

California

Essential Drug List

For Ambetter by Health Net Individual & Family Plans

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 All previous versions are no longer in effect.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

For California Individual & Family Plans:

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

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

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

Hours of Operation

8:00am – 6:00pm Monday through Friday

8:00am – 5:00pm Saturday

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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	After Deductible Is Met	\$500	30 Days

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

Tier Description Table

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

<i>Tier</i>	<i>Description</i>
1	Tier one shall consist of most generic drugs and low-cost preferred brand name drugs.
2	Tier two shall consist of nonpreferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost.
3	Tier three shall consist of nonpreferred brand name drugs or drugs that are recommended by the health care service plan's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Tier four shall consist of drugs that the FDA 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).

LA	Limited Access	<p>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:</p> <p>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.</p>
PA	Prior Authorization	<p>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.</p>
PV	Preventive Drugs	<p>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.</p>
QL	Quantity Limit	<p>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.</p>
RX/OTC	Prescription & Over the Counter (OTC)	<p>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.</p>
ST	Step Therapy	<p>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.</p>
SP	Specialty Drug	<p>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.</p>

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 insurer may not deny the request thereafter.

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

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

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

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

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

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

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

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

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

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

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

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

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

Are all contraceptives covered?

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

What blood glucose supplies covered?

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

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

Are preventive drugs covered?

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

What drugs are under my medical benefit?

Drugs that are not considered self-injectable and are administered by your doctor will be covered under your medical benefit. If your doctor does not have the drug, your doctor will give you

instructions on where you can receive the drug. Certain drugs that are self-administered are covered under your pharmacy benefit. Refer to your *Evidence of Coverage* for coverage information and exceptions.

Can I go to any pharmacy?

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

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

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

Can I use a mail order pharmacy?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders					
Amphetamines					
(Dextroamphetamine Sulfate) PROCENTRA SOLN	1		<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)
(Dextroamphetamine Sulfate) ZENZEDI TABS 5 MG	1		<i>amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 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	
(Dextroamphetamine Sulfate) ZENZEDI TABS 10 MG	1		<i>amphetamine-dextroamphetamine TABS 2.5 MG-2.5 MG-2.5 MG-2.5 MG</i>	1	
ADDERALL XR CP24 (<i>amphetamine-dextroamphetamine</i>)	NF	QL(2 ea daily; 90 Day(s) limit)	DESOXYN (<i>methamphetamine hcl</i>)	NF	PA
ADDERALL TABS 2.5 MG-2.5 MG-2.5 MG-2.5 MG (<i>amphetamine-dextroamphetamine</i>)	NF		DEXEDRINE CP24 (<i>dextroamphetamine sulfate</i>)	NF	
ADDERALL 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>amphetamine-dextroamphetamine</i>)	NF	QL(90 ea per fill retail)	<i>dextroamphetamine sulfate CP24</i>	1	
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 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>amphetamine-dextroamphetamine</i>)	NF		<i>dextroamphetamine sulfate SOLN</i>	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-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>dextroamphetamine sulfate TABS 10 MG</i>	1	
			<i>dextroamphetamine sulfate TABS 5 MG</i>	1	
			<i>lisdexamfetamine dimesylate CAPS</i>	1	QL(1 ea daily)
			<i>lisdexamfetamine dimesylate CHEW</i>	1	Limited to 1 per day; QL(1 ea daily)
			<i>methamphetamine hcl</i>	2	PA
			VYVANSE CAPS	2	QL(1 ea daily)
			VYVANSE CHEW	2	Limited to 1 per day; QL(1 ea daily)
Analeptics					
			<i>caffeine citrate SOLN OR</i>	1	
Anorexiants Non-Amphetamine					

Updated April 1, 2024

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

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADIPEX-P CAPS (<i>phentermine hcl</i>)	SP	Check Plan Documents for coverage; PA	<i>atomoxetine hcl 60 MG, 80 MG, 100 MG</i>	1	QL(1 ea daily)
ADIPEX-P TABS (<i>phentermine hcl</i>)	SP	Check Plan Documents for coverage; PA	<i>clonidine hcl (adhd) TB12</i>	1	QL(4 ea daily)
<i>benzphetamine hcl 50 MG</i>	SP	Check Plan Documents for coverage; PA	<i>guanfacine hcl (adhd)</i>	1	QL(1 ea daily)
<i>diethylpropion hcl TABS</i>	SP	Check Plan Documents for coverage; PA	INTUNIV (<i>guanfacine hcl (adhd)</i>)	NF	QL(1 ea daily)
<i>diethylpropion hcl TB24</i>	SP	Check Plan Documents for coverage; PA	KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	NF	QL(4 ea daily)
LOMAIRA TABS	SP	Check plan documents for coverage; PA	STRATTERA 60 MG, 80 MG, 100 MG (<i>atomoxetine hcl</i>)	NF	QL(1 ea daily)
<i>phentermine hcl CAPS</i>	SP	Check Plan Documents for coverage; PA	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	NF	QL(2 ea daily)
<i>phentermine hcl TABS</i>	SP	Check Plan Documents for coverage; PA	Stimulants - Misc.		
QSYMIA	SP	Check Plan Documents for coverage; QL(1 ea daily); PA	APTENSIO XR CP24 (<i>methylphenidate hcl</i>)	NF	QL(1 ea daily)
Anti-Obesity Agents			<i>armodafinil 150 MG, 200 MG, 250 MG</i>	1	PA
CONTRAVE	SP	Check plan documents for coverage; PA	<i>armodafinil 50 MG</i>	1	PA
<i>orlistat</i>	SP	Check Plan Documents for coverage; PA	CONCERTA TBCR 18 MG, 27 MG (<i>methylphenidate hcl</i>)	NF	QL(1 ea daily)
SAXENDA	SP	Check Plan Documents for coverage; QL(0.5 ml daily); PA	CONCERTA TBCR 36 MG (<i>methylphenidate hcl</i>)	NF	QL(1 ea daily; 90 ea per fill retail)
XENICAL (<i>orlistat</i>)	SP	Check Plan Documents for coverage; PA	CONCERTA TBCR 54 MG (<i>methylphenidate hcl</i>)	NF	QL(2 ea daily)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents			DAYTRANA PTCH (<i>methylphenidate</i>)	NF	QL(1 ea daily)
<i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG</i>	1	QL(2 ea daily)	<i>dexmethylphenidate hcl CP24</i>	1	QL(1 ea daily; 90 ea per 90 days retail)
			<i>dexmethylphenidate hcl TABS</i>	1	QL(2 ea daily)
			FOCALIN XR CP24 (<i>dexmethylphenidate hcl</i>)	NF	QL(1 ea daily; 90 ea per 90 days retail)
			FOCALIN TABS (<i>dexmethylphenidate hcl</i>)	NF	QL(2 ea daily)
			METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
METADATE CD CPR 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NF	QL(2 ea daily)
METHYLIN SOLN (<i>methylphenidate hcl</i>)	NF	
<i>methylphenidate hcl CHEW</i>	1	
<i>methylphenidate hcl CP24</i>	1	QL(1 ea daily)
<i>methylphenidate hcl CP24 60 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate hcl CPR 10 MG, 40 MG, 50 MG, 60 MG</i>	1	
<i>methylphenidate hcl CPR 20 MG, 30 MG</i>	1	QL(2 ea daily)
<i>methylphenidate hcl SOLN</i>	1	
<i>methylphenidate hcl TABS 20 MG</i>	1	QL(3 ea daily)
<i>methylphenidate hcl TABS 5 MG, 10 MG</i>	1	
<i>methylphenidate hcl TB24 18 MG, 27 MG, 54 MG</i>	1	QL(1 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl TB24 36 MG</i>	1	QL(2 ea daily; 90 Day(s) limit)
<i>methylphenidate hcl TBCR 18 MG, 27 MG</i>	1	QL(1 ea daily)
<i>methylphenidate hcl TBCR 54 MG</i>	1	QL(2 ea daily)
<i>methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG</i>	1	QL(1 ea daily; 90 ea per fill retail)
<i>methylphenidate PTCH</i>	1	QL(1 ea daily)
<i>modafinil</i>	2	QL(1 ea daily); ST
NUVIGIL 50 MG (<i>armodafinil</i>)	NF	PA
NUVIGIL 150 MG, 200 MG, 250 MG (<i>armodafinil</i>)	NF	PA
PROVIGIL (<i>modafinil</i>)	NF	QL(1 ea daily); ST
QUILLIVANT XR SRER	3	QL(12 ml daily); PA

Drug Name	Drug Tier	Requirements/Limits
RELEXXII TBCR 54 MG	2	QL(2 ea daily)
RELEXXII TBCR 18 MG, 27 MG	2	QL(1 ea daily)
RELEXXII TBCR 36 MG	2	QL(1 ea daily; 90 ea per fill retail)
RITALIN LA CP24 (<i>methylphenidate hcl</i>)	NF	QL(1 ea daily)
RITALIN TABS 5 MG, 10 MG (<i>methylphenidate hcl</i>)	NF	
RITALIN TABS 20 MG (<i>methylphenidate hcl</i>)	NF	QL(3 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	SP	PA
BETHKIS NEBU (<i>tobramycin</i>)	SP	PA
HUMATIN	2	
KITABIS PAK NEBU (<i>tobramycin</i>)	NF	
<i>neomycin sulfat</i> TABS	1	
<i>streptomycin sulfat</i> SOLR	SP	PA
TOBI PODHALER CAPS	SP	PA
TOBI NEBU (<i>tobramycin</i>)	NF	
<i>tobramycin sulfat</i> SOLN IJ 10 MG/ML, 80 MG/2ML	SP	PA
<i>tobramycin NEBU</i>	2	PA
<i>tobramycin NEBU</i>	SP	PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
RINVOQ	SP	QL(1 ea daily); PA
XELJANZ XR TB24	SP	QL(1 ea daily); SP; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	SP	Check plan documents for coverage; 1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA
XELJANZ TABS 10 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 ea daily); PA
XELJANZ TABS 5 MG	SP	QL(2 ea daily); PA	HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 ea daily); PA
Antirheumatic Antimetabolites					
OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	SP	PA	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	SP	Check plan documents for coverage; QL(0.072 ea daily); PA
OTREXUP SOAJ 10 MG/0.4ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	HUMIRA PEN PNKT 40 MG/0.8ML	SP	Check Plan Documents for coverage; QL(0.143 ea daily); PA
RASUVO SOAJ 20 MG/0.4ML	SP	PA	HUMIRA PEN PNKT 80 MG/0.8ML	SP	Check plan documents for coverage; QL(0.072 ea daily); 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	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	HUMIRA PEN PNKT 40 MG/0.4ML	SP	Check plan documents for coverage; QL(0.143 ea daily); PA
Anti-TNF-alpha - Monoclonal Antibodies			HUMIRA PEN-PS/UV STARTER PNKT	SP	Check Plan Documents for coverage; QL(0.143 ea daily); PA
ADALIMUMAB-ADAZ SOAJ	SP	QL(0.143 ml daily); PA	HUMIRA PEN-PS/UV STARTER PNKT	SP	Check plan documents for coverage; 1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA
ADALIMUMAB-ADAZ SOSY	SP	QL(0.143 ml daily); PA			
HADLIMA PUSH TOUCH SOAJ	SP	QL(0.143 ml daily); PA			
HADLIMA SOSY	SP	QL(0.143 ml daily); PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT	SP	Check plan documents for coverage; QL(0.143 ea daily); PA	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	NF	
Gold Compounds			CELEBREX 400 MG (celecoxib)	NF	QL(2 ea daily); PA
RIDAURA	2		CELEBREX 50 MG, 100 MG, 200 MG (celecoxib)	NF	QL(2 ea daily)
Interleukin-1 Blockers			celecoxib 50 MG, 100 MG, 200 MG	1	QL(2 ea daily)
ARCALYST	SP	PA;ST; Must Use AcariaHealth Specialty Rx at 1-844-538-4661; PA	celecoxib 400 MG	1	QL(2 ea daily); PA
Interleukin-6 Receptor Inhibitors			DAYPRO TABS (oxaprozin)	NF	
KEVZARA SOAJ	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA	diclofenac potassium TABS 50 MG	1	
KEVZARA SOSY	SP	ST; Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.082 ml daily); PA	diclofenac sodium TB24	1	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			diclofenac sodium TBEC	1	
(Diclofenac Potassium) CATAFLAM, LOFENA TABS 50 MG	1		diclofenac w/ misoprostol TBEC	1	
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	1		etodolac CAPS	1	
(Indomethacin) INDOCIN SUPP	1		etodolac TABS	1	
(Nabumetone) RELAFEN 500 MG	1	QL(4 ea daily)	etodolac TB24	1	QL(2 ea daily)
(Nabumetone) RELAFEN 750 MG	1	QL(3 ea daily)	FELDENE CAPS 20 MG (piroxicam)	NF	QL(1 ea daily)
ANAPROX DS TABS (naproxen sodium)	NF		FELDENE CAPS 10 MG (piroxicam)	NF	
ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	NF		flurbiprofen TABS	1	
			ibuprofen TABS 400 MG, 600 MG, 800 MG	1	
			INDOCIN SUSP (indomethacin)	NF	
			indomethacin CAPS 25 MG, 50 MG	1	
			indomethacin CPR	1	
			indomethacin SUPP	1	
			indomethacin SUSP	1	
			ketoprofen CAPS 75 MG	1	
			ketoprofen CP24	1	
			ketorolac tromethamine TABS	1	QL(20 ea per fill retail)
			LODINE TABS (etodolac)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate sodium CAPS</i>	1	
<i>mefenamic acid CAPS</i>	1	
<i>meloxicam TABS 15 MG</i>	1	QL(1 ea daily)
<i>meloxicam TABS 7.5 MG</i>	1	QL(2 ea daily)
MOBIC TABS 15 MG (<i>meloxicam</i>)	NF	QL(1 ea daily)
MOBIC TABS 7.5 MG (<i>meloxicam</i>)	NF	QL(2 ea daily)
<i>nabumetone 750 MG</i>	1	QL(3 ea daily)
<i>nabumetone 500 MG</i>	1	QL(4 ea daily)
NAPROSYN SUSP (<i>naproxen</i>)	NF	
NAPROSYN TABS 500 MG (<i>naproxen</i>)	NF	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	1	
<i>naproxen SUSP</i>	1	
<i>naproxen TABS</i>	1	
<i>oxaprozin TABS</i>	1	
<i>piroxicam CAPS 10 MG</i>	1	
<i>piroxicam CAPS 20 MG</i>	1	QL(1 ea daily)
<i>sulindac TABS 200 MG</i>	1	
<i>sulindac TABS 150 MG</i>	1	QL(2 ea daily)
TIVORBEX CAPS (<i>indomethacin</i>)	NF	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	SP	QL(2 ea daily); PA
OTEZLA TBPk	SP	1 rtl pack lmt amt; 180 rtl pack lmt day(s); PA
Pyrimidine Synthesis Inhibitors		
ARAVA 20 MG (<i>leflunomide</i>)	NF	QL(1 ea daily)
ARAVA 10 MG (<i>leflunomide</i>)	NF	QL(2 ea daily)
<i>leflunomide 20 MG</i>	1	QL(1 ea daily)
<i>leflunomide 10 MG</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.15 ml daily); SP; PA
ENBREL SURECLICK SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(10 ml daily); PA
ENBREL SOLN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.143 ml daily); PA
ENBREL SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(2 ea daily); PA
ENBREL SOSY 25 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.146 ml daily); PA
ENBREL SOSY 50 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.28 ml daily); PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
(Butalbital-Acetaminophen) BUPAP TABS 50 MG-300 MG	1	
(Butalbital-Acetaminophen) TENCON TABS 50 MG-325 MG	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Butalbital-Acetaminophen-Caffeine) BAC TABS 40 MG-50 MG-325 MG	1		(Aspirin) ADULT ASPIRIN REGIMEN, ASPIRIN 81, ASPIRIN ADULT LOW DOSE, ASPIRIN ADULT LOW STRENGTH, ASPIRIN EC LOW DOSE, ASPIRIN ENTERIC COATED ADULT LOW STRENGTH, ASPIRIN LOW DOSE, ASPIRIN REGIMEN, BAYER ASPIRIN EC LOW DOSE, BAYER LOW DOSE, CVS ASPIRIN ADULT LOW STRENGTH, CVS ASPIRIN EC, CVS ASPIRIN LOW DOSE, CVS ASPIRIN LOW STRENGTH, ECOTRIN LOW STRENGTH, EQ ASPIRIN ADULT LOW DOSE, EQL ASPIRIN LOW DOSE, 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	PV	PV
(Butalbital-Acetaminophen-Caffeine) ESGIC, ZEBUTAL CAPS 40 MG-50 MG-325 MG	1				
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	1				
<i>butalbital-acetaminophen TABS 50 MG-300 MG, 50 MG-325 MG</i>	1				
<i>butalbital-aspirin-caffeine CAPS</i>	1				
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	NF				
FIORICET CAPS (<i>butalbital-acetaminophen-caffeine</i>)	NF				
Salicylates					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Aspirin) ASPIRIN 81 LOW DOSE, ASPIRIN CHILDRENS, ASPIRIN LOW DOSE, BAYER CHEWABLE LOW DOSE, CHILDRENS ASPIRIN, CVS ASPIRIN ADULT LOW DOSE, EQ ASPIRIN LOW DOSE, EQL ASPIRIN LOW DOSE, GNP ADULT ASPIRIN LOW STRENGTH, GOODSENSE ASPIRIN, GOODSENSE ASPIRIN ADULT LOW STRENGTH, HM ASPIRIN, PX ASPIRIN, QC ASPIRIN LOW DOSE, QC CHEWABLE ASPIRIN LOW DOSE, QC CHILDRENS ASPIRIN, RA ASPIRIN ADULT LOW DOSE, RA ASPIRIN ADULT LOW STRENGTH, RA ASPIRIN CHILDRENS, SB CHILDRENS ASPIRIN, SM ASPIRIN ADULT LOW STRENGTH, SM ASPIRIN LOW DOSE, SM CHILDRENS ASPIRIN, ST JOSEPH LOW DOSE ASPIRIN CHEW	PV	PV	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG <i>(fentanyl citrate)</i>	NF	PA
			ACTIQ LPOP 1600 MCG <i>(fentanyl citrate)</i>	NF	QL(4 ea daily); PA
			<i>codeine sulfate TABS</i>	1	First fill opioids limited to 7 days.
			CONZIP CP24 <i>(tramadol hcl)</i>	3	
			DILAUDID LIQD <i>(hydromorphone hcl)</i>	NF	First fill opioids limited to 7 days.
			DILAUDID TABS <i>(hydromorphone hcl)</i>	NF	First fill opioids limited to 7 days.
			<i>fentanyl citrate LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG</i>	2	PA
			<i>fentanyl citrate LPOP 1600 MCG</i>	2	QL(4 ea daily); PA
			<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	1	Limit 15 patches per month; QL(0.5 ea daily)
			<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	Limit 15 per month; QL(0.5 ea daily)
<i>aspirin CHEW</i>	PV	PV	<i>hydromorphone hcl LIQD</i>	1	First fill opioids limited to 7 days.
<i>aspirin TBEC 81 MG</i>	PV	PV	<i>hydromorphone hcl TABS</i>	1	First fill opioids limited to 7 days.
<i>diflunisal TABS</i>	1		<i>hydromorphone hcl TB24 32 MG</i>	1	QL(2 ea daily)
<i>salsalate</i>	1		<i>hydromorphone hcl TB24 8 MG, 12 MG, 16 MG</i>	1	QL(4 ea daily)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>levorphanol tartrate TABS 3 MG</i>	1	PA
Opioid Agonists			<i>levorphanol tartrate TABS 2 MG</i>	1	First fill opioids limited to 7 days.; PA
(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC	1				
(Methadone Hcl) METHADOSE TBSO	1				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	1	First fill opioids limited to 7 days.	<i>oxycodone hcl CAPS</i>	1	First fill opioids limited to 7 days.
<i>meperidine hcl TABS 50 MG</i>	1	First fill opioids limited to 7 days.	<i>oxycodone hcl CONC 100 MG/5ML</i>	1	First fill opioids limited to 7 days.
<i>methadone hcl CONC</i>	1		<i>oxycodone hcl SOLN</i>	1	First fill opioids limited to 7 days.
<i>methadone hcl SOLN OR</i>	1		<i>oxycodone hcl TABS 30 MG</i>	1	First fill opioids limited to 7 days.; QL(4 ea daily)
<i>methadone hcl TABS</i>	1	QL(12 ea daily)	<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	1	First fill opioids limited to 7 days.
<i>methadone hcl TBSO</i>	1		<i>oxymorphone hcl TABS 5 MG</i>	1	First fill opioids limited to 7 days.
METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	NF		<i>oxymorphone hcl TABS 10 MG</i>	1	First fill opioids limited to 7 days.; QL(8 ea daily)
METHADOSE CONC (<i>methadone hcl</i>)	NF		<i>oxymorphone hcl TB12</i>	1	QL(2 ea daily)
<i>morphine sulfate beads</i>	1	QL(1 ea daily)	ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	NF	First fill opioids limited to 7 days.; QL(4 ea daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	1	QL(2 ea daily)	ROXICODONE TABS 5 MG, 15 MG (<i>oxycodone hcl</i>)	NF	First fill opioids limited to 7 days.
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	1	First fill opioids limited to 7 days.	<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	1	
<i>morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML</i>	1	Not available through mail order	<i>tramadol hcl TABS 100 MG</i>	1	
<i>morphine sulfate SUPP 10 MG, 20 MG, 30 MG</i>	1	First fill opioids limited to 7 days.	<i>tramadol hcl TABS 50 MG</i>	1	First fill opioids limited to 7 days.; QL(8 ea daily)
<i>morphine sulfate TABS 30 MG</i>	1		<i>tramadol hcl TB24</i>	1	
<i>morphine sulfate TABS 15 MG</i>	1	First fill opioids limited to 7 days.	<i>tramadol hcl TB24 200 MG</i>	1	QL(1 ea daily)
<i>morphine sulfate TBCR</i>	1	QL(3 ea daily)	<i>tramadol hcl TB24 100 MG</i>	1	QL(3 ea daily)
MS CONTIN TBCR (<i>morphine sulfate</i>)	NF	QL(3 ea daily)			
OXAYDO TABS 5 MG	2	First fill opioids limited to 7 days.			
OXAYDO TABS 7.5 MG	3	First fill opioids limited to 7 days.; QL(4 ea daily)			

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.; QL(4 ea daily)	BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (<i>buprenorphine</i>)	NF	QL(4 ea per 28 days retail)
PERCOCET TABS 325 MG-5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.; QL(6 ea daily)	<i>pentazocine w/ naloxone hcl</i>	1	
PERCOCET TABS 325 MG-2.5 MG (<i>oxycodone w/ acetaminophen</i>)	NF	First fill opioids limited to 7 days.	SUBLOCADE SOSY	SP	Covered under Medical Benefit; PA
PROLATE TABS	3	First fill opioids limited to 7 days.	SUBOXONE FILM SL 3 MG-12 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 ea daily)
<i>tramadol-acetaminophen</i>	1	First fill opioids limited to 7 days.; QL(8 ea daily)	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 ea daily)
ULTRACET (<i>tramadol-acetaminophen</i>)	NF	First fill opioids limited to 7 days.; QL(8 ea daily)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Opioid Partial Agonists			Anabolic Steroids		
<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>oxandrolone 2.5 MG</i>	2	
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	1	QL(2 ea daily)	<i>oxandrolone 10 MG</i>	2	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	1		Androgens		
<i>buprenorphine hcl SUBL 2 MG</i>	1	QL(3 ea daily)	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM	1	QL(10 ml daily)
<i>buprenorphine hcl SUBL 8 MG</i>	1	QL(4 ea daily)	ANDROGEL PUMP GEL TD 1.62 % (<i>testosterone</i>)	NF	Limited to 300 gms per month; QL(10 gm daily)
<i>buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR</i>	1	QL(4 ea per 28 days retail)	ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (<i>testosterone</i>)	NF	QL(10 gm daily)
<i>butorphanol tartrate NA 10 MG/ML</i>	1	Limit 7.5mls per month; QL(0.25 ml daily)	ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (<i>testosterone</i>)	NF	Limited to 300 gms per month; QL(10 gm daily)
			<i>danazol CAPS</i>	1	
			FORTESTA GEL TD (<i>testosterone</i>)	NF	QL(4 gm daily)
			METHITEST TABS	2	
			<i>methyltestosterone CAPS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TESTIM GEL TD (<i>testosterone</i>)	3	QL(10 gm daily); PA
<i>testosterone cypionate SOLN IM</i>	1	QL(10 ml daily)
<i>testosterone enanthate SOLN IM</i>	1	
<i>testosterone GEL TD 10 MG/ACT</i>	1	QL(4 gm daily)
<i>testosterone GEL TD 1 %, 50 MG/5GM</i>	1	Limited to 300 gms per month
<i>testosterone GEL TD 1 %, 25 MG/2.5GM</i>	1	QL(10 gm daily)
<i>testosterone GEL TD 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>	1	Limited to 300 gms per month; QL(10 gm daily)
<i>testosterone SOLN</i>	1	QL(6 ml daily)
VOGELXO PUMP GEL TD (<i>testosterone</i>)	NF	QL(10 gm daily)
VOGELXO GEL TD (<i>testosterone</i>)	NF	QL(10 gm daily)
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	1	PA
CORTENEMA (<i>hydrocortisone (intrarectal)</i>)	NF	QL(60 ml daily)
CORTIFOAM EX 10 %	2	
<i>hydrocortisone (intrarectal)</i>	1	QL(60 ml daily)
UCERIS (<i>budesonide (intrarectal)</i>)	NF	PA
Rectal Combinations		
ANALPRAM-HC LOTN EX	3	
PROCTOFOAM HC FOAM EX	2	
Rectal Steroids		

Drug Name	Drug Tier	Requirements/Limits
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	1	
ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) EX 2.5 %</i>	1	
Vasodilating Agents		
<i>nitroglycerin (intra-anal)</i>	1	
RECTIV (<i>nitroglycerin (intra-anal)</i>)	NF	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	1	
ALBENZA (<i>albendazole</i>)	NF	
BENZNIDAZOLE	2	AL(At least 2 yrs old - Up to 12 yrs old)
BILTRICIDE (<i>praziquantel</i>)	NF	
<i>ivermectin</i>	1	
<i>praziquantel</i>	1	
STROMEKTOL (<i>ivermectin</i>)	NF	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 500 MG (<i>ranolazine</i>)	NF	QL(4 ea daily)
RANEXA TB12 1000 MG (<i>ranolazine</i>)	NF	
<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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ISORDIL TITRADOSE TABS (<i>isosorbide dinitrate</i>)	NF		ALPRAZOLAM INTENSOL CONC	3	
<i>isosorbide dinitrate TABS</i>	1		<i>alprazolam TABS</i>	1	
<i>isosorbide mononitrate TABS</i>	1		<i>alprazolam TB24</i>	1	
<i>isosorbide mononitrate TB24</i>	1		<i>alprazolam TBDP</i>	2	
NITRO-BID OINT	2		ATIVAN TABS (<i>lorazepam</i>)	NF	
NITRO-DUR PT24	2	QL(1 ea daily)	<i>chlordiazepoxide hcl CAPS</i>	1	
NITRO-DUR PT24 (<i>nitroglycerin</i>)	NF	QL(1 ea daily)	<i>clorazepate dipotassium TABS</i>	1	
<i>nitroglycerin PT24</i>	1	QL(1 ea daily)	<i>diazepam CONC</i>	1	
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	1		<i>diazepam SOLN OR 5 MG/5ML</i>	1	
<i>nitroglycerin SUBL</i>	1		<i>diazepam TABS 10 MG</i>	1	QL(4 ea daily)
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	NF		<i>diazepam TABS 2 MG, 5 MG</i>	1	
NITROSTAT SUBL (<i>nitroglycerin</i>)	NF		<i>lorazepam CONC</i>	1	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety			<i>lorazepam TABS</i>	1	
Antianxiety Agents - Misc.			<i>oxazepam CAPS 30 MG</i>	1	QL(2 ea daily)
<i>buspirone hcl</i>	1		<i>oxazepam CAPS 10 MG, 15 MG</i>	1	
<i>hydroxyzine hcl SOLN 50 MG/ML</i>	SP	PA	TRANXENE T TABS 7.5 MG (<i>clorazepate dipotassium</i>)	NF	
<i>hydroxyzine hcl SYRP</i>	1		VALIUM TABS 2 MG, 5 MG (<i>diazepam</i>)	NF	
<i>hydroxyzine hcl TABS</i>	1		VALIUM TABS 10 MG (<i>diazepam</i>)	NF	QL(4 ea daily)
<i>hydroxyzine pamoate CAPS</i>	1		XANAX XR TB24 (<i>alprazolam</i>)	NF	
VISTARIL CAPS (<i>hydroxyzine pamoate</i>)	NF		XANAX TABS (<i>alprazolam</i>)	NF	
Benzodiazepines			ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
(Alprazolam) ALPRAZOLAM XR TB24	1		Antiarrhythmics Type I-A		
(Diazepam) DIAZEPAM INTENSOL CONC	1		<i>disopyramide phosphate CAPS</i>	1	
(Lorazepam) LORAZEPAM INTENSOL CONC	1		NORPACE CR CP12	2	

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Drug Name	Drug Tier	Requirements/Limits
NORPACE CAPS (disopyramide phosphate)	NF	
quinidine gluconate TBCR	1	
Antiarrhythmics Type I-B		
mexiletine hcl	1	
Antiarrhythmics Type I-C		
flecainide acetate	1	
propafenone hcl CP12	1	
propafenone hcl TABS 150 MG	1	QL(6 ea daily)
propafenone hcl TABS 225 MG, 300 MG	1	QL(3 ea daily)
RYTHMOL SR CP12 (propafenone hcl)	NF	
Antiarrhythmics Type III		
(Amiodarone Hcl) PACERONE TABS	1	
amiodarone hcl TABS	1	
dofetilide	1	
TIKOSYN (dofetilide)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUCALA SOAJ	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
NUCALA SOLR	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; PA

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOSY 100 MG/ML	SP	PA; Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Anti-Inflammatory Agents		
cromolyn sodium NEBU	1	
Bronchodilators - Anticholinergics		
ATROVENT HFA	2	Limit 2 inhalers per month; QL(0.86 gm daily)
INCRUSE ELLIPTA	2	QL(1 ea daily)
ipratropium bromide SOLN 0.02 %	1	
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate)	NF	QL(1 ea daily)
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	2	Limit 1 inhaler per month; QL(0.143 gm daily)
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
tiotropium bromide monohydrate CAPS	1	QL(1 ea daily)
Leukotriene Modulators		
ACCOLATE 20 MG (zafirlukast)	NF	QL(2 ea daily)
ACCOLATE 10 MG (zafirlukast)	NF	
montelukast sodium CHEW	1	QL(1 ea daily)
montelukast sodium PACK	1	QL(1 ea daily)
montelukast sodium TABS	1	QL(1 ea daily)
SINGULAIR CHEW (montelukast sodium)	NF	QL(1 ea daily)
SINGULAIR PACK (montelukast sodium)	NF	QL(1 ea daily)

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SINGULAIR TABS (<i>montelukast sodium</i>)	NF	QL(1 ea daily)	PULMICORT SUSP 0.25 MG/2ML (<i>budesonide</i> (<i>inhalation</i>))	NF	QL(8 ml daily)
<i>zafirlukast 10 MG</i>	1		QVAR REDIHALER 80 MCG/ACT	2	Limit 2 Inhalers per month; QL(0.72 gm daily)
<i>zafirlukast 20 MG</i>	1	QL(2 ea daily)	QVAR REDIHALER 40 MCG/ACT	2	Limit 1 inhaler per month; QL(0.36 gm daily)
<i>zileuton TB12</i>	1	ST	Sympathomimetics		
ZYFLO TABS	3	ST	(Budesonide-Formoterol Fumarate Dihydrate) BREYNA	1	
Selective Phosphodiesterase 4 (PDE4) Inhibitors			(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)
DALIRESP (<i>roflumilast</i>)	NF	QL(1 ea daily)	ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(2 ea daily)
<i>roflumilast</i>	1	QL(1 ea daily)	AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 ea daily)
Steroid Inhalants			AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	NF	QL(0.04 ea daily)
ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	2	QL(1 ea daily)	AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone- salmeterol</i>)	NF	QL(0.04 ea daily)
ARNUITY ELLIPTA 50 MCG/ACT	2	Limit 1 inhaler per month; QL(1 ea daily)	<i>albuterol sulfate AERS</i>	1	QL(0.6 gm daily)
<i>budesonide (inhalation) SUSP 0.25 MG/2ML</i>	2	QL(8 ml daily)	<i>albuterol sulfate AERS</i>	1	1 rtl pack lmt per fill; 2 rtl MAX fill; 30 rtl day(s) supply
<i>budesonide (inhalation) SUSP 0.5 MG/2ML</i>	2	QL(4 ml daily)	<i>albuterol sulfate AERS</i>	1	QL(0.47 gm daily)
<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	1	QL(2 ml daily)	<i>albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	1	
<i>fluticasone propionate (inhalation) AEPB 250 MCG/ACT</i>	1	QL(8 ea daily)			
<i>fluticasone propionate (inhalation) AEPB 50 MCG/ACT</i>	1	QL(40 ea daily)			
<i>fluticasone propionate (inhalation) AEPB 100 MCG/ACT</i>	1	QL(20 ea daily)			
<i>fluticasone propionate hfa</i>	1				
PULMICORT FLEXHALER AEPB	2	Limit 1 inhaler per month; QL(1 ea per fill retail; 3 per fill mail)			
PULMICORT SUSP 1 MG/2ML (<i>budesonide</i> (<i>inhalation</i>))	NF	QL(2 ml daily)			
PULMICORT SUSP 0.5 MG/2ML (<i>budesonide</i> (<i>inhalation</i>))	NF	QL(4 ml daily)			

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ALBUTEROL SULFATE NEBU	2		STRIVERDI RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)
<i>albuterol sulfate SYRP</i>	1				
<i>albuterol sulfate TABS</i>	1		SYMBICORT <i>(budesonide-formoterol fumarate dihydrate)</i>	NF	
ANORO ELLIPTA	2	QL(2 ea daily)	<i>terbutaline sulfate TABS</i>	1	
BREZTRI AEROSPHERE	2	QL(0.36 gm daily)	TRELEGY ELLIPTA	2	QL(2 ea daily)
<i>budesonide-formoterol fumarate dihydrate</i>	1		VENTOLIN HFA AERS <i>(albuterol sulfate)</i>	NF	Limit 2 inhalers per month; QL(0.6 gm daily)
COMBIVENT RESPIMAT AERS	3	Limit 1 inhaler per month; QL(0.16 gm daily)	XOPENEX <i>(levalbuterol hcl)</i>	NF	
<i>fluticasone furoate-vilanterol</i>	1		XOPENEX CONCENTRATE <i>(levalbuterol hcl)</i>	NF	
<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)	XOPENEX HFA <i>(levalbuterol tartrate)</i>	NF	
<i>fluticasone-salmeterol AERO</i>	1	QL(0.4 gm daily)	Xanthines		
<i>ipratropium-albuterol SOLN</i>	1		(Theophylline) ELIXOPHYLLIN ELIX	1	
<i>levalbuterol hcl</i>	1		THEO-24 CP24	2	
<i>levalbuterol tartrate</i>	1	1 inhaler per month; QL(0.6 gm daily)	<i>theophylline ELIX</i>	1	
PROAIR HFA AERS <i>(albuterol sulfate)</i>	NF	Limit 2 inhalers per month; QL(0.57 gm daily)	<i>theophylline SOLN</i>	1	
PROAIR RESPICLICK AEPB	3	Limit 2 inhalers per month; QL(0.07 ea daily)	<i>theophylline TB12 450 MG</i>	1	QL(1 ea daily)
PROVENTIL HFA AERS <i>(albuterol sulfate)</i>	NF		<i>theophylline TB12 300 MG</i>	1	QL(2 ea daily)
SEREVENT DISKUS	2	QL(2 ea daily)	<i>theophylline TB24</i>	1	QL(1 ea daily)
STIOLTO RESPIMAT	2	Limit 1 inhaler per month; QL(0.14 gm daily)	ANTICOAGULANTS - Blood Thinners		
			Coumarin Anticoagulants		
			(Warfarin Sodium) JANTOVEN TABS	1	
			<i>warfarin sodium TABS</i>	1	
			Direct Factor Xa Inhibitors		
			ELIQUIS STARTER PACK TBPB	2	QL(74 ea per 30 days retail)
			ELIQUIS TABS	2	QL(2 ea daily)

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XARELTO STARTER PACK TBPK	2	QL(51 ea per 30 days retail)	<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	2	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(12 ml per fill retail)
XARELTO SUSR	2	QL(900 ml per 30 days retail)			
XARELTO TABS	2	QL(1 ea daily)			
Heparins And Heparinoid-Like Agents					
<i>ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)</i>	SP	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA	<i>fondaparinux sodium 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML</i>	SP	PA
<i>ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)</i>	SP	PA	<i>fondaparinux sodium 2.5 MG/0.5ML</i>	SP	QL(4 ml per 90 days retail; 4 ml per 90 days mail); PA
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	QL(0.1 ml daily); PA	FRAGMIN SOLN 95000 UNIT/3.8ML	SP	PA
<i>enoxaparin sodium SOSY 30 MG/0.3ML</i>	2	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(4.5 ml per fill retail)	FRAGMIN SOSY 2500 UNIT/0.2ML	SP	
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	2	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(9 ml per fill retail)	FRAGMIN SOSY 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	SP	PA
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	2	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(14 ml per fill retail)	<i>heparin sodium (porcine) SOLN IJ 10000 UNIT/ML</i>	SP	PA
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	2	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(6 ml per fill retail)	LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	NF	QL(0.1 ml daily); PA
			LOVENOX SOSY 60 MG/0.6ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(9 ml per fill retail)
			LOVENOX SOSY 40 MG/0.4ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; 1 rtl MAX fill; 365 rtl day(s) supply; QL(6 ml per fill retail)

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LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; 1 rti MAX fill; 365 rti day(s) supply; QL(12 ml per fill retail)	DIASTAT PEDIATRIC GEL (<i>diazepam (anticonvulsant)</i>)	NF	Limit 4 per month; QL(0.14 ea daily)
LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; 1 rti MAX fill; 365 rti day(s) supply; QL(14 ml per fill retail)	<i>diazepam (anticonvulsant) GEL</i>	1	QL(0.14 ea daily)
LOVENOX SOSY 30 MG/0.3ML (<i>enoxaparin sodium</i>)	NF	Limited to 7 days without prior authorization;; 1 rti MAX fill; 365 rti day(s) supply; QL(4.5 ml per fill retail)	KLONOPIN TABS (<i>clonazepam</i>)	NF	
ANTICONVULSANTS - Drugs to Treat Seizures			NAYZILAM	SP	QL(10 ea per 30 days retail); PA
AMPA Glutamate Receptor Antagonists			ONFI SUSP (<i>clobazam</i>)	NF	
FYCOMPA SUSP	3	QL(24 ml daily)	ONFI TABS 20 MG (<i>clobazam</i>)	NF	QL(2 ea daily)
FYCOMPA TABS 6 MG	3	QL(2 ea daily)	ONFI TABS 10 MG (<i>clobazam</i>)	NF	QL(1 ea daily)
FYCOMPA TABS 8 MG, 10 MG, 12 MG	3	QL(1 ea daily)	VALTOCO 10 MG DOSE LIQD	SP	QL(10 ea per 30 days retail); PA
FYCOMPA TABS 2 MG	3	QL(6 ea daily)	VALTOCO 15 MG DOSE LQPK	SP	QL(10 ea per 30 days retail); PA
FYCOMPA TABS 4 MG	3	QL(3 ea daily)	VALTOCO 20 MG DOSE LQPK	SP	QL(10 ea per 30 days retail); PA
Anticonvulsants - Benzodiazepines			VALTOCO 5 MG DOSE LIQD	SP	QL(10 ea per 30 days retail); PA
<i>clobazam SUSP</i>	1		Anticonvulsants - Misc.		
<i>clobazam TABS 20 MG</i>	1	QL(2 ea daily)	(Carbamazepine) EPITOL TABS	1	
<i>clobazam TABS 10 MG</i>	1	QL(1 ea daily)	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	
<i>clonazepam TABS</i>	1		(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	1	
<i>clonazepam TBDP</i>	1		(Lamotrigine) SUBVENITE TABS	1	
DIASTAT ACUDIAL GEL (<i>diazepam (anticonvulsant)</i>)	NF	Limit 4 per month; QL(0.14 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Levetiracetam) ROWEEPRA TABS 500 MG	1	QL(6 ea daily)	lacosamide SOLN OR 10 MG/ML	1	QL(40 ml daily)
APTIOM	3	QL(2 ea daily); PA	lacosamide TABS	1	QL(2 ea daily)
BANZEL SUSP (<i>rufinamide</i>)	3		LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>lamotrigine</i>)	3	
BANZEL TABS 400 MG (<i>rufinamide</i>)	3	QL(8 ea daily)	LAMICTAL ODT KIT (<i>lamotrigine</i>)	NF	PA
BANZEL TABS 200 MG (<i>rufinamide</i>)	3		LAMICTAL ODT KIT	3	PA
<i>carbamazepine CHEW</i>	1		LAMICTAL ODT TBDP (<i>lamotrigine</i>)	3	PA
<i>carbamazepine CP12</i>	1		LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>lamotrigine</i>)	NF	
<i>carbamazepine SUSP</i>	1		LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>lamotrigine</i>)	NF	
<i>carbamazepine TABS</i>	1		LAMICTAL STARTER/TAKING VALPROATE KIT (<i>lamotrigine</i>)	NF	
<i>carbamazepine TB12 200 MG</i>	1	QL(8 ea daily)	LAMICTAL XR KIT	3	PA
<i>carbamazepine TB12 400 MG</i>	1	QL(4 ea daily)	LAMICTAL XR TB24 300 MG (<i>lamotrigine</i>)	3	QL(2 ea daily)
<i>carbamazepine TB12 100 MG</i>	1		LAMICTAL XR TB24 25 MG, 50 MG, 100 MG, 200 MG (<i>lamotrigine</i>)	3	QL(1 ea daily); PA
CARBATROL CP12 (<i>carbamazepine</i>)	3		LAMICTAL XR TB24 250 MG (<i>lamotrigine</i>)	3	PA
DIACOMIT CAPS 250 MG	SP	QL(12 ea daily); PA	LAMICTAL TABS (<i>lamotrigine</i>)	3	
DIACOMIT CAPS 500 MG	SP	QL(6 ea daily); PA	<i>lamotrigine CHEW</i>	1	
DIACOMIT PACK 250 MG	SP	QL(12 ea daily); PA	<i>lamotrigine KIT</i>	1	PA
DIACOMIT PACK 500 MG	SP	QL(6 ea daily); PA	<i>lamotrigine KIT 25 MG</i>	1	
EPIDIOLEX	SP	PA	<i>lamotrigine TABS</i>	1	
<i>gabapentin CAPS</i>	1		<i>lamotrigine TB24 250 MG</i>	1	PA
<i>gabapentin SOLN</i>	1		<i>lamotrigine TB24 300 MG</i>	1	QL(2 ea daily)
<i>gabapentin TABS 600 MG, 800 MG</i>	1		<i>lamotrigine TB24 25 MG, 50 MG, 100 MG, 200 MG</i>	1	QL(1 ea daily); PA
KEPPRA XR TB24 (<i>levetiracetam</i>)	3	QL(4 ea daily)			
KEPPRA SOLN OR 100 MG/ML (<i>levetiracetam</i>)	3				
KEPPRA TABS (<i>levetiracetam</i>)	3	QL(6 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine TBDP</i>	1	PA	QUDEXY XR CS24 100 MG, 150 MG, 200 MG (<i>topiramate</i>)	NF	QL(1 ea daily); PA
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	1		<i>rufinamide SUSP</i>	1	
<i>levetiracetam TABS</i>	1	QL(6 ea daily)	<i>rufinamide TABS 200 MG</i>	1	
<i>levetiracetam TB24</i>	1	QL(4 ea daily)	<i>rufinamide TABS 400 MG</i>	1	QL(8 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (<i>pregabalin</i>)	3	QL(3 ea daily); PA	TEGRETOL SUSP (<i>carbamazepine</i>)	3	
LYRICA CAPS 225 MG, 300 MG (<i>pregabalin</i>)	3	QL(2 ea daily); PA	TEGRETOL TABS (<i>carbamazepine</i>)	3	
LYRICA SOLN (<i>pregabalin</i>)	3	QL(30 ml daily); PA	TEGRETOL-XR TB12 200 MG (<i>carbamazepine</i>)	NF	QL(8 ea daily)
MYSOLINE (<i>primidone</i>)	3		TEGRETOL-XR TB12 100 MG (<i>carbamazepine</i>)	3	
NEURONTIN CAPS (<i>gabapentin</i>)	3		TEGRETOL-XR TB12 400 MG (<i>carbamazepine</i>)	NF	QL(4 ea daily)
NEURONTIN SOLN (<i>gabapentin</i>)	3		TOPAMAX SPRINKLE CPSP (<i>topiramate</i>)	3	
NEURONTIN TABS (<i>gabapentin</i>)	3		TOPAMAX TABS 50 MG (<i>topiramate</i>)	3	QL(8 ea daily)
<i>oxcarbazepine SUSP</i>	1	QL(40 ml daily)	TOPAMAX TABS 25 MG (<i>topiramate</i>)	3	
<i>oxcarbazepine TABS 150 MG</i>	1		TOPAMAX TABS 100 MG (<i>topiramate</i>)	3	QL(4 ea daily)
<i>oxcarbazepine TABS 600 MG</i>	1	QL(4 ea daily)	TOPAMAX TABS 200 MG (<i>topiramate</i>)	3	QL(2 ea daily)
<i>oxcarbazepine TABS 300 MG</i>	1	QL(8 ea daily)	<i>topiramate CP24 200 MG</i>	1	QL(2 ea daily); PA
OXTELLAR XR TB24 150 MG, 300 MG	3	ST	<i>topiramate CP24 25 MG, 50 MG, 100 MG</i>	1	PA
OXTELLAR XR TB24 600 MG	3	QL(4 ea daily); ST	<i>topiramate CPSP</i>	1	
<i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG</i>	1	QL(3 ea daily); PA	<i>topiramate CS24 25 MG, 50 MG</i>	1	QL(2 ea daily); PA
<i>pregabalin CAPS 225 MG, 300 MG</i>	1	QL(2 ea daily); PA	<i>topiramate CS24 100 MG, 150 MG, 200 MG</i>	1	QL(1 ea daily); PA
<i>pregabalin SOLN</i>	1	QL(30 ml daily); PA	<i>topiramate TABS 100 MG</i>	1	QL(4 ea daily)
<i>primidone 50 MG, 250 MG</i>	1		<i>topiramate TABS 25 MG</i>	1	
QUDEXY XR CS24 25 MG, 50 MG (<i>topiramate</i>)	NF	QL(2 ea daily); PA	<i>topiramate TABS 50 MG</i>	1	QL(8 ea daily)
			<i>topiramate TABS 200 MG</i>	1	QL(2 ea daily)
			TRILEPTAL SUSP (<i>oxcarbazepine</i>)	3	QL(40 ml daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRILEPTAL TABS 150 MG (<i>oxcarbazepine</i>)	3		<i>vigabatrin</i> PACK	SP	QL(6 ea daily)
TRILEPTAL TABS 300 MG (<i>oxcarbazepine</i>)	3	QL(8 ea daily)	<i>vigabatrin</i> TABS	SP	
TRILEPTAL TABS 600 MG (<i>oxcarbazepine</i>)	3	QL(4 ea daily)	Hydantoins		
TROKENDI XR CP24 25 MG, 50 MG, 100 MG (<i>topiramate</i>)	NF	PA	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG	1	
TROKENDI XR CP24 200 MG (<i>topiramate</i>)	NF	QL(2 ea daily); PA	(Phenytoin) PHENYTOIN INFATABS CHEW	1	
VIMPAT SOLN OR 10 MG/ML (<i>lacosamide</i>)	NF	QL(40 ml daily)	DILANTIN	3	
VIMPAT TABS (<i>lacosamide</i>)	NF	QL(2 ea daily)	DILANTIN (<i>phenytoin sodium extended</i>)	3	
ZONEGRAN CAPS 25 MG (<i>zonisamide</i>)	3		DILANTIN INFATABS CHEW (<i>phenytoin</i>)	3	
ZONEGRAN CAPS 100 MG (<i>zonisamide</i>)	3	QL(6 ea daily)	DILANTIN-125 SUSP (<i>phenytoin</i>)	3	
<i>zonisamide</i> CAPS 100 MG	1	QL(6 ea daily)	<i>phenytoin sodium extended</i> 100 MG, 200 MG, 300 MG	1	
<i>zonisamide</i> CAPS 25 MG, 50 MG	1		<i>phenytoin</i> CHEW	1	
Carbamates			<i>phenytoin</i> SUSP	1	
<i>felbamate</i> SUSP	1		Succinimides		
<i>felbamate</i> TABS	1		CELONTIN (<i>methsuximide</i>)	3	
FELBATOL SUSP (<i>felbamate</i>)	3		<i>ethosuximide</i> CAPS	1	
FELBATOL TABS (<i>felbamate</i>)	NF		<i>ethosuximide</i> SOLN	1	
GABA Modulators			<i>methsuximide</i>	1	
(Vigabatrin) VIGADRONE, VIGPODER PACK	SP	QL(6 ea daily)	ZARONTIN CAPS (<i>ethosuximide</i>)	3	
(Vigabatrin) VIGADRONE TABS	SP		ZARONTIN SOLN (<i>ethosuximide</i>)	3	
GABITRIL (<i>tiagabine hcl</i>)	3		Valproic Acid		
SABRIL PACK (<i>vigabatrin</i>)	SP	QL(6 ea daily)	DEPAKOTE ER TB24 (<i>divalproex sodium</i>)	3	
SABRIL TABS (<i>vigabatrin</i>)	SP		DEPAKOTE SPRINKLES CSDR (<i>divalproex sodium</i>)	3	
<i>tiagabine hcl</i>	1		DEPAKOTE TBEC (<i>divalproex sodium</i>)	3	
			<i>divalproex sodium</i> CSDR	1	
			<i>divalproex sodium</i> TB24	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium TBEC</i>	1	
<i>valproate sodium SOLN OR 250 MG/5ML</i>	1	
<i>valproic acid CAPS</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS</i>	1	
<i>mirtazapine TBDP</i>	1	
REMERON SOLTAB TBDP (<i>mirtazapine</i>)	NF	
REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)	NF	
Antidepressants - Misc.		
<i>bupropion hcl TABS</i>	1	
<i>bupropion hcl TB12</i>	1	
<i>bupropion hcl TB24 450 MG</i>	1	QL(1 ea daily); ST
<i>bupropion hcl TB24 150 MG, 300 MG</i>	1	QL(1 ea daily)
FORFIVO XL TB24 (<i>bupropion hcl</i>)	3	QL(1 ea daily); ST
WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)	NF	
WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM	3	QL(1 ea daily)
MARPLAN	3	
NARDIL (<i>phenelzine sulfate</i>)	NF	
PARNATE (<i>tranylcypromine sulfate</i>)	NF	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	2	
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists		
SPRAVATO 56MG DOSE	SP	PA
SPRAVATO 84MG DOSE	SP	PA

Drug Name	Drug Tier	Requirements/Limits
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS (<i>citalopram hydrobromide</i>)	NF	QL(1 ea daily)
<i>citalopram hydrobromide SOLN</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide TABS</i>	1	QL(1 ea daily)
<i>escitalopram oxalate SOLN</i>	1	
<i>escitalopram oxalate TABS 5 MG</i>	1	QL(2 ea daily)
<i>escitalopram oxalate TABS 10 MG, 20 MG</i>	1	QL(1 ea daily)
<i>fluoxetine hcl CAPS 40 MG</i>	1	QL(1 ea daily)
<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	1	
<i>fluoxetine hcl CPDR</i>	1	
<i>fluoxetine hcl SOLN</i>	1	QL(15 ml daily)
<i>fluoxetine hcl TABS 10 MG</i>	1	
<i>fluoxetine hcl TABS 20 MG, 60 MG</i>	1	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (<i>fluoxetine hcl</i>)	NF	QL(1 ea daily)
<i>fluvoxamine maleate CP24 150 MG</i>	2	
<i>fluvoxamine maleate CP24 100 MG</i>	2	QL(3 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	1	
LEXAPRO TABS 5 MG (<i>escitalopram oxalate</i>)	NF	QL(2 ea daily)
LEXAPRO TABS 10 MG, 20 MG (<i>escitalopram oxalate</i>)	NF	QL(1 ea daily)
<i>paroxetine hcl SUSP</i>	1	
<i>paroxetine hcl TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl TB24</i>	1		FETZIMA TITRATION PACK C4PK	3	ST
PAXIL CR TB24 (<i>paroxetine hcl</i>)	NF		FETZIMA CP24 40 MG, 80 MG, 120 MG	3	QL(1 ea daily); ST
PAXIL SUSP (<i>paroxetine hcl</i>)	NF		FETZIMA CP24 20 MG	3	QL(2 ea daily); ST
PAXIL TABS (<i>paroxetine hcl</i>)	NF		PRISTIQ (<i>desvenlafaxine succinate</i>)	NF	QL(1 ea daily)
PROZAC CAPS 40 MG (<i>fluoxetine hcl</i>)	NF	QL(1 ea daily)	<i>venlafaxine hcl CP24</i>	1	QL(2 ea daily)
PROZAC CAPS 10 MG, 20 MG (<i>fluoxetine hcl</i>)	NF		<i>venlafaxine hcl TABS</i>	1	
<i>sertraline hcl CONC</i>	1		<i>venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG</i>	1	QL(1 ea daily)
<i>sertraline hcl TABS</i>	1	QL(2 ea daily)	<i>venlafaxine hcl TB24 225 MG</i>	1	
ZOLOFT CONC (<i>sertraline hcl</i>)	NF		Tricyclic Agents		
ZOLOFT TABS (<i>sertraline hcl</i>)	NF	QL(2 ea daily)	<i>amitriptyline hcl TABS</i>	1	
Serotonin Modulators			<i>amoxapine</i>	1	
<i>nefazodone hcl</i>	1		ANAFRANIL (<i>clomipramine hcl</i>)	NF	
<i>trazodone hcl TABS</i>	1		<i>clomipramine hcl</i>	2	
TRINTELLIX	3	ST	<i>desipramine hcl TABS</i>	1	
VIIBRYD STARTER PACK KIT	3	PA	<i>doxepin hcl CAPS</i>	1	
VIIBRYD TABS 20 MG (<i>vilazodone hcl</i>)	NF	QL(2 ea daily)	<i>doxepin hcl CONC</i>	1	
VIIBRYD TABS 10 MG, 40 MG (<i>vilazodone hcl</i>)	NF		<i>imipramine hcl TABS 50 MG</i>	1	QL(4 ea daily)
<i>vilazodone hcl TABS 20 MG</i>	1	QL(2 ea daily)	<i>imipramine hcl TABS 10 MG, 25 MG</i>	1	
<i>vilazodone hcl TABS 10 MG, 40 MG</i>	1		<i>imipramine pamoate</i>	1	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			NORPRAMIN TABS 10 MG, 25 MG (<i>desipramine hcl</i>)	NF	
CYMBALTA CPEP (<i>duloxetine hcl</i>)	NF	QL(2 ea daily)	<i>nortriptyline hcl CAPS</i>	1	
<i>desvenlafaxine succinate</i>	1	QL(1 ea daily)	<i>nortriptyline hcl SOLN</i>	1	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	1	QL(2 ea daily)	PAMELOR CAPS (<i>nortriptyline hcl</i>)	NF	
EFFEXOR XR CP24 (<i>venlafaxine hcl</i>)	NF	QL(2 ea daily)	<i>protriptyline hcl</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar					
Alpha-Glucosidase Inhibitors					

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Drug Name	Drug Tier	Requirements/Limits
<i>acarbose</i>	1	
<i>miglitol</i>	1	
PRECOSE (<i>acarbose</i>)	NF	
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>pioglitazone hcl-metformin hcl</i>)	NF	
DUETACT (<i>pioglitazone hcl-glimepiride</i>)	NF	
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
JANUMET XR TB24 1000 MG-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)
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	NF	QL(1 ea daily)
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl TABS</i>	1	
<i>saxagliptin-metformin hcl</i>	1	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)
TRIJARDY XR	2	
XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	2	QL(2 ea daily)
XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	2	QL(1 ea daily)
Biguanides		

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl SOLN</i>	1	
<i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>	PV	Only Covered Ca On/Off Exchange Plans Covered at PV Tier-Student Plans and all others at Tier 1 for generic
<i>metformin hcl TB24 500 MG, 750 MG</i>	1	
RIOMET SOLN (<i>metformin hcl</i>)	NF	
Diabetic Other		
<i>diazoxide</i>	2	
<i>glucagon (rdna)</i>	2	QL(1 ea per fill retail; 2 ea per 30 days retail)
GLUCAGON EMERGENCY KIT (<i>glucagon (rdna)</i>)	NF	Use NDC 00548-5850-00; QL(1 ea per fill retail; 2 ea per 30 days retail)
PROGLYCEM (<i>diazoxide</i>)	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate</i>	1	QL(2 ea daily)
JANUVIA	2	QL(1 ea daily)
NESINA (<i>alogliptin benzoate</i>)	NF	QL(2 ea daily)
ONGLYZA (<i>saxagliptin hcl</i>)	NF	
<i>saxagliptin hcl</i>	1	QL(2 ea daily)
Incretin Mimetic Agents		
OZEMPIC SOPN	2	Not available through Mail order; PA
RYBELSUS TABS 7 MG, 14 MG	2	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TABS 3 MG	2	Not available through Mail Order.; PA	HUMULIN N KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
TRULICITY	2	1.5 mg per week (4 vials or pens per months).; PA	HUMULIN N SUSP	2	Limit 45mls per month; QL(1.5 ml daily)
VICTOZA	2	1.8 mg per day (4 vials or pens per month).; PA	HUMULIN R U-500 (CONCENTRATED) SOLN SC	2	Limit 40mls per month; QL(1.34 ml daily)
Insulin			HUMULIN R U-500 KWIKPEN SOPN SC	2	Limit 40mls per month; QL(1.34 ml daily)
AFREZZA POWD	3	QL(6 ea daily)	HUMULIN R SOLN IJ	2	Limit 40mls per month; QL(1.34 ml daily)
AFREZZA POWD	3		INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	2	QL(0.9 ml daily)
AFREZZA POWD	3	QL(3 ea daily)	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 45mls per month; QL(1.5 ml daily)	LANTUS SOLOSTAR SOPN	2	QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	Limit 45mls per month	LANTUS SOLN	2	Limit 45mls per month; QL(1.5 ml daily)
HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(0.8 ml daily)	TOUJEO MAX SOLOSTAR SOPN	2	QL(0.2 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	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 50/50 SUSP	2	Limit 45mls per month; QL(1.5 ml daily)	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	2	QL(0.9 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	QL(1.5 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	TRESIBA SOLN	2	QL(1.5 ml daily)
HUMALOG SOCT	2	Limit 45mls per month; QL(1.5 ml daily)	Insulin Sensitizing Agents		
HUMALOG SOLN IJ	2	Limit 45mls per month; QL(1.5 ml daily)	ACTOS 15 MG (<i>pioglitazone hcl</i>)	NF	
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 45mls per month; QL(1.5 ml daily)	ACTOS 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	QL(1 ea daily)
HUMULIN 70/30 SUSP	2	Limit 40mls per month; QL(1.34 ml daily)	<i>pioglitazone hcl 15 MG</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl 30 MG, 45 MG</i>	1	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	2	QL(1 ea daily)
JARDIANCE	2	QL(1 ea daily)
Sulfonylureas		
(Glipizide) GLIPIZIDE XL TB24	1	
AMARYL (<i>glimepiride</i>)	NF	
<i>glimepiride</i>	1	
<i>glipizide TABS</i>	1	
<i>glipizide TB24</i>	1	
GLUCOTROL XL TB24 (<i>glipizide</i>)	NF	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	1	
<i>glyburide TABS</i>	1	
GLYNASE (<i>glyburide micronized</i>)	NF	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	3	QL(2 ea daily); PA
Antiperistaltic Agents		
(Loperamide Hcl) ANTI-DIARRHEAL, CVS ANTI-DIARRHEAL, EQ ANTI-DIARRHEAL, FT ANTI-DIARRHEAL, GNP ANTI-DIARRHEAL, HM ANTI-DIARRHEAL, QC ANTI-DIARRHEAL, SM ANTI-DIARRHEAL CAPS	1	RX/OTC

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

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl LIQD</i>	1	QL(4 ea per 30 days retail); RX/OTC
<i>naloxone hcl SOSY</i>	1	
<i>naltrexone hcl</i>	1	
NARCAN LIQD (<i>naloxone hcl</i>)	NF	QL(4 ea per 30 days retail); RX/OTC

ANTIEMETICS - Drugs to Treat Nausea and Vomiting

5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	3	Limit 2 per month; QL(0.07 ea daily); PA
<i>granisetron hcl TABS</i>	1	Limit 2 tablets per day; QL(2 ea daily); PA
<i>ondansetron hcl SOLN 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 TBDP</i>	1	Limit 20 per month; QL(0.67 ea daily)
SANCUSO PTCH	SP	Limit 1 patch per month; QL(0.04 ea daily); PA
ZUPLENZ FILM 4 MG	3	Limit 20 per month; QL(0.67 ea daily)

Antiemetics - Anticholinergic

ANTIVERT TABS 50 MG (<i>meclizine hcl</i>)	NF	
<i>meclizine hcl TABS 50 MG</i>	1	
<i>scopolamine</i>	1	
TRANSDERM-SCOP (<i>scopolamine</i>)	NF	
<i>trimethobenzamide hcl CAPS</i>	1	

Antiemetics - Miscellaneous

Drug Name	Drug Tier	Requirements/Limits
AKYNZEO	3	QL(2 ea per 28 days retail)
DICLEGIS TBEC (<i>doxylamine-pyridoxine</i>)	NF	QL(4 ea daily)
<i>doxylamine-pyridoxine TBEC</i>	1	QL(4 ea daily)
<i>dronabinol CAPS</i>	2	PA
MARINOL CAPS 2.5 MG (<i>dronabinol</i>)	NF	PA
SYNDROS SOLN	SP	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 TRIPACK CAPS (<i>aprepitant</i>)	NF	Limit 3 per month; QL(0.1 ea daily)
EMEND CAPS 80 MG (<i>aprepitant</i>)	NF	Limit 1 per year; QL(0.04 ea daily)
EMEND SUSR	3	QL(1 ea per 30 days retail)
VARUBI TBPB	3	QL(4 ea per fill retail)

ANTIFUNGALS - Drugs to Treat Fungal Infections

Antifungals		
ANCOBON (<i>flucytosine</i>)	NF	
<i>flucytosine</i>	1	
<i>griseofulvin microsize SUSP</i>	1	
<i>griseofulvin microsize TABS</i>	1	
<i>griseofulvin ultramicrosize</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin TABS</i>	1	
<i>terbinafine hcl TABS</i>	1	QL(1 ea daily; 90 ea per 365 days retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS 186 MG	3	Not available through mail order
DIFLUCAN SUSR (<i>fluconazole</i>)	NF	
DIFLUCAN TABS (<i>fluconazole</i>)	NF	
<i>fluconazole SUSR</i>	1	
<i>fluconazole TABS</i>	1	
<i>itraconazole CAPS</i>	1	PA
<i>itraconazole SOLN</i>	1	PA
<i>ketoconazole</i>	1	
NOXAFIL SUSP (<i>posaconazole</i>)	NF	
NOXAFIL TBEC (<i>posaconazole</i>)	NF	
<i>posaconazole SUSP</i>	1	
<i>posaconazole TBEC</i>	1	
SPORANOX PULSEPAK CAPS (<i>itraconazole</i>)	NF	PA
SPORANOX CAPS (<i>itraconazole</i>)	NF	PA
SPORANOX SOLN (<i>itraconazole</i>)	NF	PA
TOLSURA CAPS	SP	PA
VFEND SUSR (<i>voriconazole</i>)	NF	
VFEND TABS (<i>voriconazole</i>)	NF	QL(2 ea daily)
<i>voriconazole SUSR</i>	1	
<i>voriconazole TABS</i>	1	QL(2 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		

Drug Name	Drug Tier	Requirements/Limits
(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	
<i>diphenhydramine hcl SOLN 50 MG/ML</i>	SP	PA
RYVENT TABS	3	
Antihistamines - Non-Sedating		
(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	1	QL(1 ea daily); RX/OTC
CLARINEX TABS (<i>desloratadine</i>)	NF	QL(1 ea daily); PA
<i>desloratadine TABS</i>	1	QL(1 ea daily); PA
<i>desloratadine TBDP</i>	1	PA
<i>levocetirizine dihydrochloride SOLN</i>	1	PA; RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	1	QL(1 ea daily); RX/OTC
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	NF	PA; RX/OTC
XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC
Antihistamines - Phenothiazines		
(Promethazine Hcl) PROMETHEGAN SUPP 50 MG	2	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG	2	
PHENERGAN SOLN (<i>promethazine hcl</i>)	SP	PA
<i>promethazine hcl</i> SOLN 25 MG/ML, 50 MG/ML	SP	PA
<i>promethazine hcl</i> SOLN 6.25 MG/5ML	1	
<i>promethazine hcl</i> SUPP 12.5 MG, 25 MG	2	
<i>promethazine hcl</i> SYRP	1	
<i>promethazine hcl</i> TABS 12.5 MG	1	
<i>promethazine hcl</i> TABS 25 MG	1	QL(6 ea daily)
<i>promethazine hcl</i> TABS 50 MG	1	QL(3 ea daily)
Antihistamines - Piperidines		
<i>cyproheptadine hcl</i> SYRP	1	
<i>cyproheptadine hcl</i> TABS	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	1	QL(1 ea daily)
VYTORIN (<i>ezetimibe-simvastatin</i>)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	2	PA
LOVAZA (<i>omega-3-acid ethyl esters</i>)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters</i>	1	QL(4 ea daily)
VASCEPA (<i>icosapent ethyl</i>)	2	PA
Bile Acid Sequestrants		
(Cholestyramine Light) PREVALITE PACK	1	
(Cholestyramine Light) PREVALITE POWD	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light</i> PACK	1	
<i>cholestyramine light</i> POWD	1	
<i>cholestyramine</i> PACK	1	
<i>cholestyramine</i> POWD	1	
<i>colesevelam hcl</i> PACK	1	QL(1 ea daily)
<i>colesevelam hcl</i> TABS	1	QL(6 ea daily)
COLESTID FLAVORED GRAN (<i>colestipol hcl</i>)	NF	
COLESTID FLAVORED PACK (<i>colestipol hcl</i>)	NF	
COLESTID GRAN (<i>colestipol hcl</i>)	NF	
COLESTID PACK (<i>colestipol hcl</i>)	NF	
COLESTID TABS (<i>colestipol hcl</i>)	NF	
<i>colestipol hcl</i> GRAN	1	
<i>colestipol hcl</i> PACK	2	
<i>colestipol hcl</i> TABS	1	
QUESTRAN LIGHT POWD (<i>cholestyramine light</i>)	NF	
QUESTRAN PACK (<i>cholestyramine</i>)	NF	
QUESTRAN POWD (<i>cholestyramine</i>)	NF	
WELCHOL PACK (<i>colesevelam hcl</i>)	NF	QL(1 ea daily)
WELCHOL TABS (<i>colesevelam hcl</i>)	NF	QL(6 ea daily)
Fibric Acid Derivatives		
ANTARA 30 MG	3	
<i>choline fenofibrate</i> 45 MG	1	
<i>choline fenofibrate</i> 135 MG	1	QL(1 ea daily)
<i>fenofibrate micronized</i> 130 MG, 200 MG	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 30 MG, 43 MG, 67 MG, 90 MG, 134 MG</i>	1	
<i>fenofibrate CAPS</i>	1	
<i>fenofibrate TABS 54 MG</i>	1	QL(2 ea daily)
<i>fenofibrate TABS 145 MG</i>	1	QL(1 ea daily)
<i>fenofibrate TABS 48 MG, 160 MG</i>	1	
FENOFIBRATE TABS	2	
FIBRICOR (<i>fenofibric acid</i>)	2	
<i>gemfibrozil TABS</i>	1	
LIPOFEN CAPS (<i>fenofibrate</i>)	NF	
LIPOFEN CAPS (<i>fenofibrate</i>)	3	
LOPID TABS (<i>gemfibrozil</i>)	NF	
TRICOR TABS 145 MG (<i>fenofibrate</i>)	NF	QL(1 ea daily)
TRICOR TABS 48 MG (<i>fenofibrate</i>)	NF	
TRILIPIX 45 MG (<i>choline fenofibrate</i>)	NF	
TRILIPIX 135 MG (<i>choline fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium TABS</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>rosuvastatin calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium CAPS</i>	1	QL(1 ea daily)
<i>fluvastatin sodium TB24</i>	1	QL(1 ea daily)
LESCOL XL TB24 (<i>fluvastatin sodium</i>)	NF	QL(1 ea daily)
LIPITOR TABS (<i>atorvastatin calcium</i>)	NF	QL(1 ea daily)
LIVALO (<i>pitavastatin calcium</i>)	NF	QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/Limits
<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)
ZOCOR TABS 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	1	
ZETIA (<i>ezetimibe</i>)	NF	
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	SP	PA
Nicotinic Acid Derivatives		
(Niacin (Antihyperlipidemic)) NIACOR TABS	1	
<i>niacin (antihyperlipidemic) TBCR</i>	1	
NIASPAN TBCR (<i>niacin (antihyperlipidemic)</i>)	NF	
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
PRALUENT SOAJ	SP	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (<i>quinapril hcl</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>ramipril</i>)	NF	QL(2 ea daily)	AVAPRO (<i>irbesartan</i>)	NF	
<i>benazepril hcl</i>	1		BENICAR 40 MG (<i>olmesartan medoxomil</i>)	NF	QL(1 ea daily)
<i>captopril</i>	1		BENICAR 5 MG, 20 MG (<i>olmesartan medoxomil</i>)	NF	
<i>enalapril maleate TABS</i>	1	QL(2 ea daily)	<i>candesartan cilexetil 32 MG</i>	1	QL(1 ea daily)
<i>fosinopril sodium</i>	1		<i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>	1	
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG</i>	1		COZAAR (<i>losartan potassium</i>)	NF	
<i>lisinopril TABS 40 MG</i>	1	QL(2 ea daily)	DIOVAN TABS 160 MG (<i>valsartan</i>)	NF	QL(2 ea daily)
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	NF		DIOVAN TABS 40 MG, 80 MG, 320 MG (<i>valsartan</i>)	NF	
<i>moexipril hcl</i>	1		EDARBI 40 MG	3	
<i>perindopril erbumine</i>	1		EDARBI 80 MG	3	QL(1 ea daily)
QBRELIS SOLN	3	QL(5 ml daily)	<i>irbesartan</i>	1	
<i>quinapril hcl</i>	1		<i>losartan potassium</i>	1	
<i>ramipril CAPS</i>	1	QL(2 ea daily)	MICARDIS 20 MG, 40 MG (<i>telmisartan</i>)	NF	
<i>trandolapril</i>	1		MICARDIS 80 MG (<i>telmisartan</i>)	NF	QL(1 ea daily)
VASOTEC TABS (<i>enalapril maleate</i>)	NF	QL(2 ea daily)	<i>olmesartan medoxomil 5 MG, 20 MG</i>	1	
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (<i>lisinopril</i>)	NF		<i>olmesartan medoxomil 40 MG</i>	1	QL(1 ea daily)
ZESTRIL TABS 40 MG (<i>lisinopril</i>)	NF	QL(2 ea daily)	<i>telmisartan 20 MG, 40 MG</i>	1	
Agents for Pheochromocytoma			<i>telmisartan 80 MG</i>	1	QL(1 ea daily)
DEMSER (<i>metyrosine</i>)	NF		<i>valsartan TABS 160 MG</i>	1	QL(2 ea daily)
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	NF	Not available through mail	<i>valsartan TABS 40 MG, 80 MG, 320 MG</i>	1	
<i>metyrosine</i>	1		Antiadrenergic Antihypertensives		
<i>phenoxybenzamine hcl</i>	1	Not available through mail	CARDURA (<i>doxazosin mesylate</i>)	NF	
Angiotensin II Receptor Antagonists			<i>clonidine hcl TABS</i>	1	
ATACAND 32 MG (<i>candesartan cilexetil</i>)	NF	QL(1 ea daily)	<i>doxazosin mesylate</i>	1	
ATACAND 4 MG, 8 MG, 16 MG (<i>candesartan cilexetil</i>)	NF		<i>guanfacine hcl</i>	1	
			<i>methyldopa TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MINIPRESS CAPS (<i>prazosin hcl</i>)	NF		BENICAR HCT 12.5 MG-40 MG, 25 MG-40 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF	QL(1 ea daily)
<i>prazosin hcl CAPS</i>	1		<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>terazosin hcl 1 MG, 2 MG, 5 MG</i>	1		<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
<i>terazosin hcl 10 MG</i>	1	QL(2 ea daily)	DIOVAN HCT 25 MG-160 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	QL(1 ea daily)
Antihypertensive Combinations			DIOVAN HCT 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	
ACCURETIC 25 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NF	QL(1 ea daily)	EDARBYCLOR	3	QL(1 ea daily)
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>quinapril-hydrochlorothiazide</i>)	NF		<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG</i>	1	QL(1 ea daily)	EXFORGE 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG</i>	1		EXFORGE 10 MG-160 MG (<i>amlodipine besylate-valsartan</i>)	NF	QL(1 ea daily)
<i>amlodipine besylate-valsartan 10 MG-160 MG</i>	1	QL(1 ea daily)	EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>)	NF	
<i>amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG</i>	1		<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1		HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>)	NF	
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>)	NF		<i>irbesartan-hydrochlorothiazide</i>	1	
<i>atenolol & chlorthalidone</i>	1		<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>)	NF		<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	1	QL(2 ea daily)
<i>benazepril & hydrochlorothiazide</i>	1				
BENICAR HCT 12.5 MG-20 MG (<i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium & hydrochlorothiazide</i>	1		TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (<i>benazepril & hydrochlorothiazide</i>)	NF		<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG</i>	1	
LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (<i>amlodipine besylate-benazepril hcl</i>)	NF	QL(1 ea daily)	<i>valsartan-hydrochlorothiazide 25 MG-160 MG</i>	1	QL(1 ea daily)
<i>metoprolol & hydrochlorothiazide TABS</i>	1		VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	NF	
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>)	NF		ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	ST	ZESTORETIC 25 MG-20 MG (<i>lisinopril & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-20 MG</i>	1		ZIAC (<i>bisoprolol & hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG</i>	1	QL(1 ea daily)	Antihypertensives - Misc.		
<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	1		VECAMYL	3	
<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	1	QL(1 ea daily)	Direct Renin Inhibitors		
TEKTURNA HCT	3	ST	<i>aliskiren fumarate</i>	1	
<i>telmisartan-amlodipine</i>	1		TEKTURNA (<i>aliskiren fumarate</i>)	NF	
<i>telmisartan-hydrochlorothiazide</i>	1		Selective Aldosterone Receptor Antagonists (SARAs)		
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	NF		<i>eplerenone</i>	1	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	NF		INSPRA (<i>eplerenone</i>)	NF	
<i>trandolapril-verapamil hcl</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.		

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Drug Name	Drug Tier	Requirements/Limits
FLAGYL CAPS (metronidazole)	NF	
metronidazole CAPS	1	
metronidazole TABS	1	
NEBUPENT IN (pentamidine isethionate)	NF	
pentamidine isethionate IN	1	
tinidazole 250 MG	1	PA
tinidazole 500 MG	1	
trimethoprim TABS	1	
XIFAXAN 200 MG	3	QL(9 ea per fill retail); PA
XIFAXAN 550 MG	3	QL(2 ea daily); PA
Anti-infective Misc. - Combinations		
(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP	1	
BACTRIM DS TABS (sulfamethoxazole-trimethoprim)	NF	
BACTRIM TABS (sulfamethoxazole-trimethoprim)	NF	
sulfamethoxazole-trimethoprim SUSP	1	
sulfamethoxazole-trimethoprim TABS	1	
Antiprotozoal Agents		
ALINIA SUSR	3	
ALINIA TABS (nitazoxanide)	NF	
atovaquone	2	
LAMPIT	SP	AC; PA
MEPRON (atovaquone)	NF	
nitazoxanide TABS	1	
Carbapenems		
ertapenem sodium IJ	SP	PA

Drug Name	Drug Tier	Requirements/Limits
imipenem-cilastatin IV 500 MG-500 MG	2	PA
imipenem-cilastatin IV 250 MG-250 MG	SP	PA
INVANZ IJ (ertapenem sodium)	SP	PA
meropenem 500 MG	SP	PA
PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)	SP	PA
Glycopeptides		
FIRVANQ SOLR OR 25 MG/ML (vancomycin hcl)	NF	PA
VANCOCIN CAPS 125 MG (vancomycin hcl)	NF	PA
VANCOCIN CAPS 250 MG (vancomycin hcl)	NF	
vancomycin hcl CAPS 250 MG	1	
vancomycin hcl CAPS 125 MG	1	PA
vancomycin hcl SOLR OR 25 MG/ML	1	PA
Leprostatics		
dapsone 100 MG	1	QL(4 ea daily)
dapsone 25 MG	1	
Lincosamides		
CLEOCIN (clindamycin hcl)	NF	
CLEOCIN PEDIATRIC GRANULES (clindamycin palmitate hydrochloride)	NF	
clindamycin hcl	1	
clindamycin palmitate hydrochloride	1	
Monobactams		
CAYSTON	SP	PA
Oxazolidinones		

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid SUSR</i>	1	QL(210 ml per 90 days retail)
<i>linezolid TABS</i>	1	QL(20 ea per 90 days retail)
SIVEXTRO TABS	2	QL(6 ea per 90 days retail)
ZYVOX SUSR (<i>linezolid</i>)	NF	QL(210 ml per 90 days retail)
ZYVOX TABS (<i>linezolid</i>)	NF	QL(20 ea per 90 days retail)
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
HIPREX (<i>methenamine hippurate</i>)	NF	
MACROBID (<i>nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate 1 GM</i>	1	
MONUROL (<i>fosfomycin tromethamine</i>)	NF	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	2	Limit 24 doses per month; QL(0.8 ea daily)
MALARONE (<i>atovaquone-proguanil hcl</i>)	NF	
Antimalarials		

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate TABS</i>	1	
<i>hydroxychloroquine sulfate 200 MG</i>	1	
KRINTAFEL	2	QL(2 ea per 30 days retail)
<i>mefloquine hcl</i>	1	QL(6 ea per fill retail; 6 per fill mail)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate TABS</i>	1	
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	NF	
QUALAQUIN CAPS (<i>quinine sulfate</i>)	NF	QL(2 ea daily); PA
<i>quinine sulfate CAPS 324 MG</i>	1	QL(2 ea daily); PA
SOVUNA 200 MG	2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	SP	PA
MESTINON TIMESPAN TBCR (<i>pyridostigmine bromide</i>)	NF	
MESTINON SOLN OR (<i>pyridostigmine bromide</i>)	SP	PA
MESTINON TABS (<i>pyridostigmine bromide</i>)	NF	
<i>neostigmine methylsulfate SOSY</i>	SP	PA
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	SP	PA
<i>pyridostigmine bromide SOLN OR</i>	SP	PA
<i>pyridostigmine bromide TABS 60 MG</i>	1	
<i>pyridostigmine bromide TBCR</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
TEMODAR CAPS 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	NF	AC
<i>temozolomide CAPS</i>	1	AC
Antimetabolites		
<i>capecitabine</i>	1	AC
<i>fludarabine phosphate SOLR</i>	SP	PA
<i>mercaptopurine TABS</i>	1	AC
<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	SP	PA
<i>methotrexate sodium SOLR</i>	SP	PA
<i>methotrexate sodium TABS 2.5 MG</i>	1	AC
ONUREG TABS	SP	AC; PA
PURIXAN SUSP	3	AL(Up to 13 yrs old); AC
TABLOID	2	AC
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3	AC
XATMEP SOLN	SP	AC; PA
XELODA (<i>capecitabine</i>)	NF	AC
Antineoplastic - Angiogenesis Inhibitors		
INLYTA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
LENVIMA 10 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA

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LENVIMA 12MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	TRAZIMERA 420 MG	SP	Covered under Medical Benefit; PA
LENVIMA 14 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	TUKYSA	SP	PA
LENVIMA 18 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	Antineoplastic - BCL-2 Inhibitors		
LENVIMA 20 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA STARTING PACK TBPK	SP	AC; PA
LENVIMA 24 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 50 MG	SP	AC; PA
LENVIMA 4 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 10 MG	SP	QL(2 ea daily); AC; PA
LENVIMA 8 MG DAILY DOSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	VENCLEXTA TABS 100 MG	SP	QL(4 ea daily); AC; PA
Antineoplastic - Anti-HER2 Agents			Antineoplastic - EGFR Inhibitors		
			<i>erlotinib hcl</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			<i>gefitinib</i>	SP	AC
			GILOTRIF	SP	Must use Accredo SP pharmacy; AC; PA
			IRESSA (<i>gefitinib</i>)	SP	AC
			TAGRISSO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
			TARCEVA 25 MG (<i>erlotinib hcl</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661
			TARCEVA 100 MG, 150 MG (<i>erlotinib hcl</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC
			VIZIMPRO	SP	AC; PA
			Antineoplastic - Hedgehog Pathway Inhibitors		
			DAURISMO	SP	AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	LUPRON DEPOT (1-MONTH) KIT IM	2	covered w-gender transformation diagnosis; PA required for other diagnosis
ODOMZO	SP	AC	LYSODREN	2	AC
Antineoplastic - Hormonal and Related Agents			<i>megestrol acetate SUSP</i>	1	AC
<i>abiraterone acetate</i>	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA	<i>megestrol acetate TABS</i>	1	AC
<i>anastrozole</i>	PV	AC	NILANDRON (<i>nilutamide</i>)	NF	AC
ARIMIDEX (<i>anastrozole</i>)	PV	AC	<i>nilutamide</i>	1	AC
AROMASIN (<i>exemestane</i>)	PV	AC	NUBEQA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>bicalutamide</i>	1	QL(1 ea daily); AC	SOLTAMOX SOLN	PV	PV; AC
CASODEX (<i>bicalutamide</i>)	NF	QL(1 ea daily); AC	<i>tamoxifen citrate TABS</i>	PV	PV; AC
ELIGARD SC	3	PA	<i>toremifene citrate</i>	1	AC
EMCYT	2	AC	XTANDI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
ERLEADA 60 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	XTANDI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
ERLEADA 240 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	YONSA	SP	SP; AC; PA
EULEXIN	2	AC	ZYTIGA (<i>abiraterone acetate</i>)	SP	PA; AC; Must use AcariaHlth Specialty pharmacy 1-844-538-4661; AC; PA
<i>exemestane</i>	PV	AC	Antineoplastic - Immunomodulators		
FARESTON (<i>toremifene citrate</i>)	NF	AC	POMALYST	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
FEMARA (<i>letrozole</i>)	NF	AC			
<i>flutamide</i>	1	AC			
<i>letrozole</i>	1	AC			
<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	1	PA			

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Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT 100 MG, 200 MG, 300 MG	SP	QL(1 ea daily); SL; PA
AYVAKIT 25 MG, 50 MG	SP	PA
Antineoplastic - XPO1 Inhibitors		
XPOVIO	SP	PA
XPOVIO 60 MG TWICE WEEKLY	SP	PA
XPOVIO 80 MG TWICE WEEKLY	SP	AC; PA
Antineoplastic Antibiotics		
<i>mitoxantrone hcl 2 MG/ML</i>	2	SP; PA
Antineoplastic Combinations		
INQOVI	SP	PA
KISQALI FEMARA 200 DOSE	SP	AC; PA
KISQALI FEMARA 400 DOSE	SP	AC; PA
KISQALI FEMARA 600 DOSE	SP	AC; PA
LONSURF	SP	AC; PA
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO (<i>everolimus</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
AFINITOR TABS (<i>everolimus</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA
ALECENSA	SP	AC; PA
ALUNBRIG TABS	SP	AC; PA
ALUNBRIG TBPK	SP	AC; PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>bortezomib SOLR IJ</i>	SP	PA
BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	SP	PA
BOSULIF CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
BOSULIF TABS 500 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
BOSULIF TABS 100 MG, 400 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
BRAFTOVI 75 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
BRUKINSA	SP	AC; PA
CABOMETYX TABS	SP	QL(1 ea daily); AC; PA
CALQUENCE	SP	QL(2 ea daily); AC; PA
CALQUENCE	SP	QL(2 ea daily); AC; PA
CAPRELSA	SP	AC; PA
COMETRIQ KIT	SP	AC; PA
COPIKTRA	SP	SP; AC; PA
COTELLIC	SP	AC; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>everolimus TABS</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA	IDHIFA	SP	AC; PA
			<i>imatinib mesylate 400 MG</i>	1	QL(2 ea daily); AC; PA
			<i>imatinib mesylate 100 MG</i>	1	QL(3 ea daily); AC; PA
			IMBRUVICA CAPS	SP	AC; PA
<i>everolimus TBSO</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); AC; PA	IMBRUVICA TABS	SP	QL(1 ea daily); AC; PA
			INREBIC	SP	AC; PA
FARYDAK	SP	Must use Caremark SP pharmacy; AC; PA	ISTODAX SOLR (<i>romidepsin</i>)	SP	PA
GLEEVEC 100 MG (<i>imatinib mesylate</i>)	NF	Use NDC 68001-0490-05; 59651-0240-90; 00093-7629-98; 60505-2900-09; QL(3 ea daily); AC	JAKAFI	SP	QL(2 ea daily); AC; PA
			KISQALI	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA
			KOSELUGO	SP	PA
GLEEVEC 400 MG (<i>imatinib mesylate</i>)	NF	Use NDC 68001-0490-05; 59651-0240-90; 00093-7629-98; 60505-2900-09; QL(2 ea daily); AC	<i>lapatinib ditosylate</i>	SP	AC; PA
			LORBRENA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
IBRANCE CAPS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA	LYNPARZA TABS	SP	Refer to Accredo SP Rx; QL(4 ea daily); PA
IBRANCE TABS	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA	MEKINIST TABS	SP	AC; PA
			MEKTOVI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
ICLUSIG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA	NERLYNX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA

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

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Drug Name	Drug Tier	Requirements/Limits
TIBSOVO	SP	AC; PA
TORISEL (<i>temsirolimus</i>)	SP	PA
TURALIO 200 MG	SP	AC; PA
TYKERB (<i>lapatinib ditosylate</i>)	SP	AC; PA
VELCADE SOLR IJ (<i>bortezomib</i>)	SP	PA
VERZENIO	SP	QL(2 ea daily); AC; PA
VITRAKVI CAPS	SP	AC; PA
VITRAKVI SOLN	SP	AC; PA
VOTRIENT (<i>pazopanib hcl</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
XALKORI CAPS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; AC; PA
XOSPATA	SP	AC; PA
ZEJULA CAPS	SP	AC; PA
ZEJULA TABS	SP	PA
ZELBORAF	SP	AC; PA
ZOLINZA	SP	AC; PA
ZYDELIG	3	AC; PA
ZYKADIA TABS	SP	AC
Antineoplastics Misc.		
ACTIMMUNE	SP	PA
ALFERON N	SP	PA
BESREMI	SP	PA
<i>bexarotene</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
HYDREA (<i>hydroxyurea</i>)	NF	AC
<i>hydroxyurea</i>	1	AC
INTRON A SOLR	SP	PA

Drug Name	Drug Tier	Requirements/Limits
MATULANE	SP	AC; PA
TARGRETIN (<i>bexarotene</i>)	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; SP; AC; PA
<i>tretinoin (chemotherapy)</i>	2	AC
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium SOLR 50 MG, 100 MG, 200 MG, 350 MG</i>	SP	PA
<i>leucovorin calcium TABS</i>	1	AC
<i>leucovorin calcium TABS</i>	1	
MESNEX TABS	3	AC
Mitotic Inhibitors		
(Etoposide) TOPOSAR SOLN 100 MG/5ML	2	AC; PA
(Etoposide) TOPOSAR SOLN 1 GM/50ML, 500 MG/25ML	2	SP; PA
ETOPOPHOS	3	PA
<i>etoposide CAPS</i>	1	AC
<i>etoposide SOLN 1 GM/50ML, 500 MG/25ML</i>	2	SP; PA
<i>etoposide SOLN 100 MG/5ML</i>	2	AC; PA
Topoisomerase I Inhibitors		
HYCAMTIN CAPS	SP	AC; PA
HYCAMTIN SOLR (<i>topotecan hcl</i>)	SP	PA
<i>topotecan hcl SOLR</i>	SP	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	2	
LODOSYN (<i>carbidopa</i>)	NF	
Antiparkinson Anticholinergics		

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

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Drug Name	Drug Tier	Requirements/Limits
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (<i>carbidopa-levodopa</i>)	NF	
STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT (<i>rasagiline mesylate</i>)	NF	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl CAPS</i>	1	QL(2 ea daily)
<i>selegiline hcl TABS</i>	1	QL(2 ea daily)
XADAGO	3	PA
ZELAPAR TBDP	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	1	
LITHIUM	3	
<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	

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics - Misc.		
EQUETRO	3	
GEODON 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	QL(2 ea daily)
GEODON 20 MG, 40 MG (<i>ziprasidone hcl</i>)	NF	
LATUDA (<i>lurasidone hcl</i>)	NF	
<i>lurasidone hcl</i>	1	
NUPLAZID CAPS	SP	QL(1 ea daily); PA
NUPLAZID TABS 10 MG	SP	QL(1 ea daily); PA
VRAYLAR CAPS	SP	
VRAYLAR CPPK	SP	
<i>ziprasidone hcl 60 MG, 80 MG</i>	1	QL(2 ea daily)
<i>ziprasidone hcl 20 MG, 40 MG</i>	1	
Benzisoxazoles		
FANAPT	SP	QL(2 ea daily)
FANAPT TITRATION PACK	SP	
INVEGA (<i>paliperidone</i>)	NF	
<i>paliperidone</i>	1	
PERSERIS PRSY	SP	PA
RISPERDAL SOLN (<i>risperidone</i>)	NF	
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (<i>risperidone</i>)	NF	
RISPERDAL TABS 3 MG (<i>risperidone</i>)	NF	QL(2 ea daily)
<i>risperidone SOLN</i>	1	
<i>risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>	1	
<i>risperidone TABS 3 MG</i>	1	QL(2 ea daily)
<i>risperidone TBDP</i>	1	
Butyrophenones		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate CONC</i>	1		ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG <i>(olanzapine)</i>	NF	
<i>haloperidol TABS</i>	1				
Dibenzapines			Dihydroindolones		
<i>asenapine maleate</i>	1		<i>molindone hcl</i>	1	
<i>clozapine TABS</i>	1		Phenothiazines		
<i>clozapine TBDP 12.5 MG</i>	1		(Prochlorperazine) COMPRO	1	QL(2 ea daily)
CLOZARIL TABS <i>(clozapine)</i>	NF		<i>chlorpromazine hcl TABS</i>	2	
<i>loxapine succinate</i>	1		<i>fluphenazine hcl CONC</i>	1	
<i>olanzapine TABS 15 MG, 20 MG</i>	1	QL(1 ea daily)	<i>fluphenazine hcl ELIX</i>	1	
<i>olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG</i>	1		<i>fluphenazine hcl TABS</i>	1	
<i>olanzapine TBDP</i>	2		<i>perphenazine TABS</i>	1	
<i>quetiapine fumarate TABS 200 MG</i>	1	QL(4 ea daily)	<i>prochlorperazine</i>	1	QL(2 ea daily)
<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG</i>	1		<i>prochlorperazine maleate TABS</i>	1	
<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	1	QL(2 ea daily)	<i>thioridazine hcl 50 MG</i>	1	QL(4 ea daily)
<i>quetiapine fumarate TB24</i>	1		<i>thioridazine hcl 10 MG, 25 MG, 100 MG</i>	1	
SAPHRIS (<i>asenapine maleate</i>)	NF		<i>trifluoperazine hcl TABS</i>	1	
SAPHRIS 5 MG	3		Quinolinone Derivatives		
SECUADO	3	QL(1 ea daily)	ABILIFY TABS 15 MG <i>(aripiprazole)</i>	NF	QL(2 ea daily)
SEROQUEL XR TB24 <i>(quetiapine fumarate)</i>	NF		ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG <i>(aripiprazole)</i>	NF	
SEROQUEL TABS 200 MG <i>(quetiapine fumarate)</i>	NF	QL(4 ea daily)	ABILIFY TABS 20 MG <i>(aripiprazole)</i>	NF	QL(1 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG <i>(quetiapine fumarate)</i>	NF		<i>aripiprazole SOLN OR</i>	1	
SEROQUEL TABS 300 MG, 400 MG <i>(quetiapine fumarate)</i>	NF	QL(2 ea daily)	<i>aripiprazole TABS 20 MG</i>	1	QL(1 ea daily)
VERSACLOZ SUSP	3	QL(18 ml daily)	<i>aripiprazole TABS 15 MG</i>	1	QL(2 ea daily)
ZYPREXA ZYDIS TBDP <i>(olanzapine)</i>	NF		<i>aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG</i>	1	
ZYPREXA TABS 15 MG, 20 MG <i>(olanzapine)</i>	NF	QL(1 ea daily)	<i>aripiprazole TBDP</i>	1	PA
			REXULTI	3	
			Thioxanthenes		
			<i>thiothixene</i>	1	
			ANTISEPTICS & DISINFECTANTS		

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Drug Name	Drug Tier	Requirements/Limits
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate SOLN</i>	1	
<i>abacavir sulfate TABS</i>	1	
APTIVUS CAPS	2	
<i>atazanavir sulfate CAPS</i>	1	
BIKTARVY 200 MG-50 MG-25 MG	2	
CIMDUO	2	
COMBIVIR (<i>lamivudine-zidovudine</i>)	NF	
COMPLERA	2	
<i>darunavir TABS</i>	1	
DELSTRIGO	2	
DESCOVY 200 MG-25 MG	PV	
DOVATO	2	
EDURANT	2	
<i>efavirenz CAPS</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz TABS</i>	1	
<i>emtricitabine CAPS</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	PV	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA CAPS (<i>emtricitabine</i>)	NF	
EMTRIVA SOLN	2	
EPIVIR SOLN (<i>lamivudine</i>)	NF	
EPIVIR TABS (<i>lamivudine</i>)	NF	
EPZICOM (<i>abacavir sulfate-lamivudine</i>)	NF	
<i>etravirine</i>	1	
EVOTAZ	2	
<i>fosamprenavir calcium TABS</i>	1	
FUZEON SOLR	SP	PA
GENVOYA	2	
INTELENCE 25 MG	2	
INTELENCE (<i>etravirine</i>)	NF	
ISENTRESS HD TABS	2	
ISENTRESS CHEW	2	
ISENTRESS PACK	2	
ISENTRESS TABS	2	
JULUCA	2	
KALETRA SOLN (<i>lopinavir-ritonavir</i>)	NF	
KALETRA TABS (<i>lopinavir-ritonavir</i>)	NF	
<i>lamivudine SOLN</i>	1	
<i>lamivudine TABS</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA SUSP	2	
LEXIVA TABS (<i>fosamprenavir calcium</i>)	NF	
<i>lopinavir-ritonavir SOLN</i>	1	
<i>lopinavir-ritonavir TABS</i>	1	
<i>maraviroc TABS</i>	1	
<i>nevirapine SUSP</i>	1	
<i>nevirapine TABS</i>	1	
<i>nevirapine TB24</i>	1	
NORVIR PACK	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NORVIR SOLN	2		TRIUMEQ PD TBSO	2	
NORVIR TABS (<i>ritonavir</i>)	NF		TRIUMEQ TABS	2	
ODEFSEY	2		TRIZIVIR	2	
PIFELTRO	2		TRUVADA 200 MG-300 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	PV	QL(1 ea daily)
PREZCOBIX	2		TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 ea daily)
PREZISTA SUSP	2		TYBOST	2	
PREZISTA TABS 75 MG, 150 MG	2		VIRACEPT TABS	2	
PREZISTA TABS (<i>darunavir</i>)	NF		VIRAMUNE XR TB24 400 MG (<i>nevirapine</i>)	NF	
RETROVIR CAPS (<i>zidovudine</i>)	NF		VIREAD POWD	2	
RETROVIR SYRP (<i>zidovudine</i>)	NF		VIREAD TABS (<i>tenofovir disoproxil fumarate</i>)	NF	
REYATAZ CAPS 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF		VIREAD TABS 150 MG, 200 MG, 250 MG	2	
REYATAZ PACK	2		ZIAGEN SOLN (<i>abacavir sulfate</i>)	NF	
<i>ritonavir</i> TABS	1		ZIAGEN TABS (<i>abacavir sulfate</i>)	NF	
RUKOBIA	SP		<i>zidovudine</i> CAPS	1	
SELZENTRY SOLN	2		<i>zidovudine</i> SYRP	1	
SELZENTRY TABS 25 MG, 75 MG	2		<i>zidovudine</i> TABS	1	
SELZENTRY TABS (<i>maraviroc</i>)	NF		Antiviral Combinations		
<i>stavudine</i> CAPS	1		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 18 yr old)
STRIBILD	2		PAXLOVID 100 MG-150 MG	PV	PV
SUSTIVA CAPS (<i>efavirenz</i>)	NF		PAXLOVID 100 MG-150 MG	PV	
SUSTIVA TABS (<i>efavirenz</i>)	NF				
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF				
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NF				
SYMTUZA	2				
<i>tenofovir disoproxil fumarate</i> TABS	1				
TIVICAY TABS	2				

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Drug Name	Drug Tier	Requirements/Limits
PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK	5	Limits - QL (1 course of therapy (5 days) per month; AL (At least 12 yr old)
TPOXX (TECOVIRIMAT)	5	
CMV Agents		
VALCYTE SOLR (<i>valganciclovir hcl</i>)	NF	Limit 630mls per month; QL(21 ml daily)
VALCYTE TABS (<i>valganciclovir hcl</i>)	NF	
<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	
BARACLUDE TABS (<i>entecavir</i>)	NF	
<i>entecavir TABS</i>	2	
EPCLUSA PACK	2	SP; PA
EPCLUSA TABS	2	SP; PA
EPCLUSA TABS	2	SP; PA
EPIVIR HBV TABS (<i>lamivudine (hbv)</i>)	NF	
HEPSERA (<i>adefovir dipivoxil</i>)	NF	
<i>lamivudine (hbv) TABS</i>	1	
MAVYRET TABS	SP	PA
PEGASYS SOLN	3	SP; PA
<i>ribavirin (hepatitis c) CAPS</i>	1	PA
VEMLIDY	SP	SP; ST
VOSEVI	2	SP; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	
<i>acyclovir SUSP</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir TABS OR 800 MG</i>	1	QL(5 ea daily)
<i>acyclovir TABS OR 400 MG</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl 500 MG</i>	1	QL(8 ea daily)
<i>valacyclovir hcl 1 GM, 1000 MG</i>	1	QL(4 ea daily)
VALTRESX 500 MG (<i>valacyclovir hcl</i>)	NF	QL(8 ea daily)
VALTRESX 1 GM (<i>valacyclovir hcl</i>)	NF	QL(4 ea daily)
ZOVIRAX SUSP (<i>acyclovir</i>)	NF	
Influenza Agents		
<i>oseltamivir phosphate CAPS 30 MG, 45 MG</i>	1	
<i>oseltamivir phosphate CAPS 75 MG</i>	1	QL(10 ea per fill retail)
<i>oseltamivir phosphate SUSR</i>	1	QL(75 ml daily; 5 Day(s) limit)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride TABS</i>	1	
TAMIFLU CAPS 30 MG, 45 MG (<i>oseltamivir phosphate</i>)	NF	
TAMIFLU CAPS 75 MG (<i>oseltamivir phosphate</i>)	NF	QL(10 ea per fill retail)
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	NF	QL(75 ml daily; 5 Day(s) limit)
Misc. Antivirals		
LAGEVRIO	PV	
TPOXX CAPS	PV	
TPOXX SOLN	PV	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	1	
VIRAZOLE (<i>ribavirin</i>)	NF	
BETA BLOCKERS - Drugs to Treat High Blood		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Pressure			HEMANGEOL SOLN OR	3	AL(Up to 1 yrs old); PA
Alpha-Beta Blockers			INDERAL LA CP24 (<i>propranolol hcl</i>)	NF	
<i>carvedilol</i> 6.25 MG, 12.5 MG, 25 MG	1		INDERAL XL	3	
<i>carvedilol</i> 3.125 MG	1	QL(2 ea daily)	INNOPRAN XL	3	
<i>carvedilol phosphate</i>	1		<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	1	
COREG 3.125 MG (<i>carvedilol</i>)	NF	QL(2 ea daily)	<i>pindolol</i> TABS	1	
COREG 6.25 MG, 12.5 MG, 25 MG (<i>carvedilol</i>)	NF		<i>propranolol hcl</i> CP24	1	
COREG CR (<i>carvedilol phosphate</i>)	NF		<i>propranolol hcl</i> SOLN OR 20 MG/5ML, 40 MG/5ML	1	
<i>labetalol hcl</i> TABS	1		<i>propranolol hcl</i> TABS	1	
Beta Blockers Cardio-Selective			<i>sotalol hcl</i> (afib/af))	1	
<i>acebutolol hcl</i> CAPS	1		<i>sotalol hcl</i> TABS	1	
<i>atenolol</i> TABS	1		SOTYLIZE SOLN OR	3	
<i>betaxolol hcl</i>	1		<i>timolol maleate</i> TABS 10 MG	1	QL(6 ea daily)
<i>bisoprolol fumarate</i>	1	QL(1 ea daily)	<i>timolol maleate</i> TABS 5 MG, 20 MG	1	QL(2 ea daily)
BYSTOLIC (<i>nebivolol hcl</i>)	NF		CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
LOPRESSOR TABS (<i>metoprolol tartrate</i>)	NF		Calcium Channel Blockers		
<i>metoprolol succinate</i> TB24	1		(Diltiazem Hcl Coated Beads) CARTIA XT CP24 120 MG, 180 MG, 240 MG, 300 MG	1	QL(1 ea daily)
<i>metoprolol tartrate</i> TABS	1		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
<i>nebivolol hcl</i>	1		(Diltiazem Hcl Extended Release Beads) TAZTIA XT, TIADYLT ER	1	
TENORMIN TABS (<i>atenolol</i>)	NF		(Diltiazem Hcl) DILT-XR CP24	1	
TOPROL XL TB24 (<i>metoprolol succinate</i>)	NF		(Diltiazem Hcl) MATZIM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
Beta Blockers Non-Selective					
(Sotalol Hcl) SORINE TABS	1				
BETAPACE AF (<i>sotalol hcl</i> (afib/af))	NF				
BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	NF				
CORGARD TABS 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	NF				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate</i> TABS 5 MG, 10 MG	1	QL(1 ea daily)	PROCARDIA XL TB24 <i>(nifedipine)</i>	NF	QL(1 ea daily)
<i>amlodipine besylate</i> TABS 2.5 MG	1	QL(2 ea daily)	SULAR 8.5 MG, 17 MG, 34 MG <i>(nisoldipine)</i>	NF	
CALAN SR TBCR 120 MG <i>(verapamil hcl)</i>	NF		TIAZAC <i>(diltiazem hcl</i> <i>extended release beads)</i>	NF	
CALAN SR TBCR 180 MG, 240 MG <i>(verapamil</i> <i>hcl)</i>	NF	QL(2 ea daily)	<i>verapamil hcl CP24 360</i> <i>MG</i>	1	QL(1 ea daily)
CARDIZEM CD CP24 <i>(diltiazem hcl coated</i> <i>beads)</i>	NF	QL(1 ea daily)	<i>verapamil hcl CP24 180</i> <i>MG</i>	1	QL(2 ea daily)
CARDIZEM LA TB24 <i>(diltiazem hcl)</i>	NF		<i>verapamil hcl CP24 100</i> <i>MG, 120 MG, 200 MG,</i> <i>240 MG, 300 MG</i>	1	
CARDIZEM TABS 30 MG, 60 MG, 120 MG <i>(diltiazem</i> <i>hcl)</i>	NF		<i>verapamil hcl TABS</i>	1	
<i>diltiazem hcl coated</i> <i>beads CP24</i>	1	QL(1 ea daily)	<i>verapamil hcl TBCR 180</i> <i>MG, 240 MG</i>	1	QL(2 ea daily)
<i>diltiazem hcl extended</i> <i>release beads</i>	1		<i>verapamil hcl TBCR 120</i> <i>MG</i>	1	
<i>diltiazem hcl CP12</i>	1		VERAPAMIL HYDROCHLORIDE ER CP24 <i>(verapamil hcl)</i>	NF	
<i>diltiazem hcl CP24</i>	1		VERELAN PM CP24 <i>(verapamil hcl)</i>	3	
<i>diltiazem hcl TABS</i>	1		VERELAN CP24 180 MG <i>(verapamil hcl)</i>	NF	QL(2 ea daily)
<i>diltiazem hcl TB24</i>	1		VERELAN CP24 360 MG <i>(verapamil hcl)</i>	2	QL(1 ea daily)
<i>felodipine 2.5 MG, 5 MG</i>	1		VERELAN CP24 120 MG, 240 MG <i>(verapamil hcl)</i>	NF	
<i>felodipine 10 MG</i>	1	QL(1 ea daily)	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>isradipine CAPS</i>	1		Cardiac Glycosides		
<i>nicardipine hcl CAPS</i>	1		(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG	1	
<i>nifedipine CAPS</i>	1		(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	1	
<i>nifedipine TB24</i>	1	QL(1 ea daily)	<i>digoxin SOLN OR 0.05</i> <i>MG/ML</i>	1	
<i>nifedipine TB24 30 MG,</i> <i>60 MG</i>	1				
<i>nimodipine CAPS</i>	1				
<i>nisoldipine</i>	1				
NORVASC TABS 2.5 MG <i>(amlodipine besylate)</i>	NF	QL(2 ea daily)			
NORVASC TABS 5 MG, 10 MG <i>(amlodipine</i> <i>besylate)</i>	NF	QL(1 ea daily)			

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	1	
LANOXIN TABS 62.5 MCG (<i>digoxin</i>)	NF	
LANOXIN TABS 125 MCG, 250 MCG (<i>digoxin</i>)	3	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	1	PA
<i>amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG</i>	1	
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>)	NF	
CADUET 10 MG-10 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF	PA
CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG (<i>amlodipine besylate-atorvastatin calcium</i>)	NF	
ENTRESTO	3	QL(2 ea daily); PA
<i>isosorbide dinitrate-hydralazine hcl</i>	1	
Impotence Agents		
CIALIS 5 MG, 10 MG, 20 MG (<i>tadalafil</i>)	NF	QL(0.27 ea daily); AL(At least 21 yrs old); PA
CIALIS 2.5 MG (<i>tadalafil</i>)	NF	QL(1 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate</i>	1	QL(0.27 ea daily); PA
<i>tadalafil 2.5 MG</i>	1	QL(1 ea daily); PA
<i>tadalafil 5 MG, 10 MG, 20 MG</i>	1	QL(0.27 ea daily); AL(At least 21 yrs old); PA
VIAGRA (<i>sildenafil citrate</i>)	NF	QL(0.27 ea daily); PA
Peripheral Vasodilators		
<i>isoxsuprine hcl</i>	1	
Prostaglandin Vasodilators		
ORENITRAM TBCR	SP	PA
TYVASO DPI MAINTENANCE KIT POWD	SP	QL(4 ea daily); PA
TYVASO DPI MAINTENANCE KIT POWD	SP	QL(8 ea daily); PA
TYVASO DPI TITRATION KIT POWD	SP	QL(9 ea daily); PA
TYVASO DPI TITRATION KIT POWD	SP	QL(7 ea daily); PA
TYVASO REFILL SOLN IN	SP	PA
TYVASO STARTER SOLN IN	SP	PA
TYVASO SOLN IN	SP	PA
VENTAVIS	SP	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>ambrisentan</i>	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
<i>bosentan TABS</i>	SP	PA

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

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	SP	PA
Sinus Node Inhibitors		
CORLANOR SOLN	3	QL(15 ml daily); ST
CORLANOR TABS	3	QL(2 ea daily); ST
Transthyretin Stabilizers		
VYNDAMAX	SP	QL(1 ea daily); PA
VYNDAQEL	SP	QL(4 ea daily); PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	1	
<i>cefazolin sodium SOLR IV 1 GM</i>	SP	PA
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
Cephalosporins - 2nd Generation		
CEFACTOR ER TB12	3	
<i>cefactor CAPS</i>	1	
<i>cefactor SUSR 125 MG/5ML, 375 MG/5ML</i>	1	
<i>cefotetan disodium IJ 1 GM, 2 GM</i>	SP	PA
<i>cefotixin sodium IV 1 GM, 2 GM</i>	SP	PA
CEFOXITIN SODIUM	SP	PA
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	
<i>cefuroxime axetil TABS</i>	1	
Cephalosporins - 3rd Generation		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits		
<i>cefdinir CAPS</i>	1		(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.03 MG-3 MG	PV	PV		
<i>cefdinir SUSR</i>	1			(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG	PV	PV	
<i>cefixime CAPS</i>	1				(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 50 MCG-1 MG	PV	PV
<i>cefixime SUSR</i>	1					(Ethinodiol Diacet & Eth Estrad) KELNOR 1/35, KELNOR 1/50, ZOVIA 1/35, ZOVIA 1/35E 35 MCG-1 MG	PV	PV
<i>cefpodoxime proxetil SUSR</i>	1		(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 30 MCG-0.15 MG	PV	PV		
<i>cefpodoxime proxetil TABS</i>	1						
SUPRAX CAPS (<i>cefixime</i>)	NF						
SUPRAX SUSR 100 MG/5ML (<i>cefixime</i>)	NF						
CONTRACEPTIVES - Drugs to Prevent Pregnancy							
Combination Contraceptives - Oral							
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 0.03 MG-0.15 MG	PV	PV					
(Desogestrel & Ethinyl Estradiol) APRI, CYRED, CYRED EQ, EMOQUETTE, ENSKYCE, ISIBLOOM, JULEBER, KALLIGA, RECLIPSEN 30 MCG-0.15 MG	PV	PV					
(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA	PV	PV					
(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZANT	PV	PV					
(Drospirenone-Ethinyl Estradiol) JASMIEL, LO-ZUMANDIMINE, LORYNA, NIKKI, OCELLA, SYEDA, VESTURA, ZUMANDIMINE 0.02 MG-3 MG	PV	PV					

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(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESE	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE	PV	PV
(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 0.03 MG-0.15 MG	PV	PV	(Levonorgestrel-Ethinyl Estradiol-Iron) JOYEAUX	PV	PV
(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	PV	PV	(Norethin Acet & Estrad-Fe) AUROVELA 24 FE, AUROVELA FE 1.5/30, AUROVELA FE 1/20, BLISOVI 24 FE, BLISOVI FE 1.5/30, BLISOVI FE 1/20, 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	PV	PV
(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN, SIMPESE 0.03 MG-0.15 MG	PV	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 MG-20 MCG-75 MG	PV	PV	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG	PV	PV
			(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG	PV	PV
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW	PV	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG	PV	PV
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS	PV	PV	(Norethindrone & Ethinyl Estradiol-Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG	PV	PV
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG	PV	PV	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG-20 MCG	PV	PV

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(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG-30 MCG	PV	PV	<i>desogestrel & ethinyl estradiol</i>	PV	PV
(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE	PV	PV	<i>desogestrel-ethinyl estradiol (biphasic)</i>	PV	PV
(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7	PV	PV	<i>drospirenone-ethinyl estradiol</i>	PV	PV
(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI-ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI-SPRINTEC, TRI-VYLIBRA	PV	PV	<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	PV	PV
(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA	PV	PV	ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>)	PV	PV
(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW-OGESTREL, TURQOZ 30 MCG-0.3 MG	PV	PV	<i>ethynodiol diacet & eth estrad</i>	PV	PV
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-iron</i>)	PV	PV	GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>)	PV	PV
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	PV	PV	<i>levonorgestrel & eth estradiol TABS</i>	PV	PV
			<i>levonorgestrel-eth estradiol (triphasic)</i>	PV	PV
			<i>levonorgestrel-eth estradiol (91-day) 0.03 MG-0.15 MG</i>	PV	PV
			<i>levonorgestrel-ethinyl estradiol (continuous)</i>	PV	PV
			<i>levonorgestrel-ethinyl estradiol-iron</i>	PV	PV
			LO LOESTRIN FE TABS	PV	PV
			LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	PV	PV
			MINASTRIN 24 FE CHEW (<i>norethin acet & estrad-fe</i>)	PV	PV
			MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>)	PV	PV
			NATAZIA	PV	PV
			NEXTSTELLIS	PV	PV
			<i>norethin acet & estrad-fe CAPS</i>	PV	PV
			<i>norethin acet & estrad-fe CHEW</i>	PV	PV

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Drug Name	Drug Tier	Requirements/Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	PV	PV
<i>norethindrone & ethinyl estradiol-fe</i>	PV	PV
<i>norethindrone acet & eth estra</i>	PV	PV
<i>norethindrone acetate-ethinyl estradiol-fe</i>	PV	PV
<i>norgestimate-ethinyl estradiol</i>	PV	PV
<i>norgestimate-ethinyl estradiol (triphasic)</i>	PV	Equivalent to Ortho Tricyclen Lo
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	PV	PV
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	PV	PV
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>)	PV	PV
TAYTULLA CAPS (<i>norethin acet & estrad-fe</i>)	PV	PV
TYBLUME CHEW	PV	PV
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	PV	PV
YAZ (<i>drospirenone-ethinyl estradiol</i>)	PV	PV
Combination Contraceptives - Transdermal		
(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY	PV	PV
<i>norelgestromin-ethinyl estradiol</i>	PV	PV
TWIRLA	PV	PV
Combination Contraceptives - Vaginal		
(Etonogestrel-Ethinyl Estradiol) ELURYNG, ENILLORING, HALOETTE	PV	PV

Drug Name	Drug Tier	Requirements/Limits
ANNOVERA	PV	PV
<i>etonogestrel-ethinyl estradiol</i>	PV	PV
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	PV	PV
Emergency Contraceptives		
(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	PV	PV
ELLA	PV	PV
<i>levonorgestrel (emergency oc) 1.5 MG</i>	PV	PV
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	PV	PV
Progestin Contraceptives - Injectable		
DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR	5	Available through the Medical Benefit
DEPO-SUBQ PROVERA 104 SUSY SC	PV	Provided under the Medical Benefit; PA
Progestin Contraceptives - Oral		
(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA	PV	PV

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive)</i>	PV	PV
OPILL	PV	
SLYND	PV	PV
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
(Dexamethasone) DECADRON TABS 0.5 MG, 0.75 MG, 4 MG, 6 MG	1	
(Dexamethasone) TAPERDEX 12-DAY, TAPERDEX 7-DAY TBPk	1	
(Prednisolone) MILLIPRED TABS	1	
AGAMREE	SP	SP; PA
<i>budesonide CPEP</i>	2	QL(3 ea daily)
<i>budesonide TB24</i>	1	PA
CORTEF TABS <i>(hydrocortisone)</i>	NF	
DEXAMETHASONE INTENSOL CONC	2	
<i>dexamethasone ELIX</i>	1	
<i>dexamethasone SOLN</i>	1	
<i>dexamethasone TABS</i>	1	
<i>dexamethasone TBPk</i>	1	
<i>hydrocortisone TABS</i>	1	
MEDROL DOSEPAK TBPk <i>(methylprednisolone)</i>	NF	
MEDROL TABS	2	
MEDROL TABS 4 MG, 8 MG, 16 MG <i>(methylprednisolone)</i>	NF	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone TBPk</i>	1	
MILLIPRED TABS	2	

Drug Name	Drug Tier	Requirements/Limits
ORAPRED ODT TBPk <i>(prednisolone sodium phosphate)</i>	NF	
PEDIAPRED SOLN <i>(prednisolone sodium phosphate)</i>	NF	
<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>	1	
<i>prednisone TABS</i>	1	
<i>prednisone TBPk</i>	1	
UCERIS TB24 <i>(budesonide)</i>	NF	PA
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN	1	
<i>benzonatate</i>	1	
HYCODAN SOLN <i>(hydrocodone bitartrate-homatropine methylbromide)</i>	NF	
HYCODAN TABS 1.5 MG-5 MG <i>(hydrocodone bitartrate-homatropine methylbromide)</i>	NF	
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	1		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	1	
Cough/Cold/Allergy Combinations			TUSNEL TABS	3	
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	1		TUSSLIN PEDIATRIC LIQD	3	
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	1		TUSSLIN LIQD	3	
(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML	1		Expectorants		
ACTIDOM DMX LIQD	3		<i>potassium iodide (expectorant) SOLN</i>	1	
CODITUSSIN AC LIQD	3		SSKI SOLN (<i>potassium iodide (expectorant)</i>)	NF	
DOMETUSS-DMX LIQD	3		Misc. Respiratory Inhalants		
GILPHEX TR TABS 10 MG-388 MG	3	RX/OTC	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 %	1	
GILTUSS COUGH & COLD TABS	3		(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 %	1	
GILTUSS SINUS & CONGESTION TABS	3	RX/OTC	HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	NF	
<i>guaifenesin-codeine SOLN</i>	1		HYPERSAL NEBU	3	
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	1		NEBUSAL NEBU	3	
<i>promethazine & phenylephrine SYRP</i>	1	QL(30 ml daily)	<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 7 %</i>	1	
<i>promethazine w/codeine SOLN</i>	1	QL(30 ml daily)	Mucolytics		
<i>promethazine w/codeine SYRP</i>	1	QL(30 ml daily)	<i>acetylcysteine SOLN</i>	1	
<i>promethazine-dm SYRP</i>	1	QL(30 ml daily)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
<i>promethazine-phenylephrine-codeine</i>	1		Acne Products		
PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	3		(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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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Clindamycin Phosphate (Topical)) CLINDACIN FOAM	1		(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM	1	
(Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)) NEUAC	1		(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING WASH EMUL 10 %-10 %-4 %	1	
(Erythromycin (Acne Aid)) ERY PADS	1		(Tretinoin) AVITA CREA 0.025 %	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(5 ea daily)	(Tretinoin) AVITA GEL 0.025 %	1	
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 40 MG	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(2 ea daily)	ABSORICA 10 MG, 25 MG (<i>isotretinoin</i>)	NF	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(4 ea daily)
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(4 ea daily)	ABSORICA 20 MG (<i>isotretinoin</i>)	NF	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(5 ea daily)
(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(3 ea daily)	ABSORICA 35 MG, 40 MG (<i>isotretinoin</i>)	NF	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(2 ea daily)
(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 %	1		ABSORICA 30 MG (<i>isotretinoin</i>)	NF	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(3 ea daily)
			ACZONE 5 % (<i>dapsone (topical)</i>)	NF	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	1	
<i>adapalene CREA</i>	1	Limit 45gms per month; QL(1.5 gm daily)
<i>adapalene GEL 0.1 %</i>	1	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
<i>adapalene GEL 0.3 %</i>	1	QL(45 gm per fill retail; 135 per fill mail)
ATRALIN GEL (<i>tretinoin</i>)	NF	
AZELEX	3	
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	NF	QL(2 gm daily)
<i>benzoyl peroxide-erythromycin GEL</i>	1	QL(2 gm daily)
CLEOCIN-T LOTN (<i>clindamycin phosphate (topical)</i>)	NF	
CLINDAGEL GEL (<i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) FOAM</i>	1	
<i>clindamycin phosphate (topical) GEL</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) LOTN</i>	1	
<i>clindamycin phosphate (topical) SOLN</i>	1	
<i>clindamycin phosphate (topical) SWAB</i>	1	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	1	
<i>clindamycin phosphate-tretinoin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone (topical) 5 %</i>	1	PA
DIFFERIN CREA (<i>adapalene</i>)	NF	Limit 45gms per month; QL(1.5 gm daily)
DIFFERIN GEL 0.1 % (<i>adapalene</i>)	NF	Limit 45gms per month; QL(1.5 gm daily); RX/OTC
DIFFERIN GEL 0.3 % (<i>adapalene</i>)	NF	QL(45 gm per fill retail; 135 per fill mail)
DIFFERIN LOTN	3	
EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	NF	
ERYGEL GEL (<i>erythromycin (acne aid)</i>)	NF	
<i>erythromycin (acne aid) GEL</i>	1	
<i>erythromycin (acne aid) SOLN</i>	1	
EVOCLIN FOAM (<i>clindamycin phosphate (topical)</i>)	NF	
FABIOR FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
<i>isotretinoin 35 MG, 40 MG</i>	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(2 ea daily)
<i>isotretinoin 20 MG</i>	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin 10 MG, 25 MG</i>	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(4 ea daily)	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	3	
			<i>sulfacetamide sodium (acne)</i>	1	
			<i>sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %</i>	1	
<i>isotretinoin 30 MG</i>	1	150 rtl MAX day(s) supply; 210 rtl lmt day(s); 150 mail MAX day(s) supply; 210 mail lmt day(s); QL(3 ea daily)	<i>sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 %</i>	2	
			<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	1	QL(1 gm daily)
			<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	1	PA
			TAZAROTENE FOAM	3	Limit 50gms per month; QL(1.67 gm daily)
KLARON (<i>sulfacetamide sodium (acne)</i>)	NF		<i>tretinoin microsphere 0.04 %</i>	1	Limit 45gms per month; QL(1.7 gm daily)
PLEXION CLEANSER LIQD (<i>sulfacetamide sodium w/ sulfur</i>)	NF		<i>tretinoin microsphere 0.1 %</i>	1	QL(1.67 gm daily)
PLEXION CREA (<i>sulfacetamide sodium w/ sulfur</i>)	NF		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	1	
PLEXION LOTN (<i>sulfacetamide sodium w/ sulfur</i>)	NF	PA	<i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>	1	
RETIN-A MICRO 0.04 % (<i>tretinoin microsphere</i>)	NF	Limit 45gms per month; QL(1.7 gm daily)	VELTIN (<i>clindamycin phosphate-tretinoin</i>)	NF	
RETIN-A MICRO 0.1 % (<i>tretinoin microsphere</i>)	NF	QL(1.67 gm daily)	ZIANA (<i>clindamycin phosphate-tretinoin</i>)	NF	
RETIN-A MICRO PUMP 0.04 % (<i>tretinoin microsphere</i>)	NF	Limit 45gms per month; QL(1.7 gm daily)	Agents for External Genital and Perianal Warts		
RETIN-A MICRO PUMP 0.1 % (<i>tretinoin microsphere</i>)	NF	QL(1.67 gm daily)	VEREGEN	3	QL(30 gm per fill retail)
RETIN-A CREA (<i>tretinoin</i>)	NF		Antibiotics - Topical		
RETIN-A GEL (<i>tretinoin</i>)	NF		ALTABAX	3	
			CENTANY OINT	2	
			<i>gentamicin sulfate (topical) CREA</i>	1	
			<i>gentamicin sulfate (topical) OINT</i>	1	
			<i>mupirocin OINT</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Antifungals - Topical		
(Ciclopirox) CICLODAN SOLN	1	
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	1	
(Ketoconazole (Topical)) KETODAN FOAM	2	
(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX	1	
<i>ciclopirox olamine CREA</i>	1	
<i>ciclopirox olamine SUSP</i>	1	
<i>ciclopirox GEL</i>	1	
<i>ciclopirox SHAM</i>	1	
<i>ciclopirox SOLN</i>	1	
<i>clotrimazole w/ betamethasone CREA</i>	1	Limit 1 tube per month; QL(1.5 gm daily)
<i>clotrimazole w/ betamethasone LOTN</i>	1	QL(2 ml daily)
<i>econazole nitrate CREA</i>	1	
ERTACZO	SP	QL(1 gm daily); PA
EXELDERM CREA (<i>sulconazole nitrate</i>)	3	
EXELDERM SOLN	2	
EXODERM	3	
EXTINA FOAM (<i>ketoconazole (topical)</i>)	NF	
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	1	
<i>ketoconazole (topical) CREA</i>	1	QL(2 gm daily)
<i>ketoconazole (topical) FOAM</i>	2	
<i>ketoconazole (topical) SHAM 2 %</i>	1	
LOPROX SHAMPOO SHAM (<i>ciclopirox</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
LOPROX CREA (<i>ciclopirox olamine</i>)	NF	
LOPROX SUSP (<i>ciclopirox olamine</i>)	NF	
<i>naftifine hcl CREA</i>	1	
<i>naftifine hcl GEL 2 %</i>	1	
NAFTIN GEL (<i>naftifine hcl</i>)	NF	
<i>nystatin (topical) CREA</i>	1	
<i>nystatin (topical) OINT</i>	1	
<i>nystatin (topical) POWD EX</i>	1	
<i>nystatin-triamcinolone CREA</i>	1	
<i>nystatin-triamcinolone OINT</i>	1	
<i>oxiconazole nitrate CREA</i>	1	
OXISTAT CREA (<i>oxiconazole nitrate</i>)	NF	
OXISTAT LOTN	3	
<i>sulconazole nitrate CREA</i>	1	
<i>sulconazole nitrate SOLN</i>	1	
VYTONE 1.9 %-1 % (<i>iodoquinol-hydrocortisone in aloe vehicle</i>)	NF	
Anti-inflammatory Agents - Topical		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(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 ARTHRITIS PAIN, GNP DICLOFENAC SODIUM, GOODSENSE ARTHRITIS PAIN, KLS ARTHRITIS PAIN RELIEF, KLS DICLOFENAC SODIUM, MOTRIN ARTHRITIS PAIN, PHARMACIST CHOICE DICLOFENAC SODIUM, QC DICLOFENAC SODIUM, SM ARTHRITIS PAIN GEL EX	1	RX/OTC	<i>diclofenac sodium (actinic keratoses) EX</i>	2	PA
			EFUDEX CREA (<i>fluorouracil (topical)</i>)	NF	
			<i>fluorouracil (topical) CREA 5 %</i>	1	
			<i>fluorouracil (topical) SOLN</i>	1	
			PANRETIN	3	PA
			TARGRETIN (<i>bexarotene (topical)</i>)	SP	PA
			VALCHLOR	SP	PA
			Antipruritics - Topical		
			<i>doxepin hcl (antipruritic)</i>	1	QL(3 gm daily)
			PRUDOXIN (<i>doxepin hcl (antipruritic)</i>)	NF	
			ZONALON (<i>doxepin hcl (antipruritic)</i>)	NF	
			Antipsoriatics		
			(Calcipotriene) CALCITRENE OINT	1	QL(5 gm daily)
			<i>acitretin 25 MG</i>	2	QL(2 ea daily)
			<i>acitretin 10 MG</i>	2	QL(1 ea daily)
			<i>acitretin 17.5 MG</i>	2	
			<i>calcipotriene CREA</i>	2	QL(5 gm daily)
			<i>calcipotriene FOAM</i>	1	PA
			CALCIPOTRIENE FOAM	3	PA
			<i>calcipotriene OINT</i>	1	QL(5 gm daily)
			<i>calcipotriene SOLN</i>	1	
			<i>calcitriol (topical)</i>	1	Limit 100gms per month; QL(3.4 gm daily)
			COSENTYX SENSOREADY PEN SOAJ	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ml daily); PA
			COSENTYX UNOREADY SOAJ	SP	QL(0.072 ml daily); PA
			Antineoplastic or Premalignant Lesion Agents - Topical		
			<i>bexarotene (topical)</i>	SP	PA
			CARAC CREA (<i>fluorouracil (topical)</i>)	2	QL(1 gm daily)

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 150 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.072 ml daily); PA	TAZORAC CREA	2	
COSENTYX SOSY 75 MG/0.5ML	SP	QL(0.18 ml daily); PA	TAZORAC GEL (<i>tazarotene</i>)	NF	
COSENTYX SOSY 150 MG/ML	SP	QL(0.036 ml daily); PA	TREMFYA SOPN	SP	QL(0.018 ml daily); PA
DOVONEX CREA (<i>calcipotriene</i>)	NF	QL(5 gm daily)	TREMFYA SOSY	SP	QL(0.018 ml daily); PA
<i>methoxsalen rapid</i>	1		VECTICAL (<i>calcitriol topical</i>)	NF	Limit 100gms per month; QL(3.4 gm daily)
SKYRIZI PEN SOAJ	SP	Check Plan Documents for coverage; QL(1 ml per 84 days retail); PA	Antiseborrheic Products		
SKYRIZI PSKT	SP	Check Plan Documents for coverage; QL(1 ea per 84 days retail); PA	OVACE PLUS WASH LIQD (<i>sulfacetamide sodium</i>)	NF	
SKYRIZI SOSY	SP	Check plan documents for coverage; QL(1 ml per 84 days retail); PA	OVACE PLUS SHAM (<i>sulfacetamide sodium</i>)	NF	
SORILUX FOAM	3	PA	OVACE WASH LIQD (<i>sulfacetamide sodium</i>)	NF	
STELARA SOLN 45 MG/0.5ML	SP	PA	<i>selenium sulfide LOTN 2.5 %</i>	1	
STELARA SOSY 45 MG/0.5ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.17 ml daily); PA	SODIUM SULFACETAMIDE WASH LIQD	3	
STELARA SOSY 90 MG/ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.04 ml daily); PA	<i>sulfacetamide sodium LIQD</i>	1	
<i>tazarotene CREA</i>	1		<i>sulfacetamide sodium SHAM 10 %</i>	1	
<i>tazarotene GEL</i>	1		Antivirals - Topical		
TAZORAC CREA (<i>tazarotene</i>)	NF		<i>acyclovir topical OINT</i>	1	QL(1 gm daily)
			ZOVIRAX OINT (<i>acyclovir topical</i>)	NF	QL(1 gm daily)
			Burn Products		
			(Silver Sulfadiazine) SSD	1	
			<i>mafenide acetate PACK</i>	1	
			SILVADENE (<i>silver sulfadiazine</i>)	NF	
			<i>silver sulfadiazine</i>	1	
			SULFAMYLON CREA	3	
			SULFAMYLON PACK 5 % (<i>mafenide acetate</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Corticosteroids - Topical			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	1	
(Clobetasol Propionate Emollient Base) CLOBETASOL PROPIONATE E, CLOBETASOL PROPIONATE EMOLLIENT 0.05 %	1		<i>betamethasone dipropionate augmented LOTN</i>	1	
(Clobetasol Propionate Emulsion) TOVET	1		<i>betamethasone dipropionate augmented OINT</i>	1	
(Clobetasol Propionate) CLODAN SHAM	1		<i>betamethasone valerate CREA</i>	1	
(Desonide) DESRX GEL	1		<i>betamethasone valerate FOAM</i>	1	
(Flurandrenolide) NOLIX CREA	1		<i>betamethasone valerate LOTN</i>	1	
(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 %	1		<i>betamethasone valerate OINT</i>	1	
(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 %	1		<i>calcipotriene-betamethasone dipropionate OINT</i>	2	ST
ALA-SCALP LOTN	3		<i>calcipotriene-betamethasone dipropionate SUSP</i>	1	QL(2 gm daily)
<i>alclometasone dipropionate CREA</i>	1		CAPEX SHAM	2	
<i>alclometasone dipropionate OINT</i>	1		<i>clobetasol propionate emollient base 0.05 %</i>	1	
<i>amcinonide CREA</i>	1		<i>clobetasol propionate emulsion</i>	1	
<i>amcinonide LOTN</i>	1		<i>clobetasol propionate CREA 0.05 %</i>	1	
<i>amcinonide OINT</i>	1		<i>clobetasol propionate FOAM</i>	1	
APEXICON E CREA	2		<i>clobetasol propionate GEL 0.05 %</i>	1	
<i>betamethasone dipropionate (topical) CREA</i>	1		<i>clobetasol propionate LIQD</i>	1	
<i>betamethasone dipropionate (topical) LOTN</i>	1		<i>clobetasol propionate LOTN</i>	1	
<i>betamethasone dipropionate (topical) OINT</i>	1		<i>clobetasol propionate OINT 0.05 %</i>	1	
<i>betamethasone dipropionate augmented CREA</i>	1		<i>clobetasol propionate SHAM</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinolone acetonide CREA</i>	1	
CLOBEX LIQD (<i>clobetasol propionate</i>)	NF		<i>fluocinolone acetonide OIL</i>	1	
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	NF		<i>fluocinolone acetonide OINT</i>	1	
CLOBEX SHAM (<i>clobetasol propionate</i>)	NF		<i>fluocinolone acetonide SOLN</i>	1	
<i>clocortolone pivalate</i>	1		<i>fluocinonide emulsified base</i>	1	
CLODERM (<i>clocortolone pivalate</i>)	3		<i>fluocinonide CREA</i>	1	
CORDRAN CREA (<i>flurandrenolide</i>)	NF		<i>fluocinonide GEL</i>	1	
CORDRAN TAPE	3		<i>fluocinonide OINT</i>	1	
CORTANE-B	3		<i>fluocinonide SOLN</i>	1	
CUTIVATE LOTN (<i>fluticasone propionate</i>)	NF		<i>flurandrenolide CREA</i>	1	
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	NF		<i>fluticasone propionate CREA 0.05 %</i>	1	
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	NF		<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		HALOG SOLN	3	
DESOWEN CREA (<i>desonide</i>)	NF		<i>hydrocortisone (topical) CREA 2.5 %</i>	1	
<i>desoximetasone CREA</i>	1		<i>hydrocortisone (topical) LOTN 2 %, 2.5 %</i>	1	
<i>desoximetasone GEL</i>	1		<i>hydrocortisone (topical) OINT 2.5 %</i>	1	
<i>desoximetasone LIQD</i>	1	ST	<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	
<i>desoximetasone OINT</i>	1		<i>hydrocortisone butyrate CREA</i>	1	
<i>diflorasone diacetate CREA</i>	1		<i>hydrocortisone butyrate OINT</i>	1	
<i>diflorasone diacetate OINT</i>	1		<i>hydrocortisone butyrate SOLN</i>	1	
DIPROLENE OINT (<i>betamethasone dipropionate augmented</i>)	NF				
EPIFOAM FOAM	3				

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate CREA</i>	1	
<i>hydrocortisone valerate OINT</i>	1	
KENALOG AERS (<i>triamcinolone acetonide (topical)</i>)	NF	
LOCOID LIPOCREAM	3	
LUXIQ FOAM (<i>betamethasone valerate</i>)	NF	
<i>mometasone furoate CREA</i>	1	
<i>mometasone furoate OINT</i>	1	
<i>mometasone furoate SOLN</i>	1	
NUCORT LOTN	3	
OLUX-E (<i>clobetasol propionate emulsion</i>)	NF	
OLUX FOAM (<i>clobetasol propionate</i>)	NF	
PRAMOSONE LOTN	3	
PRAMOSONE OINT	3	
<i>prednicarbate OINT</i>	1	
SYNALAR CREA (<i>fluocinolone acetonide</i>)	NF	
SYNALAR OINT (<i>fluocinolone acetonide</i>)	NF	
SYNALAR SOLN (<i>fluocinolone acetonide</i>)	NF	
TACLONEX OINT (<i>calcipotriene-betamethasone dipropionate</i>)	NF	ST
TACLONEX SUSP (<i>calcipotriene-betamethasone dipropionate</i>)	NF	QL(2 gm daily)
TEMOVATE CREA (<i>clobetasol propionate</i>)	NF	
TEMOVATE OINT (<i>clobetasol propionate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
TEXACORT SOLN 2.5 %	3	
TOPICORT CREA (<i>desoximetasone</i>)	NF	
TOPICORT GEL (<i>desoximetasone</i>)	NF	
TOPICORT LIQD (<i>desoximetasone</i>)	NF	ST
TOPICORT OINT (<i>desoximetasone</i>)	NF	
<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	
TRIDESILON CREA 0.05 % (<i>desonide</i>)	NF	
VANOS CREA (<i>fluocinonide</i>)	NF	
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML	SP	PA
DUPIXENT SOSY 300 MG/2ML	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
DUPIXENT SOSY 200 MG/1.14ML	SP	PA
Emollient/Keratolytic Agents		
(Urea) CEROVEL LOTN 40 %	1	
<i>urea LOTN 40 %</i>	1	
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Immunomodulating Agents - Topical			(Lidocaine) LIDOCAN PTCH 5 %	1	Limited to 3 patches per day; QL(3 ea daily)
ALDARA (<i>imiquimod</i>)	NF		CETACAINE AERO	3	
<i>imiquimod</i> 5 %	1		GEN7T PTCH (<i>lidocaine</i>)	NF	RX/OTC
ZYCLARA (<i>imiquimod</i>)	NF	QL(1 ea daily)	<i>lidocaine hcl</i> SOLN	1	
ZYCLARA PUMP (<i>imiquimod</i>)	NF	QL(1 gm daily)	<i>lidocaine-prilocaine</i> CREA	1	
Immunosuppressive Agents - Topical			<i>lidocaine</i> PTCH 5 %	1	Limited to 3 patches per day; QL(3 ea daily)
ELIDEL (<i>pimecrolimus</i>)	NF	QL(2 gm daily)	LIDODERM PTCH (<i>lidocaine</i>)	NF	Limited to 3 patches per day; QL(3 ea daily)
<i>pimecrolimus</i>	1	QL(2 gm daily)	PREMIUM SCAR PATCH	3	
PROTOPIC OINT 0.03 % (<i>tacrolimus</i> (topical))	NF	QL(2 gm daily); AL(At least 2 yrs old)	Misc. Topical		
PROTOPIC OINT 0.1 % (<i>tacrolimus</i> (topical))	NF	QL(2 gm daily); AL(At least 15 yrs old)	DRYSOL SOLN	2	
<i>tacrolimus</i> (topical) OINT 0.1 %	1	QL(2 gm daily); AL(At least 15 yrs old)	XERAC AC	3	
<i>tacrolimus</i> (topical) OINT 0.03 %	1	QL(2 gm daily); AL(At least 2 yrs old)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
Keratolytic/Antimitotic Agents			EUCRISA	3	Limited to 60 gm per month; QL(2 gm daily); PA
(Salicylic Acid) KERALYT SHAM 6 %	1		Rosacea Agents		
BENSAL HP OINT	3	RX/OTC	(Metronidazole (Topical)) ROSADAN CREA	1	
CONDYLOX GEL (<i>podofilox</i>)	NF		(Metronidazole (Topical)) ROSADAN GEL 0.75 %	1	Limit 45gms per month; QL(1.5 gm daily)
MG217 PSORIASIS MULTI-SYMTOM OINT	3	RX/OTC	<i>azelaic acid</i> GEL	1	
PODOCON-25 SOLN	3		<i>brimonidine tartrate</i> (topical)	1	PA
<i>podofilox</i> GEL	1		<i>doxycycline</i> (rosacea)	1	QL(1 ea daily); PA
<i>podofilox</i> SOLN	1		FINACEA FOAM	3	
<i>salicylic acid in ammonium lactate vehicle</i>	1		FINACEA GEL (<i>azelaic acid</i>)	NF	
SALICYLIC ACID OINT	3	RX/OTC	<i>ivermectin</i> (rosacea)	1	QL(1.5 gm daily); PA
<i>salicylic acid</i> SHAM 6 %	1				
SALIMEZ CREA	3				
SALYCIM CREA	3				
Local Anesthetics - Topical					

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Drug Name	Drug Tier	Requirements/Limits
METROCREAM CREA <i>(metronidazole (topical))</i>	NF	
METROGEL GEL 1 % <i>(metronidazole (topical))</i>	NF	
METROLOTION LOTN <i>(metronidazole (topical))</i>	NF	QL(2 ml daily)
<i>metronidazole (topical)</i> CREA	1	
<i>metronidazole (topical)</i> GEL 0.75 %	1	Limit 45gms per month; QL(1.5 gm daily)
<i>metronidazole (topical)</i> GEL 1 %	1	
<i>metronidazole (topical)</i> LOTN	1	QL(2 ml daily)
MIRVASO <i>(brimonidine tartrate (topical))</i>	NF	PA
NORITATE CREA	SP	PA
ORACEA <i>(doxycycline rosacea)</i>	3	QL(1 ea daily); PA
RHOFADE	3	PA
SOOLANTRA <i>(ivermectin rosacea)</i>	NF	QL(1.5 gm daily); PA
Scabicides & Pediculicides		
(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT	1	RX/OTC
<i>ivermectin (pediculicide)</i>	1	RX/OTC
<i>malathion</i>	1	
OVIDE <i>(malathion)</i>	NF	
<i>permethrin CREA</i>	1	QL(2 gm daily)
SKLICE <i>(ivermectin pediculicide)</i>	NF	RX/OTC
Wound Care Products		
REGRANEX	3	Limit 15gms per month; QL(0.5 gm daily)
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		

Drug Name	Drug Tier	Requirements/Limits
METOPIRONE	3	
Diagnostic Tests		
ADVIN COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV
BD VERITOR AT-HOME COVID-19 TEST KIT	PV	QL(8 ea per fill retail); PV
BINAXNOW COVID-19 AG CARD HOME TEST KIT	PV	QL(8 ea per fill retail); PV
CARESTART COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV
CELLTRION DIATRUST COVID-19 AG HOME TEST KIT	PV	QL(8 ea per fill retail); PV
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV
CLINITEST RAPID COVID-19ANTIGEN SELF-TEST KIT	PV	QL(8 ea per fill retail); PV
COVID-19 AG TEST KIT	PV	QL(8 ea per fill retail); PV
COVID-19 AT HOME TEST KITS	5	Up to 8 tests per month
COVID-19 AT-HOME TEST KIT KIT	PV	QL(8 ea per fill retail); PV
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	PV	QL(8 ea per fill retail); PV
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	PV	QL(8 ea per fill retail); PV
CVS COVID-19 AT HOME TESTKIT KIT	PV	QL(8 ea per fill retail); PV
ELLUME COVID-19 HOME TEST KIT	PV	QL(8 ea per fill retail); PV
FASTEP COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE INSULINX BLOODGLUCOSE TEST STRIPS STRP	2	QL(6.7 ea daily); RX/OTC	ONETOUCH VERIO TEST STRIPS STRP	2	Limit 200 per month without authorization; QL(6.7 ea daily; 200 ea per fill retail); RX/OTC
FREESTYLE LITE TEST STRIPS STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC			
FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC	PILOT COVID-19 AT-HOME TEST KIT	PV	QL(8 ea per fill retail); PV
FREESTYLE TEST STRIPS STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC	PRECISION XTRA	2	QL(0.36 ea daily)
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	PV	QL(8 ea per fill retail); PV	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	PV	QL(8 ea per fill retail); PV	QUICKVUE AT-HOME COVID-19 TEST KIT	PV	QL(8 ea per fill retail); PV
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	PV	QL(8 ea per fill retail); PV	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	PV	QL(8 ea per fill retail); PV
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	PV	QL(8 ea per fill retail); PV	SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	PV	QL(8 ea per fill retail); PV
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	PV	QL(8 ea per fill retail); PV	DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
INTELISWAB COVID-19 RAPID TEST KIT	PV	QL(8 ea per fill retail); PV	Digestive Enzymes		
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	PV	QL(8 ea per fill retail); PV	CREON CPEP	2	
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	PV	QL(8 ea per fill retail); PV	PANCREAZE CPEP 149900 UNIT-97300 UNIT-37000 UNIT, 15200 UNIT-8800 UNIT-2600 UNIT, 24600 UNIT-14200 UNIT, 61500 UNIT-35500 UNIT-10500 UNIT, 83900 UNIT-54700 UNIT-21000 UNIT, 98400 UNIT-56800 UNIT-16800 UNIT	3	
ONETOUCH ULTRA STRP	2	Limit 200 per month; QL(6.7 ea daily); RX/OTC			

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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

<i>acetazolamide CP12</i>	1	QL(2 ea daily)
<i>acetazolamide TABS 250 MG</i>	1	QL(4 ea daily)
<i>acetazolamide TABS 125 MG</i>	1	
<i>dichlorphenamide</i>	SP	PA
KEVEYIS (<i>dichlorphenamide</i>)	SP	PA
<i>methazolamide TABS</i>	1	

Diuretic Combinations

ALDACTAZIDE	2	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide</i>	1	
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	NF	QL(1 ea daily)
<i>spironolactone & hydrochlorothiazide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	1	
<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	1	QL(2 ea daily)
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	1	QL(1 ea daily)

Loop Diuretics

<i>bumetanide TABS 2 MG</i>	1	QL(5 ea daily)
<i>bumetanide TABS 0.5 MG, 1 MG</i>	1	
BUMEX TABS 0.5 MG (<i>bumetanide</i>)	NF	
EDECIN (<i>ethacrynic acid</i>)	NF	ST
<i>ethacrynic acid</i>	1	ST
<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	1	
<i>furosemide TABS</i>	1	
LASIX TABS (<i>furosemide</i>)	NF	
<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

ALDACTONE TABS (<i>spironolactone</i>)	NF	
<i>amiloride hcl TABS</i>	1	
DYRENIUM CAPS (<i>triamterene</i>)	NF	
<i>spironolactone TABS</i>	1	
<i>triamterene CAPS</i>	1	

Thiazides and Thiazide-Like Diuretics

<i>chlorthalidone 25 MG, 50 MG</i>	1	
DIURIL SUSP	3	
<i>hydrochlorothiazide CAPS</i>	1	
<i>hydrochlorothiazide TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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		
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	NF	ST
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	NF	Limited to 1 per month; QL(0.04 ea daily); ST
<i>alendronate sodium SOLN</i>	1	
<i>alendronate sodium TABS 70 MG</i>	1	Limit 1 tab per week; QL(0.15 ea daily)
<i>alendronate sodium TABS 35 MG</i>	1	Limit 1 tab per week; QL(0.144 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1	QL(1 ea daily)
BONIVA TABS (<i>ibandronate sodium</i>)	NF	Limit 1 per month; QL(0.04 ea daily)
<i>calcitonin (salmon) IJ</i>	SP	PA
<i>calcitonin (salmon) NA</i>	1	
FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	NF	Limit 1 tab per week; QL(0.15 ea daily)
<i>ibandronate sodium TABS</i>	1	Limit 1 per month; QL(0.04 ea daily)
MIACALCIN IJ (<i>calcitonin (salmon)</i>)	SP	PA
NATPARA	SP	PA
PROLIA SOSY	SP	PA
<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	1	ST

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium TABS 150 MG</i>	1	Limited to 1 per month; QL(0.04 ea daily); ST
TYMLOS	SP	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	SP	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA 2 MG	SP	PA
EGRIFTA SV	SP	PA
Growth Hormones		
HUMATROPE CART IJ	SP	PA
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML, 10 MG/1.5ML	SP	PA
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML, 30 MG/3ML	SP	PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	SP	PA
ZOMACTON SOLR SC 10 MG	SP	PA
ZORBTIVE SC	SP	PA
Hormone Receptor Modulators		
EVISTA (<i>raloxifene hcl</i>)	PV	PV
OSPHENA	3	QL(1 ea daily)
<i>raloxifene hcl</i>	PV	PV
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	SP	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	3	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG	2	covered w-gender transformation diagnosis; PA required for other diagnosis
SYNAREL	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Metabolic Modifiers			<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	1	
(Sapropterin Dihydrochloride) JAVYGTOR PACK	SP	Specialty Drug refer to Caremark SP RX	<i>levocarnitine (metabolic modifiers) TABS</i>	1	
(Sapropterin Dihydrochloride) JAVYGTOR TABS	SP	Specialty Drug refer to Caremark SP RX	MYALEPT	SP	PA
<i>betaine</i>	SP	PA	<i>nitisinone CAPS 2 MG, 5 MG, 20 MG</i>	1	PA
BUPHENYL POWD (<i>sodium phenylbutyrate</i>)	SP	PA	<i>nitisinone CAPS 10 MG</i>	SP	PA
BUPHENYL TABS (<i>sodium phenylbutyrate</i>)	SP	PA	NITYR TABS	SP	PA
<i>calcitriol CAPS 0.5 MCG</i>	1	QL(4 ea daily)	ORFADIN CAPS 2 MG, 5 MG, 20 MG (<i>nitisinone</i>)	NF	PA
<i>calcitriol CAPS 0.25 MCG</i>	1		ORFADIN CAPS 10 MG (<i>nitisinone</i>)	SP	PA
<i>calcitriol SOLN OR</i>	1		ORFADIN SUSP	SP	PA
CARNITOR SF SOLN OR (<i>levocarnitine (metabolic modifiers)</i>)	NF		PALYNZIQ	SP	SP; PA
CARNITOR SOLN OR 1 GM/10ML (<i>levocarnitine (metabolic modifiers)</i>)	NF		<i>paricalcitol CAPS</i>	1	
CARNITOR TABS (<i>levocarnitine (metabolic modifiers)</i>)	NF		RAVICTI	SP	
<i>cinacalcet hcl</i>	1	PA	ROCALTROL CAPS 0.5 MCG (<i>calcitriol</i>)	NF	QL(4 ea daily)
CYSTADANE (<i>betaine</i>)	SP	PA	ROCALTROL CAPS 0.25 MCG (<i>calcitriol</i>)	NF	
<i>doxercalciferol CAPS</i>	2		ROCALTROL SOLN OR (<i>calcitriol</i>)	NF	
GALAFOLD	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(0.5 ea daily); SP; PA	<i>sapropterin dihydrochloride PACK</i>	SP	Specialty Drug refer to Caremark SP RX
KUVAN PACK (<i>sapropterin dihydrochloride</i>)	SP	Specialty Drug refer to Caremark SP RX	<i>sapropterin dihydrochloride TABS</i>	SP	Specialty Drug refer to Caremark SP RX
KUVAN TABS (<i>sapropterin dihydrochloride</i>)	SP	Specialty Drug refer to Caremark SP RX	SENSIPAR (<i>cinacalcet hcl</i>)	NF	PA
			<i>sodium phenylbutyrate POWD</i>	SP	PA
			<i>sodium phenylbutyrate TABS</i>	SP	PA
			STRENSIQ	SP	PA
			XURIDEN	SP	
			ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
Posterior Pituitary Hormones		
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	NF	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 ea daily)
<i>desmopressin acetate TABS 0.1 MG</i>	1	
STIMATE SOLN NA	3	
Progesterone Receptor Antagonists		
MIFEPREX (<i>mifepristone</i>)	PV	
<i>mifepristone</i>	PV	
Prolactin Inhibitors		
<i>cabergoline</i>	1	
Somatostatic Agents		
<i>octreotide acetate SOLN</i>	SP	PA
<i>octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML</i>	SP	PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661
SANDOSTATIN SOLN 500 MCG/ML (<i>octreotide acetate</i>)	SP	PA
SIGNIFOR	SP	PA
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	SP	PA
JYNARQUE TBPK	SP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS	1	
(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS 1 MG-0.5 MG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG-5 MCG	1	
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI	1	
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	NF	
ANGELIQ	3	
CLIMARA PRO	2	
COMBIPATCH PTTW	3	
DUAVEE	3	
<i>estradiol & norethindrone acetate TABS</i>	1	
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol</i>	1	
ORIAHNN	SP	PA
PREFEST	3	
PREMPHASE	2	
PREMPRO	2	
Estrogens		
(Estradiol) DOTTI, LYLLANA PTTW	1	QL(0.29 ea daily)
ALORA PTTW	2	QL(0.29 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
CLIMARA PTWK (<i>estradiol</i>)	NF	Limit 4 patches per month; QL(0.143 ea daily)
DELESTROGEN (<i>estradiol valerate</i>)	NF	QL(5 ml daily)
DIVIGEL GEL (<i>estradiol</i>)	NF	
ELESTRIN GEL	3	
ESTRACE TABS (<i>estradiol</i>)	NF	
<i>estradiol valerate</i>	1	QL(5 ml daily)
<i>estradiol GEL</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	
ESTROGEL GEL	3	Limit 50gms per month; QL(1.67 gm daily)
EVAMIST SOLN	3	
MENEST	2	
MENOSTAR PTWK	3	Limit 4 patches per month; QL(0.143 ea daily)
MINIVELLE PTTW (<i>estradiol</i>)	NF	QL(0.29 ea daily)
PREMARIN TABS 0.9 MG	2	
PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	2	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>estradiol</i>)	NF	QL(0.29 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS</i>	1	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CIPRO SUSR	2	
CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	NF	
<i>levofloxacin SOLN OR</i>	1	
<i>levofloxacin TABS</i>	1	QL(14 ea per fill retail)
<i>moxifloxacin hcl TABS</i>	1	
<i>ofloxacin 300 MG</i>	1	
<i>ofloxacin 400 MG</i>	1	QL(28 ea per 90 days retail; 28 ea per 90 days mail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	SP	QL(1 ea daily); PA
Gallstone Solubilizing Agents		
CHENODAL	SP	PA
URSO 250 TABS (<i>ursodiol</i>)	NF	
URSO FORTE TABS (<i>ursodiol</i>)	NF	
<i>ursodiol CAPS</i>	2	
<i>ursodiol TABS</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA (<i>lubiprostone</i>)	NF	
<i>lubiprostone</i>	1	
Gastrointestinal Stimulants		
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	1	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl TBDP</i>	1	
REGLAN TABS (<i>metoclopramide hcl</i>)	NF	
Inflammatory Bowel Agents		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
APRISO CP24 (<i>mesalamine</i>)	NF	QL(4 ea daily)	SFROWASA ENEM	2	
ASACOL HD TBEC (<i>mesalamine</i>)	NF		SKYRIZI SOCT 180 MG/1.2ML	SP	Check Plan Documents for coverage; QL(0.043 ml daily); PA
AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	NF	QL(8 ea daily)	SKYRIZI SOCT 360 MG/2.4ML	SP	Check Plan Documents for coverage; QL(0.086 ml daily); PA
AZULFIDINE TABS (<i>sulfasalazine</i>)	NF	QL(8 ea daily)	<i>sulfasalazine</i> TABS	1	QL(8 ea daily)
<i>balsalazide disodium</i> CAPS	1	Limit 280 caps per month; QL(9 ea daily)	<i>sulfasalazine</i> TBEC	1	QL(8 ea daily)
CANASA SUPP (<i>mesalamine</i>)	NF	QL(1 ea daily)	Intestinal Acidifiers		
COLAZAL CAPS (<i>balsalazide disodium</i>)	NF	Limit 280 caps per month; QL(9 ea daily)	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	1	
DELZICOL CPDR (<i>mesalamine</i>)	NF	QL(6 ea daily)	<i>lactulose</i> (<i>encephalopathy</i>)	1	
DIPENTUM	3		Irritable Bowel Syndrome (IBS) Agents		
INFLECTRA SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; SP; PA	<i>alose tron hcl</i>	2	
LIALDA TBEC (<i>mesalamine</i>)	NF	QL(4 ea daily)	LINZESS	2	QL(1 ea daily)
<i>mesalamine</i> CP24	1	QL(4 ea daily)	LOTRONEX (<i>alose tron hcl</i>)	NF	
<i>mesalamine</i> CPCR	1	QL(8 ea daily); PA	VIBERZI	3	PA
<i>mesalamine</i> CPDR	1	QL(6 ea daily)	Peripheral Opioid Receptor Antagonists		
<i>mesalamine</i> ENEM	1	QL(60 ml daily)	<i>alvimopan</i>	1	
<i>mesalamine</i> SUPP	1	QL(1 ea daily)	ENTEREG (<i>alvimopan</i>)	NF	
<i>mesalamine</i> TBEC 800 MG	1		MOVANTIK	3	QL(1 ea daily)
<i>mesalamine</i> TBEC 1.2 GM	1	QL(4 ea daily)	Phosphate Binder Agents		
PENTASA CPCR 250 MG	3	PA	(Calcium Acetate (Phosphate Binder)) CALPHRON TABS	1	RX/OTC
PENTASA CPCR (<i>mesalamine</i>)	NF	QL(8 ea daily); PA	AURYXIA	3	PA
RENFLEXIS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	<i>calcium acetate</i> (<i>phosphate binder</i>) CAPS	1	
			<i>calcium acetate</i> (<i>phosphate binder</i>) TABS	1	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
FOSRENOL CHEW 1000 MG (<i>lanthanum carbonate</i>)	NF	QL(3 ea daily)
FOSRENOL CHEW 750 MG (<i>lanthanum carbonate</i>)	NF	QL(4 ea daily)
FOSRENOL CHEW 500 MG (<i>lanthanum carbonate</i>)	NF	
FOSRENOL PACK	3	
<i>lanthanum carbonate CHEW 1000 MG</i>	1	QL(3 ea daily)
<i>lanthanum carbonate CHEW 500 MG</i>	1	
<i>lanthanum carbonate CHEW 750 MG</i>	1	QL(4 ea daily)
PHOSLYRA SOLN	3	
RENAGEL (<i>sevelamer hcl</i>)	NF	
RENVELA PACK 0.8 GM (<i>sevelamer carbonate</i>)	NF	
RENVELA PACK 2.4 GM (<i>sevelamer carbonate</i>)	NF	QL(5 ea daily)
RENVELA TABS (<i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate PACK 2.4 GM</i>	1	QL(5 ea daily)
<i>sevelamer carbonate PACK 0.8 GM</i>	1	
<i>sevelamer carbonate TABS</i>	1	
<i>sevelamer hcl 800 MG</i>	1	QL(16 ea daily)
<i>sevelamer hcl 400 MG</i>	1	
Short Bowel Syndrome (SBS) Agents		
GATTEX	SP	Specialty Drug refer to Caremark SP RX; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	SP	Not available through mail; PA

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2	2	
Alkalinizers		
(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP	1	
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK	1	
(Potassium Citrate-Citric Acid) CYTRA-K SOLN	1	RX/OTC
(Sodium Citrate & Citric Acid) CYTRA-2	1	RX/OTC
ORACIT	3	
ORAL CITRATE	3	
<i>pot & sod citrates w/citric ac SOLN</i>	1	
<i>potassium citrate (alkalinizer) TBCR</i>	1	
<i>potassium citrate-citric acid SOLN</i>	1	RX/OTC
<i>sodium citrate & citric acid</i>	1	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	SP	PA
PROCYSBI CPDR	SP	
PROCYSBI PACK	SP	PA
Interstitial Cystitis Agents		

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Drug Name	Drug Tier	Requirements/Limits
ELMIRON CAPS	3	QL(3 ea daily); PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	QL(1 ea daily)
AVODART (<i>dutasteride</i>)	NF	AL(At least 40 yrs old)
CARDURA XL	3	
<i>dutasteride</i>	1	AL(At least 40 yrs old)
<i>dutasteride-tamsulosin hcl</i>	1	
<i>finasteride</i>	1	QL(1 ea daily); AL(At least 40 yrs old)
FLOMAX (<i>tamsulosin hcl</i>)	NF	QL(2 ea daily)
JALYN (<i>dutasteride-tamsulosin hcl</i>)	NF	
PROSCAR (<i>finasteride</i>)	NF	QL(1 ea daily); AL(At least 40 yrs old)
RAPAFLO 8 MG (<i>silodosin</i>)	NF	QL(1 ea daily)
RAPAFLO 4 MG (<i>silodosin</i>)	NF	
<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)
UROXATRAL (<i>alfuzosin hcl</i>)	NF	QL(1 ea daily)
Urinary Stone Agents		
LITHOSTAT	3	
THIOLA EC TBEC	3	
THIOLA TABS (<i>tiopronin</i>)	NF	
<i>tiopronin TABS</i>	1	
<i>tiopronin TBEC</i>	1	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol 100 MG</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>allopurinol 300 MG</i>	1	QL(2 ea daily)
<i>colchicine CAPS</i>	1	
<i>colchicine TABS</i>	1	
COLCRYS TABS (<i>colchicine</i>)	NF	
<i>febuxostat 80 MG</i>	1	QL(1 ea daily)
<i>febuxostat 40 MG</i>	1	QL(2 ea daily)
MITIGARE CAPS (<i>colchicine</i>)	3	
ULORIC 80 MG (<i>febuxostat</i>)	NF	QL(1 ea daily)
ULORIC 40 MG (<i>febuxostat</i>)	NF	QL(2 ea daily)
ZYLOPRIM 300 MG (<i>allopurinol</i>)	NF	QL(2 ea daily)
ZYLOPRIM 100 MG (<i>allopurinol</i>)	NF	QL(3 ea daily)
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	SP	PA
ADYNOVATE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
AFSTYLA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALPROLIX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	IXINITY SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ALTUVIIO	SP	PA	JIVI	SP	PA
BENEFIX KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KCENTRA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
COAGADEX	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
CORIFACT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOATE SOLR	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ELOCTATE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOGENATE FS KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
FEIBA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	KOVALTRY	SP	PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1501 -2000 UNIT, 1700 UNIT	3	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOEIGHT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
HUMATE-P SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NOVOSEVEN RT	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA
IDELVION	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	SP- Acaria Health; SP; PA
			NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
			NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA

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Drug Name	Drug Tier	Requirements/Limits
OBIZUR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PROFILNINE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
REBINYN	SP	PA
RECOMBINATE SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
RIXUBIS SOLR	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
TRETTEN	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
VONVENDI	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
WILATE KIT	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
XYNTHA	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
XYNTHA SOLOFUSE	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
Bradykinin B2 Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
(Icatibant Acetate) SAJAZIR SOSY	SP	PA
FIRAZYR SOSY (<i>icatibant acetate</i>)	SP	PA
<i>icatibant acetate</i> SOSY	SP	PA
Complement Inhibitors		
FABHALTA	SP	PA
HAEGARDA SOLR SC	SP	PA
Hematorheologic Agents		
<i>pentoxifylline</i>	1	QL(3 ea daily)
Human Protein C		
CEPROTIN	SP	PA
Plasma Kallikrein Inhibitors		
ORLADEYO	SP	PA
TAKHZYRO SOLN	SP	PA
TAKHZYRO SOSY	SP	PA
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	NF	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	QL(2 ea daily)
<i>cilostazol</i>	1	QL(2 ea daily)
<i>clopidogrel bisulfate</i>	1	QL(2 ea daily)
<i>dipyridamole</i>	1	
EFFIENT (<i>prasugrel hcl</i>)	NF	
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	NF	QL(2 ea daily)
<i>prasugrel hcl</i>	1	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
(Miglustat) YARGESA	SP	PA
CERDELGA	SP	PA
CEREZYME 400 UNIT	SP	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i>	SP	PA
ZAVESCA (<i>miglustat</i>)	SP	PA
Agents for Sickle Cell Disease		
DROXIA CAPS	2	
ENDARI	SP	PA
SIKLOS TABS	SP	PA
SIKLOS TABS	SP	AC; PA
Folic Acid/Folates		
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG, 800 MCG	PV	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 400 MCG	PV	PV
(Folic Acid) CVS FOLIC ACID, FOLATE, GNP FOLIC ACID, HM FOLIC ACID, KP FOLIC ACID, PX FOLIC ACID, QC FOLIC ACID, RA FOLIC ACID, SM FOLIC ACID, TRUE FOLIC ACID, YL FOLIC ACID TABS 800 MCG	PV	PV
(Folic Acid) KP FOLIC ACID, TRUE FOLIC ACID TABS 1 MG	1	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	PV	PV
<i>folic acid TABS 1 MG</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
Hematopoietic Growth Factors		
DOPTELET	SP	PA
MULPLETA	SP	PA
PROMACTA PACK	SP	QL(1 ea daily); PA
PROMACTA TABS	SP	QL(1 ea daily); PA
RETACRIT	SP	PA
RETACRIT	SP	PA
UDENYCA SOSY	SP	PA
ZARXIO	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; PA
ZIEXTENZO	SP	PA
Hematopoietic Mixtures		
FOLIVANE-F	2	
INTEGRA F	2	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR (<i>aminocaproic acid</i>)	NF	
AMICAR TABS (<i>aminocaproic acid</i>)	NF	
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	1	
<i>aminocaproic acid TABS</i>	1	
CYKLOKAPRON SOLN (<i>tranexamic acid</i>)	SP	PA
LYSTEDA TABS (<i>tranexamic acid</i>)	NF	QL(6 ea daily; 5 Day(s) limit)
<i>tranexamic acid SOLN 1000 MG/10ML</i>	SP	PA
<i>tranexamic acid TABS</i>	1	QL(6 ea daily; 5 Day(s) limit)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	1	
<i>phenobarbital TABS</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>zolpidem tartrate</i>)	NF	QL(1 ea daily)
AMBIEN TABS (<i>zolpidem tartrate</i>)	NF	QL(1 ea daily)
DORAL (<i>quazepam</i>)	3	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL(1 ea daily)
<i>flurazepam hcl 15 MG</i>	1	QL(2 ea daily)
<i>flurazepam hcl 30 MG</i>	1	QL(1 ea daily)
HALCION 0.25 MG (<i>triazolam</i>)	NF	QL(1 ea daily)
LUNESTA (<i>eszopiclone</i>)	NF	QL(1 ea daily)
<i>midazolam hcl SYRP</i>	1	
RESTORIL 15 MG (<i>temazepam</i>)	NF	QL(2 ea daily)
RESTORIL 7.5 MG (<i>temazepam</i>)	NF	
RESTORIL 22.5 MG, 30 MG (<i>temazepam</i>)	NF	QL(1 ea daily)
<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		
BELSOMRA	2	QL(1 ea daily); ST
Selective Melatonin Receptor Agonists		
<i>ramelteon</i>	1	QL(1 ea daily); ST

Drug Name	Drug Tier	Requirements/Limits
ROZEREM (<i>ramelteon</i>)	NF	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	PV	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	PV	QL(4000 ml per fill retail); PV
GOLYTELY SOLR (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	PV	QL(4000 ml per fill retail); PV
NULYTELY (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	PV	PV
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	PV	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>	PV	QL(4000 ml per fill retail); PV
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	PV	PV
PEG-PREP	PV	QL(1 ea per fill retail); PV
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	PV	PV
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	PV	PV
Laxatives - Miscellaneous		
(Lactulose) CONSTULOSE SOLN 10 GM/15ML	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD	1	Limit 528gms per month; QL(17.6 gm daily)	(Bisacodyl) ALOPHEN, BISACODYL EC, CORRECTOL, 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, 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>lactulose SOLN</i>	1				
MIRALAX POWD (polyethylene glycol 3350)	NF	Limit 528gms per month; QL(17.6 gm daily)			
<i>polyethylene glycol 3350 POWD</i>	1	Limit 528gms per month; QL(17.6 gm daily)			
Saline Laxatives					
OSMOPREP	PV	PV			
Stimulant Laxatives					
			(Bisacodyl) BISACODYL LAXATIVE, CVS GENTLE LAXATIVE, FT GENTLE LAXATIVE, GENTLE LAXATIVE, GNP GENTLE LAXATIVE, HM GENTLE LAXATIVE, LAXATIVE, ONELAX, QC GENTLE LAXATIVE, RA FAST RELIEF LAXATIVE, SB LAXATIVE, SM LAXATIVE, THE MAGIC BULLET SUPP	1	Available for members in non- grandfathered plans ages 50- 74; AL(At least 50 yrs old - Up to 74 yrs old); PV

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Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl SUPP</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
<i>bisacodyl TBEC</i>	1	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX PINK LAXATIVE TBEC (<i>bisacodyl</i>)	NF	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX SUPP (<i>bisacodyl</i>)	NF	Available for members in non-grandfathered plans ages 50-74; AL(At least 50 yrs old - Up to 74 yrs old); PV
DULCOLAX TBEC (<i>bisacodyl</i>)	NF	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	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 250 MG</i>	1	QL(6 ea per fill retail)
<i>azithromycin TABS 500 MG</i>	1	QL(3 ea daily)
<i>azithromycin TABS 600 MG</i>	1	QL(10 ea per fill retail)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	NF	QL(3 ea daily)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	NF	QL(6 ea per fill retail)
ZITHROMAX PACK (<i>azithromycin</i>)	NF	
ZITHROMAX SUSR (<i>azithromycin</i>)	NF	
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	NF	QL(3 ea daily)
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	NF	QL(6 ea per fill retail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<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	
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	NF	
<i>erythromycin base CPEP</i>	1	
<i>erythromycin base TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base TBEC</i>	1		KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
<i>erythromycin ethylsuccinate SUSR</i>	1		KIMONO MICRO THIN MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
Fidaxomicin			KIMONO PLUS SPERMICIDE LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
DIFICID TABS	3		KIMONO PLUS SPERMICIDE/LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
MEDICAL DEVICES AND SUPPLIES			KIMONO PS LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
Contraceptives			KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
AIMSCO LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	KIMONO SENSATION LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
CAYA DPRH	PV	QL(1 ea per 365 days retail); PV	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
CONDOMS	PV		KIMONO SPECIAL DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
DUREX EXTRA SENSITIVE THIN DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	K-Y ME & YOU EXTRA LUBRICATED DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	K-Y ME & YOU INTENSE DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
FANTASY LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	MAXX LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
FC2 FEMALE CONDOM	PV	PV			
FEMCAP DEVI	PV	PV			
KAMELEON LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV			
KIMONO COLORS DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV			
KIMONO LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV			
KIMONO MAXX/LARGE FLARE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV			

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MAXX PLUS SPERMICIDE LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
OMNIFLEX DIAPHRAGM	PV	PV	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
PREMIUM CONDOMS LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX NON-LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
REALITY LATEX CONDOMS/LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA TEXTURED DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
REALITY LATEX/ULTRA THIN DEVI	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
TRUSTEX COLOR CONDOMS + LUBE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX/RIA LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED EXTRALARGE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	TRUSTEX/RIA NON-LUBRICATED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	PV	PV
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	WIDE-SEAL SILICONE DIAPHRAGM KIT 75	PV	PV
TRUSTEX LUBRICATED/SPERMICIDE MISC	PV	QL(1.21 ea daily; 36 ea per fill retail; 36 per fill mail); PV	WIDE-SEAL SILICONE DIAPHRAGM KIT 80	PV	PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 85	PV	PV
			WIDE-SEAL SILICONE DIAPHRAGM KIT 90	PV	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	PV	PV	ADVANCED MOBILE LANCET 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
Diabetic Supplies			ADVOCATE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ADVOCATE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
1ST TIER UNILET COMFORTOUCH LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ADVOCATE SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACCU-CHEK FASTCLIX LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ADVOCATE SAFETY LANCETS 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACCU-CHEK SAFE-T-PRO LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	AGAMATRIX ULTRA-THIN LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	AIMSCO TWIST LANCETS 32G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACCU-CHEK SOFTCLIX LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	AIMSCO TWIST LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACTI-LANCE LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	AQUALANCE LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACTI-LANCE LITE SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ASSURE COMFORT LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACTI-LANCE SPECIAL SAFETYLANCETS 17G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ASSURE HAEMOLANCE PLUS LOW FLOW 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CAREONE LANCET THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARESENS LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH SAFETY LANCETS/26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE LANCE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH SAFETY LANCETS/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE LANCE LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH SAFETY LANCETS/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH TWIST LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE LANCE PLUS SAFETYLANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE LANCE SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH TWIST LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
AURORA LANCET SUPER THIN30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CARETOUCH TWIST LANCETS MULTI COLOR/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
AURORA LANCET THIN 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CLEANLET LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
BD MICROTAINER LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CLEVER CHEK LANCETS ULTRATHIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
CAREONE LANCET SUPER THIN/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CLEVER CHEK LANCETS ULTRATHIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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CLEVER CHOICE COMFORT EZLANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS ORIGINAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZLANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COAGUCHEK LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT ASSURED LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS LANCETS ULTRA-THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT ASSURED LANCETS SUPER THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	CVS ULTRA THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DIATHRIVE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT TOUCH LANCETS ULTRA THIN 31G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DIATHRIVE LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DROPLET LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DROPLET PERSONAL LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
CVS LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DRUG MART LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
CVS LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	DRUG MART ON-THE-GO LANCETS GENTLE 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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DRUG MART UNILET LANCETSSUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/PULL-TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
DRUG MART UNILET LANCETSULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 28G/TWIST	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
DRUG MART UNILET MICRO THIN LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS 30G/PULL TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/PULL-TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS 30G/THIN TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 30G/TWIST	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY COMFORT LANCETS TWIST TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/PULL-TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 32G/TWIST	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH LANCETS 33G/TWIST	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 26G/PULL-TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS26G/PRESSUR E ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS COLOR	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EASY TOUCH SAFETY LANCETS28G/PRESSUR E ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	E-Z JECT LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	E-ZJECT LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 26G SUPER-SOFT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EQL COLOR LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 28G ULTRA-SOFT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EQL COLOR LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	EZ-LETS LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EQL SUPER THIN LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	FIFTY50 SAFETY SEAL LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
EQL THIN LANCETS 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	FIFTY50 SAFETY SEAL LANCETS 32G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
E-Z JECT LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	FIFTY50 UNILET LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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FINE 30	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FINGERSTIX LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FORA LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GLOBAL INJECT EASE LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE FREEDOM LITE KIT	2	QL(1 ea per 365 days retail); RX/OTC	GLOBAL INJECT EASE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GLUCOCOM LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	GLUCOCOM LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	GLUCOCOM LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
FREESTYLE UNISTICK II LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GNP LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GENTEEL BUTTERFLY TOUCH LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GNP LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GENTLE-LET GP LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	GNP STERILE LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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GNP STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HAEMOLANCE PLUS HIGH FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GNP STERILE LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HAEMOLANCE PLUS LOW FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOJJI STERILE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HAEMOLANCE PLUS MAX FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	H-E-B INCONTROL LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HY-VEE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
HAEMOLANCE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	HY-VEE THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
HAEMOLANCE LOW FLOW LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	IN TOUCH STERILE LANCETS30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
HAEMOLANCE PLUS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	KINNEY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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KINNEY THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS 30G/TWIST TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER HEALTHPRO TWIST LANCETS/26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS 33G EXTRA FINE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS 33G UNIVERSAL DESIGN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS MICRO THIN33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS SUPER THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
KROGER LANCETS ULTRATHIN30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LIBERTY MEDICAL LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LITE TOUCH LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LITETOUCH LANCETS MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LANCETS 30G TWIST TOP	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	LIVE BETTER LANCET SUPERTHIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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LIVE BETTER LANCET ULTRATHIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS LANCETS LITE 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS STANDARD	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS LITE LANCETS 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
LONGS LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS SUPERLITE 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS UNIVERSAL LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE PLUS/LITE 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE/EXTRA	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE SAFETY LANCETEXTRA	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE/LITE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDICHOICE SAFETY LANCETNORMAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEDLANCE/UNIVERSAL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS EXTRA LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEIJER COLOR LANCETS UNIVERSAL 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEDLANCE PLUS LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MEIJER LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MPD SAFETY LANCET 30G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MPD SAFETY LANCETS 23G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEIJER LANCETS UNIVERSAL33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	NOVA SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MEIJER SUPER THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	NOVA SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MICROLET LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	NOVA SUREFLEX LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MM TWIST LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MONOLET LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH DELICA PLUS LANCETS FINE 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MONOLET OPD LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH ULTRA 2 KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC
MONOLETTOR SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MPD SAFETY LANCET 21G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH ULTRASOFT LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
MPD SAFETY LANCET 28G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC

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ONETOUCH VERIO REFLECT KIT	2	QL(1 ea per 365 days retail; 1 ea per 365 days mail); RX/OTC	PIP LANCETS/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PC LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRECISION THINS GP LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PERFECT LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS COLORED 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PREFERRED PLUS LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRO COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRO COMFORT LANCETS 31G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRODIGY SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PHARMACY COUNTER LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PRODIGY TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PIP LANCETS/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PSS SELECT GP LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PSS SELECT SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RA E-ZJECT LANCETS ULTRATHIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	READYLANCE SAFETY LANCETS/21G/2.2MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PX LANCETS MICROTHIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	READYLANCE SAFETY LANCETS/23G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PX LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	READYLANCE SAFETY LANCETS/26G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
PX LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	READYLANCE SAFETY LANCETS/28G/1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
QC LANCETS SUPER THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	READYLANCE SAFETY LANCETS/30G/1.6MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
QC LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	REALITY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 28G/ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	REALITY TRIGGER LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
QC UNILET LANCETS 33G/MICRO THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RELION LANCETS MICRO-THIN33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RELION LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RELION LANCETS ULTRA-THIN30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RA E-ZJECT LANCETS THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	RELION ULTRA THIN LANCETS/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN LANCETS30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 32G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RELION ULTRA THIN PLUS LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
REXALL LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAFETY LANCETS/PRESSURE ACTIVATED/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
RIGHTEST GL300 LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAPS HEALTH CARE TWIST TOP LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE LOW FLOW 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE NORMAL FLOW21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAPS HEALTH TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SAPSCARE TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SB LANCETS THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SB LANCETS ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SAFETY LANCET 30G/PRESSURE ACTIVATED	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SHOPKO ON-THE-GO COMFORTLANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SAFETY LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SHOPKO UNILET LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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SHOPKO UNILET LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCETS 18G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SINGLE-LET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SM MICRO THIN LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SMART SENSE COLOR LANCETS UNIVERSAL 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURE COMFORT LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	SURELITE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SMART SENSE THIN LANCETSUNIVERSAL 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TECHLITE AST LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SMARTTEST LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SOLUS V2 TWIST LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TECHLITE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
STERILANCE TL	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TGT LANCET MICRO THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
SUPER THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TGT LANCET THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TGT LANCET ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
THINLETS GP LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 30G ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH SUPER THINLANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TODAYS HEALTH ULTRA THINLANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS LANCETS 33G MICRO THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TOPCARE LANCETS MICRO-THIN 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TRUEPLUS SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRAVEL LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRAVEL LANCETS ADVANCED 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ULTILET CLASSIC LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUE COMFORT SAFETY LANCETS/30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ULTILET LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUE COMFORT TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ULTILET LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ULTILET SAFETY LANCETS 21G X 2.2MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ULTILET SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUEPLUS LANCETS 28G SUPER THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	ULTRA THIN LANCETS 31G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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ULTRA-CARE LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS SUPER-THIN30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTRA-THIN II AUTO LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET LANCETS ULTRA-THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTRA-THIN II LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNILET SUPERLITE LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ULTRA-THIN II LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK 3 GENTLE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET COMFORTOUCH LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK PRO SAFETY LANCET 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET EXCELITE	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK PRO SAFETY LANCET 25G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET EXCELITE II	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK PRO SAFETY LANCET 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET G.P. LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET G.P. SUPERLITE LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET GP 28 ULTRA THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK TOUCH SAFETY LANCETS 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET LANCET	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK TOUCH SAFETY LANCETS 23G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNILET LANCETS MICRO-THIN33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	UNISTIK TOUCH SAFETY LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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UNISTIK TOUCH SAFETY LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE SAFETY LANCET MINI 30G X 1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS THIN26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS ULTRA THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VERIFINE UNIVERSAL LANCETS 33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS STANDARD 21G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS SUPERTHIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VIDA MIA UNILET LANCETS ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VALUE PLUS LANCETS THIN 26G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VIVAGUARD LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VALUMARK LANCET SUPER THIN 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	VIVAGUARD SAFETY LANCETS/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VALUMARK LANCET ULTRA THIN 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	WALGREENS ADVANCED TRAVELLANCETS 28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 21G X 2.4MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 23G X 1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	WALGREENS LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WALGREENS THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC
WALGREENS ULTRA THIN LANCETS	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ZEV RX TWIST TOP LANCETS 30G	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM	2	QL(6.67 ea daily); RX/OTC
Parenteral Therapy Supplies			BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC
BD AUTOSHIELD DUO 30G X 5MM	2	RX/OTC	CAREPOINT PRECISION POLYHUB NEEDLE/30GX1/2"	2	RX/OTC
BD ECLIPSE NEEDLE/LUER-LOK/30G X 1/2"	2	RX/OTC	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
BD NEEDLE/30G X 1/2"	2	RX/OTC	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC
BD PEN MINI MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	2	Limit 200 per month without authorization; QL(6.67 ea daily); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML	2	QL(6.67 ea daily); RX/OTC
BD PEN MISC	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC
			EASY TOUCH FLIPLOCK NEEDLES 30GX1/2"	2	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH HYPODERMIC NEEDLES 30GX1/2"	2	RX/OTC	ASSESS PEAK FLOW METER FULL RANGE	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC	ASSESS PEAK FLOW METER LOW RANGE	2	RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	BREATHE EASE PEAK FLOW METER	2	RX/OTC
HYPODERMIC NEEDLE 30GX1/2"	2	RX/OTC	CLEVER CHOICE PEAK FLOW METER	2	RX/OTC
INSULIN SYRINGES AND PEN NEEDLES	2	MO	LUNG PERFORMANCE PEAK FLOW METER	2	RX/OTC
NOVOPEN ECHO DEVI	3	Limited to 1 device per year; QL(1 ea per fill retail; 1 ea per 365 days retail); RX/OTC	MICROLIFE DIGITAL PEAK FLOW METER	2	RX/OTC
POLY HUB NEEDLE/30G X 1/2"	2	RX/OTC	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	2	RX/OTC
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC	MINI WRIGHT PEAK FLOW METER	2	RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	MINI WRIGHT PEAK FLOW METER STANDARD RANGE	2	RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PEAK A-I-R FLOW METER	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64"	2	QL(6.67 ea daily); RX/OTC	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	2	RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	2	Limit 200 per month; QL(6.67 ea daily); RX/OTC	PERSONAL BEST FULL RANGE	2	RX/OTC
Respiratory Therapy Supplies			PIKO 1 ELECTRONIC	2	RX/OTC
AIRZONE PEAK FLOW METER	2	RX/OTC	POCKET PEAK FLOW METER	2	RX/OTC
			POCKETPEAK PEAK FLOW METER LOW RANGE	2	RX/OTC
			POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	2	RX/OTC
			PURE COMFORT PEAK FLOW METER ADULT	2	RX/OTC
			PURE COMFORT PEAK FLOW METER CHILD	2	RX/OTC
			STRIVE DUAL ZONE PEAK FLOW METER	2	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
TRUZONE PEAK FLOW METER	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	2	PA
EMGALITY SOAJ	2	PA
EMGALITY SOSY 100 MG/ML	2	PA
EMGALITY SOSY 120 MG/ML	2	PA
UBRELVY	3	QL(10 ea per 30 days retail); ST
Migraine Combinations		
(Ergotamine W/ Caffeine) MIGERGOT SUPP	1	
CAFERGOT TABS (<i>ergotamine w/ caffeine</i>)	NF	
<i>ergotamine w/ caffeine TABS</i>	1	
Migraine Products		
D.H.E. 45 SOLN IJ (<i>dihydroergotamine mesylate</i>)	SP	PA
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	1	QL(0.27 ml daily); PA
<i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>	2	PA
ERGOMAR SUBL	2	
MIGRANAL SOLN NA (<i>dihydroergotamine mesylate</i>)	NF	QL(0.27 ml daily); PA
Serotonin Agonists		
<i>almotriptan malate</i>	1	Limit 6 per month; QL(0.2 ea daily)

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

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate TBDP</i>	1	Limit 18 tabs per month; QL(0.6 ea daily)	MAGNEBIND 400	3	
<i>sumatriptan 5 MG/ACT</i>	1	Limit 6 per month; QL(0.2 ea daily)	Fluoride		
<i>sumatriptan 20 MG/ACT</i>	1	Limit 6 sprayers per month; QL(2 ea daily)	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP	PV	AL(Up to 6 yrs old); PV
<i>sumatriptan succinate SOAJ</i>	SP	PA	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG	1	AL(Up to 6 yrs old)
<i>sumatriptan succinate SOCT</i>	SP	PA	FLORIVA	3	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	SP	Limit 2mls per month; QL(0.07 ml daily); PA	<i>sodium fluoride CHEW 0.25 MG, 0.5 MG</i>	PV	AL(Up to 6 yrs old); PV
<i>sumatriptan succinate TABS</i>	1	Limit 9 per month; QL(2 ea daily)	<i>sodium fluoride CHEW 1 MG, 2.2 MG</i>	1	AL(Up to 6 yrs old)
<i>zolmitriptan SOLN</i>	1	QL(6 ea per 30 days retail; 18 ea per 90 days mail)	<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	PV	AL(Up to 6 yrs old); PV; RX/OTC
<i>zolmitriptan TABS</i>	1	Limit 6 per month; QL(0.2 ea daily)	<i>sodium fluoride TABS</i>	PV	AL(Up to 6 yrs old); PV
<i>zolmitriptan TBDP</i>	1	Limit 6 tabs per month; QL(0.2 ea daily)	Magnesium		
ZOMIG SOLN (<i>zolmitriptan</i>)	NF	QL(6 ea per 30 days retail; 18 ea per 90 days mail)	<i>magnesium sulfate IJ 50 %</i>	SP	PA
ZOMIG SOLN 2.5 MG	3	QL(6 ea per 30 days retail; 18 ea per 90 days mail)	Phosphate		
ZOMIG TABS 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NF	Limit 6 per month; QL(0.2 ea daily)	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES-PHOS 250 NEUTRAL	1	
MINERALS & ELECTROLYTES					
Calcium					
CALCIFOL	3		(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS	1	
CALCIUM-FOLIC ACID PLUS D	3		K-PHOS NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NF	
			K-PHOS TABS (<i>potassium phosphate monobasic</i>)	NF	
			<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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 15 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ	1	
(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ	1	
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ	1	
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ	1	
EFFER-K	3	
K-TAB TBCR 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	NF	
K-TAB TBCR 8 MEQ (<i>potassium chloride</i>)	2	
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride PACK OR 20 MEQ</i>	1	
<i>potassium chloride SOLN OR 10 %, 20 %</i>	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (<i>potassium chloride</i>)	SP	PA

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride TBCR</i>	1	
Zinc		
GALZIN	3	
WILZIN	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>penicillamine</i>)	SP	PA
DEPEN TITRATABS TABS (<i>penicillamine</i>)	NF	
<i>penicillamine CAPS</i>	SP	PA
<i>penicillamine TABS</i>	1	
SYPRINE (<i>trientine hcl</i>)	SP	PA
<i>trientine hcl</i>	SP	PA
Immunomodulators		
<i>lenalidomide 2.5 MG, 20 MG</i>	1	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); PA
<i>lenalidomide</i>	1	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA
REVLIMID (<i>lenalidomide</i>)	NF	Must use AcariaHealth Specialty Rx at 1-844-538-4661; QL(1 ea daily); SP; AC; PA
THALOMID	3	AC
Immunosuppressive Agents		
(Azathioprine) AZASAN TABS 75 MG, 100 MG	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Cyclosporine Modified (For Microemulsion)) GENGRAF CAPS 25 MG, 100 MG	1		PROGRAF PACK	SP	PA
(Cyclosporine Modified (For Microemulsion)) GENGRAF SOLN	1		RAPAMUNE SOLN (<i>sirolimus</i>)	NF	
ASTAGRAF XL CP24	3	ST	RAPAMUNE TABS (<i>sirolimus</i>)	NF	
<i>azathioprine</i> TABS	1		SANDIMMUNE CAPS (<i>cyclosporine</i>)	NF	
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	NF		SANDIMMUNE SOLN OR <i>sirolimus</i> SOLN	3 1	
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	NF		<i>sirolimus</i> TABS	1	
CELLCEPT TABS (<i>mycophenolate mofetil</i>)	NF		<i>tacrolimus</i> CAPS	1	
<i>cyclosporine modified (for microemulsion)</i> CAPS	1		THYMOGLOBULIN	3	PA
<i>cyclosporine modified (for microemulsion)</i> SOLN	1		ZORTRESS (<i>everolimus</i> (<i>immunosuppressant</i>))	NF	
<i>cyclosporine</i> CAPS	1		Potassium Removing Agents		
<i>everolimus</i> (<i>immunosuppressant</i>) 0.25 MG, 0.5 MG, 0.75 MG	1		(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML	1	
IMURAN TABS (<i>azathioprine</i>)	NF		LOKELMA	3	QL(1 ea daily)
<i>mycophenolate mofetil</i> CAPS	1		<i>sodium polystyrene sulfonate</i> POWD	1	
<i>mycophenolate mofetil</i> SUSR	1		Systemic Lupus Erythematosus Agents		
<i>mycophenolate mofetil</i> TABS	1		BENLYSTA SOAJ	SP	PA
<i>mycophenolate sodium</i>	1		BENLYSTA SOSY	SP	PA
MYFORTIC (<i>mycophenolate sodium</i>)	NF		MOUTH/THROAT/DENTAL AGENTS		
NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	NF		Anesthetics Topical Oral		
NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	NF		FIRST-MOUTHWASH BLM	3	
PROGRAF CAPS (<i>tacrolimus</i>)	NF		<i>lidocaine hcl (mouth-throat)</i>	1	
			Anti-infectives - Throat		
			<i>clotrimazole</i>	1	
			<i>nystatin (mouth-throat)</i>	1	
			ORAVIG	3	
			Antiseptics - Mouth/Throat		
			(Chlorhexidine Gluconate (Mouth-Throat)) PERIOGARD	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
PERIDEX (<i>chlorhexidine gluconate (mouth-throat)</i>)	NF	
Steroids - Mouth/Throat/Dental		
(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE	1	
<i>triamcinolone acetonide (mouth)</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl</i>	1	QL(3 ea daily)
EVOXAC (<i>cevimeline hcl</i>)	NF	QL(3 ea daily)
MUCOTROL WAFR	3	
<i>pilocarpine hcl (oral) 5 MG</i>	1	QL(6 ea daily)
<i>pilocarpine hcl (oral) 7.5 MG</i>	1	QL(4 ea daily)
SALAGEN 5 MG (<i>pilocarpine hcl (oral)</i>)	NF	QL(6 ea daily)
SALAGEN 7.5 MG (<i>pilocarpine hcl (oral)</i>)	NF	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

Drug Name	Drug Tier	Requirements/Limits
(Ped Multivitamins W/FI & Iron) MULTI-VIT/IRON/FLUORIDE, MULTIVITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-8 MG/ML-0.6 MG/ML-0.25 MG/ML-5 UNIT/ML-10 MG/ML	1	AL(Up to 6 yrs old); RX/OTC
(Ped Multivitamins W/FI & Iron) MULTI-VITAMIN/FLUORIDE/IRON SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML	1	AL(Up to 6 yrs old); RX/OTC
POLY-VI-FLOR/IRON CHEW	3	AL(Up to 6 yrs old)
POLY-VI-FLOR/IRON SUSP	3	RX/OTC
QUFLORA FE PEDIATRIC LIQD	2	AL(Up to 6 yrs old)
Ped MV w/ Fluoride		
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW	1	RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC
(Pediatric Multivitamins W/FI) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN	1	AL(Up to 6 yrs old); RX/OTC

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

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
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 PRENATAL VITAMIN PLUS TABS	2	RX/OTC
CONCEPT OB	2		PNV-DHA+DOCUSATE	3	
DUET DHA 400 MISC	3		PNV-OMEGA	3	
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	3		PRENA 1 TRUE	2	
FOLIVANE-OB	2		PRENA1 CHEW	3	
M-NATAL PLUS TABS	2	RX/OTC	PRENA1 CHEW	3	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	3		PRENA1 PEARL	3	
NEEVO DHA 85 MG-25 MG-15 MG-5 MCG-1.4 MG-18 MG-27 MG-110 MG-1.4 MG-60 MG-220 MCG-60 MCG-1 MG-1.13 MG	3		PRENAISSANCE	3	
NEONATAL 19	3		PRENAISSANCE PLUS CAPS	3	
NEONATAL COMPLETE TABS 120 MG-10 MG-9.2 MG-1000 MCG-10 MCG-12 MCG-3 MG-5 MG-20 MG-27 MG-200 MG-1.84 MG-25 MG-2 MG-1200 MCG-2 MG-0.2 MG	2	RX/OTC	PRENATAL 19 CHEW	2	
NEONATAL PLUS TABS	2	RX/OTC	PRENATAL 19 TABS	3	RX/OTC
NESTABS	3		PRENATAL PLUS VITAMIN AND MINERAL TABS	2	RX/OTC
NESTABS DHA	2		PRENATAL PLUS TABS	2	RX/OTC
NESTABS ONE	3		PRENATAL VITAMINS PLUS LOW IRON TABS	2	RX/OTC
NIVA-PLUS TABS	2	RX/OTC	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG	2	RX/OTC
OB COMPLETE ONE	3		PRENATAL-U CAPS	2	
OB COMPLETE PETITE	3		PRENATE	3	
			PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	3	

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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		TRICARE TABS	2	RX/OTC
PRENATE ENHANCE	3		TRINATAL RX 1 TABS	2	
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG	3		TRISTART DHA	3	
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	3		TRISTART ONE	3	
PRENATE PIXIE	3		VINATE DHA RF	3	
PRENATE RESTORE	3		VINATE ONE TABS	2	
PRENATRIX TABS	2	RX/OTC	VIRT-C DHA	2	
PRENATRYL TABS	2	RX/OTC	VIRT-NATE DHA CAPS	3	
PREPLUS TABS	2	RX/OTC	VIRT-PN DHA	3	
RELNATE DHA CAPS	3		VITAFOL GUMMIES	3	
SELECT-OB+DHA MISC	3		VITAFOL-NANO	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		VITAFOL-ONE 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		VITAMEDMD ONE RX/QUATREFOLIC	3	
SE-NATAL 19 CHEW	2		VITAMEDMD REDICHEW RX	3	
SE-NATAL 19 TABS	3	RX/OTC	VITAPEARL	3	
THERANATAL CORE NUTRITION TABS	2	RX/OTC	VITATHELY/GINGER TABS	2	RX/OTC
THRIVITE RX TABS	2	RX/OTC	VITATRUE	2	
			VIVA DHA CAPS	3	
			VP-PNV-DHA CAPS	3	
			WESCAP-C DHA	2	
			WESNATE DHA CAPS	3	
			WESTAB PLUS TABS	2	RX/OTC
			WESTGEL DHA	3	
			ZATEAN-PN DHA	3	
			ZATEAN-PN PLUS	3	
			MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
			Central Muscle Relaxants		
			(Carisoprodol) VANADOM TABS 350 MG	1	
			(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 40000 MCG/20ML</i>	SP	Must use Accredo SP pharmacy; PA
<i>baclofen TABS 10 MG</i>	1	QL(6 ea daily)
<i>baclofen TABS 5 MG</i>	1	
<i>baclofen TABS 20 MG</i>	1	QL(4 ea daily)
<i>carisoprodol TABS</i>	1	
<i>chlorzoxazone TABS 375 MG, 500 MG, 750 MG</i>	1	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	1	
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	SP	Must use Accredo SP pharmacy; PA
LIORESAL INTRATHECAL SOLN IT (<i>baclofen</i>)	SP	Must use Accredo SP pharmacy; PA
LIORESAL INTRATHECAL SOLN IT	SP	Must use Accredo SP pharmacy; 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	
OZOBAX SOLN OR (<i>baclofen</i>)	NF	
SKELAXIN (<i>metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (<i>carisoprodol</i>)	NF	
<i>tizanidine hcl CAPS</i>	1	
<i>tizanidine hcl TABS 4 MG</i>	1	QL(9 ea daily)
<i>tizanidine hcl TABS 2 MG</i>	1	
ZANAFLEX CAPS (<i>tizanidine hcl</i>)	NF	
ZANAFLEX TABS 4 MG (<i>tizanidine hcl</i>)	NF	QL(9 ea daily)
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG (<i>dantrolene sodium</i>)	NF	
<i>dantrolene sodium CAPS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Muscle Relaxant Combinations		
<i>carisoprodol w/ aspirin & codeine</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	1	Limit 1 inhaler per month; QL(0.77 gm daily)
DYMISTA SUSP (<i>azelastine hcl-fluticasone propionate</i>)	NF	Limit 1 inhaler per month; 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	
PATANASE (<i>olopatadine hcl (nasal)</i>)	NF	
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	FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	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 gm daily); RX/OTC			
			<i>mometasone furoate (nasal) SUSP</i>	1	Limit 2 inhalers per month; QL(1.22 gm daily); RX/OTC			
			NASACORT ALLERGY 24HR CHILDRENS AERO (<i>triamcinolone acetonide (nasal)</i>)	NF				
			NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	NF				
			NASONEX 24HR SUSP	2	Limit 2 inhalers per month; QL(1.22 ml daily); RX/OTC			
			<i>triamcinolone acetonide (nasal) AERO</i>	1	Limit 1 sprayer per month; 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	SP	PA						
RADICAVA ORS SUSP	SP	PA						
RELYVRIO	SP	PA						
RILUTEK TABS (<i>riluzole</i>)	NF							
<i>riluzole TABS</i>	1							
Spinal Muscular Atrophy Agents (SMA)								
EVRYSDI	SP	PA						
NUTRIENTS								
Lipids								
(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-SYMP TOM, RA NASAL ALLERGY SPRAY AERO	1	Limit 1 sprayer per month; QL(1.2 ml daily)						
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(1.2 ml daily); RX/OTC						

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

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Drug Name	Drug Tier	Requirements/Limits
(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN	1	
AZASITE	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
BLEPH-10 SOLN (<i>sulfacetamide sodium (ophth)</i>)	NF	
CILOXAN OINT	2	
CILOXAN SOLN (<i>ciprofloxacin hcl (ophth)</i>)	NF	
<i>ciprofloxacin hcl (ophth) SOLN</i>	1	
ERYTHROMYCIN	2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth) SOLN</i>	1	
KLARITY-A	3	Use Klarity-A 71384-0220-03; QL(0.17 ml daily)
<i>levofloxacin (ophth) 1.5 %</i>	2	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
OCUFLOX (<i>ofloxacin (ophth)</i>)	NF	QL(5 ml per fill retail; 5 per fill mail)

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (ophth)</i>	1	QL(5 ml per fill retail; 5 per fill mail)
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM (<i>polymyxin b-trimethoprim</i>)	NF	
POVIDONE IODINE	3	
<i>sulfacetamide sodium (ophth) OINT</i>	1	
<i>sulfacetamide sodium (ophth) SOLN</i>	1	
<i>tobramycin (ophth) SOLN</i>	1	
TOBREX OINT	2	
<i>trifluridine</i>	1	
VIGAMOX SOLN OP (<i>moxifloxacin hcl (ophth)</i>)	NF	
ZIRGAN GEL	3	
ZYMAXID (<i>gatifloxacin (ophth)</i>)	NF	
Ophthalmic Immunomodulators		
<i>cyclosporine (ophth) EMUL</i>	1	QL(2 ea daily)
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	NF	Use generic Cyclosporine (Ophth) Emulsion 0.05%; QL(2 ea daily)
Ophthalmic Local Anesthetics		
(Tetracaine Hcl (Ophth)) ALTACAINE	1	
AKTEN	3	
ALCAINE (<i>proparacaine hcl</i>)	NF	
<i>proparacaine hcl</i>	1	
<i>tetracaine hcl (ophth)</i>	1	
Ophthalmic Steroids		
(Bacitracin-Poly-Neomycin-HC) NEO-POLYCIN HC	1	QL(4 gm per fill retail; 4 per fill mail)

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Drug Name	Drug Tier	Requirements/Limits
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F	1	
ALREX SUSP (<i>loteprednol etabonate</i>)	NF	
<i>bacitracin-poly-neomycin-hc</i>	1	QL(4 gm per fill retail; 4 per fill mail)
BLEPHAMIDE S.O.P. OINT	2	
BLEPHAMIDE SUSP	2	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>difluprednate</i>	1	
DUREZOL (<i>difluprednate</i>)	NF	
FLAREX	2	
<i>fluorometholone (ophth) SUSP</i>	1	
FML FORTE SUSP	2	
FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	NF	
FML OINT	2	
LOTEMAX GEL (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OINT	3	
LOTEMAX SUSP (<i>loteprednol etabonate</i>)	NF	
<i>loteprednol etabonate GEL</i>	1	
<i>loteprednol etabonate SUSP</i>	1	
MAXIDEX SUSP OP	2	
MAXITROL OINT (<i>neomycin-polymyx-dexameth</i>)	NF	
MAXITROL SUSP (<i>neomycin-polymyx-dexameth</i>)	NF	
<i>neomycin-polymyx-dexameth OINT</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyx-dexameth SUSP</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
PRED FORTE (<i>prednisolone acetate (ophth)</i>)	NF	
PRED MILD	2	
PRED-G S.O.P. OINT	3	
PRED-G SUSP	3	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	3	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	3	
<i>sulfacetamide sod-prednisolone SOLN</i>	1	
TOBRADEX ST SUSP	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (<i>tobramycin-dexamethasone</i>)	NF	QL(5 ml per fill retail)
<i>tobramycin-dexamethasone SUSP</i>	1	QL(5 ml per fill retail)
ZYLET	3	QL(5 ml per fill retail)
Ophthalmic Surgical Aids		
GELFILM OP	3	
Ophthalmics - Misc.		

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
(Olopatadine Hcl) CVS 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	BROMSITE (<i>bromfenac sodium (ophth)</i>)	NF	
			<i>cromolyn sodium (ophth)</i>	1	
			CYSTARAN	SP	
			<i>diclofenac sodium (ophth)</i>	1	
			<i>dorzolamide hcl</i>	1	Limit 10mls per month; QL(0.34 ml daily)
			DORZOLAMIDE HCL	2	Limit 10mls per month; QL(0.34 ml daily)
			<i>epinastine hcl (ophth)</i>	1	
			<i>flurbiprofen sodium</i>	1	
			ILEVRO	3	
			<i>ketorolac tromethamine (ophth)</i>	1	
			LASTACAFT	3	ST
			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
			PAREMYD	3	
			PATADAY 0.1 % (<i>olopatadine hcl</i>)	NF	Limit 10mls per month; QL(0.34 ml daily); RX/OTC
			PATADAY 0.2 % (<i>olopatadine hcl</i>)	NF	QL(0.09 ml daily); RX/OTC
			PROLENSA (<i>bromfenac sodium (ophth)</i>)	NF	
			TRUSOPT (<i>dorzolamide hcl</i>)	NF	Limit 10mls per month; QL(0.34 ml daily)
			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)
(Olopatadine Hcl) CVS 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			
ACULAR (<i>ketorolac tromethamine (ophth)</i>)	NF				
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	NF				
ACUVAIL	3				
ALOCRIL	3				
ALOMIDE	2				
<i>azelastine hcl (ophth)</i>	1				
AZOPT (<i>brinzolamide</i>)	NF	Limit 10mls per month; QL(0.4 ml daily)			
<i>bepotastine besilate</i>	1	QL(0.34 ml daily); ST			
BEPREVE (<i>bepotastine besilate</i>)	NF	QL(0.34 ml daily); ST			
<i>brinzolamide</i>	1	Limit 10mls per month; QL(0.4 ml daily)			
<i>bromfenac sodium (ophth)</i>	1				

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Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
LUMIGAN SOLN 0.01 %	2	Limit 2.5mls per month; QL(0.09 ml daily)
<i>tafluprost</i>	1	QL(1 ea daily)
TRAVATAN Z SOLN (<i>travoprost</i>)	NF	Limit 2.5mls per month; QL(0.09 ml daily)
<i>travoprost SOLN</i>	1	Limit 2.5mls per month; QL(0.09 ml daily)
XALATAN SOLN (<i>latanoprost</i>)	NF	Limit 2.5mls per month; QL(0.09 ml daily)
ZIOPTAN (<i>tafluprost</i>)	NF	QL(1 ea daily)
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	1	
Otic Anti-infectives		
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	NF	
<i>ciprofloxacin hcl (otic)</i>	1	QL(14 ea per fill retail)
<i>ofloxacin (otic)</i>	1	
Otic Combinations		
CIPRO HC	3	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>)	NF	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone acetonide</i>	1	Limit 15mls per month; QL(0.5 ea daily)
CORTISPORIN-TC	3	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>)	3	Limit 15mls per month; QL(0.5 ea daily)
PRAMOTIC	3	
Otic Steroids		
(Fluocinolone Acetonide (Otic)) FLAC	1	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>)	NF	
<i>fluocinolone acetonide (otic)</i>	1	
<i>hydrocortisone w/acetic acid</i>	2	QL(10 ml per fill retail)
HYDROCORTISONE/ACETIC ACID (<i>hydrocortisone w/acetic acid</i>)	NF	QL(10 ml per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
CERVIDIL INST	3	
PREPIDIL GEL	3	
Oxytocics		
(Methylergonovine Maleate) METHERGINE TABS	1	
<i>methylergonovine maleate TABS</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
BIVIGAM SOLN	SP	PA
FLEBOGAMMA DIF SOLN	SP	PA
GAMASTAN	SP	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID 1 GM/10ML, 2.5 GM/25ML	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	PENICILLIN G PROCAINE	SP	PA
GAMMAKED 1 GM/10ML	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	<i>penicillin g sodium</i>	SP	PA
GAMMAPLEX SOLN	SP	PA	<i>penicillin v potassium SOLR</i>	1	
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML	SP	Must use AcariaHlth Sp Rx 1-844-538-4661; PA	<i>penicillin v potassium TABS</i>	1	
OCTAGAM SOLN	SP	PA	Penicillin Combinations		
PRIVIGEN SOLN	SP	PA	<i>amoxicillin & pot clavulanate CHEW</i>	1	
Passive Immunizing Agents - Combinations			<i>amoxicillin & pot clavulanate SUSR</i>	1	
HYQVIA	SP	Some members may obtain their medications through their Medical Group; PA	<i>amoxicillin & pot clavulanate TABS</i>	1	
PENICILLINS - Drugs to Treat Bacterial Infections			<i>amoxicillin & pot clavulanate TB12</i>	1	
Aminopenicillins			<i>ampicillin & sulbactam sodium IV 10 GM-5 GM</i>	SP	PA
<i>amoxicillin CAPS</i>	1		AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	NF	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	1		AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	2	
<i>amoxicillin SUSR</i>	1		AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	NF	
<i>amoxicillin TABS</i>	1		BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	SP	PA
<i>ampicillin sodium IJ 1 GM, 125 MG</i>	SP	PA	<i>piperacillin sodium-tazobactam sodium 2 GM-0.25 GM, 3 GM-0.375 GM</i>	SP	PA
<i>ampicillin CAPS 500 MG</i>	1		UNASYN IJ 2 GM-1 GM (<i>ampicillin & sulbactam sodium</i>)	SP	PA
Natural Penicillins			UNASYN BULK PACK IV (<i>ampicillin & sulbactam sodium</i>)	SP	PA
(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT	SP	PA	Penicillinase-Resistant Penicillins		
BICILLIN L-A SUSY	SP	PA	<i>dicloxacillin sodium</i>	1	
<i>penicillin g potassium</i>	SP	PA			
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SP	PA			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NAFCILLIN 1 GM/50ML-5 %	SP	PA	Antidementia Agents		
<i>nafcillin sodium IV 2 GM, 10 GM</i>	SP	PA	ARICEPT TABS (<i>donepezil hydrochloride</i>)	NF	QL(1 ea daily)
<i>oxacillin sodium IV 10 GM</i>	SP	PA	<i>donepezil hydrochloride TABS</i>	1	QL(1 ea daily)
PROGESTINS - Hormone Replacement/Modifying Drugs			<i>donepezil hydrochloride TBDP</i>	1	QL(1 ea daily)
Progestins			EXELON (<i>rivastigmine</i>)	NF	
AYGESTIN TABS (<i>norethindrone acetate</i>)	NF		<i>galantamine hydrobromide CP24</i>	1	QL(1 ea daily)
<i>medroxyprogesterone acetate 2.5 MG, 5 MG</i>	1		<i>galantamine hydrobromide SOLN</i>	1	
<i>medroxyprogesterone acetate 10 MG</i>	1	QL(1 ea daily)	<i>galantamine hydrobromide TABS</i>	1	
<i>megestrol acetate (appetite)</i>	1	AC	<i>memantine hcl CP24</i>	1	PA
<i>norethindrone acetate TABS</i>	1		<i>memantine hcl SOLN</i>	1	
<i>progesterone CAPS</i>	1	QL(1 ea daily)	<i>memantine hcl TABS</i>	1	
<i>progesterone OIL</i>	1	PA	<i>memantine hcl TABS 5 MG</i>	1	QL(4 ea daily)
PROMETRIUM CAPS (<i>progesterone</i>)	NF	QL(1 ea daily)	<i>memantine hcl TABS 10 MG</i>	1	QL(2 ea daily)
PROVERA 10 MG (<i>medroxyprogesterone acetate</i>)	NF	QL(1 ea daily)	NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	NF	
PROVERA 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	NF		NAMENDA XR CP24 (<i>memantine hcl</i>)	NF	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions			NAMENDA TABS 10 MG (<i>memantine hcl</i>)	NF	QL(2 ea daily)
Agents for Chemical Dependency			NAMENDA TABS 5 MG (<i>memantine hcl</i>)	NF	QL(4 ea daily)
<i>acamprosate calcium</i>	1		NAMZARIC C4PK	3	PA
<i>disulfiram</i>	1		RAZADYNE ER CP24 (<i>galantamine hydrobromide</i>)	NF	QL(1 ea daily)
Anti-Cataplectic Agents			<i>rivastigmine</i>	1	
SODIUM OXYBATE SOLN	SP	PA	<i>rivastigmine tartrate CAPS</i>	1	
XYREM SOLN	SP	PA	Combination Psychotherapeutics		
			<i>chlordiazepoxide-amitriptyline</i>	1	

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<i>olanzapine-fluoxetine hcl</i> 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG	1		AVONEX PEN AJKT	SP	PA
<i>olanzapine-fluoxetine hcl</i> 25 MG-3 MG, 50 MG-6 MG	2		AVONEX PSKT	SP	PA
<i>perphenazine-amitriptyline</i>	1		BETASERON KIT	SP	PA
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (<i>olanzapine-fluoxetine hcl</i>)	NF		COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	NF	QL(1 ml daily)
Fibromyalgia Agents			COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	NF	QL(12 ml per 28 days retail)
SAVELLA TITRATION PACK MISC	3	QL(2 ea daily); PA	<i>dalfampridine</i>	1	PA
SAVELLA TABS	3	QL(2 ea daily); PA	<i>dimethyl fumarate CDPK</i>	2	
Movement Disorder Drug Therapy			<i>dimethyl fumarate CPDR</i>	2	QL(2 ea daily)
AUSTEDO TABS 6 MG, 9 MG	SP	QL(2 ea daily); PA	<i> fingolimod hcl</i>	1	QL(1 ea daily); SP
AUSTEDO TABS 12 MG	SP	QL(1 ea daily); PA	GILENYA 0.5 MG	2	QL(1 ea daily); SP
INGREZZA CAPS 40 MG, 80 MG	SP	QL(1 ea daily); PA	GILENYA (<i> fingolimod hcl</i>)	NF	QL(1 ea daily); SP
INGREZZA CAPS 60 MG	SP	PA	<i>glatiramer acetate SOSY 40 MG/ML</i>	1	QL(12 ml per 28 days retail)
INGREZZA CPPK	SP	PA	<i>glatiramer acetate SOSY 20 MG/ML</i>	1	QL(1 ml daily)
<i>tetrabenazine</i>	SP	Specialty drug-Health Net will refer to SP Pharmacy; PA	KESIMPTA	SP	QL(0.0143 ml daily); PA
XENAZINE (<i>tetrabenazine</i>)	SP	Specialty drug-Health Net will refer to SP Pharmacy; PA	MAYZENT STARTER PACK TBPK	3	Not available through Mail Order; QL(12 ea per 5 days retail); PA
Multiple Sclerosis Agents			MAYZENT STARTER PACK TBPK	3	Not available through mail order; PA
(Glatiramer Acetate) GLATOPA SOSY 40 MG/ML	1	QL(12 ml per 28 days retail)	MAYZENT TABS 0.25 MG	3	Not available through mail order; QL(4 ea daily); PA
(Glatiramer Acetate) GLATOPA SOSY 20 MG/ML	1	QL(1 ml daily)	MAYZENT TABS 2 MG	3	Not available through Mail Order; QL(1 ea daily); PA
AMPYRA (<i>dalfampridine</i>)	NF	PA	MAYZENT TABS 1 MG	3	Not available through mail order; PA
AUBAGIO (<i>teriflunomide</i>)	NF	QL(1 ea daily)	PLEGRIDY STARTER PACK SOPN	SP	PA

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK SOSY SC	SP	PA	(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	PV	PV
PLEGRIDY SOPN	SP	PA			
PLEGRIDY SOSY SC	SP	PA			
REBIF REBIDOSE TITRATIONPACK SOAJ	SP	PA			
REBIF REBIDOSE SOAJ	SP	PA			
REBIF TITRATION PACK SOSY	SP	PA			
REBIF SOSY	SP	PA			
TECFIDERA STARTER PACK CDPK (<i>dimethyl fumarate</i>)	NF				
TECFIDERA CPDR (<i>dimethyl fumarate</i>)	NF	QL(2 ea daily)			
<i>teriflunomide</i>	1	QL(1 ea daily)			
Premenstrual Dysphoric Disorder (PMDD) Agents					
<i>fluoxetine hcl (pmdd) TABS</i>	1				
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	SP	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	PV	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	PV	PV

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG	PV	PV	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG	PV	PV
(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM	PV	PV	(Nicotine) CVS NICOTINE TRANSDERMALS SYSTEM STEP 1, EQ NICOTINE, GNP NICOTINE TRANSDERMALS SYSTEM, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR PT24 TD 21 MG/24HR	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 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 3, 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 2, RA NICOTINE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR	PV	PV	(Nicotine) CVS NICOTINE TRANSDERMAL SYSTEM, CVS NICOTINE TRANSDERMAL SYSTEM STEP 2, CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMAL SYSTEM, GNP NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 3, 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 2, RA NICOTINE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR	PV	PV
			APO-VARENICLINE TABS	PV	QL(2 ea daily); PV
			<i>bupropion hcl (smoking deterrent)</i>	PV	PV
			NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR <i>(nicotine)</i>	PV	PV
			NICODERM CQ PT24 TD 21 MG/24HR <i>(nicotine)</i>	PV	
			NICORETTE MINI LOZG <i>(nicotine polacrilex)</i>	PV	PV

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Drug Name	Drug Tier	Requirements/Limits
NICORETTE STARTER KIT GUM (<i>nicotine polacrilex</i>)	PV	PV
NICORETTE GUM (<i>nicotine polacrilex</i>)	PV	PV
NICORETTE LOZG (<i>nicotine polacrilex</i>)	PV	PV
<i>nicotine polacrilex</i> GUM	PV	PV
<i>nicotine polacrilex</i> LOZG	PV	PV
NICOTINE TRANSDERMAL SYSTEM KIT	PV	PV
<i>nicotine</i> MISC XX	PV	
<i>nicotine</i> PT24 TD 7 MG/24HR, 14 MG/24HR	PV	PV
<i>nicotine</i> PT24 TD 21 MG/24HR	PV	
NICOTROL INHALER INHA	PV	PV
NICOTROL NS SOLN	PV	PV
<i>varenicline tartrate</i> TABS	PV	QL(2 ea daily); PV
<i>varenicline tartrate</i> TBPK	PV	PV
Transthyretin Amyloidosis Agents		
TEGSEDI	SP	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
KALYDECO PACK	SP	PA
KALYDECO TABS	SP	PA
ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
ORKAMBI PACK 94 MG-75 MG	SP	PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TABS	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661; PA
PULMOZYME	2	QL(5 ml daily); PA
SYMDEKO	SP	PA
TRIKAFTA TBPK 50 MG-25 MG	SP	PA
TRIKAFTA TBPK 100 MG-50 MG	SP	Must use AcariaHealth Specialty Rx at 1-844-538-4661;; QL(3 ea daily); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (<i>pirfenidone</i>)	SP	QL(3 ea daily); LA; PA
ESBRIET TABS (<i>pirfenidone</i>)	SP	QL(3 ea daily); LA; PA
OFEV	SP	QL(2 ea daily); PA
<i>pirfenidone</i> CAPS	SP	QL(3 ea daily); LA; PA
<i>pirfenidone</i> TABS	SP	QL(3 ea daily); LA; PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine</i> TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
(Doxycycline (Monohydrate)) AVIDOXY TABS 100 MG	1	
(Doxycycline (Monohydrate)) MONDOXYNE NL CAPS 100 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
(Doxycycline Hyclate) LYMEPAK TABS 100 MG	1	
ACTICLATE TABS (<i>doxycycline hyclate</i>)	NF	
<i>demeclocycline hcl</i> TABS	1	
<i>doxycycline (monohydrate)</i> CAPS 150 MG	2	ST
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 75 MG, 100 MG	2	
<i>doxycycline (monohydrate)</i> SUSR	1	
<i>doxycycline (monohydrate)</i> TABS 150 MG	2	ST
<i>doxycycline (monohydrate)</i> TABS 50 MG, 100 MG	1	
<i>doxycycline (monohydrate)</i> TABS 75 MG	1	ST
<i>doxycycline hyclate</i> CAPS	1	
<i>doxycycline hyclate</i> TABS 20 MG, 100 MG	1	
<i>minocycline hcl</i> CAPS	1	
<i>minocycline hcl</i> CP24	3	ST
<i>minocycline hcl</i> TABS 75 MG	1	PA
<i>minocycline hcl</i> TABS 50 MG, 100 MG	1	
TARGADOX TABS (<i>doxycycline hyclate</i>)	NF	
<i>tetracycline hcl</i> CAPS	1	
VIBRAMYCIN CAPS (<i>doxycycline hyclate</i>)	NF	
VIBRAMYCIN SUSR (<i>doxycycline (monohydrate)</i>)	NF	
XIMINO CP24	3	ST
XIMINO CP24 (<i>minocycline hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i>	1	QL(3 ea daily)
Thyroid Hormones		
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG	1	
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)
(Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG	1	
(Thyroid) NP THYROID 15 TABS 15 MG	1	
ADTHYZA TABS 16.25 MG, 97.5 MG	2	
ADTHYZA TABS 32.5 MG, 65 MG, 130 MG	3	
ARMOUR THYROID TABS	2	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYROID TABS	2		TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG <i>(levothyroxine sodium)</i>	NF	
CYTOMEL TABS 5 MCG <i>(liothyronine sodium)</i>	2				
CYTOMEL TABS 25 MCG, 50 MCG <i>(liothyronine sodium)</i>	2	QL(2 ea daily)			
<i>levothyroxine sodium</i> CAPS	2				
<i>levothyroxine sodium</i> TABS	1				
<i>levothyroxine sodium</i> TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG	1	QL(1 ea daily)	TOXOIDS		
<i>liothyronine sodium</i> TABS 5 MCG	1		Toxoid Combinations		
<i>liothyronine sodium</i> TABS 25 MCG, 50 MCG	1	QL(2 ea daily)	ADACEL SUSP	PV	
NIVA THYROID TABS	1		BOOSTRIX SUSP	PV	
NP THYROID 120 TABS	1		DAPTACEL	PV	
NP THYROID 30 TABS	1		DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	PV	
NP THYROID 60 TABS	1		INFANRIX	PV	
NP THYROID 90 TABS	1		PEDIARIX SUSY	PV	
SYNTHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG <i>(levothyroxine sodium)</i>	2		PENTACEL	PV	
SYNTHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG <i>(levothyroxine sodium)</i>	2	QL(1 ea daily)	QUADRACEL SUSP	PV	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1		TDVAX SUSP	PV	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	1		TENIVAC INJ	PV	
TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	2		TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	PV	
			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	
			ANASPAZ TBDP <i>(hyoscyamine sulfate)</i>	NF	
			BELLADONNA/OPIUM	3	
			<i>chlordiazepoxide hcl-clidinium bromide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CUVPOSA SOLN OR (<i>glycopyrrolate</i>)	NF		(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, HM FAMOTIDINE, KLS ACID CONTROLLER MAXIMUM STRENGTH, MM ACID-PEP MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER MAXIMUM STRENGTH, QC ACID CONTROLLER MAXIMUM STRENGTH, QC FAMOTIDINE ACID REDUCER, RA ACID REDUCER MAXIMUM STRENGTH, SB ACID CONTROLLER MAXIMUM STRENGTH, SM ACID REDUCER MAXIMUM STRENGTH, ZANTAC 360 MAXIMUM STRENGTH TABS 20 MG	1	RX/OTC
<i>dicyclomine hcl CAPS</i>	1				
<i>dicyclomine hcl SOLN OR</i>	1				
<i>dicyclomine hcl TABS</i>	1				
GLYCATE TABS	3				
<i>glycopyrrolate SOLN OR 1 MG/5ML</i>	1				
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	1				
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				
LEVBID TB12 (<i>hyoscyamine sulfate</i>)	NF				
LEVSIN/SL SUBL (<i>hyoscyamine sulfate</i>)	NF				
LEVSIN TABS (<i>hyoscyamine sulfate</i>)	NF				
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>)	NF				
<i>methscopolamine bromide</i>	1				
ROBINUL FORTE TABS (<i>glycopyrrolate</i>)	NF				
ROBINUL TABS (<i>glycopyrrolate</i>)	NF				
H-2 Antagonists			<i>cimetidine hcl OR 300 MG/5ML</i>	1	
			<i>cimetidine TABS 300 MG, 800 MG</i>	1	
			<i>cimetidine TABS 400 MG</i>	1	QL(4 ea daily)
			<i>famotidine SUSR</i>	1	

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>famotidine TABS 40 MG</i>	1	QL(2 ea daily)	(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>famotidine TABS 20 MG</i>	1	RX/OTC			
<i>nizatidine CAPS</i>	1				
<i>nizatidine SOLN</i>	1				
PEPCID AC MAXIMUM STRENGTH TABS (<i>famotidine</i>)	NF	RX/OTC			
PEPCID AC TABS 20 MG (<i>famotidine</i>)	NF	RX/OTC	(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR	1	QL(1 ea daily)
PEPCID TABS 40 MG (<i>famotidine</i>)	NF	QL(2 ea daily)			
PEPCID TABS 20 MG (<i>famotidine</i>)	NF	RX/OTC			
Misc. Anti-Ulcer					
CARAFATE SUSP (<i>sucralfate</i>)	NF				
CARAFATE TABS (<i>sucralfate</i>)	NF	QL(4 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>sucralfate SUSP</i>	1				
<i>sucralfate TABS</i>	1	QL(4 ea daily)			
Proton Pump Inhibitors			ACIPHEX TBEC (<i>rabeprazole sodium</i>)	NF	QL(1 ea daily); PA
(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	RX/OTC	<i>esomeprazole magnesium PACK</i>	1	PA
(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC	FIRST-OMEPRAZOLE SUSP	3	
			<i>lansoprazole CPDR 15 MG</i>	1	RX/OTC
			<i>lansoprazole CPDR 30 MG</i>	1	QL(1 ea daily)
			<i>lansoprazole TBDD 30 MG</i>	1	QL(1 ea daily); AL(Up to 12 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole TBDD 15 MG</i>	1	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
NEXIUM PACK (<i>esomeprazole magnesium</i>)	NF	PA
NEXIUM PACK	3	PA
OMEPRAZOLE + SYRSPEND SFALKA SUSP	3	
<i>omeprazole magnesium CPDR</i>	1	QL(1 ea daily)
<i>omeprazole CPDR 20 MG, 40 MG</i>	1	QL(1 ea daily)
<i>omeprazole CPDR 10 MG</i>	1	
<i>pantoprazole sodium PACK</i>	1	QL(1 ea daily)
<i>pantoprazole sodium TBEC</i>	1	QL(1 ea daily)
PREVACID 24HR CPDR (<i>lansoprazole</i>)	NF	RX/OTC
PREVACID SOLUTAB TBDD 30 MG (<i>lansoprazole</i>)	NF	QL(1 ea daily); AL(Up to 12 yrs old)
PREVACID SOLUTAB TBDD 15 MG (<i>lansoprazole</i>)	NF	QL(2 ea daily); AL(Up to 12 yrs old); RX/OTC
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	NF	QL(1 ea daily)
PRILOSEC PACK	3	PA
PROTONIX PACK (<i>pantoprazole sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC (<i>pantoprazole sodium</i>)	NF	QL(1 ea daily)
RABEPRAZOLE SODIUM DR SPRINKLE CPSP	3	PA
<i>rabeprazole sodium TBEC</i>	2	QL(1 ea daily); PA
Ulcer Drugs - Prostaglandins		
CYTOTEC (<i>misoprostol</i>)	NF	
<i>misoprostol</i>	1	
Ulcer Therapy Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	1	14 rtl MAX day(s) supply; 365 rtl lmt day(s)
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
<i>darifenacin hydrobromide</i>	1	
DETROL LA CP24 (<i>tolterodine tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (<i>tolterodine tartrate</i>)	NF	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (<i>oxybutynin chloride</i>)	NF	
<i>fesoterodine fumarate</i>	1	QL(1 ea daily)
<i>oxybutynin chloride TABS 5 MG</i>	1	QL(4 ea daily)
<i>oxybutynin chloride TB24</i>	1	
<i>solifenacin succinate TABS 5 MG</i>	1	
<i>solifenacin succinate TABS 10 MG</i>	1	QL(1 ea daily)
<i>tolterodine tartrate CP24</i>	1	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	1	QL(2 ea daily)
TOVIAZ (<i>fesoterodine fumarate</i>)	NF	QL(1 ea daily)
<i>tropium chloride CP24</i>	1	
<i>tropium chloride TABS</i>	1	QL(2 ea daily)
VESICARE TABS 10 MG (<i>solifenacin succinate</i>)	NF	QL(1 ea daily)
VESICARE TABS 5 MG (<i>solifenacin succinate</i>)	NF	
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	1	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	1	
VACCINES		

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Bacterial Vaccines			AFLURIA QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
ACTHIB SOLR IM	PV		COMIRNATY 2023-24 SUSP	PV	
BEXSERO	PV		COMIRNATY 2023-24 SUSY	PV	
HIBERIX SOLR IJ	PV		COMIRNATY SUSP	PV	
MENQUADFI	PV		ENGERIX-B SUSP 20 MCG/ML	PV	
MENVEO SOLR	PV		ENGERIX-B SUSY	PV	
PEDVAX HIB SUSP	PV		FLUAD QUADRIVALENT 2021-2022	PV	
PNEUMOVAX 23	PV		FLUAD QUADRIVALENT 2022-2023	PV	
PNEUMOVAX 23/1 DOSE	PV		FLUAD QUADRIVALENT 2023-2024	PV	
PREVNAR 13	PV		FLUARIX QUADRIVALENT 2021-2022 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
TRUMENBA	PV		FLUARIX QUADRIVALENT 2022-2023 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
Viral Vaccines			FLUARIX QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
AFLURIA QUADRIVALENT 2021-2022 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUBLOK QUADRIVALENT 2021-2022	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
AFLURIA QUADRIVALENT 2021-2022 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill			
AFLURIA QUADRIVALENT 2022-2023 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill			
AFLURIA QUADRIVALENT 2022-2023 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill			
AFLURIA QUADRIVALENT 2023-2024 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUBLOK QUADRIVALENT 2022-2023	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLULAVAL QUADRIVALENT 2021-2022 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
FLUBLOK QUADRIVALENT 2023-2024	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLULAVAL QUADRIVALENT 2022-2023 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLULAVAL QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUMIST QUADRIVALENT	PV	
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE HIGH-DOSE PF 2021-2022	PV	
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE HIGH-DOSE PF 2022-2023	PV	
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE HIGH-DOSE PF 2023-2024	PV	
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE QUADRIVALENT 2021-2022 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
FLUCELVAX QUADRIVALENT 2023-2024 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE QUADRIVALENT 2021-2022 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill
FLUCELVAX QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	FLUZONE QUADRIVALENT 2022-2023 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2022-2023 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	RECOMBIVAX HB SUSY	PV	
FLUZONE QUADRIVALENT 2023-2024 SUSP	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	ROTARIX SUSR	PV	
			ROTATEQ SOLN	PV	
			SHINGRIX	PV	AL (At least 50 yrs old)
FLUZONE QUADRIVALENT 2023-2024 SUSY	PV	Limit 1 dose per season; 1 rtl MAX fill; 180 rtl day(s) supply; 1 mail MAX fill	SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	PV	
			SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	PV	
			TWINRIX SUSY	PV	
GARDASIL 9 SUSP	PV		VAQTA	PV	
			VARIVAX INJ	PV	
			VAGINAL AND RELATED PRODUCTS		
Spermicides					
GARDASIL 9 SUSY	PV		ENCARE SUPP 100 MG	PV	PV
HAVRIX	PV		OPTIONS GYNOL II VAGINAL CONTRACEPTIVE GEL	PV	PV
HEPLISAV-B SOSY	PV		TODAY SPONGE MISC	PV	PV
M-M-R II SOLR	PV		VCF VAGINAL CONTRACEPTIVE FILM FILM	PV	PV
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	PV		VCF VAGINAL CONTRACEPTIVE GEL	PV	PV
MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	PV		Vaginal Anti-infectives		
NOVAVAX COVID-19 VACCINE	PV		(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG	1	
NOVAVAX COVID-19 VACCINE/2023-24	PV		CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	NF	
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y/2023-24 SUSP	PV		CLEOCIN SUPP	3	
PFIZER-BIONTECH COVID-19 VACCINE/6MO-4Y/2023-24 SUSP	PV		<i>clindamycin phosphate vaginal CREA</i>	1	
PFIZER-BIONTECH COVID-19 VACCINE/ADULT RTU SUSP	PV		CLINDESSE	3	
PROQUAD SUSR	PV		GYNAZOLE-1	3	
RECOMBIVAX HB SUSP	PV		<i>metronidazole vaginal</i>	1	
			<i>terconazole vaginal CREA</i>	1	
			<i>terconazole vaginal SUPP</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VANDAZOLE	2	
Vaginal Contraceptive - pH Modulators		
PHEXXI	PV	PV
Vaginal Estrogens		
(Estradiol Vaginal) YUVAFEM TABS	1	
ESTRACE CREA (<i>estradiol vaginal</i>)	NF	
<i>estradiol vaginal CREA</i>	1	
<i>estradiol vaginal TABS</i>	1	
ESTRING RING	2	QL(1 per fill mail)
FEMRING	3	QL(1 ea per 90 days retail; 1 ea per 90 days mail)
PREMARIN	2	QL(2 gm daily)
VAGIFEM TABS (<i>estradiol vaginal</i>)	NF	
Vaginal Progestins		
CRINONE GEL 8 %	3	PA
ENDOMETRIN INST	3	PA
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.1 MG/0.1ML	SP	QL(2 ea per fill retail; 4 ea per 30 days retail); PA
<i>epinephrine (anaphylaxis) SOAJ</i>	3	QL(2 ea per fill retail; 4 ea per 30 days retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	3	Limited to 2 auto-injectors per fill; QL(2 ea per fill retail; 4 ea per 30 days retail)
EPIPEN 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
EPIPEN-JR 2-PAK SOAJ (<i>epinephrine (anaphylaxis)</i>)	NF	Must try epinephrine auto-injector ; QL(2 ea per fill retail; 4 ea per 30 days retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	SP	PA
NORTHERA (<i>droxidopa</i>)	SP	PA
Vasopressors		
<i>midodrine hcl</i>	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>ergocalciferol</i>)	NF	
<i>ergocalciferol CAPS</i>	1	
MEPHYTON TABS (<i>phytonadione</i>)	NF	
<i>phytonadione TABS 5 MG</i>	1	
Water Soluble Vitamins		
POTABA CAPS	3	

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(Chlorhexidine Gluconate (Mouth- Throat)) PERIOGARD 110	(Desogestrel-Ethinyl Estradiol (Biphasic)) AZURETTE, KARIVA, PIMTREA, SIMLIYA, VIORELE, VOLNEA 53	(Digoxin) DIGITEK, DIGOX TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG 50
(Chlorzoxazone) LORZONE TABS 375 MG, 750 MG 114	(Desogestrel-Ethinyl Estradiol (Triphasic)) CAZANT 53	(Digoxin) DIGITEK, DIGOX TABS 125 MCG, 250 MCG 50
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MG-3 MG53	MAXIMUM STRENGTH, ACID CONTROLLER MAXIMUM STRENGTH, ACID REDUCER	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 116
(Drospirenone-Ethinyl Estradiol-Levomefolate Calcium) TYDEMY 0.03 MG-3 MG-0.451 MG53	MAXIMUM STRENGTH, CVS ACID CONTROLLER MAXIMUM STRENGTH, EQ FAMOTIDINE	
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(Estradiol & Norethindrone Acetate) AMABELZ, MIMVEY TABS75	MAXIMUM STRENGTH, MM FAMOTIDINE, PX ACID REDUCER	
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		(Glatiramer Acetate) GLATOPA

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(Glipizide) GLIPIZIDE XL TB24	26	(Isotretinoin) ACCUTANE, CLARAVIS, MYORISAN, ZENATANE 30 MG	60	(Levonorgestrel & Eth Estradiol) AFIRMELLE, ALTAVERA, AUBRA, AUBRA EQ, AVIANE, AYUNA, CHATEAL, CHATEAL EQ, DELYLA, FALMINA, KURVELO, LARISSIA, LESSINA, LEVORA 0.15/30-28, LILLOW, LUTERA, MARLISSA, ORSYTHIA, PORTIA-28, SRONYX, VIENVA TABS 20 MCG-0.1 MG ...	54
(Guaifenesin-Codeine) G TUSSIN AC, MAXI-TUSS AC SOLN 10 MG/5ML-100 MG/5ML	59	(Ivermectin (Pediculicide)) CVS IVERMECTIN LICE TREATMENT 70		(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	57
(Guaifenesin-Codeine) GUAIIATUSSIN AC, GUAIFENESIN AC SYRP	59	(Ketoconazole (Topical)) KETODAN FOAM	63	(Levonorgestrel-Eth Estradiol (Triphasic)) ENPRESSE-28, LEVONEST, TRIVORA-28	54
(Homatropine Hbr) HOMATROPAIRE	117	(Lactulose (Encephalopathy)) ENULOSE, GENERLAC	77	(Levonorgestrel-Ethinyl Estradiol (91-Day)) AMETHIA, ASHLYNA, CAMRESE, CAMRESE LO, DAYSEE, FAYOSIM, ICLEVIA, INTROVALE, JAIMIESS, JOLESSA, LOJAIMIESS, RIVELSA, SETLAKIN,	
(Hydrocodone Bitartrate-Homatropine Methylbromide) HYDROMET SOLN .	58	(Lactulose) CONSTULOSE SOLN 10 GM/15ML	83		
(Hydrocortisone (Rectal)) PROCTO-MED HC, PROCTOSOL HC, PROCTOZONE-HC EX 2.5 %	12	(Lamotrigine) SUBVENITE STARTER KIT/BLUE, SUBVENITE STARTER KIT/GREEN, SUBVENITE STARTER KIT/ORANGE KIT	18		
(Hydrocortisone (Topical)) ALA-SCALP LOTN 2 %	66	(Lamotrigine) SUBVENITE TABS .	18		
(Hyoscyamine Sulfate) ED-SPAZ, NULEV TBDP 0.125 MG	131	(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 .	133		
(Hyoscyamine Sulfate) OSCIMIN SUBL 0.125 MG	131	(Lansoprazole) CVS LANSOPRAZOLE, GOODSENSE LANSOPRAZOLE TBDD 15 MG .	133		
(Hyoscyamine Sulfate) OSCIMIN TABS 0.125 MG	131	(Levetiracetam) ROWEEPRA TABS 500 MG	19		
(Ibuprofen) IBU TABS 400 MG, 600 MG, 800 MG	5	(Levocetirizine Dihydrochloride) ALLERGY RELIEF 24HR, CVS ALLERGY RELIEF, GNP ALLERGY RELIEF 24 HOUR TABS	28		
(Icatibant Acetate) SAJAZIR SOSY	81				
(Indomethacin) INDOCIN SUPP	5				
(Iodoquinol-Hydrocortisone In Aloe Vehicle) IODOQUIMEZ-HC	63				
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 10 MG ..	60				
(Isotretinoin) ACCUTANE, AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE 20 MG ..	60				

SIMPESSE .....54	INTENSOL CONC 13	NICOTINE POLACRILEX LOZG 2 MG 125
(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 54	(Methadone Hcl) METHADONE HYDROCHLORIDE INTENSOL CONC 8	(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 126
(Levonorgestrel-Ethinyl Estradiol (Continuous)) AMETHYST, DOLISHALE 54	(Methadone Hcl) METHADOSE TBSO .....8	(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 126
(Levonorgestrel-Ethinyl Estradiol- Iron) JOYEAUX 54	(Methylergonovine Maleate) METHERGINE TABS .....121	(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 126
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 112 MCG, 125 MCG, 175 MCG, 200 MCG .....130	(Metronidazole (Topical)) ROSADAN CREA .....69	(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 . 126
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG .....130	(Metronidazole (Topical)) ROSADAN GEL 0.75 %69	(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 . 126
(Levothyroxine Sodium) EUTHYROX, LEVO-T, LEVOXYL, UNITHROID TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG 130	(Miconazole Nitrate Vaginal) MICONAZOLE 3 SUPP 200 MG . 137	(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS
(Levothyroxine Sodium) LEVO-T TABS 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 137 MCG, 150 MCG, 300 MCG .....130	(Miglustat) YARGESA .....81	
(Lidocaine) LIDOCAN PTCH 5 % .69	(Nabumetone) RELAFEN 500 MG .5	
(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 26	(Nabumetone) RELAFEN 750 MG .5	
(Lorazepam) LORAZEPAM	(Neomycin-Bacitracin Zn-Polymyxin) NEO-POLYCIN .....118	
	(Niacin (Antihyperlipidemic)) NIACOR TABS .....30	
	(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 STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 2 MG 127

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM 4 MG 127

(Nicotine Polacrilex) CVS NICOTINE, CVS NICOTINE GUM, CVS NICOTINE POLACRILEX, CVS NICOTINE POLACRILEX STARTER, EQ NICOTINE POLACRILEX, EQL NICOTINE POLACRILEX REFILL, EQL NICOTINE POLACRILEX STARTER, GNP NICOTINE GUM, GNP NICOTINE POLACRILEX, GOODSENSE NICOTINE GUM, GOODSENSE NICOTINE

POLACRILEX GUM, HM NICOTINE POLACRILEX, KLS QUIT2, KLS QUIT4, PX STOP SMOKING AID, RA NICOTINE, RA NICOTINE GUM, SM NICOTINE, SM NICOTINE POLACRILEX, THRIVE GUM ... 127

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM STEP 1, EQ NICOTINE, GNP NICOTINE TRANSDERMALSYSTEM, HABITROL, HM NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1, NICOTINE TRANSDERMAL SYSTEM STEP 1/CLEAR, QC NICOTINE TRANSDERMAL SYSTEM/STEP 1, RA NICOTINE, RA NICOTINE TRANSDERMAL SYSTEM, SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR PT24 TD 21 MG/24HR 127

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 3, 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 2, RA NICOTINE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 14 MG/24HR 128

(Nicotine) CVS NICOTINE TRANSDERMALSYSTEM, CVS NICOTINE TRANSDERMALSYSTEM STEP 2, CVS NICOTINE TRANSDERMALSYSTEM/STEP 3, EQ NICOTINE, EQ NICOTINE STEP 3, GNP NICOTINE TRANSDERMALSYSTEM, GNP NICOTINE TRANSDERMALSYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 2, HM NICOTINE TRANSDERMAL SYSTEM STEP 3, NICOTINE STEP 3, 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 2, RA NICOTINE, SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR, SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR PT24 TD 7 MG/24HR ..128

(Norelgestromin-Ethinyl Estradiol) XULANE, ZAFEMY 57

(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.....55	1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.5 MG 55	(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 1 MG- 5 MCG 75
(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 54	(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-1 MG 55	(Norethindrone Acetate-Ethinyl Estradiol-Fe) TILIA FE, TRI-LEGEST FE 56
(Norethin Acet & Estrad-Fe) CHARLOTTE 24 FE, FINZALA, MIBELAS 24 FE CHEW 55	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 25 MCG-0.8 MG-75 MG 55	(Norethindrone-Eth Estradiol (Triphasic)) ALYACEN 7/7/7, ARANELLE, CYCLAFEM 7/7/7, DASETTA 7/7/7, LEENA, NORTREL 7/7/7, NYLIA 7/7/7, PIRMELLA 7/7/7.....56
(Norethin Acet & Estrad-Fe) GEMMILY, MERZEE, TAYSOFY CAPS .....55	(Norethindrone & Ethinyl Estradiol- Fe) KAITLIB FE, LAYOLIS FE, WYMZYA FE 35 MCG-0.4 MG 55	(Norgestimate-Ethinyl Estradiol (Triphasic)) TRI FEMYNOR, TRI- ESTARYLLA, TRI-LINYAH, TRI-MILI, TRI-NYMYO, TRI-PREVIFEM, TRI- SPRINTEC, TRI-VYLIBRA .....56
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/35, NYLIA 1/35, PHILITH, PIRMELLA 1/35, VYFEMLA, WERA 35 MCG-0.4 MG 55	(Norethindrone (Contraceptive)) CAMILA, DEBLITANE, ERRIN, HEATHER, INCASSIA, JENCYCLA, LYLEQ, LYZA, NORA-BE, NORLYDA, NORLYROC, SHAROBEL, TULANA 57	(Norgestimate-Ethinyl Estradiol) ESTARYLLA, FEMYNOR, MILI, MONO-LINYAH, NYMYO, PREVIFEM, SPRINTEC 28, VYLIBRA 56
(Norethindrone & Eth Estradiol) ALYACEN 1/35, BALZIVA, BRIELLYN, CYCLAFEM 1/35, DASETTA 1/35, NECON 0.5/35-28, NORTREL 0.5/35 (28), NORTREL 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1 MG- 20 MCG 55	(Norethindrone Acet & Eth Estra) AUROVELA 1.5/30, AUROVELA 1/20, HAILEY 1.5/30, JUNEL 1.5/30, JUNEL 1/20, LARIN 1.5/30, LARIN 1/20, LOESTRIN 1.5/30-21, LOESTRIN 1/20-21, MICROGESTIN 1.5/30, MICROGESTIN 1/20 1.5 MG- 30 MCG 56	(Norgestrel & Ethinyl Estradiol) CRYSELLE-28, ELINEST, LOW- OGESTREL, TURQOZ 30 MCG-0.3 MG 56
(Norethindrone Acetate-Ethinyl Estradiol) FYAVOLV, JINTELI 75		(Nystatin (Topical)) KLAYESTA, NYAMYC, NYSTOP POWD EX ... 63
		(Olopatadine Hcl) CVS 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 % 120
		(Olopatadine Hcl) CVS OLOPATADINE HYDROCHLORIDE, EYE ALLERGY ITCH/REDNESSRELIEF, FT EYE

ALLERGY ITCH & REDNESS RELIEF, GNP OLOPATADINE HYDROCHLORIDE, HM EYE ALLERGY ITCH/REDNESS RELIEF 0.1 %120	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 ..111	(Phenylephrine Hcl (Mydriatic)) ALTAFRIN SOLN .....117
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20 MG .....133	(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 ... 111	(Phenytoin Sodium Extended) PHENYTEK 200 MG, 300 MG ....21
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR 20.6 MG .....133	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE CHEW 111	(Phenytoin) PHENYTOIN INFATABS CHEW .....21
(Omeprazole Magnesium) ACID REDUCER, CVS OMEPRAZOLE, EQ OMEPRAZOLE MAGNESIUM, GNP OMEPRAZOLE, KP OMEPRAZOLE MAGNESIUM, QC OMEPRAZOLE MAGNESIUM CPDR.....133	(Pediatric Multivitamins W/Fl) MULTIVITAMIN WITH FLUORIDE, MULTIVITAMIN/FLUORIDE SOLN 111	(Polyethylene Glycol 3350) CLEARLAX, CVS PURELAX, EQ CLEARLAX, EQL CLEARLAX, FT CLEARLAX, GAVILAX, GENTLELAX, GLYCOLAX, GNP CLEARLAX, GOODSENSE CLEARLAX, HM CLEARLAX, KLS LAXACLEAR, MM CLEARLAX, QC NATURA-LAX, RA LAXATIVE, SB POLYETHYLENE GLYCOL 3350, SM CLEARLAX, SMOOTH LAX POWD .....84
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-10 MG, 325 MG-7.5 MG 10	(Pediatric Multivitamins W/Fl) MULTI- VITAMIN/FLUORIDE DROPS SOLN . 112	(Pot & Sod Citrates W/Citric Ac) CYTRA-3 SYRP .....78
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-2.5 MG 10	(Pediatric Vitamins ACD W/ Fluoride) MULTIVITAMIN SELECT/FLUORIDE SOLN 35 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.25 MG/ML 112	(Pot Phosphate Monobasic W/ Sod Phosphate Dibasic & Monobasic) PHOSPHA 250 NEUTRAL, PHOSPHO-TRIN 250 NEUTRAL, VIRT-PHOS 250 NEUTRAL, WES- PHOS 250 NEUTRAL .....108
(Oxycodone W/ Acetaminophen) ENDOCET TABS 325 MG-5 MG .. 10	(Pediatric Vitamins ACD W/ Fluoride) TRI-VITE/FLUORIDE, VITAMINS A/C/D/FLUORIDE SOLN 112	(Potassium Bicarbonate) EFFER-K, K-PRIME, KLOR-CON/EF TBEF .109
(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 ... 111	(PEG 3350-Kcl-NaCl-Na Sulfate-Na Ascorbate-Ascorbic Acid) PEG- 3350/ELECTROLYTES/ASCORBAT E .....83	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 10 MEQ 109
(Ped Multivitamins W/Fl & Iron)	(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 83	(Potassium Chloride Microencapsulated Crystals ER) KLOR-CON M10, KLOR-CON M15, KLOR-CON M20 20 MEQ 109
	(Penicillin G Potassium) PFIZERPEN 5000000 UNIT, 20000000 UNIT ..122	

(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 10 MEQ 109	(Prochlorperazine) COMPRO 45	WASH EMUL 10 %-10 %-4 % 60
(Potassium Chloride) KLOR-CON 10, KLOR-CON 8 TBCR 8 MEQ 109	(Promethazine Hcl) PROMETHEGAN SUPP 12.5 MG, 25 MG 29	(Sulfamethoxazole-Trimethoprim) SULFATRIM PEDIATRIC SUSP .. 34
(Potassium Chloride) KLOR-CON PACK OR 20 MEQ 109	(Promethazine Hcl) PROMETHEGAN SUPP 50 MG 28	(Tadalafil (Pulmonary Hypertension)) ALYQ TABS 52
(Potassium Citrate-Citric Acid) CYTRA K CRYSTALS PACK 78	(Pseudoephed-Bromphen-DM) BROMFED DM SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 59	(Testosterone Cypionate) DEPO-TESTOSTERONE SOLN IM 11
(Potassium Citrate-Citric Acid) CYTRA-K SOLN 78	(Salicylic Acid) KERALYT SHAM 6 % 69	(Tetracaine Hcl (Ophth)) ALTACAINE 118
(Potassium Phosphate Monobasic) PHOSPHO-TRIN K500 TABS 108	(Sapropterin Dihydrochloride) JAVYGTOR PACK 74	(Theophylline) ELIXOPHYLLIN ELIX . 16
(Prednisolone Acetate (Ophth)) PREDNISOLONE ACETATE P-F 119	(Sapropterin Dihydrochloride) JAVYGTOR TABS 74	(Thyroid) NP THYROID 15 TABS 15 MG 130
(Prednisolone) MILLIPRED TABS .58	(Silver Sulfadiazine) SSD 65	(Timolol Maleate (Ophth)) TIMOLOL MALEATE IN OCUDOSE SOLN 0.5 % 117
(Prenatal Vit W/ Docusate-Fe Fumarate-Folic Acid) PRENATAL 19 TABS 112	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 3 % 59	(Tretinoin) AVITA CREA 0.025 % . 60
(Prenatal Vit W/ Docusate-Iron Carbonyl-Folic Acid) INATAL GT TABS 112	(Sodium Chloride (Inhalant)) NEBUSAL, PULMOSAL NEBU 7 % 59	(Tretinoin) AVITA GEL 0.025 % ... 60
(Prenatal Vit W/ Ferrous Fumarate-Folic Acid) PRENATAL 19 CHEW 112	(Sodium Citrate & Citric Acid) CYTRA-2 78	(Triamcinolone Acetonide (Mouth)) KOURZEQ, ORALONE DENTAL PASTE 111
(Prenatal Vit W/ Ferrous Fumarate-L Methylfolate-Folic Acid) PNV-SELECT 112	(Sodium Fluoride) FLUORITAB SOLN 0.125 MG/DROP 108	(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-SYMPPTOM, RA NASAL ALLERGY SPRAY AERO 116
(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 112	(Sodium Fluoride) NAFRINSE CHEW 2.2 MG 108	(Triamcinolone Acetonide (Topical)) TRIDERM CREA 0.5 % 66
(Prenatal Without A W/ Fe Fumarate-L Methylfolate-FA-DHA) PNV-DHA 112	(Sodium Polystyrene Sulfonate) SPS SUSP OR 15 GM/60ML 110	(Urea) CEROVEL LOTN 40 % 68
	(Sotalol Hcl) SORINE TABS 49	(Vigabatrin) VIGADRONE TABS .. 21
	(Sulfacetamide Sodium W/ Sulfur) BP 10-1, SULFAMEZ WASH EMUL 10 %-1 % 60	(Vigabatrin) VIGADRONE, VIGPODER PACK 21
	(Sulfacetamide Sodium W/ Sulfur) SSS 10-5 FOAM 60	
	(Sulfacetamide Sodium-Sulfur In Urea Vehicle) BP CLEANSING	

(Warfarin Sodium) JANTOVEN TABS.....16	ACCUPRIL (quinapril hcl) .....30	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G .....88
1ST TIER UNILET COMFORTOUCH LANCETS 28G .....88	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide) .....32	ACTIMMUNE .....42
1ST TIER UNILET COMFORTOUCH LANCETS 30G .....88	ACCURETIC 25 MG-20 MG (quinapril-hydrochlorothiazide) ....32	ACTIQ LPOP 1600 MCG (fentanyl citrate) .....8
abacavir sulfate SOLN .....46	acebutolol hcl CAPS .....49	ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (fentanyl citrate) .....8
abacavir sulfate TABS .....46	acetaminophen w/ codeine SOLN .10	ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 75
abacavir sulfate-lamivudine .....46	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG .....10	ACTONEL TABS 150 MG (risedronate sodium) .....73
ABILIFY TABS 15 MG (aripiprazole) . 45	acetaminophen w/ codeine TABS 60 MG-300 MG .....10	ACTONEL TABS 35 MG (risedronate sodium) .....73
ABILIFY TABS 2 MG, 5 MG, 10 MG, 30 MG (aripiprazole) .....45	acetazolamide CP12 .....72	ACTOPLUS MET TABS (pioglitazone hcl-metformin hcl) .....24
ABILIFY TABS 20 MG (aripiprazole) . 45	acetazolamide TABS 125 MG ....72	ACTOS 15 MG (pioglitazone hcl) ..25
abiraterone acetate .....38	acetazolamide TABS 250 MG ....72	ACTOS 30 MG, 45 MG (pioglitazone hcl) .....25
ABSORICA 10 MG, 25 MG (isotretinoin) .....60	acetic acid (otic) .....121	ACULAR (ketorolac tromethamine (ophth)) .....120
ABSORICA 20 MG (isotretinoin) ...60	acetylcysteine SOLN .....59	ACULAR LS (ketorolac tromethamine (ophth)) .....120
ABSORICA 30 MG (isotretinoin) ...60	ACIPHEX TBEC (rabeprazole sodium) .....133	ACUVAIL .....120
ABSORICA 35 MG, 40 MG (isotretinoin) .....60	acitretin 10 MG .....64	acyclovir CAPS .....48
acamprosate calcium .....123	acitretin 17.5 MG .....64	acyclovir SUSP .....48
acarbose .....24	acitretin 25 MG .....64	acyclovir TABS OR 400 MG .....48
ACCOLATE 10 MG (zafirlukast) ...14	ACTHIB SOLR IM .....135	acyclovir TABS OR 800 MG .....48
ACCOLATE 20 MG (zafirlukast) ...14	ACTICLATE TABS (doxycycline hyclate) .....130	acyclovir topical OINT .....65
ACCU-CHEK FASTCLIX LANCETS . 88	ACTIDOM DMX LIQD .....59	ACZONE 5 % (dapsonsone (topical)) .60
ACCU-CHEK SAFE-T-PRO LANCETS .....88	ACTI-LANCE LANCETS 28G ....88	ADACEL SUSP .....131
ACCU-CHEK SAFE-T-PRO PLUSLANCETS .....88	ACTI-LANCE LITE SAFETY LANCETS 28G .....88	ADALIMUMAB-ADAZ SOAJ .....4
ACCU-CHEK SOFTCLIX LANCETS 88	ACTI-LANCE SPECIAL SAFETY LANCETS 17G .....88	ADALIMUMAB-ADAZ SOSY .....4
	ACTI-LANCE SPECIAL SAFETYLANCETS 17G .....88	

adapalene CREA	61	ADVIN COVID-19 ANTIGEN HOME TEST KIT	70	AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)	15
adapalene GEL 0.1 %	61	ADVOCATE LANCETS	88	AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol)	15
adapalene GEL 0.3 %	61	ADVOCATE LANCETS 30G	88	AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol)	15
adapalene-benzoyl peroxide GEL 2.5 %-0.1 %	61	ADVOCATE SAFETY LANCETS	88	AIRZONE PEAK FLOW METER	106
ADCIRCA TABS (tadalafil (pulmonary hypertension))	52	ADVOCATE SAFETY LANCETS 26G	88	AKTEN	118
ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 5 MG-5 MG-5 MG, 7.5 MG-7.5 MG-7.5 MG (amphetamine-dextroamphetamine)	1	ADYNOVATE	79	AKYNZEO	27
ADDERALL 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 (amphetamine-dextroamphetamine) .	1	AFINITOR DISPERZ TBSO (everolimus)	39	ALA-SCALP LOTN	66
ADDERALL TABS 2.5 MG-2.5 MG-2.5 MG-2.5 MG (amphetamine-dextroamphetamine)	1	AFINITOR TABS (everolimus)	39	albendazole	12
ADDERALL XR CP24 (amphetamine-dextroamphetamine) .	1	AFLURIA QUADRIVALENT 2021-2022 SUSP	135	ALBENZA (albendazole)	12
adefovir dipivoxil	48	AFLURIA QUADRIVALENT 2021-2022 SUSY	135	albuterol sulfate AERS	15
ADEMPAS	52	AFLURIA QUADRIVALENT 2022-2023 SUSP	135	albuterol sulfate NEBU 0.083 %, 0.5 %, 0.63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML	15
ADIPEX-P CAPS (phentermine hcl)	2	AFLURIA QUADRIVALENT 2022-2023 SUSY	135	ALBUTEROL SULFATE NEBU	16
ADIPEX-P TABS (phentermine hcl)	2	AFLURIA QUADRIVALENT 2023-2024 SUSP	135	albuterol sulfate SYRP	16
ADTHYZA TABS 16.25 MG, 97.5 MG	130	AFLURIA QUADRIVALENT 2023-2024 SUSY	135	albuterol sulfate TABS	16
ADTHYZA TABS 32.5 MG, 65 MG, 130 MG	130	AFREZZA POWD	25	ALCAINE (propracaine hcl)	118
ADVAIR DISKUS AEPB (fluticasone-salmeterol)	15	AFSTYLA	79	alclometasone dipropionate CREA	66
ADVANCED MOBILE LANCET 30G	88	AGAMATRIX ULTRA-THIN LANCETS 33G	88	alclometasone dipropionate OINT	66
ADVATE	79	AGAMREE	58	ALDACTAZIDE (spironolactone & hydrochlorothiazide)	72
Index	11	AGRYLIN 0.5 MG (anagrelide hcl)	81	ALDACTAZIDE	72
		AIMOVIG	107	ALDACTONE TABS (spironolactone)	72
		AIMSCO LUBRICATED MISC	86	ALDARA (imiquimod)	69
		AIMSCO TWIST LANCETS 32G	88	ALECENSA	39
		AIMSCO TWIST LANCETS 33G	88	alendronate sodium SOLN	73
				alendronate sodium TABS 35 MG	73
				alendronate sodium TABS 5 MG, 10 MG	73

alendronate sodium TABS 70 MG .73	ALTUVIIIIO80	MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG51
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alfuzosin hcl79	ALUNBRIG TBPk39	amlodipine besylate-atorvastatin calcium 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG 51
ALINIA SUSR .....34	alvimopan .....77	
ALINIA TABS (nitazoxanide) .....34	amantadine hcl CAPS .....43	amlodipine besylate-benazepril hcl 10 MG-2.5 MG 32
aliskiren fumarate .....33	amantadine hcl TABS .....43	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG, 40 MG-5 MG 32
ALKERAN (melphalan hcl) .....36	AMARYL (glimepiride) .....26	amlodipine besylate-valsartan 10 MG-160 MG .....32
ALKERAN (melphalan) .....36	AMBIEN CR TBCR (zolpidem tartrate) .....83	amlodipine besylate-valsartan 10 MG-320 MG, 5 MG-160 MG, 5 MG-320 MG 32
allopurinol 100 MG .....79	AMBIEN TABS (zolpidem tartrate) 83	amlodipine-valsartan-hydrochlorothiazide 32
allopurinol 300 MG .....79	ambrisentan .....51	amoxapine .....23
almotriptan malate .....107	amcinonide CREA .....66	amoxicillin & pot clavulanate CHEW . 122
ALOCRIIL .....120	amcinonide LOTN .....66	amoxicillin & pot clavulanate SUSR 122
alogliptin benzoate .....24	amcinonide OINT .....66	amoxicillin & pot clavulanate TABS 122
ALOMIDE .....120	AMERGE (naratriptan hcl) .....107	amoxicillin & pot clavulanate TB12 122
ALORA PTTW .....75	AMICAR SOLN OR (aminocaproic acid) .....82	amoxicillin CAPS 122
alosetron hcl .....77	AMICAR TABS (aminocaproic acid) 82	amoxicillin CHEW 125 MG, 250 MG . 122
ALPHAGAN P (brimonidine tartrate) 117	amiloride & hydrochlorothiazide ...72	amoxicillin SUSR 122
ALPHANATE SOLR .....79	amiloride hcl TABS .....72	amoxicillin TABS .....122
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT .....79	aminocaproic acid SOLN OR 0.25 GM/ML .....82	amoxicillin-clarithromycin w/ lansoprazole THPK .....134
ALPRAZOLAM INTENSOL CONC 13	aminocaproic acid TABS .....82	
alprazolam TABS .....13	amiodarone hcl TABS .....14	
alprazolam TB24 .....13	AMITIZA (lubiprostone) .....76	
alprazolam TBDP .....13	amitriptyline hcl TABS .....23	
ALPROLIX .....80	amlodipine besylate TABS 2.5 MG 50	
ALREX SUSP (lorteprednol etabonate) .....119	amlodipine besylate TABS 5 MG, 10 MG .....50	
ALTABAX .....62	amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 2.5 MG-10	
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (ramipril) .....31		

1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	ANDROGEL GEL TD 25 MG/2.5GM, 50 MG/5GM (testosterone)	ARIKAYCE	3
amphetamine-dextroamphetamine TABS 1.25 MG-1.25 MG-1.25 MG-1.25 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	ANDROGEL PUMP GEL TD 1.62 % (testosterone)	ARIMIDEX (anastrozole)	38
1	ANGELIQ	aripiprazole SOLN OR	45
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	ANNOVERA	aripiprazole TABS 15 MG	45
1	ANORO ELLIPTA	aripiprazole TABS 2 MG, 5 MG, 10 MG, 30 MG	45
amphetamine-dextroamphetamine TABS 2.5 MG-2.5 MG-2.5 MG-2.5 MG	ANTARA 30 MG	aripiprazole TABS 20 MG	45
1	ANTIVERT TABS 50 MG (meclizine hcl)	aripiprazole TBDP	45
ampicillin & sulbactam sodium IV 10 GM-5 GM	ANUSOL-HC EX (hydrocortisone (rectal))	ARIXTRA 2.5 MG/0.5ML (fondaparinux sodium)	17
122	ANZEMET TABS 50 MG	ARIXTRA 5 MG/0.4ML, 7.5 MG/0.6ML, 10 MG/0.8ML (fondaparinux sodium)	17
ampicillin CAPS 500 MG	APEXICON E CREA	armodafinil 150 MG, 200 MG, 250 MG	2
122	APO-VARENICLINE TABS	armodafinil 50 MG	2
ampicillin sodium IJ 1 GM, 125 MG	apraclonidine hcl	ARMOUR THYROID TABS	130
122	aprepitant CAPS 40 MG	ARMOUR THYROID TABS	131
AMPYRA (dalfampridine)	aprepitant CAPS 80 MG, 125 MG	ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT	15
124	aprepitant CAPS	ARNUITY ELLIPTA 50 MCG/ACT	15
ANAFRANIL (clomipramine hcl)	aprepitant MISC	AROMASIN (exemestane)	38
23	APRISO CP24 (mesalamine)	ARTHROTEC 50 TBEC (diclofenac w/ misoprostol)	5
anagrelide hcl	APTENSIO XR CP24 (methylphenidate hcl)	ARTHROTEC 75 TBEC (diclofenac w/ misoprostol)	5
81	APTOM	ASACOL HD TBEC (mesalamine)	77
ANALPRAM-HC LOTN EX	APTIVUS CAPS	asenapine maleate	45
12	AQUALANCE LANCETS ULTRA THIN 30G	aspirin CHEW	8
ANAPROX DS TABS (naproxen sodium)	ARAVA 10 MG (leflunomide)	aspirin TBEC 81 MG	8
5	ARAVA 20 MG (leflunomide)	aspirin-dipyridamole	81
ANASPAZ TBDP (hyoscyamine sulfate)	ARCALYST	ASSESS PEAK FLOW METER FULL RANGE	106
131	ARICEPT TABS (donepezil hydrochloride)		
anastrozole			
38			
ANCOBON (flucytosine)			
27			
ANDEXXA 200 MG			
26			
ANDROGEL GEL TD 20.25 MG/1.25GM, 40.5 MG/2.5GM (testosterone)			
11			

ASSESS PEAK FLOW METER LOW RANGE	106	atazanavir sulfate CAPS	46	AVALIDE (irbesartan-hydrochlorothiazide)	32
ASSURE COMFORT LANCETS ULTRA THIN 28G	88	atenolol & chlorthalidone	32	AVAPRO (irbesartan)	31
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	88	atenolol TABS	49	AVODART (dutasteride)	79
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	88	ATIVAN TABS (lorazepam)	13	AVONEX PEN AJKT	124
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	89	atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG	2	AVONEX PSKT	124
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	89	atomoxetine hcl 60 MG, 80 MG, 100 MG	2	AYGESTIN TABS (norethindrone acetate)	123
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	89	atorvastatin calcium TABS	30	AYVAKIT 100 MG, 200 MG, 300 MG 39	
ASSURE ID INSULIN SAFETYSYRINGE U-100/0.5ML/31G X 15/64"	105	atovaquone	34	AYVAKIT 25 MG, 50 MG	39
ASSURE ID INSULIN SAFETYSYRINGE/1ML/31G X 15/64"	105	atovaquone-proguanil hcl	35	AZASITE	118
ASSURE LANCE LANCETS	89	ATRALIN GEL (tretinoin)	61	azathioprine TABS	110
ASSURE LANCE LANCETS 21G	89	atropine sulfate (ophthalmic) OINT 117		azelaic acid GEL	69
ASSURE LANCE PLUS SAFETYLANCETS 25G	89	atropine sulfate (ophthalmic) SOLN 117		azelastine hcl (ophth)	120
ASSURE LANCE PLUS SAFETYLANCETS 30G	89	ATROPINE SULFATE SOLN 1 % 117		azelastine hcl 0.1 %, 137 MCG/SPRAY	115
ASSURE LANCE SAFETY LANCET 28G	89	ATROVENT HFA	14	azelastine hcl 0.15 %, 205.5 MCG/SPRAY	115
ASTAGRAF XL CP24	110	AUBAGIO (teriflunomide)	124	azelastine hcl-fluticasone propionate SUSP	115
ATABEX EC TBEC	112	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	122	AZELEX	61
ATACAND 32 MG (candesartan cilexetil)	31	AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	122	AZILECT (rasagiline mesylate) ...	44
ATACAND 4 MG, 8 MG, 16 MG (candesartan cilexetil)	31	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	122	azithromycin PACK	85
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	32	AURORA LANCET SUPER THIN30G	89	azithromycin SUSR	85
		AURORA LANCET THIN 23G	89	azithromycin TABS 250 MG	85
		AURYXIA	77	azithromycin TABS 500 MG	85
		AUSTEDO TABS 12 MG	124	azithromycin TABS 600 MG	85
		AUSTEDO TABS 6 MG, 9 MG ...	124	AZOPT (brinzolamide)	120
		AUVI-Q SOAJ 0.1 MG/0.1ML	138	AZULFIDINE EN-TABS TBEC (sulfasalazine)	77
				AZULFIDINE TABS (sulfasalazine)	77

bacitracin (ophthalmic)	118	SYRINGE/0.5ML/31G X 15/64" ..	105	benzonatate	58
bacitracin-polymyxin b (ophth) ...	118	BD SAFETYGLIDE INSULIN		benzoyl peroxide-erythromycin GEL .	61
bacitracin-poly-neomycin-hc	119	SYRINGE/1ML/31G X 15/64"	105		
baclofen SOLN IT 40 MG/20ML, 500		BD VEO INSULIN SYRINGE ULTRA-		benzphetamine hcl 50 MG	2
MCG/ML, 40000 MCG/20ML	115	FINE/0.5ML/31G X 6MM	105	benztropine mesylate SOLN	43
baclofen TABS 10 MG	115	BD VEO INSULIN SYRINGE ULTRA-		benztropine mesylate TABS	43
baclofen TABS 20 MG	115	FINE/1ML/31G X 6MM	105		
baclofen TABS 5 MG	115	BD VEO INSULIN SYRINGE ULTRA-		bepotastine besilate	120
		FINE/U-100/1ML/31G X 15/64" ..	105	BEPREVE (bepotastine besilate)	120
BACTRIM DS TABS		BD VEO INSULIN SYRINGE ULTR-			
(sulfamethoxazole-trimethoprim) ..	34	FINE/U-100/0.5ML/31G X 15/64"	105	BESIVANCE	118
BACTRIM TABS (sulfamethoxazole-				BESREMI	42
trimethoprim)	34	BD VERITOR AT-HOME COVID-19		BETADINE OPHTHALMIC PREP	118
BALCOLTRA (levonorgestrel-ethinyl		TEST KIT	70		
estradiol-iron)	56	BELLADONNA/OPIUM	131	betaine	74
balsalazide disodium CAPS	77	BELSOMRA	83	betamethasone dipropionate (topical)	
BALVERSA	39	benazepril & hydrochlorothiazide .	32	CREA	66
BANZEL SUSP (rufinamide)	19	benazepril hcl	31	betamethasone dipropionate (topical)	
BANZEL TABS 200 MG (rufinamide) .	19	BENEFIX KIT	80	LOTN	66
		BENICAR 40 MG (olmesartan		betamethasone dipropionate (topical)	
BANZEL TABS 400 MG (rufinamide) .	19	medoxomil)	31	OINT	66
		BENICAR 5 MG, 20 MG (olmesartan		betamethasone dipropionate	
BARACLUDE TABS (entecavir) ...	48	medoxomil)	31	augmented CREA	66
BD AUTOSHIELD DUO 30G X 5MM		BENICAR HCT 12.5 MG-20 MG		betamethasone dipropionate	
.....	105	(olmesartan medoxomil-		augmented GEL 0.05 %	66
BD ECLIPSE NEEDLE/LUER-		hydrochlorothiazide)	32	betamethasone dipropionate	
LOK/30G X 1/2"	105	BENICAR HCT 12.5 MG-40 MG, 25		augmented LOTN	66
BD MICROTAINER LANCETS ...	89	MG-40 MG (olmesartan medoxomil-		betamethasone dipropionate	
BD NEEDLE/30G X 1/2"	105	hydrochlorothiazide)	32	augmented OINT	66
BD PEN MINI MISC	105	BENLYSTA SOAJ	110	betamethasone valerate CREA ...	66
BD PEN MISC	105	BENLYSTA SOSY	110	betamethasone valerate FOAM ...	66
		BENSAL HP OINT	69	betamethasone valerate LOTN	66
BD PEN NEEDLE/MINI/ULTRA-		BENZAMYCIN GEL (benzoyl		betamethasone valerate OINT	66
FINE/31G X 5MM	105	peroxide-erythromycin)	61	BETAPACE AF (sotalol hcl (afib/af))	
BD SAFETYGLIDE INSULIN		BENZNIDAZOLE	12	.....	49

BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	49	BLEPH-10 SOLN (sulfacetamide sodium (ophth))	118	budesonide (inhalation) SUSP 0.5 MG/2ML	15
BETASERON KIT	124	BLEPHAMIDE S.O.P. OINT	119	budesonide (inhalation) SUSP 1 MG/2ML	15
betaxolol hcl (ophth) SOLN	117	BLEPHAMIDE SUSP	119	budesonide (intrarectal)	12
betaxolol hcl	49	BONIVA TABS (ibandronate sodium) 73		budesonide CPEP	58
bethanechol chloride	134	BOOSTRIX SUSP	131	budesonide TB24	58
BETHKIS NEBU (tobramycin)	3	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	39	budesonide-formoterol fumarate dihydrate	16
BETIMOL	117	bortezomib SOLR IJ	39	bumetanide TABS 0.5 MG, 1 MG ..	72
BETOPTIC-S SUSP	117	bosentan TABS	51	bumetanide TABS 2 MG	72
bexarotene (topical)	64	BOSULIF CAPS	39	BUMEX TABS 0.5 MG (bumetanide) .	72
bexarotene	42	BOSULIF TABS 100 MG, 400 MG	39	BUPHENYL POWD (sodium phenylbutyrate)	74
BEXSERO	135	BOSULIF TABS 500 MG	39	BUPHENYL TABS (sodium phenylbutyrate)	74
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) ..	56	BRAFTOVI 75 MG	39	buprenorphine hcl SUBL 2 MG	11
bicalutamide	38	BREATHE EASE PEAK FLOW METER	106	buprenorphine hcl SUBL 8 MG	11
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	122	BREZTRI AEROSPHERE	16	buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	11
BICILLIN L-A SUSY	122	BRILINTA	81	buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...	11
BIDIL (isosorbide dinitrate-hydralazine hcl)	51	brimonidine tartrate (topical)	69	buprenorphine hcl-naloxone hcl dihydrate SUBL	11
BIKTARVY 200 MG-50 MG-25 MG 46		brimonidine tartrate	117	buprenorphine PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR .	11
BILTRICIDE (praziquantel)	12	brimonidine tartrate-timolol maleate .	117	bupropion hcl (smoking deterrent) 128	
bimatoprost SOLN	120	brinzolamide	120	bupropion hcl TABS	22
BINAXNOW COVID-19 AG CARD HOME TEST KIT	70	bromfenac sodium (ophth)	120	bupropion hcl TB12	22
bisacodyl SUPP	85	bromocriptine mesylate CAPS	43	bupropion hcl TB24 150 MG, 300 MG	22
bisacodyl TBEC	85	bromocriptine mesylate TABS 2.5 MG	43		
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ciclopirox olamine CREA	63	90 MG-150 MCG-30 UNIT-0.75 MG-		CLEVER CHEK LANCETS	
ciclopirox olamine SUSP	63	300 MG	112	ULTRATHIN 30G	89
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ciclopirox SOLN	63	CITRANATAL B-CALM 120 MG-25		EZLANCETS 21G	90
cilostazol	81	MG-1 MG-400 UNIT-120 MG-20 MG		CLEVER CHOICE COMFORT	
CILOXAN OINT	118	112		EZLANCETS 23G	90
CILOXAN SOLN (ciprofloxacin hcl		CITRANATAL BLOOM	112	CLEVER CHOICE COMFORT	
(ophth))	118	CITRANATAL BLOOM DHA	112	EZLANCETS 28G	90
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CLINDAGEL GEL (clindamycin phosphate (topical))	61	clobetasol propionate GEL 0.05 %	66	COAGADDEX	80
clindamycin hcl	34	clobetasol propionate LIQD	66	COAGUCHEK LANCETS	90
clindamycin palmitate hydrochloride	34	clobetasol propionate LOTN	66	COARTEM	35
clindamycin phosphate (topical) FOAM	61	clobetasol propionate OINT 0.05 %	66	codeine sulfate TABS	8
clindamycin phosphate (topical) GEL	61	clobetasol propionate SHAM	66	CODITUSSIN AC LIQD	59
clindamycin phosphate (topical) LOTN	61	clobetasol propionate SOLN 0.05 %	67	COLAZAL CAPS (balsalazide disodium)	77
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clobazam TABS 10 MG	18	clonidine hcl TABS	31	COLESTID PACK (colestipol hcl) ..	29
clobazam TABS 20 MG	18	clopidogrel bisulfate	81	COLESTID TABS (colestipol hcl) ..	29
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clobetasol propionate emollient base 0.05 %	66	clotrimazole	110	colestipol hcl PACK	29
clobetasol propionate emulsion ...	66	clotrimazole w/ betamethasone CREA	63	colestipol hcl TABS	29
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		clozapine TBDP 12.5 MG	45	COMBIVENT RESPIMAT AERS ..	16
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COMFORT LANCETS	90	CORDRAN TAPE	67	COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT
COMFORT TOUCH LANCETS ULTRA THIN 31G	90	COREG 3.125 MG (carvedilol)	49	COZAAR (losartan potassium) ...
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	90	COREG 6.25 MG, 12.5 MG, 25 MG (carvedilol)	49	CREON CPEP
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G	90	COREG CR (carvedilol phosphate) 49		CRESEMBA CAPS 186 MG
COMIRNATY 2023-24 SUSP	135	CORGARD TABS 20 MG, 40 MG, 80 MG (nadolol)	49	CRESTOR TABS (rosuvastatin calcium)
COMIRNATY 2023-24 SUSY	135	CORIFACT	80	CRINONE GEL 8 %
COMIRNATY SUSP	135	CORLANOR SOLN	52	cromolyn sodium (ophth)
COMPLERA	46	CORLANOR TABS	52	cromolyn sodium NEBU
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CONCEPT OB	113	CORTIFOAM EX 10 %	12	CVS COVID-19 AT HOME TESTKIT KIT
CONCERTA TBCR 18 MG, 27 MG (methylphenidate hcl)	2	CORTISPORIN-TC	121	CVS LANCETS 21G
CONCERTA TBCR 36 MG (methylphenidate hcl)	2	COSENTYX SENSOREADY PEN SOAJ	64	CVS LANCETS MICRO THIN 33G 90
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CONDOMS	86	COSENTYX SOSY 75 MG/0.5ML .	65	CVS LANCETS ORIGINAL
CONDYLOX GEL (podofilox)	69	COSENTYX UNOREADY SOAJ ..	64	CVS LANCETS THIN 26G
CONTRACE	2	COSOPT (dorzolamide hcl-timolol maleate)	117	CVS LANCETS ULTRA THIN 30G 90
CONZIP CP24 (tramadol hcl)	8	COSOPT PF (dorzolamide hcl- timolol maleate)	117	CVS LANCETS ULTRA-THIN 30G 90
COPAXONE SOSY 20 MG/ML (glatiramer acetate)	124	COTELLIC	39	CVS ULTRA THIN LANCETS
COPAXONE SOSY 40 MG/ML (glatiramer acetate)	124	COVID-19 AG TEST KIT	70	cyclobenzaprine hcl TABS 5 MG, 10
		COVID-19 AT HOME TEST KITS .	70	
		COVID-19 AT-HOME TEST KIT KIT .		

MG	115	danazol CAPS	11	DEPAKOTE TBEC (divalproex sodium)	21
CYCLOGYL (cyclopentolate hcl)	117	DANTRIUM CAPS 25 MG (dantrolene sodium)	115	DEPEN TITRATABS TABS (penicillamine)	109
CYCLOGYL	117	dantrolene sodium CAPS	115	DEPO-SUBQ PROVERA 104 (MEDROXYPROGESTERONE ACETATE 104MG/0.65ML) SUSP PREF SYR	57
CYCLOMYDRIL	117	dapsone (topical) 5 %	61	DEPO-SUBQ PROVERA 104 SUSY SC	57
cyclopentolate hcl	117	dapsone 100 MG	34	DERMA-SMOOTH/FS BODY OIL (fluocinolone acetonide)	67
cyclophosphamide CAPS	36	dapsone 25 MG	34	DERMA-SMOOTH/FS SCALP OIL (fluocinolone acetonide)	67
CYCLOPHOSPHAMIDE TABS	36	DAPTACEL	131	DERMOTIC (fluocinolone acetonide (otic))	121
cycloserine	36	darifenacin hydrobromide	134	DESCOVY 200 MG-25 MG	46
cyclosporine (ophth) EMUL	118	darunavir TABS	46	desipramine hcl TABS	23
cyclosporine CAPS	110	DAURISMO	37	desloratadine TABS	28
cyclosporine modified (for microemulsion) CAPS	110	DAYPRO TABS (oxaprozin)	5	desloratadine TBDP	28
cyclosporine modified (for microemulsion) SOLN	110	DAYTRANA PTCH (methylphenidate)	2	DESMOPRESSIN ACETATE SOLN NA	75
CYKLOKAPRON SOLN (tranexamic acid)	82	DDAVP TABS 0.1 MG (desmopressin acetate)	75	desmopressin acetate spray	75
CYMBALTA CPEP (duloxetine hcl) 23		DDAVP TABS 0.2 MG (desmopressin acetate)	75	desmopressin acetate spray refrigerated	75
cyproheptadine hcl SYRP	29	deferasirox PACK	26	desmopressin acetate TABS 0.1 MG 75	
cyproheptadine hcl TABS	29	deferasirox TABS	26	desmopressin acetate TABS 0.2 MG 75	
CYSTADANE (betaine)	74	deferasirox TBSO	26	desogestrel & ethinyl estradiol	56
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dexmethylphenidate hcl CP242	diclofenac sodium (actinic keratoses) EX64	difluprednate 119
dexmethylphenidate hcl TABS2	diclofenac sodium (ophth) 120	digoxin SOLN OR 0.05 MG/ML50
dextroamphetamine sulfate CP24 ...1	diclofenac sodium (topical) GEL EX 64	digoxin TABS 0.0625 MG, 0.125 MG, 0.25 MG, 62.5 MCG, 125 MCG, 250 MCG51
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flurandrenolide CREA	67	50 MG	22	7.5 MG/0.6ML, 10 MG/0.8ML	17
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fluticasone propionate (inhalation) AEPB 100 MCG/ACT	15	FLUZONE QUADRIVALENT 2022-2023 SUSY	137	fosfomycin tromethamine	35
fluticasone propionate (inhalation) AEPB 250 MCG/ACT	15	FLUZONE QUADRIVALENT 2023-2024 SUSP	137	fosinopril sodium & hydrochlorothiazide	32
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	15	FLUZONE QUADRIVALENT 2023-2024 SUSY	137	fosinopril sodium	31
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fluticasone propionate hfa	15	FML OINT	119	FOSRENOL CHEW 750 MG (lanthanum carbonate)	78
fluticasone propionate LOTN	67	FOCALIN TABS (dexmethylphenidate hcl)	2	FOSRENOL PACK	78
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fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	16	FOLIVANE-F	82	FRAGMIN SOSY 2500 UNIT/0.2ML 17	
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FREESTYLE PRECISION NEO BLOOD GLUCOSE TEST STRIPS STRP	71	galantamine hydrobromide TABS	123	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	93
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KOATE-DVI SOLR 500 UNIT, 1000					

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LANCETS SUPER THIN 28G	95	LENVIMA 14 MG DAILY DOSE ...	37	levonorgestrel & eth estradiol TABs 56	
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LANCETS ULTRA THIN	95	LENVIMA 20 MG DAILY DOSE ...	37	levonorgestrel-eth estradiol (triphasic)	56
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levorphanol tartrate TABS 2 MG	8	LIORESAL INTRATHECAL SOLN IT 115		LIVE BETTER LANCET SUPERTHIN 30G	95
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LEXAPRO TABS 5 MG (escitalopram oxalate)	22	lisinopril & hydrochlorothiazide 25 MG-20 MG	32	LOMOTIL TABS (diphenoxylate w/ atropine)	26
LEXIVA SUSP	46	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG	31	LONGS LANCETS STANDARD ..	96
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lidocaine hcl (mouth-throat)	110	LITHIUM	44	LOPID TABS (gemfibrozil)	30
lidocaine hcl SOLN	69	lithium carbonate CAPS 150 MG, 600 MG	44	lopinavir-ritonavir SOLN	46
lidocaine PTCH 5 %	69	lithium carbonate CAPS 300 MG .	44	lopinavir-ritonavir TABS	46
lidocaine-prilocaine CREA	69	lithium carbonate TABS	44	LOPRESSOR TABS (metoprolol tartrate)	49
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LORTAB ELIX	10	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (enoxaparin sodium) ...	18	malathion	70
losartan potassium & hydrochlorothiazide	33	loxapine succinate	45	maraviroc TABS	46
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LOSEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	56	LUMIGAN SOLN 0.01 %	121	MARPLAN	22
LOTEMAX GEL (loteprednol etabonate)	119	LUNESTA (eszopiclone)	83	MATULANE	42
LOTEMAX OINT	119	LUNG PERFORMANCE PEAK FLOW METER	106	MAVYRET TABS	48
LOTEMAX SUSP (loteprednol etabonate)	119	LUPRON DEPOT (1-MONTH) KIT IM	38	MAXALT TABS 10 MG (rizatriptan benzoate)	107
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LOTRONEX (alosetron hcl)	77	LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (pregabalin)	20	MAXX PLUS SPERMICIDE LUBRICATED MISC	87
lovastatin TABS	30	LYRICA SOLN (pregabalin)	20	MAXZIDE TABS (triamterene & hydrochlorothiazide)	72
LOVAZA (omega-3-acid ethyl esters)	29	LYSODREN	38	MAXZIDE-25 TABS (triamterene & hydrochlorothiazide)	72
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	17	LYSTEDA TABS (tranexamic acid) 82		MAYZENT STARTER PACK TBPK 124	
LOVENOX SOSY 100 MG/ML, 150 MG/ML (enoxaparin sodium)	18	MACROBID (nitrofurantoin monohyd macro)	35	MAYZENT TABS 0.25 MG	124
LOVENOX SOSY 30 MG/0.3ML (enoxaparin sodium)	18	MACRODANTIN (nitrofurantoin macrocrystal)	35	MAYZENT TABS 1 MG	124
LOVENOX SOSY 40 MG/0.4ML		mafenide acetate PACK	65	MAYZENT TABS 2 MG	124
		MAGNEBIND 400	108	meclizine hcl TABS 50 MG	27
				meclofenamate sodium CAPS	6

MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	96	MEDROL TABS	58	MENEST	76
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	96	medroxyprogesterone acetate 10 MG	123	MENOSTAR PTWK	76
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	96	medroxyprogesterone acetate 2.5 MG, 5 MG	123	MENQUADFI	135
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	96	mefenamic acid CAPS	6	MENVEO SOLR	135
MEDICHOICE SAFETY LANCETEXTRA	96	mefloquine hcl	35	meperidine hcl SOLN OR 50 MG/5ML	9
MEDICHOICE SAFETY LANCETNORMAL	96	megestrol acetate (appetite)	123	meperidine hcl TABS 50 MG	9
MEDLANCE PLUS EXTRA LANCETS 21G	96	megestrol acetate SUSP	38	MEPHYTON TABS (phytonadione) 138	
MEDLANCE PLUS LANCETS	96	megestrol acetate TABS	38	MEPRON (atovaquone)	34
MEDLANCE PLUS LANCETS LITE 25G	96	MEIJER COLOR LANCETS UNIVERSAL 33G	96	mercaptapurine TABS	36
MEDLANCE PLUS LITE LANCETS 25G	96	MEIJER LANCETS	96	meropenem 500 MG	34
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	96	MEIJER LANCETS THIN	97	mesalamine CP24	77
MEDLANCE PLUS SUPERLITE 30G	96	MEIJER LANCETS UNIVERSAL21G	97	mesalamine CPCR	77
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MEDLANCE PLUS UNIVERSAL LANCETS 21G	96	MEIJER LANCETS UNIVERSAL33G	97	mesalamine ENEM	77
MEDLANCE PLUS/LITE 25G	96	MEIJER SUPER THIN LANCETS	97	mesalamine SUPP	77
MEDLANCE/EXTRA	96	MEKINIST TABS	40	mesalamine TBEC 1.2 GM	77
MEDLANCE/LITE	96	MEKTOVI	40	mesalamine TBEC 800 MG	77
MEDLANCE/UNIVERSAL	96	meloxicam TABS 15 MG	6	MESNEX TABS	42
MEDROL DOSEPAK TBPK (methylprednisolone)	58	meloxicam TABS 7.5 MG	6	MESTINON SOLN OR (pyridostigmine bromide)	35
MEDROL TABS 4 MG, 8 MG, 16 MG (methylprednisolone)	58	melphalan	36	MESTINON TABS (pyridostigmine bromide)	35
		melphalan hcl	36	MESTINON TIMESPAN TBCR (pyridostigmine bromide)	35
		memantine hcl CP24	123	METADATE CD CPCR 10 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	2
		memantine hcl SOLN	123	METADATE CD CPCR 20 MG, 30 MG (methylphenidate hcl)	3
		memantine hcl TABS 10 MG	123	metaxalone 400 MG	115
		memantine hcl TABS 5 MG	123	metaxalone 800 MG	115
		memantine hcl TABS	123		

metformin hcl SOLN	24	hcl)	3	metoprolol tartrate TABS	49
metformin hcl TABS 500 MG, 850 MG, 1000 MG	24	methylphenidate hcl CHEW	3	METROCREAM CREA (metronidazole (topical))	70
metformin hcl TB24 500 MG, 750 MG	24	methylphenidate hcl CP24 60 MG ..	3	METROGEL GEL 1 % (metronidazole (topical))	70
methadone hcl CONC	9	methylphenidate hcl CP24	3	METROLOTION LOTN (metronidazole (topical))	70
methadone hcl SOLN OR	9	methylphenidate hcl CPR 10 MG, 40 MG, 50 MG, 60 MG	3	metronidazole (topical) CREA	70
methadone hcl TABS	9	methylphenidate hcl CPR 20 MG, 30 MG	3	metronidazole (topical) GEL 0.75 % 70	
methadone hcl TBSO	9	methylphenidate hcl SOLN	3	metronidazole (topical) GEL 1 % ..	70
METHADOSE CONC (methadone hcl)	9	methylphenidate hcl TABS 20 MG ..	3	metronidazole (topical) LOTN	70
METHADOSE SUGAR-FREE CONC (methadone hcl)	9	methylphenidate hcl TABS 5 MG, 10 MG	3	metronidazole CAPS	34
methamphetamine hcl	1	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	3	metronidazole TABS	34
methazolamide TABS	72	methylphenidate hcl TB24 36 MG ..	3	metronidazole vaginal	137
methenamine hippurate	35	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	3	metyrosine	31
methenamine mandelate 1 GM	35	methylphenidate hcl TBCR 18 MG, 27 MG	3	mexiletine hcl	14
methimazole TABS	130	methylphenidate hcl TBCR 54 MG ..	3	MG217 PSORIASIS MULTI- SYM TOM OINT	69
METHITEST TABS	11	methylphenidate hcl TBCR 54 MG ..	3	MIACALCIN IJ (calcitonin (salmon)) 73	
methocarbamol TABS 500 MG, 750 MG	115	methylphenidate PTCH	3	MICARDIS 20 MG, 40 MG (telmisartan)	31
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	36	methylprednisolone TABS	58	MICARDIS 80 MG (telmisartan) ...	31
methotrexate sodium SOLR	36	methylprednisolone TBPk	58	MICARDIS HCT (telmisartan- hydrochlorothiazide)	33
methotrexate sodium TABS 2.5 MG 36		methyltestosterone CAPS	11	MICROLET LANCETS	97
methoxsalen rapid	65	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	76	MICROLIFE DIGITAL PEAK FLOW METER	106
methscopolamine bromide	132	metoclopramide hcl TABS	76	midazolam hcl SYRP	83
methsuximide	21	metoclopramide hcl TBDP	76	midodrine hcl	138
methyl dopa TABS	31	metolazone	73	MIFEPRX (mifepristone)	75
methylergonovine maleate TABS 121		METOPIRONE	70	mifepristone	75
METHYLIN SOLN (methylphenidate hcl)	3	metoprolol & hydrochlorothiazide TABs	33		
		metoprolol succinate TB24	49		

miglitol	24	misoprostol	134	morphine sulfate beads	9
miglustat	82	MITIGARE CAPS (colchicine)	79	morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	9
MIGRANAL SOLN NA (dihydroergotamine mesylate)	107	mitoxantrone hcl 2 MG/ML	39	morphine sulfate SOLN OR 10 MG/0.5ML, 20 MG/ML, 100 MG/5ML 9	
MILLIPRED TABS	58	MM TWIST LANCETS	97	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	9
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	56	M-M-R II SOLR	137	morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML	9
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	106	M-NATAL PLUS TABS	113	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
MINI WRIGHT PEAK FLOW METER	106	MOBIC TABS 15 MG (meloxicam) .	6	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	106	MOBIC TABS 7.5 MG (meloxicam) .	6	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
MINIPRESS CAPS (prazosin hcl) .	32	modafinil	3	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
MINIVELLE PTTW (estradiol)	76	MODERNA COVID-19 VACCINE SUSP 50 MCG/0.5ML	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
minocycline hcl CAPS	130	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
minocycline hcl CP24	130	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
minocycline hcl TABS 50 MG, 100 MG	130	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
minocycline hcl TABS 75 MG	130	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
minoxidil 2.5 MG, 10 MG	33	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
MIRALAX POWD (polyethylene glycol 3350)	84	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
MIRAPEX ER TB24 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3.75 MG, 4.5 MG (pramipexole dihydrochloride) .	43	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
MIRAPEX ER TB24 3 MG (pramipexole dihydrochloride)	43	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	56	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
mirtazapine TABS	22	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
mirtazapine TBDP	22	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
MIRVASO (brimonidine tartrate (topical))	70	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	137	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		moexipril hcl	31	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		molindone hcl	45	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		MOLNUPIRAVIR (MOLNUPIRAVIR CAPS 200MG)	47	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		mometasone furoate (nasal) SUSP 116		morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		mometasone furoate CREA	68	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		mometasone furoate OINT	68	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		mometasone furoate SOLN	68	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		MONOLET LANCETS	97	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		MONOLET OPD LANCETS	97	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		MONOLETTOR SAFETY LANCETS 97		morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		montelukast sodium CHEW	14	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		montelukast sodium PACK	14	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		montelukast sodium TABS	14	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
		MONUROL (fosfomycin tromethamine)	35	morphine sulfate SUPP 10 MG, 20 MG, 30 MG	9
				moxifloxacin hcl (ophth) SOLN OP 118	
				moxifloxacin hcl TABS	76
				MPD SAFETY LANCET 21G/1.8MM 97	
				MPD SAFETY LANCET 28G/1.8MM 97	
				MPD SAFETY LANCET 30G/1.8MM 97	
				MPD SAFETY LANCETS 23G/1.8MM	97
				MS CONTIN TBCR (morphine sulfate)	9
				MUCOTROL WAFR	111
				MULPLETA	82
				MULTIVITAMIN + FLUORIDE CHEW	112
				MULTIVITAMIN WITH FLUORIDE CHEW	112
				MULTI-VIT-FLOR CHEW	112

mupirocin OINT	62	(memantine hcl)	123	NEBUPENT IN (pentamidine isethionate)	34
MYALEPT	74	NAMENDA TABS 5 MG (memantine hcl)	123	NEBUSAL NEBU	59
MYAMBUTOL TABS 400 MG (ethambutol hcl)	36	NAMENDA TITRATION PAK TABS (memantine hcl)	123	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	113
MYCOBUTIN (rifabutin)	36	NAMENDA XR CP24 (memantine hcl)	123	nefazodone hcl	23
mycophenolate mofetil CAPS	110	NAMZARIC C4PK	123	neomycin sulfate TABS	3
mycophenolate mofetil SUSR	110	NAPROSYN SUSP (naproxen)	6	neomycin-bacitracin zn-polymyxin 118	
mycophenolate mofetil TABS	110	NAPROSYN TABS 500 MG (naproxen)	6	neomycin-polymy-dexameth OINT 119	
mycophenolate sodium	110	naproxen sodium TABS 275 MG, 550 MG	6	neomycin-polymy-dexameth SUSP 119	
MYDRIACYL SOLN (tropicamide) 117		naproxen SUSP	6	neomycin-polymyxin-gramicidin . 118	
MYFORTIC (mycophenolate sodium)	110	naproxen TABS	6	neomycin-polymyxin-hc (ophth) . 119	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	97	naratriptan hcl	107	neomycin-polymyxin-hc (otic) SOLN . 121	
MYLERAN TABS	36	NARCAN LIQD (naloxone hcl)	27	neomycin-polymyxin-hc (otic) SUSP . 121	
MYSOLINE (primidone)	20	NARDIL (phenelzine sulfate)	22	NEONATAL 19	113
MYTESI	26	NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal)) 116		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	113
nabumetone 500 MG	6	NASACORT ALLERGY 24HR CHILDRENS AERO (triamcinolone acetonide (nasal))	116	NEONATAL PLUS TABS	113
nabumetone 750 MG	6	NASONEX 24HR SUSP	116	NEORAL CAPS (cyclosporine modified (for microemulsion))	110
nadolol TABS 20 MG, 40 MG, 80 MG	49	NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 113		NEORAL SOLN (cyclosporine modified (for microemulsion))	110
NAFCILLIN 1 GM/50ML-5 %	123	NATAZIA	56	NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	35
nafcillin sodium IV 2 GM, 10 GM .	123	nateglinide	26	neostigmine methylsulfate SOSY .	35
naftifine hcl CREA	63	NATPARA	73		
naftifine hcl GEL 2 %	63	NAYZILAM	18		
NAFTIN GEL (naftifine hcl)	63	nebivolol hcl	49		
NALOCET TABS	10				
naloxone hcl LIQD	27				
naloxone hcl SOSY	27				
naltrexone hcl	27				
NAMENDA TABS 10 MG					

NERLYNX	40	NICORETTE STARTER KIT GUM (nicotine polacrilex)	129	nitroglycerin PT24	13
NESINA (alogliptin benzoate)	24	nicotine MISC XX	129	nitroglycerin SOLN TL 0.4 MG/SPRAY	13
NESTABS	113	nicotine polacrilex GUM	129	nitroglycerin SUBL	13
NESTABS DHA	113	nicotine polacrilex LOZG	129	NITROLINGUAL SOLN TL (nitroglycerin)	13
NESTABS ONE	113	nicotine PT24 TD 21 MG/24HR ..	129	NITROSTAT SUBL (nitroglycerin) .	13
NEUPRO	43	nicotine PT24 TD 7 MG/24HR, 14 MG/24HR	129	NITYR TABS	74
NEURONTIN CAPS (gabapentin) .	20	NICOTINE TRANSDERMAL SYSTEM KIT	129	NIVA THYROID TABS	131
NEURONTIN SOLN (gabapentin) .	20	NICOTROL INHALER INHA	129	NIVA-PLUS TABS	113
NEURONTIN TABS (gabapentin) .	20	NICOTROL NS SOLN	129	nizatidine CAPS	133
NEVANAC	120	nifedipine CAPS	50	nizatidine SOLN	133
nevirapine SUSP	46	nifedipine TB24 30 MG, 60 MG ...	50	NORDITROPIN FLEXPPO SOPN 15 MG/1.5ML, 30 MG/3ML	73
nevirapine TABS	46	nifedipine TB24	50	NORDITROPIN FLEXPPO SOPN 5 MG/1.5ML, 10 MG/1.5ML	73
nevirapine TB24	46	NILANDRON (nilutamide)	38	norelgestromin-ethinyl estradiol ...	57
NEXAVAR (sorafenib tosylate) ...	41	nilutamide	38	norethin acet & estrad-fe CAPS ...	56
NEXIUM PACK (esomeprazole magnesium)	134	nimodipine CAPS	50	norethin acet & estrad-fe CHEW ..	56
NEXIUM PACK	134	NINLARO	41	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	57
NEXTSTELLIS	56	nisoldipine	50	norethindrone & ethinyl estradiol-fe 57	
niacin (antihyperlipidemic) TBCR ..	30	nitazoxanide TABS	34	norethindrone (contraceptive)	58
NIASPAN TBCR (niacin (antihyperlipidemic))	30	nitisinone CAPS 10 MG	74	norethindrone acet & eth estra ...	57
nicardipine hcl CAPS	50	nitisinone CAPS 2 MG, 5 MG, 20 MG	74	norethindrone acetate TABS	123
NICODERM CQ PT24 TD 21 MG/24HR (nicotine)	128	NITRO-BID OINT	13	norethindrone acetate-ethinyl estradiol	75
NICODERM CQ PT24 TD 7 MG/24HR, 14 MG/24HR (nicotine) 128		NITRO-DUR PT24 (nitroglycerin) ..	13	norethindrone acetate-ethinyl estradiol-fe	57
NICORETTE GUM (nicotine polacrilex)	129	NITRO-DUR PT24	13	norgestimate-ethinyl estradiol (triphasic)	57
NICORETTE LOZG (nicotine polacrilex)	129	nitrofurantoin	35		
NICORETTE MINI LOZG (nicotine polacrilex)	128	nitrofurantoin macrocrystal	35		
		nitrofurantoin monohyd macro	35		
		nitroglycerin (intra-anal)	12		

norgestimate-ethinyl estradiol	57	NUBEQA	38	OB COMPLETE/DHA	113
NORITATE CREA	70	NUCALA SOAJ	14	OBIZUR	81
NORPACE CAPS (disopyramide phosphate)	14	NUCALA SOLR	14	OBSTETRIX ONE 30 MG-15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG-225 MG	113
NORPACE CR CP12	13	NUCALA SOSY 100 MG/ML	14		
NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl)	23	NUCORT LOTN	68		
NORTHERA (droxidopa)	138	NUEDEXTA	125	OICALIVA	76
nortriptyline hcl CAPS	23	NULYTELY (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	83	OCTAGAM SOLN	122
nortriptyline hcl SOLN	23	NUPLAZID CAPS	44	octreotide acetate SOLN	75
NORVASC TABS 2.5 MG (amlodipine besylate)	50	NUPLAZID TABS 10 MG	44	octreotide acetate SOSY 50 MCG/ML, 100 MCG/ML	75
NORVASC TABS 5 MG, 10 MG (amlodipine besylate)	50	NUVARING (etonogestrel-ethinyl estradiol)	57	OCUFLOX (ofloxacin (ophth))	118
NORVIR PACK	46	NUVIGIL 150 MG, 200 MG, 250 MG (armodafinil)	3	ODEFSEY	47
NORVIR SOLN	47	NUVIGIL 50 MG (armodafinil)	3	ODOMZO	38
NORVIR TABS (ritonavir)	47	NUWIQ KIT 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT	80	OFEV	129
NOVA SAFETY LANCETS 23G	97	NUWIQ KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	80	ofloxacin (ophth)	118
NOVA SAFETY LANCETS 28G	97	NUWIQ SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	80	ofloxacin (otic)	121
NOVA SUREFLEX LANCETS	97			ofloxacin 300 MG	76
NOVAVAX COVID-19 VACCINE	137	nystatin (mouth-throat)	110	ofloxacin 400 MG	76
NOVAVAX COVID-19 VACCINE/2023-24	137	nystatin (topical) CREA	63	olanzapine TABS 15 MG, 20 MG	45
NOVOEIGHT	80	nystatin (topical) OINT	63	olanzapine TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG	45
NOVOPEN ECHO DEVI	106	nystatin (topical) POWD EX	63	olanzapine TBDP	45
NOVOSEVEN RT	80	nystatin TABS	28	olanzapine-fluoxetine hcl 25 MG-12 MG, 25 MG-6 MG, 50 MG-12 MG	124
NOXAFIL SUSP (posaconazole)	28	nystatin-triamcinolone CREA	63	olanzapine-fluoxetine hcl 25 MG-3 MG, 50 MG-6 MG	124
NOXAFIL TBEC (posaconazole)	28	nystatin-triamcinolone OINT	63	olmesartan medoxomil 40 MG	31
NP THYROID 120 TABS	131	OB COMPLETE ONE	113	olmesartan medoxomil 5 MG, 20 MG	31
NP THYROID 30 TABS	131	OB COMPLETE PETITE	113	olmesartan medoxomil-amlodipine-hydrochlorothiazide	33
NP THYROID 60 TABS	131	OB COMPLETE PREMIER	113		
NP THYROID 90 TABS	131				

olmesartan medoxomil- hydrochlorothiazide 12.5 MG-20 MG . 33	ONETOUCH DELICA PLUS LANCETS FINE 30G .....97	ORFADIN CAPS 2 MG, 5 MG, 20 MG (nitisinone) .....74
olmesartan medoxomil- hydrochlorothiazide 12.5 MG-40 MG, 25 MG-40 MG .....33	ONETOUCH ULTRA 2 KIT 97	ORFADIN SUSP .....74
olopatadine hcl (nasal) .....115	ONETOUCH ULTRA STRP .....71	ORIAHNN 75
olopatadine hcl 0.1 %120	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G .....97	ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG .....129
olopatadine hcl 0.2 %120	ONETOUCH ULTRASOFT LANCETS 97	ORKAMBI PACK 94 MG-75 MG . 129
OLUX FOAM (clobetasol propionate) 68	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT .....97	ORKAMBI TABS .....129
OLUX-E (clobetasol propionate emulsion)68	ONETOUCH VERIO REFLECT KIT 98	ORLADEYO81
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omeprazole CPDR 20 MG, 40 MG 134	ONFI TABS 20 MG (clobazam)18	oseltamivir phosphate CAPS 75 MG . 48
omeprazole magnesium CPDR .. 134	ONGLYZA (saxagliptin hcl) 24	oseltamivir phosphate SUSR 48
OMNIFLEX DIAPHRAGM87	ONUREG TABS36	OSMOPREP 84
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ondansetron hcl SOLN OR 4 MG/5ML27	OPTIONS GYNOL II VAGINALCONTRACEPTIVE GEL 137	OTEZLA TBPK6
ondansetron hcl TABS 4 MG, 8 MG 27	ORACEA (doxycycline (rosacea)) 70	OTOVEL (ciprofloxacin-fluocinolone acetonide) .....121
ondansetron TBDP .....27	ORACIT 78	OTREXUP SOAJ 10 MG/0.4ML 4
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS 113	ORAL CITRATE .....78	OTREXUP SOAJ 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML 4
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G .....97	ORAPRED ODT TBDP (prednisolone sodium phosphate) .....58	OVACE PLUS SHAM (sulfacetamide sodium) .....65
	ORAVIG .....110	OVACE PLUS WASH LIQD (sulfacetamide sodium) .....65
	ORENITRAM TBCR 51	OVACE WASH LIQD (sulfacetamide sodium) .....65
	ORFADIN CAPS 10 MG (nitisinone) . 74	OVIDE (malathion) 70

oxacillin sodium IV 10 GM	123	325 MG-2.5 MG	10	22	
oxandrolone 10 MG	11	oxycodone w/ acetaminophen TABS 325 MG-5 MG	10	paroxetine hcl SUSP	22
oxandrolone 2.5 MG	11	OXYCODONE/ACETAMINOPHEN TABs 300 MG-10 MG, 300 MG-5 MG	10	paroxetine hcl TABS	22
oxaprozin TABS	6	.....	10	paroxetine hcl TB24	23
OXAYDO TABS 5 MG	9	OXYCODONE/ACETAMINOPHEN TABs 300 MG-2.5 MG	10	PASER PACK	36
OXAYDO TABS 7.5 MG	9	.....	10	PATADAY 0.1 % (olopatadine hcl) 120	
oxazepam CAPS 10 MG, 15 MG ..	13	oxymorphone hcl TABS 10 MG	9	PATADAY 0.2 % (olopatadine hcl) 120	
oxazepam CAPS 30 MG	13	oxymorphone hcl TABS 5 MG	9	PATANASE (olopatadine hcl (nasal))	115
oxcarbazepine SUSP	20	oxymorphone hcl TB12	9	PAXIL CR TB24 (paroxetine hcl) ..	23
oxcarbazepine TABS 150 MG	20	OZEMPIC SOPN	24	PAXIL SUSP (paroxetine hcl)	23
oxcarbazepine TABS 300 MG	20	OZOBAX SOLN OR (baclofen) ...	115	PAXIL TABS (paroxetine hcl)	23
oxcarbazepine TABS 600 MG	20	paliperidone	44	PAXLOVID (NIRMATRELVIR 2 X 150MG & RITONAVIR) TAB PAK	48
oxiconazole nitrate CREA	63	PALYNZIQ	74	PAXLOVID 100 MG-150 MG	47
OXISTAT CREA (oxiconazole nitrate)	63	PAMELOR CAPS (nortriptyline hcl) 23		pazopanib hcl	41
OXISTAT LOTN	63	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	71	PC LANCETS SUPER THIN 30G	98
OXTELLAR XR TB24 150 MG, 300 MG	20	PANRETIN	64	PEAK A-I-R FLOW METER	106
OXTELLAR XR TB24 600 MG	20	pantoprazole sodium PACK	134	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	106
oxybutynin chloride TABS 5 MG .	134	pantoprazole sodium TBEC	134	PEDIAPRED SOLN (prednisolone sodium phosphate)	58
oxybutynin chloride TB24	134	PAREMYD	120	PEDIARIX SUSY	131
OXYCODONE AND ACETAMINOPHEN TABS	10	paricalcitol CAPS	74	pediatric multivitamins w/fl CHEW 112	
oxycodone hcl CAPS	9	PARLODEL CAPS (bromocriptine mesylate)	43	pediatric vitamins acd w/ fluoride SOLN	112
oxycodone hcl CONC 100 MG/5ML	9	PARLODEL TABS (bromocriptine mesylate)	43	PEDVAX HIB SUSP	135
oxycodone hcl SOLN	9	PARNATE (tranlycypromine sulfate)		peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	83
oxycodone hcl TABS 30 MG	9			peg 3350-kcl-sod bicarb-sod	
oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG	9				
oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-7.5 MG ..	10				
oxycodone w/ acetaminophen TABS					

chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM	83	PERCOCET TABS 325 MG-10 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)	11	PHARMACIST CHOICE ULTRA THIN LANCETS 31G	98
peg 3350-potassium chloride-sod bicarbonate-sod chloride	83	PERCOCET TABS 325 MG-2.5 MG (oxycodone w/ acetaminophen) ...	11	PHARMACIST CHOICE ULTRA THIN LANCETS 33G	98
PEGASYS SOLN	48	PERCOCET TABS 325 MG-5 MG (oxycodone w/ acetaminophen) ...	11	PHARMACY COUNTER LANCETS .	98
PEG-PREP	83	PERFECT LANCETS 30G	98	phenelzine sulfate	22
penicillamine CAPS	109	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	98	PHENERGAN SOLN (promethazine hcl)	29
penicillamine TABS	109	PERIDEX (chlorhexidine gluconate (mouth-throat))	111	phenobarbital ELIX	83
penicillin g potassium	122	perindopril erbumine	31	phenobarbital TABS	83
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	122	permethrin CREA	70	phenoxybenzamine hcl	31
PENICILLIN G PROCAINE	122	perphenazine TABS	45	phentermine hcl CAPS	2
penicillin g sodium	122	perphenazine-amitriptyline	124	phentermine hcl TABS	2
penicillin v potassium SOLR	122	PERSERIS PRSY	44	phenylephrine hcl (mydriatic) SOLN	117
penicillin v potassium TABS	122	PERSONAL BEST FULL RANGE 106		phenytoin CHEW	21
PENNSAID SOLN EX 2 % (diclofenac sodium (topical))	64	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	137	phenytoin sodium extended 100 MG, 200 MG, 300 MG	21
PENNSAID SOLN EX	64	PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	137	phenytoin SUSP	21
PENTACEL	131	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	137	PHEXXI	138
pentamidine isethionate IN	34	PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN	98	PHOSLYRA SOLN	78
PENTASA CPCR (mesalamine) ...	77	PHARMACIST CHOICE ULTRA THIN LANCETS	98	phytonadione TABS 5 MG	138
PENTASA CPCR 250 MG	77	PHARMACIST CHOICE ULTRA THIN LANCETS 28G	98	PIFELTRO	47
pentazocine w/ naloxone hcl	11	PHARMACIST CHOICE ULTRA THIN LANCETS 30G	98	PIKO 1 ELECTRONIC	106
pentoxifylline	81			pilocarpine hcl (oral) 5 MG	111
PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	133			pilocarpine hcl (oral) 7.5 MG	111
PEPCID AC TABS 20 MG (famotidine)	133			pilocarpine hcl SOLN 1 %, 2 %, 4 % .	117
PEPCID TABS 20 MG (famotidine) 133				PILOT COVID-19 AT-HOME TEST KIT	71
PEPCID TABS 40 MG (famotidine) 133				pimecrolimus	69
				pimozide	125

piindolol TABS	49	PLEXION CREA (sulfacetamide sodium w/ sulfur)	62	POTABA CAPS	138
pioglitazone hcl 15 MG	25	PLEXION LOTN (sulfacetamide sodium w/ sulfur)	62	potassium chloride CPCR	109
pioglitazone hcl 30 MG, 45 MG	26	PNEUMOVAX 23	135	potassium chloride microencapsulated crystals er	109
pioglitazone hcl-glimepiride	24	PNEUMOVAX 23/1 DOSE	135	potassium chloride PACK OR 20 MEQ	109
PIQRAY 200MG DAILY DOSE ...	41	PNV-DHA+DOCUSATE	113	POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML (potassium chloride) 109	
PIQRAY 250MG DAILY DOSE ...	41	PNV-OMEGA	113	potassium chloride SOLN OR 10 %, 20 %	109
PIQRAY 300MG DAILY DOSE ...	41	POCKET PEAK FLOW METER .	106	potassium chloride TBCR	109
pirfenidone CAPS	129	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	106	potassium citrate (alkalinizer) TBCR .	78
pirfenidone TABS	129	PODOCON-25 SOLN	69	potassium citrate-citric acid SOLN .	78
piroxicam CAPS 10 MG	6	podofilox GEL	69	potassium iodide (expectorant) SOLN	59
piroxicam CAPS 20 MG	6	podofilox SOLN	69	POVIDONE IODINE	118
pitavastatin calcium	30	POLY HUB NEEDLE/30G X 1/2" .	106	PRALUENT SOAJ	30
PLAN B ONE-STEP (levonorgestrel (emergency oc))	57	polyethylene glycol 3350 POWD ..	84	pramipexole dihydrochloride TABS 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG	43
PLAQUENIL (hydroxychloroquine sulfate)	35	polymyxin b-trimethoprim	118	pramipexole dihydrochloride TABS 1 MG	43
PLAVIX 75 MG (clopidogrel bisulfate)	81	POLYTRIM (polymyxin b-trimethoprim)	118	pramipexole dihydrochloride TABS 1.5 MG	43
PLEGRIDY SOPN	125	POLY-VI-FLOR CHEW	112	pramipexole dihydrochloride TABS 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 4.5 MG	43
PLEGRIDY SOSY SC	125	POLY-VI-FLOR SUSP	112	pramipexole dihydrochloride TB24 3 MG	43
PLEGRIDY STARTER PACK SOPN .	124	POLY-VI-FLOR/IRON CHEW	111	pramipexole dihydrochloride TB24 3.75 MG	43
PLEGRIDY STARTER PACK SOSY SC	125	POLY-VI-FLOR/IRON SUSP	111	PRAMOSONE LOTN	68
PLEXION CLEANSER LIQD (sulfacetamide sodium w/ sulfur) ..	62	POMALYST	38	PRAMOSONE OINT	68
		posaconazole SUSP	28		
		posaconazole TBEC	28		
		pot & sod citrates w/citric ac SOLN 78			
		pot phosphate monobasic w/ sod phosphate dibasic & monobasic .	108		

PRAMOTIC	121	PREFERRED PLUS LANCETS COLORED 21G	98	1200 MCG-27 MG-200 MG-1.84 MG- 25 MG-2 MG-10 MG	113
prasugrel hcl	81	PREFERRED PLUS LANCETS SUPER THIN 30G	98	PRENATAL VITAMINS PLUS LOW IRON TABS	113
pravastatin sodium	30	PREFERRED PLUS LANCETS THIN 26G	98	PRENATAL-U CAPS	113
praziquantel	12	PREFEST	75	PRENATE	113
prazosin hcl CAPS	32	pregabalin CAPS 225 MG, 300 MG 20		PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	113
PRECISION THINS GP LANCET	98	pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG ...	20	PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG	114
PRECISION XTRA	71	pregabalin SOLN	20	PRENATE ENHANCE	114
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS STRP ..	71	PREMARIN	138	PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT- 13 MCG-155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG- 18 MG	114
PRECOSE (acarbose)	24	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	76	PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG- 80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG	114
PRED FORTE (prednisolone acetate (ophth))	119	PREMARIN TABS 0.9 MG	76	PRENATE PIXIE	114
PRED MILD	119	PREMIUM CONDOMS LUBRICATED MISC	87	PRENATE RESTORE	114
PRED-G S.O.P. OINT	119	PREMIUM SCAR PATCH	69	PRENATRIX TABS	114
PRED-G SUSP	119	PREMPHASE	75	PRENATRYL TABS	114
prednicarbate OINT	68	PREMPRO	75	PREPIDIL GEL	121
prednisolone acetate (ophth)	119	PRENA 1 TRUE	113	PREPLUS TABS	114
PREDNISOLONE SODIUM PHOSPHATE	119	PRENA1 CHEW	113	PREVACID 24HR CPDR (lansoprazole)	134
prednisolone sodium phosphate SOLN	58	PRENA1 PEARL	113	PREVACID CPDR 30 MG (lansoprazole)	134
prednisolone sodium phosphate TBDP	58	PRENAISSANCE	113	PREVACID SOLUTAB TBDD 15 MG (lansoprazole)	134
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	119	PRENAISSANCE PLUS CAPS ...	113		
prednisolone SOLN	58	PRENATAL 19 CHEW	113		
prednisolone TABS	58	PRENATAL 19 TABS	113		
PREDNISONE INTENSOL CONC	58	PRENATAL PLUS TABS	113		
prednisone SOLN	58	PRENATAL PLUS VITAMIN ANDMINERAL TABS	113		
prednisone TABS	58	PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-			
prednisone TBPK	58				

PREVACID SOLUTAB TBDD 30 MG (lansoprazole)	134	PROCYSBI PACK	78	promethazine-dm SYRP	59
PREVNAR 13	135	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	98	promethazine-phenylephrine-codeine	59
PREZCOBIX	47	PRODIGY SAFETY LANCETS ...	98	PROMETRIUM CAPS (progesterone)	123
PREZISTA SUSP	47	PRODIGY TWIST TOP LANCETS 98		propafenone hcl CP12	14
PREZISTA TABS (darunavir)	47	PROFILNINE	81	propafenone hcl TABS 150 MG ...	14
PREZISTA TABS 75 MG, 150 MG	47	progesterone CAPS	123	propafenone hcl TABS 225 MG, 300 MG	14
PRIFTIN	36	progesterone OIL	123	proparacaine hcl	118
PRILOSEC PACK	134	PROGLYCEM (diazoxide)	24	propranolol hcl CP24	49
PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	35	PROGRAF CAPS (tacrolimus) ...	110	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	49
primaquine phosphate TABS	35	PROGRAF PACK	110	propranolol hcl TABS	49
PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)	34	PROLATE TABS	11	propylthiouracil	130
primidone 50 MG, 250 MG	20	PROLENSA (bromfenac sodium (ophth))	120	PROQUAD SUSR	137
PRISTIQ (desvenlafaxine succinate) 23		PROLIA SOSY	73	PRO-RED AC SYRP 9 MG/5ML-5 MG/5ML-1 MG/5ML	59
PRIVIGEN SOLN	122	PROMACTA PACK	82	PROSCAR (finasteride)	79
PRO COMFORT LANCETS 30G	.98	PROMACTA TABS	82	PROTONIX PACK (pantoprazole sodium)	134
PRO COMFORT LANCETS 31G	.98	promethazine & phenylephrine SYRP	59	PROTONIX TBEC (pantoprazole sodium)	134
PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED ...	98	promethazine hcl SOLN 25 MG/ML, 50 MG/ML	29	PROTOPIC OINT 0.03 % (tacrolimus (topical))	69
PROAIR HFA AERS (albuterol sulfate)	16	promethazine hcl SOLN 6.25 MG/5ML	29	PROTOPIC OINT 0.1 % (tacrolimus (topical))	69
PROAIR RESPICLICK AEPB	16	promethazine hcl SUPP 12.5 MG, 25 MG	29	protiptryline hcl	23
probenecid	79	promethazine hcl SYRP	29	PROVENTIL HFA AERS (albuterol sulfate)	16
PROCARDIA XL TB24 (nifedipine) 50		promethazine hcl TABS 12.5 MG	.29	PROVERA 10 MG (medroxyprogesterone acetate) ..	123
prochlorperazine	45	promethazine hcl TABS 25 MG	.29	PROVERA 2.5 MG, 5 MG (medroxyprogesterone acetate) ..	123
prochlorperazine maleate TABS ...	45	promethazine hcl TABS 50 MG	.29		
PROCTOFOAM HC FOAM EX	12	promethazine w/codeine SOLN ...	59		
PROCYSBI CPDR	78	promethazine w/codeine SYRP ...	59		

PROVIGIL (modafinil)	3	QUFLORA GUMMIES CHEW	112
PROZAC CAPS 10 MG, 20 MG (fluoxetine hcl)	23	QUFLORA PEDIATRIC CHEW ..	112
PROZAC CAPS 40 MG (fluoxetine hcl)	23	QUFLORA PEDIATRIC SOLN ...	112
PRUDOXIN (doxepin hcl (antipruritic))	64	QUICKVUE AT-HOME COVID-19 TEST KIT	71
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 59		QUILLIVANT XR SRER	3
PSS SELECT GP LANCETS	98	quinapril hcl	31
PSS SELECT SAFETY LANCETS 99		quinapril-hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	33
PULMICORT FLEXHALER AEPB .15		quinapril-hydrochlorothiazide 25 MG- 20 MG	33
PULMICORT SUSP 0.25 MG/2ML (budesonide (inhalation))	15	quinidine gluconate TBCR	14
PULMICORT SUSP 0.5 MG/2ML (budesonide (inhalation))	15	quinine sulfate CAPS 324 MG	35
PULMICORT SUSP 1 MG/2ML (budesonide (inhalation))	15	QVAR REDIHALER 40 MCG/ACT .15	
PULMOZYME	129	QVAR REDIHALER 80 MCG/ACT .15	
PURE COMFORT LANCETS 30G 99		RA E-ZJECT LANCETS 28G	99
PURE COMFORT PEAK FLOW METER ADULT	106	RA E-ZJECT LANCETS THIN 26G 99	
PURE COMFORT PEAK FLOW METER CHILD	106	RA E-ZJECT LANCETS THIN 28G 99	
PURIXAN SUSP	36	RA E-ZJECT LANCETS ULTRATHIN 30G	99
PX LANCETS MICROTHIN 33G ..99		RABEPRAZOLE SODIUM DR SPRINKLE CPSP	134
PX LANCETS ULTRA THIN	99	rabeprazole sodium TBEC	134
PX LANCETS ULTRA THIN 28G .99		RADICAVA ORS STARTER KIT SUSP	116
pyrazinamide	36	RADICAVA ORS SUSP	116
pyridostigmine bromide SOLN OR 35		raloxifene hcl	73
pyridostigmine bromide TABS 60 MG		ramelteon	83
pyridostigmine bromide TBCR	35	ramipril CAPS	31
QBRELIS SOLN	31	RANEXA TB12 1000 MG (ranolazine)	12
QC LANCETS SUPER THIN	99		
QC LANCETS ULTRA THIN	99		
QC UNILET LANCETS 28G/ULTRA THIN	99		
QC UNILET LANCETS 33G/MICRO THIN	99		
QINLOCK	41		
QSYMIA	2		
QUADRACEL SUSP	131		
QUALAQUIN CAPS (quinine sulfate) 35			
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day))	57		
QUDEXY XR CS24 100 MG, 150 MG, 200 MG (topiramate)	20		
QUDEXY XR CS24 25 MG, 50 MG (topiramate)	20		
QUESTRAN LIGHT POWD (cholestyramine light)	29		
QUESTRAN PACK (cholestyramine) 29			
QUESTRAN POWD (cholestyramine)	29		
quetiapine fumarate TABS 200 MG 45			
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 150 MG	45		
quetiapine fumarate TABS 300 MG, 400 MG	45		
quetiapine fumarate TB24	45		
QUFLORA FE PEDIATRIC LIQD	111		

RANEXA TB12 500 MG (ranolazine) . 12	REALITY LATEX/ULTRA THIN DEVI 87	LANCETS/30G .....99
ranolazine TB12 1000 MG .....12	REALITY TRIGGER LANCETS ...99	RELION ULTRA THIN LANCETS30G.....100
ranolazine TB12 500 MG 12	REBIF REBIDOSE SOAJ 125	RELION ULTRA THIN PLUS LANCETS 32G .....100
RAPAFLO 4 MG (silodosin) .....79	REBIF REBIDOSE TITRATIONPACK SOAJ .....125	RELION ULTRA THIN PLUS LANCETS 33G .....100
RAPAFLO 8 MG (silodosin) .....79	REBIF SOSY 125	RELNATE DHA CAPS .....114
RAPAMUNE SOLN (sirolimus) ...110	REBIF TITRATION PACK SOSY .125	RELPAX (eletriptan hydrobromide) 107
RAPAMUNE TABS (sirolimus) ...110	REBINYN .....81	RELYVRIO .....116
RAPID SARS-COV-2 ANTIGENTEST CARD KIT 71	RECOMBINATE SOLR 81	REMERON SOLTAB TBDP (mirtazapine) .....22
rasagiline mesylate .....44	RECOMBIVAX HB SUSP 137	REMERON TABS 15 MG, 30 MG (mirtazapine) .....22
RASUVO SOAJ 20 MG/0.4ML 4	RECOMBIVAX HB SUSY 137	RENAGEL (sevelamer hcl) .....78
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML 4	RECTIV (nitroglycerin (intra-anal)) 12	RENFLEXIS .....77
RAVICTI .....74	REGLAN TABS (metoclopramide hcl) .....76	RENVELA PACK 0.8 GM (sevelamer carbonate) .....78
RAZADYNE ER CP24 (galantamine hydrobromide) 123	REGRANEX .....70	RENVELA PACK 2.4 GM (sevelamer carbonate) .....78
READYLANCE SAFETY LANCETS/21G/2.2MM .....99	RELENZA DISKHALER .....48	RENVELA TABS (sevelamer carbonate) .....78
READYLANCE SAFETY LANCETS/23G/1.8MM .....99	RELEXXII TBCR 18 MG, 27 MG ...3	repaglinide .....26
READYLANCE SAFETY LANCETS/26G/1.8MM .....99	RELEXXII TBCR 36 MG 3	RESTASIS EMUL (cyclosporine (ophth)) 118
READYLANCE SAFETY LANCETS/28G/1.8MM .....99	RELEXXII TBCR 54 MG 3	RESTORIL 15 MG (temazepam) ..83
READYLANCE SAFETY LANCETS/30G/1.6MM .....99	RELION INSULIN SYRINGE 0.5ML/31G X 15/64" 106	RESTORIL 22.5 MG, 30 MG (temazepam) .....83
REALITY LANCETS .....99	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64" .....106	RESTORIL 7.5 MG (temazepam) .83
REALITY LATEX CONDOMS/LUBRICATED MISC ..87	RELION LANCETS MICRO- THIN33G 99	RETACRIT 82
REALITY LATEX/ULTRA TEXTURED DEVI .....87	RELION LANCETS THIN 26G ...99	RETEVMO 41
	RELION LANCETS ULTRA- THIN30G 99	RETIN-A CREA (tretinoin) .....62
	RELION ULTRA THIN	RETIN-A GEL (tretinoin) .....62

RETIN-A MICRO 0.04 % (tretinoin microsphere)	62	risedronate sodium TABS 150 MG	73	roflumilast	15
RETIN-A MICRO 0.1 % (tretinoin microsphere)	62	risedronate sodium TABS 5 MG, 30 MG, 35 MG	73	romidepsin SOLR	41
RETIN-A MICRO PUMP 0.04 % (tretinoin microsphere)	62	RISPERDAL SOLN (risperidone) ..	44	ropinirole hydrochloride TABS	43
RETIN-A MICRO PUMP 0.1 % (tretinoin microsphere)	62	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 4 MG (risperidone)	44	ropinirole hydrochloride TB24 12 MG	43
RETROVIR CAPS (zidovudine) ...	47	RISPERDAL TABS 3 MG (risperidone)	44	ropinirole hydrochloride TB24 2 MG, 4 MG, 6 MG	43
RETROVIR SYRP (zidovudine) ...	47	risperidone SOLN	44	ropinirole hydrochloride TB24 8 MG	43
REVATIO SUSR (sildenafil citrate (pulmonary hypertension))	52	risperidone TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG	44	rosuvastatin calcium TABS	30
REVATIO TABS (sildenafil citrate (pulmonary hypertension))	52	risperidone TABS 3 MG	44	ROTARIX SUSR	137
REVLIMID (lenalidomide)	109	risperidone TBDP	44	ROTATEQ SOLN	137
REXALL LANCETS ULTRA THIN 100		RITALIN LA CP24 (methylphenidate hcl)	3	ROXICODONE TABS 30 MG (oxycodone hcl)	9
REXULTI	45	RITALIN TABS 20 MG (methylphenidate hcl)	3	ROXICODONE TABS 5 MG, 15 MG (oxycodone hcl)	9
REYATAZ CAPS 200 MG, 300 MG (atazanavir sulfate)	47	RITALIN TABS 5 MG, 10 MG (methylphenidate hcl)	3	ROZEREM (ramelteon)	83
REYATAZ PACK	47	ritonavir TABS	47	ROZLYTREK CAPS	41
RHOFADE	70	rivastigmine	123	RUBRACA	41
ribavirin (hepatitis c) CAPS	48	rivastigmine tartrate CAPS	123	rufinamide SUSP	20
ribavirin	48	RIXUBIS SOLR	81	rufinamide TABS 200 MG	20
RIDAURA	5	rizatriptan benzoate TABS	107	rufinamide TABS 400 MG	20
rifabutin	36	rizatriptan benzoate TBDP	108	RUKOBIA	47
rifampin CAPS	36	ROBINUL FORTE TABS (glycopyrrolate)	132	RYBELSUS TABS 3 MG	25
RIGHTEST GL300 LANCETS ...	100	ROBINUL TABS (glycopyrrolate) ..	132	RYBELSUS TABS 7 MG, 14 MG ..	24
RILUTEK TABS (riluzole)	116	ROCALTROL CAPS 0.25 MCG (calcitriol)	74	RYDAPT	41
riluzole TABS	116	ROCALTROL CAPS 0.5 MCG (calcitriol)	74	RYTARY CPCR	43
rimantadine hydrochloride TABS ..	48	ROCALTROL SOLN OR (calcitriol)	74	RYTHMOL SR CP12 (propafenone hcl)	14
RINVOQ	3			RYVENT TABS	28
RIOMET SOLN (metformin hcl) ...	24			SABRIL PACK (vigabatrin)	21
				SABRIL TABS (vigabatrin)	21

SAFE-T-LANCE LOW FLOW 25G 100	110	1.8 MG-15 MG-1700 UNIT-25 MG-15 MG-30 UNIT-29 MG-0.6 MG	114
SAFE-T-LANCE NORMAL FLOW21G	100	SANDIMMUNE SOLN OR	110
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW . .	100	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (octreotide acetate) .	75
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW . .	100	SANDOSTATIN SOLN 500 MCG/ML (octreotide acetate)	75
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW 100		SANTYL OINT	68
SAFETY LANCET 30G/PRESSURE ACTIVATED	100	SAPHRIS (asenapine maleate) . .	45
SAFETY LANCETS	100	SAPHRIS 5 MG	45
SAFETY LANCETS 21G	100	sapropterin dihydrochloride PACK .	74
SAFETY LANCETS 23G	100	sapropterin dihydrochloride TABS .	74
SAFETY LANCETS 28G	100	SAPS HEALTH CARE TWIST TOP LANCETS	100
SAFETY LANCETS/PRESSURE ACTIVATED/28G	100	SAPS HEALTH PLUS TWIST TOP LANCETS 30G	100
SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium) . .	57	SAPS HEALTH TWIST TOP LANCETS 30G	100
SALAGEN 5 MG (pilocarpine hcl (oral))	111	SAPSCARE TWIST TOP LANCETS 30G	100
SALAGEN 7.5 MG (pilocarpine hcl (oral))	111	SAVELLA TABS	124
salicylic acid in ammonium lactate vehicle	69	SAVELLA TITRATION PACK MISC 124	
SALICYLIC ACID OINT	69	saxagliptin hcl	24
salicylic acid SHAM 6 %	69	saxagliptin-metformin hcl	24
SALIMEZ CREA	69	SAXENDA	2
salsalate	8	SB LANCETS THIN	100
SALYCIM CREA	69	SB LANCETS ULTRA THIN	100
SANCUSO PTCH	27	scopolamine	27
SANDIMMUNE CAPS (cyclosporine)		SEASONIQUE (levonorgestrel- ethinyl estradiol (91-day))	57
		SECUADO	45
		SELECT-OB CHEW 60 MG-2.5 MG- 0.4 MG-1.6 MG-400 UNIT-5 MCG-	
			78
		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	114
		SELECT-OB+DHA MISC	114
		selegiline hcl CAPS	44
		selegiline hcl TABS	44
		selenium sulfide LOTN 2.5 %	65
		SELZENTRY SOLN	47
		SELZENTRY TABS (maraviroc) . . .	47
		SELZENTRY TABS 25 MG, 75 MG 47	
		SE-NATAL 19 CHEW	114
		SE-NATAL 19 TABS	114
		SENSIPAR (cinacalcet hcl)	74
		SEREVENT DISKUS	16
		SEROQUEL TABS 200 MG (quetiapine fumarate)	45
		SEROQUEL TABS 25 MG, 50 MG, 100 MG (quetiapine fumarate)	45
		SEROQUEL TABS 300 MG, 400 MG (quetiapine fumarate)	45
		SEROQUEL XR TB24 (quetiapine fumarate)	45
		SEROSTIM SC 4 MG, 5 MG, 6 MG 73	
		sertraline hcl CONC	23
		sertraline hcl TABS	23
		sevelamer carbonate PACK 0.8 GM . 78	
		sevelamer carbonate PACK 2.4 GM . 78	

sevelamer carbonate TABS	78	sirolimus SOLN	110	SODIUM OXYBATE SOLN	123
sevelamer hcl 400 MG	78	sirolimus TABS	110	sodium phenylbutyrate POWD	74
sevelamer hcl 800 MG	78	SIVEXTRO TABS	35	sodium phenylbutyrate TABS	74
SFROWASA ENEM	77	SKELAXIN (metaxalone)	115	sodium polystyrene sulfonate POWD	110
SHINGRIX	137	SKLICE (ivermectin (pediculicide))	70	SODIUM SULFACETAMIDE WASH	
SHOPKO ON-THE-GO		SKYRIZI PEN SOAJ	65	LIQD	65
COMFORTLANCETS 30G	100	SKYRIZI PSKT	65	SODIUM	
SHOPKO UNILET LANCETS		SKYRIZI SOCT 180 MG/1.2ML ...	77	SULFACETAMIDE/SULFUR	
SUPER THIN 30G	100	SKYRIZI SOCT 360 MG/2.4ML ...	77	CLEANSER IN UREA EMUL	62
SHOPKO UNILET LANCETS ULTRA		SKYRIZI SOSY	65	sodium sulfate-potassium sulfate-	
THIN 28G	101	SLYND	58	magnesium sulfate	83
SIGNIFOR	75	SM MICRO THIN LANCETS 33G	101	solifenacin succinate TABS 10 MG	134
SIKLOS TABS	82	SMART SENSE COLOR LANCETS		solifenacin succinate TABS 5 MG	134
sildenafil citrate (pulmonary		SMART SENSE STANDARD		SOLTAMOX SOLN	38
hypertension) SUSR	52	LANCETS UNIVERSAL 21G	101	SOLUS V2 PRESSURE ACTIVATED	
sildenafil citrate (pulmonary		SMART SENSE SUPER THIN		SAFETY LANCETS 28G	101
hypertension) TABS	52	LANCETS UNIVERSAL 30G	101	SOLUS V2 TWIST LANCETS 30G	101
sildenafil citrate	51	SMART SENSE THIN		SOMA TABS (carisoprodol)	115
silodosin 4 MG	79	LANCETSUNIVERSAL 26G	101	SOMAVERT	73
silodosin 8 MG	79	SMARTEST LANCETS 28G	101	SOOLANTRA (ivermectin (rosacea))	70
SILVADENE (silver sulfadiazine) .	65	sodium chloride (inhalant) NEBU 0.9		.....	70
silver sulfadiazine	65	%, 3 %, 7 %	59	sorafenib tosylate	41
simvastatin TABS	30	sodium citrate & citric acid	78	SORILUX FOAM	65
SINEMET TABS 100 MG-10 MG,		sodium fluoride CHEW 0.25 MG, 0.5		sotalol hcl (afib/afib)	49
100 MG-25 MG (carbidopa-levodopa)		MG	108	sotalol hcl TABS	49
.....	44	sodium fluoride CHEW 1 MG, 2.2 MG		SOTYLIZE SOLN OR	49
SINGLE-LET	101	.....	108	SOVUNA 200 MG	35
SINGULAIR CHEW (montelukast		sodium fluoride SOLN 0.125		SPEEDY SWAB RAPID COVID-19	
sodium)	14	MG/DROP, 0.5 MG/ML	108	ANTIGEN SELF-TEST KIT	71
SINGULAIR PACK (montelukast		sodium fluoride TABS	108	SPIKEVAX COVID-19	
sodium)	14				
SINGULAIR TABS (montelukast					
sodium)	15				

VACCINE/2023-24 SUSP 137	STELARA SOLN 45 MG/0.5ML ... 65	sulfacetamide sodium (ophth) OINT 118
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY 137	STELARA SOSY 45 MG/0.5ML ... 65	sulfacetamide sodium (ophth) SOLN . 118
SPIRIVA HANDIHALER CAPS (tiotropium bromide monohydrate) .14	STELARA SOSY 90 MG/ML 65	sulfacetamide sodium LIQD 65
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT 14	STERILANCE TL 101	sulfacetamide sodium SHAM 10 % 65
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT 14	STIMATE SOLN NA 75	sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 % 62
spironolactone & hydrochlorothiazide 72	STIOLTO RESPIMAT 16	sulfacetamide sodium w/ sulfur LIQD 9.8 %-4.8 % 62
spironolactone TABS 72	STIVARGA 41	sulfacetamide sodium w/ sulfur LOTN 10 %-5 % 62
SPORANOX CAPS (itraconazole) .28	STRATTERA 10 MG, 18 MG, 25 MG, 40 MG (atomoxetine hcl) 2	sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 % 62
SPORANOX PULSEPAK CAPS (itraconazole) 28	STRATTERA 60 MG, 80 MG, 100 MG (atomoxetine hcl) 2	sulfacetamide sod-prednisolone SOLN 119
SPORANOX SOLN (itraconazole) .28	STRENSIQ 74	sulfadiazine TABS 129
SPRAVATO 56MG DOSE 22	streptomycin sulfate SOLR 3	sulfamethoxazole-trimethoprim SUSP 34
SPRAVATO 84MG DOSE 22	STRIBILD 47	sulfamethoxazole-trimethoprim TABS 34
SPRYCEL 41	STRIVE DUAL ZONE PEAK FLOW METER 106	SULFAMYLON CREA 65
SSKI SOLN (potassium iodide (expectorant)) 59	STRIVERDI RESPIMAT 16	SULFAMYLON PACK 5 % (mafenide acetate) 65
STALEVO 100 (carbidopa-levodopa-entacapone) 44	STROMECTOL (ivermectin) 12	sulfasalazine TABS 77
STALEVO 125 (carbidopa-levodopa-entacapone) 44	SUBLOCADE SOSY 11	sulfasalazine TBEC 77
STALEVO 150 (carbidopa-levodopa-entacapone) 44	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (buprenorphine hcl-naloxone hcl dihydrate) 11	sulindac TABS 150 MG 6
STALEVO 200 (carbidopa-levodopa-entacapone) 44	SUBOXONE FILM SL 3 MG-12 MG (buprenorphine hcl-naloxone hcl dihydrate) 11	sulindac TABS 200 MG 6
STALEVO 50 (carbidopa-levodopa-entacapone) 44	sucrafate SUSP 133	sumatriptan 20 MG/ACT 108
STALEVO 75 (carbidopa-levodopa-entacapone) 44	sucrafate TABS 133	sumatriptan 5 MG/ACT 108
stavudine CAPS 47	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine) 50	sumatriptan succinate SOAJ 108
	sulconazole nitrate CREA 63	sumatriptan succinate SOCT 108
	sulconazole nitrate SOLN 63	sumatriptan succinate SOLN 6
	sulfacetamide sodium (acne) 62	

MG/0.5ML	108	tenofovir disoproxil fumarate)	47	tadalafil (pulmonary hypertension)	
sumatriptan succinate TABS	108	SYMFI LO (efavirenz-lamivudine-		TABS	52
sunitinib malate 12.5 MG, 37.5 MG,		tenofovir disoproxil fumarate)	47	tadalafil 2.5 MG	51
50 MG	41	SYMTUZA	47	tadalafil 5 MG, 10 MG, 20 MG	51
sunitinib malate 25 MG	41	SYNALAR CREA (fluocinolone		TAFINLAR CAPS	41
SUPER THIN LANCETS	101	acetonide)	68	tafluprost	121
SUPRAX CAPS (cefixime)	53	SYNALAR OINT (fluocinolone		TAGRISSE	37
SUPRAX SUSR 100 MG/5ML		acetonide)	68	TAKHZYRO SOLN	81
(cefixime)	53	SYNALAR SOLN (fluocinolone		TAKHZYRO SOSY	81
SUPREP BOWEL PREP KIT		acetonide)	68	TALZENNA 0.25 MG, 1 MG	41
(sodium sulfate-potassium sulfate-		SYNAREL	73	TAMIFLU CAPS 30 MG, 45 MG	
magnesium sulfate)	83	SYNDROS SOLN	27	(oseltamivir phosphate)	48
SURE COMFORT LANCETS 18G		SYNJARDY TABS	24	TAMIFLU CAPS 75 MG (oseltamivir	
101		SYNJARDY XR TB24 1000 MG-10		phosphate)	48
SURE COMFORT LANCETS 21G		MG, 1000 MG-25 MG	24	TAMIFLU SUSR (oseltamivir	
101		SYNJARDY XR TB24 1000 MG-12.5		phosphate)	48
SURE COMFORT LANCETS 23G		MG, 1000 MG-5 MG	24	tamoxifen citrate TABS	38
101		SYNTHROID TABS 112 MCG, 125		tamsulosin hcl	79
SURE COMFORT LANCETS 28G		MCG, 175 MCG, 200 MCG		TARCEVA 100 MG, 150 MG	
101		(levothyroxine sodium)	131	(erlotinib hcl)	37
SURE COMFORT LANCETS 30G		SYNTHROID TABS 25 MCG, 50		TARCEVA 25 MG (erlotinib hcl) ...	37
101		MCG, 75 MCG, 88 MCG, 100 MCG,		TARGADOX TABS (doxycycline	
SURELITE LANCETS	101	137 MCG, 150 MCG, 300 MCG		hyclate)	130
SUSTIVA CAPS (efavirenz)	47	(levothyroxine sodium)	131	TARGRETIN (bexarotene (topical))	
SUSTIVA TABS (efavirenz)	47	SYPRINE (trientine hcl)	109	64	
SUTENT 12.5 MG, 37.5 MG, 50 MG		TABLOID	36	TARGRETIN (bexarotene)	42
(sunitinib malate)	41	TABRECTA	41	TASIGNA 150 MG, 200 MG	41
SUTENT 25 MG (sunitinib malate) 41		TACLONEX OINT (calcipotriene-		TASIGNA 50 MG	41
SYMBICORT (budesonide-		betamethasone dipropionate)	68	TASMAR (tolcapone)	43
formoterol fumarate dihydrate)	16	TACLONEX SUSP (calcipotriene-		TAYTULLA CAPS (norethin acet &	
SYMBYAX 25 MG-3 MG, 25 MG-6		betamethasone dipropionate)	68	estradiol)	57
MG (olanzapine-fluoxetine hcl) ...	124	tacrolimus (topical) OINT 0.03 % ..	69	tazarotene CREA	65
SYMDEKO	129	tacrolimus (topical) OINT 0.1 % ...	69	TAZAROTENE FOAM	62
SYMFI (efavirenz-lamivudine-		tacrolimus CAPS	110		

tazarotene GEL	65	telmisartan-amlodipine	33	MG/2.5GM	12
TAZORAC CREA (tazarotene)	65	telmisartan-hydrochlorothiazide ..	33	testosterone GEL TD 1 %, 50	
TAZORAC CREA	65	temazepam 15 MG	83	MG/5GM	12
TAZORAC GEL (tazarotene)	65	temazepam 22.5 MG, 30 MG	83	testosterone GEL TD 1.62 %, 20.25	
TAZVERIK	41	temazepam 7.5 MG	83	MG/1.25GM, 25 MG/2.5GM, 40.5	
TDVAX SUSP	131	TEMODAR CAPS 100 MG, 140 MG,		MG/2.5GM	12
TECFIDERA CPDR (dimethyl		180 MG, 250 MG (temozolomide) .	36	testosterone GEL TD 10 MG/ACT .	12
fumarate)	125	TEMOVATE CREA (clobetasol		testosterone SOLN	12
TECFIDERA STARTER PACK CDPK		propionate)	68	TETANUS/DIPHTHERIA TOXOIDS-	
(dimethyl fumarate)	125	TEMOVATE OINT (clobetasol		ADSORBED ADULT SUSP	131
TECHLITE AST LANCETS	101	propionate)	68	tetrabenazine	124
TECHLITE INSULIN SYRINGEU-		temozolomide CAPS	36	tetracaine hcl (ophth)	118
100/0.5ML/31G X 15/64"	106	temsirolimus	41	tetracycline hcl CAPS	130
TECHLITE INSULIN SYRINGEU-		TENIVAC INJ	131	TEXACORT SOLN 2.5 %	68
100/1ML/31G X 15/64"	106	tenofovir disoproxil fumarate TABS		TGT LANCET MICRO THIN 33G	
TECHLITE LANCETS	101	47		101	
TECHLITE LANCETS 26G	101	TENORETIC 100 (atenolol &		TGT LANCET THIN 26G	101
TECHLITE LANCETS 30G	101	chlorthalidone)	33	TGT LANCET ULTRA THIN 30G	
TEGRETOL SUSP (carbamazepine) .		TENORETIC 50 (atenolol &		102	
20		chlorthalidone)	33	THALITONE	73
TEGRETOL TABS (carbamazepine) .		TENORMIN TABS (atenolol)	49	THALOMID	109
20		terazosin hcl 1 MG, 2 MG, 5 MG ..	32	THEO-24 CP24	16
TEGRETOL-XR TB12 100 MG		terazosin hcl 10 MG	32	theophylline ELIX	16
(carbamazepine)	20	terbinafine hcl TABS	28	theophylline SOLN	16
TEGRETOL-XR TB12 200 MG		terbutaline sulfate TABS	16	theophylline TB12 300 MG	16
(carbamazepine)	20	terconazole vaginal CREA	137	theophylline TB12 450 MG	16
TEGRETOL-XR TB12 400 MG		terconazole vaginal SUPP	137	theophylline TB24	16
(carbamazepine)	20	teriflunomide	125	THERANATAL CORE NUTRITION	
TEGSEDI	129	TESTIM GEL TD (testosterone) ...	12	TABS	114
TEKTURNA (aliskiren fumarate) ..	33	testosterone cypionate SOLN IM ..	12	THINLETS GP LANCETS	102
TEKTURNA HCT	33	testosterone enanthate SOLN IM ..	12	THIOLA EC TBEC	79
telmisartan 20 MG, 40 MG	31	testosterone GEL TD 1 %, 25		THIOLA TABS (tiopronin)	79
telmisartan 80 MG	31				

thioridazine hcl 10 MG, 25 MG, 100 MG	45	MCG (levothyroxine sodium)	131	TOPAMAX TABS 100 MG (topiramate)	20
thioridazine hcl 50 MG	45	TIROSINT CAPS 37.5 MCG, 44 MCG, 62.5 MCG	131	TOPAMAX TABS 200 MG (topiramate)	20
thiothixene	45	TIVICAY TABS	47	TOPAMAX TABS 25 MG (topiramate)	20
THRIVITE RX TABS	114	TIVORBEX CAPS (indomethacin) ..	6	TOPAMAX TABS 50 MG (topiramate)	20
THYMOGLOBULIN	110	tizanidine hcl CAPS	115	TOPAMAX TABS 50 MG (topiramate)	20
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	131	tizanidine hcl TABS 2 MG	115	TOPCARE LANCETS MICRO-THIN 33G	102
tiagabine hcl	21	tizanidine hcl TABS 4 MG	115	TOPICORT CREA (desoximetasone)	68
TIAZAC (diltiazem hcl extended release beads)	50	TOBI NEBU (tobramycin)	3	TOPICORT GEL (desoximetasone) 68	
TIBSOVO	42	TOBI PODHALER CAPS	3	TOPICORT LIQD (desoximetasone) . 68	
TIKOSYN (dofetilide)	14	TOBRADEX OINT	119	TOPICORT OINT (desoximetasone) . 68	
timolol maleate (ophth) SOLG	117	TOBRADEX ST SUSP	119	topiramate CP24 200 MG	20
timolol maleate (ophth) SOLN	117	TOBRADEX SUSP (tobramycin-dexamethasone)	119	topiramate CP24 25 MG, 50 MG, 100 MG	20
timolol maleate TABS 10 MG	49	tobramycin (ophth) SOLN	118	topiramate CPSP	20
timolol maleate TABS 5 MG, 20 MG . 49		tobramycin NEBU	3	topiramate CS24 100 MG, 150 MG, 200 MG	20
TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	117	tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML	3	topiramate CS24 25 MG, 50 MG ..	20
TIMOPTIC SOLN (timolol maleate (ophth))	117	tobramycin-dexamethasone SUSP 119		topiramate TABS 100 MG	20
TIMOPTIC-XE SOLG (timolol maleate (ophth))	117	TOBREX OINT	118	topiramate TABS 200 MG	20
tinidazole 250 MG	34	TODAY SPONGE MISC	137	topiramate TABS 25 MG	20
tinidazole 500 MG	34	TODAYS HEALTH SUPER THINLANCETS 30G	102	topiramate TABS 25 MG	20
tiopronin TABS	79	TODAYS HEALTH ULTRA THINLANCETS 28G	102	topiramate TABS 50 MG	20
tiopronin TBEC	79	tolcapone	43	topotecan hcl SOLR	42
tiotropium bromide monohydrate CAPS	14	TOLSURA CAPS	28	TOPROL XL TB24 (metoprolol succinate)	49
TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200		tolterodine tartrate CP24	134	toemifene citrate	38
		tolterodine tartrate TABS	134	TORISEL (temsirolimus)	42
		TOPAMAX SPRINKLE CPSP (topiramate)	20		

torseamide TABS 100 MG	72	TRAVATAN Z SOLN (travoprost)	121	triamcinolone acetonide (topical) LOTN	68
torseamide TABS 5 MG, 10 MG, 20 MG	72	TRAVEL LANCETS 30G	102	triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %	68
TOUJEO MAX SOLOSTAR SOPN 25		TRAVEL LANCETS ADVANCED 28G	102	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	72
TOUJEO SOLOSTAR SOPN	25	travoprost SOLN	121	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG	72
TOVIAZ (fesoterodine fumarate)	134	TRAZIMERA 420 MG	37	triamterene & hydrochlorothiazide TABS 50 MG-75 MG	72
TPOXX (TECOVIRIMAT)	48	trazodone hcl TABS	23	triamterene CAPS	72
TPOXX CAPS	48	TRECTOR	36	triazolam 0.125 MG	83
TPOXX SOLN	48	TRELEGY ELLIPTA	16	triazolam 0.25 MG	83
TRACLEER TABS 125 MG (bosentan)	52	TREMFYA SOPN	65	TRIBENZOR (olmesartan medoxomil-amlodipine- hydrochlorothiazide)	33
TRACLEER TABS 62.5 MG (bosentan)	52	TREMFYA SOSY	65	TRICARE TABS	114
TRACLEER TBSO	52	TRESIBA FLEXTOUCH SOPN 100 UNIT/ML	25	TRICOR TABS 145 MG (fenofibrate) 30	
tramadol hcl CP24 100 MG, 200 MG, 300 MG	9	TRESIBA FLEXTOUCH SOPN 200 UNIT/ML	25	TRICOR TABS 48 MG (fenofibrate) 30	
tramadol hcl TABS 100 MG	9	TRESIBA SOLN	25	TRIDESILON CREA 0.05 % (desonide)	68
tramadol hcl TABS 50 MG	9	tretinoin (chemotherapy)	42	trientine hcl	109
tramadol hcl TB24 100 MG	9	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	62	trifluoperazine hcl TABS	45
tramadol hcl TB24 200 MG	9	tretinoin GEL 0.01 %, 0.025 %, 0.05 %	62	trifluridine	118
tramadol hcl TB24	9	tretinoin microsphere 0.04 %	62	trihexyphenidyl hcl SOLN	43
tramadol-acetaminophen	11	tretinoin microsphere 0.1 %	62	trihexyphenidyl hcl TABS	43
trandolapril	31	TRETTEN	81	TRIJARDY XR	24
trandolapril-verapamil hcl	33	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	36	TRIKAFTA TBPK 100 MG-50 MG 129	
tranexamic acid SOLN 1000 MG/10ML	82	triamcinolone acetonide (mouth)	111	TRIKAFTA TBPK 50 MG-25 MG	129
tranexamic acid TABS	82	triamcinolone acetonide (nasal) AERO	116	TRILEPTAL SUSP (oxcarbazepine)	20
TRANSDERM-SCOP (scopolamine) 27		triamcinolone acetonide (topical) AERS	68		
TRANXENE T TABS 7.5 MG (clorazepate dipotassium)	13	triamcinolone acetonide (topical) CREA	68		
tranylcypromine sulfate	22				

TRILEPTAL TABS 150 MG (oxcarbazepine)	21	TRUEPLUS LANCETS 26G	102	+LUBE/LUBRICATED MISC	87
TRILEPTAL TABS 300 MG (oxcarbazepine)	21	TRUEPLUS LANCETS 28G	102	TRUSTEX NON-LUBRICATED MISC	87
TRILEPTAL TABS 600 MG (oxcarbazepine)	21	TRUEPLUS LANCETS 28G SUPER THIN	102	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED MISC	87
TRILIPIX 135 MG (choline fenofibrate)	30	TRUEPLUS LANCETS 30G	102	TRUSTEX/RIA LUBRICATED MISC . 87	
TRILIPIX 45 MG (choline fenofibrate)	30	TRUEPLUS LANCETS 30G ULTRA THIN	102	TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	87
trimethobenzamide hcl CAPS	27	TRUEPLUS LANCETS 33G	102	TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC 87	
trimethoprim TABS	34	TRUEPLUS LANCETS 33G MICRO THIN	102	TRUSTEX/RIA NON-LUBRICATED MISC	87
trimipramine maleate CAPS	23	TRUEPLUS SAFETY LANCETS 28G	102	TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (emtricitabine-tenofovir disoproxil fumarate)	47
TRINATAL RX 1 TABS	114	TRULICITY	25	TRUVADA 200 MG-300 MG (emtricitabine-tenofovir disoproxil fumarate)	47
TRINTELLIX	23	TRUMENBA	135	TRUZONE PEAK FLOW METER 107	
TRISTART DHA	114	TRUSOPT (dorzolamide hcl)	120	TUKYSA	37
TRISTART ONE	114	TRUSTEX COLOR CONDOMS + LUBE MISC	87	TURALIO 200 MG	42
TRIUMEQ PD TBSO	47	TRUSTEX LUBRICATED EXTRALARGE MISC	87	TUSNEL TABS	59
TRIUMEQ TABS	47	TRUSTEX LUBRICATED EXTRASTRENGTH MISC	87	TUSSLIN LIQD	59
TRI-VI-FLOR	112	TRUSTEX LUBRICATED MISC ..	87	TUSSLIN PEDIATRIC LIQD	59
TRI-VI-FLORO	112	TRUSTEX LUBRICATED/RIBBED/STUDED MISC	87	TWINRIX SUSY	137
TRIZIVIR	47	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	87	TWIRLA	57
TROKENDI XR CP24 200 MG (topiramate)	21	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	87	TWIST TOP LANCETS 30G	102
TROKENDI XR CP24 25 MG, 50 MG, 100 MG (topiramate)	21	TRUSTEX LUBRICATED/SPERMICIDE MISC 87		TYBLUME CHEW	57
tropicamide SOLN	117	TRUSTEX NATURAL CONDOMS		TYBOST	47
tropium chloride CP24	134			TYKERB (lapatinib ditosylate)	42
tropium chloride TABS	134				
TRUE COMFORT SAFETY LANCETS/30G	102				
TRUE COMFORT TWIST TOP LANCETS 30G	102				

TYMLOS	73	UNASYN IJ 2 GM-1 GM (ampicillin & sulbactam sodium)	122	UNISTIK TOUCH SAFETY LANCETS 30G	104
TYVASO DPI MAINTENANCE KIT POWD	51	UNILET COMFORTOUCH LANCET 103	103	UNIVERSAL 1 LANCETS THIN26G ..	104
TYVASO DPI TITRATION KIT POWD	51	UNILET EXCELITE	103	UNIVERSAL 1 LANCETS ULTRA THIN 30G	104
TYVASO REFILL SOLN IN	51	UNILET EXCELITE II	103	UNIVERSAL 1 LANCETS/33G/MICRO-THIN ...	104
TYVASO SOLN IN	51	UNILET G.P. LANCET	103	UPTRAVI TABS	52
TYVASO STARTER SOLN IN	51	UNILET G.P. SUPERLITE LANCET . 103	103	UPTRAVI TITRATION PACK TBPK 52	52
UBRELVY	107	UNILET GP 28 ULTRA THIN	103	urea LOTN 40 %	68
UCERIS (budesonide (intrarectal)) 12	12	UNILET LANCET	103	UROCIT-K 10 TBCR (potassium citrate (alkalinizer))	78
UCERIS TB24 (budesonide)	58	UNILET LANCETS MICRO-THIN33G	103	UROCIT-K 15 TBCR (potassium citrate (alkalinizer))	78
UDENYCA SOSY	82	UNILET LANCETS SUPER-THIN30G	103	UROCIT-K 5 TBCR (potassium citrate (alkalinizer))	78
ULORIC 40 MG (febuxostat)	79	UNILET LANCETS ULTRA-THIN 28G	103	UROXATRAL (alfuzosin hcl)	79
ULORIC 80 MG (febuxostat)	79	UNILET SUPERLITE LANCET ..	103	URSO 250 TABS (ursodiol)	76
ULTILET CLASSIC LANCETS ...	102	UNISTIK 3 GENTLE	103	URSO FORTE TABS (ursodiol) ...	76
ULTILET LANCETS	102	UNISTIK PRO SAFETY LANCET 21G	103	ursodiol CAPS	76
ULTILET LANCETS 33G	102	UNISTIK PRO SAFETY LANCET 25G	103	ursodiol TABS	76
ULTILET SAFETY LANCETS 21G X 2.2MM	102	UNISTIK PRO SAFETY LANCET 28G	103	VAGIFEM TABS (estradiol vaginal) 138	138
ULTILET SAFETY LANCETS 23G 102	102	UNISTIK SAFETY LANCETS 28G 103	103	valacyclovir hcl 1 GM, 1000 MG ...	48
ULTRA THIN LANCETS 31G	102	UNISTIK SAFETY LANCETS 30G 103	103	valacyclovir hcl 500 MG	48
ULTRA-CARE LANCETS 30G ...	103	UNISTIK SAFETY LANCETS 30G 103	103	VALCHLOR	64
ULTRACET (tramadol-acetaminophen)	11	UNISTIK TOUCH SAFETY LANCETS 21G	103	VALCYTE SOLR (valganciclovir hcl) .	48
ULTRAM TABS (tramadol hcl)	10	UNISTIK TOUCH SAFETY LANCETS 23G	103	VALCYTE TABS (valganciclovir hcl) .	48
ULTRA-THIN II AUTO LANCET .	103	UNISTIK TOUCH SAFETY LANCETS 28G	103	valganciclovir hcl SOLR	48
ULTRA-THIN II LANCETS 28G ..	103	UNISTIK TOUCH SAFETY LANCETS 28G	103	valganciclovir hcl TABS	48
ULTRA-THIN II LANCETS 30G ..	103				
UNASYN BULK PACK IV (ampicillin & sulbactam sodium)	122				

VALIUM TABS 10 MG (diazepam) 13	vancomycin hcl CAPS 125 MG ....34	venlafaxine hcl TABS 23
VALIUM TABS 2 MG, 5 MG (diazepam) .....13	vancomycin hcl CAPS 250 MG ....34	venlafaxine hcl TB24 225 MG 23
valproate sodium SOLN OR 250 MG/5ML .....22	vancomycin hcl SOLR OR 25 MG/ML.....34	venlafaxine hcl TB24 37.5 MG, 75 MG, 150 MG 23
valproic acid CAPS 22	VANDAZOLE .....138	VENTAVIS .....51
valsartan TABS 160 MG .....31	VANOS CREA (fluocinonide) 68	VENTOLIN HFA AERS (albuterol sulfate) 16
valsartan TABS 40 MG, 80 MG, 320 MG 31	VAQTA .....137	verapamil hcl CP24 100 MG, 120 MG, 200 MG, 240 MG, 300 MG ... 50
valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 12.5 MG-80 MG, 25 MG-320 MG 33	varenicline tartrate TABS .....129	verapamil hcl CP24 180 MG .....50
valsartan-hydrochlorothiazide 25 MG- 160 MG .....33	varenicline tartrate TBPK .....129	verapamil hcl CP24 360 MG .....50
VALTOCO 10 MG DOSE LIQD ....18	VARIVAX INJ .....137	verapamil hcl TABS .....50
VALTOCO 15 MG DOSE LQPK ...18	VARUBI TBPK 27	verapamil hcl TBCR 120 MG 50
VALTOCO 20 MG DOSE LQPK ...18	VASCEPA (icosapent ethyl) .....29	verapamil hcl TBCR 180 MG, 240 MG 50
VALTOCO 5 MG DOSE LIQD 18	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ...33	VERAPAMIL HYDROCHLORIDE ER CP24 (verapamil hcl) 50
VALTREX 1 GM (valacyclovir hcl) .48	VASOTEC TABS (enalapril maleate) . 31	VEREGEN .....62
VALTREX 500 MG (valacyclovir hcl) . 48	VCF VAGINAL CONTRACEPTIVE FILM FILM .....137	VERELAN CP24 120 MG, 240 MG (verapamil hcl) 50
VALUE PLUS LANCETS STANDARD 21G .....104	VCF VAGINAL CONTRACEPTIVEGEL GEL .....137	VERELAN CP24 180 MG (verapamil hcl) 50
VALUE PLUS LANCETS SUPERTHIN 30G .....104	VECAMEYL .....33	VERELAN CP24 360 MG (verapamil hcl) 50
VALUE PLUS LANCETS THIN 26G . 104	VECTICAL (calcitriol (topical)) ....65	VERELAN PM CP24 (verapamil hcl) . 50
VALUMARK LANCET SUPER THIN 30G .....104	VELCADE SOLR IJ (bortezomib) .42	VERIFINE SAFETY LANCET MINI 21G X 2.4MM 104
VALUMARK LANCET ULTRA THIN 28G .....104	VELTIN (clindamycin phosphate- tretinoin) .....62	VERIFINE SAFETY LANCET MINI 23G X 1.8MM 104
VANOCIN CAPS 125 MG (vancomycin hcl) .....34	VEMLIDY .....48	VERIFINE SAFETY LANCET MINI 28G X 1.8MM 104
VANOCIN CAPS 250 MG (vancomycin hcl) .....34	VENCLEXTA STARTING PACK TBPK .....37	VERIFINE SAFETY LANCET MINI 30G X 1.8MM 104
	VENCLEXTA TABS 10 MG .....37	
	VENCLEXTA TABS 100 MG 37	
	VENCLEXTA TABS 50 MG .....37	
	venlafaxine hcl CP24 23	

VERIFINE UNIVERSAL LANCETS 28G	104	vilazodone hcl TABS 10 MG, 40 MG . 23	VITRAKVI CAPS	42
VERIFINE UNIVERSAL LANCETS 30G	104	vilazodone hcl TABS 20 MG	VITRAKVI SOLN	42
VERIFINE UNIVERSAL LANCETS 33G	104	VIMPAT SOLN OR 10 MG/ML (lacosamide)	VIVA DHA CAPS	114
VERSACLOZ SUSP	45	VIMPAT TABS (lacosamide)	VIVAGUARD LANCETS	104
VERZENIO	42	VINATE DHA RF	VIVAGUARD SAFETY LANCETS/28G	104
VESICARE TABS 10 MG (solifenacin succinate)	134	VINATE ONE TABS	VIVELLE-DOT PTTW (estradiol) ..	76
VESICARE TABS 5 MG (solifenacin succinate)	134	VIRACEPT TABS	VIZIMPRO	37
VFEND SUSR (voriconazole)	28	VIRAMUNE XR TB24 400 MG (nevirapine)	VOGELXO GEL TD (testosterone) 12	
VFEND TABS (voriconazole)	28	VIRAZOLE (ribavirin)	VOGELXO PUMP GEL TD (testosterone)	12
VIAGRA (sildenafil citrate)	51	VIREAD POWD	VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ...	64
VIBERZI	77	VIREAD TABS (tenofovir disoproxil fumarate)	VONVENDI	81
VIBRAMYCIN CAPS (doxycycline hyclate)	130	VIREAD TABS 150 MG, 200 MG, 250 MG	voriconazole SUSR	28
VIBRAMYCIN SUSR (doxycycline monohydrate))	130	VIRT-C DHA	voriconazole TABS	28
VICTOZA	25	VIRT-NATE DHA CAPS	VOSEVI	48
VIDA MIA UNILET LANCETS SUPER THIN 30G	104	VIRT-PN DHA	VOTRIENT (pazopanib hcl)	42
VIDA MIA UNILET LANCETS ULTRA THIN 28G	104	VISTARIL CAPS (hydroxyzine pamoate)	VP-PNV-DHA CAPS	114
vigabatrin PACK	21	VISTOGARD	VRAYLAR CAPS	44
vigabatrin TABS	21	VITAFOL GUMMIES	VRAYLAR CPPK	44
VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	118	VITAFOL-NANO	VYNDAMAX	52
VIIBRYD STARTER PACK KIT ...	23	VITAFOL-ONE CAPS	VYNDAQEL	52
VIIBRYD TABS 10 MG, 40 MG (vilazodone hcl)	23	VITAMEDMD ONE RX/QUATREFOLIC	VYTORIN 1.9 %-1 % (iodoquinol- hydrocortisone in aloe vehicle)	63
VIIBRYD TABS 20 MG (vilazodone hcl)	23	VITAMEDMD REDICHEW RX ...	VYTORIN (ezetimibe-simvastatin) 29	
		VITAPEARL	VYVANSE CAPS	1
		VITATHELY/GINGER TABS	VYVANSE CHEW	1
		VITATRUE	WALGREENS ADVANCED TRAVELLANCETS 28G	104
			WALGREENS COMFORT ASSURED LANCETS MICRO	

THIN/33G	104	WIDE-SEAL SILICONE DIAPHRAGM KIT 95	88	XIMINO CP24	130
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	104	WILATE KIT	81	XOPENEX (levalbuterol hcl)	16
WALGREENS LANCETS	104	WILZIN	109	XOPENEX CONCENTRATE (levalbuterol hcl)	16
WALGREENS THIN LANCETS ..	105	XADAGO	44	XOPENEX HFA (levalbuterol tartrate)	16
WALGREENS ULTRA THIN LANCETS	105	XALATAN SOLN (latanoprost) ...	121	XOSPATA	42
warfarin sodium TABS	16	XALKORI CAPS	42	XPOVIO	39
WELCHOL PACK (colesevelam hcl) .	29	XANAX TABS (alprazolam)	13	XPOVIO 60 MG TWICE WEEKLY 39	
WELCHOL TABS (colesevelam hcl) .	29	XANAX XR TB24 (alprazolam)	13	XPOVIO 80 MG TWICE WEEKLY 39	
WELLBUTRIN SR TB12 (bupropion hcl)	22	XARELTO STARTER PACK TBPK 17		XTANDI CAPS	38
WELLBUTRIN XL TB24 (bupropion hcl)	22	XARELTO SUSR	17	XTANDI TABS	38
WESCAP-C DHA	114	XARELTO TABS	17	XURIDEN	74
WESNATE DHA CAPS	114	XATMEP SOLN	36	XYNTHA	81
WESTAB PLUS TABS	114	XELJANZ SOLN	4	XYNTHA SOLOFUSE	81
WESTGEL DHA	114	XELJANZ TABS 10 MG	4	XYREM SOLN	123
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	87	XELJANZ TABS 5 MG	4	XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride)	28
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	87	XELJANZ XR TB24	3	XYZAL ALLERGY 24HR TABS (levocetirizine dihydrochloride)	28
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	87	XELODA (capecitabine)	36	YASMIN 28 (drospirenone-ethinyl estradiol)	57
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	87	XENAZINE (tetrabenazine)	124	YAZ (drospirenone-ethinyl estradiol) 57	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	87	XENICAL (orlistat)	2	YONSA	38
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	87	XERAC AC	69	zafirlukast 10 MG	15
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	87	XERMELO	78	zafirlukast 20 MG	15
		XHANCE EXHU	116	zaleplon	83
		XIFAXAN 200 MG	34	ZANAFLEX CAPS (tizanidine hcl) 115	
		XIFAXAN 550 MG	34		
		XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG	24		
		XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG, 500 MG-5 MG	24		
		XIMINO CP24 (minocycline hcl) ..	130		

ZANAFLEX TABS 4 MG (tizanidine hcl)	115	ZIAC (bisoprolol & hydrochlorothiazide)	33	ZOLOFT CONC (sertraline hcl)	23
ZARONTIN CAPS (ethosuximide) .	21	ZIAGEN SOLN (abacavir sulfate) .	47	ZOLOFT TABS (sertraline hcl)	23
ZARONTIN SOLN (ethosuximide) .	21	ZIAGEN TABS (abacavir sulfate) .	47	zolpidem tartrate TABS	83
ZARXIO	82	ZIANA (clindamycin phosphate-tretinoin)	62	zolpidem tartrate TBCR	83
ZATEAN-PN DHA	114	zidovudine CAPS	47	ZOMACTON SOLR SC 10 MG	73
ZATEAN-PN PLUS	114	zidovudine SYRP	47	ZOMIG SOLN (zolmitriptan)	108
ZAVESCA (miglustat)	82	zidovudine SYRP	47	ZOMIG SOLN 2.5 MG	108
ZEJULA CAPS	42	zidovudine TABS	47	ZOMIG TABS 2.5 MG, 5 MG (zolmitriptan)	108
ZEJULA TABS	42	ZIEXTENZO	82	ZONALON (doxepin hcl (antipruritic))	64
ZELAPAR TBDP	44	zileuton TB12	15	ZONEGRAN CAPS 100 MG (zonisamide)	21
ZELBORAF	42	ZIOPTAN (tafluprost)	121	ZONEGRAN CAPS 25 MG (zonisamide)	21
ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)	74	ziprasidone hcl 20 MG, 40 MG	44	ZONEGRAN CAPS 25 MG (zonisamide)	21
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	72	ziprasidone hcl 60 MG, 80 MG	44	zonisamide CAPS 100 MG	21
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (lisinopril & hydrochlorothiazide)	33	ZIRGAN GEL	118	zonisamide CAPS 25 MG, 50 MG .	21
ZESTORETIC 25 MG-20 MG (lisinopril & hydrochlorothiazide) ...	33	ZITHROMAX PACK (azithromycin) 85		ZORBTIVE SC	73
ZESTRIL TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG (lisinopril)	31	ZITHROMAX SUSR (azithromycin) 85		ZORTRESS (everolimus (immunosuppressant))	110
ZESTRIL TABS 40 MG (lisinopril) .	31	ZITHROMAX TABS 250 MG (azithromycin)	85	ZOVIRAX OINT (acyclovir topical) .	65
ZETIA (ezetimibe)	30	ZITHROMAX TABS 500 MG (azithromycin)	85	ZOVIRAX SUSP (acyclovir)	48
ZEVRX TWIST TOP LANCETS 30G 105		ZITHROMAX TRI-PAK TABS (azithromycin)	85	ZUPLENZ FILM 4 MG	27
		ZITHROMAX Z-PAK TABS (azithromycin)	85	ZYCLARA (imiquimod)	69
		ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	30	ZYCLARA PUMP (imiquimod)	69
		ZOLINZA	42	ZYDELIG	42
		zolmitriptan SOLN	108	ZYFLO TABS	15
		zolmitriptan TABS	108	ZYKADIA TABS	42
		zolmitriptan TBDP	108	ZYLET	119
				ZYLOPRIM 100 MG (allopurinol) ..	79
				ZYLOPRIM 300 MG (allopurinol) ..	79
				ZYMAXID (gatifloxacin (ophth)) ..	118

ZYPREXA TABS 15 MG, 20 MG (olanzapine)	45
ZYPREXA TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG (olanzapine)	45
ZYPREXA ZYDIS TBDP (olanzapine)	45
ZYTIGA (abiraterone acetate)	38
ZYVOX SUSR (linezolid)	35
ZYVOX TABS (linezolid)	35