10 %-1 % 47	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 Foam 47	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP Cleansing Wash Emul 10 %-10 %-4 % 47	(Sulfamethoxazole-Trimethoprim) Sulfatrim Pediatric Susp .. 26	(Tadalafil (Pulmonary Hypertension)) Almq Tabs 40	(Testosterone Cypionate) Depo-Testosterone Soln Im 100 MG/ML, 200 MG/ML 10	(Tetracaine Hcl (Ophth)) Altacaine 102	(Theophylline) Elixophyllin Elix . 13	(Timolol Maleate (Ophth)) Timolol Maleate In Ocudose Soln 0.5 % 100	(Tretinoin) Avita Crea 0.025 % . 47	(Tretinoin) Avita Gel 0.025 % ... 47	(Triamcinolone Acetonide (Mouth)) Kourzeq, Oralone Dental Paste 95	(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	(Triamcinolone Acetonide (Topical)) Triderm Crea 0.5 % 51	(Vigabatrin) Vigadrone Tabs .. 17	(Vigabatrin) Vigadrone, Vigoder Pack 17	(Warfarin Sodium) Jantoven Tabs 14	(Zolmitriptan) Zomig Tabs 92	1ST TIER UNILET COMFORTOUCH LANCETS 28G 69	1ST TIER UNILET COMFORTOUCH LANCETS 30G 69	abacavir sulfate SOLN 35	abacavir sulfate TABS 35
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abacavir sulfate-lamivudine	35	SAFETYLANCETS 17G	69	ADVOCATE SAFETY LANCETS	70
abiraterone acetate	29	ACTI-LANCE UNIVERSAL SAFETY		ADVOCATE SAFETY LANCETS	
acamprosate calcium	105	LANCETS 23G	69	26G	70
acarbose	19	ACTIMMUNE 100 MCG/0.5ML	33	ADYNOVATE	61
ACCU-CHEK FASTCLIX LANCETS	69	ACUVAIL	103	AFINITOR DISPERZ TBSO	
ACCU-CHEK SAFE-T-PRO		acyclovir CAPS	37	(everolimus)	30
LANCETS	69	acyclovir SUSP	37	AFINITOR TABS (everolimus)	30
ACCU-CHEK SAFE-T-PRO		acyclovir TABS OR 400 MG	37	AFLURIA QUADRIVALENT 2022-	
PLUSLANCETS	69	acyclovir TABS OR 800 MG	37	2023 SUSY	119
ACCU-CHEK SOFTCLIX LANCETS	69	acyclovir topical CREA	51	AFLURIA QUADRIVALENT 2023-	
		acyclovir topical OINT	51	2024 SUSY	119
acebutolol hcl CAPS	38	ADALIMUMAB-ADAZ SOAJ	3	AFREZZA POWD	20
acetaminophen w/ codeine SOLN	9	ADALIMUMAB-ADAZ SOSY	3	AFSTYLA	61
acetaminophen w/ codeine TABS 15		adapalene CREA	47	AGAMATRIX ULTRA-THIN	
MG-300 MG, 30 MG-300 MG	9	adapalene GEL 0.1 %	47	LANCETS 33G	70
acetaminophen w/ codeine TABS 60		adapalene GEL 0.3 %	47	AGAMREE	46
MG-300 MG	9	adapalene-benzoyl peroxide GEL	47	AIMSCO LUBRICATED MISC	67
acetazolamide CP12	55	ADCIRCA TABS (tadalafil		AIMSCO TWIST LANCETS 32G	70
acetazolamide TABS 125 MG	55	(pulmonary hypertension))	40	AIMSCO TWIST LANCETS 33G	70
acetazolamide TABS 250 MG	55	adefovir dipivoxil	37	AJOVY SOAJ	92
acetic acid (otic)	103	ADEMPAS	40	AJOVY SOSY	92
acetylcysteine SOLN	47	ADIPEX-P CAPS (phentermine hcl)	1	AKTEN	102
acitretin 10 MG	50	ADIPEX-P TABS (phentermine hcl)	1	AKYNZEO	22
acitretin 17.5 MG	50	ADTHYZA TABS 130 MG	116	albendazole	10
acitretin 25 MG	50	ADTHYZA TABS 15 MG, 16.25 MG,		albuterol sulfate AERS	13
ACTIDOM DMX LIQD	46	30 MG, 32.5 MG, 60 MG, 65 MG, 90		albuterol sulfate NEBU 0.083 %, 0.5	
ACTI-LANCE LANCETS 28G	69	MG, 97.5 MG, 120 MG	116	%, 0.63 MG/3ML, 1.25 MG/3ML, 2.5	
ACTI-LANCE LITE SAFETY		ADVANCED MOBILE LANCET 30G		MG/0.5ML	13
LANCETS 28G	69	69		ALBUTEROL SULFATE NEBU	13
ACTI-LANCE SPECIAL SAFETY		ADVATE	61	albuterol sulfate SYRP	13
LANCETS 17G	69	ADVOCATE LANCETS	69	albuterol sulfate TABS	13
ACTI-LANCE SPECIAL		ADVOCATE LANCETS 30G	70	alclometasone dipropionate CREA	51

alclometasone dipropionate OINT .51	ALUNBRIG TABS .....30	amoxicillin & pot clavulanate CHEW . 104
ALECENSA .....30	ALUNBRIG TBPK .....30	amoxicillin & pot clavulanate SUSR 104
alendronate sodium SOLN .....56	alvimopan .....59	amoxicillin & pot clavulanate TABS 104
alendronate sodium TABS 35 MG .56	amantadine hcl CAPS 33	amoxicillin & pot clavulanate TB12 104
alendronate sodium TABS 5 MG, 10 MG 56	amantadine hcl TABS .....33	amoxicillin CAPS 104
alendronate sodium TABS 70 MG .56	ambrisentan 10 MG .....39	amoxicillin CHEW 125 MG, 250 MG . 104
ALFERON N .....33	ambrisentan 5 MG 40	amoxicillin SUSR 104
alfuzosin hcl .....60	amcinonide LOTN .....51	amoxicillin TABS .....104
ALINIA SUSR .....26	amiloride & hydrochlorothiazide ..55	amoxicillin-clarithromycin w/ lansoprazole THPK .....118
aliskiren fumarate .....26	amiloride hcl TABS .....56	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, 7.5 MG-7.5 MG-7.5 MG-7.5 MG 1
allopurinol 100 MG .....61	aminocaproic acid SOLN OR 0.25 GM/ML 64	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
allopurinol 300 MG .....61	aminocaproic acid TABS .....64	amphetamine-dextroamphetamine 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
almotriptan malate .....92	amiodarone hcl TABS .....11	ampicillin & sulbactam sodium IJ 2 GM-1 GM 104
ALOCRIL .....103	amitriptyline hcl TABS 18	ampicillin CAPS 500 MG 104
alogliptin benzoate 19	amlodipine besylate TABS 2.5 MG 38	ampicillin sodium IJ 1 GM, 125 MG 104
ALOMIDE 103	amlodipine besylate TABS 5 MG, 10 MG 38	anagrelide hcl 63
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ... 58	amlodipine besylate-atorvastatin calcium 39	
alosetron hcl .....59	amlodipine besylate-benazepril hcl 10 MG-2.5 MG .....25	
ALPHANATE SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT .....61	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 25	
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....61	amlodipine besylate-valsartan 10 MG-160 MG .....25	
ALPRAZOLAM INTENSOL CONC 11	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG .....25	
alprazolam TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG 11	amlodipine-valsartan-hydrochlorothiazide .....25	
alprazolam TB24 11	amoxapine .....18	
alprazolam TBDP 11		
ALPROLIX .....61		
ALTUVIIIIO .....61		

ANALPRAM-HC LOTN EX	10	aripiprazole TBPB	35	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	2
anastrozole	29	ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)	14	atomoxetine hcl 60 MG, 80 MG, 100 MG	2
ANCOBON (flucytosine)	22	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)	14	atorvastatin calcium TABS	23
ANDEXXA 200 MG	21			atovaquone	26
ANGELIQ	58	armodafinil 150 MG, 200 MG, 250 MG	2	atovaquone-proguanil hcl	27
ANNOVERA	45	armodafinil 50 MG	2	atropine sulfate (ophthalmic) OINT 101	
ANORO ELLIPTA	13	ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG, 240 MG, 300 MG	116	atropine sulfate (ophthalmic) SOLN 101	
ANZEMET TABS 50 MG	21	ARNUITY ELLIPTA	12	ATROPINE SULFATE SOLN 1 % 101	
APEXICON E CREA	51	AROMASIN (exemestane)	29	ATROVENT HFA	12
APO-VARENICLINE TABS 0.5 MG 114		asenapine maleate	35	AUBAGIO (teriflunomide)	106
APO-VARENICLINE TABS 1 MG 114		aspirin CHEW	7	AUGMENTIN SUSR 31.25 MG/5ML- 125 MG/5ML	104
apraclonidine hcl	101	aspirin TBEC 81 MG	7	AURORA LANCET SUPER THIN30G	70
aprepitant CAPS 40 MG	22	aspirin-dipyridamole	63	AURORA LANCET THIN 23G	70
aprepitant CAPS 80 MG, 125 MG .	22	ASSURE COMFORT LANCETS ULTRA THIN 28G	70	AURYXIA	60
aprepitant CAPS	22	ASSURE LANCE LANCETS	70	AUSTEDO PATIENT TITRATION KIT TBPK	106
aprepitant MISC	22	ASSURE LANCE LANCETS 21G .	70	AUSTEDO TABS 12 MG	106
APRETUDE (CABOTEGRAVIR 600 MG/3ML IM SUSP ER)	35	ASSURE LANCE PLUS SAFETYLANCETS 25G	70	AUSTEDO TABS 6 MG	106
APTIOM	15	ASSURE LANCE PLUS SAFETYLANCETS 30G	70	AUSTEDO TABS 9 MG	106
APTIVUS CAPS	35	ASSURE LANCE SAFETY LANCET 28G	70	AUSTEDO XR PATIENT TITRATION KIT TEPK	106
AQUALANCE LANCETS ULTRA THIN 30G	70	ASTAGRAF XL CP24	94	AUSTEDO XR TB24	106
ARCALYST	4	ATABEX EC TBEC	97	AVONEX PEN AJKT	106
ARIKAYCE	2	atazanavir sulfate CAPS	35	AVONEX PSKT	106
ARIMIDEX (anastrozole)	29	atenolol & chlorthalidone	25	AYVAKIT	30
aripiprazole SOLN OR	35	atenolol TABS 25 MG, 50 MG, 100 MG	38	AZASITE	101
aripiprazole TABS 15 MG	35				
aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	35				
aripiprazole TABS 20 MG	35				

azathioprine TABS 50 MG	94	BD MICROTAINER LANCETS	70	40 MG	24
azathioprine TABS 75 MG, 100 MG	94	BD NEEDLE/30G X 1/2"	90	BENEFIX KIT	61
azelaic acid GEL	54	BD PEN MINI MISC	90	BENLYSTA SOAJ	95
azelastine hcl (ophth)	103	BD PEN MISC	91	BENLYSTA SOSY	95
azelastine hcl 0.1 %, 137	MCG/SPRAY	BD PEN NEEDLE/MICRO/ULTRA-		BENSAL HP OINT	53
	99	FINE/32G X 6MM	90	BENZNIDAZOLE	10
azelastine hcl 0.15 %, 205.5	MCG/SPRAY	BD PEN NEEDLE/MINI/ULTRA-		benzonatate	46
	99	FINE/31G X 5MM	90	benzoyl peroxide-erythromycin GEL .	47
azelastine hcl-fluticasone propionate	SUSP	BD PEN NEEDLE/NANO 2ND		benzphetamine hcl 50 MG	1
	99	GEN/32G X 4MM	90	benztropine mesylate SOLN	33
AZELEX	47	BD PEN NEEDLE/NANO 2ND		benztropine mesylate TABS	33
azithromycin PACK	66	GEN/32G X 5/32"	91	bepotastine besilate	103
azithromycin SUSR	66	BD PEN NEEDLE/NANO/ULTRA-		BESIVANCE	101
azithromycin TABS 250 MG	66	FINE/32G X 4MM	91	BESREMI	33
azithromycin TABS 500 MG	66	BD PEN		BETADINE OPHTHALMIC PREP	101
azithromycin TABS 600 MG	66	NEEDLE/ORIGINAL/ULTRA-		betaine	57
bacitracin (ophthalmic)	101	FINE/29G X 12.7MM	91	betamethasone dipropionate (topical)	
bacitracin-polymyxin b (ophth) ...	101	BD PEN NEEDLE/SHORT/ULTRA-		CREA	51
bacitracin-poly-neomycin-hc	102	FINE/31G X 8MM	91	betamethasone dipropionate (topical)	
baclofen SOLN IT 40 MG/20ML, 500	MCG/ML, 40000 MCG/20ML	BD SAFETYGLIDE INSULIN		LOTN	51
	99	SYRINGE/0.5ML/31G X 15/64" ...	91	betamethasone dipropionate (topical)	
baclofen TABS 10 MG	99	BD SAFETYGLIDE INSULIN		OINT 0.05 %	51
baclofen TABS 20 MG	99	SYRINGE/1ML/31G X 15/64"	91	betamethasone dipropionate	
baclofen TABS 5 MG	99	BD VEO INSULIN SYRINGE ULTRA-		augmented CREA	51
BALCOLTRA (levonorgestrel-ethinyl	estradiol-iron)	FINE/0.5ML/31G X 6MM	91	betamethasone dipropionate	
	44	BD VEO INSULIN SYRINGE ULTRA-		augmented GEL 0.05 %	51
balsalazide disodium CAPS	59	FINE/U-100/1ML/31G X 15/64" ...	91	betamethasone dipropionate	
BALVERSA	30	BD VEO INSULIN SYRINGE ULTR-		augmented LOTN	51
BD AUTOSHIELD DUO 30G X 5MM	.....	FINE/U-100/0.5ML/31G X 15/64" .	91	betamethasone dipropionate	
	90	BELLADONNA/OPIUM	117	augmented OINT	51
BD ECLIPSE NEEDLE/LUER-		BELSOMRA	65	betamethasone valerate CREA	52
LOK/30G X 1/2"	90	benazepril & hydrochlorothiazide .	25		
		benazepril hcl 5 MG, 10 MG, 20 MG,			

betamethasone valerate FOAM ... 52	BOSULIF TABS .....30	bumetanide TABS 2 MG .....56
betamethasone valerate LOTN ....52	BRAFTOVI 75 MG 30	buprenorphine hcl SUBL 2 MG 9
betamethasone valerate OINT .....52	BREZTRI AEROSPHERE .....13	buprenorphine hcl SUBL 8 MG 9
BETASERON KIT 106	BRILINTA .....63	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....9
betaxolol hcl (ophth) SOLN .....100	brimonidine tartrate (topical) 54	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ....9
betaxolol hcl .....38	brimonidine tartrate 101	buprenorphine hcl-naloxone hcl dihydrate SUBL .....9
bethanechol chloride 5 MG, 10 MG, 25 MG, 50 MG 119	brimonidine tartrate-timolol maleate . 100	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR . 10
BETHKIS NEBU (tobramycin) 2	brinzolamide 103	bupropion hcl (smoking deterrent) 114
BETIMOL .....100	BRIVIACT SOLN OR 10 MG/ML .. 15	bupropion hcl TABS 75 MG, 100 MG 17
BETOPTIC-S SUSP .....100	BRIVIACT TABS 10 MG .....15	bupropion hcl TB12 17
bexarotene (topical) .....49	BRIVIACT TABS 100 MG .....15	bupropion hcl TB24 150 MG, 300 MG.....17
bexarotene 33	BRIVIACT TABS 25 MG, 50 MG, 75 MG 15	bupropion hcl TB24 450 MG .....17
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ... 44	bromfenac sodium (ophth) 0.07 %, 0.075 %103	buspirone hcl 11
bicalutamide .....29	bromfenac sodium (ophth) 0.09 % 103	butalbital-acetaminophen CAPS 50 MG-300 MG 6
BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML 104	bromocriptine mesylate CAPS ....33	butalbital-acetaminophen TABS 50 MG-300 MG 6
BICILLIN L-A SUSY 104	bromocriptine mesylate TABS 2.5 MG 33	butalbital-acetaminophen TABS 50 MG-325 MG 6
BIKTARVY .....35	BRUKINSA .....30	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG 6
bimatoprost SOLN .....103	budesonide (inhalation) SUSP 0.25 MG/2ML .....12	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....6
bisacodyl SUPP .....66	budesonide (inhalation) SUSP 0.5 MG/2ML .....12	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG .....9
bisacodyl TBEC .....66	budesonide (inhalation) SUSP 1 MG/2ML .....12	
bisoprolol & hydrochlorothiazide ..25	budesonide (intra-rectal) .....10	
bisoprolol fumarate .....38	budesonide TB24 46	
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG 30	budesonide-formoterol fumarate dihydrate .....13	
bortezomib SOLR IJ 30	bumetanide TABS 0.5 MG, 1 MG .56	
bosentan TABS 125 MG .....40		
bosentan TABS 62.5 MG .....40		
BOSULIF CAPS .....30		

butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	9	calcitriol CAPS 0.5 MCG	57	carbidopa-levodopa TBDP	34
butalbital-aspirin-caffeine CAPS	6	calcitriol SOLN OR	57	carbidopa-levodopa-entacapone ..	33
butalbital-aspirin-caffeine w/cod	9	calcium acetate (phosphate binder) CAPS	60	carbinoxamine maleate SOLN	22
butorphanol tartrate NA 10 MG/ML 10	9	calcium acetate (phosphate binder) TABS	60	carbinoxamine maleate TABS 4 MG .	22
CABENUVA (CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER)	35	CALQUENCE	30	CARBINOXAMINE MALEATE TABS .	22
CABENUVA (CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER)	36	candesartan cilexetil 32 MG	24	CARDURA XL	60
cabergoline	57	candesartan cilexetil 4 MG, 8 MG, 16 MG	24	CAREONE LANCET SUPER THIN/30G	70
CABOMETYX TABS 20 MG, 60 MG . 30	30	candesartan cilexetil- hydrochlorothiazide	25	CAREONE LANCET THIN	70
CABOMETYX TABS 40 MG	30	capecitabine	27	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	91
caffeine citrate SOLN OR	1	CAPRELSA	30	CARESENS LANCETS	70
CALCIFOL	93	captopril & hydrochlorothiazide ...	25	CARETOUCH SAFETY LANCETS/26G	70
calcipotriene CREA	50	captopril	24	CARETOUCH SAFETY LANCETS/28G	71
calcipotriene FOAM	50	CARAC CREA	49	CARETOUCH SAFETY LANCETS/30G	71
CALCIPOTRIENE FOAM	50	carbamazepine CHEW	15	CARETOUCH SAFETY LANCETS/28G	71
calcipotriene OINT	50	carbamazepine CP12	15	CARETOUCH TWIST LANCETS 28G	71
calcipotriene SOLN	50	carbamazepine SUSP	15	CARETOUCH TWIST LANCETS 30G	71
calcipotriene-betamethasone dipropionate OINT	52	carbamazepine TABS	15	CARETOUCH TWIST LANCETS 33G	71
calcipotriene-betamethasone dipropionate SUSP	52	carbamazepine TB12 100 MG	15	CARETOUCH TWIST LANCETS MULTI COLOR/30G	71
calcitonin (salmon) IJ 200 UNIT/ML 56	56	carbamazepine TB12 200 MG	15	carisoprodol TABS	99
calcitonin (salmon) NA 200 UNIT/ACT	56	carbamazepine TB12 400 MG	15	carteolol hcl (ophth)	100
calcitriol (topical)	50	CARBATROL CP12 (carbamazepine)	15	carvedilol 3.125 MG	37
calcitriol CAPS 0.25 MCG	57	carbidopa	33	carvedilol 6.25 MG, 12.5 MG, 25 MG	37
		carbidopa-levodopa TABS	33	carvedilol phosphate	37
		carbidopa-levodopa TBCR 100 MG- 25 MG	34		
		carbidopa-levodopa TBCR 200 MG- 50 MG	34		

CAYA DPRH	67	CERDELGA	63	ciclopirox SHAM	48
CAYSTON	26	CEREZYME 400 UNIT	63	ciclopirox SOLN	48
cefaclor CAPS	41	CERVIDIL INST	104	cilostazol	63
CEFACLOR ER TB12	41	CETACAINE AERO	54	CILOXAN OINT	101
cefaclor SUSR 125 MG/5ML, 375 MG/5ML	41	cevimeline hcl	95	CIMDUO	36
cefadroxil CAPS	41	CHEMET	21	cimetidine TABS 300 MG, 800 MG 117	
cefadroxil SUSR	41	CHENODAL	59	cimetidine TABS 400 MG	117
cefadroxil TABS	41	chlordiazepoxide hcl CAPS	11	cinacalcet hcl	57
cefazolin sodium SOLR IV 1 GM ..	41	chlordiazepoxide hcl-clidinium bromide	117	CIPRO HC	104
cefdinir CAPS	41	chlordiazepoxide-amitriptyline ...	105	CIPRO SUSR	58
cefdinir SUSR	41	chlorhexidine gluconate (mouth- throat)	95	ciprofloxacin hcl (ophth) SOLN ...	101
cefixime CAPS	41	chloroquine phosphate TABS	27	ciprofloxacin hcl (otic)	103
cefixime SUSR	41	chlorpromazine hcl TABS	35	ciprofloxacin hcl TABS	58
CEFOTAN IJ (cefotetan disodium) 41		chlorthalidone 25 MG, 50 MG	56	ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML	58
cefotetan disodium IJ 1 GM, 2 GM 41		chlorzoxazone TABS 250 MG	99	ciprofloxacin-dexamethasone ...	104
CEFOXITIN SODIUM	41	chlorzoxazone TABS 375 MG, 500 MG, 750 MG	99	CITALOPRAM HYDROBROMIDE CAPS	18
cefoxitin sodium IV 1 GM, 2 GM ...	41	cholestyramine light PACK	23	citalopram hydrobromide SOLN ...	18
cefpodoxime proxetil SUSR	41	cholestyramine light POWD	23	citalopram hydrobromide TABS ...	18
cefpodoxime proxetil TABS	41	cholestyramine PACK	23	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	97
cefprozil SUSR	41	cholestyramine POWD	23	CITRANATAL ASSURE	97
cefprozil TABS	41	choline fenofibrate 135 MG	23	CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG 97	
cefuroxime axetil TABS	41	choline fenofibrate 45 MG	23	CITRANATAL DHA	97
celecoxib 400 MG	5	CHOSEN LANCETS 30G	71	CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	97
celecoxib 50 MG, 100 MG, 200 MG 5		CHOSEN SAFETY LANCETS 28G 71			
CELONTIN (methsuximide)	17	ciclopirox GEL	48		
CENTANY OINT	48	ciclopirox olamine CREA	48		
cephalexin CAPS	41	ciclopirox olamine SUSP	48		
cephalexin SUSR 125 MG/5ML, 250 MG/5ML	41				
CEPROTIN	63				

CITRANATAL MEDLEY	97	SOLN	48	clonidine hcl TABS	25
clarithromycin SUSR	66	clindamycin phosphate (topical) SWAB	48	clopidogrel bisulfate	63
clarithromycin TABS	66	clindamycin phosphate vaginal CREA	120	clorazepate dipotassium TABS	11
clarithromycin TB24	66	clindamycin phosphate-benzoyl peroxide (refrigerate)	48	clotrimazole	95
CLEANLET LANCETS 28G	71	clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %	48	clotrimazole w/ betamethasone CREA	48
clemastine fumarate TABS 2.68 MG . 22		clindamycin phosphate-tretinoin ..	48	clotrimazole w/ betamethasone LOTN	49
CLEOCIN SUPP	120	CLINDESSE	120	clozapine TABS	35
CLEVER CHEK LANCETS ULTRATHIN	71	clobazam SUSP	14	clozapine TBDP 12.5 MG	35
CLEVER CHEK LANCETS ULTRATHIN 30G	71	clobazam TABS 10 MG	14	clozapine TBDP 25 MG, 100 MG ..	35
CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.5ML/31G X 15/64"	91	clobazam TABS 20 MG	14	C-NATE DHA CAPS	97
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64"	91	clobetasol propionate CREA 0.05 % . 52		COAGUCHEK LANCETS	71
CLEVER CHOICE COMFORT EZLANCETS 21G	71	clobetasol propionate emollient base 0.05 %	52	COARTEM	27
CLEVER CHOICE COMFORT EZLANCETS 23G	71	clobetasol propionate emulsion ..	52	codeine sulfate TABS	7
CLEVER CHOICE COMFORT EZLANCETS 28G	71	clobetasol propionate FOAM	52	CODITUSSIN AC LIQD	46
CLIMARA PRO	58	clobetasol propionate GEL 0.05 %	52	colchicine CAPS	61
clindamycin hcl	26	clobetasol propionate LIQD	52	colchicine TABS	61
clindamycin palmitate hydrochloride . 26		clobetasol propionate LOTN	52	colchicine w/ probenecid	61
clindamycin phosphate (topical) FOAM	47	clobetasol propionate OINT 0.05 % 52		colesevelam hcl PACK	23
clindamycin phosphate (topical) GEL 47		clobetasol propionate SHAM	52	colesevelam hcl TABS	23
clindamycin phosphate (topical) LOTN	47	clobetasol propionate SOLN 0.05 % . 52		colestipol hcl GRAN	23
clindamycin phosphate (topical)		clocortolone pivalate	52	colestipol hcl PACK	23
		clomipramine hcl	18	colestipol hcl TABS	23
		clonazepam TABS	14	COMBIPATCH PTTW	58
		clonazepam TBDP	14	COMBIVENT RESPIMAT AERS ..	13
		clonidine hcl (adhd) TB12	2	COMETRIQ KIT	30
				COMFORT ASSURED LANCETS MICRO THIN 33G	71
				COMFORT ASSURED LANCETS SUPER THIN 28G	71

COMFORT LANCETS	71	COVID-19 AT HOME TEST KITS	54	cyclosporine modified (for microemulsion) CAPS	94
COMFORT TOUCH LANCETS ULTRA THIN 31G	71	COVID-19 FLU A&B 3-IN-1 TEST KIT	54	cyclosporine modified (for microemulsion) SOLN	94
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	71	CREON CPEP	55	CYKLOKAPRON SOLN (tranexamic acid)	64
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	72	CRESEMBA CAPS OR 186 MG	22	CRINONE GEL 8 %	120
COMFORT TOUCH TWIST LANCETS 30G	72	cromolyn sodium (ophth)	103	cromolyn sodium NEBU	12
COMPLERA	36	CUPRIMINE CAPS (penicillamine) 94		cyproheptadine hcl SYRP	23
COMPLETENATE CHEW	97	CVS LANCETS 21G	72	cyproheptadine hcl TABS	23
CONCEPT DHA	97	CVS LANCETS MICRO THIN 33G 72		CYSTADANE (betaine)	57
CONCEPT OB	97	CVS LANCETS MICRO-THIN 33G 72		CYSTAGON CAPS	60
CONDOMS	67	CVS LANCETS ORIGINAL	72	CYSTARAN	103
CONTRACE	1	CVS LANCETS THIN 26G	72	CYTOMEL TABS 25 MCG, 50 MCG (liothyronine sodium)	116
CONZIP CP24 (tramadol hcl)	8	CVS LANCETS ULTRA THIN 30G 72		CYTOMEL TABS 5 MCG (liothyronine sodium)	116
COPIKTRA	30	CVS LANCETS ULTRA-THIN 30G 72		dabigatran etexilate mesylate CAPS 110 MG	14
CORDRAN TAPE	52	CVS ULTRA THIN LANCETS	72	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	14
CORIFACT	61	cyclobenzaprine hcl TABS 5 MG, 10 MG	99	dalfampridine	106
CORLANOR SOLN	40	CYCLOGYL	101	danazol CAPS	10
CORTANE-B	52	CYCLOMYDRIL	101	dantrolene sodium CAPS	99
CORTIFOAM EX 10 %	10	cyclopentolate hcl	101	dapagliflozin propanediol	21
CORTISPORIN-TC	104	cyclophosphamide CAPS	27	dapagliflozin propanediol-metformin hcl 1000 MG-10 MG	19
COSENTYX SENSOREADY PEN SOAJ	50	CYCLOPHOSPHAMIDE TABS	27	dapagliflozin propanediol-metformin hcl 1000 MG-5 MG	19
COSENTYX SOSY 150 MG/ML ...	50	cycloserine	27	dapsone (topical) 5 %	48
COSENTYX SOSY 75 MG/0.5ML .	50	cyclosporine (ophth) EMUL	102	dapsone (topical) 7.5 %	48
COSENTYX UNOREADY SOAJ ..	50	cyclosporine CAPS	94	dapsone 100 MG	26
COTELLIC	30			dapsone 25 MG	26
COVID VACCINES	119			DARAPRIM (pyrimethamine)	27
				darifenacin hydrobromide	119

darunavir TABS	36	desmopressin acetate spray	57	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
dasatinib 20 MG, 50 MG, 70 MG ..	30	desmopressin acetate spray refrigerated	57	DHIVY TABS	34
dasatinib 80 MG, 100 MG, 140 MG 30		desmopressin acetate TABS 0.1 MG 57		DIACOMIT CAPS 250 MG	15
DAURISMO	29	desmopressin acetate TABS 0.2 MG 57		DIACOMIT CAPS 500 MG	15
deferasirox PACK	21	desogestrel & ethinyl estradiol	44	DIACOMIT PACK 250 MG	15
deferasirox TABS	21	desogestrel-ethinyl estradiol (biphasic)	44	DIACOMIT PACK 500 MG	15
deferasirox TBSO	21	desonide CREA	52	DIATHRIVE LANCETS	72
deferiprone TABS 500 MG	21	desonide GEL	52	DIATHRIVE LANCETS ULTRA THIN 30G	72
deflazacort SUSP	46	desonide LOTN	52	diazepam (anticonvulsant) GEL ...	14
deflazacort TABS	46	desonide OINT	52	diazepam CONC	11
DELSTRIGO	36	desoximetasone CREA	52	diazepam SOLN OR 5 MG/5ML ...	11
demeclocycline hcl TABS	115	desoximetasone GEL	52	diazepam TABS 10 MG	11
DEMSEER (metyrosine)	24	desoximetasone LIQD	52	diazepam TABS 2 MG, 5 MG	11
DEPAKOTE ER TB24 (divalproex sodium)	17	desoximetasone OINT 0.05 %	52	diazoxide	19
DEPAKOTE SPRINKLES CSDR 125 MG (divalproex sodium)	17	desoximetasone OINT 0.25 %	52	dichlorphenamide	55
DEPAKOTE TBEC (divalproex sodium)	17	desvenlafaxine succinate	18	diclofenac potassium TABS 50 MG .	5
DEPEN TITRATABS TABS (penicillamine)	94	dexamethasone ELIX	46	diclofenac sodium (actinic keratoses) EX	49
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML SUSP PREF SYR)	45	DEXAMETHASONE INTENSOL CONC	46	diclofenac sodium (ophth)	103
DESCOVY 200 MG-25 MG	36	dexamethasone sodium phosphate (ophth)	102	diclofenac sodium (topical) GEL EX 49	
desipramine hcl TABS	18	dexamethasone SOLN	46	diclofenac sodium (topical) SOLN EX 1.5 %	49
desloratadine TABS	23	dexamethasone TABS	46	diclofenac sodium (topical) SOLN EX 2 %	49
desloratadine TBDP 2.5 MG	23	dexamethasone TBPK	46	diclofenac sodium TB24 100 MG ...	5
desloratadine TBDP 5 MG	23	dexamethylphenidate hcl CP24	2	diclofenac sodium TBEC	5
DESMOPRESSIN ACETATE SOLN NA	57	dexamethylphenidate hcl TABS	2	diclofenac w/ misoprostol TBEC ...	5
		dextroamphetamine sulfate CP24 ...	1	dicloxacillin sodium	105
		dextroamphetamine sulfate SOLN ..	1	dicyclomine hcl CAPS	117

dicyclomine hcl SOLN OR 10 MG/5ML	117	dimethyl fumarate CPDR	106	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	115
dicyclomine hcl TABS	117	DIPENTUM	59	doxycycline (monohydrate) SUSR 115	
diethylpropion hcl TABS	1	diphenhydramine hcl SOLN 50 MG/ML	23	doxycycline (monohydrate) TABS 50 MG, 100 MG, 150 MG	115
diethylpropion hcl TB24	1	diphenoxylate w/ atropine LIQD ...	21	doxycycline (monohydrate) TABS 75 MG	115
DIFFERIN LOTN	48	diphenoxylate w/ atropine TABS ...	21	doxycycline (rosacea)	54
DIFICID TABS	67	dipyridamole	63	doxycycline hyclate CAPS 50 MG, 100 MG	115
diflorasone diacetate CREA	52	disopyramide phosphate CAPS ...	11	doxycycline hyclate TABS 20 MG, 75 MG, 100 MG, 150 MG	115
diflorasone diacetate OINT	52	disulfiram	105	doxylamine-pyridoxine TBEC	22
diflunisal TABS	7	DIURIL SUSP	56	dronabinol CAPS 10 MG	22
difluprednate	102	divalproex sodium CSDR	17	dronabinol CAPS 2.5 MG, 5 MG ...	22
digoxin SOLN OR 0.05 MG/ML	39	divalproex sodium TB24	17	DROPLET INSULIN SYRINGE U- 100/1ML/31G X 15/64"	91
digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG	39	divalproex sodium TBEC	17	DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 15/64"	91
dihydroergotamine mesylate SOLN IJ 1 MG/ML	92	dofetilide	11	DROPLET INSULIN SYRINGE/U- 100/1ML/31G X 15/64"	91
dihydroergotamine mesylate SOLN NA 4 MG/ML	92	DOJOLVI	100	DROPLET LANCETS ULTRA THIN 30G	72
DILANTIN (phenytoin sodium extended)	17	DOMETUSS-DMX LIQD	46	DROPLET PERSONAL LANCETS30G	72
DILANTIN	17	donepezil hydrochloride TABS ...	105	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	91
DILANTIN INFATABS CHEW (phenytoin)	17	donepezil hydrochloride TBDP ...	105	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	91
DILANTIN-125 SUSP (phenytoin) .	17	dorzolamide hcl	103	drospirenone-ethinyl estradiol	44
diltiazem hcl coated beads CP24 ..	38	DORZOLAMIDE HCL	103	drospirenone-ethinyl estradiol- levomefolate calcium	44
diltiazem hcl CP12	38	DORZOLAMIDE HCL/TIMOLOL MALEATE	100		
diltiazem hcl CP24	38	dorzolamide hcl-timolol maleate .	101		
diltiazem hcl extended release beads	38	DOVATO	36		
diltiazem hcl TABS	38	doxazosin mesylate	25		
diltiazem hcl TB24	38	doxepin hcl (antipruritic)	50		
dimethyl fumarate CDPK	106	doxepin hcl CAPS	18		
		doxepin hcl CONC	18		
		doxercalciferol CAPS	57		
		doxycycline (monohydrate) CAPS 150 MG	115		

DROXIA CAPS	63	30GX1/2"	92	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	73
droxidopa	120	EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	92	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	74
DRUG MART LANCETS THIN	72	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	74
DRUG MART ON-THE-GO LANCETS GENTLE 30G	72	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	74
DRUG MART UNILET LANCETSSUPER THIN 30G	72	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	74
DRUG MART UNILET LANCETSULTRA THIN 28G	72	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	73	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED	74
DRUG MART UNILET MICRO THIN LANCETS 33G	72	EASY TOUCH LANCETS 28G/TWIST	73	ECONAZOLE NITRATE CREA	49
DRYSOL SOLN	54	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	73	EDARBI 40 MG	24
DUAVEE	58	EASY TOUCH LANCETS 30G/PULL-TOP	73	EDARBI 80 MG	24
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	18	EASY TOUCH LANCETS 30G/PULL-TOP	73	EDARBYCLOR	25
DUOPA SUSP	34	EASY TOUCH LANCETS 30G/PULL-TOP	73	EDURANT	36
DUPIXENT SOAJ SC 300 MG/2ML 53		EASY TOUCH LANCETS 30G/PULL-TOP	73	EFAVIRENZ CAPS	36
DUPIXENT SOSY	53	EASY TOUCH LANCETS 30G/PULL-TOP	73	EFAVIRENZ TABS	36
DUREX EXTRA SENSITIVE THIN DEVI	67	EASY TOUCH LANCETS 30G/PULL-TOP	73	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	36
DUREX EXTRA SENSITIVE THIN MISC	67	EASY TOUCH LANCETS 30G/TWIST	73	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE	36
DUREX TROPICAL MISC	67	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	73	EFFER-K	94
dutasteride	60	EASY TOUCH LANCETS 32G/PULL-TOP	73	ELESTRIN GEL	58
dutasteride-tamsulosin hcl	60	EASY TOUCH LANCETS 32G/TWIST	73	ELIQUIS STARTER PACK TBPK ..	14
EASY COMFORT LANCETS	72	EASY TOUCH LANCETS 33G/TWIST	73	ELIQUIS TABS	14
EASY COMFORT LANCETS 30G/PULL TOP	73	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	73	ELLA	45
EASY COMFORT LANCETS 30G/THIN TOP	73			ELMIRON CAPS	60
EASY COMFORT LANCETS TWIST TOP	73				
EASY TOUCH FLIPLOCK NEEDLES					

ELOCTATE	61	enoxaparin sodium SOSY	14	erythromycin (acne aid) SOLN	48
EMBRACE LANCETS ULTRA THIN 30G	74	entacapone	33	erythromycin (ophth)	101
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	74	entecavir TABS	37	ERYTHROMYCIN	101
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	74	ENTEREG (alvimopan)	59	erythromycin base CPEP	66
EMCYT	29	ENTRESTO TABS	39	erythromycin base TABS	66
EMEND SUSR	22	EPCLUSA PACK	37	erythromycin base TBEC	66
EMFLAZA SUSP (deflazacort)	46	EPCLUSA TABS 100 MG-400 MG	37	erythromycin ethylsuccinate SUSR	67
EMFLAZA TABS (deflazacort)	46	EPCLUSA TABS 50 MG-200 MG	37	escitalopram oxalate SOLN	18
EMGALITY SOAJ	92	EPIDIOLEX	15	escitalopram oxalate TABS 10 MG, 20 MG	18
EMGALITY SOSY	92	EPIFOAM FOAM	52	escitalopram oxalate TABS 5 MG	18
EMSAM	17	epinastine hcl (ophth)	103	estazolam	64
emtricitabine CAPS	36	epinephrine (anaphylaxis) SOAJ	120	estradiol & norethindrone acetate TABS	58
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	36	eplerenone	26	estradiol GEL 0.06 %	58
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	36	EQL COLOR LANCETS 21G	74	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	58
EMTRIVA SOLN	36	EQL COLOR LANCETS MICRO THIN 33G	74	estradiol GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	58
enalapril maleate & hydrochlorothiazide	25	EQL SUPER THIN LANCETS 30G 74	74	estradiol PTTW	58
enalapril maleate TABS	24	EQL THIN LANCETS 26G	74	estradiol PTWK	58
ENBREL MINI SOCT	5	EQUETRO	34	estradiol TABS	58
ENBREL SOLN	6	ergocalciferol CAPS	120	estradiol vaginal CREA	120
ENBREL SOSY 25 MG/0.5ML	6	ergolid mesylates TABS	107	estradiol vaginal TABS	120
ENBREL SOSY 50 MG/ML	6	ERGOMAR SUBL	92	estradiol valerate	58
ENBREL SURECLICK SOAJ	6	ergotamine w/ caffeine TABS	92	ESTRING RING	120
ENCARE SUPP 100 MG	119	ERIVEDGE	29	eszopiclone	64
ENDOMETRIN INST	120	ERLEADA 240 MG	29	ethacrynic acid	56
enoxaparin sodium SOLN IJ 300 MG/3ML	14	ERLEADA 60 MG	29	ethambutol hcl TABS	27
		erlotinib hcl	28	ethosuximide CAPS	17
		ERTACZO	49	ethosuximide SOLN	17
		ertapenem sodium IJ	26	ethynodiol diacet & eth estrad	44
		erythromycin (acne aid) GEL	48		

etodolac CAPS	5	E-ZJECT LANCETS MICRO-THIN 33G	74	FEMCAP DEVI	67
etodolac TABS	5	EZ-LETS LANCETS 21G	74	FEMLYV TBDP	44
etodolac TB24 400 MG, 500 MG, 600 MG	5	EZ-LETS LANCETS 26G SUPER- SOFT	74	FEMRING	120
etonogestrel-ethinyl estradiol	45	EZ-LETS LANCETS 28G ULTRA- SOFT	74	fenofibrate CAPS	23
ETOPOPHOS	33	EZ-LETS LANCETS 30G	75	fenofibrate micronized 130 MG, 200 MG	23
etoposide CAPS	33	FABHALTA	63	fenofibrate micronized 43 MG, 67 MG, 134 MG	23
etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	33	FABIOR FOAM	48	fenofibrate TABS 145 MG, 160 MG 23	
etravirine	36	famciclovir	37	fenofibrate TABS 48 MG	23
EUCRISA	54	famotidine SUSR	117	fenofibrate TABS 54 MG	23
EULEXIN	29	famotidine TABS 20 MG	117	FENOFIBRATE TABS	23
EVAMIST SOLN	58	famotidine TABS 40 MG	117	fenoprofen calcium TABS	5
everolimus (immunosuppressant)	94	FANAPT	34	FENSOLVI SC	56
everolimus TABS	30	FANAPT TITRATION PACK	34	fenentanyl citrate LPOP 1600 MCG ...	8
everolimus TBSO	30	FANTASY LUBRICATED MISC ...	67	fenentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG	8
EVISTA (raloxifene hcl)	56	FANTASY LUBRICATED/SPERMICIDE MISC 67		fenentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8
EVOTAZ	36	FARXIGA	21	fenentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8
EVRYSDI	100	FASENRA PEN SOAJ	12	FERRIPROX SOLN	21
EXELDERM SOLN	49	FASENRA SOSY	12	FERRIPROX TABS 500 MG (deferiprone)	21
exemestane	29	FC2 FEMALE CONDOM	67	fesoterodine fumarate	119
EXJADE TBSO (deferiasirox)	21	febuxostat 40 MG	61	FETZIMA CP24 20 MG	18
EXODERM	49	febuxostat 80 MG	61	FETZIMA CP24 40 MG, 80 MG, 120 MG	18
E-Z JECT LANCETS	74	FEIBA	61	FETZIMA TITRATION PACK C4PK 18	
E-Z JECT LANCETS 21G	74	felbamate SUSP	17	FIBRICOR (fenofibric acid)	23
E-Z JECT LANCETS COLOR	74	felbamate TABS	17		
E-Z JECT LANCETS SUPER THIN 30G	74	FELBATOL SUSP (felbamate)	17		
E-Z JECT LANCETS THIN 26G	74	felodipine 10 MG	38		
ezetimibe	24	felodipine 2.5 MG, 5 MG	38		
ezetimibe-simvastatin	23				

FIFTY50 SAFETY SEAL LANCETS 30G	75	fluconazole TABS	22	18	fluphenazine hcl CONC	35
FIFTY50 SAFETY SEAL LANCETS 32G	75	fluocytosine	22		fluphenazine hcl ELIX	35
FIFTY50 UNILET LANCETS 33G	75	fludarabine phosphate SOLR	27		fluphenazine hcl TABS	35
FINACEA FOAM	54	fludrocortisone acetate TABS	46		flurazepam hcl 15 MG	64
finasteride	60	FLULAVAL QUADRIVALENT 2022-2023 SUSY	119		flurazepam hcl 30 MG	64
FINE 30	75	FLULAVAL QUADRIVALENT 2023-2024 SUSY	119		flurbiprofen sodium	103
FINGERSTIX LANCETS	75	FLUMIST QUADRIVALENT	119		flurbiprofen TABS	5
fingolimod hcl	106	fluocinolone acetonide (otic)	104		flutamide	29
FIRAZYR SOSY (icatibant acetate) 63		fluocinolone acetonide CREA	52		fluticasone furoate-vilanterol	13
FIRDAPSE	27	fluocinolone acetonide OIL	52		fluticasone propionate (inhalation) AEPB 100 MCG/ACT	12
FLAREX	102	fluocinolone acetonide OINT	52		fluticasone propionate (inhalation) AEPB 250 MCG/ACT	12
flavoxate hcl	119	fluocinolone acetonide SOLN	52		fluticasone propionate (inhalation) AEPB 50 MCG/ACT	12
flecainide acetate	11	fluocinonide CREA	52		fluticasone propionate (nasal) SUSP . 100	
FLORAFOL PEDIATRIC CHEW	96	fluocinonide emulsified base	52		fluticasone propionate CREA 0.05 % 52	
FLORIVA	93	fluocinonide GEL	52		fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	12
FLORIVA	97	fluocinonide OINT	52		fluticasone propionate hfa 44 MCG/ACT	12
FLORIVA PLUS SOLN	96	fluocinonide SOLN	52		fluticasone propionate LOTN	52
FLOWFLEX PLUS COVID-19/FLU A/B HOME TEST	54	fluorometholone (ophth) SUSP ...	102		fluticasone propionate OINT	52
FLUAD QUADRIVALENT 2022-2023	119	fluorouracil (topical) CREA 0.5 % ..	50		fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	13
FLUAD QUADRIVALENT 2023-2024	119	fluorouracil (topical) CREA 5 % ...	49		fluticasone-salmeterol AERO	13
FLUARIX QUADRIVALENT 2022-2023 SUSY	119	fluorouracil (topical) SOLN	50		fluvastatin sodium CAPS	24
FLUARIX QUADRIVALENT 2023-2024 SUSY	119	fluoxetine hcl (pmd) TABS	107		fluvastatin sodium TB24	24
FLUBLOK 2024-2025 SOSY	119	fluoxetine hcl CAPS 10 MG, 20 MG 18				
FLUCELVAX 2024-2025 SUSP	119	fluoxetine hcl CAPS 40 MG	18			
fluconazole SUSR	22	fluoxetine hcl CPDR	18			
		fluoxetine hcl SOLN	18			
		fluoxetine hcl TABS 10 MG	18			
		fluoxetine hcl TABS 20 MG, 60 MG				

fluvoxamine maleate CP24 100 MG 18	hydrochlorothiazide 25	FYCOMPA TABS 4 MG 14
fluvoxamine maleate CP24 150 MG 18	fosinopril sodium 24	FYCOMPA TABS 6 MG 14
fluvoxamine maleate TABS 100 MG . 18	FOSRENOL PACK 60	FYCOMPA TABS 8 MG, 10 MG, 12 MG 14
fluvoxamine maleate TABS 25 MG, 50 MG 18	FRAGMIN SOLN 95000 UNIT/3.8ML 14	gabapentin CAPS 15
FLUZONE HIGH-DOSE PF 2022- 2023 119	FRAGMIN SOSY 2500 UNIT/0.2ML 14	gabapentin SOLN 15
FLUZONE HIGH-DOSE PF 2023- 2024 119	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 .14	gabapentin TABS 600 MG, 800 MG 15
FLUZONE QUADRIVALENT 2022- 2023 SUSY 119	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G 75	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ... 99
FLUZONE QUADRIVALENT 2023- 2024 SUSY 119	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G 75	GALAFOLD 57
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folic acid TABS 1 MG 64	FREESTYLE LANCETS 75	galantamine hydrobromide SOLN 105
folic acid TABS 400 MCG, 800 MCG . 64	FREESTYLE LITE TEST STRIPS STRP 54	galantamine hydrobromide TABS 105
FOLIVANE-F 64	FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP 54	GALZIN 94
FOLIVANE-OB 97	FREESTYLE TEST STRIPS STRP 55	gatifloxacin (ophth) 101
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fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML 14	frovatriptan succinate 92	gefitinib 28
FORA LANCETS 75	furosemide SOLN OR 10 MG/ML, 40 MG/5ML 56	GELFILM OP 102
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formoterol fumarate NEBU 13	FYCOMPA SUSP 14	gentamicin sulfate (ophth) SOLN .101
fosamprenavir calcium TABS 36	FYCOMPA TABS 2 MG 14	gentamicin sulfate (topical) CREA .48
fosfomycin tromethamine 26		gentamicin sulfate (topical) OINT ..48
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		GENTLE-LET GP LANCETS 75
		GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT ..75
		GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT

75	GLUCOCOM LANCETS 33G76	granisetron hcl TABS 21
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT75	glyburide micronized 1.5 MG, 3 MG, 6 MG 21	griseofulvin microsize SUSP 22
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT 75	glyburide TABS 21	griseofulvin microsize TABS 22
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GILOTRIF 28	glycopyrrolate SOLN OR 1 MG/5ML . 117	guanfacine hcl (adhd) 2
GILTUSS COUGH & COLD TABS 46	glycopyrrolate TABS 1 MG, 2 MG 117	guanfacine hcl25
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glatiramer acetate SOSY 40 MG/ML . 106	GNP LANCETS 21G 76	HADLIMA SOSY 3
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GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"92	GONITRO PACK10	HAEMOLANCE PLUS MAX FLOW 76
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GLUCOCOM LANCETS 28G 75	GOODSENSE LANCETS ULTRA- THIN 26G UNIVERSAL 76	haloperidol lactate CONC 35
GLUCOCOM LANCETS 30G76	GOODSENSE LANCETS ULTRA- THIN 30G76	haloperidol TABS 35
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		H-E-B INCONTROL LANCETS MICRO THIN 33G77

H-E-B INCONTROL LANCETS SUPER THIN 30G77	HUMIRA PEN AJKT SC 40 MG/0.8ML 4	hydrocodone polistirex- chlorpheniramine polistirex SUER .46
H-E-B INCONTROL LANCETS ULTRA THIN 28G77	HUMIRA PEN AJKT SC 80 MG/0.8ML 4	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 9
HEMANGEOL SOLN OR38	HUMIRA PEN-CD/UC/HS STARTER AJKT SC 40 MG/0.8ML 4	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG 9
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT61	HUMIRA PEN-CD/UC/HS STARTER AJKT SC 80 MG/0.8ML 4	hydrocodone-acetaminophen TABS 300 MG-7.5 MG 9
heparin sodium (porcine) SOLN IJ 10000 UNIT/ML 14	HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT SC 4	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG9
HEPLISAV-B SOSY 119	HUMIRA PEN-PS/UV STARTER AJKT SC4	hydrocodone-ibuprofen 10 MG-200 MG, 7.5 MG-200 MG9
HUMALOG JUNIOR KWIKPEN SOPN 20	HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML 4	hydrocodone-ibuprofen 5 MG-200 MG9
HUMALOG KWIKPEN SOPN 100 UNIT/ML 20	HUMIRA PSKT 40 MG/0.8ML 4	hydrocortisone (intrarectal)10
HUMALOG KWIKPEN SOPN 200 UNIT/ML 20	HUMULIN 70/30 KWIKPEN SUPN 20 HUMULIN 70/30 SUSP 20	hydrocortisone (rectal) EX 2.5 % .. 10
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HUMALOG MIX 50/50 SUSP20	HUMULIN N SUSP 20	hydrocortisone (topical) LOTN 2 %, 2.5 %52
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HUMALOG MIX 75/25 SUSP20	HUMULIN R U-500 (CONCENTRATED) SOLN SC 20	hydrocortisone butyrate CREA 53
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HUMALOG SOLN IJ20	HYCANTIN CAPS 33	hydrocortisone butyrate OINT 53
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HUMATROPE CART IJ56	hydrochlorothiazide CAPS56	hydrocortisone valerate CREA 53
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML 3	hydrochlorothiazide TABS56	hydrocortisone valerate OINT 53
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	hydrocodone bitartrate-homatropine methylbromide TABS 46	

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hydroxyurea	33	imatinib mesylate 100 MG	31	INNOPRAN XL	38
hydroxyzine hcl SYRP	11	imatinib mesylate 400 MG	31	INQOVI	30
hydroxyzine hcl TABS	11	IMBRUVICA CAPS 140 MG	31	INREBIC	31
hydroxyzine pamoate CAPS	11	IMBRUVICA CAPS 70 MG	31	INSULIN LISPRO PROTAMINE/INSULIN LISPRO	
hyoscyamine sulfate SUBL 0.125 MG	117	IMBRUVICA SUSP	31	KWIKPEN SUPN	20
hyoscyamine sulfate TABS 0.125 MG	117	IMBRUVICA TABS	31	INTEGRA F	64
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ivabradine hcl TABS	40	KESIMPTA	106	67
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lactulose SOLN	65	LANCETS MICRO THIN 33G	78	LENVIMA 20 MG DAILY DOSE ..	28
LAGEVRIO	37	LANCETS SUPER THIN 28G	78	LENVIMA 24 MG DAILY DOSE ..	28
LAMICTAL CHEWABLE DISPERSIBLE CHEW (lamotrigine) 15		LANCETS THIN	78	LENVIMA 4 MG DAILY DOSE	28
LAMICTAL TABS (lamotrigine)	15	LANCETS ULTRA THIN	78	LENVIMA 8 MG DAILY DOSE	28
LAMICTAL XR KIT	15	LANCETS ULTRA THIN 30G	78	LETAIRIS 10 MG (ambrisentan) ...	40
lamivudine (hbv) TABS	37	LANOXIN TABS 125 MCG, 250 MCG (digoxin)	39	LETAIRIS 5 MG (ambrisentan)	40
lamivudine SOLN	36	lansoprazole CPDR	118	letrozole	29
lamivudine TABS	36	lansoprazole TBDD 15 MG	118	leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG	33
		lansoprazole TBDD 30 MG	118	leucovorin calcium TABS	33
		lanthanum carbonate CHEW 1000 MG	60	LEUKERAN	27
		lanthanum carbonate CHEW 500 MG	60	leuprolide acetate KIT IJ 1 MG/0.2ML	29

levabuterol hcl	13	levothyroxine sodium TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	116	LITETOUCH LANCETS MICRO THIN 33G	78
levabuterol tartrate	13	LIBERTY MEDICAL LANCETS 30G	78	lithium	34
levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	16	lidocaine hcl (mouth-throat)	95	lithium carbonate CAPS 150 MG, 600 MG	34
levetiracetam TABS 1000 MG	16	lidocaine hcl SOLN	54	lithium carbonate CAPS 300 MG	34
levetiracetam TABS 250 MG, 500 MG, 750 MG	16	lidocaine PTCH 5 %	54	lithium carbonate TABS	34
levetiracetam TB24	16	lidocaine-prilocaine CREA	54	lithium carbonate TBCR	34
levobunolol hcl 0.5 %	101	linezolid SUSR	26	LITHOBID TBCR (lithium carbonate)	34
levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	57	linezolid TABS	26	LITHOSTAT	61
levocarnitine (metabolic modifiers) TABS	57	LINZESS	59	LIVE BETTER LANCET SUPERTHIN 30G	78
levofloxacin (ophth) 1.5 %	101	LIORESAL INTRATHECAL SOLN IT (baclofen)	99	LIVE BETTER LANCET ULTRATHIN 28G	78
levofloxacin SOLN OR	58	LIORESAL INTRATHECAL SOLN IT	99	LO LOESTRIN FE TABS	44
levofloxacin TABS	59	liothyronine sodium TABS 25 MCG, 50 MCG	116	LOCOID LIPOCREAM	53
levonorgestrel & eth estradiol TABS 44		liothyronine sodium TABS 5 MCG	116	lofexidine hcl	105
levonorgestrel (emergency oc) 1.5 MG	45	LIPOFEN CAPS 50 MG (fenofibrate)	23	LOKELMA	95
levonorgestrel-eth estradiol (triphasic)	44	lisdexamfetamine dimesylate CAPS 1		LOMAIRA TABS	1
levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG	44	lisdexamfetamine dimesylate CHEW	1	LONGS LANCETS STANDARD	78
levonorgestrel-ethinyl estradiol (continuous)	44	lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	25	LONGS LANCETS THIN	78
levonorgestrel-ethinyl estradiol-iron 44		lisinopril & hydrochlorothiazide 25 MG-20 MG	25	LONGS LANCETS ULTRA THIN	78
levorphanol tartrate TABS 2 MG	8	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	24	LONSURF	30
levorphanol tartrate TABS 3 MG	8	lisinopril TABS 40 MG	24	loperamide hcl CAPS 2 MG	21
levothyroxine sodium CAPS	116	LITE TOUCH LANCETS	78	lopinavir-ritonavir SOLN	36
levothyroxine sodium TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	116			lopinavir-ritonavir TABS	36
				lorazepam CONC	11
				lorazepam TABS	11
				LORBRENA	31
				losartan potassium & hydrochlorothiazide	25

losartan potassium	24	MAYZENT TABS 2 MG	106	medroxyprogesterone acetate 10 MG	105
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	44	meclofenamate sodium CAPS	5	medroxyprogesterone acetate 2.5 MG, 5 MG	105
LOTEMAX OINT	102	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	78	mefenamic acid CAPS	5
loteprednol etabonate GEL	102	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	78	mefloquine hcl	27
loteprednol etabonate SUSP	102	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	78	megestrol acetate (appetite)	105
lovastatin TABS	24	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	79	megestrol acetate SUSP	29
loxapine succinate	35	MEDICHOICE SAFETY LANCETEXTRA	79	megestrol acetate TABS	29
lubiprostone	59	MEDICHOICE SAFETY LANCETNORMAL	79	MEIJER COLOR LANCETS UNIVERSAL 33G	79
LUMIGAN SOLN 0.01 %	103	MEDLANCE PLUS EXTRA LANCETS 21G	79	MEIJER LANCETS	79
LUPRON DEPOT (1-MONTH) KIT IM	29	MEDLANCE PLUS LANCETS	79	MEIJER LANCETS THIN	79
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	57	MEDLANCE PLUS LANCETS LITE 25G	79	MEIJER LANCETS UNIVERSAL21G	79
lurasidone hcl	34	MEDLANCE PLUS LITE LANCETS 25G	79	MEIJER LANCETS UNIVERSAL30G	79
LYNPARZA TABS	31	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	79	MEIJER LANCETS UNIVERSAL33G	80
LYSODREN	29	MEDLANCE PLUS SUPERLITE 30G	79	MEIJER SUPER THIN LANCETS	80
mafenide acetate PACK	51	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	79	MEKINIST SOLR	31
MAGNEBIND 400	93	MEDLANCE PLUS UNIVERSAL LANCETS 21G	79	MEKINIST TABS	31
malathion	54	MEDLANCE PLUS/LITE 25G	79	MEKTOVI	31
maraviroc TABS	36	MEDLANCE/EXTRA	79	meloxicam TABS 15 MG	5
MARPLAN	17	MEDLANCE/LITE	79	meloxicam TABS 7.5 MG	5
MATULANE	33	MEDLANCE/UNIVERSAL	79	melphalan	27
MAVYRET TABS	37	MEDROL TABS	46	memantine hcl CP24	105
MAXIDEX SUSP OP	102			memantine hcl SOLN	105
MAXX LUBRICATED MISC	68			memantine hcl TABS 10 MG	105
MAXX PLUS SPERMICIDE LUBRICATED MISC	68			memantine hcl TABS 5 MG	105
MAYZENT STARTER PACK TBPK 106				memantine hcl TABS	105
MAYZENT TABS 0.25 MG	106			MENEST 0.3 MG, 0.625 MG, 1.25	
MAYZENT TABS 1 MG	106				

MG	58	methenamine hippurate	26	methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG	2
MENEST 2.5 MG	58	methenamine mandelate 0.5 GM, 1 GM	26	methylphenidate hcl TBCR 54 MG ..	2
MENOSTAR PTWK	58	methimazole TABS	116	methylphenidate PTCH	2
meperidine hcl SOLN OR 50 MG/5ML	8	methocarbamol TABS 500 MG, 750 MG	99	methylprednisolone TABS	46
meperidine hcl TABS 50 MG	8	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	27	methylprednisolone TBPK 4 MG ..	46
mercaptopurine TABS	27	methotrexate sodium SOLR	27	methyltestosterone CAPS	10
meropenem 500 MG	26	methotrexate sodium TABS 2.5 MG 27		metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	59
mesalamine CP24	59	methotrexate sodium TABS 2.5 MG 27		metoclopramide hcl TABS	59
mesalamine CPCR	59	methoxsalen rapid	50	metoclopramide hcl TBDP	59
mesalamine CPDR	59	methscopolamine bromide	117	metolazone	56
mesalamine ENEM	59	methsuximide	17	METOPIRONE	54
mesalamine SUPP	59	methylphenidate hcl CHEW	2	metoprolol & hydrochlorothiazide TABS	25
mesalamine TBEC 1.2 GM	59	methylphenidate hcl CP24 60 MG ..	2	metoprolol succinate TB24	38
mesalamine TBEC 800 MG	59	methylphenidate hcl CP24	2	metoprolol tartrate TABS	38
MESNEX TABS	33	methylphenidate hcl CP24	2	metoprolol tartrate TABS	38
MESTINON SOLN OR (pyridostigmine bromide)	27	methylphenidate hcl CP24	2	metoprolol tartrate TABS	38
metaxalone 400 MG	99	methylphenidate hcl CP24	2	metronidazole (topical) CREA	54
metaxalone 800 MG	99	methylphenidate hcl CP24	2	metronidazole (topical) GEL 0.75 % 54	
metformin hcl SOLN	19	methylphenidate hcl CP24	2	metronidazole (topical) GEL 1 % ..	54
metformin hcl TABS 500 MG, 850 MG, 1000 MG	19	methylphenidate hcl CP24	2	metronidazole (topical) LOTN	54
metformin hcl TB24 500 MG, 750 MG	19	methylphenidate hcl CP24	2	metronidazole CAPS	26
methadone hcl CONC	8	methylphenidate hcl CP24	2	metronidazole TABS	26
methadone hcl SOLN OR 5 MG/5ML, 10 MG/5ML	8	methylphenidate hcl CP24	2	metronidazole TABS	26
methadone hcl TABS	8	methylphenidate hcl CP24	2	metronidazole vaginal	120
methadone hcl TBSO	8	methylphenidate hcl CP24	2	metyrosine	24
methamphetamine hcl	1	methylphenidate hcl CP24	2	mexiletine hcl	11
methazolamide TABS	55	methylphenidate hcl CP24	2	MG217 PSORIASIS MULTI- SYMPTOM OINT	53
		methylphenidate hcl CP24	2	MIACALCIN IJ 200 UNIT/ML (calcitonin (salmon))	56
		methylphenidate hcl CP24	2	MICROLET LANCETS	80

midazolam hcl SYRP	64	100	MPD SAFETY LANCETS 23G/1.8MM	80
midodrine hcl	120	mometasone furoate CREA	53	MUCOTROL WAFR
MIFEPREX (mifepristone)	57	mometasone furoate OINT	53	MULPLETA
mifepristone	57	mometasone furoate SOLN	53	MULTIVITAMIN + FLUORIDE CHEW
miglitol	19	MONOLET LANCETS	80	.....96
miglustat	63	MONOLET OPD LANCETS	80	MULTIVITAMIN WITH FLUORIDE CHEW
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	44	MONOLETTOR SAFETY LANCETS 80		.....96
minocycline hcl CAPS	115	montelukast sodium CHEW	12	MULTIVITAMIN WITH FLUORIDE SOLN
minocycline hcl CP24	116	montelukast sodium PACK	12	.....96
minocycline hcl TABS 50 MG, 100 MG	116	montelukast sodium TABS	12	MULTI-VIT-FLOR CHEW
minocycline hcl TABS 75 MG	116	morphine sulfate beads	8	.....96
minoxidil 2.5 MG, 10 MG	26	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8	mupirocin OINT
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	44	morphine sulfate SOLN OR 10 MG/5ML	8	.....48
mirtazapine TABS	17	morphine sulfate SOLN OR 20 MG/5ML, 20 MG/ML, 100 MG/5ML .	8	MYALEPT
mirtazapine TBDP	17	morphine sulfate SUPP	8	.....57
misoprostol	118	morphine sulfate TABS	8	mycophenolate mofetil CAPS
MITIGARE CAPS (colchicine)	61	morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG, 200 MG	8	.....94
mitoxantrone hcl 2 MG/ML	30	MOVANTIK	59	mycophenolate mofetil SUSR
MM TWIST LANCETS	80	moxifloxacin hcl (ophth) SOLN OP 101		.....94
M-NATAL PLUS TABS	97	moxifloxacin hcl TABS	59	mycophenolate mofetil TABS
modafinil	2	MPD SAFETY LANCET 21G/1.8MM 80		.....94
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	119	MPD SAFETY LANCET 28G/1.8MM 80		mycophenolate sodium 180 MG, 360 MG
moexipril hcl	24	MPD SAFETY LANCET 30G/1.8MM 80		.....95
molindone hcl	35			MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G
MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200 MG)	37			.....80
mometasone furoate (nasal) SUSP				MYLERAN TABS
				.....27
				MYSOLINE (primidone)
				.....16
				MYTESI
				.....21
				nabumetone 500 MG
				.....5
				nabumetone 750 MG
				.....5
				nadolol TABS 20 MG, 40 MG, 80 MG
				.....38
				nafcillin sodium IV 2 GM, 10 GM .
				.....105
				naftifine hcl CREA
				.....49
				naftifine hcl GEL 2 %
				.....49
				NALOCET TABS
				.....9
				naloxone hcl LIQD
				.....21

naloxone hcl SOSY 2 MG/2ML	21	neomycin-polymyxin-hc (otic) SOLN .	104	NICODERM CQ PT24 TD (nicotine) .	114
naltrexone hcl	21	neomycin-polymyxin-hc (otic) SUSP .	104	NICORETTE GUM (nicotine polacrilex)	114
NAMZARIC C4PK	105	NEONATAL 19	97	NICORETTE LOZG (nicotine polacrilex)	114
NAMZARIC CP24 14 MG-10 MG, 28 MG-10 MG	105	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	NICORETTE MINI LOZG (nicotine polacrilex)	114
naproxen sodium TABS 275 MG, 550 MG	5	NEONATAL PLUS TABS	97	NICORETTE STARTER KIT GUM (nicotine polacrilex)	114
naproxen SUSP	5	NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	27	nicotine MISC XX	114
naproxen TABS	5	neostigmine methylsulfate SOSY	27	nicotine polacrilex GUM	114
naratriptan hcl	93	NEOTUSS PLUS LIQD	46	nicotine polacrilex LOZG	114
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	97	NERLYNX	31	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	114
NATACYN	101	NESTABS	97	NICOTINE TRANSDERMAL SYSTEM KIT	114
NATAZIA	44	NESTABS DHA	97	NICOTROL INHALER INHA	114
nateglinide	20	NESTABS ONE	97	NICOTROL NS SOLN	115
NAYZILAM	14	NEUPRO	34	nifedipine CAPS	38
nebivolol hcl	38	NEURONTIN CAPS (gabapentin)	16	nifedipine TB24 30 MG, 60 MG, 90 MG	38
NEBUSAL NEBU	47	NEURONTIN SOLN (gabapentin)	16	nifedipine TB24 30 MG, 60 MG	38
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	NEURONTIN TABS (gabapentin)	16	NILANDRON (nilutamide)	29
nefazodone hcl	18	NEVANAC	103	nilutamide	29
neomycin sulfate TABS	2	nevirapine SUSP	36	nimodipine CAPS	38
neomycin-bacitracin zn-polymyxin	101	nevirapine TABS	36	NINLARO	31
neomycin-polymy-dexameth OINT	102	nevirapine TB24	36	nisoldipine	38
neomycin-polymy-dexameth SUSP	102	NEXAVAR (sorafenib tosylate)	31	nitazoxanide TABS	26
neomycin-polymyxin-gramicidin	101	NEXTSTELLIS	44	nitisinone CAPS 10 MG	57
neomycin-polymyxin-hc (ophth)	102	niacin (antihyperlipidemic) TABS	24	nitisinone CAPS 2 MG, 5 MG, 20 MG	57
		niacin (antihyperlipidemic) TBCR	24	NITRO-BID OINT	11
		nicardipine hcl CAPS	38		

NITRO-DUR PT24	11	(triphasic)	45	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	62
nitrofurantoin	26	norgestimate-ethinyl estradiol	44	nystatin (mouth-throat)	95
nitrofurantoin macrocrystal 25 MG, 50 MG, 100 MG	26	NORITATE CREA	54	nystatin (topical) CREA	49
nitrofurantoin monohyd macro 100 MG	26	NORPACE CR CP12	11	nystatin (topical) OINT	49
nitroglycerin (intra-anal)	10	NORTHERA (droxidopa)	120	nystatin (topical) POWD EX	49
nitroglycerin PT24	11	nortriptyline hcl CAPS	19	nystatin TABS	22
nitroglycerin SOLN TL 0.4 MG/SPRAY	11	nortriptyline hcl SOLN	19	nystatin-triamcinolone CREA	49
nitroglycerin SUBL	11	NORVIR PACK	36	nystatin-triamcinolone OINT	49
NITYR TABS	57	NOVA SAFETY LANCETS 23G ..	80	NYVEPRIA	64
NIVA THYROID TABS	116	NOVA SAFETY LANCETS 28G ..	80	OB COMPLETE ONE	97
NIVA-PLUS TABS	97	NOVA SUREFLEX LANCETS	80	OB COMPLETE PETITE	97
nizatidine CAPS	117	NOVA VAX COVID-19 VACCINE/2024-25 SUSY	119	OB COMPLETE PREMIER	97
NORDITROPIN FLEXPLO SOPN .56		NOVOEIGHT	62	OB COMPLETE/DHA	97
norelgestromin-ethinyl estradiol ..	45	NOVOPEN ECHO DEVI	92	OBIZUR	62
norethin acet & estrad-fe CAPS ...	44	NOVOSEVEN RT	62	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	
norethin acet & estrad-fe CHEW ..	44	NP THYROID 120 TABS	116	OCALIVA 10 MG	59
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	44	NP THYROID 15 TABS	116	OCALIVA 5 MG	59
norethindrone & ethinyl estradiol-fe 44		NP THYROID 30 TABS	116	octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML	57
norethindrone (contraceptive)	45	NP THYROID 60 TABS	116	octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML	57
norethindrone acet & eth estra TABS 44		NP THYROID 90 TABS	116	octreotide acetate SOLN 500 MCG/ML, 1000 MCG/ML	58
norethindrone acetate TABS	105	NUBEQA	29	octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML	58
norethindrone acetate-ethinyl estradiol	58	NUCALA SOAJ	12	ODEFSEY	36
norethindrone acetate-ethinyl estradiol-fe	44	NUCALA SOLR	12	ODOMZO	29
norgestimate-ethinyl estradiol		NUCALA SOSY	12	OFEV	115
		NUCORT LOTN	53		
		NUEDEXTA	107		
		NUPLAZID CAPS	34		
		NUPLAZID TABS 10 MG	34		
		NUVARING (etonogestrel-ethinyl estradiol)	45		

ofloxacin (ophth)	101	MG/5ML	22	ORENITRAM TITRATION KIT MONTH 1 TEPK	39
ofloxacin (otic)	104	ondansetron hcl TABS 4 MG, 8 MG 22		ORENITRAM TITRATION KIT MONTH 2 TEPK	39
ofloxacin 300 MG	59	ondansetron TBDP 4 MG, 8 MG ..	22	ORENITRAM TITRATION KIT MONTH 3 TEPK	39
ofloxacin 400 MG	59	ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	97	ORFADIN SUSP	57
olanzapine TABS 15 MG, 20 MG ..	35	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	80	ORIAHNN	58
olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	35	ONETOUCH DELICA PLUS LANCETS FINE 30G	80	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	115
olanzapine TBDP	35	ONETOUCH DELICA SAFETY LANCING DEVICE	80	ORKAMBI PACK 94 MG-75 MG .	115
olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-3 MG, 50 MG-12 MG, 50 MG-6 MG	105	ONETOUCH DELICA SAFETY LANCING DEVICE 30G	80	ORKAMBI TABS	115
olanzapine-fluoxetine hcl 25 MG-6 MG	105	ONETOUCH ULTRA BLUE TESTSTRIP STRP	55	orlistat	1
olmesartan medoxomil 40 MG	24	ONETOUCH ULTRA STRP	55	orphenadrine citrate TB12	99
olmesartan medoxomil 5 MG, 20 MG 24		ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	80	oseltamivir phosphate CAPS	37
olmesartan medoxomil-amlodipine- hydrochlorothiazide	25	ONETOUCH ULTRASOFT LANCETS	81	oseltamivir phosphate SUSR	37
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG .	25	ONETOUCH VERIO TEST STRIPS STRP	55	OSMOPREP	65
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG	25	ONUREG TABS	28	OSPHENA	56
olopatadine hcl (nasal)	99	OPILL	45	OTEZLA TABS 20 MG	5
olopatadine hcl 0.1 %	103	OPSUMIT	40	OTEZLA TABS 30 MG	5
olopatadine hcl 0.2 %	103	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 119		OTEZLA TBPK	5
omega-3-acid ethyl esters	23	ORACEA (doxycycline (rosacea))	54	OTREXUP SOAJ 10 MG/0.4ML	3
omeprazole CPDR 10 MG	118	ORACIT	60	OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3
omeprazole CPDR 20 MG, 40 MG 118		ORAL CITRATE	60	oxacillin sodium IV 10 GM	105
omeprazole magnesium CPDR ..	118	ORAVIG	95	oxaprozin TABS	5
OMNIFLEX DIAPHRAGM	68	ORENITRAM TBCR	39	OXAYDO TABS 5 MG	8
ondansetron hcl SOLN OR 4				OXAYDO TABS 7.5 MG	8
				oxazepam CAPS 10 MG, 15 MG ..	11
				oxazepam CAPS 30 MG	11

oxcarbazepine SUSP	16	PALYNZIQ	57	OSMOTIC DEXTROSE	104
oxcarbazepine TABS 150 MG	16	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	55	PENICILLIN G PROCAINE	104
oxcarbazepine TABS 300 MG	16	PANRETIN	50	penicillin g sodium	104
oxcarbazepine TABS 600 MG	16	pantoprazole sodium PACK	118	penicillin v potassium SOLR	104
oxcarbazepine TB24 150 MG, 300 MG	16	pantoprazole sodium TBEC	118	penicillin v potassium TABS	104
oxcarbazepine TB24 600 MG	16	paricalcitol CAPS	57	PENNSAID SOLN EX	49
oxiconazole nitrate CREA	49	paroxetine hcl SUSP	18	pentamidine isethionate IN	26
OXISTAT LOTN	49	paroxetine hcl TABS	18	PENTASA CPCR 250 MG	59
oxybutynin chloride TABS 5 MG .	119	paroxetine hcl TB24	18	pentazocine w/ naloxone hcl	10
oxybutynin chloride TB24 5 MG, 10 MG, 15 MG	119	PAXLOVID 100 MG-150 MG	37	pentoxifylline	63
OXYCODONE AND ACETAMINOPHEN TABS	9	pazopanib hcl	31	PERFECT LANCETS 30G	81
oxycodone hcl CAPS	8	PC LANCETS SUPER THIN 30G	81	PERFECT POINT SAFETY LANCETS/28G	81
oxycodone hcl CONC 100 MG/5ML	8	pediatric multivitamins w/fl CHEW	96	PERFECT POINT SAFETY LANCETS/30G	81
oxycodone hcl SOLN	8	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	65	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	81
oxycodone hcl TABS 30 MG	8	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	65	perindopril erbumine	24
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	8	peg 3350-potassium chloride-sod bicarbonate-sod chloride	65	permethrin CREA	54
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG	9	PEGASYS SOLN	37	perphenazine TABS	35
oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	9	PEG-PREP	65	perphenazine-amitriptyline	105
oxycodone w/ acetaminophen TABS 325 MG-5 MG	9	penicillamine CAPS	94	PERSERIS PRSY	34
OXYCODONE/ACETAMINOPHEN TABS	9	penicillamine TABS	94	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	81
oxymorphone hcl TABS 10 MG	8	penicillin g potassium	104	PHARMACIST CHOICE ULTRA THIN LANCETS	81
oxymorphone hcl TABS 5 MG	8	PENICILLIN G POTASSIUM IN ISO-		PHARMACIST CHOICE ULTRA THIN LANCETS 28G	81
oxymorphone hcl TB12	8			PHARMACIST CHOICE ULTRA THIN LANCETS 30G	81
OZEMPIC SOPN	19			PHARMACIST CHOICE ULTRA THIN LANCETS 31G	81
paliperidone	34			PHARMACIST CHOICE ULTRA	

THIN LANCETS 33G	81	piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM	104	POMALYST	29
PHARMACY COUNTER LANCETS 81		PIQRAY 200MG DAILY DOSE ...	31	posaconazole SUSP	22
phenelzine sulfate	17	PIQRAY 250MG DAILY DOSE ...	31	posaconazole TBEC	22
phenobarbital ELIX	64	PIQRAY 300MG DAILY DOSE ...	31	pot & sod citrates w/citric ac SOLN 60	
phenobarbital TABS	64	pirfenidone CAPS	115	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	93
phenoxybenzamine hcl	24	pirfenidone TABS	115	potassium chloride CPCR	94
phentermine hcl CAPS	1	piroxicam CAPS 10 MG	5	potassium chloride microencapsulated crystals er 10 MEQ, 15 MEQ, 20 MEQ	94
phentermine hcl TABS	1	piroxicam CAPS 20 MG	5	potassium chloride PACK OR 20 MEQ	94
phenylephrine hcl (mydriatic) SOLN 101		pitavastatin calcium	24	POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride) 94	
phenytoin CHEW	17	PLAN B ONE-STEP (levonorgestrel (emergency oc))	45	potassium chloride SOLN OR 10 %, 20 %	94
phenytoin sodium extended 100 MG, 200 MG, 300 MG	17	PLEGRIDY SOAJ SC	106	potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	94
phenytoin SUSP	17	PLEGRIDY SOSY IM	106	potassium citrate (alkalinizer) TBCR . 60	
PHEXXI	120	PLEGRIDY SOSY SC	106	potassium citrate-citric acid SOLN .60	
phytonadione TABS 5 MG	120	PLEGRIDY STARTER PACK SOAJ SC	106	potassium iodide (expectorant) SOLN	47
PIFELTRO	36	PLEGRIDY STARTER PACK SOSY SC	106	POVIDONE IODINE	101
pilocarpine hcl (oral) 5 MG	95	PNV-DHA+DOCUSATE	97	PRALUENT SOAJ	24
pilocarpine hcl (oral) 7.5 MG	95	PNV-OMEGA	97	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	34
pilocarpine hcl SOLN 1 %, 2 %, 4 % . 101		PODOCON-25 SOLN	53	pramipexole dihydrochloride TABS 1 MG	34
pimecrolimus	53	podofilox GEL	53	pramipexole dihydrochloride TABS 1.5 MG	34
pimozide	107	podofilox SOLN	53	pramipexole dihydrochloride TB24	
pindolol TABS	38	POLY HUB NEEDLE/30G X 1/2" .	92		
pioglitazone hcl 15 MG	20	polyethylene glycol 3350 POWD ..	65		
pioglitazone hcl 30 MG, 45 MG ...	20	polymyxin b-trimethoprim	101		
pioglitazone hcl-glimepiride	19	POLY-VI-FLOR CHEW	96		
pioglitazone hcl-metformin hcl TABS . 19		POLY-VI-FLOR SUSP	96		
PIP LANCETS/28G	81	POLY-VI-FLOR/IRON CHEW	96		
PIP LANCETS/30G	81	POLY-VI-FLOR/IRON SUSP	96		

0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG	34	prednisone SOLN	46	PRENATAL VITAMINS PLUS LOW IRON TABS	98
pramipexole dihydrochloride TB24 3 MG	34	prednisone TABS	46	PRENATAL-U CAPS	98
PRAMOSONE LOTN	53	prednisone TBPK	46	PRENATE	98
PRAMOSONE OINT	53	PREFERRED PLUS LANCETS COLORED 21G	81	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 ..	98
PRAMOTIC	104	PREFERRED PLUS LANCETS SUPER THIN 30G	81	PRENATE ENHANCE	98
prasugrel hcl	63	PREFERRED PLUS LANCETS THIN 26G	81	PRENATE PIXIE	98
pravastatin sodium	24	pregabalin CAPS 225 MG, 300 MG 16		PRENATE RESTORE	98
praziquantel	10	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	16	PRENATRIX TABS	98
prazosin hcl CAPS	25	pregabalin SOLN	16	PRENATRYL TABS	98
PRECISION THINS GP LANCET ..	81	PREMARIN	120	PREPIDIL GEL	104
PRECISION XTRA	55	PREMARIN TABS	58	PREZCOBIX	36
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	55	PREMIUM SCAR PATCH	54	PREZISTA SUSP	36
PRED MILD	102	PREMPHASE	58	PREZISTA TABS 75 MG, 150 MG	36
prednicarbate OINT	53	PREMPRO	58	PRIFTIN	27
prednisolone acetate (ophth)	102	PRENA 1 TRUE	97	PRILOSEC PACK	118
PREDNISOLONE PHOSPHATE/MOXIFLOXACIN SOLN	102	PRENA1 CHEW	97	primaquine phosphate TABS	27
PREDNISOLONE SODIUM PHOSPHATE	102	PRENA1 PEARL	98	PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)	26
prednisolone sodium phosphate SOLN	46	PRENAISSANCE	98	primidone 50 MG, 250 MG	16
prednisolone sodium phosphate TBDP	46	PRENAISSANCE PLUS CAPS	98	PRO COMFORT LANCETS 30G ..	81
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	102	PRENATAL 19 CHEW	98	PRO COMFORT LANCETS 31G ..	82
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		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	98	prochlorperazine	35
				prochlorperazine maleate TABS ...	35

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PROCYSBI CPDR 60	propafenone hcl TABS 225 MG, 300 MG 11	QC LANCETS ULTRA THIN 82
PROCYSBI PACK 60	propracetamol hcl 102	QC UNILET LANCETS 28G/ULTRA THIN 82
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS 82	propranolol hcl CP24 38	QC UNILET LANCETS 33G/MICRO THIN 82
PRODIGY SAFETY LANCETS ... 82	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML 38	QINLOCK 31
PRODIGY TWIST TOP LANCETS 82	propranolol hcl TABS 38	QSYMIA 1
PROFILNINE 62	propylthiouracil 116	QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)) 45
progesterone CAPS 105	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML 47	quazepam 64
progesterone OIL 105	protriptyline hcl 19	quetiapine fumarate TABS 200 MG 35
PROGRAF PACK 95	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 47	quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG 35
PROLATE TABS 9	PSS SELECT GP LANCETS 82	quetiapine fumarate TABS 300 MG, 400 MG 35
PROLIA SOSY 56	PSS SELECT SAFETY LANCETS 82	quetiapine fumarate TB24 35
PROMACTA PACK 12.5 MG 64	PULMICORT FLEXHALER AEPB . 12	QUFLORA FE PEDIATRIC LIQD .. 96
PROMACTA PACK 25 MG 64	PULMOZYME 115	QUFLORA GUMMIES CHEW 96
PROMACTA TABS 64	PURE COMFORT LANCETS 30G 82	QUFLORA PEDIATRIC CHEW 96
promethazine & phenylephrine SYRP 46	PURIXAN SUSP 28	QUFLORA PEDIATRIC SOLN 96
promethazine hcl SOLN OR 6.25 MG/5ML 23	PX LANCETS MICROTHIN 33G . 82	QUILLICHEW ER CHER 20 MG, 40 MG 2
promethazine hcl SUPP 12.5 MG, 25 MG 23	PX LANCETS ULTRA THIN 82	QUILLICHEW ER CHER 30 MG 2
promethazine hcl TABS 12.5 MG . 23	PX LANCETS ULTRA THIN 28G . 82	QUILLIVANT XR SRER 2
promethazine hcl TABS 25 MG ... 23	pyrazinamide 27	quinapril hcl 24
promethazine hcl TABS 50 MG ... 23	pyridostigmine bromide SOLN OR 27	quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG 25
promethazine w/codeine SOLN ... 46	pyridostigmine bromide TABS 60 MG 27	quinapril-hydrochlorothiazide 25 MG- 20 MG 25
promethazine w/codeine SYRP ... 46	pyridostigmine bromide TBCR 27	quinidine gluconate TBCR 11
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QVAR REDIHALER 40 MCG/ACT .13	LANCETS/28G/1.8MM83	THIN33G 83
QVAR REDIHALER 80 MCG/ACT .13	READYLANCE SAFETY LANCETS/30G/1.6MM83	RELION LANCETS THIN 26G83
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RA E-ZJECT LANCETS THIN 26G 82	REALITY LATEX CONDOMS/LUBRICATED MISC ..68	RELION ULTRA THIN LANCETS/30G83
RA E-ZJECT LANCETS THIN 28G 82	REALITY LATEX/ULTRA TEXTURED DEVI68	RELION ULTRA THIN LANCETS30G83
RA E-ZJECT LANCETS ULTRATHIN 30G82	REALITY LATEX/ULTRA THIN DEVI 68	RELION ULTRA THIN PLUS LANCETS 32G83
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RADICAVA ORS SUSP 100	REBIF SOSY 106	RENFLEXIS59
raloxifene hcl56	REBIF TITRATION PACK SOSY .106	repaglinide20
ramelteon65	REBINYN 500 UNIT, 1000 UNIT, 2000 UNIT62	RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/2ML, 40000 UNIT/ML64
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ranolazine TB12 1000 MG10	REGRANEX54	RETEVMO CAPS31
ranolazine TB12 500 MG10	RELENZA DISKHALER37	REXALL LANCETS ULTRA THIN 83
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READYLANCE SAFETY LANCETS/23G/1.8MM83	RELION INSULIN SYRINGE 1ML/31GX15/64"92	ribavirin37
READYLANCE SAFETY LANCETS/26G/1.8MM83	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64"92	RIDAURA4
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		rifampin CAPS27
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risedronate sodium TABS 5 MG, 30 MG, 35 MG56	SABRIL PACK (vigabatrin) 17	SANTYL OINT 53
risperidone SOLN34	SABRIL TABS (vigabatrin)17	SAPHRIS 5 MG35
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risperidone TABS 3 MG34	SAFE-T-LANCE NORMAL FLOW21G83	sapropterin dihydrochloride TABS .57
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romidepsin SOLR31	SAFETY LANCETS 21G 84	saxagliptin-metformin hcl19
ropinirole hydrochloride TABS34	SAFETY LANCETS 23G 84	SAXENDA 2
ropinirole hydrochloride TB24 12 MG 34	SAFETY LANCETS 28G 84	SB LANCETS THIN 84
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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 1000 MG	63	sodium citrate & citric acid	60
SELECT-OB+DHA MISC	98	sildenafil citrate (pulmonary hypertension) SUSR	40	sodium fluoride CHEW 0.25 MG, 0.5 MG	93
selegiline hcl CAPS	34	sildenafil citrate (pulmonary hypertension) TABS	40	sodium fluoride CHEW 1 MG, 2.2 MG	93
selegiline hcl TABS	34	sildenafil citrate	39	sodium fluoride SOLN 0.5 MG/ML	.93
selenium sulfide LOTN 2.5 %	51	silodosin 4 MG	60	sodium fluoride TABS 0.5 MG	93
SELZENTRY SOLN	36	silodosin 8 MG	60	sodium fluoride TABS 1 MG	93
SE-NATAL 19 CHEW	98	silver sulfadiazine	51	SODIUM OXYBATE SOLN	105
SE-NATAL 19 TABS	98	simvastatin TABS	24	sodium phenylbutyrate POWD	57
SEREVENT DISKUS	13	SINGLE-LET	84	sodium phenylbutyrate TABS	57
SEROSTIM SC 4 MG, 5 MG, 6 MG 56		sirolimus SOLN	95	sodium polystyrene sulfonate POWD 95	
sertraline hcl CONC	18	sirolimus TABS	95	SODIUM SULFACETAMIDE/SULFUR	
sertraline hcl TABS	18	SIVEXTRO TABS	26	CLEANSER IN UREA EMUL	48
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sevelamer carbonate PACK 2.4 GM . 60		SKYRIZI SOCT	59	solifenacin succinate TABS 5 MG 119	
sevelamer carbonate TABS	60	SKYRIZI SOSY	50	SOLTAMOX SOLN	29
sevelamer hcl 400 MG	60	SLYND	45	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	85
sevelamer hcl 800 MG	60	SM MICRO THIN LANCETS 33G	.84	SOLUS V2 TWIST LANCETS 30G 85	
SFROWASA ENEM	59	SMART SENSE COLOR LANCETS UNIVERSAL 33G	85	SOLUVITA SOLN 35 MG/ML-0.5 MG/ML-8 MG/ML-0.4 MG/ML-0.6 MG/ML-10 MCG/ML-3.35 MG/ML- 450 MCG/ML-2 MCG/ML-0.25 MG/ML, 35 MG/ML-0.5 MG/ML-8 MG/ML-0.4 MG/ML-0.6 MG/ML-10 MCG/ML-3.35 MG/ML-450 MCG/ML- 2 MCG/ML-0.5 MG/ML	96
SHOPKO ON-THE-GO COMFORTLANCETS 30G	84	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	85	SOLUVITA SOLN 35 MG/ML-10	
SHOPKO UNILET LANCETS SUPER THIN 30G	84	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	85		
SHOPKO UNILET LANCETS ULTRA THIN 28G	84	SMART SENSE THIN LANCETSUNIVERSAL 26G	85		
SIGNIFOR	58	SMARTTEST LANCETS 28G	85		
SIKLOS TABS 100 MG	63	SOANZ TABS 20 MG	56		
		sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %	47		

MCG/ML-450 MCG/ML-0.25 MG/ML . 96	STRIVERDI RESPIMAT13	sumatriptan 20 MG/ACT93
SOLUVITA SOLN93	sucralfate SUSP118	sumatriptan 5 MG/ACT93
SOMAVERT56	sucralfate TABS118	sumatriptan succinate SOAJ93
sorafenib tosylate32	sulconazole nitrate CREA49	sumatriptan succinate SOCT93
SORILUX FOAM50	sulconazole nitrate SOLN49	sumatriptan succinate SOLN 6 MG/0.5ML93
sotalol hcl (afib/afI)38	sulfacetamide sodium (acne)48	sumatriptan succinate TABS93
sotalol hcl TABS38	sulfacetamide sodium (ophth) OINT 102	sunitinib malate 12.5 MG, 37.5 MG, 50 MG32
SOTYLIZE SOLN OR38	sulfacetamide sodium (ophth) SOLN . 102	sunitinib malate 25 MG32
spinosad54	sulfacetamide sodium LIQD51	SUPER THIN LANCETS85
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT12	sulfacetamide sodium SHAM 10 % 51	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)65
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT12	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %48	SURE COMFORT LANCETS 18G 85
spironolactone & hydrochlorothiazide55	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %48	SURE COMFORT LANCETS 21G 85
spironolactone TABS56	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %48	SURE COMFORT LANCETS 23G 85
SPRAVATO 56MG DOSE18	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %48	SURE COMFORT LANCETS 28G 85
SPRAVATO 84MG DOSE18	sulfacetamide sod-prednisolone SOLN102	SURE COMFORT LANCETS 30G 85
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STRIBILD36		

SYNJARDY XR TB24 1000 MG-12.5 MG, 1000 MG-5 MG	19	tazarotene CREA	51	tenofovir disoproxil fumarate TABS	36
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG (levothyroxine sodium)	116	TAZAROTENE FOAM	48	terazosin hcl 1 MG, 2 MG, 5 MG ..	25
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG (levothyroxine sodium)	116	tazarotene GEL	51	terazosin hcl 10 MG	25
SYPRINE (trientine hcl)	94	TAZVERIK	32	terbinafine hcl TABS	22
TABLOID	28	TECFIDERA CPDR (dimethyl fumarate)	107	terbutaline sulfate TABS	13
TABRECTA	32	TECFIDERA STARTER PACK CDPK (dimethyl fumarate)	107	terconazole vaginal CREA	120
tacrolimus (topical) OINT 0.03 % ..	53	TECHLITE AST LANCETS	85	terconazole vaginal SUPP	120
tacrolimus (topical) OINT 0.1 % ..	53	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	92	teriflunomide	107
tacrolimus CAPS	95	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	92	TESTIM GEL TD (testosterone) ...	10
tadalafil (pulmonary hypertension) TABS	40	TECHLITE LANCETS	85	testosterone cypionate SOLN IM 100 MG/ML, 200 MG/ML	10
tadalafil 2.5 MG	39	TECHLITE LANCETS 26G	85	testosterone enanthate SOLN IM ..	10
tadalafil 5 MG, 10 MG, 20 MG	39	TEGRETOL SUSP (carbamazepine) .	16	testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	10
TAFINLAR CAPS	32	TEGRETOL TABS (carbamazepine) .	16	testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM	10
TAFINLAR TBSO	32	TEGRETOL-XR TB12 100 MG (carbamazepine)	16	testosterone GEL TD 10 MG/ACT .	10
tafluprost	103	TEGSEDI	115	testosterone SOLN	10
TAGRISSO	28	TEKTURNA HCT 12.5 MG-150 MG, 12.5 MG-300 MG, 25 MG-300 MG	25	tetrabenazine	106
TALZENNA	32	telmisartan 20 MG, 40 MG	24	tetracaine hcl (ophth)	102
tamoxifen citrate TABS	29	telmisartan 80 MG	24	tetracycline hcl CAPS	116
tamsulosin hcl	60	telmisartan-amlodipine	25	TEXACORT SOLN 2.5 %	53
TARGRETIN (bexarotene)	33	telmisartan-hydrochlorothiazide ..	25	TGT LANCET MICRO THIN 33G ..	85
TASIGNA	32	temazepam 15 MG	64	TGT LANCET THIN 26G	85
TASMAR (tolcapone)	33	temazepam 22.5 MG, 30 MG	64	TGT LANCET ULTRA THIN 30G ..	86
TAVALISSE 100 MG	63	temazepam 7.5 MG	64	THALITONE	56
TAVALISSE 150 MG	63	temozolomide CAPS	27	THALOMID 50 MG, 100 MG	94
TAYTULLA CAPS (norethin acet & estrad-fe)	45	temsirolimus	32	THEO-24 CP24	13

theophylline TB12 300 MG	13	tizanidine hcl TABS 2 MG	99	topiramate CP24 25 MG, 50 MG, 100 MG	16
theophylline TB12 450 MG	13	tizanidine hcl TABS 4 MG	99	topiramate CPSP	16
theophylline TB24	13	TOBI NEBU (tobramycin)	2	topiramate CS24 100 MG, 150 MG, 200 MG	16
THERANATAL CORE NUTRITION TABS	98	TOBI PODHALER CAPS	2	topiramate CS24 25 MG, 50 MG ..	16
THINLETS GP LANCETS	86	TOBRADEX OINT	102	topiramate TABS 100 MG	16
thioridazine hcl 10 MG, 25 MG, 100 MG	35	TOBRADEX ST SUSP	102	topiramate TABS 200 MG	16
thioridazine hcl 50 MG	35	tobramycin (ophth) SOLN	102	topiramate TABS 25 MG	16
thiothixene	35	tobramycin NEBU 300 MG/4ML	3	topiramate TABS 50 MG	16
THRIVITE RX TABS	98	tobramycin NEBU 300 MG/5ML	3	topotecan hcl SOLR	33
THYMOGLOBULIN	95	tobramycin-dexamethasone SUSP 102		toremifene citrate	29
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	116	TOBREX OINT	102	TORISEL (temsirolimus)	32
tiagabine hcl	17	TODAY SPONGE MISC	119	torseamide TABS 100 MG	56
TIBSOVO	32	TODAYS HEALTH SUPER THINLANCETS 30G	86	torseamide TABS 5 MG, 10 MG, 20 MG	56
timolol maleate (ophth) SOLG	101	TODAYS HEALTH ULTRA THINLANCETS 28G	86	TOUJEO MAX SOLOSTAR SOPN 20	
timolol maleate (ophth) SOLN	101	tolcapone	33	TOUJEO SOLOSTAR SOPN	20
timolol maleate TABS 10 MG	38	tolterodine tartrate CP24	119	TPOXX (TECOVIRIMAT CAP 200 MG)	37
timolol maleate TABS 5 MG, 20 MG . 38		tolterodine tartrate TABS	119	TPOXX CAPS	37
tinidazole	26	TOPAMAX SPRINKLE CPSP (topiramate)	16	TPOXX SOLN	37
tiopronin TABS	61	TOPAMAX TABS 100 MG (topiramate)	16	TRACLEER TBSO	40
tiopronin TBEC	61	TOPAMAX TABS 200 MG (topiramate)	16	tramadol hcl CP24 100 MG, 200 MG, 300 MG	8
tiotropium bromide monohydrate CAPS	12	TOPAMAX TABS 25 MG (topiramate)	16	tramadol hcl TABS 100 MG	8
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG	116	TOPAMAX TABS 50 MG (topiramate)	16	tramadol hcl TABS 50 MG	8
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG, 75 MCG	117	TOPCARE LANCETS MICRO-THIN 33G	86	tramadol hcl TB24 100 MG	8
TIVICAY TABS 50 MG	36	topiramate CP24 200 MG	16	tramadol hcl TB24 200 MG	8
tizanidine hcl CAPS	99			tramadol hcl TB24	8
				tramadol-acetaminophen	9

trandolapril	24	triamcinolone acetonide (nasal) AERO	100	TRILEPTAL TABS 300 MG (oxcarbazepine)	16
trandolapril-verapamil hcl	25	triamcinolone acetonide (topical) AERS	53	TRILEPTAL TABS 600 MG (oxcarbazepine)	16
tranexamic acid SOLN 1000 MG/10ML	64	triamcinolone acetonide (topical) CREA	53	trimethobenzamide hcl CAPS	22
tranexamic acid TABS	64	triamcinolone acetonide (topical) LOTN	53	trimethoprim TABS	26
tranylcypromine sulfate	18	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	53	trimipramine maleate CAPS	19
TRAVEL LANCETS 30G	86	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	55	TRINATAL RX 1 TABS	98
TRAVEL LANCETS ADVANCED 28G	86	triamterene & hydrochlorothiazide TABs 25 MG-37.5 MG	55	TRINTELLIX	18
travoprost SOLN	103	triamterene & hydrochlorothiazide TABs 50 MG-75 MG	55	TRISTART DHA	98
trazodone hcl TABS	18	triamterene CAPS	56	TRIUMEQ PD TBSO	36
TRECTOR	27	triazolam 0.125 MG	64	TRIUMEQ TABS	36
TRELEGY ELLIPTA	13	triazolam 0.25 MG	64	TROJAN MAGNUM MISC	68
TREMFYA SOAJ 100 MG/ML	51	TRICARE TABS	98	TROJAN ULTRA THIN LUBRICATED MISC	68
TREMFYA SOSY 100 MG/ML	51	trientine hcl 250 MG	94	TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC	68
TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	20	trientine hcl 500 MG	94	TROJAN-ENZ LUBRICATED MISC 68	
TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	20	trifluoperazine hcl TABS	35	TROJAN-ENZ W/SPERMICIDAL MISC	68
TRESIBA SOLN	20	trifluridine	102	tropicamide SOLN	101
tretinoin (chemotherapy)	33	trihexyphenidyl hcl SOLN	33	tropium chloride CP24	119
tretinoin CREA 0.025 %, 0.05 %, 0.1 %	48	trihexyphenidyl hcl TABS	33	tropium chloride TABS	119
tretinoin GEL 0.01 %, 0.025 %, 0.05 %	48	TRIJARDY XR	19	TRUE COMFORT SAFETY LANCETS/30G	86
tretinoin microsphere 0.04 %	48	TRIKAFTA TBPK	115	TRUE COMFORT TWIST TOP LANCETS 30G	86
tretinoin microsphere 0.08 %	48	TRIKAFTA THPK	115	TRUE COVER DEVI	68
tretinoin microsphere 0.1 %	48	TRILEPTAL SUSP (oxcarbazepine) 16		TRUEPLUS LANCETS 26G	86
TRETTEN	62	TRILEPTAL TABS 150 MG (oxcarbazepine)	16	TRUEPLUS LANCETS 28G	86
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	28			TRUEPLUS LANCETS 28G SUPER	

THIN	86	69	UDENYCA SOAJ	64
TRUEPLUS LANCETS 30G	86	TRUSTEX/RIA LUBRICATED	UDENYCA SOSY	64
TRUEPLUS LANCETS 30G ULTRA		SPERMICIDE MISC	ULTILET CLASSIC LANCETS	86
THIN	86	TRUSTEX/RIA	ULTILET LANCETS	86
TRUEPLUS LANCETS 33G	86	LUBRICATED/SPERMICIDE MISC	ULTILET LANCETS 33G	87
TRUEPLUS LANCETS 33G MICRO		69	ULTILET SAFETY LANCETS 21G X	
THIN	86	TRUSTEX/RIA NON-LUBRICATED	2.2MM	87
TRUEPLUS SAFETY LANCETS 28G		MISC	ULTILET SAFETY LANCETS 23G	
.....	86	TRUVADA 200 MG-300 MG	87	
TRULICITY SC	19	(emtricitabine-tenofovir disoproxil	ULTILET SAFETY LANCETS 23G	
TRUSTEX COLOR CONDOMS +		fumarate)	87	
LUBE MISC	68	36	ULTRA THIN LANCETS 31G	87
TRUSTEX LUBRICATED		TUKYSA	ULTRA-CARE LANCETS 30G	87
EXTRALARGE MISC	68	28	ULTRA-THIN II AUTO LANCET ..	87
TRUSTEX LUBRICATED		TURALIO 200 MG	ULTRA-THIN II LANCETS 28G ...	87
EXTRASTRENGTH MISC	68	32	ULTRA-THIN II LANCETS 30G ...	87
TRUSTEX LUBRICATED MISC ...	68	TUSNEL TABS	UNASYN BULK PACK IV (ampicillin	
TRUSTEX		47	& sulbactam sodium)	105
LUBRICATED/RIBBED/STUDDED		TUSSLIN LIQD	UNASYN IJ 2 GM-1 GM (ampicillin &	
MISC	68	47	sulbactam sodium)	105
TRUSTEX		TUSSLIN PEDIATRIC LIQD	UNILET COMFORTOUCH LANCET	
LUBRICATED/SPERMICIDE EXTRA		47	87	
LARGE MISC	68	TWIRLA	UNILET EXCELITE	87
TRUSTEX		45	UNILET EXCELITE II	87
LUBRICATED/SPERMICIDE EXTRA		TWIST TOP LANCETS 30G	UNILET G.P. LANCET	87
STRENGTH MISC	68	86	UNILET G.P. SUPERLITE LANCET .	
TRUSTEX		TYBLUME CHEW	87	
LUBRICATED/SPERMICIDE MISC		45	UNILET GP 28 ULTRA THIN	87
68		TYBOST	UNILET LANCET	87
TRUSTEX NATURAL CONDOMS		36	UNILET LANCETS MICRO-THIN33G	
+LUBE/LUBRICATED MISC	68	TYKERB (lapatinib ditosylate) ....	.....	87
TRUSTEX NON-LUBRICATED MISC		32	UNILET LANCETS SUPER-	
.....	68	TYMLOS	THIN30G	87
TRUSTEX WITH NONOXYNOL-		56	UNILET LANCETS ULTRA-THIN	
9/RIBBED/STUDDED MISC	68	TYVASO DPI INSTITUTIONALKIT	28G	87
TRUSTEX/RIA LUBRICATED MISC .		POWD		
		39		
		TYVASO DPI MAINTENANCE KIT		
		POWD		
		39		
		TYVASO DPI TITRATION KIT		
		POWD		
		39		
		TYVASO REFILL KIT SOLN IN ...		
		39		
		TYVASO SOLN IN		
		39		
		TYVASO STARTER KIT SOLN IN		
		39		
		UBRELVY		
		92		
		UDENYCA ONBODY SOSY		
		64		

UNILET SUPERLITE LANCET ... 87	UNISTIK TOUCH SAFETY LANCETS 28G 89	160 MG 25
UNISTIK 1 87	UNISTIK TOUCH SAFETY LANCETS 30G 89	VALTOCO 10 MG DOSE LIQD 14
UNISTIK 2 88	UNIVERSAL 1 LANCETS THIN26G . 89	VALTOCO 15 MG DOSE LQPK ... 14
UNISTIK 2 COMFORT 88	UNIVERSAL 1 LANCETS ULTRA THIN 30G 89	VALTOCO 20 MG DOSE LQPK ... 14
UNISTIK 2 EXTRA 88	UNIVERSAL 1 LANCETS/33G/MICRO-THIN 89	VALTOCO 5 MG DOSE LIQD 15
UNISTIK 2 NEONATAL 88	UPTRAVI TABS 200 MCG 40	VALUE PLUS LANCETS STANDARD 21G 89
UNISTIK 2 NORMAL 88	UPTRAVI TABS 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG 40	VALUE PLUS LANCETS SUPERTHIN 30G 89
UNISTIK 2 SUPER 88	UPTRAVI TITRATION PACK TBPK 40	VALUE PLUS LANCETS THIN 26G . 89
UNISTIK 3 88	urea LOTN 40 % 53	VALUMARK LANCET SUPER THIN 30G 89
UNISTIK 3 COMFORT 88	ursodiol CAPS 59	VALUMARK LANCET ULTRA THIN 28G 89
UNISTIK 3 EXTRA 88	ursodiol TABS 59	vancomycin hcl CAPS 26
UNISTIK 3 EXTRA SINGLE USE SAFETY LANCETS/21G 88	valacyclovir hcl 1 GM, 1000 MG ... 37	VANDAZOLE 120
UNISTIK 3 GENTLE 88	valacyclovir hcl 500 MG 37	varenicline tartrate TABS 0.5 MG 115
UNISTIK 3 NEONATAL 88	VALCHLOR 50	varenicline tartrate TABS 1 MG .. 115
UNISTIK 3 NORMAL 88	valganciclovir hcl SOLR 37	VARUBI TBPK 22
UNISTIK CZT COMFORT 88	valganciclovir hcl TABS 37	VASCEPA (icosapent ethyl) 23
UNISTIK CZT NORMAL 88	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML 17	VCF VAGINAL CONTRACEPTIVE FILM FILM 119
UNISTIK NORMAL 88	valproic acid CAPS 17	VCF VAGINAL CONTRACEPTIVEGEL GEL 119
UNISTIK PRO SAFETY LANCET 21G 88	valsartan TABS 160 MG 24	VECAMYL 26
UNISTIK PRO SAFETY LANCET 25G 88	valsartan TABS 40 MG, 80 MG, 320 MG 24	VELCADE SOLR IJ (bortezomib) . 32
UNISTIK PRO SAFETY LANCET 28G 88	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG 25	VEMLIDY 37
UNISTIK SAFETY LANCETS 28G 88	valsartan-hydrochlorothiazide 25 MG-	VENCLEXTA STARTING PACK TBPK 28
UNISTIK SAFETY LANCETS 30G 89		VENCLEXTA TABS 10 MG 28
UNISTIK TOUCH SAFETY LANCETS 21G 89		VENCLEXTA TABS 100 MG 28
UNISTIK TOUCH SAFETY LANCETS 23G 89		VENCLEXTA TABS 50 MG 28

venlafaxine hcl CP24	18	VIDA MIA UNILET LANCETS SUPER THIN 30G	90	VITRAKVI SOLN	32
venlafaxine hcl TABS	18	VIDA MIA UNILET LANCETS ULTRA THIN 28G	90	VIVA DHA CAPS	98
venlafaxine hcl TB24 225 MG	18	vigabatrin PACK	17	VIVAGUARD LANCETS	90
venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG	18	vigabatrin TABS	17	VIVAGUARD LANCETS 30G	90
VENTAVIS	39	VIIBRYD STARTER PACK KIT	18	VIVAGUARD SAFETY LANCETS/28G	90
verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG	38	vilazodone hcl TABS 10 MG, 40 MG . 18		VIVAGUARD SAFETY LANCETS28G	90
verapamil hcl CP24 180 MG	38	vilazodone hcl TABS 20 MG	18	VIZIMPRO	28
verapamil hcl CP24 360 MG	39	VINATE DHA RF	98	VONVENDI	62
verapamil hcl TABS	39	VIRACEPT TABS	36	voriconazole SUSR	22
verapamil hcl TBCR 120 MG	39	VIREAD POWD	36	voriconazole TABS	22
verapamil hcl TBCR 180 MG, 240 MG	39	VIREAD TABS 150 MG, 200 MG, 250 MG	36	VOSEVI	37
VEREGEN	48	VIRT-NATE DHA CAPS	98	VOTRIENT (pazopanib hcl)	32
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	89	VISTOGARD	21	VRAYLAR CAPS	34
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	89	VITAFOL GUMMIES	98	VRAYLAR CPPK	34
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	89	VITAFOL-NANO	98	VYNDAMAX	40
VERIFINE SAFETY LANCET MINI 30G X 1.8MM	89	VITAFOL-ONE CAPS	98	VYVANSE CAPS	1
VERIFINE UNIVERSAL LANCETS 28G	89	VITAMEDMD ONE RX/QUATREFOLIC	98	VYVANSE CHEW	1
VERIFINE UNIVERSAL LANCETS 30G	89	VITAMEDMD REDICHEW RX	98	WALGREENS ADVANCED TRAVELLANCETS 28G	90
VERIFINE UNIVERSAL LANCETS 33G	89	VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.25 MG/ML- 450 MCG/ML	96	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	90
VERSACLOZ SUSP	35	VITAMINS A/C/D/FLUORIDE SOLN 35 MG/ML-10 MCG/ML-0.5 MG/ML- 450 MCG/ML	96	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	90
VERZENIO	32	VITAPEARL	98	WALGREENS LANCETS	90
VIBERZI	59	VITATHELY/GINGER TABS	98	WALGREENS THIN LANCETS	90
VICTOZA (liraglutide)	19	VITATRUE	98	WALGREENS ULTRA THIN LANCETS	90
		VITRAKVI CAPS	32	warfarin sodium TABS	14

WESCAP-C DHA	98	XELJANZ TABS	3	ZARONTIN SOLN (ethosuximide)	17
WESNATE DHA CAPS	98	XELJANZ XR TB24	3	ZARXIO	64
WESTAB PLUS TABS	98	XENICAL (orlistat)	2	ZAVESCA (miglustat)	63
WESTGEL DHA	98	XERAC AC	54	ZEJULA TABS	33
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	69	XERMELO	60	ZELAPAR TBDP	34
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	69	XHANCE EXHU	100	ZELBORAF	33
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	69	XIFAXAN 200 MG	26	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT	55
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	69	XIFAXAN 550 MG	26	ZEVRX TWIST TOP LANCETS 30G 90	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	69	XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	19	zidovudine CAPS	36
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	69	XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	19	zidovudine SYRP	37
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	69	XIMINO CP24	116	zidovudine TABS	37
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	69	XOSPATA	33	zileuton TB12	12
WILATE KIT	62	XPOVIO	30	ziprasidone hcl 20 MG, 40 MG	34
WILZIN	94	XPOVIO 80 MG TWICE WEEKLY 30		ziprasidone hcl 60 MG, 80 MG	34
XADAGO	34	XTANDI CAPS	29	ZIRGAN GEL	102
XALKORI CAPS	32	XTANDI TABS	29	ZOLINZA	33
XALKORI CPSP	33	XURIDEN	57	zolmitriptan SOLN	93
XARELTO STARTER PACK TBP 14		XYNTHA	62	zolmitriptan TABS	93
XARELTO SUSR	14	XYNTHA SOLOFUSE	62	zolmitriptan TBDP	93
XARELTO TABS 10 MG	14	XYREM SOLN	105	zolpidem tartrate TABS	64
XARELTO TABS 2.5 MG, 15 MG, 20 MG	14	YASMIN 28 (drospirenone-ethinyl estradiol)	45	zolpidem tartrate TBCR	64
XATMEP SOLN	28	YAZ (drospirenone-ethinyl estradiol) 45		ZOMACTON SOLR SC 10 MG	56
XELJANZ SOLN	3	YONSA	29	ZONEGRAN CAPS 100 MG (zonisamide)	16
		zafirlukast 10 MG	12		
		zafirlukast 20 MG	12		
		zaleplon	64		
		ZARONTIN CAPS (ethosuximide)	17		

ZONEGRAN CAPS 25 MG (zonisamide)	16
zonisamide CAPS 100 MG	16
zonisamide CAPS 25 MG, 50 MG .	16
ZORBTIVE SC	56
ZORTRESS (everolimus (immunosuppressant))	95
ZYDELIG	33
ZYFLO TABS	12
ZYKADIA TABS	33
ZYLET	102
ZYTIGA (abiraterone acetate)	29